

Managed Care Program Annual Report (MCPAR) for Louisiana: Healthy Louisiana

Due date	Last edited	Edited by	Status
06/29/2026	06/24/2026	Brandon Bueche	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under each plan.	Yes, I plan on submitting it in MDCT

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Louisiana
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Cornelius Cole
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	Cornelius.Cole@la.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Brandon Bueche
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	brandon.bueche@la.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	06/24/2026

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2025
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2025
A6	Program name Auto-populated from report dashboard.	Healthy Louisiana

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Aetna Better Health of Louisiana
	AmeriHealth Caritas Louisiana
	Healthy Blue
	Louisiana Healthcare Connections
	UnitedHealthcare Community Plan
	Humana Healthy Horizons

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Maximus Health Services

Add In Lieu of Services and Settings (A.9)

This section must be completed if any in lieu of services or settings (ILOSs) *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** (See 42 CFR 438.3(e)(2) and 438.16).

Indicator	Response
ILOS name	<p>Care at Home</p> <p>Chiropractic services for adults age 21 and older</p> <p>Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns</p> <p>Remote Patient Monitoring</p> <p>Doula Services</p> <p>Outpatient Lactation Support</p> <p>23-Hour observation bed services for adults age 21 and older</p> <p>Freestanding psychiatric hospitals for adults ages 21-64</p> <p>Injection services provided by licensed nurses to adults age 21 and older</p> <p>Mental Health (MH) Intensive Outpatient Programs (IOP)</p> <p>Population Health Management Program</p> <p>Therapeutic Day Center for ages 5-20</p> <p>Integrated Behavioral Health Homes</p> <p>Visions of Hope Community Services</p>

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	<p data-bbox="313 107 586 176">Statewide Medicaid enrollment</p> <p data-bbox="313 201 724 516">Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.</p>	1,603,810
BI.2	<p data-bbox="313 569 656 680">Statewide Medicaid risk-based managed care enrollment</p> <p data-bbox="313 705 724 1083">Enter the average number of individuals enrolled in risk-based Medicaid managed care per month during the reporting year (i.e., average member months). Include all MCOs and at-risk PIHPs and PAHPs only, and count each person only once, even if they are enrolled in multiple managed care programs or plans.</p>	1,461,271

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	Data validation entity Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	EQRO

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p data-bbox="313 107 695 180">Payment risks between the state and plans</p> <p data-bbox="313 201 727 863">Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p>	<p data-bbox="760 107 1382 1171">LDH PI section utilizes data mining runs/algorithms, risk scoring and alerts which focus on providers in both the Fee-For-Service (FFS) and Managed Care programs. Some of the algorithms and alerts include date of death runs, excluded provider runs, spike/surge runs, procedure code outlier runs, etc. Some of the audits resulting from the methods mentioned above are conducted by the UPIC contractors; other audits/leads are sent to the Plans to review; remaining audits are worked internally by our SURS team. In addition to data review, PI's SURS operates a complaint hotline. Both fee-for-service and managed care complaints are received via the hotline. The complaints are triaged and either is worked by the SURS or the complaints are referred to the Plans. The PI SURS and the MCO's SIUs also works closely with the Medicaid Fraud Control Unit (MFCU) in the Attorney General's office. Based on information discovered in audits and complaints, PI Internal SURS or the SIUs sends referrals to MFCU to investigate. MFCU works with SURS to initiate payment suspensions based on credible allegations of fraud. SURS, MFCU and the SIU have a monthly calls and quarterly meetings with the Plans.</p>
BX.2	<p data-bbox="313 1230 618 1304">Contract standard for overpayments</p> <p data-bbox="313 1325 727 1482">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p data-bbox="760 1230 1247 1260">State has established a hybrid system</p>
BX.3	<p data-bbox="313 1535 634 1650">Location of contract provision stating overpayment standard</p> <p data-bbox="313 1671 727 1822">Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p data-bbox="760 1535 1317 1608">MCO Contract, Attachment A: Statement of Work, Sections 2.20.6.2-2.20.6.3</p>
BX.4	<p data-bbox="313 1881 699 1955">Description of overpayment contract standard</p> <p data-bbox="313 1976 727 2060">Briefly describe the overpayment standard selected in indicator B.X.2.</p>	<p data-bbox="760 1881 1382 2060">All recoveries identified by the MCE are retained by the Plan. All recoveries identified by the State are retained by the State. If the MCE fails to collect at least a portion of the identified overpayment after 365 days the State may step</p>

in and recover from the MCE and said funds would be retained by the State. If the MCE's recovery efforts are deemed sufficient then the State will not step in and recover the over payment.

BX.5	<p>State overpayment reporting monitoring</p> <p>Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?</p> <p>The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.</p>	All recoveries are reported by MCOs on two quarterly reports. The MCOs also report all identified overpayments and recovered overpayments on a monthly report. The PI MC Oversight unit conducts review seeking compliance with reporting requirements.
BX.6	<p>Changes in beneficiary circumstances</p> <p>Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).</p>	The State and the MCEs have a monthly and quarterly reconciliation 834 file.
BX.7a	<p>Changes in provider circumstances: Monitoring plans</p> <p>Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>	Yes
BX.7b	<p>Changes in provider circumstances: Metrics</p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p>	No
BX.8a	<p>Federal database checks: Excluded person or entities</p> <p>During the state's federal database checks, did the state</p>	Yes

find any person or entity excluded? Select one.
Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

BX.8b	Federal database checks: Summarize instances of exclusion	The following 3 providers were notified of their OIG exclusions: 1437107406 Hieu Do, 1710205034 Shannon Haas, 1699717363 Earl Maes
	Summarize the instances and whether the entity was notified as required in 438.602(d). Report actions taken, such as plan-level sanctions and corrective actions.	
BX.9a	Website posting of 5 percent or more ownership control	No
	Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	
BX.10	Periodic audits	Reviews conducted during CY2025 are published at https://ldh.la.gov/resources?cat=&d=5&y=0&q=EQR
	If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.	

Topic XIII. Prior Authorization



Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Yes
BXIII.1a	Timeframes for standard prior authorization decisions Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and within state-established timeframes. For rating periods that start before January 1, 2026, a state's time frame may not exceed 14 calendar days after receiving the request. For rating periods that start on or after January 1, 2026, a state's time frame may not exceed 7 calendar days after receiving the request. Does the state set timeframes shorter than these maximum timeframes for standard prior authorization requests?	No
BXIII.2a	Timeframes for expedited prior authorization decisions Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and no later than 72 hours after receipt of the request for service. Does the state set timeframes shorter than the maximum timeframe for expedited prior authorization requests?	No

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<p>Program contract</p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	Louisiana Medicaid Managed Care Organization
N/A	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	01/01/2023
C11.2	<p>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	<p>https://ldh.la.gov/resources?q=Managed%20Care%20Organization%20%28MCO%29%20Executed%20Contracts%20for%20Contracting%20Period%20January%201%2C%202023%20to%20Present</p>
C11.3	<p>Program type</p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	Managed Care Organization (MCO)
C11.4a	<p>Special program benefits</p> <p>Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more.</p> <p>Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.</p>	<p>Behavioral health</p> <p>Dental</p> <p>Transportation</p>

C11.4b	Variation in special benefits	Service area is statewide. There are four broad categories of coverage depending upon the population: (1) All covered services, (2) Specialized Behavioral Health Services and Non-Emergency Ambulance transportation, (3) Specialized Behavioral Health and NEMT Services including Non-Emergency Ambulance transportation, (4) All covered services except Specialized Behavioral Health and Coordinated System of Care (CSoC) services (CSoC Population).
C11.5	Program enrollment	1,461,271
	Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).	
C11.6	Changes to enrollment or benefits	There were no major changes to the population or benefits during the reporting year.
	Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.	

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
C1II.1	Submission Date of Most Recent MLR Report When is the last date the state submitted the MLR Summary Report in the Medicaid Data Collection Tool (MDCT) MLR Portal for this program?	06/25/2025
C1II.2	Most Recent MLR Reporting Period Please report the beginning date of that MLR reporting period.	01/01/2023
N/A	Please report the end date of that MLR reporting period.	06/30/2023
C1II.3	MLR Validation Completion Has the state completed the validation of plan MLR data for the current MCPAR reporting period by the submission date of this report for all plans? (See detailed reporting in Section D1.II by plan.)	Yes

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Other, specify – An annual external review and validation of encounter data is conducted. The review includes encounter data completeness and accuracy, evaluated via optional EQR Protocol 5.</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>MCO Contract, Attachment A: Statement of Work Section 2.18.15</p>

C1III.4	<p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.</p>	<p>MCO Contract, Attachment A: Statement of Work Sections 2.16, 2.18, 3.2 and Attachment G, Table of Monetary Penalties</p>
C1III.5	<p>Incentives for encounter data quality</p> <p>Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with N/A if the program does not use incentives to reward encounter data quality.</p>	<p>N/A</p>
C1III.6	<p>Barriers to collecting/validating encounter data</p> <p>Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter “The state did not experience any barriers to collecting or validating encounter data during the reporting year” as your response. “N/A” is not an acceptable response.</p>	<p>The state did not experience any barriers to collecting or validating encounter data during the reporting year.</p>

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p>	N/A
C1IV.2	<p>State definition of “timely” resolution for standard appeals</p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>For standard resolution of an appeal and notice to the affected parties, the timeframe is established as thirty (30) calendar days from the day the MCO receives the appeal. This timeframe may be extended.</p>
C1IV.3	<p>State definition of “timely” resolution for expedited appeals</p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>For expedited resolution of an appeal and notice to affected parties, the timeframe is established as seventy-two (72) hours after the MCO receives the appeal. This timeframe may be extended.</p>

C1IV.4

State definition of “timely” resolution for grievances

Provide the state’s definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

For standard disposition of a grievance and notice to the affected parties, the timeframe is established as ninety (90) days from the day the MCO receives the grievance. This timeframe may be extended.

