Bayou Health Incentive Measures

HEDIS 2007 - 2012 (2006-2011 Measurement Years)

Medicaid Only

	"HEDIS LIKE" State Specific Methodology*						Revised to Stricter HEDIS Standards**
	2007	2008	2009	2010	2011	2012	2012
Adults' Access to Preventive/Ambulatory Health Services (Total)				80.50%	80.12%	79.24%	78.39%
Comprehensive Diabetes Care (HbA1c Testing)	66.20%	66.73%	66.15%	66.86%	70.23%	71.63%	70.21%
Chlamydia Screening in Women (Total)				55.02%	59.28%	58.68%	59.25%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (Total)	57.21%	61.93%	61.14%	65.39%	65.91%	65.36%	35.45%
Adolescent Well-Care Visits (Total)	30.89%	34.55%	34.79%	40.96%	39.16%	39.04%	25.16%

*Pre-Bayou Health Trends & Baselines: NCQA/HEDIS Measures calculated by ULM Office of Outcomes Research and Evaluation using Medicaid claims data. The data for each reporting year shown is based on the previous calendar year claims data. Please note that NCQA's updated specifications for each year sometimes include new codes and changes to the criteria. This can impact the comparability of the data from year to year.

**Pre-Bayou Health Baselines were recalculated by ULM to reflect stricter NCQA Guidelines for Health Plan Accredation

a. Measures were calculated after a 3 month claim lag to allow time for completion of claims and allow for NCQA reporting deadlines. (previously used a 6 month lag)

b. Measures based on administrative claims data. Access and Availablity of Care and Effectiveness of Care measures include paid, adjusted, and denied claims. State-specific methodology in earlier years included only paid and adjusted claims.

c. Recipients enrolled in the LaCHIP Affordable Plan for more than 1 month of the year were excluded because their claims are processed through the Office of Group Benefits.

d. Limited to Medicaid-only (No Medicare Duals, TPL Included, LaCHIP Affordable Excluded) State-specific methodology additionally excluded TPL.

e. Narrowed the definition of PCP and Well-Child and Adolescent Well-Care Visits to include only claims where the servicing provider is an identifiable PCP. This excluded claims submitted at Clinic or Group Practice, Kidmed, Children's Choice, and certain FQHC/RHC settings if PCP was not identified as servicing provider. This measure is most likely under-reported for Louisiana Medicaid as many PCP visits are being excluded due to "group" billing.