

2023 Managed Care Quality Update

Medical Care Advisory Committee

Table of Contents

Managed Care Quality Analysis
..... 3

HEDIS Measures 2022..... 5

CAHPS Measures 2022..... 23

Managed Care Quality Measures

Why are quality measures required?

Access to and quality of care for Medicaid and CHIP members remain a priority of CMS and Utah Medicaid. Quality measures allows Medicaid a mechanism to assess the quality of care and helps identify improvement opportunities with managed care entities. Quality measure requirements are published in federal regulations and state statutes.

- CMS published 42 CFR 438 and 42 CFR 457 CMS to address quality for Medicaid and CHIP Managed Care, including the requirement to report quality measures. Its goal is to achieve a better balance between state and federal oversight, and to promote accountability for providing quality of care to individuals with Medicaid and CHIP.
- Utah also published Title 26 Chapter 33 of Utah Code. This code established the Utah Health Data Authority. The purpose to this committee is to direct a statewide effort to collect, analyze, and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care, and to facilitate interaction among those with concern for health care issues.
- Pursuant to statute, the Utah Health Data Authority promulgated rulemaking that requires each plan in Utah to complete and submit a CAHPS survey (R482-12) and to collect and submit HEDIS data (R428-13) to promote informed consumer choice in plan selection and measure the quality of care provided to enrollees.

What are the 2 Types of Measures?

HEDIS Measures

The Healthcare Effectiveness Data and Information Set (HEDIS) The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service. More than 200 million people are enrolled in health plans that report quality results using HEDIS. Since 2008, HEDIS has also been available for use by medical providers and practices. Because so many health plans use HEDIS and because the measures are so specifically defined, HEDIS can be used to make comparisons among health plans. Health plans can also use this information to improve care and services provided to enrollees.

To ensure that HEDIS stays current, the National Committee for Quality Assurance (NCQA) has established a process to evolve the measurement set each year through its Committee on Performance Measurement.

Data collection and analysis of Utah's HEDIS data is a collaborative effort led by the Office of Health Care Statistics. The HEDIS data may be viewed at <https://stats.health.utah.gov/about-the-data/health-plan-quality/>

Note: 2023 results shown are for the measurement year time frame, January through December, 2022.

CAHPS Measures

Consumer Assessment of Health Plans and Systems (CAHPS) surveys are performed by a third-party vendor and measure perceptions of care.

The annual CAHPS survey asks health plan enrollees about their recent experiences with health plans and their services. Separate surveys are conducted for child and adult members. This standardized survey was designed to support consumers in assessing the performance of health plans and choosing the plans that best meet their needs. Health plans can also use the survey results to identify their strengths and weaknesses and target areas for improvement. The questions for adults and children are slightly different.

The CAHPS results describe how satisfied health plan members are with their experiences with the care provided. The purpose of these reports is to give consumers and purchasers information they can use to make an informed decision when selecting a health plan.

CAHPS results may be viewed at <http://stats.health.utah.gov/about-the-data/health-plan-quality/>

Graphs

For graphs in this report, the percentages listed on the vertical axis on the graphs may have varying percentage ranges. Please note this when viewing the different measures.

Survey Categories

CAHPS survey questions are grouped into the following composite categories:

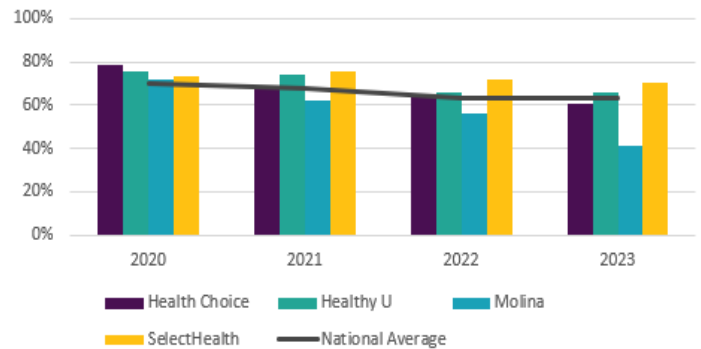
- Customer Service
- How well doctors communicate
- Getting care quickly
- Getting needed care
- Health Care
- Health Plan
- Specialist
- Personal Doctor

HEDIS Measures 2022

Childhood Immunization Combo 3

The percentage of children 2 years of age who had a four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae 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.