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<p data-bbox="313 107 480 136">BSS website</p> <p data-bbox="313 161 721 317">List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p>	<p data-bbox="760 107 1317 220">Healthy Louisiana mobile app (available for download on Apple and Android), https://myplan.healthy.la.gov/en</p>
C1IX.2	<p data-bbox="313 369 618 441">BSS auxiliary aids and services</p> <p data-bbox="313 466 708 877">How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p>	<p data-bbox="760 369 1377 525">All correspondence informs enrollees that they can request assistance or auxiliary aids. This information is also provided on the website and in the mobile app.</p>
C1IX.3	<p data-bbox="313 930 630 959">BSS LTSS program data</p> <p data-bbox="313 984 721 1299">How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4). If the program does not offer LTSS, enter "N/A".</p>	<p data-bbox="760 930 1284 959">LTSS is not coordinated through the BSS.</p>
C1IX.4	<p data-bbox="313 1352 721 1423">State evaluation of BSS entity performance</p> <p data-bbox="313 1449 721 1570">What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p>	<p data-bbox="760 1352 1338 1541">Every interaction includes a customer satisfaction survey. There is also a complaint process through which enrollees can provide feedback. All complaints come directly to the State.</p>

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>Does this program include MCOs?</p> <p>If "Yes", please complete the following questions.</p>	Yes
C1XII.5	<p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p>Did the State or MCOs complete the most recent parity analysis(es)?</p>	State
C1XII.7a	<p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p>	No
C1XII.8	<p>When was the last parity analysis(es) for this program completed?</p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).</p>	03/01/2021
C1XII.9	<p>When was the last parity analysis(es) for this program</p>	03/01/2021

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	No
C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website? The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.	Yes
C1XII.12b	Provide the URL link(s). Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://ldh.la.gov/assets/docs/BehavioralHealth/Louisiana-Parity-Report-Act-421_V2-rev-03012021.pdf

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	<p data-bbox="380 107 605 134">Plan enrollment</p> <p data-bbox="380 161 789 317">Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).</p>	<p data-bbox="878 136 1338 220">Aetna Better Health of Louisiana 168,289</p> <p data-bbox="878 262 1305 346">AmeriHealth Caritas Louisiana 160,647</p> <p data-bbox="878 388 1060 472">Healthy Blue 268,151</p> <p data-bbox="878 514 1357 598">Louisiana Healthcare Connections 387,322</p> <p data-bbox="878 640 1369 724">UnitedHealthcare Community Plan 353,655</p> <p data-bbox="878 766 1247 846">Humana Healthy Horizons 123,207</p>
D1I.2	<p data-bbox="380 905 695 932">Plan share of Medicaid</p> <p data-bbox="380 959 789 1178">What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid enrollment (B.I.1)</p>	<p data-bbox="878 934 1338 1018">Aetna Better Health of Louisiana 10.5%</p> <p data-bbox="878 1060 1305 1144">AmeriHealth Caritas Louisiana 10%</p> <p data-bbox="878 1186 1060 1270">Healthy Blue 16.7%</p> <p data-bbox="878 1312 1357 1396">Louisiana Healthcare Connections 24.2%</p> <p data-bbox="878 1438 1369 1522">UnitedHealthcare Community Plan 22.1%</p> <p data-bbox="878 1564 1247 1644">Humana Healthy Horizons 7.7%</p>

D11.3**Plan share of risk-based Medicaid managed care**

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in risk-based managed care? Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid risk-based managed care enrollment (B.I.2)

Aetna Better Health of Louisiana

11.5%

AmeriHealth Caritas Louisiana

11%

Healthy Blue

18.4%

Louisiana Healthcare Connections

26.5%

UnitedHealthcare Community Plan

24.2%

Humana Healthy Horizons

8.4%

D11.4: Parent**Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.**

If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.

Aetna Better Health of Louisiana

Aetna

AmeriHealth Caritas Louisiana

AmeriHealth Caritas Health Plan

Healthy Blue

Elevance Health

Louisiana Healthcare Connections

Centene Corporation

UnitedHealthcare Community Plan

UnitedHealth Group

Humana Healthy Horizons

Humana, Inc.

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
D1II.1	MLR Data Received Has the state received the MLR data specified at 42 CFR 438.8(k) from this plan for the current MCPAR reporting period as of the submission date of this MCPAR report?	Aetna Better Health of Louisiana Yes AmeriHealth Caritas Louisiana Yes Healthy Blue Yes Louisiana Healthcare Connections Yes UnitedHealthcare Community Plan Yes Humana Healthy Horizons Yes

D1II.1a

MLR Data Validated

Has the state validated the final MLR data specified at 42 CFR 438.8(k) from this plan for the current MCPAR reporting period as of the submission date of this MCPAR report?

Aetna Better Health of Louisiana

Yes

AmeriHealth Caritas Louisiana

Yes

Healthy Blue

Yes

Louisiana Healthcare Connections

Yes

UnitedHealthcare Community Plan

Yes

Humana Healthy Horizons

Yes

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p data-bbox="313 107 708 176">Definition of timely encounter data submissions</p> <p data-bbox="313 201 708 453">Describe the state’s standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p data-bbox="813 134 1364 579">Aetna Better Health of Louisiana The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.</p> <p data-bbox="813 621 1364 1066">AmeriHealth Caritas Louisiana The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.</p> <p data-bbox="813 1108 1364 1554">Healthy Blue The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.</p> <p data-bbox="813 1591 1364 2026">Louisiana Healthcare Connections The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.</p>

UnitedHealthcare Community Plan

The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.

Humana Healthy Horizons

The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.

D1III.2

Share of encounter data submissions that met state’s timely submission requirements

What percent of the plan’s encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

Aetna Better Health of Louisiana

99%

AmeriHealth Caritas Louisiana

98%

Healthy Blue

92%

Louisiana Healthcare Connections

91%

UnitedHealthcare Community Plan

99%

Humana Healthy Horizons

79%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan’s encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance?

Aetna Better Health of Louisiana

99%

AmeriHealth Caritas Louisiana

99%

Healthy Blue

If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

99%

Louisiana Healthcare Connections

89%

UnitedHealthcare Community Plan

97%

Humana Healthy Horizons

87%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	<p data-bbox="313 107 716 180">Appeals resolved (at the plan level)</p> <p data-bbox="313 201 716 642">Enter the total number of appeals resolved during the reporting year. An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.</p>	<p data-bbox="813 138 1300 222">Aetna Better Health of Louisiana 1,266</p> <p data-bbox="813 264 1300 348">AmeriHealth Caritas Louisiana 834</p> <p data-bbox="813 390 1300 474">Healthy Blue 893</p> <p data-bbox="813 516 1300 600">Louisiana Healthcare Connections 2,237</p> <p data-bbox="813 642 1300 726">UnitedHealthcare Community Plan 2,101</p> <p data-bbox="813 768 1300 852">Humana Healthy Horizons 321</p>
D1IV.1a	<p data-bbox="313 905 699 932">Appeals denied</p> <p data-bbox="313 953 699 1115">Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.</p>	<p data-bbox="813 936 1300 1020">Aetna Better Health of Louisiana 1,077</p> <p data-bbox="813 1062 1300 1146">AmeriHealth Caritas Louisiana 548</p> <p data-bbox="813 1188 1300 1272">Healthy Blue 650</p> <p data-bbox="813 1314 1300 1398">Louisiana Healthcare Connections 1,330</p> <p data-bbox="813 1440 1300 1524">UnitedHealthcare Community Plan 1,595</p> <p data-bbox="813 1566 1300 1650">Humana Healthy Horizons 233</p>
D1IV.1b	<p data-bbox="313 1703 699 1776">Appeals resolved in partial favor of enrollee</p> <p data-bbox="313 1797 699 1913">Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.</p>	<p data-bbox="813 1734 1300 1818">Aetna Better Health of Louisiana 6</p> <p data-bbox="813 1860 1300 1944">AmeriHealth Caritas Louisiana 3</p> <p data-bbox="813 1986 1300 2070">Healthy Blue 15</p>

Louisiana Healthcare Connections

16

UnitedHealthcare Community Plan

7

Humana Healthy Horizons

0

D1IV.1c Appeals resolved in favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.

Aetna Better Health of Louisiana

183

AmeriHealth Caritas Louisiana

283

Healthy Blue

228

Louisiana Healthcare Connections

891

UnitedHealthcare Community Plan

499

Humana Healthy Horizons

88

D1IV.2 Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

Aetna Better Health of Louisiana

80

AmeriHealth Caritas Louisiana

49

Healthy Blue

76

Louisiana Healthcare Connections

85

UnitedHealthcare Community Plan

65

Humana Healthy Horizons

27

D1IV.3 Appeals filed on behalf of LTSS users**Aetna Better Health of Louisiana**

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

N/A

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A". Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A". The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical

Aetna Better Health of Louisiana

N/A

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

D1IV.5a	Standard appeals for which timely resolution was provided	Aetna Better Health of Louisiana
		1,224
	Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	AmeriHealth Caritas Louisiana
		685
		Healthy Blue
		843
		Louisiana Healthcare Connections
		2,109
		UnitedHealthcare Community Plan
		1,678
		Humana Healthy Horizons
		205

D1IV.5b	Expedited appeals for which timely resolution was provided	Aetna Better Health of Louisiana
		41
	Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	AmeriHealth Caritas Louisiana
		146
		Healthy Blue
		47
		Louisiana Healthcare Connections
		127
		UnitedHealthcare Community Plan
		405
		Humana Healthy Horizons
		116

D1IV.6a	Resolved appeals related to denial of authorization or limited authorization of a service	Aetna Better Health of Louisiana
		1,259
		AmeriHealth Caritas Louisiana

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

834

Healthy Blue

720

Louisiana Healthcare Connections

2,236

UnitedHealthcare Community Plan

1,844

Humana Healthy Horizons

240

D1IV.6b

Resolved appeals related to reduction, suspension, or termination of a previously authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

Aetna Better Health of Louisiana

1

AmeriHealth Caritas Louisiana

0

Healthy Blue

37

Louisiana Healthcare Connections

1

UnitedHealthcare Community Plan

37

Humana Healthy Horizons

3

D1IV.6c

Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Aetna Better Health of Louisiana

4

AmeriHealth Caritas Louisiana

0

Healthy Blue

136

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

220

Humana Healthy Horizons

D1IV.6d	Resolved appeals related to service timeliness	Aetna Better Health of Louisiana
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	0
		AmeriHealth Caritas Louisiana
		0
		Healthy Blue
		0
		Louisiana Healthcare Connections
		0
		UnitedHealthcare Community Plan
		0
		Humana Healthy Horizons
		0
D1IV.6e	Resolved appeals related to lack of timely plan response to an appeal or grievance	Aetna Better Health of Louisiana
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	1
		AmeriHealth Caritas Louisiana
		0
		Healthy Blue
		0
		Louisiana Healthcare Connections
		0
		UnitedHealthcare Community Plan
		0
		Humana Healthy Horizons
		0
D1IV.6f	Resolved appeals related to plan denial of an enrollee's right to request out-of-network care	Aetna Better Health of Louisiana
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain	N/A
		AmeriHealth Caritas Louisiana
		0
		Healthy Blue
		N/A

services outside the network (only applicable to residents of rural areas with only one MCO). If not applicable, enter "N/A."

Louisiana Healthcare Connections
N/A
UnitedHealthcare Community Plan
N/A
Humana Healthy Horizons
N/A

D1IV.6g

Resolved appeals related to denial of an enrollee's request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Aetna Better Health of Louisiana
1
AmeriHealth Caritas Louisiana
0
Healthy Blue
0
Louisiana Healthcare Connections
0
UnitedHealthcare Community Plan
0
Humana Healthy Horizons
0

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	<p>Resolved appeals related to general inpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.</p>	<p>Aetna Better Health of Louisiana 51</p> <p>AmeriHealth Caritas Louisiana 39</p> <p>Healthy Blue 94</p> <p>Louisiana Healthcare Connections 3</p> <p>UnitedHealthcare Community Plan 267</p> <p>Humana Healthy Horizons 31</p>
D1IV.7b	<p>Resolved appeals related to general outpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.</p>	<p>Aetna Better Health of Louisiana 345</p> <p>AmeriHealth Caritas Louisiana 253</p> <p>Healthy Blue 240</p> <p>Louisiana Healthcare Connections 1,309</p> <p>UnitedHealthcare Community Plan 659</p> <p>Humana Healthy Horizons 103</p>
D1IV.7c	<p>Resolved appeals related to inpatient behavioral health services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not</p>	<p>Aetna Better Health of Louisiana 8</p> <p>AmeriHealth Caritas Louisiana 49</p> <p>Healthy Blue 129</p>

cover inpatient behavioral health services, enter "N/A".

