



Quality Companion Guide for Managed Care Entities

May 2026



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Quality Companion Guide Purpose

The Quality Companion Guide focuses on core quality improvement (QI) activities to assist the Louisiana managed care plans 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 Title 42 Code of Federal Regulations (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 managed care organization (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.

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, February 2023*. Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Jan 27, 2026.

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 MCEs

Performance Evaluation and Improvement: The PAHPs and PIHP will undergo the on-site information systems capabilities assessment (ISCA) to evaluate the systems and processes involved in the calculation of performance measures (PMs) required by LDH for measurement year (MY) 2025. HSAG will conduct the on-site ISCA of the PAHPs and PIHP. The MCOs will report selected HEDIS and non-HEDIS PMs for MY 2025. The MCOs will undergo a HEDIS Compliance Audit with an NCQA HEDIS Compliance Audit licensed organization (LO) to assess the accuracy and reliability of the HEDIS measures reported by the MCOs and determine the extent to which the measures followed HEDIS measure technical specifications. Additionally, the University of Louisiana at Monroe (ULM) will validate MCOs' non-HEDIS measures to ensure alignment with established measure technical specifications. In accordance with 42 CFR §438.330(b), HSAG will review each MCO's measure results and verify that validation activities were conducted as outlined in the CMS *Protocol 2: Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023.² HSAG will request and review each MCO's NCQA final audit report (FAR), Interactive Data Submission System (IDSS) file, and non-HEDIS data submission tool in lieu of conducting an on-site ISCA.

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.

Quality Rating System (QRS): The MCO QRS will be used to evaluate and apply a rating to measure the quality of care provided by the MCOs. The PAHP QRS will evaluate the quality of care provided by the dental PAHPs and will display other relevant information such as contact information, available services, and provider directories.

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

Network Adequacy and Availability Validation (NAV): Provider access surveys will be conducted to evaluate the access and availability of providers contracted with the MCOs to serve Louisiana Medicaid managed care members. 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. This activity does not apply to the PAHPs or the PIHP.

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: April 27, 2026.

HSAG will conduct the NAV audit activity in accordance with the CMS EQR Protocol 4. As part of this activity, HSAG will review each MCE's data, systems, and methods used to calculate results for each network adequacy indicator, as defined by the State's standards. HSAG will also 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 MCEs during calendar year (CY) 2026.

Compliance Reviews (CRs): HSAG will not conduct any CRs of the MCEs during CY 2026.

EQR Annual Technical Report (ATR): HSAG will produce ATRs as part of the EQR process, assessing each MCE's performance in accordance with the requirements of 42 CFR §438.364 and Louisiana specifications. Entity-specific reports will be prepared for each MCO, along with an MCO aggregate report, a PAHP aggregate report, and a PIHP report.

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, as needed, to LDH and the MCEs while conducting EQR-related activities.

Validation of Encounter Data: HSAG will continue to conduct the contract year 2025–2026 encounter data validation (EDV) study and start the contract year 2026–2027 EDV study as noted below:

- **Comparative Analysis:** HSAG will continue 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 MCEs' data systems for the contract year 2025–2026 EDV study.
- **Medical/Dental Record Review (MRR/DRR):** HSAG will begin to conduct an analysis of LDH's electronic encounter data completeness and accuracy by comparing LDH's electronic encounter data to the information documented in the corresponding members' medical/dental records for the contract year 2026–2027 EDV study.

Dental Survey: HSAG will administer and report results for the CAHPS Dental Plan Survey for Louisiana's adult population and a modified CAHPS Dental Plan Survey for the child population. HSAG will prepare a summary report to support LDH in assessing, improving, and reporting on the quality and value provided by contracted dental plans.

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 of the Louisiana adult FFS and child FFS and CHIP populations. HSAG will prepare a CAHPS Microsoft Excel (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): It is not anticipated that LDH will request HSAG to conduct a health disparities focus study during CY 2026.

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. This activity does not apply to the PAHPs or the PIHP.

Data Attestation Notice

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

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

2. Performance Evaluation and Improvement

Process Overview

LDH requires all contracted MCEs, including MCOs, PAHPs, and the PIHP, to report selected PMs to assess access to care, effectiveness and quality of care, and use of services.

MCEs will continue to report PMs annually during the contract period beginning in 2026 (for MY 2025). 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 MCEs. The validation of PMs is conducted in accordance with 42 CFR §438.330(b) and aims to evaluate MCEs' information systems and data processes, and determine the extent to which the PMs are calculated based on established measure technical specifications.

PAHPs and the PIHP undergo the full on-site ISCA to evaluate the systems and processes involved in the calculation of PMs required by LDH. HSAG will conduct the on-site ISCA of the PAHPs and PIHP. MCOs undergo a HEDIS Compliance Audit conducted by an NCQA HEDIS Compliance Audit LO to maintain NCQA accreditation. The CMS EQR protocols specify that, in lieu of conducting a full on-site ISCA, the EQRO may review an assessment of the MCO's information systems conducted by another party (i.e., NCQA HEDIS Compliance Audit LO). MCOs also undergo a validation of non-HEDIS measure data and results by ULM to ensure that non-HEDIS measures are reported according to established measure technical specifications. HSAG will request and review each MCO's NCQA FAR, IDSS file, and non-HEDIS data submission tool in lieu of conducting an on-site ISCA.

Task Description

LDH's contract with the PAHPs identifies PMs that will be calculated and reported on their behalf by ULM. Given that the PAHPs do not calculate rates on PMs, the validation task focuses on assessing the PAHPs' data collection and transmission processes to ensure the accuracy and completeness of data transmitted to LDH to support the calculation and reporting of PMs. The validation of the PAHPs is conducted in accordance with the current CMS EQR Protocol 2 (cited earlier in this guide) and includes an on-site/virtual visit.

The PIHP is required to calculate and report rates on PMs selected by LDH. The task of validating PMs assesses the extent to which the PIHP followed LDH specifications and reporting requirements, as well as the information systems and data processes that support the calculation of required PMs. The validation of the PIHP is conducted in accordance with the current CMS EQR Protocol 2 and includes an on-site/virtual visit.

MCOs calculate and report HEDIS PMs in order to maintain their NCQA accreditation. The task of validating HEDIS PMs assesses the MCOs' processes for calculating PMs, determines whether the processes adhered to each measure's specifications, and ensures the accuracy of the HEDIS PM rates. 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. In lieu of an on-site/virtual visit, HSAG will review an assessment of the MCOs' IS and PM calculation processes conducted by their NCQA HEDIS Compliance Audit LO.

In addition to HEDIS measures, MCOs calculate and report non-HEDIS measures required by LDH. Note that for the non-HEDIS PMs, an on-site/virtual visit, in all likelihood, will not be necessary. HSAG will assist ULM in this activity, with ULM conducting the source code analyses and the validation itself. If necessary, HSAG can assist ULM by conducting MRR for any measure that ULM and LDH deem necessary to validate the MCO's calculation of these measures. 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 PAHPs, PIHP, and MCOs.

PAHP Measure Validation Methodology

The CMS EQR Protocol 2 identifies key types of data that should be reviewed as part of the validation process. The following list indicates the types of data collected and how HSAG conducted an analysis of the data:

- **Information Systems Capabilities Assessment Tool (ISCAT)**—Each PAHP is required to submit a completed ISCAT that provides information on the PAHP's information systems and processes used for collecting, storing, processing, and transmitting data to LDH for PM rate calculation and reporting. Upon receipt by HSAG, the ISCAT undergoes a cursory review to ensure each section is complete and all applicable attachments are present. HSAG then thoroughly reviews all documentation, noting any potential issues, concerns, and items that need additional clarification.
- **Supporting documentation**—Each PAHP submits documentation to HSAG that provides additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviews all supporting documentation and flags issues or clarifications for follow-up.

In collaboration with LDH, HSAG prepares a documentation request packet that is submitted to each PAHP. The documentation request packet includes a letter that outlines the steps in the PMV process, an

ISCAT for the PAHPs to complete, a request for additional supporting documentation necessary to complete the audit, a timeline of PMV activities, and instructions for submission.

Throughout the pre-virtual review phase, HSAG responds to any audit-related questions received directly from the PAHPs. Upon submission of the completed ISCAT and additional supporting documentation, HSAG begins a desk review of the submitted documents to determine any follow-up questions, potential concerns related to information system capabilities, and recommendations for improvement based on the PAHPs’ current processes. HSAG communicates any follow-up questions or required clarification to the PAHPs during this process.

HSAG conducts the on-site visit virtually with each PAHP. HSAG collects information through interviews with PAHP staff members involved with any aspect of data collection, processing, and reporting, and through system demonstrations. The virtual review activities are described as follows:

- **Opening session**—The opening session includes introductions of the validation team and key PAHP staff members involved in the PMV activities. Discussion during this session covers the review purpose, the required documentation, basic meeting logistics, and queries to be performed.
- **Evaluation of system compliance**—The evaluation includes a review of the information systems, focusing on the processing of enrollment and disenrollment data. Additionally, HSAG evaluates the processes used to collect, store, process, and transmit enrollment and service data to LDH. Based on the desk review of the ISCAT, HSAG conducts interviews with key PAHP staff members familiar with the processing and monitoring of data used in the calculation of the PM rates. HSAG uses interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and verify that written policies and procedures were used and followed in daily practice.
- **Closing conference**—The closing conference summarizes preliminary findings based on the review of the ISCAT and the virtual meeting, and outlines requirements for any post-virtual review activities.

PAHP Performance Measures

The PAHP PMs for MY 2025 are listed in Table 2-1.

Table 2-1—PAHP PMs Required by LDH for MY 2025

Measure ID	Measure Name	Measurement Period
<i>CMS 416-12b</i>	<i>Enrolled Children Receiving Dental Preventive Services</i>	Federal fiscal year (FFY) 2025 (October 1, 2024–September 30, 2025)
<i>OED</i>	<i>Oral Evaluation, Dental Services</i>	CY 2025 (January 1, 2025–December 31, 2025)

PIHP Measure Validation Methodology

The CMS EQR Protocol 2 identifies key types of data that should be reviewed as part of the validation process. The following list indicates the types of data collected and how HSAG conducted an analysis of the data:

- **ISCAT**—The PIHP is required to submit a completed ISCAT that provides information on the PIHP’s information systems; processes used for collecting, storing, and processing data; and processes used for PM calculation. Upon receipt by HSAG, the ISCAT undergoes a cursory review to ensure each section is complete and all applicable attachments are present. HSAG then thoroughly reviews all documentation, noting any potential issues, concerns, and items that need additional clarification.
- **Source code (programming language) for performance measures**—If the PIHP calculates the PMs using computer programming language, the PIHP is required to submit source code for each PM being validated. HSAG completes a line-by-line review of the supplied source code to ensure compliance with the PM specifications. HSAG identifies areas of deviation from the specifications, evaluating the impact to the PM and assessing the degree of bias (if any). If the PIHP does not use computer programming language to calculate the PMs, the PIHP is required to submit documentation describing the actions taken to calculate each PM.
- **Performance measure reports**—HSAG also reviews the PIHP’s waiver year 2025 PM reports. The previous year’s reports are used along with the current reports to assess trending patterns and rate reasonability.
- **Supporting documentation**—The PIHP submits documentation to HSAG that provides additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviews all supporting documentation and flags issues or clarifications for follow-up. This additional documentation also includes a measure-level detail file that covers each measure for data verification.

In collaboration with LDH, HSAG prepares a documentation request letter that is submitted to the PIHP. This documentation request letter outlines the steps in the PMV process. The documentation request letter includes a request for the source code for each PM calculated by the PIHP, a completed ISCAT, any additional supporting documentation necessary to complete the audit, a timeline for completion, and instructions for submission. HSAG also requests that the PIHP submit a member-level detail file for review.

Throughout the pre-virtual review phase, HSAG responds to any audit-related questions received directly from the PIHP. Upon submission of the requested source code, completed ISCAT, additional supporting documentation, and member-level detail file, HSAG begins a desk review of the submitted documents to determine any follow-up questions, potential concerns related to information system capabilities or PM calculations, and recommendations for improvement based on the PIHP’s current processes. HSAG also selects a sample of cases from the member-level detail file and provides the selections to the PIHP. During the virtual on-site visit, the PIHP provides a live demonstration of member and service data from its source

system, using the sample cases provided by HSAG, to confirm data accuracy. HSAG communicates any follow-up questions or required clarification to the PIHP during this process.