Childhood Immunization: Combo #3 (CIS) Child Medicaid

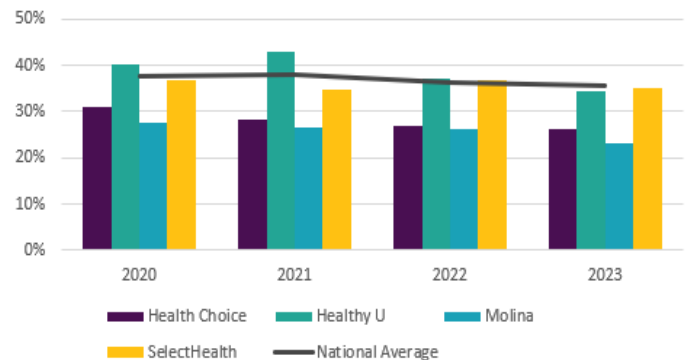


Combo #3: DTAP, IPV, MMR, HIB, Hepatitis B, VZV and PCV

Immunization for Adolescents Combo 2

Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.

Immunizations for Adolescents (IMA) - Combo #2 Child Medicaid



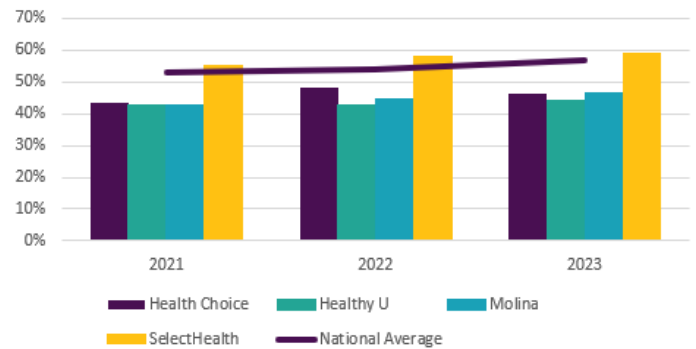
HEDIS Measures 2022

Well-Child Visits in the First 30 Months of Life

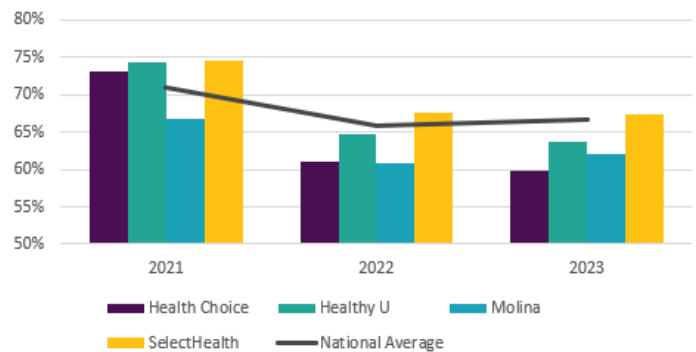
The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The W30 measure replaced the W15 and W34 measures beginning with the 2021 reporting year. The following rates are reported:

- Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
- 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.

