

2019 Quality Year-End Review

2019 Quality In Review

- ▶ Quality Withhold
- ▶ Value-Based Payment Withhold
- ▶ Quality Measure Dashboard
- ▶ Hepatitis C Treatment Dashboard
- ▶ 2019 HEDIS Report

Withhold of the MCO Payments

- ▶ Approximately 90% of Louisiana Medicaid members are in managed care
- ▶ CMS offers states several payment options to drive outcomes and quality
- ▶ In 2018, Medicaid began withholding 2% of the capitation payments (“per-member-per-month” / “PMPM” payments)
- ▶ 1% was tied to quality measures (\$53.7M)
- ▶ 1% was tied to value-based payment arrangements with providers (\$53.7M)
- ▶ MCOs could earn this money back by meeting certain quality and value-based payment targets

Quality Withhold





- ▶ MCOs earn the 1% back by meeting certain quality targets (16 “incentivized” or “money” measures)
- ▶ For these eight quality measures, quality targets were defined as either
 - ▶ Achievement of the NCQA Quality Compass Medicaid National 50th percentile benchmark, or
 - ▶ Improvement of 2.0 points from the MCO’s previous year (e.g., from 20% to 22%).
- ▶ For each quality target not met, LDH permanently withheld 1/16 of the full 1% amount

Quality Withhold

Quality Measure	Number of MCOs that failed to meet target
Adolescent Well Care Visits	1
Comprehensive Diabetes Care: HbA1c Testing	2
Comprehensive Diabetes Care: Medical attention for nephropathy	1
Follow-up After Hospitalization for Mental Illness within 30 Days of Discharge	4
Follow-up for Children Prescribed ADHD Medication-Initiation	1
Follow-up for Children Prescribed ADHD Medication-Continuation	1
Prenatal Care	1
Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th years	1
Total permanently withheld	\$7.8M

Value-Based Payment Withhold

- ▶ MCOs earn the 1% back by advancing value-based payment among providers
- ▶ Achieve a 10 percent increase in VBP rate compared with the previous year's VBP report
- ▶ Implement at least one new provider contract with a category 3 or 4 APM approach
- ▶ Demonstrate how the MCO's APMs align with performance measures

			
<p>CATEGORY 1 FEE FOR SERVICE – NO LINK TO QUALITY & VALUE</p>	<p>CATEGORY 2 FEE FOR SERVICE – LINK TO QUALITY & VALUE</p>	<p>CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p>	<p>CATEGORY 4 POPULATION – BASED PAYMENT</p>
	<p>A</p>	<p>A</p>	<p>A</p>
	<p>Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)</p>	<p>APMs with Shared Savings (e.g., shared savings with upside risk only)</p>	<p>Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</p>
	<p>B</p>	<p>B</p>	<p>B</p>
	<p>Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</p>	<p>APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p>Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</p>
	<p>C</p>		<p>C</p>
	<p>Pay-for-Performance (e.g., bonuses for quality performance)</p>		<p>Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p>3N Risk Based Payments NOT Linked to Quality</p>	<p>4N Capitated Payments NOT Linked to Quality</p>

VBP Withhold Results

- ▶ All MCOs met all requirements to earn the money back

	Baseline	10% VBP Growth Target	End Result	Difference
Managed Care Program Summary	31.2%	3.1%	42.5%	11.3%

Medicaid Managed Care Quality Dashboard

- ▶ The Quality Dashboard was created to promote transparency and healthcare accountability, visible to all citizens in the state
- ▶ Updated with 2019 Results (2018 Measurement Year)
- ▶ The Dashboard can be accessed at: <https://qualitydashboard.ldh.la.gov/>

The screenshot shows the top navigation bar of the Louisiana Department of Health website. On the left is the state seal and the text "LOUISIANA DEPARTMENT OF HEALTH". On the right, it identifies the Secretary as "REBEKAH E. GEE, MD, MPH" and includes a "BACK TO LDH" button. Below the navigation bar is a sidebar with seven menu items: Behavioral Health Care for Adults and Children, Care for Children and Adolescents, Chronic Disease Care for Adults, Effective Care in Appropriate Settings, Experience of Care for Adults and Children, Preventive Care for Adults, and Reproductive and Pregnancy Care. The main content area features the "Healthy Louisiana | LDH Medicaid Managed Care Quality DASHBOARD" logo, followed by the title "About Medicaid Managed Care Quality Dashboard" and "Medicaid Quality Improvement & Innovations Section". The main text explains the dashboard's purpose and provides details about the data sources, including HEDIS and non-HEDIS metrics, and reporting years from 2015 to 2019.