HSAG conducts the on-site visit virtually with the PIHP. HSAG collects information using several methods including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The virtual review activities are described as follows:

- **Opening session**—The opening session includes introductions of the validation team and key PIHP staff members involved in the PMV activities. Discussion during the session covers the review purpose, the required documentation, basic meeting logistics, and queries to be performed.
- **Evaluation of system compliance**—The evaluation includes a review of the information systems, focusing on the processing of enrollment and disenrollment data. Additionally, HSAG evaluates the processes used to collect and calculate the PMs, including accurate numerator and denominator identification, and algorithmic compliance (which evaluates whether rate calculations are performed correctly, all data are combined appropriately, and numerator events are counted accurately). Based on the desk review of the ISCAT, HSAG conducts interviews with key PIHP staff members familiar with the processing, monitoring, and calculation of the PMs. HSAG uses interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and verify that written policies and procedures are used and followed in daily practice.
- **Overview of data integration and control procedures**—The overview includes discussion and observation of source code logic, a review of how all data sources are combined, and how the analytic file used for reporting the PMs is generated. HSAG performs primary source verification to further validate the output files. HSAG also reviews any supporting documentation provided for data integration. This session addresses data control and security procedures as well.
- **Primary source verification (PSV)**—HSAG performs additional validation using PSV to further validate the output files. PSV is a review technique used to confirm that the information from the primary source matches the output information used for reporting. The PIHP provides HSAG with a member-level detail file, which includes the data the PIHP has reported to LDH, and from which HSAG selects a random sample of member cases to facilitate validation against the source data in the system. During the virtual on-site visit, the sample cases are reviewed for verification live, which provides the PIHP an opportunity to explain processes regarding any exception processing or any unique, case-specific nuances that may not impact final PM reporting. Instances could exist in which a sample case is acceptable based on clarification during the virtual review and follow-up documentation provided by the PIHP. Using this technique, HSAG assesses the PIHP's processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG selects cases across PMs to verify that the PIHP has system documentation which supports that the PMs appropriately include records for measure reporting. This technique does not rely on a specific number of cases for review to determine compliance; rather, it is used to detect errors from a small number of cases. If errors are detected, the outcome is determined based on the type of error. For example, the review of one case may be sufficient in detecting a programming language error and, as a result, no additional cases related to that issue may be reviewed. In other scenarios, one case error

detected may result in the selection of additional cases to better examine the extent of the issue and its impact on reporting.

- **Closing conference**—The closing conference summarizes preliminary findings based on the review of the ISCAT and the virtual on-site visit, and reviews the documentation requirements for any post-virtual review activities.

PIHP Performance Measures

The PIHP PMs for MY 2025 are listed in Table 2-2.

Table 2-2—PIHP PMs Required by LDH for MY 2025

Measure ID	Measure Name	Measurement Period
<i>FUH01</i>	<i>Follow-Up After Hospitalization for Mental Illness</i>	CY 2025 (January 1, 2025–December 31, 2025)
<i>QM08</i>	<i>Child and Adolescent Needs and Strengths (CANS) Outcomes</i>	Waiver Year (WY) 2025 (July 1, 2025–June 30, 2026)
<i>QM09</i>	<i>Living Situation at Discharge</i>	WY 2025 (July 1, 2025–June 30, 2026)
<i>QM10</i>	<i>Improved School Functioning</i>	WY 2025 (July 1, 2025–June 30, 2026)
<i>QM13</i>	<i>Utilization of Natural Supports</i>	WY 2025 (July 1, 2025–June 30, 2026)

MCO Measure Validation Methodology

HEDIS Measure Validation

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 (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 HEDIS measure reported to LDH. Using information provided in the FAR and, if necessary, additional documentation such as the NCQA HEDIS Record of Administration, Data Management, and Processes (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

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 2025 Performance Measure Submission Guide submitted to each MCO on February 17, 2026, via email distribution. Additionally, the MCOs were provided with the MY 2025 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 to the MCOs.

Incentive-based measures may affect MCO payments. These measures are noted in the MY 2025 Performance Measure Submission Guide, annotated with “\$\$.”

Workplans

PAHP Workplan

The PAHP workplan is outlined in Table 2-3.

Table 2-3—AHP Workplan

Task Description	Start Date	End Date	Responsible Party
Provide draft PAHP documentation request packets to LDH for review	04/10/26	04/10/26	HSAG
Provide feedback on draft PAHP documentation request packets to HSAG	04/13/26	04/27/26	LDH
Finalize PAHP documentation request packets based on LDH feedback and submit to LDH	05/08/26	05/08/26	HSAG
Provide documentation request packets to PAHPs for completion	05/15/26	05/15/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Provide completed ISCAT and supporting documentation to HSAG via the Secure Access File Exchange (SAFE)	05/18/26	07/24/26	PAHPs
Provide the PAHP ISCA aggregate report template to LDH for review	06/18/26	06/18/26	HSAG
Provide feedback on the draft PAHP ISCA aggregate report template	06/22/26	07/02/26	LDH
Provide the final PAHP ISCA aggregate report template to LDH	07/10/26	07/10/26	HSAG
Provide HSAG with final ULM-calculated PAHP rates on dental PMs	08/07/26	08/07/26	LDH
Conduct PMV virtual review of systems and processes with PAHPs	09/08/26	10/02/26	HSAG/PAHPs
Provide draft PAHP ISCA aggregate report to LDH for review	10/30/26	10/30/26	HSAG
Provide feedback on PAHP ISCA aggregate report to HSAG	11/02/26	11/13/26	LDH
Incorporate feedback and submit final PAHP ISCA aggregate report to LDH	12/11/26	12/11/26	HSAG

PIHP Workplan

The PIHP workplan is outlined in Table 2-4.

Table 2-4—PIHP Workplan

Task Description	Start Date	End Date	Responsible Party
Provide HSAG with Q1 reports for the <i>QM08</i> , <i>QM09</i> , <i>QM10</i> , and <i>QM13</i> PMs	01/30/26	01/30/26	LDH
Provide draft MY 2025 PIHP documentation request packet to LDH for review (includes audit timeline, ISCAT, and request for source code)	03/13/26	03/13/26	HSAG
Provide HSAG with Q2 reports for the <i>QM08</i> , <i>QM09</i> , <i>QM10</i> , and <i>QM13</i> PMs	03/20/26	03/20/26	LDH
Provide feedback on MY 2025 PIHP documentation request packet to HSAG	03/16/26	03/27/26	LDH
Finalize MY 2025 PIHP documentation request packet based on LDH feedback and submit to LDH	04/06/26	04/06/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Provide MY 2025 documentation request packet to PIHP (i.e., Magellan) for completion	04/10/26	04/10/26	HSAG
Provide draft PIHP PMV report template to LDH for review	04/17/26	04/17/26	HSAG
Provide feedback on draft PIHP PMV report template to HSAG	04/20/26	05/01/26	LDH
Provide HSAG with Q3 reports for the <i>QM08</i> , <i>QM09</i> , <i>QM10</i> , and <i>QM13</i> PMs	05/01/26	05/01/26	LDH
Provide final PIHP PMV report template to LDH	05/08/26	05/08/26	HSAG
Provide completed ISCAT, supporting documentation, and source code to HSAG via SAFE	05/08/26	05/08/26	PIHP
Provide HSAG completed member-level data file for performance measures	05/22/26	05/22/26	PIHP
Provide HSAG with annual (MY 2025) report for the <i>FUH01</i> measure	05/22/26	05/22/26	LDH
Provide case listing to be reviewed live during the virtual review to PIHP via SAFE	06/01/26	06/01/26	HSAG
Conduct PMV virtual review of systems and processes with PIHP	06/08/26	06/12/26	HSAG/PIHP
Provide draft PIHP PMV report to LDH for review	07/13/26	07/13/26	HSAG
Provide feedback on draft PIHP PMV report to HSAG	07/14/26	07/24/26	LDH
Provide draft PIHP PMV report to PIHP for review	07/27/26	07/27/26	HSAG
Provide feedback on draft PIHP PMV report to HSAG	07/28/26	08/03/26	PIHP
Provide HSAG with Q4 reports for the <i>QM08</i> , <i>QM09</i> , <i>QM10</i> , and <i>QM13</i> PMs	08/03/26	08/03/26	LDH
Provide final PIHP PMV report to LDH and PIHP	08/07/26	08/07/26	LDH

MCO Workplan

The workplan is outlined in Table 2-5.

Table 2-5—MCO Workplan

Task Description	Start Date	End Date	Responsible Party
HEDIS Performance Measure (PM) Validation			
Provide draft MY 2025 Performance Measure Submission Guide to LDH for review	01/16/26	01/16/26	HSAG
Provide feedback and/or approval for draft MY 2025 Performance Measure Submission Guide to HSAG	01/20/26	01/30/26	LDH
Provide clean final MY 2025 Performance Submission Guide to LDH	02/06/26	02/06/26	HSAG
Submit final Performance Submission Guide to MCOs once non-HEDIS specifications have been entered by ULM <i>*If non-HEDIS specifications are not available by the due date, LDH may provide the Guide to MCOs without non-HEDIS specifications and add non-HEDIS specifications at a later date.</i>	02/17/26*	02/17/26*	LDH
Provide HEDIS MY 2024 FARs from MCOs’ NCQA-licensed organizations via HSAG’s SAFE	07/14/26	07/14/26	MCOs
Provide draft MCO FAR summary to LDH for review	08/21/26	08/21/26	HSAG
Provide feedback on draft MCO FAR summary to HSAG	08/24/26	09/04/26	LDH
Incorporate LDH’s feedback and submit final MCO FAR summary to LDH	09/18/26	09/18/26	HSAG
Provide MY 2026 (reporting year [RY] 2027) Incentive Measure Targets one-page document to LDH for Performance Submission Guide	11/20/26	11/20/26	HSAG
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 Excel template	02/02/26	02/06/26	HSAG
Provide draft HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification Excel template to LDH and ULM for review and/or approval	02/13/26	02/13/26	HSAG
Provide feedback and/or approval for HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification Excel template to HSAG	02/17/26	02/27/26	LDH/ULM

Task Description	Start Date	End Date	Responsible Party
Provide final HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification Excel template to LDH and ULM for reference	03/06/26	03/06/26	HSAG
Provide MCOs with HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification Excel template	03/06/26	03/06/26	HSAG
Conduct webinar to review instructions and answer questions related to the race/ethnicity and rural/urban custom stratification Excel template	03/09/26	03/13/26	HSAG/LDH/ ULM/MCOs
Conduct meeting with LDH to review report structure for the Performance Measure Results and Analysis Report	03/30/26	04/03/26	LDH/HSAG
Provide draft Louisiana MY 2025 Performance Measure Results and Analysis Report template to LDH for review	05/22/26	05/22/26	HSAG
Provide feedback on draft Louisiana MY 2025 Performance Measure Results and Analysis Report template to HSAG	05/26/26	06/05/26	LDH
Finalize the Louisiana MY 2025 Performance Measure Results and Analysis Report template and submit final template to LDH for reference	06/17/26	06/17/26	HSAG
Request MY 2025 HEDIS IDSS workbooks from LA MCOs	06/08/26	06/08/26	HSAG
Provide HEDIS MY 2025 final auditor-locked IDSS workbooks (CSV and XLS formats) and completed HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification Excel template with HEDIS stratified rates to HSAG	06/16/26	06/16/26	MCOs
Submit screenshots of each MCO's IDSS date/time stamp reflecting final auditor-locked HEDIS MY 2025 rate submissions to LDH	06/16/26	06/16/26	HSAG
Provide Louisiana MY 2025 HEDIS Results spreadsheet (D1) to LDH	07/24/26	07/24/26	HSAG
Provide feedback on the MY 2025 HEDIS Results spreadsheet (D1)	07/27/26	08/07/26	LDH
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	07/31/26	07/31/26	MCOs
Conduct validation of MCOs' non-HEDIS results, calculate total and stratified rates for incentive non-HEDIS measures	08/03/26	09/25/26	ULM
Provide validated non-HEDIS results to HSAG	09/25/26	09/25/26	ULM
Provide updated Louisiana MY 2025 HEDIS and Non-HEDIS Results spreadsheet (updated to include non-HEDIS results and Quality Compass targets) to LDH	10/23/26	10/23/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Develop Louisiana MY 2025 Performance Measure Results and Analysis Report and provide draft report to LDH for review	11/20/26	11/20/26	HSAG
Provide feedback on draft Louisiana MY 2025 Performance Measure Results and Analysis Report to HSAG	11/23/26	12/07/26	LDH
Finalize Louisiana MY 2025 Performance Measure Results and Analysis Report and submit final report to LDH	12/18/26	12/18/26	HSAG
Technical Assistance for Health Plan PMs (HEDIS, CAHPS, non-HEDIS and LDH-specific measures)			
Host NAV audit technical assistance webinar	05/18/26	05/22/26	HSAG/LDH/MCOs

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

Purpose

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

Specifically, the CAHPS reports are designed to:

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

Scope of Work

HSAG will obtain CAHPS results from the MCOs and prepare a CAHPS report that measures four global rating questions, four composite measures, 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 five MCOs (i.e., Aetna Better Health [ABH], AmeriHealth Caritas Louisiana [ACLA], Healthy Blue [HBL], Humana Healthy Horizons [HUM], and Louisiana Healthcare Connections [LHCC]).