Well-Child Visits first 15 months (W30)
Child Medicaid



Well-Child Visits 15-30 months (W30)
Child Medicaid

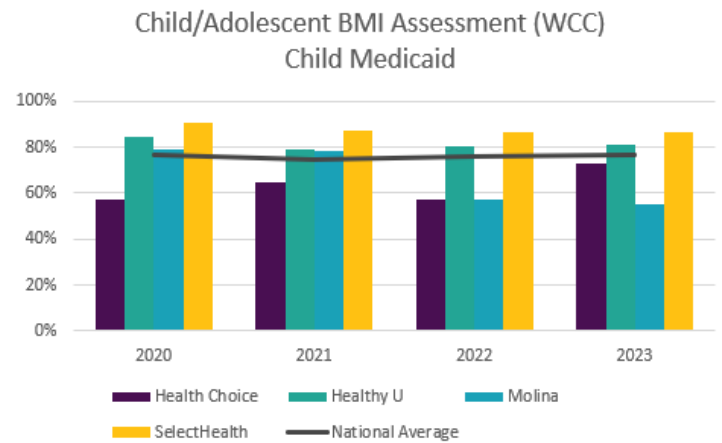


HEDIS Measures 2022

Child/Adolescent BMI Assessment

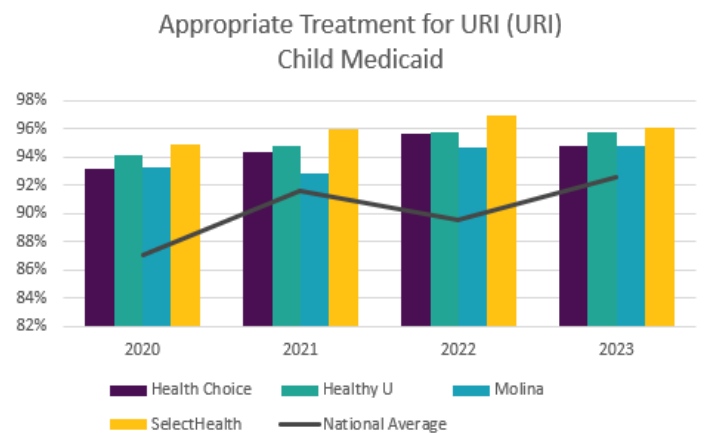
Assesses children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and had evidence of:

- Body mass index (BMI) percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity.
- Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value.



Appropriate Treatment for Children with Upper Respiratory Infection

Assesses children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

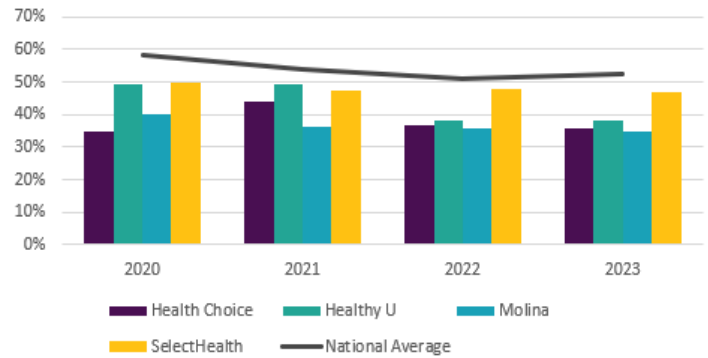


HEDIS Measures 2022

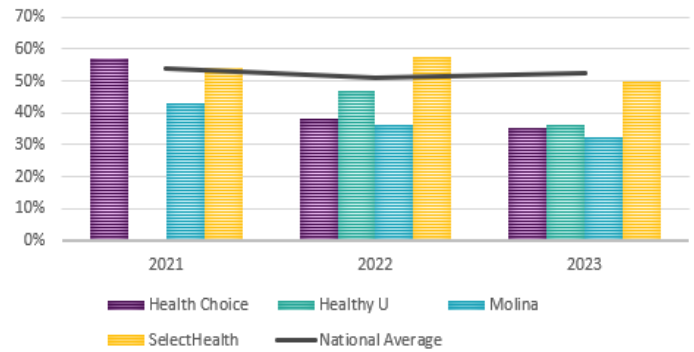
Breast Cancer Screening

This HEDIS measure assesses women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

