



Quality Health Care for Louisiana Kids

August 2021

A review of Louisiana performance on health care quality
measures for children enrolled in Medicaid and LaCHIP



Louisiana Budget Project



Summary

Medicaid and the Louisiana Child Health Insurance Program (LaCHIP) are the most common source of health coverage for low-income women and children in Louisiana - providing vital health care coverage to nearly a million children and mothers.⁴ This number has only grown amid the economic hardship of the Covid-19 pandemic.

The quality of care provided through these programs has long-term implications for child, family and population health. This was true before the pandemic, from which the most-recent data was drawn, and will remain so as Louisiana emerges from the pandemic.

The Child Core Set (CCS), developed by the Centers for Medicare and Medicaid (CMS), offers an annual glimpse into the quality of care provided to Medicaid and LaCHIP families across five care categories: Primary Care Access and Preventative Care, Maternal and Perinatal Health, Care of Acute and Chronic Conditions, Behavioral Health Care and Dental and Oral Health Services. Reporting is voluntary until 2024 when it becomes mandatory for all states.

Louisiana has been an early leader, reporting the third-highest number of CCS measures ahead of schedule - 24 out of 26 measures.⁵ But, like many Southern states, Louisiana's performance presents a mixed picture.

- ❖ **While the state ranks above the median on about half of all measures, it ranks in the bottom quartile on several critical measures:** developmental screenings for children under age 3, the percentage of low-weight births and the number of emergency department visits.
- ❖ **Louisiana has shown significant improvement (10 percentage points or greater) on several measures between 2017 and 2019:** adolescent well-care visits, body mass index (BMI) assessment, timeliness of prenatal care and the effective use of asthma medication. **The state has seen negative progress on one measure during that time,** though it is a measure of critical importance: the percentage of low-weight live births.
- ❖ **The state has made modest progress over time compared to other states.** Louisiana's quartile ranking improved in six measures, remained the same in 11 measures and went down in one measure from 2017 to 2019.

Louisiana Medicaid and LaCHIP programs are administered by five managed care organizations (MCOs). The Louisiana Department of Health reports 12 measures from the Child Core Set on its Medicaid Managed Care Quality Dashboard.⁶ MCO performance range is included for measures where it is available on the Dashboard.

BY THE NUMBERS

- ❖ Around 800,000 - more than half - of Louisiana children are enrolled in Medicaid and LaCHIP.¹
- ❖ 92% of Louisiana's Medicaid and LaCHIP enrollment or 1.7 million people are covered by Managed Care Organizations (MCOs).²
- ❖ Five Managed Care Organizations (MCOs) administer the state's Medicaid and LaCHIP health insurance programs.³
- ❖ Since 2010, the Center for Medicare and Medicaid (CMS) has reported the Child Core Set of Health Care Quality Measures. Reporting is mandatory by all states by 2024.
- ❖ Louisiana currently reports 24 measures, the third highest among states, but does not report Screening for Depression and Follow-Up Plan: Ages 12 to 17 and Audiological Diagnosis No Later Than 3 Months of Age. (See About the Child Core Set at the end of this report for more information.)

- ❖ **Managed-care organizations (MCOs) have made progress over time.** Five of 11 reported measures improved in state quartile ranking from 2017 to 2019, though three of the six that did not improve were in the bottom half of states. **There is a range in quality attainment by MCOs.** Five of 12 measures included a range of more than 10 percentage points in 2019, including: well-child visits for the third through sixth years of life, adolescent well-care visits, immunization for adolescents (specifically HPV), body mass index assessment and follow-up care for children prescribed ADHD medication.

Louisiana, similar to others in the region, struggles with high child poverty rates and decades of under- and disinvestment in the social drivers of health like housing, neighborhoods, transportation and poverty. Louisiana can build on the progress it has made in quality health care measures by investing in its youngest residents, their families and their communities.

❖ Primary Care Access and Preventive Care

Consistent access to high quality primary and preventive care - such as immunizations, screenings and counseling - provides a strong foundation for long term individual and overall population health, which has become increasingly important amid Covid-19. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, which is covered in this category, is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

In 2019, Louisiana performed in the bottom half of states (below the median) in four out of nine measures and was in the bottom quartile (lowest 25% of states) in one measure, developmental screening in the first three years of life. Four measures showed sizable range in quality attainment by MCO, well child visits for the third through sixth years of life, adolescent well-care visits, immunization for adolescents (specifically HPV) and body mass index (BMI) assessment.