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 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	05/01/26	05/08/26	HSAG
Submit draft adult and child MCO CAHPS data in AHRQ CAHPS Database format data request document to LDH for approval	05/08/26	05/08/26	HSAG
Receive LDH feedback or approval on draft adult and child MCO CAHPS data in AHRQ CAHPS Database format data request document	05/08/26	05/15/26	LDH
Send MCOs a request for adult and child MCO CAHPS data in AHRQ CAHPS Database format	05/15/26	05/22/26	HSAG
Receive adult and child MCO CAHPS data in AHRQ CAHPS Database format from MCOs	05/22/26	06/05/26	MCOs
Develop communication document to request adult and child MCO CAHPS data in NCQA format from MCOs	05/28/26	06/04/26	HSAG
Submit draft adult and child MCO CAHPS data in NCQA format data request document to LDH for approval	06/04/26	06/04/26	HSAG
Receive LDH feedback or approval on draft adult and child MCO CAHPS data in NCQA format data request document	06/04/26	06/11/26	LDH
Review adult and child MCO CAHPS data in AHRQ CAHPS Database format and notify MCOs of any potential issues with the file formats	06/04/26	06/11/26	HSAG
Incorporate LDH feedback and submit final MCO CAHPS data in NCQA format data request document to LDH	06/11/26	06/18/26	HSAG
Send MCOs a request for adult and child MCO CAHPS data in NCQA format	06/18/26	06/18/26	LDH
CAHPS Database Submission			
Prepare memorandum (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	05/13/26	05/27/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit memo, DUA, ACAP Authorization memo (if necessary), FAQs, and CAHPS Health Plan Data Submission System User Guide to LDH	05/27/26	05/27/26	HSAG
Activate CAHPS Database account and submit copies of all required forms (i.e., DUA and ACAP Authorization memo, if applicable)	06/01/26	06/08/26	LDH
Complete submission of data in CAHPS Database file format and survey materials to CAHPS Database	06/08/26	07/10/26	HSAG
Notify LDH that data have been submitted to CAHPS Database	07/10/26	07/10/26	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	06/18/26	07/27/26	MCOs
Import and validation of data	07/27/26	08/10/26	HSAG
Conduct data analysis for crosstabulations	08/10/26	09/07/26	HSAG
Conduct data analysis for draft (D1) Dashboard, Executive Summary, Full, and Methodology Reports	09/01/26	09/21/26	HSAG
Compile draft (D1) Dashboard Report	09/21/26	10/01/26	HSAG
Validate and peer review crosstabulations	09/21/26	10/26/26	HSAG
Compile draft (D1) Executive Summary, Full, and Methodology Reports	09/24/26	10/06/26	HSAG
Validate and peer review draft (D1) Dashboard Report	10/01/26	10/20/26	HSAG
Validate and peer review draft (D1) Executive Summary, Full, and Methodology Reports	10/06/26	11/13/26	HSAG
Submit draft (D1) Dashboard Report to LDH	10/20/26	10/20/26	HSAG
Review draft (D1) Dashboard Report and provide feedback to HSAG	10/20/26	11/19/26	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	11/13/26	11/13/26	HSAG
Review draft (D1) Executive Summary, Full, and Methodology Reports and provide feedback to HSAG	11/13/26	12/14/26	LDH
Submit final Dashboard Report to LDH	11/19/26	12/03/26	HSAG
Incorporate LDH feedback into draft (D2) Executive Summary, Full, and Methodology Reports	12/14/26	12/28/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit draft (D2) Executive Summary, Full, and Methodology Reports to LDH	12/28/26	12/28/26	HSAG
Review draft (D2) Executive Summary, Full, and Methodology Reports and provide feedback to HSAG	12/28/26	01/11/27	LDH
Incorporate LDH feedback into final (F1) Executive Summary, Full, and Methodology Reports	01/11/27	01/25/27	HSAG
Submit final Executive Summary, Full, and Methodology Reports to LDH	01/25/27	01/25/27	HSAG

4. Quality Rating System

Purpose

The purpose of this activity is for HSAG to assist LDH in producing a Medicaid managed care QRS that evaluates the performance of the six Louisiana Medicaid MCOs relative to national benchmarks and assigns ratings to each MCO in key areas. HSAG will also produce a QRS displaying the performance of the two dental PAHPs as well as other relevant information for consumers based on what will be required by the CMS Medicaid and Children’s Health Insurance Program (MAC) Quality Rating System (QRS) Final Rule.³ 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 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 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.

³ Title 42 Code of Federal Regulations (CFR) Part 438.350 for Medicaid, Subpart G—Medicaid Managed Care Quality Rating System. Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-G>. Accessed on: April 30, 2026.

Annually, the EQRO will:

- Establish a workplan for producing the MCO QRS and the PAHP 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 the MCOs and PAHPs, 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 the MCO QRS and the PAHP 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 MCO QRS and the PAHP QRS to align with LDH's changing business requirements, such as branding, changes in federal regulations, and MCO and PAHP 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 the MCOs and PAHPs on how to read, interpret, and use the MCO QRS and the PAHP QRS as part of a performance improvement strategy.

QRS Display

Both the MCO QRS and the PAHP QRS will be targeted toward a consumer audience; therefore, they will be user friendly, easy to read, and address areas of interest for consumers, as well as promote transparency regarding MCO or PAHP quality of care. The 2026 (MY 2025) MCO QRS will display star ratings for four rating composites (Overall, Patient Experience, Prevention and Population, and Treatment) and several subcomposites. HSAG will use the MY 2025 HEDIS results, including MY 2025 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 2025 (MY 2024) Quality Compass national Medicaid all lines of business benchmarks in order to derive the star ratings in alignment with NCQA's 2026 Health Plan Ratings Methodology, where possible.⁴

The PAHP QRS will display results based on the FFY 2026 (MY 2025) CMS Core Set of Child Health Care Quality Measures for Medicaid (Child Core Set) data, MY 2025 Child Dental Plan Survey⁵ data, and the MY 2025 CMS Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Participation Report data as submitted by the PAHPs. Additionally, the report card will contain relevant

⁴ NCQA. 2026 Health Plan Ratings Methodology. Available at: https://wpcdn.ncqa.org/www-prod/2026-HPR-Methodology_April-2025-Posting.pdf. Accessed on: Jan 27, 2026.

⁵ The CAHPS Dental Plan Survey, currently available for the adult population only, was modified by HSAG for administration to a child population to create a Child Dental Plan Survey.

information for consumers based on what will be required by the MAC QRS Final Rule by December 31, 2028, including PAHP contact information, available services, and provider directories.

Workplan

The 2026 (MY 2025) QRS will be prepared after the MCOs report HEDIS and CAHPS data in June 2026. The MCO QRS will be submitted to LDH in summer 2026. The workplan is outlined in Table 4-1.

Table 4-1—MCO QRS Workplan

Task Description	Start Date	End Date	Responsible Party
MY 2026 Data Documentation			
Develop the MY 2026 data documentation and submit to LDH	02/02/26	02/17/26	HSAG
Review and provide feedback/approval on the MY 2026 data documentation	02/17/26	03/03/26	LDH
Incorporate feedback into the MY 2026 data documentation and submit to LDH	03/03/26	03/10/26	HSAG
Methodology			
Develop the draft QRS methodology and submit to LDH	03/30/26	04/16/26	HSAG
Review and provide feedback/approval on the draft QRS methodology	04/16/26	04/23/26	LDH
Incorporate feedback into the final QRS methodology and submit to LDH	04/23/26	04/30/26	HSAG
Template			
Develop the MCO QRS template	04/30/26	05/14/26	HSAG
Submit the final MCO QRS template to LDH	05/14/26	05/14/26	HSAG
Data Acquisition and Validation			
Obtain HEDIS IDSS reports for all MCOs	06/16/26	06/16/26	HSAG
Obtain adult and child MCO CAHPS data in AHRQ CAHPS Database format from MCOs	07/01/26	07/01/26	HSAG
Review HEDIS and CAHPS results and notify LDH of any potential data concerns	06/16/26	07/09/26	HSAG
Production of MCO QRS			
<i>Note: All dates for the production of the MCO QRS are dependent on the timely receipt of data</i>			
Load and analyze data (including national benchmarks, if applicable)	06/16/26	07/09/26	HSAG
Perform QRS analysis and validate results	07/09/26	07/16/26	HSAG
Complete peer and technical reviews of draft results	07/16/26	07/23/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit the draft individual MCO plan results, summary results, and reference documents	07/23/26	07/23/26	HSAG
Review and provide feedback/approval on the draft individual MCO plan results, summary results, and reference documents	07/23/26	07/30/26	LDH
Incorporate feedback into the final individual MCO plan results, summary results, and reference documents	07/30/26	08/06/26	HSAG
Submit the final individual MCO plan results, summary results, and reference documents	08/06/26	08/06/26	HSAG

The 2026 (MY 2025) PAHP QRS will be prepared after the PAHPs report performance measure data in August 2026. The PAHP QRS will be submitted to LDH in fall 2026. The workplan is outlined in Table 4-2.

Table 4-2—PAHP QRS Workplan

Task Description	Start Date	End Date	Responsible Party
Methodology			
Develop the draft PAHP QRS methodology and submit to LDH	04/06/26	04/23/26	HSAG
Review and provide feedback/approval on the draft PAHP QRS methodology	04/23/26	04/30/26	LDH
Incorporate feedback into the final PAHP QRS methodology and submit to LDH	04/30/26	05/07/26	HSAG
Template			
Develop the draft PAHP QRS template and submit to LDH	05/07/26	05/21/26	HSAG
Review and provide feedback/approval on the draft PAHP QRS template	05/21/26	05/29/26	LDH
Incorporate feedback into the final PAHP QRS template and submit to LDH	05/29/26	06/05/26	HSAG
Data Acquisition and Validation			
Obtain adult and child CAHPS data	12/23/25	12/23/25	HSAG
Obtain dental performance measure reports for PAHPs	08/07/26	08/07/26	HSAG
Review performance measure and CAHPS results and notify LDH of any potential data concerns	08/07/26	08/28/26	HSAG
Production of PAHP QRS			
<i>Note: All dates for the production of the PAHP QRS are dependent on the timely receipt of data</i>			
Load and analyze data	08/07/26	08/28/26	HSAG
Perform PAHP QRS analysis and validate results	08/28/26	09/04/26	HSAG
Complete peer and technical reviews of draft results	09/04/26	09/14/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit the draft PAHP QRS document to LDH	09/14/26	09/14/26	HSAG
Review and provide feedback/approval on the draft PAHP QRS document	09/14/26	09/21/26	LDH
Incorporate feedback into the final PAHP QRS document	09/21/26	09/28/26	HSAG
Submit the final PAHP QRS document to LDH	09/28/26	09/28/26	HSAG

5. Performance Improvement Project Validation

Process Overview

One of the mandatory activities for EQR is to validate PIPs to ensure that the MCE 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 MCE during the PIP.

Task Description

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

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

MCEs are required to conduct LDH-approved PIPs each year. For 2026, the MCOs will be conducting four PIPs, the PAHPs will be conducting two PIPs, and the PIHP will be conducting one PIP. The MCOs will continue PIPs focused on behavioral health transitions of care, cervical cancer screening, human immunodeficiency virus (HIV) screening, and congenital syphilis screening. The PAHPs will continue PIPs focused on receiving preventive dental services and receiving the first annual dental visit by the first birthday. The PIHP will continue a PIP focused on enhancing the quality of wraparound care plans.

PIPs typically follow a three-year approach collecting 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 MCE’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 MCEs, 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 MCEs, HSAG will provide technical assistance upon request to clarify the submission requirements and timeline.

Training

To ensure the MCEs 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 MCE Methodology for Conducting PIPs

The MCEs 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 MCEs. 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 MCE 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 MCEs with the initial validation findings. The MCEs will have the opportunity to receive technical assistance and guidance from HSAG and LDH to answer questions regarding the validation feedback, and the MCEs 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 MCEs.

PIP Topic-Specific Validation Reports

Annually, after the validation has been completed, HSAG will provide LDH and the MCEs 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 and PAHPs 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 and PAHPs will submit their PIP progress updates to HSAG quarterly. HSAG will track and monitor the quarterly submissions and will notify LDH and the MCE of any concerns.

PIP Topics for Contract Year 2025–2026

MCO PIP Topics

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, a third remeasurement period of CY 2025, and a fourth remeasurement period of CY 2026.