Breast Cancer Screening (BCS)
Adult Medicaid

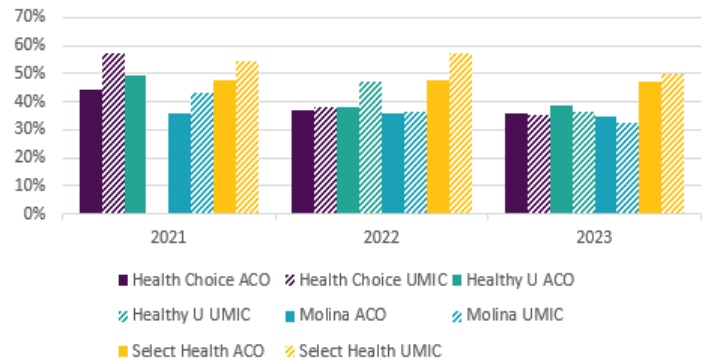


BREAST CANCER SCREENING (BCS)
UMIC



HealthyU UMIC 2021 = NR

Breast Cancer Screening (BCS)
UMIC/ACO Comparison



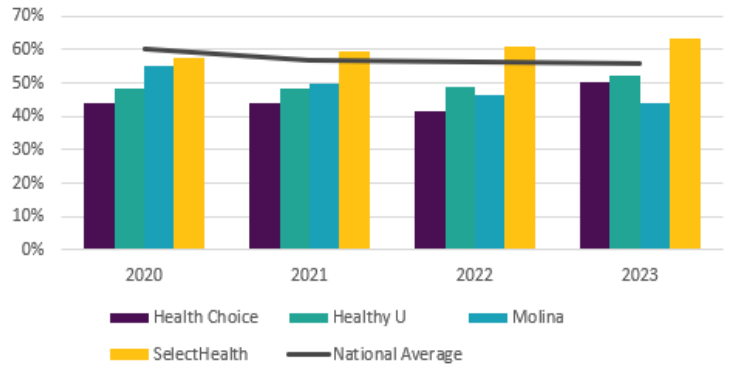
HEDIS Measures 2022

Cervical Cancer Screening

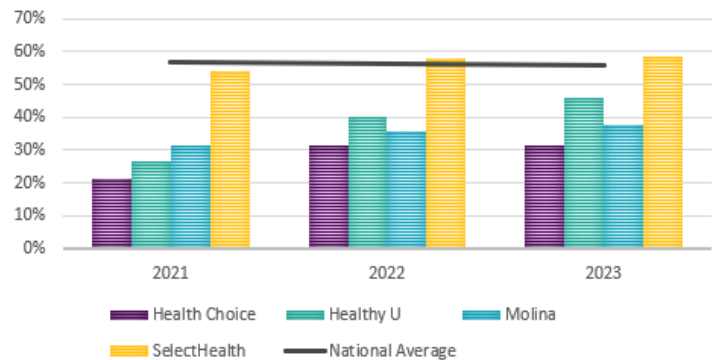
Assesses women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

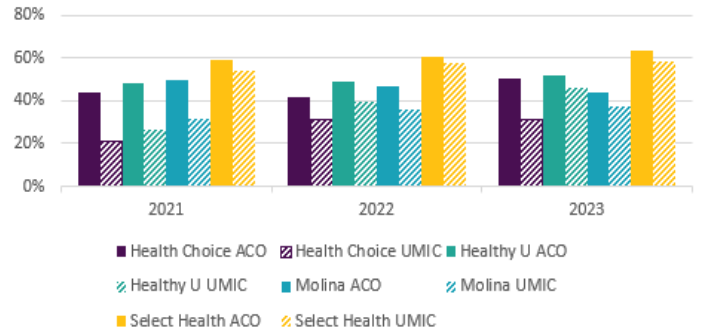
Cervical Cancer Screening (CCS)
Adult Medicaid