Louisiana reported nine of 10 measures in this domain in 2019. One of the two measures Louisiana did not report - Screening for Depression and Follow-Up Plan: Ages 12 to 17 Children and Adolescent - is in this domain. The measures in this domain are among the most frequently reported among all states and among Louisiana MCOs.

■ Louisiana Rate ■ Worst State Rate ■ Median ■ Best State Rate

Access to Primary Care Practitioners (PCP)

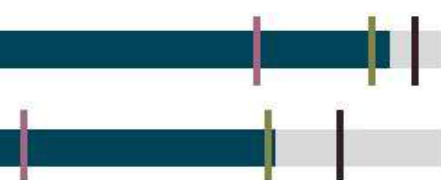
Primary care visits provide routine care, such as immunizations, height and weight measurements, age-appropriate counseling and a general assessment of a child's wellbeing. Access to primary care practitioners is measured by whether children ages 1 to 6 had a doctor visit in the past year and children ages 7 to 19 had a visit in the past two years.

Ages 12 to 24 months (MCO range 95.5% to 96.9%)

96.2%

Ages 25 months to 6 years (MCO range 85.9% to 89.8%)

88.7%

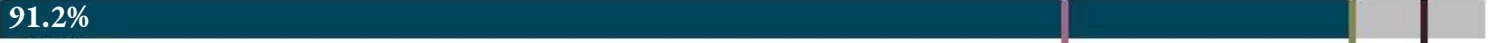


Louisiana Child Core Set

Primary Care Access and Preventive Care (Cont.)

■ Louisiana Rate ■ Worst State Rate ■ Median ■ Best State Rate

Ages 7 to 11 years (MCO range 85.6% to 91.7%)



Ages 12 to 19 years (MCO range 84.4% to 90.7%)



Well-Child Visits in the First 15 Months of Life (MCO range 62.8% to 68.1%)

The American Academy of Pediatrics (AAP) recommends nine well-care visits by the time children turn 15 months of age. In the CCS, state performance is measured as the percentage of children who received six or more visits by 15 months.



Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (MCO range 63.8% to 74%)

This measure identifies the percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner during the measurement year in accordance with American Academy of Pediatrics recommendations.



Adolescent Well-Care Visits (MCO range 45.5% to 62.5%)

Well-care visits during adolescence promote healthy behaviors, prevent risky ones and detect conditions that can interfere with a teen's physical, social and emotional development. This measure identifies the percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a PCP or Ob/Gyn during the measurement year.



Childhood Immunization Status

A key indicator of the continuity of primary care is whether children are up to date on their immunizations. This measure identifies the percentage of children who turned 2 years old during the measurement year and had specific vaccines and combinations of vaccines by their second birthday.

Combination 3 (MCO range 68.1% to 73.2%)



Measles, mumps and rubella (MMR)



Immunizations for Adolescents

The adolescent immunization measure includes three individual vaccine rates: (1) Meningococcal vaccine, (2) Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and (3) human papillomavirus (HPV) vaccines. State performance is measured as the percentage of adolescents receiving the HPV vaccine and recommended doses of Combination 1 vaccine.

Meningococcal and Tdap vaccine (Combination 1) (MCO range 81.5% to 91%)



■ Louisiana Rate ■ Worst State Rate ■ Median ■ Best State Rate

Human papillomavirus (HPV) (MCO range 37% to 47.2%)



Developmental Screening in the First Three Years of Life

Early detection of developmental delays and early intervention programs can greatly improve a child’s health, social and academic outcomes. The AAP recommends screenings be administered at the 9-, 18- and 30-month well-child visits. This measure is the percentage of Louisiana children screened at 24 months.⁷



Chlamydia Screening in Women Ages 16–20 (MCO range 64.1% to 68.2%)

Chlamydia is the most commonly reported sexually transmitted infection and is easy to cure when it is detected. However, most people have no symptoms and are not aware they are infected. Left untreated, chlamydia can affect a woman’s ability to have children. The Child Core Set reports chlamydia screening rates for women ages 16 to 20.



Body Mass Index Assessment for Children and Adolescents (MCO range 57.42% to 80.54%)

Monitoring of BMI helps providers identify children who are overweight or obese and at increased risk for related health complications. The BMI Assessment for Children and Adolescents measure indicates the percentage of beneficiaries with a primary care visit whose BMI percentile was documented in the medical record.



