

**Attachment H: Quality Performance Measures**

**NOTE: The below quality measure set outlines LDH's general framework and expectations around quality measurement. The exact list of measures will be reviewed and revised prior to execution of the new MCO contracts.**

Aims	Goals	Objectives	\$\$	Measures	Measure Description	Steward
<p><b>Better Care.</b> Make health care more person-centered, coordinated, and accessible so that enrollees get the right care at the right time in the right place.</p>	<p>Ensure access to care to meet enrollee needs</p>	<p>Ensure timely and approximate access to primary and specialty care</p>		<p>1. Child and Adolescent Well-Care Visits</p>	<p>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.</p>	<p>NCQA</p>
				<p>2. Well-Child Visits in the First 30 Months of Life</p>	<p>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.</p>	
				<p>3. Adult Access to Preventive/Ambulatory Services</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• 20-44 years</li> <li>• 45-64 years</li> <li>• 65 years and older</li> <li>• Total</li> </ul>	
	<p>Improve coordination and transitions of care</p>	<p>Ensure appropriate follow-up after emergency department visits and hospitalizations through effective care coordination and case management</p>		<p>4. Ambulatory Care: Emergency Department Visits</p>	<p>This measure summarizes utilization of ambulatory care ED Visits per 1,000 member months.  <i>Note: A lower rate indicates better performance.</i></p>	<p>NCQA</p>
			<p>\$\$</p>	<p>5. Follow-Up After Hospitalization for Mental Illness</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• \$\$: The percentage of discharges for which the member received follow-up within 30 days after discharge.</li> <li>• The percentage of discharges for which the member received follow-up within 7 days after discharge.</li> </ul>	
			<p>\$\$</p>	<p>6. Follow-Up After Emergency Department Visit for Mental Illness</p>	<p>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:</p>	

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					<ul style="list-style-type: none"> <li>• \$\$: The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>• The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul>		
			\$\$	7. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	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: <ul style="list-style-type: none"> <li>• \$\$: The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>• The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul>		
				8. Plan All-Cause Readmissions	For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.		
	Facilitate patient-centered, whole person care	Engage and partner with enrollees to improve enrollee experience and outcomes			9. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version (Medicaid)	This measure provides information on parents’ experience with their child’s Medicaid organization.	NCQA
					10. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid)	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.	
		Integrate behavioral and physical health			11. Depression Screening and Follow-Up for Adolescents and Adults  <i>(Please note: This is a pilot measure and LDH will work with the MCO on strategies to collect this information. This measure is not required for reporting).</i>	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. <ul style="list-style-type: none"> <li>• <i>Depression Screening.</i> The percentage of members who were screened for clinical depression using a standardized instrument.</li> <li>• <i>Follow-Up on Positive Screen.</i> The percentage of members who received follow-up care within 30 days of screening positive for depression.</li> </ul>	NCQA
					12. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	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.	
		13. Diabetes Monitoring for People with Diabetes and Schizophrenia	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.				

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				14. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	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.	
				15. Metabolic Monitoring for Children and Adolescents on Antipsychotics	The percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year	
<b>Healthier People, Healthier Communities.</b> Improve the health of enrollees through evidence-based prevention and treatment interventions that address physical and behavioral health needs.	Promote wellness and prevention	Improve overall health		16. Self-Reported Overall Health (Adult and Child)  <i>Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data.</i>	The percentage of members reporting overall excellent or very good health.	AHRQ
				17. Self-Reported Overall Mental or Emotional Health (Adult and Child)  <i>Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data.</i>	The percentage of members reporting overall excellent or very good mental or emotional health.	
		Ensure maternal safety and appropriate care during childbirth and postpartum		18. Prenatal and Postpartum Care: Timeliness of Prenatal Care	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.	NCQA
				19. Elective Delivery or Early Induction Without Medical Indication	This measure assesses patients with elective vaginal deliveries or elective cesarean sections at $\geq 37$ and $< 39$ weeks of gestation completed	TJC
			\$\$	20. Cesarean Rate for Low-Risk First Birth Women	\$\$: The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions). <i>Note: A lower rate indicates better performance.</i>	
			21. Prenatal and Postpartum Care: Postpartum Care	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.	NCQA	
		Prevent prematurity and reduce infant mortality		22. Initiation of Injectable Progesterone for Preterm Birth Prevention	The percentage of women 15-45 years of age with evidence of a previous preterm singleton birth event (24-36 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th week of gestation for deliveries during the measurement year.	State

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				23. Percentage of Low Birthweight Births	Percentage of live births that weighted less than 2,500 grams in the state during the reporting period.	AHRQ
	Promote healthy development and wellness in children and adolescents			24. Developmental Screening in the First Three Years of Life	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.	CMS
				25. Lead Screening in Children	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.	NCQA
	Promote oral health in children			26. Percentage of Eligibles Who Received Preventive Dental Services <i>(Note: CMS will calculate this measure and MCOs will not be required to report).</i>	The percentage of individuals ages 1 to 20 who are enrolled for at least 90 continuous days, are eligible EPSDT services, and who received at least one preventive dental service during the reporting period.	CMS
	Improve immunization rates		\$\$	27. Childhood Immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. (\$\$: Combo 3)	NCQA
			\$\$	28. Immunizations for Adolescents	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations. (\$\$: Combo 2)	
				29. Flu Vaccinations for Adults Ages 18 to 64	The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period.	
	Prevent obesity and address physical activity and nutrition in children and adults			30. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents	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. <ul style="list-style-type: none"> <li>BMI percentile documentation</li> <li>Counseling for nutrition</li> <li>Counseling for physical activity</li> </ul>	NCQA
	Promote reproductive health			31. Contraceptive Care – All Women Ages 21–44	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.	OPA
				32. Contraceptive Care – Postpartum Women Ages 21–44	The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery or were provided a LARC within 3 and 60 days of delivery. Four rates are reported.	

