

Medicaid Medical Director Updates

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Overview

Topics for Discussion:

- Congenital Syphilis
- Purpose of the MCAC
- Review of Incentivized measures
- Review Attachment H- Quality Measures

CONGENITAL SYPHILIS IS:



INCREASING
IN THE UNITED STATES

A SOURCE OF MAJOR HEALTH
PROBLEMS, EVEN DEATH



PREVENTABLE

May 19, 2023

Congenital Syphilis (CS)

- Congenital syphilis (CS) is the transmission of a syphilis infection from an untreated pregnant woman to the fetus
 - Preventable with early detection and treatment
 - Occurrence signals a failure of both syphilis detection mechanisms and prenatal care systems
- **CS cases have more than tripled in recent years, with more than 2,000 cases reported in 2021 alone. This is the highest number reported in one year since 1994.**
- **Following a five year decrease (2008-2012), cases of congenital syphilis have risen each year since 2013 nationwide**
- Public health professionals across the country are very concerned about the growing number of congenital syphilis cases in the United States. It is important for women to get tested for syphilis during their pregnancy.
- Many refer to syphilis as “The Great Pretender”, as its symptoms can look like many other diseases. However, syphilis typically follows a progression of stages that can last for weeks, months, or even years:.

Medicaid Cost of Pregnant Women Syphilis Screening Test

Medicaid Pregnant Women Third Trimester Syphilis Screening Costs

**Testing during 1st and 3rd Trimester*

| | |
|--|------------------|
| Costs of 3rd Trimester Syphilis Screening Test (SST) | \$129,940 |
| Number of 3rd Trimester Medicaid funded deliveries claims/encounters | 16,275 |
| Average costs per 3rd Trimester SST | \$7.98 |
| Extrapolated costs for 1st and 3rd Trimester SST* | \$15.96 |
| Number of Medicaid Funded Deliveries | 30,687 |
| Total Costs of syphilis Screenings | \$489,765 |

**Screening cost based on 3rd Trimester cost assuming screening occurred in 1st Trimester*

Congenital Syphilis – Associated Hospitalization Cost

193 children aged 0-5 years were diagnosed with congenital syphilis during CY2021
(ICD-10 A50.01 - A50.9)

CS-Associated Hospitalization Cost

**Stratified costs based on the age of child as of 12/31/2021*

| Age Group (Years) | Congenital Syphilis-Associated Hospital Costs | Children with a Congenital Syphilis-Associated Hospitalization |
|-------------------|---|--|
| <1 | \$2,179,397 | 94 |
| 1 | \$337,675 | 4 |
| 2-5 | - | - |
| Total | \$2,517,072 | 98 |

Legal requirements for syphilis screening among pregnant women by time of test and state, 2018

| | First Visit | Third Trimester | Delivery |
|----------------|-------------|-----------------|----------|
| Alabama | X | O | X |
| Alaska | X | | |
| Arizona | X | X | X |
| Arkansas | X | X | |
| California | X | | |
| Colorado | X | | |
| Connecticut | X | X | |
| Delaware | X | X | |
| DC | X | X | |
| Florida | X | X | O |
| Georgia | X | X | O |
| Hawaii | | | |
| Idaho | X | | |
| Illinois | X | X | |
| Indiana | X | O | |
| Iowa | | | |
| Kansas | X | | |
| Kentucky | X | | |
| Louisiana | X | X | O |
| Maine | | | |
| Maryland | X | X | O |
| Massachusetts | X | | |
| Michigan | X | X | O |
| Minnesota | | | |
| Mississippi | | | |
| Missouri | X | O | O |
| Montana | X | | |
| Nebraska | X | | |
| Nevada | X | X | |
| New Hampshire | | | |
| New Jersey | X | | X |
| New Mexico | X | | |
| New York | X | | |
| North Carolina | X | X | X |
| North Dakota | | | |
| Ohio | X | | |
| Oklahoma | X | | |
| Oregon | X | | |
| Pennsylvania | X | O | |
| Rhode Island | X | | |
| South Carolina | X | | |
| South Dakota | X | | |
| Tennessee | X | O | |
| Texas | X | X | |
| Utah | X | | |
| Vermont | X | | |
| Virginia | X | | |
| Washington | X | | |
| West Virginia | X | | |
| Wisconsin | | | |
| Wyoming | X | | |

| | |
|---|--|
| X | Screening required |
| O | Screening Required only if at increased risk |

Summary

- The cost of CS hospitalizations is more than 5x the cost of all 1st and 3rd trimester Medicaid pregnant women screening
- “Preventing congenital syphilis in the U.S. may require a focus on both ameliorating the social vulnerabilities affecting pregnant women with syphilis, and traditional medical management.”