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, a second remeasurement period of CY 2025, and a third remeasurement period of CY 2026.

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, a second remeasurement period of CY 2025, and a third remeasurement period of CY 2026.

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, a first remeasurement period of CY 2025, and a second remeasurement period of CY 2026.

PAHP PIP Topics

Increase the Percentage of EPSDT Enrollees (Enrolled for at Least 90 Consecutive Days), Age 1–20, Receiving at Least One Preventive Dental Service

In 2025, the PAHPs initiated a PIP to increase the percentage of EPSDT enrollees who received preventive dental services. The PIP has one performance indicator that measures the percentage of EPSDT enrollees, 1 to 20 years of age, who received at least one preventive dental service during the measurement year. Initial interventions for the PIP include (1) automatic dental provider assignment for enrollees and outreach to educate enrollees/caregivers on their assigned dental provider, (2) enrollee/ caregiver outreach and reminders on importance of timely preventive dental, and (3) tracking of missed preventive dental service appointments and enrollee/caregiver follow-up outreach to stress the importance of attending scheduled dental appointments and to address barriers to attending scheduled appointments. The PAHPs will continue this topic with a baseline period of CY 2024, a first remeasurement period of CY 2025, and a second remeasurement period of CY 2026.

Increase the Rate of Children Receiving an Annual Dental Visit by Their First Birthday

In 2025, the PAHPs initiated a PIP to increase the percentage of enrollees who received their first dental visit on or before their first birthday. The PIP has one performance indicator that measures the percentage of enrollees 1 year of age during the measurement year who completed a dental visit by their first birthday. Initial interventions for the PIP include (1) welcome calls to caregivers of infant enrollees to provide education on the importance of early dental care during the first year of life; (2) a “baby’s first toothbrush” kit provided to caregivers of enrollees at 10 months of age, with further education and a reminder to schedule the first dental visit; and (3) multi-modal outreach to caregivers of enrollees to provide education on the importance of early dental care. The PAHPs will continue this topic with a baseline period of CY 2024, a first remeasurement period of CY 2025, and a second remeasurement period of CY 2026.

PIHP PIP Topic

Enhancing the Quality of Wraparound Care Plans Through Improved Incorporation of Evidence-Based Practices and Refinement of Strategies for the Child and Family Team

In 2024, the PIHP initiated a PIP to improve the quality of wraparound care plans for enrollees by increasing the use of evidence-based practices (EBPs) and aligning care strategies with the strengths and

needs of the child and family team. The PIP has two performance indicators based on the review and evaluation of wraparound plans of care (POCs) by Magellan care managers, and on the POC Review Tool Coding Guidance: (1) the percentage of POCs for which a Magellan Care Manager assigns a rating of “5” for the element, “EBPs are considered when appropriate” and (2) the percentage of POCs for which a Magellan care manager assigns a rating of “5” for the element, “Refinement and changes to strategies to reflect strengths, needs, and plan effectiveness.” Key interventions for the PIP include (1) reconfigure the POC documentation platform and provide staff training on the new platform to ensure accurate and consistent POC documentation, (2) revise the POC review tool with clearer definitions and criteria and provide staff training on the revised review tool to standardize the POC scoring process, and (3) engage and contract with multisystemic therapy (MST) providers to increase access to EBP services for enrollees. The PIHP will continue this topic with a baseline period of CY 2024, a first remeasurement period of CY 2025, and a second remeasurement period of CY 2026.

Workplan

The workplan is outlined 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	03/01/26	02/28/27	HSAG/LDH
Quarter 1 PIP meeting (virtual)	01/29/26	01/29/26	HSAG/LDH/ MCOs/PAHPs
Quarter 2 PIP meeting (virtual)	04/30/26	04/30/26	HSAG/LDH/ MCOs/PAHPs
Quarter 3 PIP meeting (in-person)	09/17/26	09/17/26	HSAG/LDH/ MCOs/PAHPs
Quarter 4 PIP meeting (virtual)	12/10/26	12/10/26	HSAG/LDH/ MCOs/PAHPs
Annual Validation and PIHP PIP-Specific PIP Reports			
Submit PIPs to HSAG for initial validation	06/26/26	06/26/26	PIHPs
Conduct initial PIP validation	06/29/26	07/17/26	HSAG
Deliver initial validation findings to LDH	07/30/26	07/30/26	HSAG
Obtain LDH approval of initial validation findings	08/06/26	08/06/26	LDH
Provide initial validation findings to Magellan	08/10/26	08/10/26	HSAG
Provide technical assistance, as requested by Magellan	08/11/26	08/21/26	HSAG
Resubmit PIPs for final validation, if required	08/28/26	08/28/26	PIHPs
Conduct final validation	08/31/26	09/16/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Deliver final PIP validation findings to LDH/obtain LDH approval	09/17/26	09/17/26	HSAG
Deliver draft PIP validation reports to LDH	10/09/26	10/09/26	HSAG
Approval/feedback for draft PIP validation reports to HSAG	11/06/26	11/06/26	LDH
Deliver final PIP validation reports to LDH	12/11/26	12/11/26	HSAG
Annual Validation and MCO/PAHP PIP-Specific PIP Reports			
Submit draft PIP reports for validation	01/29/27	01/29/27	MCOs/PAHPs
Conduct initial validation of draft PIP reports	02/01/27	02/18/27	HSAG
Deliver initial PIP validation findings to LDH/obtain LDH approval	02/19/27	02/19/27	HSAG
Approval/feedback for initial validation findings to HSAG	02/25/27	02/25/27	LDH
Deliver draft PIP report validation findings and LDH's feedback to MCOs and PAHPs	02/26/27	02/26/27	HSAG
Submit final PIP reports for validation	03/12/27	03/12/27	MCOs/PAHPs
Conduct final validation	03/15/27	03/26/27	HSAG
Deliver final PIP validation reports to LDH/obtain LDH approval	04/02/27	04/02/27	HSAG
Technical Assistance Guidance			
Provide ongoing technical assistance and guidance to MCEs and LDH	03/01/26	02/28/27	HSAG
Quarterly PIP Reporting: MCOs and PAHPs			
Submit Quarter 1 status reports to HSAG for the period 01/01/2026–03/31/2026 for all PIPs	04/30/26	04/30/26	MCOs/PAHPs
Provide Quarter 1 status report feedback for all PIPs to LDH for review and approval	05/22/26	05/22/26	HSAG
Provide feedback and approval of Quarter 1 status reports for all PIPs to HSAG	05/27/26	05/27/26	LDH
Provide Quarter 1 status report feedback for all PIPs to MCOs and PAHPs	06/01/26	06/01/26	HSAG
Submit Quarter 2 status reports to HSAG for the period 04/01/2026–06/30/2026 for all PIPs	07/31/26	07/31/26	MCOs/PAHPs
Provide Quarter 2 status report feedback for all PIPs to LDH for review and approval	08/21/26	08/21/26	HSAG
Provide feedback and approval of Quarter 2 status reports for all PIPs to HSAG	08/26/26	08/26/26	LDH
Provide Quarter 2 status report feedback for all PIPs to MCOs and PAHPs	08/31/26	08/31/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit Quarter 3 status reports to HSAG for the period 07/01/2026–09/30/2026 for all PIPs	10/31/26	10/31/26	MCOs/PAHPs
Provide Quarter 3 status report feedback for all PIPs to LDH for review and approval	11/19/26	11/19/26	HSAG
Provide feedback and approval of Quarter 3 status reports for all PIPs to HSAG	11/30/26	11/30/26	LDH
Provide Quarter 3 status report feedback for all PIPs to MCOs and PAHPs	12/04/26	12/04/26	HSAG

6. Network Adequacy and Availability Validation

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 2,500 providers per year (i.e., 625 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).⁶ 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:

⁶ 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 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:
 - Whether the case's respondent stated that the provider offers the requested specialty.
 - Whether the case's respondent stated that the provider accepts Louisiana Medicaid MCO.
 - 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 in Table 6-1.

Table 6-1—NAV PDV Workplan

Task Description	Start Date	End Date	Responsible Party
Methodology			
Develop and submit the draft PDV methodology and tool (i.e., script) to LDH	11/20/25	12/05/25	HSAG
Review draft PDV methodology and tool (i.e., script) and provide feedback	12/08/25	12/19/25	LDH
Incorporate LDH feedback and submit final PDV methodology and tool (i.e., script) for approval	12/19/25	12/30/25	HSAG
Provide approval on the final PDV methodology and tool (i.e., script)	12/30/25	01/05/26	LDH
Report Outline			
Prepare PDV report outline	01/05/26	01/16/26	HSAG
Quarter 1: 01/01/2026–03/31/2026			
Develop application for data collection	12/15/25	01/12/26	HSAG
Train reviewers and conduct PDV reviews	01/13/26	02/06/26	HSAG
Analyze and validate PDV data	02/10/26	02/23/26	HSAG
Prepare results flat file and draft Quarter 1 PDV findings report	02/24/26	03/16/26	HSAG
Submit draft Quarter 1 PDV findings report to LDH	03/17/26	03/17/26	HSAG
Review and approve results flat file and draft Quarter 1 PDV findings report	03/17/26	03/26/26	LDH
Submit final results flat file and final Quarter 1 PDV findings report	03/26/26	03/31/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Quarter 1: Corrective Action Process			
Submit Quarter 1 PDV findings to MCOs for review and response	TBD		LDH
Receive Quarter 1 PDV corrective action responses from MCOs	21 calendar days after LDH submits to MCOs		LDH/MCOs
Submit MCO Quarter 1 PDV corrective action responses to HSAG	TBD		LDH
Review MCO Quarter 1 corrective action responses	5 business days after received from LDH		HSAG
Submit confirmation that MCO corrective action responses are accurate and provide a list of outstanding discrepancies	1 business day		HSAG
Quarter 2: 04/01/2026–06/30/2026			
Conduct PDV reviews	04/01/26	04/21/26	HSAG
Analyze and validate PDV data	04/22/26	05/05/26	HSAG
Prepare results flat file and draft Quarter 2 PDV findings report	05/06/26	05/27/26	HSAG
Submit draft Quarter 2 PDV findings report to LDH	05/28/26	05/28/26	HSAG
Review and approve results flat file and draft Quarter 2 PDV findings report	05/29/26	06/11/26	LDH
Submit final results flat file and final Quarter 2 PDV findings report	06/12/26	06/18/26	HSAG
Quarter 2: Corrective Action Process			
Submit Quarter 2 PDV findings to MCOs for review and response	TBD		LDH
Receive Quarter 2 PDV corrective action responses from MCOs	21 calendar days after LDH submits to MCOs		LDH/MCOs
Review and submit MCO Quarter 2 PDV corrective action responses to HSAG	TBD		LDH
Review MCO Quarter 2 corrective action responses	5 business days after received from LDH		HSAG
Submit confirmation that MCO corrective action responses are accurate and provide a list of outstanding discrepancies	1 business day		HSAG
Quarter 3: 07/01/2026–09/30/2026			
Conduct PDV reviews	07/01/26	07/22/26	HSAG
Analyze and validate PDV data	07/23/26	08/05/26	HSAG
Prepare results flat file and draft Quarter 3 PDV findings report	08/06/26	08/26/26	HSAG
Submit draft Quarter 3 PDV findings report to LDH	08/27/26	08/27/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Review and approve results flat file and draft Quarter 3 PDV findings report	08/28/26	09/11/26	LDH
Submit final results flat file and final Quarter 3 PDV findings report	09/14/26	09/18/26	HSAG
Quarter 3: Corrective Action Process			
Submit Quarter 3 PDV findings to MCOs for review and response	TBD		LDH
Receive Quarter 3 PDV corrective action responses from MCOs	21 calendar days after LDH submits to MCOs		LDH/MCOs
Review and submit MCO Quarter 3 PDV corrective action responses to HSAG	TBD		LDH
Review MCO Quarter 3 corrective action responses	5 business days after received from LDH		HSAG
Submit confirmation that MCO corrective action responses are accurate and provide a list of outstanding discrepancies	1 business day		HSAG
Quarter 4: 10/01/2026–12/31/2026			
Conduct PDV reviews	10/01/26	10/22/26	HSAG
Analyze and validate PDV data	10/23/26	11/05/26	HSAG
Prepare results flat file and draft Quarter 4 PDV findings report	11/06/26	12/04/26	HSAG
Submit draft Quarter 4 PDV findings report to LDH	12/04/26	12/04/26	HSAG
Review and approve results flat file and draft Quarter 4 PDV findings report	12/04/26	12/16/26	LDH
Submit final results flat file and final Quarter 4 PDV findings report	12/16/26	12/21/26	HSAG
Quarter 4: Corrective Action Process			
Submit Quarter 4 PDV findings to MCOs for review and response	TBD		LDH
Receives Quarter 4 PDV corrective action responses from MCOs	21 calendar days after LDH submits to MCOs		LDH/MCOs
Review and submit MCO Quarter 4 PDV corrective action responses to HSAG	TBD		LDH
Review MCO Quarter 4 corrective action responses	5 business days after received from LDH		HSAG
Submit confirmation that MCO corrective action responses are accurate and provide 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 cardiologists, neurologists, obstetricians/gynecologists (OB/GYNs), and otolaryngologists (ear, nose, and throat specialists [ENTs]).
- Second Survey: Eligible providers will include gastroenterologists, OB/GYNs, and urologists.