Secretary
REBEKAH E. GEE, MD, MPH
[BACK TO LDH](#)

Home Links ▾

- Behavioral Health Care for Adults and Children
- Care for Children and Adolescents
- Chronic Disease Care for Adults
- Effective Care in Appropriate Settings
- Experience of Care for Adults and Children
- Preventive Care for Adults
- Reproductive and Pregnancy Care

Healthy Louisiana | LDH Medicaid Managed Care Quality DASHBOARD

About Medicaid Managed Care Quality Dashboard

Medicaid Quality Improvement & Innovations Section

The Medicaid Quality Dashboard was created to promote transparency and healthcare accountability, visible to all citizens in the state.

The Bureau of Health Services Financing (BHSF) regularly monitors the performance of contracted Managed Care Organizations (MCOs) on a number of Healthcare Effectiveness Data and Information Set (HEDIS®) and non-HEDIS quality metrics.

HEDIS, established by the National Committee for Quality Assurance (NCQA), and non-HEDIS metrics are used to evaluate plan performance, improvements and outcomes. These measures expressed on this website will include a performance rate or percentage by each plan, baseline data and benchmarks. The measures provided are from HEDIS and non-HEDIS data collected by each of the five Managed Care Organizations for the reporting years 2016, 2017, 2018, 2019 (measurement years 2015, 2016, 2017, 2018, respectively). There are measures that do not have rates reported due to the measure either being new, not reported by the MCO(s), or retired.

In addition, the 2012 pre-Managed Care Baseline (2011 measurement year) is provided to illustrate the starting point at the initiation of the program. The 2012 Baselines (2011 measurement year) only exist for those measures that were reported at the time.

Hepatitis C Dashboard

- ▶ Created to track progress with Louisiana's effort to eliminate Hepatitis C
- ▶ Updated monthly
- ▶ The Dashboard can be accessed at: <http://www.ldh.la.gov/assets/hepc/prod/>

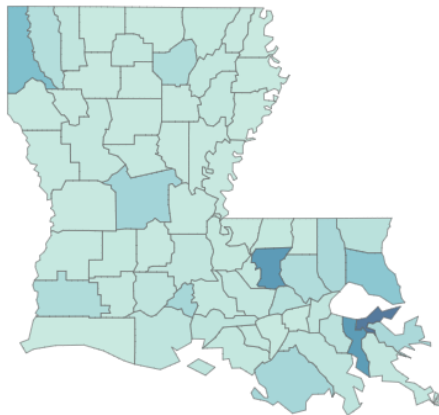
Hepatitis C Treatment in Medicaid and State Corrections



2,916

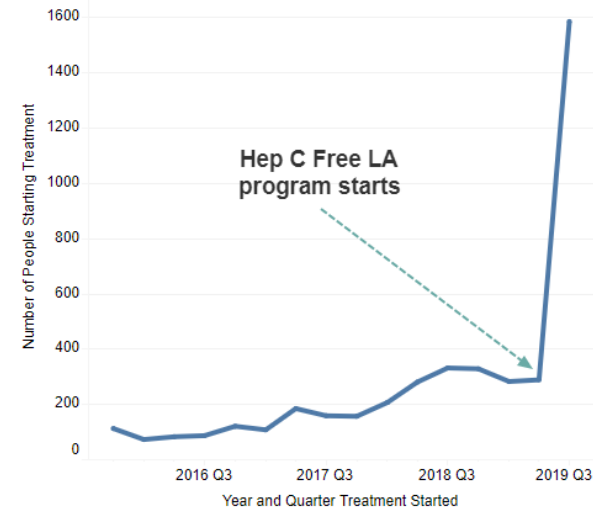
Number of people treated since
July 15, 2019*

People Treated By Parish



Number of People
0 515

People Treated by Year/Quarter



HEDIS Report

	HEDIS 2019 versus previous year				
	≥ 0.1 point decline	< 0.1 point difference	≥ 0.1 point improvement	Total	Percent with any improvement
Managed Care Program Summary	14	3	47	64	73%

▶ Detailed report coming soon

QUESTIONS
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