Louisiana Healthcare Connections
47

UnitedHealthcare Community Plan
45

Humana Healthy Horizons
26

D1IV.7d Resolved appeals related to outpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

Aetna Better Health of Louisiana
18

AmeriHealth Caritas Louisiana
81

Healthy Blue
47

Louisiana Healthcare Connections
48

UnitedHealthcare Community Plan
102

Humana Healthy Horizons
30

D1IV.7e Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Aetna Better Health of Louisiana
835

AmeriHealth Caritas Louisiana
411

Healthy Blue
383

Louisiana Healthcare Connections
830

UnitedHealthcare Community Plan
985

Humana Healthy Horizons
128

D1IV.7f Resolved appeals related to skilled nursing facility (SNF)

Aetna Better Health of Louisiana

services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

1

AmeriHealth Caritas Louisiana

1

Healthy Blue

2

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

43

Humana Healthy Horizons

0

D1IV.7g**Resolved appeals related to long-term services and supports (LTSS)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Aetna Better Health of Louisiana

N/A

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.7h**Resolved appeals related to dental services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Aetna Better Health of Louisiana

4

AmeriHealth Caritas Louisiana

0

Healthy Blue

1

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

D1IV.7i	Resolved appeals related to non-emergency medical transportation (NEMT)	Aetna Better Health of Louisiana
	Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	4
		AmeriHealth Caritas Louisiana
		0
		Healthy Blue
		0
		Louisiana Healthcare Connections
		0
		UnitedHealthcare Community Plan
		0
		Humana Healthy Horizons
		0

D1IV.7k:	Resolved appeals related to durable medical equipment (DME) & supplies	Aetna Better Health of Louisiana
	Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".	61
		AmeriHealth Caritas Louisiana
		34
		Healthy Blue
		0
		Louisiana Healthcare Connections
		310
		UnitedHealthcare Community Plan
		138
		Humana Healthy Horizons
		12

D1IV.7l:	Resolved appeals related to home health / hospice	Aetna Better Health of Louisiana
	Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed	2
		AmeriHealth Caritas Louisiana
		2

care plan does not cover this type of service, enter "N/A".

Healthy Blue

5

Louisiana Healthcare Connections

3

UnitedHealthcare Community Plan

3

Humana Healthy Horizons

2

D1IV.7m: Resolved appeals related to emergency services / emergency department

Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.7n: Resolved appeals related to therapies

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.7o**Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

State Fair Hearings

Number	Indicator	Response
D1IV.8a	<p data-bbox="313 107 691 134">State Fair Hearing requests</p> <p data-bbox="313 161 721 317">Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.</p>	<p data-bbox="813 136 1268 163">Aetna Better Health of Louisiana</p> <p data-bbox="813 191 846 218">29</p> <p data-bbox="813 262 1235 289">AmeriHealth Caritas Louisiana</p> <p data-bbox="813 317 846 344">11</p> <p data-bbox="813 388 992 415">Healthy Blue</p> <p data-bbox="813 443 846 470">42</p> <p data-bbox="813 514 1284 541">Louisiana Healthcare Connections</p> <p data-bbox="813 569 846 596">50</p> <p data-bbox="813 640 1300 667">UnitedHealthcare Community Plan</p> <p data-bbox="813 695 846 722">40</p> <p data-bbox="813 766 1170 793">Humana Healthy Horizons</p> <p data-bbox="813 821 829 848">8</p>
D1IV.8b	<p data-bbox="313 905 711 1016">State Fair Hearings resulting in a favorable decision for the enrollee</p> <p data-bbox="313 1043 721 1192">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.</p>	<p data-bbox="813 934 1268 961">Aetna Better Health of Louisiana</p> <p data-bbox="813 989 829 1016">4</p> <p data-bbox="813 1060 1235 1087">AmeriHealth Caritas Louisiana</p> <p data-bbox="813 1115 829 1142">0</p> <p data-bbox="813 1186 992 1213">Healthy Blue</p> <p data-bbox="813 1241 829 1268">2</p> <p data-bbox="813 1312 1284 1339">Louisiana Healthcare Connections</p> <p data-bbox="813 1367 829 1394">0</p> <p data-bbox="813 1438 1300 1465">UnitedHealthcare Community Plan</p> <p data-bbox="813 1493 829 1520">1</p> <p data-bbox="813 1564 1170 1591">Humana Healthy Horizons</p> <p data-bbox="813 1619 829 1646">0</p>
D1IV.8c	<p data-bbox="313 1703 721 1814">State Fair Hearings resulting in an adverse decision for the enrollee</p> <p data-bbox="313 1841 721 1955">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.</p>	<p data-bbox="813 1732 1268 1759">Aetna Better Health of Louisiana</p> <p data-bbox="813 1787 846 1814">19</p> <p data-bbox="813 1858 1235 1885">AmeriHealth Caritas Louisiana</p> <p data-bbox="813 1913 829 1940">9</p> <p data-bbox="813 1984 992 2011">Healthy Blue</p> <p data-bbox="813 2039 846 2066">35</p>

Louisiana Healthcare Connections

49

UnitedHealthcare Community Plan

39

Humana Healthy Horizons

7

D1IV.8d**State Fair Hearings retracted prior to reaching a decision**

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

Aetna Better Health of Louisiana

6

AmeriHealth Caritas Louisiana

2

Healthy Blue

5

Louisiana Healthcare Connections

1

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

1

D1IV.9a**External Medical Reviews resulting in a favorable decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Aetna Better Health of Louisiana

N/A

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.9b**External Medical Reviews resulting in an adverse****Aetna Better Health of Louisiana**

decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

N/A

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	<p>Grievances resolved</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. A grievance is “resolved” when it has reached completion and been closed by the plan.</p>	<p>Aetna Better Health of Louisiana 633</p> <p>AmeriHealth Caritas Louisiana 312</p> <p>Healthy Blue 1,060</p> <p>Louisiana Healthcare Connections 1,177</p> <p>UnitedHealthcare Community Plan 2,403</p> <p>Humana Healthy Horizons 658</p>
D1IV.11	<p>Active grievances</p> <p>Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p>Aetna Better Health of Louisiana 46</p> <p>AmeriHealth Caritas Louisiana 37</p> <p>Healthy Blue 58</p> <p>Louisiana Healthcare Connections 21</p> <p>UnitedHealthcare Community Plan 254</p> <p>Humana Healthy Horizons 69</p>
D1IV.12	<p>Grievances filed on behalf of LTSS users</p> <p>Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving</p>	<p>Aetna Better Health of Louisiana N/A</p> <p>AmeriHealth Caritas Louisiana N/A</p> <p>Healthy Blue N/A</p>

LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.13

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

Aetna Better Health of Louisiana

N/A

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.14**Number of grievances for which timely resolution was provided**

Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Aetna Better Health of Louisiana

633

AmeriHealth Caritas Louisiana

310

Healthy Blue

1,060

Louisiana Healthcare Connections

1,177

UnitedHealthcare Community Plan

2,386

Humana Healthy Horizons

658

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	<p>Resolved grievances related to general inpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p>Aetna Better Health of Louisiana 11</p> <p>AmeriHealth Caritas Louisiana 7</p> <p>Healthy Blue 16</p> <p>Louisiana Healthcare Connections 13</p> <p>UnitedHealthcare Community Plan 73</p> <p>Humana Healthy Horizons 3</p>
D1IV.15b	<p>Resolved grievances related to general outpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p>Aetna Better Health of Louisiana 220</p> <p>AmeriHealth Caritas Louisiana 160</p> <p>Healthy Blue 745</p> <p>Louisiana Healthcare Connections 145</p> <p>UnitedHealthcare Community Plan 1,236</p> <p>Humana Healthy Horizons 388</p>
D1IV.15c	<p>Resolved grievances related to inpatient behavioral health services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not</p>	<p>Aetna Better Health of Louisiana 6</p> <p>AmeriHealth Caritas Louisiana 3</p> <p>Healthy Blue 8</p>

cover this type of service, enter "N/A".

Louisiana Healthcare Connections

22

UnitedHealthcare Community Plan

20

Humana Healthy Horizons

0

D1IV.15d Resolved grievances related to outpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

7

Healthy Blue

15

Louisiana Healthcare Connections

3

UnitedHealthcare Community Plan

9

Humana Healthy Horizons

27

D1IV.15e Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

38

AmeriHealth Caritas Louisiana

35

Healthy Blue

49

Louisiana Healthcare Connections

28

UnitedHealthcare Community Plan

91

Humana Healthy Horizons

16

D1IV.15f Resolved grievances related to skilled nursing facility

Aetna Better Health of Louisiana

(SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

1

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

2

Humana Healthy Horizons

2

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

N/A

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.15h

Resolved grievances related to dental services

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

66

AmeriHealth Caritas Louisiana

17

Healthy Blue

72

Louisiana Healthcare Connections

1

UnitedHealthcare Community Plan

Humana Healthy Horizons

26

D1IV.15i**Resolved grievances related to non-emergency medical transportation (NEMT)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

286

AmeriHealth Caritas Louisiana

76

Healthy Blue

146

Louisiana Healthcare Connections

960

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

220

D1IV.15k**Resolved grievances related to durable medical equipment (DME) & supplies**

Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

5

Healthy Blue

44

Louisiana Healthcare Connections

2

UnitedHealthcare Community Plan

34

Humana Healthy Horizons

0

D1IV.15l**Resolved grievances related to home health / hospice**

Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

1

care plan does not cover this type of service, enter "N/A".

Healthy Blue

1

Louisiana Healthcare Connections

8

UnitedHealthcare Community Plan

3

Humana Healthy Horizons

0

D1IV.15m Resolved grievances related to emergency services / emergency department

Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.15n Resolved grievances related to therapies

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.15o**Resolved grievances related to other service types**

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	<p>Resolved grievances related to plan or provider customer service</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.</p>	<p>Aetna Better Health of Louisiana 288</p> <p>AmeriHealth Caritas Louisiana 36</p> <p>Healthy Blue 48</p> <p>Louisiana Healthcare Connections 185</p> <p>UnitedHealthcare Community Plan 264</p> <p>Humana Healthy Horizons 226</p>
D1IV.16b	<p>Resolved grievances related to plan or provider care management/case management</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.</p>	<p>Aetna Better Health of Louisiana 13</p> <p>AmeriHealth Caritas Louisiana 12</p> <p>Healthy Blue 18</p> <p>Louisiana Healthcare Connections 0</p> <p>UnitedHealthcare Community Plan 9</p> <p>Humana Healthy Horizons 14</p>
D1IV.16c	<p>Resolved grievances related to network adequacy or access to care/services from plan or provider</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to</p>	<p>Aetna Better Health of Louisiana 151</p> <p>AmeriHealth Caritas Louisiana</p>

access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

165

Healthy Blue

534

Louisiana Healthcare Connections

953

UnitedHealthcare Community Plan

822

Humana Healthy Horizons

309

D1IV.16d Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Aetna Better Health of Louisiana

84

AmeriHealth Caritas Louisiana

23

Healthy Blue

154

Louisiana Healthcare Connections

13

UnitedHealthcare Community Plan

253

Humana Healthy Horizons

49

D1IV.16e Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Aetna Better Health of Louisiana

20

AmeriHealth Caritas Louisiana

2

Healthy Blue

14

Louisiana Healthcare Connections

5

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

8

D1IV.16f Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Aetna Better Health of Louisiana

73

AmeriHealth Caritas Louisiana

71

Healthy Blue

280

Louisiana Healthcare Connections

20

UnitedHealthcare Community Plan

845

Humana Healthy Horizons

44

D1IV.16g Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Aetna Better Health of Louisiana

2

AmeriHealth Caritas Louisiana

3

Healthy Blue

10

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

7

<p>D1IV.16h</p> <p>Resolved grievances related to abuse, neglect or exploitation</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.</p>		<p>Aetna Better Health of Louisiana</p> <p>3</p> <p>AmeriHealth Caritas Louisiana</p> <p>0</p> <p>Healthy Blue</p> <p>1</p> <p>Louisiana Healthcare Connections</p> <p>0</p> <p>UnitedHealthcare Community Plan</p> <p>0</p> <p>Humana Healthy Horizons</p> <p>1</p>
--	--	--

