

**Attachment G: Quality Performance Measures\* (DRAFT)**

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
<p><b>Better Care.</b> Make health care more person-centered, coordinated, and accessible so it occurs at the “Right care, right time, 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>	1. Well-Child Visits in the First 15 Months of Life	<p>The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</p>	<p>NCQA</p>
			2. Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	<p>The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.</p>	
			3. Adolescent Well-Care Visits	<p>The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.</p>	
			4. Adult Access to Preventive/Ambulatory Services	<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>		5. Ambulatory Care: Emergency Department Visits	<p>This measure summarizes utilization of ambulatory care ED Visits per 1,000 member months.</p> <p><i>Note: A lower rate indicates better performance.</i></p>	<p>NCQA</p>
			6. Follow-Up After Hospitalization for Mental Illness	<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> </ul>	

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
				<ul style="list-style-type: none"> <li>The percentage of discharges for which the member received follow-up within 7 days after discharge.</li> </ul>	
			7. Follow-Up After Emergency Department Visit for Mental Illness	<p>Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness and who received a follow-up visit for mental illness. Two rates are reported:</p> <ul style="list-style-type: none"> <li>ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).</li> <li>ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).</li> </ul>	
			8. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	<p>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:</p> <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>	
			9. 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.	
			10. Potentially Preventable ED Visits	Percentage of ED visits indicated as potentially preventable based on claims analysis (3M product)	State
			11. Potentially Preventable Readmissions	Percentage of readmissions indicated as potentially preventable (3M product)	

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
	Facilitate patient-centered, whole person care	Engage and partner with enrollees to improve enrollee experience and outcomes	12. 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
			13. 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	14. Depression Screening and Follow-Up for Adolescents and Adults	<p>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.</p> <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
			15. Depression Remission or Response for Adolescents and Adults	<p>The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.</p> <ul style="list-style-type: none"> <li>• <i>Follow-Up PHQ-9.</i> The percentage of members who have a follow-up PHQ-9 score documented within the 4–8 months after the initial elevated PHQ-9 score.</li> <li>• <i>Depression Remission.</i> The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.</li> <li>• <i>Depression Response.</i> The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.</li> </ul>	

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
			16. 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 or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	
<b>Healthier People, Healthier Communities.</b> Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.	Promote wellness and prevention	Ensure maternal safety and appropriate care during childbirth and postpartum	17. Syphilis Screening During Pregnancy – 3 <sup>rd</sup> Trimester	The percentage of eligible pregnant women who were screened for syphilis during the third trimester of pregnancy.	State
			18. Prenatal and Postpartum Care: Timeliness of Prenatal Care	The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester, on 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>	
		Prevent prematurity and reduce infant mortality	21. Prenatal and Postpartum Care: Postpartum Care	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	NCQA
			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
		Promote healthy development and wellness	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
			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.	OHSU

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
		in children and adolescents	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	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.	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.		
	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	Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender. The percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner, with evidence of : <ul style="list-style-type: none"> <li>• BMI percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>	NCQA

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
		Promote reproductive health	31. Adult Body Mass Index Assessment	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement or the year prior to the measurement year.	
			32. 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
			33. 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.	
		34. 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	35. 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
			36. Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	
			37. Colorectal Cancer Screening	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.	
		Improve HIV and Hepatitis C virus infection screening	38. HIV Screening	Percentage of eligible individuals screened for HIV infection.	State
			39. HCV Screening	Percentage of eligible individuals screened for hepatitis C virus infection.	

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward	
		Reduce risks of prescribed opioids	40. Concurrent Use of Opioids and Benzodiazepines	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.	PQA	
		Promote use of evidence-based tobacco cessation treatments	41. 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		42. Controlling High Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	NCQA
				43. 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
				44. 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</li> </ul>	NCQA

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
				least 80% (who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.)	
			45. 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
			46. 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>• Medical attention for nephropathy.</li> <li>• BP control (&lt;140/90 mm Hg)</li> </ul>	NCQA
		Improve respiratory disease management and control	47. 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.	AHRQ
			48. 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.	

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
		Improve HIV control	49. 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 substance use disorder care	50. 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>	NCQA
			51. 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.	
			52. Adherence to Antipsychotic Medications for Individuals with Schizophrenia	The measure calculates the percentage of individuals 19 years of age or greater as of the beginning of the measurement year with schizophrenia or schizoaffective disorder who are prescribed an antipsychotic medication, with adherence to the antipsychotic medication [defined as a Proportion of Days Covered (PDC)] of at least 0.8 during the measurement year (12 consecutive months).	
			53. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication	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.	

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
				<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>	
			54. 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.	
	Partner with communities to improve population health and address health disparities	Stratify key quality measures by race/ethnicity and rural/urban status and narrow health disparities	55. 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, Initiation of Injectable Progesterone for Preterm Birth Prevention</li> <li>b. Child: Developmental Screening in the First Three Years of Life, Percentage of Eligibles Who Received Preventive Dental Services, Immunizations for Adolescents</li> <li>c. Adult: Colorectal Cancer Screening, HIV Viral Load Suppression, Controlling High Blood Pressure</li> </ul>	*Refer to individual measures	Various

Aims	Goals	Objectives	Measures	Measure Description	Measure Steward
		Advance specific interventions to address social determinants of health	56. Percentage of members who complete the initial health needs assessment within 90 calendar days of the enrollee's effective date of enrollment	*Refer to measure name	N/A
<b>Smarter Spending.</b> Ensure high-value, efficient care.	Pay for value Incentivize innovation	Advance value-based payment arrangements and innovation	57. Percentage of provider payments linked to a value-based payment model account in the measurement year	*Refer to measure name	N/A
	Minimize wasteful spending	Reduce low value care	58. 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
			59. 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.	
			60. 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.	
			61. 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>	

\*Selection of incentivized measures and related benchmarks is dependent on measurement year 2018 performance, clinical priority, validation of LDH agency-wide priorities and validation of technical specifications for state specific measures.

Version: 2/22/2019