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 identification (ID) number, 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 (USPS) 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., 625 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).⁷ If the caller is put on hold at any point

⁷ 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 a 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 Excel workbooks containing the survey results for each MCO's sampled providers (i.e., an analytic dataset). The analytic datasets will include, but are not limited to, the following data elements for each surveyed case:
 - Demographic information: Provider name, address, and telephone number for the sampled provider location
 - Case stratifications: Specialty category, MCO

- Case disposition (e.g., invalid telephone number, not accepting the requested MCO, survey completed)
- Study indicators:
 - Whether the case’s respondent stated that the location offers the requested specialty.
 - Whether the case’s respondent stated that the location accepts the Louisiana Medicaid managed care MCO.
 - Whether the case’s respondent stated that the location accepts new patients.
 - Number of calendar days to an appointment at the sampled location with the requested MCO.
 - Any limitations noted regarding access or appointment availability.
- Compliant and non-compliant status

Workplan

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

Table 6-2—NAV Provider Access Surveys Workplan

Task Description	Start Date	End Date	Responsible Party
Methodology			
Develop and submit the draft timeline, methodology, and tool (i.e., script) and submit to LDH	01/05/26	01/16/26	HSAG
Review draft methodology and tool (i.e., script) and provide feedback to HSAG	01/20/26	01/30/26	LDH
Incorporate LDH feedback and submit final methodology and tool (i.e., script) for approval	02/02/26	02/06/26	HSAG
Provide approval on the final methodology and tool (i.e., script)	02/09/26	02/13/26	LDH
First Semiannual Survey			
Data Collection			
Prepare data request document and submit to MCOs	02/23/26	03/06/26	HSAG
Receive provider network data files from MCOs	03/09/26	03/20/26	MCOs
Generate survey samples	03/23/26	04/03/26	HSAG
Develop application for data collection	03/09/26	03/31/26	HSAG
Train callers and conduct survey calls	04/06/26	05/08/26	HSAG
Analysis and Reporting			
Prepare semiannual report outline	03/02/26	03/20/26	HSAG
Analyze and validate survey data for first semiannual report (For surveys conducted 04/06/26–05/08/26)	05/11/26	05/22/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Prepare first semiannual results flat files and draft survey report	05/26/26	06/26/26	HSAG
Submit first semiannual results flat files and draft survey report to LDH for review	06/29/26	06/29/26	HSAG
Review and approve first semiannual results flat files and draft survey report	06/29/26	07/10/26	LDH
Submit final first semiannual results flat files and survey report to LDH	07/13/26	07/17/26	HSAG
Second Semiannual Survey			
Data Collection			
Confirm second survey provider types with LDH	06/01/26	06/05/26	HSAG
Prepare data request document and submit to MCOs	06/08/26	06/18/26	HSAG
Receive provider network data files from MCOs	06/22/26	07/07/26	MCOs
Generate survey samples	07/08/26	07/17/26	HSAG
Update application for data collection	06/09/26	07/10/26	HSAG
Train callers and conduct survey calls	07/21/26	08/21/26	HSAG
Analysis and Reporting			
Analyze and validate survey data for second semiannual report (For surveys conducted 07/21/26–08/21/26)	08/24/26	09/08/26	HSAG
Prepare second semiannual results flat files and draft survey report	09/09/26	10/02/26	HSAG
Submit second semiannual results flat files and draft survey report to LDH for review	10/05/26	10/05/26	HSAG
Review and approve second semiannual results flat files and draft survey report	10/05/26	10/16/26	LDH
Submit final second semiannual results flat files and survey report to LDH	10/19/26	10/23/26	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 MCEs 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 MCEs 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 MCE include the following:

- Opening meeting
- Review of the 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 MCE staff members who are involved with the calculation and reporting of network adequacy indicators.

Validation Ratings

HSAG will evaluate each MCE'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 MCE'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 MCEs 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 <i>Met</i> elements
B. Total number of <i>Not Met</i> elements
Validation Score = $A / (A + B) \times 100\%$
Number of <i>Not Met</i> 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 MCE’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	<i>High Confidence</i>
50.0% to 89.9%	<i>Moderate Confidence</i>
10.0% to 49.9%	<i>Low Confidence</i>
Less than 10% and/or any <i>Not Met</i> element has significant bias on the results	<i>No Confidence</i>

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 for the MCOs and PAHPs is outlined in Table 6-5.

Table 6-5—NAV Audit Workplan for MCOs and PAHPs

Task Description	Start Date	End Date	Responsible Party
Conduct kick-off call with LDH to discuss NAV scope, standards, and indicators with LDH	12/01/25	12/01/25	HSAG/LDH/ MCOs/PAHPs
Develop draft (D1) NAV workplan and submit to LDH for review and approval	12/02/25	12/15/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Define and finalize scope of NAV audit (HSAG to review and confirm final network adequacy standards and indicators provided by LDH for validation)	12/02/25	01/23/26	HSAG/LDH
Provide feedback and/or approval for the draft (D1) workplan	12/16/25	12/30/25	LDH
Finalize NAV workplan to (F1) and submit to LDH	12/31/25	01/09/26	HSAG
Develop and submit draft (T1) NAV Aggregate Report template to LDH for review and approval	01/19/26	02/12/26	HSAG
Review draft (T1) NAV Aggregate Report template and provide HSAG with feedback and/or approval	02/13/26	02/27/26	LDH
Finalize (FT1) NAV Aggregate Report template based on LDH feedback and submit to LDH	03/02/26	03/13/26	HSAG
Coordinate with LDH to schedule NAV audit technical assistance webinar in May for MCOs	04/01/26	04/03/26	HSAG/LDH/ MCOs/PAHPs
Submit the following documents to LDH for review and approval: Draft (D1) NAV audit document request packet for MCOs	04/10/26	04/10/26	HSAG
Provide feedback/approval on D1 NAV MCO document request packets	04/13/26	04/27/26	LDH
Finalize (F1) MCO documentation request packets based on LDH feedback and submit to LDH	05/08/26	05/08/26	HSAG
Distribute NAV document request packet to MCOs	05/15/26	05/15/26	HSAG
Host NAV audit technical assistance webinar	05/18/26	05/22/26	HSAG/LDH/ MCOs/PAHPs
Host individual plan pre-virtual audit kick-off calls and provide MCOs with virtual audit agendas	05/26/26	06/12/26	HSAG/LDH/ MCOs/PAHPs
Submit completed MCO ISCATs and supporting documentation to HSAG via SAFE (e.g., source code, network adequacy indicator rates)	07/24/26	07/24/26	MCOs/PAHPs
Respond to HSAG's initial ISCAT-related follow-up questions, as applicable	07/27/26	09/04/26	LDH/MCOs/ PAHPs
Conduct NAV virtual audit with each MCO	09/08/26	10/02/26	HSAG/MCOs/ PAHPs
Distribute post-virtual audit follow-up items to the MCOs	09/09/26	10/05/26	HSAG
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	09/16/26	10/15/26	MCOs/PAHPs
Compile and submit draft (D1) NAV Aggregate Report to LDH for review/approval	12/10/26	12/10/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Provide HSAG with draft (D1) NAV Aggregate Report feedback/approval	12/11/26	12/30/26	LDH
Incorporate feedback and submit final (F1) NAV Aggregate Report to LDH	12/31/26	01/15/27	HSAG

The NAV audit workplan for the PIHP is outlined in Table 6-6.

Table 6-6—NAV Audit Workplan for the PIHP

6.2.11.4.8—Validation of Network Adequacy			
Task Description	Start Date	End Date	Responsible Party
Prepaid Inpatient Health Plan (PIHP) Activities			
Conduct kick-off call with LDH to discuss network adequacy validation (NAV) scope, standards, and indicators	12/01/25	12/01/25	HSAG/LDH/PIHPs
Develop draft (D1) NAV work plan and submit to LDH for review and approval	12/02/25	12/15/25	HSAG
Define and finalize scope of NAV audit (HSAG to review and confirm final network adequacy standards and indicators provided by LDH for validation)	12/02/25	01/23/26	HSAG/LDH
Provide feedback and/or approval for the draft (D1) work plan	12/16/25	01/23/26	LDH
Finalize NAV workplan to (F1) and submit to LDH	12/31/25	01/09/26	HSAG
Develop and submit draft (T1) NAV Aggregate Report template to LDH for review and approval	01/19/26	02/12/26	HSAG
Review draft (T1) NAV Aggregate Report template and provide HSAG with feedback and/or approval	02/13/26	02/27/26	LDH
Finalize (FT1) NAV Aggregate Report template based on LDH feedback and submit to LDH	03/02/26	03/13/26	HSAG
Provide draft (D1) PIHP PMV/NAV documentation request packet to LDH for review (includes audit timeline, ISCAT, and request for source code)	03/13/26	03/13/26	HSAG
Provide feedback on PIHP documentation request packet to HSAG	03/16/26	03/27/26	LDH
Finalize PIHP document request packet based on LDH feedback and submit to LDH	04/06/26	04/06/26	HSAG
Submit document request packet to PIHP for completion	04/10/26	04/10/26	HSAG
Submit completed PIHP ISCAT and supporting documentation to HSAG via SAFE	05/08/26	05/08/26	PIHP
Conduct PMV/NAV virtual review of systems and processes with PIHP	06/08/26	06/12/26	HSAG/PIHP

6.2.11.4.8—Validation of Network Adequacy

Task Description	Start Date	End Date	Responsible Party
Distribute post-virtual audit follow-up items to the PIHP	06/09/26	06/15/26	HSAG
Submit all PIHP 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	06/19/26	06/30/26	PIHP
Compile and submit draft (D1) NAV Aggregate Report to LDH for review/approval	12/10/26	12/10/26	HSAG
Provide HSAG with draft (D1) NAV Aggregate Report feedback/approval	12/11/26	12/30/26	LDH
Incorporate feedback and submit final (F1) NAV Aggregate Report to LDH	12/31/26	01/15/27	HSAG

Purpose

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

It is not anticipated that LDH will request HSAG to conduct any readiness reviews during CY 2026.

8. Compliance Reviews

Requirement

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

HSAG will not conduct any CR of the MCEs during CY 2026.

9. External Quality Review Annual Technical Report

Task Description

LDH contracted with HSAG to conduct an annual EQR of the services furnished 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 each 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 each MCE's performance, in compliance with the requirements of 42 CFR §438.364 and Louisiana specifications. Entity-specific reports are prepared for each MCO, along with an MCO aggregate report, a PAHP aggregate report, and a PIHP report.

HSAG will work with LDH to identify the domains and data to be included in the ATRs, 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 in Table 9-1.