<p>D1IV.16i</p> <p>Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).</p>		<p>Aetna Better Health of Louisiana</p> <p>0</p> <p>AmeriHealth Caritas Louisiana</p> <p>1</p> <p>Healthy Blue</p> <p>2</p> <p>Louisiana Healthcare Connections</p> <p>0</p> <p>UnitedHealthcare Community Plan</p> <p>0</p> <p>Humana Healthy Horizons</p> <p>0</p>
--	--	--

<p>D1IV.16j</p> <p>Resolved grievances related to plan denial of expedited appeal</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of</p>		<p>Aetna Better Health of Louisiana</p> <p>0</p> <p>AmeriHealth Caritas Louisiana</p> <p>0</p> <p>Healthy Blue</p>
---	--	---

expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.16k Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Aetna Better Health of Louisiana

1

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

2

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits: 3-11 years, 12-17 years, 18-21 years, Total

1 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1516

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Measure results**Aetna Better Health of Louisiana**

3-11 years: 58.14%, 12-17 years: 52.65%, 18-21 years: 30.77%, Total: 52.20%

AmeriHealth Caritas Louisiana

3-11 years: 59.52%, 12-17 years: 55.03%, 18-21 years: 32.54%, Total: 53.81%

Healthy Blue

3-11 years: 60.25%, 12-17 years: 54.36%, 18-21 years: 30.36%, Total: 53.52%

Louisiana Healthcare Connections

3-11 years: 61.60%, 12-17 years: 57.77%, 18-21 years: 34.65%, Total: 56.02%

UnitedHealthcare Community Plan

3-11 years: 62.36%, 12-17 years: 58.55%, 18-21 years: 33.65%, Total: 56.46%

Humana Healthy Horizons

3-11 years: 54.00%, 12-17 years: 48.54%, 18-21 years: 26.96%, Total:
48.03%%



Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life: 2 / 88 First 15 Months 15 Months - 30 Months

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

Measure results

Aetna Better Health of Louisiana

First 15 Months: 66.87%, 15 Months-30 Months: 71.07%

AmeriHealth Caritas Louisiana

First 15 Months: 63.50%, 15 Months-30 Months: 72.05%

Healthy Blue

First 15 Months: 62.19%, 15 Months-30 Months: 73.24%

Louisiana Healthcare Connections

First 15 Months: 65.77%, 15 Months-30 Months: 72.32%

UnitedHealthcare Community Plan

First 15 Months: 66.68%, 15 Months-30 Months: 74.35%

Humana Healthy Horizons

First 15 Months: 61.96%, 15 Months-30 Months: 66.54%



D2.VII.1 Measure Name: Adults' Access to Preventive/Ambulatory Health Services

3 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0036

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members age 20 years and older who had an ambulatory or preventive care visit during the measurement year. Three age stratifications and a total rate are reported: 20-44 years, 45-64 years, 65 years and older, Total

Measure results

Aetna Better Health of Louisiana

20-44 years: 74.72%, 45-64 years: 83.88%, 65 years and older: 76.24%, Total: 78.03%

AmeriHealth Caritas Louisiana

20-44 years: 71.91%, 45-64 years: 81.99%, 65 years and older: 80.56%, Total: 75.29%

Healthy Blue

20-44 years: 73.88%, 45-64 years: 81.51%, 65 years and older: 73.93%, Total: 76.34%

Louisiana Healthcare Connections

20-44 years: 79.04%, 45-64 years: 86.51%, 65 years and older: 82.48%, Total: 81.24%

UnitedHealthcare Community Plan

20-44 years: 79.57%, 45-64 years: 87.10%, 65 years and older: 79.16%, Total: 82.10%

Humana Healthy Horizons

20-44 years: 62.07%, 45-64 years: 69.09%, 65 years and older: 65.03%, Total: 64.21%



D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents

4 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

24

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity

Measure results

Aetna Better Health of Louisiana

• BMI percentile documentation: 82.24%, Counseling for nutrition: 71.53%, Counseling for physical activity: 70.32%

AmeriHealth Caritas Louisiana

• BMI percentile documentation: 80.29%, Counseling for nutrition: 68.61%, Counseling for physical activity: 66.42%

Healthy Blue

- BMI percentile documentation: 83.70%, Counseling for nutrition: 71.78%, Counseling for physical activity: 67.15%

Louisiana Healthcare Connections

- BMI percentile documentation: 89.29%, Counseling for nutrition: 69.34%, Counseling for physical activity: 64.72%

UnitedHealthcare Community Plan

- BMI percentile documentation: 87.10%, Counseling for nutrition: 72.26%, Counseling for physical activity: 68.13%

Humana Healthy Horizons

- BMI percentile documentation: 87.35%, Counseling for nutrition: 72.75%, Counseling for physical activity: 69.83%



Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women Ages 16 to 24 5 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

33

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Measure results

Aetna Better Health of Louisiana

65.00%

AmeriHealth Caritas Louisiana

66.28%

Healthy Blue

65.63%

Louisiana Healthcare Connections

67.27%

UnitedHealthcare Community Plan

65.98%

Humana Healthy Horizons

67.31%



Complete

D2.VII.1 Measure Name: Cervical Cancer Screening

6 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

32

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria:

- Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Measure results

Aetna Better Health of Louisiana

52.62%

AmeriHealth Caritas Louisiana

58.39%

Healthy Blue

53.04%

Louisiana Healthcare Connections

65.21%

UnitedHealthcare Community Plan

58.15%

Humana Healthy Horizons

40.15%



Complete

D2.VII.1 Measure Name: Hepatitis C Virus Screening

7 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of eligible individuals screened for hepatitis C virus infection.

Measure results

Aetna Better Health of Louisiana

49.32%

AmeriHealth Caritas Louisiana

48.29%

Healthy Blue

43.86%

Louisiana Healthcare Connections

48.75%

UnitedHealthcare Community Plan

47.27%

Humana Healthy Horizons

36.47%



Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life

8 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Measure results

Aetna Better Health of Louisiana

58.43%

AmeriHealth Caritas Louisiana

49.96%

Healthy Blue

54.79%

Louisiana Healthcare Connections

50.75%

UnitedHealthcare Community Plan

53.04%

Humana Healthy Horizons

55.55%



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening

9 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0034

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer

Measure results

Aetna Better Health of Louisiana

48.65%

AmeriHealth Caritas Louisiana

48.16%

Healthy Blue

38.96%

Louisiana Healthcare Connections

52.24%

UnitedHealthcare Community Plan

45.01%

Humana Healthy Horizons

22.03%



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 21–44, LARC , 3 day rate 40 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who had a live birth and were provided a most effective or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.

Measure results

Aetna Better Health of Louisiana

Long-Acting Reversible Contraception (LARC) 3 Days: 2.85%

AmeriHealth Caritas Louisiana

Long-Acting Reversible Contraception (LARC) 3 Days: 1.66%

Healthy Blue

Long-Acting Reversible Contraception (LARC) 3 Days: 1.78%

Louisiana Healthcare Connections

Long-Acting Reversible Contraception (LARC) 3 Days: 1.60%

UnitedHealthcare Community Plan

Long-Acting Reversible Contraception (LARC) 3 Days: 1.26%

Humana Healthy Horizons

Long-Acting Reversible Contraception (LARC) 3 Days: 2.92%



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 21–44, LARC , 90 day rate 1 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.

Measure results

Aetna Better Health of Louisiana

Long-Acting Reversible Contraception (LARC) 90 Days: 14.37%

AmeriHealth Caritas Louisiana

Long-Acting Reversible Contraception (LARC) 90 Days: 12.72%,

Healthy Blue

Long-Acting Reversible Contraception (LARC) 90 Days: 11.74%,

Louisiana Healthcare Connections

Long-Acting Reversible Contraception (LARC) 90 Days: 12.89%,

UnitedHealthcare Community Plan

Long-Acting Reversible Contraception (LARC) 90 Days: 13.00%,

Humana Healthy Horizons

Long-Acting Reversible Contraception (LARC) 90 Days: 14.60%,



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 21–44, most or moderately effective, 3 day rate 2 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.

Measure results

Aetna Better Health of Louisiana

Most/Moderate 3 Days: 11.52%

AmeriHealth Caritas Louisiana

Most/Moderate 3 Days: 11.35%

Healthy Blue

Most/Moderate 3 Days: 9.99%

Louisiana Healthcare Connections

Most/Moderate 3 Days: 10.68%

UnitedHealthcare Community Plan

Most/Moderate 3 Days: 10.20%

Humana Healthy Horizons

Most/Moderate 3 Days: 10.07%



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 21–44, most or moderately effective, 90 day rate 3 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.

Measure results

Aetna Better Health of Louisiana

Most/Moderate 90 Days: 45.70%

AmeriHealth Caritas Louisiana

Most/Moderate 90 Days: 49.86%

Healthy Blue

Most/Moderate 90 Days: 45.51%

Louisiana Healthcare Connections

Most/Moderate 90 Days: 51.42%

UnitedHealthcare Community Plan

Most/Moderate 90 Days: 52.01%

Humana Healthy Horizons

Most/Moderate 90 Days: 48.03%



Complete

D2.VII.1 Measure Name: Contraceptive Care – All Women Ages 21–44, LARC 14 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2903/2904

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported.

Measure results

Aetna Better Health of Louisiana

4.14%

AmeriHealth Caritas Louisiana

3.43%

Healthy Blue

3.22%

Louisiana Healthcare Connections

3.73%

UnitedHealthcare Community Plan

3.77%

Humana Healthy Horizons

3.88%



Complete

D2.VII.1 Measure Name: Contraceptive Care – All Women Ages 21–44, most or moderately effective 15 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2903/2904

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported.

Measure results

Aetna Better Health of Louisiana

24.60%

AmeriHealth Caritas Louisiana

25.15%

Healthy Blue

23.88%

Louisiana Healthcare Connections

27.75%

UnitedHealthcare Community Plan

27.85%

Humana Healthy Horizons

22.12%



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care: Timeliness of Prenatal Care 16 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Measure results

Aetna Better Health of Louisiana

77.37%

AmeriHealth Caritas Louisiana

76.19%

Healthy Blue

84.18%

Louisiana Healthcare Connections

85.64%

UnitedHealthcare Community Plan

87.10%

Humana Healthy Horizons

77.62%



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care 17 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1717

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.

Measure results

Aetna Better Health of Louisiana

76.40%

AmeriHealth Caritas Louisiana

81.27%

Healthy Blue

81.02%

Louisiana Healthcare Connections

83.45%

UnitedHealthcare Community Plan

80.78%

Humana Healthy Horizons

79.56%



Complete

D2.VII.1 Measure Name: Cesarean Rate for Low-Risk First Birth Women^{18 / 88}

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions).

Measure results

Aetna Better Health of Louisiana

25.63%

AmeriHealth Caritas Louisiana

27.38%

Healthy Blue

26.95%

Louisiana Healthcare Connections

26.78%

UnitedHealthcare Community Plan

26.41%

Humana Healthy Horizons

24.11%



Complete

D2.VII.1 Measure Name: Percentage of Low Birth Weight Births

19 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1382

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

Percentage of live births that weighted less than 2,500 grams in the state during the reporting period.

Measure results

Aetna Better Health of Louisiana

12.63%

AmeriHealth Caritas Louisiana

13.59%

Healthy Blue

13.68%

Louisiana Healthcare Connections

13.31%

UnitedHealthcare Community Plan

12.53%

Humana Healthy Horizons

10.46%



Complete

D2.VII.1 Measure Name: Asthma in Younger Adults Admission Rate

20 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

283

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39.