CERVICAL CANCER SCREENING (CCS)
UMIC



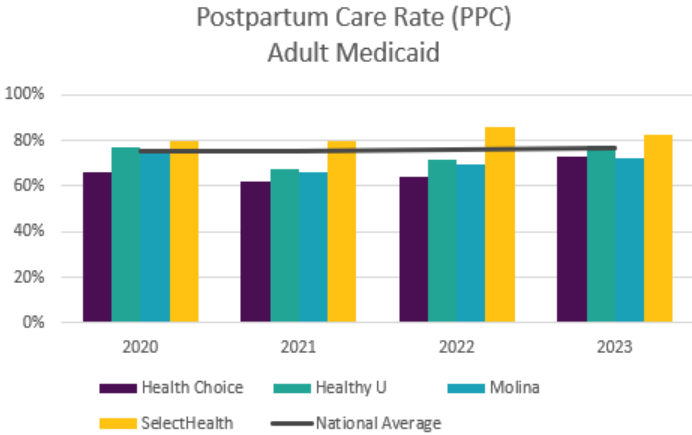
Cervical Cancer Screening (CCS)
UMIC/ACO Comparison



HEDIS Measures 2022

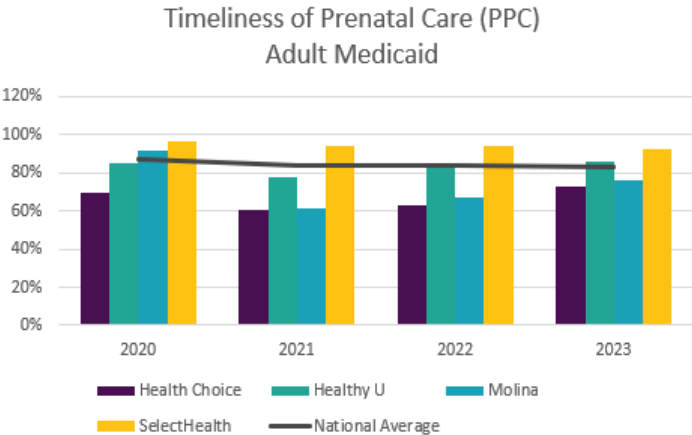
Postpartum Care Rate

The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.



Timeliness of Prenatal Care (First Year Plan tracking measure)

The percentage of deliveries 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.

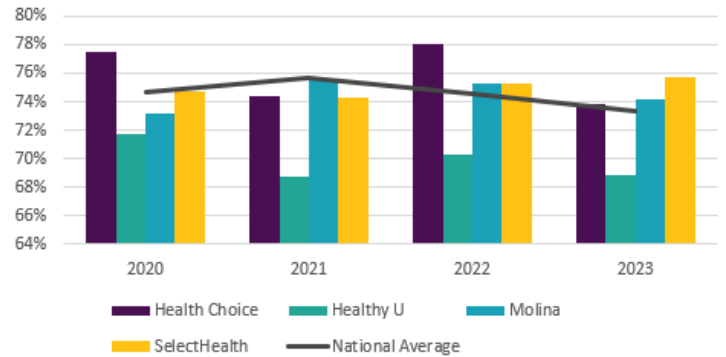


HEDIS Measures 2022

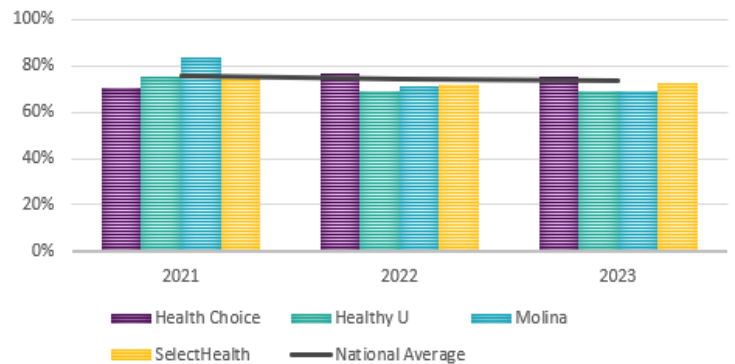
Use of Lower Back Pain

Assesses adults 18–50 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).