❖ Maternal and Perinatal Health

As one of the largest payers for maternity care, Medicaid has an important role to play in improving child and perinatal health outcomes. The health of a child is affected by a mother’s health and the care she receives during pregnancy. When women access the health care system for maternity care, an opportunity is presented to provide services to optimize their health and the health of their children.

Louisiana consistently ranks at the bottom for maternal health outcomes with the March of Dimes giving the state an “F.” Louisiana performs in the bottom half of states in two out of four reported measures in this domain, including timeliness of prenatal care and percentage of low-weight live births (bottom 25%). Louisiana currently does not report audiological diagnosis no later than 3 months of age.



Despite improvements in access to coverage and care, the rate of births reported as preterm or low birth weight among women in Medicaid is higher than the rate for those who are privately insured.

■ Louisiana Rate ■ Worst State Rate ■ Median ■ Best State Rate

Timeliness of Prenatal Care (MCO range 82.2% to 88.3%)

Prenatal care during the first trimester facilitates important early screening and referrals for specialized care, which can prevent pregnancy complications resulting from pre-existing health conditions. This measure is the percentage of women delivering a live birth with a prenatal care visit in the first trimester or within 42 days of Medicaid or CHIP Enrollment.



Live Births Weighing Less Than 2500 grams (Lower rates are better for this measure.) (MCO range 11.5% to 13.4%)

An infant's birth weight is a common measure of infant and maternal health and wellbeing. Infants weighing less than 2.5 kilos (about 5.5 pounds) at birth may experience serious and costly health problems and developmental delays. Pregnant women are at higher risk of a low birth weight baby if they have chronic health conditions (such as high blood pressure or diabetes), low weight gain during pregnancy, high stress levels, or high-risk behaviors. Lower rates are better.



Contraceptive Care: Postpartum Women Ages 15 to 20

Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of women and children. This measure assesses access to contraceptive care, including the percentage of postpartum women ages 15 to 20 who were provided a most or moderately effective method of contraception as well as percentage who were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Percentage Provided a Most/Moderately Effective Method of Contraception Within 3 Days (MCO range 3.3% to 10%)



Percentage Provided a Most/Moderately Effective Method of Contraception Within 60 Days (MCO range 50.2% to 58.7%)



Percentage Provided a LARC Within 3 Days of Delivery (MCO range 2.9% to 6%)



Percentage Provided a LARC Within 60 Days of Delivery (MCO range 14% to 23.3%)



Contraceptive Care: All Women Ages 15 to 20

This measure assesses the percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC). Research suggests that about 53% of women ages 15 to 20 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure.

Percentage Provided a Most Effective or Moderately Effective Method of Contraception



■ Louisiana Rate
 ■ Worst State Rate
 ■ Median
 ■ Best State Rate

Percentage Provided a Long-Acting Reversible Method of Contraception



Pediatric Central Line-Associated Bloodstream Infections

Central Line-Associated Bloodstream Infections (CLABSIs) are a significant cause of mortality and morbidity in hospital neonatal intensive care units (NICUs). Premature infants in NICUs are particularly susceptible to infection because of their immature immune systems. This measure reports the rate of CLABSIs in NICUs. The CLABSI measure is obtained from data reported by hospitals to the Centers for Disease Control and Prevention’s (CDC’s) National health care Safety Network (NHSN). This measure includes all neonatal CLABSI incidents in NICUs, not just those for infants covered by Medicaid or CHIP.

[CMS Chart Pack](#) - Slide 54

❖ Care of Acute and Chronic Conditions

The extent to which children receive safe, timely and effective care for acute and chronic conditions is a key indicator of the quality of care. Early intervention and treatment can keep conditions from worsening and lessen long term impacts.

Louisiana’s persistently high use of emergency departments is cause for concern, which is one of the three measures where Louisiana ranks in the bottom quartile of states. However, Louisiana has made tremendous strides in asthma medication, though remains below the top quartile of states.



Ambulatory Care: Emergency Department Visits per 1,000 Enrollees (Lower rates are better in this measure.)

Unnecessary visits to a hospital emergency department (ED) may indicate lack of access to more appropriate sources of medical care, such as primary care providers or specialists. Excessive visits to the ED can result in overcrowding and increased ED wait time. Understanding the rate of ED visits among children covered by Medicaid and CHIP can help states identify strategies to improve access to and utilization of appropriate sources of care. Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19.