Measure results

Aetna Better Health of Louisiana

1.93

AmeriHealth Caritas Louisiana

1.24

Healthy Blue

2.54

Louisiana Healthcare Connections

2.02

UnitedHealthcare Community Plan

1.82

Humana Healthy Horizons

1.31



Complete

D2.VII.1 Measure Name: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate

21 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

275

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population. The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older.

Measure results

Aetna Better Health of Louisiana

20.92

AmeriHealth Caritas Louisiana

31.54

Healthy Blue

23.28

Louisiana Healthcare Connections

30.09

UnitedHealthcare Community Plan

21.93

Humana Healthy Horizons

5.87



Complete

D2.VII.1 Measure Name: HIV Viral Load Suppression

22 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

2082

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200.

Measure results

Aetna Better Health of Louisiana

84.27%

AmeriHealth Caritas Louisiana

82.43%

Healthy Blue

81.52%

Louisiana Healthcare Connections

82.48%

UnitedHealthcare Community Plan

81.68%

Humana Healthy Horizons

81.25%



Complete

D2.VII.1 Measure Name: Heart Failure Admission Rate

23 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0277

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

Percent of population with an admissions for heart failure (reported by Recipient Parish). The number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older (reported by Recipient Parish).

Measure results

Aetna Better Health of Louisiana

32.58

AmeriHealth Caritas Louisiana

35.49

Healthy Blue

30.16

Louisiana Healthcare Connections

29.09

UnitedHealthcare Community Plan

31.18

Humana Healthy Horizons

18.09



Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure

24 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Measure results

Aetna Better Health of Louisiana

64.23%

AmeriHealth Caritas Louisiana

66.91%

Healthy Blue

61.31%

Louisiana Healthcare Connections

68.61%

UnitedHealthcare Community Plan

63.26%

Humana Healthy Horizons

66.67%



Complete

D2.VII.1 Measure Name: Diabetes Short-Term Complications Admission Rate 25 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0272

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older.

Measure results

Aetna Better Health of Louisiana

15.31

AmeriHealth Caritas Louisiana

20.62

Healthy Blue

20.97

Louisiana Healthcare Connections

23.89

UnitedHealthcare Community Plan

18.94

Humana Healthy Horizons

13.98



Complete

D2.VII.1 Measure Name: Glycemic Status Assessment for Patients With Diabetes 26 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status <8.0%.

Measure results

Aetna Better Health of Louisiana

67.40%

AmeriHealth Caritas Louisiana

66.42%

Healthy Blue

63.75%

Louisiana Healthcare Connections

63.02%

UnitedHealthcare Community Plan

65.94%

Humana Healthy Horizons

66.67%



Complete

D2.VII.1 Measure Name: Eye Exam for Patients With Diabetes

27 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) with an eye exam (retinal) performed. exam

Measure results

Aetna Better Health of Louisiana

58.64%

AmeriHealth Caritas Louisiana

53.28%

Healthy Blue

58.39%

Louisiana Healthcare Connections

66.42%

UnitedHealthcare Community Plan

55.47%

Humana Healthy Horizons

53.77%



Complete

D2.VII.1 Measure Name: Blood Pressure Control for Patients With Diabetes (less-than 140/90 mm Hg)

28 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) with BP control (less-than 140/90 mm Hg)

Measure results

Aetna Better Health of Louisiana

68.86%

AmeriHealth Caritas Louisiana

72.02%

Healthy Blue

67.64%

Louisiana Healthcare Connections

69.10%

UnitedHealthcare Community Plan

71.29%

Humana Healthy Horizons

69.34%



Complete

D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy: Total

29 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0082

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received statin therapy (were dispensed at least one high or moderate-intensity statin medication during the measurement year.)

Measure results

Aetna Better Health of Louisiana

81.91%

AmeriHealth Caritas Louisiana

84.93%

Healthy Blue

82.46%

Louisiana Healthcare Connections

81.71%

UnitedHealthcare Community Plan

83.65%

Humana Healthy Horizons

70.68%



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions: Observed Admission

30 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Measure results

Aetna Better Health of Louisiana

11.02%

AmeriHealth Caritas Louisiana

10.18%

Healthy Blue

9.00%

Louisiana Healthcare Connections

10.12%

UnitedHealthcare Community Plan

10.98%

Humana Healthy Horizons

8.89%



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions: Expected Readmissions Rate

31 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Measure results

Aetna Better Health of Louisiana

8.78%

AmeriHealth Caritas Louisiana

8.72%

Healthy Blue

8.41%

Louisiana Healthcare Connections

8.42%

UnitedHealthcare Community Plan

8.67%

Humana Healthy Horizons

8.32%



D2.VII.1 Measure Name: Plan All-Cause Readmissions: Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)

32 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Measure results

Aetna Better Health of Louisiana

1.2557

AmeriHealth Caritas Louisiana

1.1677

Healthy Blue

1.0703

Louisiana Healthcare Connections

1.2024

UnitedHealthcare Community Plan

1.2661

Humana Healthy Horizons

1.0686



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Initiation of SUD Treatment. 33 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement: Two rates are reported: • Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.

Measure results

Aetna Better Health of Louisiana

61.47%

AmeriHealth Caritas Louisiana

65.29%

Healthy Blue

60.07%

Louisiana Healthcare Connections

54.87%

UnitedHealthcare Community Plan

59.09%

Humana Healthy Horizons

59.61%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Engagement of SUD 34 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement: Two rates are reported: • Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. • Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Measure results

28.84%

AmeriHealth Caritas Louisiana

31.55%

Healthy Blue

27.41%

Louisiana Healthcare Connections

24.60%

UnitedHealthcare Community Plan

28.06%

Humana Healthy Horizons

25.67%



Complete

D2.VII.1 Measure Name: Medical Assistance with Smoking and Tobacco Use Cessation: Advising Smokers and Tobacco Users to Quit 35 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0027

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Advising Smokers and Tobacco Users to Quit

Measure results

Aetna Better Health of Louisiana

72.97%

AmeriHealth Caritas Louisiana

73.48%

Healthy Blue

63.25%

Louisiana Healthcare Connections

74.85%

UnitedHealthcare Community Plan

65.71%

Humana Healthy Horizons

63.25%



Complete

D2.VII.1 Measure Name: Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Cessation Medications 36 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0027

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Discussing Cessation Medications

Measure results

Aetna Better Health of Louisiana

54.46%

AmeriHealth Caritas Louisiana

54.26%

Healthy Blue

36.52%

Louisiana Healthcare Connections

52.41%

UnitedHealthcare Community Plan

54.81%

Humana Healthy Horizons

42.72%



Complete

D2.VII.1 Measure Name: Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Cessation Strategies 37 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0027

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Discussing Cessation Strategies

Measure results

Aetna Better Health of Louisiana

51.82%

AmeriHealth Caritas Louisiana

46.92%

Healthy Blue

40.52%

Louisiana Healthcare Connections

49.70%

UnitedHealthcare Community Plan

46.08%

Humana Healthy Horizons

47.06%



Complete

D2.VII.1 Measure Name: Antidepressant Medication Management: Effective Acute Phase Treatment

38 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported. Effective Acute Phase Treatment

Measure results

Aetna Better Health of Louisiana

66.52%

AmeriHealth Caritas Louisiana

57.30%

Healthy Blue

52.42%

Louisiana Healthcare Connections

63.27%

UnitedHealthcare Community Plan

63.69%

Humana Healthy Horizons

66.58%



Complete

D2.VII.1 Measure Name: Antidepressant Medication Management : Effective Continuation Phase Treatment

39 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported. Effective Continuation Phase Treatment

Measure results

Aetna Better Health of Louisiana

51.49%

AmeriHealth Caritas Louisiana

39.02%

Healthy Blue

35.38%

Louisiana Healthcare Connections

48.13%

UnitedHealthcare Community Plan

49.73%

Humana Healthy Horizons

54.23%



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness:

40 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported: • The percentage of discharges for which the member received follow-up within 30 days after discharge.

Measure results

Aetna Better Health of Louisiana

39.66%

AmeriHealth Caritas Louisiana

40.09%

Healthy Blue

43.61%

Louisiana Healthcare Connections

44.68%

UnitedHealthcare Community Plan

40.86%

Humana Healthy Horizons

39.36%



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness

41 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported: • The percentage of discharges for which the member received follow-up within 7 days after discharge.

Measure results

Aetna Better Health of Louisiana

19.64%

AmeriHealth Caritas Louisiana

19.01%

Healthy Blue

25.62%

Louisiana Healthcare Connections

22.14%

UnitedHealthcare Community Plan

21.54%

Humana Healthy Horizons

20.54%



Complete

D2.VII.1 Measure Name: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

42 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1932

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Measure results

Aetna Better Health of Louisiana

86.44%

AmeriHealth Caritas Louisiana

84.59%

Healthy Blue

85.23%

Louisiana Healthcare Connections

84.90%

UnitedHealthcare Community Plan

84.63%

Humana Healthy Horizons

86.21%



Complete

D2.VII.1 Measure Name: Pharmacotherapy for Opioid Use Disorder

43 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3400

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of new opioid use disorder (OUD) pharmacotherapy episodes that resulted in 180 or more covered treatment days among members 16 years of age and older with a diagnosis of OUD

Measure results

Aetna Better Health of Louisiana

41.14%

AmeriHealth Caritas Louisiana

33.01%

Healthy Blue

21.81%

Louisiana Healthcare Connections

40.31%

UnitedHealthcare Community Plan

39.07%

Humana Healthy Horizons

36.44%



Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication: Initiation Phase.

44 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. - Initiation Phase. The percentage of members 6–12 years of age as of the IPSP with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. - Continuation and Maintenance (C&M) Phase. The

percentage of members 6–12 years of age as of the IPST with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Measure results

Aetna Better Health of Louisiana

44.35%

AmeriHealth Caritas Louisiana

49.73%

Healthy Blue

46.56%

Louisiana Healthcare Connections

43.95%

UnitedHealthcare Community Plan

45.53%

Humana Healthy Horizons

43.93%



Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication: Continuation and Maintenance (C&M) Phase

45 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. - Initiation Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. - Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended

Measure results

Aetna Better Health of Louisiana

53.77%

AmeriHealth Caritas Louisiana

57.09%

Healthy Blue

62.17%

Louisiana Healthcare Connections

51.43%

UnitedHealthcare Community Plan

51.07%

Humana Healthy Horizons

46.60%



Complete

D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

46 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2801

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Measure results

Aetna Better Health of Louisiana

63.64%

AmeriHealth Caritas Louisiana

61.01%

Healthy Blue

65.35%

Louisiana Healthcare Connections

61.91%

UnitedHealthcare Community Plan

68.20%

Humana Healthy Horizons

68.37%



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness 47 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

Measure results

Aetna Better Health of Louisiana

35.81%

AmeriHealth Caritas Louisiana

36.50%

Healthy Blue

39.20%

Louisiana Healthcare Connections

38.49%

UnitedHealthcare Community Plan

41.84%

Humana Healthy Horizons

36.21%



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness 48 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: • The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Measure results

Aetna Better Health of Louisiana

21.19%

AmeriHealth Caritas Louisiana

21.60%

Healthy Blue

23.00%

Louisiana Healthcare Connections

22.07%

UnitedHealthcare Community Plan

26.01%

Humana Healthy Horizons

22.07%



D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported: • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

Measure results**Aetna Better Health of Louisiana**

29.66%

AmeriHealth Caritas Louisiana

25.00%

Healthy Blue

26.12%

Louisiana Healthcare Connections

25.19%

UnitedHealthcare Community Plan

24.54%

Humana Healthy Horizons

19.48%



Complete

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported: • The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Measure results**Aetna Better Health of Louisiana**