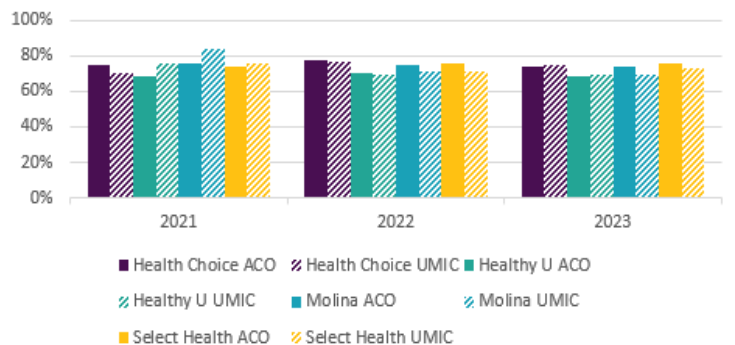
Imaging for Low Back Pain (LBP)
Adult Medicaid



IMAGING FOR LOW BACK PAIN (LBP)
UMIC



Imaging for Low Back Pain (LBP)
UMIC/ACO Comparison



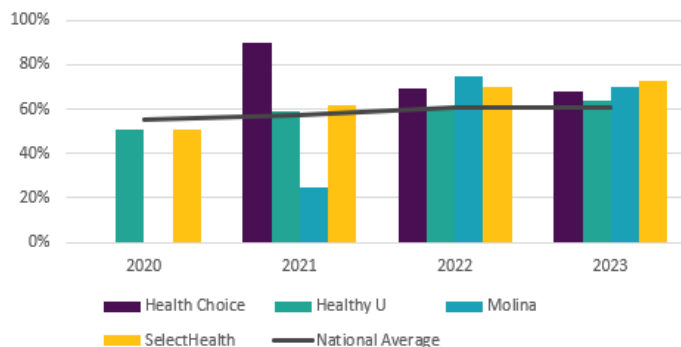
HEDIS Measures 2022

Antidepressant Medication Management: Acute Phase

Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.

- **Effective Acute Phase Treatment:** Adults who remained on an antidepressant medication for at least 84 days (12 weeks).

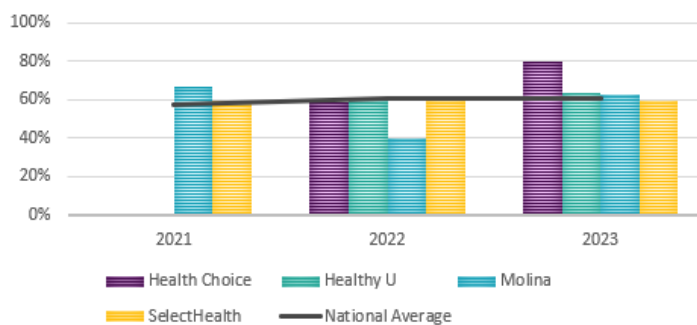
Antidepressant Medication Management: Acute Phase (AMM) Adult Medicaid