Table 9-1—ATR Workplan

Task Description	Start Date	End Date	Responsible Party
Report Template			
Develop draft report templates	07/01/26	07/30/26	HSAG
Submit draft report templates to LDH for feedback	07/31/26	07/31/26	HSAG
Review draft templates and provide feedback to HSAG	07/31/26	08/14/26	LDH
Review and incorporate LDH’s feedback and submit to LDH the final report templates	08/17/26	08/28/26	HSAG
MCE Recommendations Tables With Documented Actions			
Develop draft recommendation tables from the previous year’s technical report that HSAG will send to the MCEs	09/01/26	09/24/26	HSAG
Submit draft recommendation tables to LDH for feedback	09/25/26	09/25/26	HSAG
Review draft recommendations tables and provide feedback to HSAG	09/25/26	10/09/26	LDH
Review and incorporate LDH’s feedback and submit to LDH the final recommendation tables	10/13/26	10/16/26	HSAG
Email each MCE its MCE-specific recommendation tables to complete	10/19/26	10/19/26	HSAG
Complete and submit recommendation tables	10/19/26	11/04/26	MCEs
Incorporate the completed recommendation tables in the technical reports	11/05/26	11/06/26	HSAG
Health Equity Plans/Health Disparities Questionnaire			
Request confirmation from LDH that the MCO’s Health Equity Plan information should be included in the technical reports	10/01/26	10/01/26	HSAG
Provide confirmation to include the MCO’s Health Equity Plan information in the technical reports	10/09/26	10/09/26	LDH
Submit the MCO’s Health Equity Plans to HSAG for inclusion in the technical reports	10/16/26	10/16/26	LDH
Incorporate the MCO’s Health Equity Plans in the technical reports	10/19/26	10/23/26	HSAG
Request confirmation from LDH (dental and Office of Behavioral Health [OBH]) that the PAHPs and PIHP should be sent the Health Disparities Questionnaire and that their responses should be included in the technical reports	10/01/26	10/01/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Provide confirmation to HSAG that the PAHPs and PIHP should complete the Health Disparities Questionnaire and that their responses should be included in the technical reports.	10/09/26	10/09/26	LDH (Dental & OBH)
Email each PAHP and the PIHP to request that they respond to the Health Disparities Questionnaire	10/13/26	10/13/26	HSAG
Submit response to the Health Disparities Questionnaire to HSAG	10/30/26	10/30/26	PAHPs/PIHP
Incorporate the PAHPs' and the PIHP's responses to the Health Disparities Questionnaire in the technical reports	11/02/26	11/06/26	HSAG
Produce Report			
Compile data and perform required EQR analyses; produce draft reports	11/13/26	01/08/27	HSAG
Submit to LDH the draft ATRs, including an aggregate report and detailed MCE-specific findings	01/11/27	01/11/27	HSAG
Review draft ATRs; provide feedback to HSAG	01/11/27	01/22/27	LDH
Review and incorporate LDH's feedback; confirm with LDH that the draft reports can be sent to each MCE for review	01/22/27	01/29/27	HSAG
Send each MCE its draft report for review	02/01/27	02/01/27	HSAG
Review draft ATRs (i.e., aggregate and MCE-specific); provide feedback to HSAG	02/01/27	02/05/27	MCEs
Review and incorporate MCE's feedback	02/08/27	02/12/27	HSAG
Collaborate with LDH on any changes to the report	02/08/27	02/15/27	HSAG/LDH
Submit finalized ATRs (508 compliant) to LDH	02/26/27	02/26/27	HSAG

10. Medicaid Managed Care Quality Strategy Evaluation

Review Period

The evaluation period focuses on the 12-month performance period of March 20, 2025–March 19, 2026.

Aims, Goals, and Objectives

The Louisiana 2023 Medicaid Managed Care Quality Strategy identified aims, goals, and objectives to drive improvements in care delivery and health outcomes as well as metrics by which progress will be measured.

The Quality Strategy identifies the following:

Table 10-1—Louisiana Quality Strategy Aims, Goals, and Objectives

Aims	Goals	Objectives
Better Care. Make health care more person-centered, coordinated, and accessible so it occurs at the “Right care, right time, right place.”	Ensure access to care to meet enrollee needs	Ensure timely and approximate access to primary and specialty care
	Improve coordination and transitions of care	Ensure appropriate follow-up after emergency department visits and hospitalizations through effective care coordination and case management
		Ensure appropriate hospice onboarding and transitioning from palliative care to hospice
	Facilitate patient-centered, whole-person care	Engage and partner with enrollees to improve enrollee experience and outcomes
		Integrate behavioral and physical health
	Healthier People, Healthier Communities. Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.	Promote wellness and prevention
Prevent prematurity and reduce infant mortality		
Promote healthy development and wellness in children and adolescents		
Promote oral health in children		
Improve immunization rates		
Prevent obesity and address physical activity and nutrition in children and adults		
Prevent prematurity and reduce infant mortality		
Improve cancer screening		

Aims	Goals	Objectives
		Improve HIV and hepatitis C virus infection screening
		Promote early initiation of palliative care to improve quality of life
		Promote healthy development and wellness in children and adolescents
		Promote use of evidence-based tobacco cessation treatments
	Improve chronic disease management and control	Improve hypertension, diabetes, and cardiovascular disease management and control
		Improve respiratory disease management and control
		Improve HIV control
		Improve quality of mental health and substance use disorder care
	Partner with communities to improve population health and address health disparities	Stratify key quality measures by race/ethnicity and rural/urban status and narrow health disparities
		Advance specific interventions to address social determinants of health
Smarter Spending. Demonstrate good stewardship of public resources by ensuring high-value, efficient care.*	Pay for value and incentivize innovation	Advance value-based payment arrangements and innovation
	Minimize wasteful spending	Ensure members that are improving or stabilized in hospice are considered for discharge
		Reduce low-value care*

*High-value services, as defined by the Institute of Medicine, represent the “best care for the patient, with the optimal result for the circumstances, delivered at the right price.”⁸ Low-value services represent care that does not meet these criteria.

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.

⁸ Institute of Medicine 2013. Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13444> Available at: [Best Care at Lower Cost: The Path to Continuously Learning Health Care in America](#). Accessed on: Feb 23, 2026.

Workplan

The workplan is outlined in Table 10-2.

Table 10-2—QSE Workplan

Task Description	Start Date	End Date	Responsible Party
Methodology and Tool Development			
Develop Quality Strategy Evaluation (QSE) methodology and tool	05/01/26	05/21/26	HSAG
Submit QSE methodology and tool to LDH	05/22/26	05/22/26	HSAG
Review QSE methodology and tool; submit feedback to HSAG	05/22/26	05/26/26	LDH
Incorporate LDH’s feedback; finalize QSE methodology and tool	06/01/26	06/12/26	HSAG
Information Request			
Prepare information request for LDH	06/15/26	06/25/26	HSAG
Submit information request to LDH as required by the QSE methodology	06/26/26	06/26/26	HSAG
Submit information requested to HSAG	07/24/26	07/24/26	LDH
Report Template			
Prepare QSE report template	07/01/26	07/16/26	HSAG
Submit QSE report template to LDH	07/17/26	07/17/26	HSAG
Review QSE report template; submit feedback to HSAG	07/17/26	08/03/26	LDH
Incorporate feedback; finalize QSE report template	08/04/26	08/17/26	HSAG
Reporting			
Conduct evaluation, compile findings, and synthesize results	08/18/26	10/30/26	HSAG
Submit draft QSE to LDH for review/approval	11/02/26	11/02/26	HSAG
Review draft QSE report; submit feedback to HSAG	11/02/26	11/13/26	LDH
Incorporate feedback; finalize QSE report and submit to LDH	11/16/26	11/20/26	HSAG

11. Technical Assistance

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

12. Validation of Encounter Data

Overview

Pursuant to 42 CFR §438.242, LDH must ensure that each of its contracted Medicaid MCEs 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 MCEs 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 MCEs 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 2025–2026, LDH contracted with HSAG to conduct an EDV study consisting of the following activity:

- Comparative analysis—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 MCEs' data systems. The goal of this activity is to evaluate the extent to which the encounter data in LDH's data warehouse that were submitted by the MCEs are complete and accurate.

Additionally, during contract year 2026–2027, LDH has contracted with HSAG to conduct an MRR/DRR. The goal of this activity is to evaluate LDH's electronic encounter data completeness and accuracy via a review of medical/dental records for professional and dental services rendered between January 1, 2025, and December 31, 2025.

Comparative Analysis

The goal of a comparative analysis is to evaluate the extent to which encounters submitted to LDH by the MCEs are complete and accurate, based on corresponding information stored in the MCEs' data systems. HSAG began the 2025–2026 EDV study by developing an MCE-specific data submission requirements (DSR) document to request data from the MCEs. Once HSAG receives data files from LDH and the MCEs, 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 MCEs, HSAG will then use data from both sources with dates of service from January 1, 2024, through December 31, 2024, to evaluate the accuracy and completeness of the encounter data. 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.

Medical/Dental Record Review

The MRR/DRR is an evaluation of LDH’s electronic encounter data completeness and accuracy through a review of medical/dental records for professional and dental services rendered from January 1, 2025, through December 31, 2025. This study will answer the following question:

- *Are the applicable key data elements found on the professional and dental encounters complete and accurate when compared to information contained within the medical/dental records?*

To answer the study question, HSAG will conduct the following four steps:

1. Identify the eligible population and generate samples from data extracted from LDH’s data warehouse.
2. Provide technical assistance to the MCEs to support procurement of medical/dental records from providers, as appropriate.
3. Review medical/dental records against LDH’s encounter data.
4. Calculate study indicators and submit study results to LDH.

Workplan

The workplan is outlined in Table 12-1.

Table 12-1—2025–2026 EDV Workplan¹

Task Description	Start Date	End Date	Responsible Party
Study Design			
Conduct EDV kickoff meeting with LDH	07/21/25	07/21/25	HSAG/LDH
Prepare and submit the draft (D1) workplan to LDH for review	07/22/25	08/07/25	HSAG
Review the draft (D1) workplan and provide feedback/approval to HSAG	08/08/25	08/14/25	LDH
Incorporate LDH’s feedback on the draft (D1) workplan and submit the final (F1) workplan to LDH for reference	08/15/25	08/21/25	HSAG
Prepare and submit the draft (D1) methodology to LDH for review	08/07/25	08/14/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Review the draft (D1) methodology and provide feedback to HSAG	08/15/25	08/21/25	LDH
Incorporate LDH's feedback on the draft (D1) methodology and submit the draft (D2) methodology to LDH for review, if appropriate	08/22/25	08/28/25	HSAG
Review the draft (D2) methodology and provide feedback/approval to HSAG	08/29/25	09/05/25	LDH
Incorporate LDH's feedback on the draft (D2) methodology and submit the final (F1) methodology to LDH for reference	09/08/25	09/12/25	HSAG
Data Submission Requirements (DSR) Documents and Data Collection			
Prepare the draft (D1) DSR documents and submit them to LDH for review	08/08/25	08/18/25	HSAG
Review the draft (D1) DSR documents and provide feedback/approval to HSAG	08/19/25	08/28/25	LDH
Conduct a meeting with LDH to review any questions/feedback from LDH on the DSR documents, if appropriate	08/19/25	08/28/25	HSAG/LDH
Incorporate LDH's feedback into the final (F1) DSR documents and submit them to LDH for approval	08/29/25	09/05/25	HSAG
LDH to provide approval on the final (F1) DSR documents to HSAG	09/08/25	09/12/25	LDH
Distribute the final (F1) DSR documents to the MCEs	09/15/25	09/15/25	HSAG
Conduct kick-off/technical assistance meeting with the MCEs	09/16/25	09/18/25	HSAG/LDH/ MCEs
Submit requested data files to HSAG	09/16/25	10/29/25	LDH/MCEs
Download, process, and conduct preliminary review of the data files	10/15/25	12/01/25	HSAG
Draft preliminary file review findings documents based on the results from the review of the data files	12/02/25	12/08/25	HSAG
Distribute file review findings to LDH and MCEs	12/09/25	12/09/25	HSAG
Review and provide responses regarding the preliminary file review findings and resubmit data files, if necessary	12/10/25	04/02/26	LDH/MCEs
Download and process resubmitted data files	12/29/25	01/06/26	HSAG
Comparative Analysis and Technical Assistance			
Generate and validate comparative analysis results	01/07/26	04/21/26	HSAG
Prepare and submit the draft (D1) encounter data discrepancy report for each MCE to LDH for review	03/10/26	03/23/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Review the draft (D1) encounter data discrepancy report for each MCE and provide feedback to HSAG	04/22/26	05/05/26	LDH
Incorporate feedback from LDH and distribute the finalized (F1) encounter data discrepancy reports to each MCE, along with data samples, if appropriate	05/13/26	05/18/26	HSAG
Conduct technical assistance meetings with each MCE, if needed/requested	05/19/26	05/26/26	HSAG/LDH/ MCEs
Provide written responses to the final (F1) encounter data discrepancy reports to HSAG	05/19/26	06/09/26	MCEs
Review written responses from the MCEs and follow up, as needed	06/10/26	06/24/26	HSAG/LDH
Report Template			
Prepare the draft (T1) aggregate report template and submit to LDH for review	09/18/25	09/26/25	HSAG
Review and provide feedback/approval on the draft (T1) aggregate report template to HSAG	09/29/25	10/14/25	LDH
Incorporate LDH's feedback into the draft (T2) aggregate report template	10/15/26	10/21/25	HSAG
Review and provide feedback/approval on the draft (T2) aggregate report template to HSAG	10/15/25	10/21/25	LDH
Incorporate feedback into the final (FT1) aggregate report template and submit to LDH for reference	10/22/25	10/28/25	HSAG
Report Production			
Draft the (D1) aggregate report and submit it to LDH for review	05/19/26	07/23/26	HSAG
Review and provide feedback on the draft (D1) aggregate report to HSAG	07/24/26	08/06/26	LDH
Incorporate LDH feedback into the draft (D2) aggregate report and submit it to LDH for review	08/07/26	08/13/26	HSAG
Review and provide feedback on the draft (D2) aggregate report to HSAG	08/14/26	08/20/26	LDH
Incorporate LDH's feedback into the final (F1) aggregate report and submit it to LDH	08/21/26	08/27/26	HSAG

¹ This workplan was approved by LDH as of April 27, 2026; however, please be advised that the timeline is subject to revisions as needed based on ongoing project developments and updates.