18.19%

AmeriHealth Caritas Louisiana

14.32%

Healthy Blue

16.88%

Louisiana Healthcare Connections

14.96%

UnitedHealthcare Community Plan

15.49%

Humana Healthy Horizons

12.25%



D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Measure results**Aetna Better Health of Louisiana**

60.75%

AmeriHealth Caritas Louisiana

59.37%

Healthy Blue

51.60%

Louisiana Healthcare Connections

67.28%

UnitedHealthcare Community Plan

68.84%

Humana Healthy Horizons

45.72%



Complete

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1934

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Measure results

Aetna Better Health of Louisiana

75.79%

AmeriHealth Caritas Louisiana

77.26%

Healthy Blue

73.75%

Louisiana Healthcare Connections

77.61%

UnitedHealthcare Community Plan

75.08%

Humana Healthy Horizons

68.42%



Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1933

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

Measure results

Aetna Better Health of Louisiana

86.84%

AmeriHealth Caritas Louisiana

85.96%

Healthy Blue

79.07%

Louisiana Healthcare Connections

82.52%

UnitedHealthcare Community Plan

83.75%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose Testing

54 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Blood Glucose Testing

Measure results

Aetna Better Health of Louisiana

52.57%

AmeriHealth Caritas Louisiana

53.75%

Healthy Blue

55.33%

Louisiana Healthcare Connections

52.85%

UnitedHealthcare Community Plan

54.29%

Humana Healthy Horizons

50.56%



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics: Cholesterol Testing

55 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Cholesterol Testing

Measure results

Aetna Better Health of Louisiana

27.08%

AmeriHealth Caritas Louisiana

27.75%

Healthy Blue

30.90%

Louisiana Healthcare Connections

27.55%

UnitedHealthcare Community Plan

28.75%

Humana Healthy Horizons

26.67%



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing

56 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Blood Glucose and Cholesterol Testing

Measure results

Aetna Better Health of Louisiana

25.30%

AmeriHealth Caritas Louisiana

26.50%

Healthy Blue

29.47%

Louisiana Healthcare Connections

26.51%

UnitedHealthcare Community Plan

27.65%

Humana Healthy Horizons

26.11%



Complete

D2.VII.1 Measure Name: Appropriate Treatment for Children with Upper Respiratory Infection

57 / 88

D2.VII.2 Measure Domain

Low Value Care

D2.VII.3 National Quality Forum (NQF) number

0069

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Measure results

Aetna Better Health of Louisiana

81.93%

AmeriHealth Caritas Louisiana

81.59%

Healthy Blue

81.85%

Louisiana Healthcare Connections

82.13%

UnitedHealthcare Community Plan

80.78%

Humana Healthy Horizons

86.32%



Complete

D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis 58 / 88

D2.VII.2 Measure Domain

Low Value Care

D2.VII.3 National Quality Forum (NQF) number

0058

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Measure results

Aetna Better Health of Louisiana

52.79%

AmeriHealth Caritas Louisiana

54.73%

Healthy Blue

54.44%

Louisiana Healthcare Connections

52.74%

UnitedHealthcare Community Plan

49.50%

Humana Healthy Horizons

64.73%



Complete

D2.VII.1 Measure Name: Use of Imaging Studies for Low Back Pain

59 / 88

D2.VII.2 Measure Domain

Low Value Care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

0052

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Measure results

Aetna Better Health of Louisiana

68.30%

AmeriHealth Caritas Louisiana

71.01%

Healthy Blue

68.56%

Louisiana Healthcare Connections

69.83%

UnitedHealthcare Community Plan

67.72%

Humana Healthy Horizons

66.92%



Complete

D2.VII.1 Measure Name: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid)

60 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This measure provides information on the experiences of Medicaid members with the organization and gives a general indication of how well the organization meets members' expectations.

Measure results**Aetna Better Health of Louisiana**

81.48%

AmeriHealth Caritas Louisiana

81.31%

Healthy Blue

81.77%

Louisiana Healthcare Connections

78.24%

UnitedHealthcare Community Plan

76.69%

Humana Healthy Horizons

82.39%



Complete

D2.VII.1 Measure Name: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version (Medicaid)

61 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This measure provides information on parents' experience with their child's Medicaid organization.

Measure results**Aetna Better Health of Louisiana**

83.43%

AmeriHealth Caritas Louisiana

88.29%

Healthy Blue

88.89%

Louisiana Healthcare Connections

84.36%

UnitedHealthcare Community Plan

85.95%

Humana Healthy Horizons

92.13%



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data"

62 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Adult- Very Good

Measure results

Aetna Better Health of Louisiana

21.88%

AmeriHealth Caritas Louisiana

22.33%

Healthy Blue

27.17%

Louisiana Healthcare Connections

22.45%

UnitedHealthcare Community Plan

19.63%

Humana Healthy Horizons

28.81%



Complete

D2.VII.1 Measure Name: Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data.

63 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Adult - Excellent

Measure results

Aetna Better Health of Louisiana

10.94%

AmeriHealth Caritas Louisiana

8.37%

Healthy Blue

11.41%

Louisiana Healthcare Connections

12.24%

UnitedHealthcare Community Plan

9.20%

Humana Healthy Horizons

11.30%



D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data"

64 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Child General - Very Good

Measure results

Aetna Better Health of Louisiana

11.30%

AmeriHealth Caritas Louisiana

34.92%

Healthy Blue

33.44%

Louisiana Healthcare Connections

26.97%

UnitedHealthcare Community Plan

36.67%

Humana Healthy Horizons

29.92%



D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data"

65 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Child General - Excellent

Measure results

Aetna Better Health of Louisiana

45.96%

AmeriHealth Caritas Louisiana

42.54%

Healthy Blue

43.61%

Louisiana Healthcare Connections

44.81%

UnitedHealthcare Community Plan

40.00%

Humana Healthy Horizons

44.88%



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data"

66 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Child CCC - Very Good

Measure results

Aetna Better Health of Louisiana

35.81%

AmeriHealth Caritas Louisiana

34.92%

Healthy Blue

35.09%

Louisiana Healthcare Connections

35.37%

UnitedHealthcare Community Plan

31.11%

Humana Healthy Horizons

32.95%



D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data

67 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Child CCC - Excellent

Measure results

Aetna Better Health of Louisiana

26.35%

AmeriHealth Caritas Louisiana

22.22%

Healthy Blue

24.84%

Louisiana Healthcare Connections

21.95%

UnitedHealthcare Community Plan

22.78%

Humana Healthy Horizons

29.55%



D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 68 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Adult - Very Good

Measure results

Aetna Better Health of Louisiana

21.99%

AmeriHealth Caritas Louisiana

21.86%

Healthy Blue

22.95%

Louisiana Healthcare Connections

19.42%

UnitedHealthcare Community Plan

20.86%

Humana Healthy Horizons

20.11%



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 69 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Adult - Excellent

Measure results

Aetna Better Health of Louisiana

19.90%

AmeriHealth Caritas Louisiana

16.28%

Healthy Blue

18.58%

Louisiana Healthcare Connections

18.18%

UnitedHealthcare Community Plan

15.34

Humana Healthy Horizons

20.67%



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 70 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Child General - Very Good

Measure results

Aetna Better Health of Louisiana

28.12%

AmeriHealth Caritas Louisiana

26.35%

Healthy Blue

24.09%

Louisiana Healthcare Connections

21.16%

UnitedHealthcare Community Plan

30.60%

Humana Healthy Horizons

29.46%



D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 71 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Child General - Excellent

Measure results

Aetna Better Health of Louisiana

46.53%

AmeriHealth Caritas Louisiana

46.03%

Healthy Blue

44.55%

Louisiana Healthcare Connections

43.15%

UnitedHealthcare Community Plan

43.72%

Humana Healthy Horizons

52.71%



D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 72 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Child CCC - Very Good

Measure results

Aetna Better Health of Louisiana

23.73%

AmeriHealth Caritas Louisiana

20.97%

Healthy Blue

24.46%

Louisiana Healthcare Connections

21.40%

UnitedHealthcare Community Plan

20.33%

Humana Healthy Horizons

26.14%



D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 73 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Child CCC - Excellent

Measure results

Aetna Better Health of Louisiana

20.68%

AmeriHealth Caritas Louisiana

22.58%

Healthy Blue

16.72%

Louisiana Healthcare Connections

14.81%

UnitedHealthcare Community Plan

17.03%

Humana Healthy Horizons

18.18%



Complete

D2.VII.1 Measure Name: Lead Screening in Children

74 / 88

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Measure results

Aetna Better Health of Louisiana

71.53%

AmeriHealth Caritas Louisiana

66.67%

Healthy Blue

70.56%

Louisiana Healthcare Connections

72.75%

UnitedHealthcare Community Plan

70.80%

Humana Healthy Horizons

69.83%



Complete

D2.VII.1 Measure Name: Contraceptive Care – All Women Ages 15 - 20: 75 / 88 LARC

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

#2903/2904

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported. - Contraceptive Care-All Women Ages 15–20, LARC -Contraceptive Care-All Women Ages 15–20, most or moderately effective

Measure results

Aetna Better Health of Louisiana

3.12%

AmeriHealth Caritas Louisiana

2.83%

Healthy Blue

2.94%

Louisiana Healthcare Connections

3.18%

UnitedHealthcare Community Plan

3.13%

Humana Healthy Horizons

2.84%



Complete

D2.VII.1 Measure Name: Contraceptive Care – All Women Ages 15 - 20: 76 / 88 Most or moderately effective

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

#2903 / 2904

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported. - Contraceptive Care-All Women Ages 15–20, LARC - Contraceptive Care-All Women Ages 15–20, most or moderately effective

Measure results

Aetna Better Health of Louisiana

26.30%

AmeriHealth Caritas Louisiana

27.53%

Healthy Blue

27.89%

Louisiana Healthcare Connections

29.37%

UnitedHealthcare Community Plan

29.24%

Humana Healthy Horizons

21.12%



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 15-20: LARC, 3 day rate 77 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported. -Contraceptive Care – Postpartum Ages 15–20, LARC, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, LARC, 90 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 90 day rate

Measure results

Aetna Better Health of Louisiana

2.00%

AmeriHealth Caritas Louisiana

1.43%

Healthy Blue

1.67%

Louisiana Healthcare Connections

2.26%

UnitedHealthcare Community Plan

2.46%

Humana Healthy Horizons

4.81%



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Ages 15–20, LARC, 90 day rate 78 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported. - -Contraceptive Care – Postpartum Ages 15–20, LARC, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, LARC, 90 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 90 day rate

Measure results

Aetna Better Health of Louisiana

16.00%

AmeriHealth Caritas Louisiana

14.34%

Healthy Blue

14.72%

Louisiana Healthcare Connections

16.47%

UnitedHealthcare Community Plan

15.99%

Humana Healthy Horizons

17.65%



D2.VII.1 Measure Name: Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate 79 / 88

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported. - -Contraceptive Care – Postpartum Ages 15–20, LARC, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, LARC, 90 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 90 day rate

Measure results

Aetna Better Health of Louisiana

3.33%

AmeriHealth Caritas Louisiana

3.94%

Healthy Blue

3.33%

Louisiana Healthcare Connections

4.25%

UnitedHealthcare Community Plan

4.92%

Humana Healthy Horizons

6.42%



D2.VII.1 Measure Name: Contraceptive Care – Postpartum Ages 15–20, 80 / 88 most or moderately effective, 90 day rate