Molina 2020 = NR
reporting 2021

Health Choice = Began reporting 2021

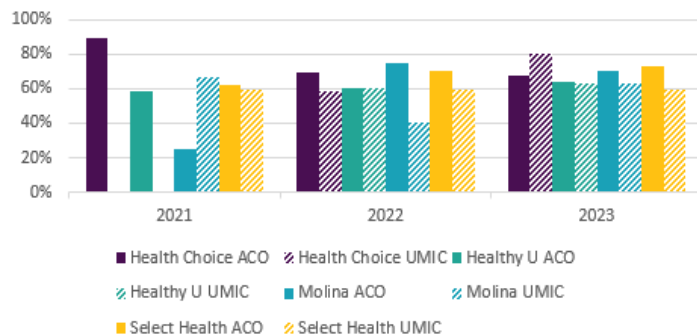
ANTIDEPRESSANT MEDICATION MANAGEMENT: ACUTE PHASE (AMM) UMIC



Health Choice UMIC 2021 = NR

HealthyU UMIC 2021 = NR

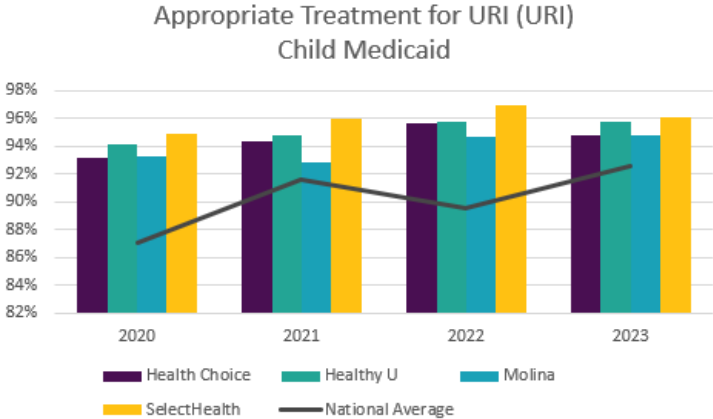
Antidepressant Medication Management: Acute Phase (AMM) UMIC/ACO Comparison



HEDIS Measures 2022

Appropriate Treatment for Children with Upper Respiratory Infection

Assesses children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

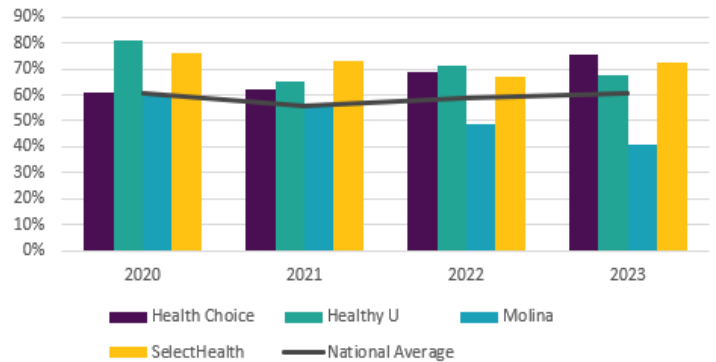


HEDIS Measures 2022

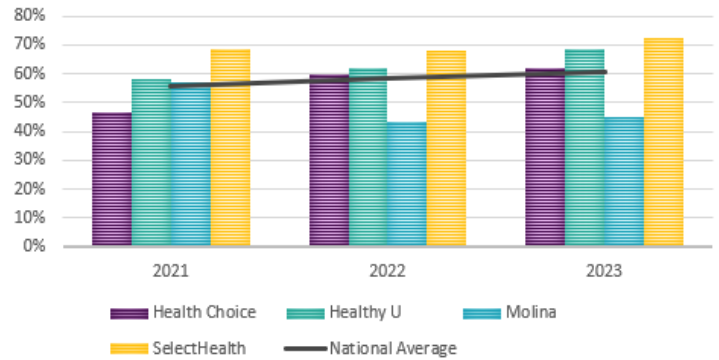
High Blood Pressure

Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

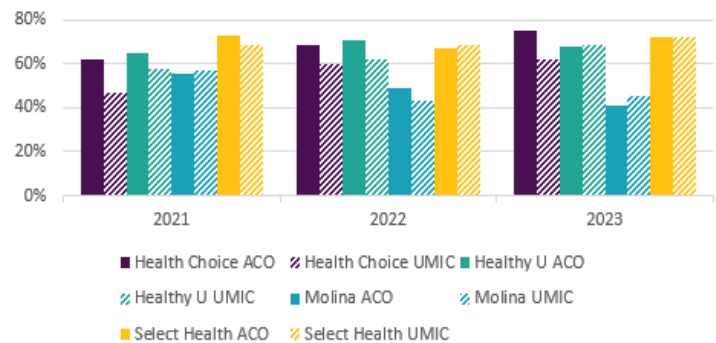
Controlling High Blood Pressure (CBP)
Adult Medicaid