Table 12-2—2026–2027 EDV Workplan¹

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 2026	July 2026	HSAG/LDH
Draft and submit draft (D1) workplan and draft (D1) methodology to LDH for review	July 2026	August 2026	HSAG
Review methodology and workplan documents and provide feedback to HSAG	August 2026	August 2026	LDH
Incorporate feedback, submit updated methodology and workplan documents to LDH and finalize methodology and workplan upon LDH’s approval	August 2026	September 2026	HSAG/LDH
Medical/Dental Record Review Sampling, Procurement, Review, and Analysis			
Generate and distribute the sample lists and tracking sheets for the MRR/DRR to the MCEs	September 2026	October 2026	HSAG
Conduct a meeting with the MCEs to review the EDV project and procurement protocol	October 2026	October 2026	HSAG/LDH/MCEs
Procure and submit medical/dental records to HSAG in batches, as well as address feedback from HSAG regarding medical/dental records submitted	November 2026	February 2027	MCEs
Build, test, and implement medical/dental record tracking and review tool	September 2026	December 2026	HSAG
Train HSAG reviewers	January 2027	January 2027	HSAG
Conduct MRR/DRR	January 2027	March 2027	HSAG
Review and analyze data exported from MRR/DRR tool	March 2027	April 2027	HSAG
Generate and validate results tables and figures from MRR/DRR analysis	April 2027	May 2027	HSAG
Report Template			
Draft the (D1) aggregate report template and submit to LDH for review	November 2026	November 2026	HSAG
Review and provide feedback on the draft (D1) aggregate report template	November 2026	December 2026	LDH
Incorporate LDH’s feedback into the draft (D2) aggregate report template	December 2026	December 2026	HSAG
Review and provide feedback on the draft (D2) aggregate report template	December 2026	January 2027	LDH

Task Description	Start Date	End Date	Responsible Party
Incorporate feedback into the final (F1) aggregate report template and submit to LDH	January 2027	January 2027	HSAG
Report Production			
Draft the (D1) aggregate report and submit to LDH for review	May 2027	May 2027	HSAG
Review and provide feedback on the draft (D1) aggregate report to HSAG	May 2027	June 2027	LDH
Incorporate LDH feedback into the draft (D2) aggregate report	June 2027	June 2027	HSAG
Review and provide feedback on the draft (D2) aggregate report to HSAG	June 2027	June 2027	LDH
Incorporate LDH's feedback into the final (F1) aggregate report and submit to LDH	June 2027	June 2027	HSAG

¹ This workplan has been developed by HSAG as a high-level tentative approach for the upcoming EDV activity for contract year 2026–2027, which will kick off in July 2026. Please be advised that the timeline is subject to revisions as needed based on ongoing project developments and updates.

13. Dental Survey

Purpose

HSAG will administer and report results for the CAHPS Dental Plan Survey for Louisiana’s adult population and a modified CAHPS Dental Plan Survey for the child population. The purpose of the survey is to generate actionable performance insights that can help enhance the quality of dental care and services provided to both adult and child members enrolled in one of the dental plans.

Scope of Work

HSAG will prepare a summary report that measures four global rating questions, three composite measures, and one individual item measure. HSAG will calculate and present results at the dental plan and program level, as applicable. In addition to individual plan results, HSAG will calculate a dental program average that includes the combined results of both contracted dental plans (i.e., DentaQuest USA Insurance Company [DQ] and Managed Care North America [MCNA]).

Sample dispositions and response rates will be calculated for each dental plan and the dental program average. For purposes of the dental plan comparisons and race and ethnicity comparisons (if applicable), HSAG will calculate top-box scores for each measure. For each measure, the dental plans’ results will be compared to each other. The results for each global rating, composite measure, and individual item measure will be stratified by race and ethnicity (if applicable) for each dental plan. 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 Dental Program level for the following measures: *Rating of All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental 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.

Workplan

The workplan is outlined in Table 14-1.

Table 13-1—Dental Survey Workplan

Activity	Start Date	End Date	Responsibility
Survey Planning and Preparation			
Participate in a kick-off call to discuss the dental survey activity	06/02/25	06/06/25	HSAG/LDH
Develop draft (D1) administrative forms and text for cover letters	06/09/25	06/27/25	HSAG

Activity	Start Date	End Date	Responsibility
Submit draft (D1) administrative forms and text for cover letters to LDH for review	06/27/25	06/27/25	HSAG
Provide feedback to HSAG on draft (D1) administrative forms and text for cover letters	06/27/25	07/11/25	LDH
Provide letterhead, logo and/or seal, and signature for cover letters to HSAG	06/27/25	07/11/25	LDH
Incorporate feedback into draft (D2) text for cover letters	07/11/25	07/25/25	HSAG
Submit draft (D2) text for cover letters to LDH for approval	07/25/25	07/25/25	HSAG
Provide feedback and/or approval on draft (D2) and text for cover letters	07/25/25	08/08/25	LDH
Incorporate feedback into final text for cover letters	08/08/25	08/15/25	HSAG
Submit final text for cover letters to LDH	08/15/25	08/15/25	HSAG
Submit final formatted mail materials to LDH	09/19/25	09/19/25	HSAG
Sampling			
Prepare draft (D1) sampling plan	06/02/25	06/27/25	HSAG
Prepare final sample frame creation instructions	06/02/25	06/27/25	HSAG
Submit draft (D1) sampling plan and final sample frame creation instructions to LDH	06/27/25	06/27/25	HSAG
Submit final sample frame creation instructions to PAHPs	06/27/25	06/27/25	HSAG
Provide feedback or approval on the draft (D1) sampling plan	06/27/25	07/11/25	LDH
Host webinar to review sample frame creation instructions with PAHPs	July 2025	July 2025	HSAG
Send sample frame submission deadline reminder to PAHPs	07/18/25	07/18/25	HSAG
Provide sample frame files to HSAG	06/27/25	07/25/25	PAHPs
Review sample frame files for accuracy and communicate any issues to PAHPs	07/25/25	08/15/25	HSAG
Perform sampling	08/15/25	08/29/25	HSAG
Update address information using National Change of Address database	08/29/25	09/05/25	HSAG
Notify LDH that the samples have been selected and address information has been updated	09/05/25	09/05/25	HSAG

Activity	Start Date	End Date	Responsibility
Submit final sampling plan with final sample sizes to LDH	09/05/25	09/05/25	HSAG
Survey Administration			
Print and produce survey packets and prepare Web-based versions of surveys	09/05/25	09/19/25	HSAG
Mail first questionnaires and cover letters to members	09/19/25	09/19/25	HSAG
Website made available to complete the surveys via Internet	09/19/25	09/19/25	HSAG
Mail second questionnaires and cover letters to non-respondents	10/17/25	10/17/25	HSAG
Refresh phone number files prior to computer-assisted telephone interviewing (CATI)	11/07/25	11/14/25	HSAG
Begin CATI for non-respondents	11/14/25	11/14/25	HSAG
Perform CATI monitoring of survey vendor	11/14/25	11/21/25	HSAG
Survey field closes	12/05/25	12/05/25	HSAG
Notify LDH that the survey field has closed	12/05/25	12/05/25	HSAG
Data Analysis Plan and Report Outline			
Develop draft (D1) data analysis plan and report outline	09/05/25	09/19/25	HSAG
Submit draft (D1) data analysis plan and report outline to LDH for review	09/19/25	09/19/25	HSAG
Review draft (D1) data analysis plan and report outline and provide feedback to HSAG	09/19/25	10/03/25	LDH
Incorporate LDH feedback into final data analysis plan and report outline	10/03/25	10/16/25	HSAG
Submit final data analysis plan and report outline to LDH	10/16/25	10/16/25	HSAG
Data Reconciliation, Data Analysis, and Reporting			
Reconciliation of survey responses into raw data files	12/05/25	12/29/25	HSAG
Import and validation of data	12/29/25	01/08/26	HSAG
Conduct data analysis for respondent-level data files	01/08/26	01/23/26	HSAG
Validate and peer review respondent-level data files	01/23/26	02/13/26	HSAG

Activity	Start Date	End Date	Responsibility
Conduct data analysis for draft (D1) aggregate report	01/23/26	02/13/26	HSAG
Compile draft (D1) aggregate report	02/13/26	02/27/26	HSAG
Validate and peer review draft (D1) aggregate report	02/27/26	04/03/26	HSAG
Submit respondent-level data files, data dictionary, and draft (D1) aggregate report	04/03/26	04/03/26	HSAG
Review draft (D1) aggregate report and provide feedback to HSAG	04/03/26	05/04/26	LDH
Incorporate LDH feedback into final aggregate report	05/04/26	05/18/26	HSAG
Submit final aggregate report to LDH	05/18/26	05/18/26	HSAG

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

Purpose

HSAG will administer and report the results of the adult and child CAHPS surveys administered 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 MCO and program (i.e., FFS) level, as applicable. In addition to individual MCO or program results, HSAG will calculate a Healthy Louisiana Statewide Average that includes the combined results of all five MCOs (i.e., ABH, ACLA, HBL, HUM, and LHCC) for the CHIP population.

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 achievement scores for all global ratings: (1) 8, 9, or 10, and (2) 9 or 10, and two scores for the achievement scores for all composite measures and the individual item measure: (1) Usually and Always, and (2) Always. HSAG will also report two scores for the three medical assistance with smoking and tobacco use cessation items (adult population only): (1) 18 to 64 years of age, and (2) 65 years of age and older.

Workplan

The workplan is outlined in Table 14-1.

Table 14-1—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	11/10/25	12/03/25	HSAG
Submit D1 administrative forms, cover letters, and postcard to LDH for review and comment	12/03/25	12/03/25	HSAG
Provide approval on the D1 administrative forms, cover letters and postcards text.	12/03/25	12/23/25	LDH



Task Description	Start Date	End Date	Responsible Party
Provide letterhead, logo, signature, and seal to HSAG	12/03/25	12/23/25	LDH
Incorporate LDH feedback into final cover letters and postcards text, if applicable	12/23/25	12/30/25	HSAG
Submit final administrative forms and cover letters and postcard text to LDH	12/30/25	12/30/25	HSAG
Submit final, formatted mail materials to LDH	03/02/26	03/02/26	HSAG
Sampling			
Prepare D1 sampling plan	11/10/25	12/03/25	HSAG
Prepare sample frame creation instructions and sample frame file coversheet	11/10/25	12/03/25	HSAG
Submit D1 sampling plan, sample frame creation instructions, and sample frame file coversheet to LDH for review	12/03/25	12/03/25	HSAG
Submit final sample frame creation instructions and sample frame file coversheet to ULM contacts	12/03/25	12/03/25	HSAG
Host webinar to provide survey overview and review sample frame creation instructions with ULM, if requested	12/03/25	12/10/25	HSAG
Provide feedback or approval on the D1 sampling plan to HSAG	12/03/25	12/17/25	HSAG
Send data submission deadline reminder to ULM	01/07/26	01/07/26	HSAG
Provide sample frame files for each population to be surveyed	12/03/25	01/14/26	ULM
Perform review and validation of sample frame files; communicate with LDH to clarify any outstanding data or other issues with respect to sample frame files	01/14/26	02/04/26	HSAG
Perform sampling for the population	02/04/26	02/18/26	HSAG
Sample files run through National Change of Address Database to update address information	02/18/26	02/25/26	HSAG
Notify LDH that the samples have been selected and address information has been updated	03/02/26	03/02/26	HSAG
Submit final (F1) sampling plan with final sample sizes to LDH	03/02/26	03/02/26	HSAG
Survey Administration			
Print and produce survey packets and prepare Web-based versions of survey	Late February 2026	Mid-March 2026	HSAG
Mail first questionnaires and cover letters to members	Mid-March 2026	Mid-March 2026	HSAG

Task Description	Start Date	End Date	Responsible Party
Website made available to complete the surveys via Internet	Mid-March 2026	Mid-March 2026	HSAG
Mail first postcard reminder to non-respondents	End of March 2026	End of March 2026	HSAG
Mail second questionnaires and cover letters to non-respondents	Early April 2026	Early April 2026	HSAG
Mail second postcard reminder to non-respondents	Mid-April 2026	Mid-April 2026	HSAG
Mail third questionnaires and cover letters to non-respondents	Mid-May 2026	Mid-May 2026	HSAG
Survey field closes	Early June 2026	Early June 2026	HSAG
Notify LDH survey field has closed	Early June 2026	Early June 2026	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	05/13/26	05/27/26	HSAG
Submit memo, DUA, ACAP Authorization memo (if necessary), FAQs, and CAHPS Health Plan Data Submission System User Guide to LDH	05/27/26	05/27/26	HSAG
Activate CAHPS Database account and submit copies of all required forms (i.e., DUA and ACAP Authorization memo, if applicable)	06/03/26	06/09/26	LDH
Complete submission of data in CAHPS Database file format and survey materials to CAHPS Database	06/09/26	07/10/26	HSAG
Notify LDH that data have been submitted to CAHPS Database	07/10/26	07/10/26	HSAG
Data Reconciliation, Data Analysis and Reporting			
Reconciliation of survey responses into raw data files	06/03/26	06/17/26	HSAG
Import and validation of data	06/17/26	06/29/26	HSAG
Conduct data analysis for respondent-level data files	06/29/26	07/06/26	HSAG
Conduct data analysis for Excel reporting spreadsheet	07/06/26	07/20/26	HSAG
Validate and peer review respondent-level data files	07/06/26	07/22/26	HSAG
Validate and peer review Excel reporting spreadsheet	07/23/26	08/06/26	HSAG
Submit respondent-level data files and Excel reporting spreadsheet to LDH	08/06/26	08/06/26	HSAG

15. 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, 2025, to March 31, 2026).