Purpose of the MCAC

The purpose of the Medicaid Quality Committee of the Louisiana Department of Health (LDH) is to provide focus and direction for activities that assure access and utilization of quality, evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid recipients through:

- Creating and sustaining a vibrant evaluation process for Louisiana Medicaid that is based on integrity, accountability, and transparency;
- Offering expertise and experience of Committee members to recommend improvements to Louisiana Medicaid that will serve to better meet the healthcare needs of recipients in a cost efficient manner;
- Sharing Committee recommendations with recipients, providers and policy leaders; and
- Forming subcommittees to address specific areas of care, as needed

This Committee is designed to serve as an “Advisory Board” only and does not make decisions

Committee structure and meetings

The committee is chaired by the Medicaid Medical Director. Meetings are held quarterly. Medicaid staff develops the agenda with input from the Medical Director, committee members, and the public.

Standing clinical sub-committees meet regularly and report to the committee at quarterly meetings

- Adult Medicine
- Behavioral Health
- Dental
- Emergency Medicine
- Neonatal
- Obstetrics/Maternal Medicine
- Pediatrics

Review of 2023 Incentivized Measures

| Healthy Louisiana Incentive | | |
|-----------------------------|--|--|
| Identifier | Measure | Target for Measurement Year 2023 ¹ |
| CIS \$\$ | Childhood Immunization Status (Combo 3: DTAP, IPV, MMR, HIB, Hepatitis B, VZV, and PCV) | 63.26 NCOA Quality Compass 2022 (MY 2021) Medicaid National 50th percentile (All LOBs [Excluding PPOs and EPOs]: Average) for the year prior to the measurement year |
| IMA \$\$ | Immunizations for Adolescents Evidence-Based Treatment (Combo 2: meningococcal, TDAP/TD, HPV) | 35.04 NCOA Quality Compass 2022 (MY 2021) Medicaid National 50th percentile (All LOBs [Excluding PPOs and EPOs]: Average) for the year prior to the measurement year |
| LRCO \$\$ | Cesarean Rate for Low-Risk First Birth Women ² | 28.62 Targets for non-HEDIS incentive-based measures will be equal to the best performance reported to LDH by any MCO for MY2021 |
| COL \$\$ | Colorectal Cancer Screening | 43.80 Targets for HEDIS incentive-based measures without an NCOA Quality Compass target will be equal to the best performance reported to LDH by any MCO for MY2021 |
| CCS \$\$ | Cervical Cancer Screening | 57.64 NCOA Quality Compass 2022 (MY 2021) Medicaid National 50th percentile (All LOBs [Excluding PPOs and EPOs]: Average) for the year prior to the measurement year |
| HIV \$\$ | HIV Viral Load Suppression | 81.65 Targets for non-HEDIS incentive-based measures will be equal to the best performance reported to LDH by any MCO for MY2021 |

Review of 2023 Incentivized Measures Continued

| Healthy Louisiana Incentive | | |
|-----------------------------|--|---|
| Identifier | Measure | Target for Measurement Year 2023 ¹ |
| FUH \$\$ | Follow-Up After Hospitalization for Mental Illness — follow-up within 30 days after discharge | 59.42 NCQA Quality Compass 2022 (MY2021) Medicaid National 50th percentile (All LOBs [Excluding PPOs and EPOs]: Average) for the year prior to the measurement year |
| FUM \$\$ | Follow-Up After Emergency Department Visit for Mental Illness – follow-up within 30 days of the ED visit (| 54.51 NCQA Quality Compass 2022 (MY2021) Medicaid National 50th percentile (All LOBs [Excluding PPOs and EPOs]: Average) for the year prior to the measurement year |
| FUA \$\$ | Follow-up After Emergency Department Visit for Substance Use – follow-up within 30 days of the ED visit | 21.24 NCQA Quality Compass 2022 (MY2021) Medicaid National 50th percentile (All LOBs [Excluding PPOs and EPOs]: Average) for the year prior to the measurement year |
| HBD \$\$ | Hemoglobin A1c Control for Patients With Diabetes ² (HbA1c poor control, >9.0%) | 39.90 NCQA Quality Compass 2022 (MY2021) Medicaid National 50th percentile (All LOBs [Excluding PPOs and EPOs]: Average) for the year prior to the measurement year |
| CBP \$\$ | Controlling High Blood Pressure | 59.85 NCQA Quality Compass 2022 (MY2021) Medicaid National 50th percentile (All LOBs [Excluding PPOs and EPOs]: Average) for the year prior to the measurement year |

Attachment H
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**Quality
Measures**

Refer to Attachment H in Binder