Persistent Asthma Medication Ratio

Asthma affects almost six million children under age 18 in the United States. Uncontrolled asthma among children can result in hospitalizations, lost school days and a higher risk of falling behind in school. The National Heart Lung and Blood Institute recommends long-term asthma control medications for children with persistent asthma. This measure assesses the percentage of children with persistent asthma who were dispensed appropriate asthma controller medications.

Ages 5 – 18



■ Louisiana Rate ■ Worst State Rate ■ Median ■ Best State Rate

Ages 5 – 11



Ages 12 – 18



❖ Behavioral Health Care

As the largest payers for mental health services in the United States, Medicaid and CHIP play an important role in providing behavioral health care and monitoring the effectiveness of that care. For the purpose of the Child Core Set, the term “behavioral health care” refers to treatment of mental health conditions and other behavioral conditions, such as attention-deficit/hyperactivity disorder (ADHD).

Louisiana has done well in limiting the use of medications for children, but remains in the bottom half of states in ensuring children and adolescents receive sufficient follow-up care after hospitalization for mental illness. The state has made tremendous gains in follow-up care for children prescribed



ADHD medication, but there is wide variation in the measure as reported by MCOs.

Use of Multiple Concurrent Antipsychotics (Lower rate is better for this measure.)

Concurrent use of multiple antipsychotic medications may pose risks of serious drug interactions, increased costs and longer-term health consequences such as obesity and diabetes. Children in foster care are among the highest users of two or more antipsychotic medications. This measure addresses concerns about the appropriateness and safety of prescribing multiple antipsychotic medications concurrently. It measures the percentage of children ages 1 to 17 who were on two or more concurrent antipsychotic medications for at least 90 consecutive days.



Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

To avoid the risks associated with unnecessary use of antipsychotic medications, psychosocial care is recommended as the first-line treatment for most psychiatric conditions in children and adolescents. This measure assesses whether children and adolescents with conditions for which antipsychotic medications are not indicated had documentation of psychosocial care as first-line treatment before being prescribed an antipsychotic medication. It measures the percentage of children ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.



■ Louisiana Rate
 ■ Worst State Rate
 ■ Median
 ■ Best State Rate

Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17

Follow-up care after hospitalization for mental illness or intentional self-harm helps improve health outcomes and prevent readmissions in the days following discharge from inpatient mental health treatment. Recommended post-discharge treatment includes a visit with an outpatient mental health practitioner within 30 days after discharge and ideally, within 7 days after discharge.

within 7 days



within 30 days



Follow-up Care for Children Prescribed ADHD Medication

ADHD is a common chronic condition among school-age children that is often treated with medication. Follow-up care for children prescribed ADHD medication is an indicator of the continuity of care for children with a chronic behavioral health condition. Among those newly prescribed an ADHD medication, clinical guidelines recommend a follow-up visit within the first 30 days (the Initiation Phase) for medication management. Among those remaining on ADHD medication, two additional visits are recommended during the 9-month Continuation and Maintenance Phase for ongoing medication management and assessment of the child's functioning.

Within 30-day initiation phase (MCO range 40.8% to 53.3%)



9 months following the initiation phase (MCO range 56.1% to 70.3%)



❖ Dental and Oral Health Services

All children in Medicaid and CHIP have coverage for dental and oral health services. Children’s oral health is important to their overall health, both in childhood and later in adulthood. Improving children’s access to oral health care in Medicaid and CHIP continues to be a focus of federal and state efforts. In Louisiana, there has been little to no improvement on these two measures since 2017. Louisiana hovers around the national halfway mark for both measures.



■ Louisiana Rate ■ Worst State Rate ■ Median ■ Best State Rate

Percentage of Eligibles Who Received Preventive Dental Services

Tooth decay, or dental caries, is one of the most common chronic diseases of children, and is almost entirely preventable through a combination of good oral health habits at home, a healthy diet and early and regular use of preventive dental services. This measure assesses the percentage of children ages 1 to 20 who received preventive dental services.

49.6%

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk

Clinical evidence suggests that sealants should be placed on children’s primary and permanent teeth when it is determined that a child is at risk of experiencing caries. This measure assesses the percentage of children at elevated risk for dental caries who received a sealant on a first permanent molar.