D2.VII.2 Measure Domain

Maternal and perinatal health

**D2.VII.3 National Quality
Forum (NQF) number**

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported. - Contraceptive Care – Postpartum Ages 15–20, LARC, 3 day rate - Contraceptive Care – Postpartum Ages 15–20, LARC, 90 day rate - Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate - Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 90 day rate

Measure results

Aetna Better Health of Louisiana

48.00%

AmeriHealth Caritas Louisiana

56.63%

Healthy Blue

53.06%

Louisiana Healthcare Connections

57.10%

UnitedHealthcare Community Plan

55.71%



Complete

D2.VII.1 Measure Name: Topical Fluoride for Children

81 / 88

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

3701

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 1-4 years of age who received at least two fluoride varnish applications during the measurement year. Report two age stratifications and a total rate: • 1-2 years • 3-4 years • Total

Measure results

Aetna Better Health of Louisiana

1-2 years -1.63%, 3-4 years - 0.65%, Total - 1.13%

AmeriHealth Caritas Louisiana

1-2 years -8.73%, 3-4 years - 12.49%, Total - 10.68%

Healthy Blue

1-2 years -7.88%, 3-4 years - 10.58%, Total - 9.13%

Louisiana Healthcare Connections

1-2 years -7.98%, 3-4 years - 12.13%, Total - 10.09%

UnitedHealthcare Community Plan

1-2 years -2.75%, 3-4 years - 0.95%, Total - 1.82%

Humana Healthy Horizons



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio

82 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Ages 5-64 as of December 31 of the measurement year. • Total

Measure results

Aetna Better Health of Louisiana

70.47%

AmeriHealth Caritas Louisiana

67.34%

Healthy Blue

73.03%

Louisiana Healthcare Connections

64.06%

UnitedHealthcare Community Plan

59.27%

Humana Healthy Horizons

72.05%



D2.VII.1 Measure Name: Glycemic Status Assessment for Patients With Diabetes 83 / 88

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number
0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status >9.0%.

Measure results

Aetna Better Health of Louisiana

25.79%

AmeriHealth Caritas Louisiana

28.22%

Healthy Blue

30.66%

Louisiana Healthcare Connections

29.68%

UnitedHealthcare Community Plan

26.03%



D2.VII.1 Measure Name: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H: Children with Chronic Conditions (CCC)

84 / 88

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This measure provides information on parents' experience with their child's Medicaid organization for the population of children with chronic conditions.

Measure results

Aetna Better Health of Louisiana

81.42%

AmeriHealth Caritas Louisiana

84.74%

Healthy Blue

86.96%

Louisiana Healthcare Connections

82.23%

UnitedHealthcare Community Plan

81.77%



Complete

D2.VII.1 Measure Name: Appropriate Testing for Pharyngitis

85 / 88

D2.VII.2 Measure Domain

Effective Care in Appropriate Settings

D2.VII.3 National Quality Forum (NQF) number

Not Applicable

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode

Measure results

Aetna Better Health of Louisiana

3 months-17 years - 85.64%, 18-64 years - 79.76%, 65 years and older - NA, Total - 83.49%

AmeriHealth Caritas Louisiana

3 months-17 years - 72.38%, 18-64 years - 61.54%, 65 years and older - NA, Total - 69.63%

Healthy Blue

3 months-17 years - 83.71%, 18-64 years - 79.74%, 65 years and older - NA, Total - 82.32%

Louisiana Healthcare Connections

3 months-17 years - 83.34%, 18-64 years - 80.72%, 65 years and older - NA, Total - 82.62%

UnitedHealthcare Community Plan

3 months-17 years - 84.64%, 18-64 years - 79.78%, 65 years and older - NA, Total - 83.29%

Humana Healthy Horizons

3 months-17 years - 86.22%, 18-64 years - 80.76%, 65 years and older - NA, Total - 84.95%



D2.VII.1 Measure Name: Antibiotic Utilization for Respiratory Conditions

86 / 88

D2.VII.2 Measure Domain

Low Value Care

D2.VII.3 National Quality Forum (NQF) number

0058

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

Measure results

Aetna Better Health of Louisiana

3 months - 17 years - 33.08%, 18-64 years - 27.99%, 65 years and older - 19.12%, Total - 30.75%

AmeriHealth Caritas Louisiana

3 months - 17 years - 33.91%, 18-64 years - 28.31%, 65 years and older - 22.88%, Total - 32.01%

Healthy Blue

3 months - 17 years - 33.68%, 18-64 years - 29.12%, 65 years and older - 19.65%, Total - 31.73%

Louisiana Healthcare Connections

3 months - 17 years - 34.44%, 18-64 years - 29.99%, 65 years and older - 19.78%, Total - 32.94%

UnitedHealthcare Community Plan

3 months - 17 years - 35.01%, 18-64 years - 30.09%, 65 years and older - 21.28%, Total - 33.24%

Humana Healthy Horizons

3 months - 17 years - 30.11%, 18-64 years - 23.39%, 65 years and older - 13.24%, Total - 28.00%



D2.VII.1 Measure Name: Follow-Up After High Intensity Care for Substance Use Disorder: Within 30 Days After Visit or Discharge

87 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3460

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported: 1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. 2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

Measure results

Aetna Better Health of Louisiana

71.90%

AmeriHealth Caritas Louisiana

73.08%

Healthy Blue

73.36%

Louisiana Healthcare Connections

66.99%

UnitedHealthcare Community Plan

71.21%

Humana Healthy Horizons

62.94%



Complete

D2.VII.1 Measure Name: Follow-Up After High Intensity Care for Substance Use Disorder: Within 7 Days After Visit or Discharge

88 / 88

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3460

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported: 1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. 2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

Measure results

Aetna Better Health of Louisiana

60.04%

AmeriHealth Caritas Louisiana

61.91%

Healthy Blue

62.84%

Louisiana Healthcare Connections

56.29%

UnitedHealthcare Community Plan

57.49%

Humana Healthy Horizons

51.93%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

1 / 65

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Process Member Grievances and Appeals Timely

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$25,000

D3.VIII.7 Date assessed

01/03/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

2 / 65

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Meet Case Management Requirements Timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

07/21/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

3 / 65

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Respond to MFCU Request Timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$804,000

D3.VIII.7 Date assessed

07/31/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 07/31/2025

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

4 / 65

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Provide NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$12,500

D3.VIII.7 Date assessed

08/05/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

5 / 65

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Submit Complete, Accurate and Timely Reports

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

08/05/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

6 / 65

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Process Member Grievance and Appeals Timely

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

08/14/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

7 / 65

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Meet Encounter Data Submission Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

\$100,000

1

D3.VIII.7 Date assessed

09/12/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

8 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Process Member Grievances and Appeals Timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

09/16/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

9 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Provide NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

9

D3.VIII.6 Sanction amount

\$45,000

D3.VIII.7 Date assessed

10/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 10 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Provided NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$7,500

D3.VIII.7 Date assessed

11/03/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 11 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Provided NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

11/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 12 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Provided NEMT Timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

12/10/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 13 / 65

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

Timely access to care

D3.VIII.4 Reason for intervention

Failure to Provided NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

11/12/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

14 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Provided NEMT Timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

12/10/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 15 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Timely access to care UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention
Failure to Process Grievance and Appeals timely

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
3 \$15,000

D3.VIII.7 Date assessed **D3.VIII.8 Remediation date non-compliance was corrected**
12/11/2025 No, no remediation

D3.VIII.9 Corrective action plan
No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 16 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Timely access to care UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention
Failure to Process Grievance and Appeals timely

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
1 \$5,000

D3.VIII.7 Date assessed **D3.VIII.8 Remediation date non-compliance was corrected**
12/15/2025 No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 17 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to Provide NEMT Timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

02/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 18 / 65

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

02/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 19 / 65

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

02/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 20 / 65

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

02/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

21 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to Provide NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

02/26/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 22 / 65

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to Meet Encounter Data Submission Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$512,500

D3.VIII.7 Date assessed

03/11/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 23 / 65

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Report Fraud, Waste, and Abuse Timely

Sanction details

D3.VIII.5 Instances of non-compliance

D3.VIII.6 Sanction amount

NA

1

D3.VIII.7 Date assessed

07/14/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 24 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

10/02/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 25 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

11/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 26 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

11/19/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 27 / 65

D3.VIII.2 Plan performance issue

Quality measure performance (e.g., failure to meet

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

benchmarks or make progress on performance improvement projects)

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

02/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 28 / 65

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to report fraud, waste, and abuse timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

07/14/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 29 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Aetna Better Health of Louisiana
Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention
Failure to Obtain LDH Approval before Implementing Pre-Payment Review

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
1 NA

D3.VIII.7 Date assessed **D3.VIII.8 Remediation date non-compliance was corrected**
09/08/2025 No, no remediation

D3.VIII.9 Corrective action plan
No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 30 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Aetna Better Health of Louisiana
Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.4 Reason for intervention
Failure to meet call center performance standards

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
1 NA

D3.VIII.7 Date assessed

12/16/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 31 / 65**D3.VIII.2 Plan performance issue**

Timely access to care

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$1,000

D3.VIII.7 Date assessed

12/01/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 32 / 65**D3.VIII.2 Plan performance issue**

Timely access to care

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

07/16/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 33 / 65

D3.VIII.2 Plan performance

issue

Timely access to care

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

08/18/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 34 / 65

D3.VIII.2 Plan performance

issue

Timely access to care

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$7,500

D3.VIII.7 Date assessed

12/12/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 35 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees-Imminent Harm

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

12/22/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 36 / 65

D3.VIII.2 Plan performance issue Timely access to care
D3.VIII.3 Plan name AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance
1

D3.VIII.6 Sanction amount
\$2,500

D3.VIII.7 Date assessed
02/13/2025

D3.VIII.8 Remediation date non-compliance was corrected
No, no remediation

D3.VIII.9 Corrective action plan
No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 37 / 65

D3.VIII.2 Plan performance issue Timely payments to providers
D3.VIII.3 Plan name AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance
2

D3.VIII.6 Sanction amount
\$5,000

D3.VIII.7 Date assessed
12/23/2025

D3.VIII.8 Remediation date non-compliance was corrected
No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 38 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Timely access to care AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention
Failure to process member grievances and appeals timely

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
1 \$5,000

D3.VIII.7 Date assessed **D3.VIII.8 Remediation date non-compliance was corrected**
12/15/2025 No, no remediation

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 39 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Timely access to care Healthy Blue

D3.VIII.4 Reason for intervention
Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
1 \$2,500

D3.VIII.7 Date assessed

02/26/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 40 / 65**D3.VIII.2 Plan performance issue**

Timely access to care

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details**D3.VIII.5 Instances of non-compliance**

3

D3.VIII.6 Sanction amount

\$7,500

D3.VIII.7 Date assessed

08/18/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 41 / 65**D3.VIII.2 Plan performance issue**

Timely access to care

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

10/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

42 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

10/28/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

43 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

09/08/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 44 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**

Timely access to care

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to process member grievances and appeals timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

09/19/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 45 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Humana Healthy Horizons

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standard

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

02/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 46 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Humana Healthy Horizons

Reporting (timeliness, completeness, accuracy)

D3.VIII.4 Reason for intervention

Failure to Meet Encounter Data Submission Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$925,000

D3.VIII.7 Date assessed

03/11/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 47 / 65

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

10/31/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 48 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

11/12/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 49 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to meet case management requirements timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$20,000

D3.VIII.7 Date assessed

07/12/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 50 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to process member grievances timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