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				33. Chlamydia Screening in Women	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	NCQA
		Improve cancer screening	\$\$	34. Cervical Cancer Screening	\$\$: Percentage of women 21–64 years of age who were screened for cervical cancer: <ul style="list-style-type: none"> <li>Women 21-64 who had cervical cytology performed every 3 years.</li> <li>Women 30-64 who had cervical cytology/HPV co-testing performed every 5 years.</li> </ul>	NCQA
				35. Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	
			\$\$	36. Colorectal Cancer Screening	\$\$: The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.	
		Improve hepatitis C virus infection screening		37. Hepatitis C Virus Screening	Percentage of eligible individuals screened for hepatitis C virus infection.	State
	Promote use of evidence-based tobacco cessation treatments		38. Medical Assistance With Smoking and Tobacco Use Cessation	Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): <ul style="list-style-type: none"> <li>Advising Smokers and Tobacco Users to Quit</li> <li>Discussing Cessation Medications</li> <li>Discussing Cessation Strategies</li> </ul>	NCQA	
	Improve chronic disease management and control	Improve hypertension, diabetes, and cardiovascular disease management and control	\$\$	39. Controlling High Blood Pressure	\$\$: 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.	NCQA
				40. Diabetes Short-Term Complications Admission Rate	Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older. <i>Note: A lower rate indicates better performance.</i>	AHRQ
				41. Statin Therapy for Patients with Cardiovascular Disease	<ul style="list-style-type: none"> <li>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.)</li> <li>The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who had statin adherence of at least 80% (who remained on a</li> </ul>	NCQA

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					high or moderate-intensity statin medication for at least 80% of the treatment period.)	
				42. Heart Failure Admission Rate	Percent of population with an admissions for heart failure (reported by Recipient Parish). The number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older (reported by Recipient Parish).	AHRQ
			\$\$	43. Comprehensive Diabetes Care	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: <ul style="list-style-type: none"> <li>• Hemoglobin A1c (HbA1c) testing</li> <li>• \$\$: HbA1c poor control (&gt;9.0%)</li> <li>• HbA1c control (&lt;8.0%)</li> <li>• HbA1c control (&lt;7.0%) for a selected population</li> <li>• Eye exam (retinal) performed</li> <li>• BP control (&lt;140/90 mm Hg)</li> </ul> <i>Note: For some measures, a lower rate indicates better performance.</i>	NCQA
		Improve respiratory disease management and control		44. Asthma Medication Ratio	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.	NCQA
			45. Asthma in Younger Adults Admission Rate	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39. <i>Note: A lower rate indicates better performance.</i>	AHRQ	
			46. Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population. The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older. <i>Note: A lower rate indicates better performance.</i>		
		Improve HIV control	\$\$	47. HIV Viral Load Suppression	\$\$: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200.	HRSA
		Improve quality of mental health and		48. Pharmacotherapy for Opioid Use Disorder	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	NCQA

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		substance use disorder care		49. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	<p>The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.</p> <ul style="list-style-type: none"> <li>Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.</li> <li>Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.</li> </ul>	
				50. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	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.	
				51. Adherence to Antipsychotic Medications for Individuals with Schizophrenia	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.	
				52. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication	<p>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.</p> <ul style="list-style-type: none"> <li>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.</li> <li>Continuation and Maintenance (C&amp;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.</li> </ul>	
				53. Antidepressant Medication Management	The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.	

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	Improve population health and address health disparities	Stratify key quality measures by race/ethnicity and rural/urban status and narrow health disparities		54. Measures for stratified data: <ul style="list-style-type: none"> <li>a. Pregnancy: Percentage of Low Birthweight Births, Contraceptive Care – Postpartum Women Ages 21–44</li> <li>b. Child: Well Child Visits in the First 30 Months of Life, Childhood Immunizations (Combo 3), Immunizations for Adolescents (Combo 2)</li> <li>c. Adult: Colorectal Cancer Screening, HIV Viral Load Suppression, Cervical Cancer Screening</li> <li>d. Behavioral Health: Follow-Up After Emergency Department Visit for Mental Illness (within 30 days), Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (within 30 days), Follow-Up After Hospitalization for Mental Illness</li> </ul>	*Refer to individual measures	Various
<b>Smarter Spending.</b> Advance high-value, efficient care.	Minimize wasteful spending	Reduce low value care		55. Appropriate Treatment for Children With Upper Respiratory Infection	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.	NCQA
				56. Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	
				57. Use of Imaging Studies for Low Back Pain	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.	
				58. Non-recommended Cervical Cancer Screening in Adolescent Females	The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer. <i>Note: A lower rate indicates better performance.</i>	