20.4%

Louisiana Child Core Set

Appendix A: Louisiana Child Core Set (2017-2019)



	Louisiana State Rate			Best State Rate	Median	Worst State Rate
	2017	2018	2019	2019	2019	2019
Primary Care Access and Preventive Care						
1.1. Access to Primary Care Practitioners, Ages 12 – 24 months*	94	95.9	96.2	98.2	95.5	88
1.2. Access to Primary Care Practitioners, Ages 25 months – 6 years*	85	87.5	88.7	93.9	87.7	72.6
1.3. Access to Primary Care Practitioners, Ages 7 – 11*	86.8	89.2	91.2	96.7	91.1	72.3
1.4. Access to Primary Care Practitioners, Ages 12 – 19*	85.3	88	90.3	95.8	90.3	77.9
2. Well-Child Visits in the First 15 Months of Life*	52	57.3	59.7	87.2	64	34.3
3. Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life*	62.9	68.1	68	85.7	69	43
4. Adolescent Well-Care Visits*	44.7	54.2	56.7	69.5	50.6	20.5
5.1. Childhood Immunizations in the First Two Years – Combination 3*	68.7	68.4	68.8	78.5	68.8	11.1
5.2. Childhood Immunizations in the First Two Years – Measles, Mumps and Rubella (MMR)*	--	--	88.5	94	87.6	41.1
6.1. Immunizations for Adolescents – Combination 1*	88.6	88.9	89.2	92.8	78.6	9.7
6.2. Immunizations for Adolescents – 3 Doses HPV Vaccine by Age 13*	26.9	41.1	42.6	71.7	34.4	0.9
7. Developmental Screening in the First Three Years of Life	17.8	16.1	18.3	78	32.7	3.8
8. Chlamydia Screening Women Ages 16 – 20*	59.6	63.4	64.8	79.2	49.9	10.6
9. Weight Assessment and Counseling for Nutrition and Physical Activity – BMI Index*	45.7	62.4	65.7	88.7	69.7	2.1
10. Screening for Depression and Follow-up, Ages 12-17	x	x	x	-	-	-
Maternal and Perinatal Health						
1. Timeliness of Prenatal Care*	64.5	78.4	79.4	92.6	80.7	32
2. Percentage of Low Weight Live Births (< 2500 grams) (lower rate is better)*	12.1	12.1	12.5	7	9.5	13.8
3.1. Most Effective Contraception Provided for Postpartum Women (within 3 days)*	--	3.2	4.2	16.4	4.1	0.5
3.2. Most Effective Contraception Provided for Postpartum Women (within 60 days)*	--	50.1	51.1	51.1	41.8	17.3
3.3. Long-Acting Reversible Contraception Provided for Postpartum Women (within 3 days)*	--	2.3	2.4	12.6	2	0.1
3.4. Long-Acting Reversible Contraception Provided for Postpartum Women (within 60 days)*	--	15	14	23.5	15.8	3.6
4.1. Most Effective Contraception Provided for Women at Risk for Unintended Pregnancy	--	x	35.2	40.5	29.5	13.8
4.2. Long-Acting Reversible Contraception Provided for Women at Risk for Unintended Pregnancy	--	x	3.7	12.5	4.8	1.9
5. Audiological Evaluation in First 3 Months	x	x	x	-	-	-
6. Cesarean Sections*	-	-	---	-	-	-
7. Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)	LA is not significantly different from national baseline					
Care of Acute and Chronic Conditions						
1. Ambulatory Care: Emergency Department Visits per 1,000 Enrollees (lower rate is better)	53.5	57	52.7	30.1	43.6	69.2
2.1. Persistent Asthma Medication Ratio, Ages 5 – 18	20.2	69.6	72.8	82.5	69.4	52.3
2.2. Persistent Asthma Medication Ratio, Ages 5 – 11	20.3	73.7	78	85.7	72.8	54.2
2.3. Persistent Asthma Medication Ratio, Ages 12 – 18	20.1	64	66.9	79	64.6	46.7
Behavioral Health Care						
1. Use of Multiple Concurrent Antipsychotics (lower rate is better)	1.8	1.9	1.8	0.2	2.6	6.4
2. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	-	68.7	65.9	82	62.8	39.9
3.1. Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17 (within 7 days)	40.2	40.3	40.5	72.6	41.9	8.1
3.2. Follow-up Care After Hospitalization for Mental Illness, Ages 6 – 17 (within 30 days)	61.5	63	63.7	88.1	66.3	28
4.1. Follow-up Care for Children Prescribed ADHD Medication (within 30-day initiation phase)*	48.3	56.7	56.3	67.2	48.6	29.5
4.2. Follow-up Care for Children Prescribed ADHD Medication (9 month following initiation phase)*	62.2	70.2	70.2	98.1	58.6	27.8
Dental and Oral Health Services						
1. Percentage of Eligibles Who Received Preventive Dental Services	48.8	50	49.6	67.3	49.1	32.5
2. Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk	20.7	20.4	20.4	45.7	22.7	11.1

"X" Not reported by Louisiana.