12/15/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 51 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to process member grievances timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

12/22/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 52 / 65

D3.VIII.2 Plan performance issue

D3.VIII.3 Plan name

Louisiana Healthcare Connections

Timely access to care

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

\$17,500

D3.VIII.7 Date assessed

08/18/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 53 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

13

D3.VIII.6 Sanction amount

\$32,500

D3.VIII.7 Date assessed

08/26/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 54 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Timely access to care Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

09/09/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 55 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Timely access to care Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

09/17/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 56 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

10/02/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 57 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

10/06/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 58 / 65**D3.VIII.2 Plan performance issue**

Timely access to care

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details**D3.VIII.5 Instances of non-compliance**

6

D3.VIII.6 Sanction amount

\$90,000

D3.VIII.7 Date assessed

10/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 59 / 65**D3.VIII.2 Plan performance issue**

Timely access to care

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

11/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 60 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

11/18/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 61 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$2,500

D3.VIII.7 Date assessed

09/04/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 62 / 65

D3.VIII.2 Plan performance issue

Timely access to care

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

09/09/2025

D3.VIII.8 Remediation date non-compliance was corrected

No, no remediation

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 63 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Timely access to care Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention
Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
1 \$2,500

D3.VIII.7 Date assessed **D3.VIII.8 Remediation date non-compliance was corrected**
10/01/2025 Remediation in progress

D3.VIII.9 Corrective action plan
No



D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 64 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Reporting (timeliness, completeness, accuracy) Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention
Failure to meet prompt pay performance standards

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
1 na

D3.VIII.7 Date assessed **D3.VIII.8 Remediation date non-compliance was corrected**
02/13/2025 Remediation in progress

D3.VIII.9 Corrective action plan
No



Complete

D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance) 65 / 65

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**
Timely access to care Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention
Failure to provide MCO member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance **D3.VIII.6 Sanction amount**
1 NA

D3.VIII.7 Date assessed **D3.VIII.8 Remediation date non-compliance was corrected**
12/24/2025 No, no remediation

D3.VIII.9 Corrective action plan
No

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	<p data-bbox="313 107 711 176">Dedicated program integrity staff</p> <p data-bbox="313 201 711 390">Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).</p>	<p data-bbox="813 136 1268 218">Aetna Better Health of Louisiana 4</p> <p data-bbox="813 262 1235 344">AmeriHealth Caritas Louisiana 6</p> <p data-bbox="813 388 992 470">Healthy Blue 7</p> <p data-bbox="813 514 1284 596">Louisiana Healthcare Connections 11</p> <p data-bbox="813 640 1300 722">UnitedHealthcare Community Plan 8</p> <p data-bbox="813 766 1170 848">Humana Healthy Horizons 4</p>
D1X.2	<p data-bbox="313 905 711 974">Count of opened program integrity investigations</p> <p data-bbox="313 999 711 1125">How many program integrity investigations were opened by the plan during the reporting year?</p>	<p data-bbox="813 934 1268 1016">Aetna Better Health of Louisiana 159</p> <p data-bbox="813 1060 1235 1142">AmeriHealth Caritas Louisiana 239</p> <p data-bbox="813 1186 992 1268">Healthy Blue 361</p> <p data-bbox="813 1312 1284 1394">Louisiana Healthcare Connections 341</p> <p data-bbox="813 1438 1300 1520">UnitedHealthcare Community Plan 182</p> <p data-bbox="813 1564 1170 1646">Humana Healthy Horizons 38</p>
D1X.4	<p data-bbox="313 1703 711 1772">Count of resolved program integrity investigations</p> <p data-bbox="313 1797 711 1923">How many program integrity investigations were resolved by the plan during the reporting year?</p>	<p data-bbox="813 1732 1268 1814">Aetna Better Health of Louisiana 206</p> <p data-bbox="813 1858 1235 1940">AmeriHealth Caritas Louisiana 237</p> <p data-bbox="813 1984 992 2066">Healthy Blue 303</p>

Louisiana Healthcare Connections

424

UnitedHealthcare Community Plan

227

Humana Healthy Horizons

61

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Aetna Better Health of Louisiana

Makes referrals to the SMA and MFCU concurrently

AmeriHealth Caritas Louisiana

Makes referrals to the SMA and MFCU concurrently

Healthy Blue

Makes referrals to the SMA and MFCU concurrently

Louisiana Healthcare Connections

Makes referrals to the SMA and MFCU concurrently

UnitedHealthcare Community Plan

Makes referrals to the SMA and MFCU concurrently

Humana Healthy Horizons

Makes referrals to the SMA and MFCU concurrently

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

Aetna Better Health of Louisiana

75

AmeriHealth Caritas Louisiana

31

Healthy Blue

115

Louisiana Healthcare Connections

UnitedHealthcare Community Plan

94

Humana Healthy Horizons

19

D1X.9a: Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Aetna Better Health of Louisiana

03/01/2026

AmeriHealth Caritas Louisiana

03/01/2026

Healthy Blue

03/01/2026

Louisiana Healthcare Connections

03/01/2026

UnitedHealthcare Community Plan

03/01/2026

Humana Healthy Horizons

03/01/2026

D1X.9b: Plan overpayment reporting to the state: End Date

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Aetna Better Health of Louisiana

03/31/2026

AmeriHealth Caritas Louisiana

03/31/2026

Healthy Blue

03/31/2026

Louisiana Healthcare Connections

03/31/2026

UnitedHealthcare Community Plan

03/31/2026

Humana Healthy Horizons

03/31/2026

D1X.9c: Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report,

Aetna Better Health of Louisiana

\$1,843,533

what is the total amount of overpayments recovered?

AmeriHealth Caritas Louisiana

\$2,445,589

Healthy Blue

\$494,812

Louisiana Healthcare Connections

\$1,452,713

UnitedHealthcare Community Plan

\$1,178,980

Humana Healthy Horizons

\$7,335,830

D1X.9d: Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

Aetna Better Health of Louisiana

\$0

AmeriHealth Caritas Louisiana

\$0

Healthy Blue

\$0

Louisiana Healthcare Connections

\$0

UnitedHealthcare Community Plan

\$0

Humana Healthy Horizons

\$0

D1X.10 Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Aetna Better Health of Louisiana

Daily

AmeriHealth Caritas Louisiana

Daily

Healthy Blue

Daily

Louisiana Healthcare Connections

Daily

UnitedHealthcare Community Plan

Daily

Humana Healthy Horizons

Daily

Topic XI: ILOS

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if "Yes", which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter "0" for utilization.

Number	Indicator	Response
D4XI.1	<p data-bbox="313 107 607 134">ILOSs offered by plan</p> <p data-bbox="313 161 651 254">Indicate whether this plan offered any ILOS to their enrollees.</p>	<p data-bbox="813 138 1268 165">Aetna Better Health of Louisiana</p> <p data-bbox="813 193 1344 220">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 296 1235 323">AmeriHealth Caritas Louisiana</p> <p data-bbox="813 350 1344 378">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 453 992 480">Healthy Blue</p> <p data-bbox="813 508 1344 535">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 611 1289 638">Louisiana Healthcare Connections</p> <p data-bbox="813 665 1344 693">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 768 1300 795">UnitedHealthcare Community Plan</p> <p data-bbox="813 823 1344 850">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 926 1179 953">Humana Healthy Horizons</p> <p data-bbox="813 980 1344 1008">Yes, at least 1 ILOS is offered by this plan</p>
D4XI.2a	<p data-bbox="313 1094 647 1121">ILOSs utilization by plan</p> <p data-bbox="313 1148 716 1497">Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter "0".</p>	<p data-bbox="813 1127 1268 1155">Aetna Better Health of Louisiana</p> <p data-bbox="813 1190 1000 1218">Care at Home:</p> <p data-bbox="813 1241 1365 1295">Chiropractic services for adults age 21 and older:</p> <p data-bbox="813 1318 1365 1436">Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns:</p> <p data-bbox="813 1459 1170 1486">Remote Patient Monitoring:</p> <p data-bbox="813 1509 1008 1537">Doula Services:</p> <p data-bbox="813 1560 1198 1587">Outpatient Lactation Support:</p> <p data-bbox="813 1610 1295 1665">23-Hour observation bed services for adults age 21 and older:</p> <p data-bbox="813 1688 1300 1743">Freestanding psychiatric hospitals for adults ages 21-64:</p> <p data-bbox="813 1766 1312 1820">Injection services provided by licensed nurses to adults age 21 and older:</p> <p data-bbox="813 1843 1344 1898">Mental Health (MH) Intensive Outpatient Programs (IOP):</p> <p data-bbox="813 1921 1305 1948">Therapeutic Day Center for ages 5-20:</p> <p data-bbox="813 1971 1295 1999">Visions of Hope Community Services:</p> <p data-bbox="813 2022 1235 2049">AmeriHealth Caritas Louisiana</p>

Care at Home:

Chiropractic services for adults age 21 and older:

Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns:

Remote Patient Monitoring:

Doula Services:

Outpatient Lactation Support:

23-Hour observation bed services for adults age 21 and older:

Freestanding psychiatric hospitals for adults ages 21-64:

Injection services provided by licensed nurses to adults age 21 and older:

Mental Health (MH) Intensive Outpatient Programs (IOP):

Population Health Management Program:

Therapeutic Day Center for ages 5-20:

Healthy Blue

Care at Home:

Chiropractic services for adults age 21 and older:

Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns:

23-Hour observation bed services for adults age 21 and older:

Freestanding psychiatric hospitals for adults ages 21-64:

Injection services provided by licensed nurses to adults age 21 and older:

Mental Health (MH) Intensive Outpatient Programs (IOP):

Population Health Management Program:

Therapeutic Day Center for ages 5-20:

Louisiana Healthcare Connections

Care at Home:

Chiropractic services for adults age 21 and older:

Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns:

Remote Patient Monitoring:

23-Hour observation bed services for adults age 21 and older:

Freestanding psychiatric hospitals for adults ages 21-64:

Injection services provided by licensed nurses to adults age 21 and older:

Mental Health (MH) Intensive Outpatient Programs (IOP):

Therapeutic Day Center for ages 5-20:

Integrated Behavioral Health Homes:

UnitedHealthcare Community Plan

Care at Home:

Chiropractic services for adults age 21 and older:

Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns:

Remote Patient Monitoring:

Doula Services:

23-Hour observation bed services for adults age 21 and older:

Freestanding psychiatric hospitals for adults ages 21-64:

Injection services provided by licensed nurses to adults age 21 and older:

Mental Health (MH) Intensive Outpatient Programs (IOP):

Integrated Behavioral Health Homes:

Humana Healthy Horizons

Care at Home:

Chiropractic services for adults age 21 and older:

Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns:

Doula Services:

Outpatient Lactation Support:

23-Hour observation bed services for adults age 21 and older:

Freestanding psychiatric hospitals for adults ages 21-64:

Injection services provided by licensed nurses to adults age 21 and older:

Mental Health (MH) Intensive Outpatient Programs (IOP):



Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Yes

Topic XIV. Patient Access API Usage



Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Yes

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	<p>BSS entity type</p> <p>What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p>Maximus Health Services</p> <p>Enrollment Broker</p>
EIX.2	<p>BSS entity role</p> <p>What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p>Maximus Health Services</p> <p>Enrollment Broker/Choice Counseling</p> <p>Beneficiary Outreach</p>

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

Number	Indicator	Response
F1	Notes (optional)	<p>For D1.X.9d: Plan overpayment reporting to the state: Corresponding premium revenue we enter \$0 because LDH PI does not have information on the MCE's premium revenue as defined in MLR reporting under 438.8(f)(2).</p>