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 five MCOs (i.e., ABH, ACLA, HBL, HUM, and LHCC).

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. 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 in Table 15-1.

Table 15-1—Behavioral Health Member Satisfaction Survey Workplan

Task Description	Start Date	End Date	Responsible Party
Survey Planning and Preparation			
Develop draft (D1) survey instruments for LDH	01/05/26	01/14/26	HSAG
Submit D1 survey instruments to LDH for review	01/14/26	01/14/26	HSAG
Provide feedback on D1 survey instruments to HSAG	01/14/26	02/13/26	LDH
Incorporate LDH feedback into updated survey instruments	02/13/26	02/27/26	HSAG
Prepare administrative forms and text for cover letters	03/03/26	03/18/26	HSAG
Submit draft (D1) administrative forms, text for cover letters, and final survey instruments to LDH for review	03/18/26	03/18/26	HSAG
Provide feedback or approval on the draft (D1) administrative forms, cover letters, and supplemental items. Provide letterhead and logo to HSAG.	03/18/26	04/08/26	LDH
Incorporate LDH feedback into final cover letters	04/08/26	04/15/26	HSAG
Submit formatted cover letters for signature from LDH	04/15/26	04/15/26	HSAG
Provide signature for the cover letters to HSAG	Mid-May 2026	Late May 2026	LDH
Submit final formatted mail materials to LDH	06/17/26	06/17/26	HSAG
Sampling Plan and Sample Frame Instructions			
Prepare draft (D1) sampling plan	03/03/26	03/18/26	HSAG
Prepare final sample frame creation instructions and sample frame file coversheet	03/03/26	03/18/26	HSAG
Submit draft (D1) sampling plan to LDH and final sample frame creation instructions and sample frame file coversheet to MCOs	03/18/26	03/18/26	HSAG
Provide feedback or approval on the draft (D1) sampling plan	03/18/26	04/08/26	LDH
Host webinar to review sample frame creation instructions and sample frame file coversheet with MCOs	03/18/26	03/25/26	HSAG
Send sample frame submission deadline reminder to MCOs	04/15/26	04/15/26	HSAG
Provide sample frame files and sample frame file coversheet for each population to be surveyed to HSAG	03/18/26	04/22/26	MCOs
Review sample frame files and sample frame file coversheet for accuracy and communicate any issues to MCOs	04/22/26	05/13/26	HSAG
Perform sampling	05/13/26	05/27/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Update address information using National Change of Address database	05/27/26	06/03/26	HSAG
Notify LDH that the samples have been selected and address information has been updated	06/08/26	06/08/26	HSAG
Submit final sampling plan with final sample sizes to LDH	06/08/26	06/08/26	HSAG
Survey Administration			
Print and produce survey packets	Early June 2026	Mid-June 2026	HSAG
Mail first questionnaires and cover letters	Mid-June 2026	Mid-June 2026	HSAG
Website made available to complete the survey via internet	Mid-June 2026	Mid-June 2026	HSAG
Mail second questionnaires and cover letters to non-respondents	Mid-July 2026	Mid-July 2026	HSAG
Close survey field	Mid-August 2026	Mid-August 2026	HSAG
Notify LDH that the survey field has closed	Mid-August 2026	Mid-August 2026	HSAG
Data Reconciliation, Data Analysis, and Reporting			
Reconciliation of survey responses into raw data files	08/12/26	08/26/26	HSAG
Import and validation of data	08/26/26	09/09/26	HSAG
Conduct data analysis for respondent-level data files	09/09/26	09/23/26	HSAG
Conduct data analysis for crosstabulations	09/23/26	10/07/26	HSAG
Conduct data analysis for draft (D1) Executive Summary and Full Reports	09/23/26	10/07/26	HSAG
Validate and peer review respondent-level data files	09/23/26	10/09/26	HSAG
Validate and peer review crosstabulations	10/07/26	11/12/26	HSAG
Compile draft (D1) Executive Summary and Full Reports	10/08/26	10/15/26	HSAG
Validate and peer review draft (D1) Executive Summary and Full Reports	10/15/26	11/06/26	HSAG
Submit respondent-level data files and data dictionary, crosstabulations, and draft (D1) Executive Summary and Full Reports to LDH	11/06/26	11/06/26	HSAG
Review draft (D1) Executive Summary and Full Reports and provide feedback to HSAG	11/06/26	11/20/26	LDH



Task Description	Start Date	End Date	Responsible Party
Incorporate LDH feedback into final Executive Summary and Full Reports	11/20/26	12/04/26	HSAG
Submit final Executive Summary and Full Reports to LDH	12/04/26	12/04/26	HSAG

16. Health Disparities Studies (Focus Studies)

It is not anticipated that LDH will request HSAG to conduct a health disparities focus study during CY 2026.

17. Case Management Performance Evaluation

Methodology

LDH requires the MCOs' reporting of data on CM services to determine the number of individuals, the types of conditions, and the impact that CM services have on enrollees receiving those services. LDH established CM requirements to ensure that the services provided to members with special health care needs (SHCN) are consistent with professionally recognized standards of care. This activity does not apply to the PAHPs or the PIHP.

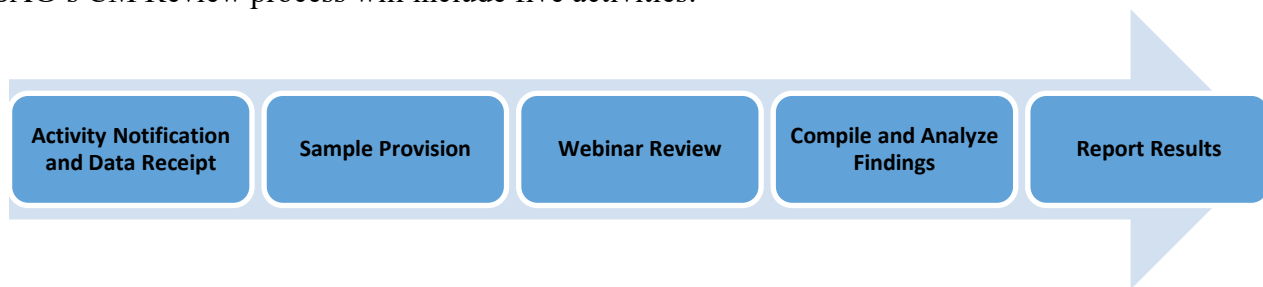
To assess MCO compliance with CM elements, LDH contracted with HSAG to facilitate the annual collection and validation of data submitted by the MCOs regarding CM services. HSAG will evaluate the MCOs' compliance with the CM provisions of their contracts⁹ with LDH, including the rates of engagement in 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 2026 Case Management Performance Evaluation (CM Review) activity will assess CM files from a lookback period of January 1, 2026, through June 30, 2026.
- 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:



⁹ Louisiana Department of Health. Managed Care Executed Contracts. Available at: <https://ldh.la.gov/resources?cat=0&d=0&y=0&s=0&q=Executed%20Contracts&pn=1>. Accessed on: Jan 27, 2026.

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 17-1—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-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.

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 less than 90 days, as identified from the “date entered case management” and “date exited case management” fields provided in the *LA PQ039 Case Management* report.
- Have a completed assessment and plan of care. HSAG will identify these enrollees by the “date of assessment” and “date plan of care completed” fields provided in the *LA PQ039 Case Management* report.

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

Table 17-2—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 <i>LA PQ039 Case Management</i> report.
Step 2:	Provide the sample to the MCOs.
	HSAG will provide the 30-enrollee sample and 5-enrollee oversample to each MCO 10 business days prior to the webinar review. The sample will be provided via HSAG’s SAFE site.
Step 3:	Finalize sample.
	The MCOs will provide HSAG with any requests for exclusions or substitutions to the sample within five business days of receipt of the sample file from HSAG. HSAG will provide the final sample of 30 enrollee cases to each MCO no later than three business days prior to the webinar.

Activity 3: Webinar Review

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

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

The webinar review consists of several key activities:

- **Entrance Conference:** HSAG will dedicate the first 15 minutes of each webinar to introduce the activity, and the HSAG review team, and to provide key logistics of the review. HSAG will review documentation naming conventions with the MCO to ensure understanding of the information that will be displayed by the MCO and reviewed during the activity.
- **Case Review:** HSAG will conduct a review of each sample file. The MCO’s CM representative(s) will navigate the MCO’s CM system and respond to HSAG reviewers’ questions. The review team will determine evidence of compliance with each of the scored elements on the CM Review tool. Concurrent interrater reliability will be conducted by the HSAG team lead to respond to questions from the review team in real time so that feedback can be provided to the MCO, and any discrepancies addressed, prior to the end of the review.
- **Leadership Meeting (optional):** HSAG will schedule a meeting with the MCO and LDH to discuss the progress of the review and provide preliminary findings. The meeting will allow HSAG to confirm information that may be needed to complete the review of cases, and for the MCO to ensure understanding of LDH’s expectations.
- **Exit Conference:** HSAG will schedule a 30-minute exit conference with the MCO and LDH. During the exit conference, HSAG will provide a high-level summary of the cases reviewed, preliminary findings, and recommendations to address opportunities for improvement.

Table 17-3—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.

For this step,	HSAG will...
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 in Table 17-4.

Table 17-4—CM Performance Evaluation Workplan

Task Description	Start Date	End Date	Responsible Party
Project Planning			
Conduct meeting to discuss evaluation criteria and/or MCO contract language revisions	March 2026	March 2026	HSAG/LDH
Submit draft (D1) methodology and D1 review tool with evaluation criteria to LDH <i>Lookback period: January 1, 2026–June 30, 2026</i>	04/27/26	04/27/26	HSAG

Task Description	Start Date	End Date	Responsible Party
Review and provide feedback/and or approval of D1 methodology and D1 review tool with evaluation criteria	04/27/26	05/18/26	LDH
Provide final (F1) methodology and F1 review tool with evaluation criteria to LDH	06/05/26	06/05/26	HSAG
Conduct activity kickoff call with MCOs, if needed	Week of 06/15/26	Week of 06/15/26	HSAG
Distribute activity notification and documents to MCOs	06/22/26	06/22/26	HSAG
Webinar File Review			
Provide 039 data files to HSAG	07/24/26	07/24/26	MCOs
Analyze data files and finalize MCO sample selections	07/27/26	08/17/26	HSAG
Provide sample cases to MCOs (10 business days prior to review)	08/25/26	10/09/26	HSAG
Conduct webinar review of MCO CM files <i>Three-day reviews per MCO; HSAG will confirm the days with the MCOs.</i>	09/09/26	10/21/26	HSAG
<i>HBL</i>	09/09/26	09/11/26	HSAG
<i>HUM</i>	09/22/26	09/24/26	HSAG
<i>LHCC</i>	09/28/26	09/30/26	HSAG
<i>ACLA</i>	10/05/26	10/07/26	HSAG
<i>ABH</i>	10/19/26	10/21/26	HSAG
Reporting			
Submit D1 MCO report template to LDH	07/13/26	07/13/26	HSAG
Review and provide feedback on D1 MCO report template	07/13/26	07/27/26	LDH
Incorporate LDH feedback and submit F1 MCO report template to LDH	07/27/26	08/03/26	HSAG
Compile evaluation findings and draft MCO and aggregate reports	10/21/26	11/30/26	HSAG
Submit D1 MCO and aggregate reports to LDH	11/30/26	11/30/26	HSAG
Review and provide feedback on D1 reports	11/30/26	12/14/26	LDH
Incorporate LDH feedback and create F1 reports	12/14/26	12/21/26	HSAG
Submit F1 reports to LDH	12/22/26	12/22/26	HSAG