"-" Not reported by CMS due to the low number of reporting states.

"-" Was not included in the Child Core Set in the reporting year.

"---" Not reported in CMS Child Core Set 2019 Chart Pack or data.medicaid.gov

* Reported on LDH's Medicaid Managed Care Quality Dashboard (MCOs)

About the Child Core Set

The Child Core Set was established by CMS in 2010 as a set of standardized, evidence-based measures to assess the quality of care children receive through Medicaid and the Child Health Insurance Program (CHIP). It allows comparability across states, programs, and, to the extent it is reported, managed care plans. The adult core set followed in 2012. Reporting is voluntary until 2024 when all states must report all measures. Due to the way the data is reported, the most recent data - the 2019 Child Core Set - reflects care delivered in calendar year 2018.

Measures come from a variety of sources or stewards, including: the Healthcare Effectiveness Data and Information Set (HEDIS), Centers for Disease Control (low weight births; hospital bloodstream infections), the Joint Commission (c-sections), American Medical Association Physician Consortium for Performance Improvement or AMA-PCPI (behavioral health), OR Health and Science University (developmental screenings) and EPSDT Form 416 (dental services).

There were 26 measures in the 2019 Child Core Set. CMS reported 24 measures for Louisiana; though it did not provide state-specific performance data for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure nor for Cesarean Births. Louisiana did not report Screening for Depression and Follow-Up Plan: Ages 12 to 17 (8 states reported in 2019) or Audiological Diagnosis No Later Than 3 Months of Age (2 states reported in 2019). These are among the least reported measures by states due in part to technology issues related to reporting, including in Louisiana. CMS is aware of these challenges and LDH continues to work toward timely reporting.

The Louisiana Department of Health Medicaid Managed Care Quality Dashboard has been identified as a national best practice in managed care plan transparency. Launched in 2019, it allows comparison between the five Managed Care Organizations (MCOs) operating in Louisiana on a number of child and adult core set measures, including 12 of 26 child core set measures. Where reported in child-specific measures, MCO performance range is included in this report.

References

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3. Understanding Medicaid in Louisiana: A chart book about the operation and impact of the state's Medicaid insurance program, Louisiana Budget Project (December 2018). Accessed August 2021 at <https://www.labudget.org/wp-content/uploads/2018/12/Understanding-Medicaid-in-LA-3.pdf>
4. Stacey Roussel, Louisiana Children Health Uninsured Rates Census 2019, Louisiana Budget Project (October 2020). Accessed August 2021 at <https://www.labudget.org/wp-content/uploads/2020/10/Census-2019-Child-Health-Insurance.pdf>
5. Louisiana is the third ranking state with only South Carolina (25 measures) Alabama and New Hampshire (24 measures) reporting more measures.
6. Louisiana Department of Health, Medicaid Managed Care Quality Dashboard Accessed August 2021 at <https://qualitydashboard.ldh.la.gov/> Only measures that are reported as child specific are counted as included in the Dashboard for the purposes of this report.
7. LDH reports the following rates for this measure: 12 months (24.82%), 24 months (18.25%) and 36 months (11.68%).

Methodology

State and national performance on the Child Core Set was retrieved from the Center on Medicaid and Medicare (CMS) data.medicare.gov. Measure descriptions were drawn primarily from CMS Quality of Care for Children in Medicaid and CHIP: Findings from the 2019 Child Core Set Chart Pack (October 2020). Managed Care Organization (MCO) scores were retrieved from the Louisiana Department of Health Medicaid Managed Care Quality Dashboard in February 2021 from <https://qualitydashboard.ldh.la.gov/>.



Louisiana Budget Project

For further information:

Stacey Roussel

Policy Director

stacey@labudget.org

225.614.9126 ext. 6

The Louisiana Budget Project (LBP) monitors and reports on public policy and how it affects Louisiana's low- to moderate-income families. We believe that the lives of Louisianans can be improved through profound change in public policy, brought about by: creating a deeper understanding of the state budget and budget-related issues, looking at the big picture of how the budget impacts citizens, encouraging citizens to be vocal about budget issues that are important to them, and providing insight and leadership to drive the policy debate.

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