CONTROLLING HIGH BLOOD PRESSURE (CBP) UMIC



Controlling High Blood Pressure (CBP)
UMIC/ACO Comparison



HEDIS Measures 2022

Hemoglobin A1c Control for Patients with Diabetes - Poor HbA1c Control (HBD)

For measurement year 2022 the adult measure, Comprehensive Diabetes Control (CDC), has been separated into two measures (HBD, EED).

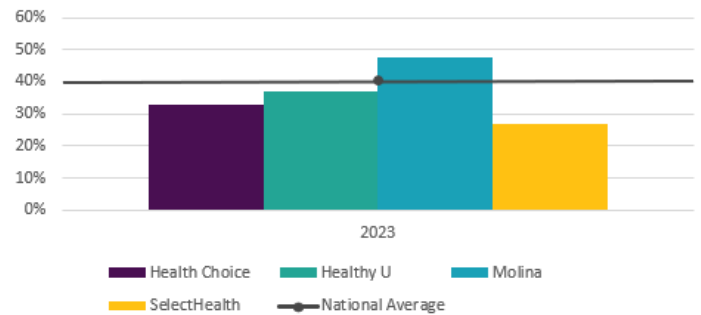
Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- HbA1c poor control (>9.0%)

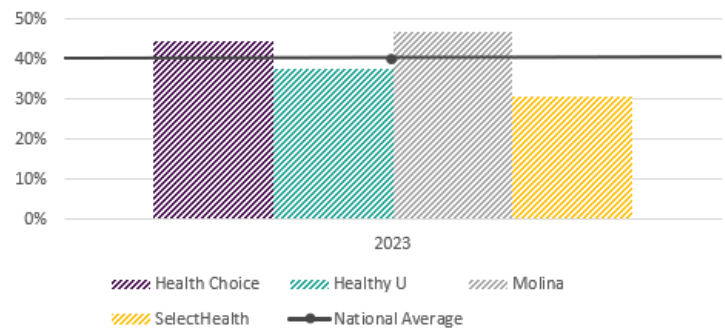
For measurement year 2022 the adult measure, Comprehensive Diabetes Control (CDC), has been separated into three measures.

- Hemoglobin A1c Control for Patients With Diabetes (HBD)
- Blood Pressure Control for Patients With Diabetes (BPD)
- Eye Exam for Patients With Diabetes (EED)

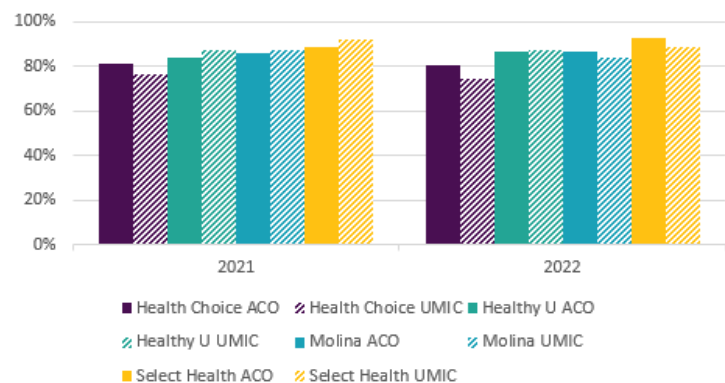
Hemoglobin A1c Control for Patients With Diabetes - Poor HbA1c Control (HBD) Adult Medicaid



Hemoglobin A1c Control for Patients With Diabetes - Poor HbA1c Control (HBD) UMIC



Diabetes: A1c Testing (CDC) UMIC/ACO Comparison



HEDIS Measures 2022

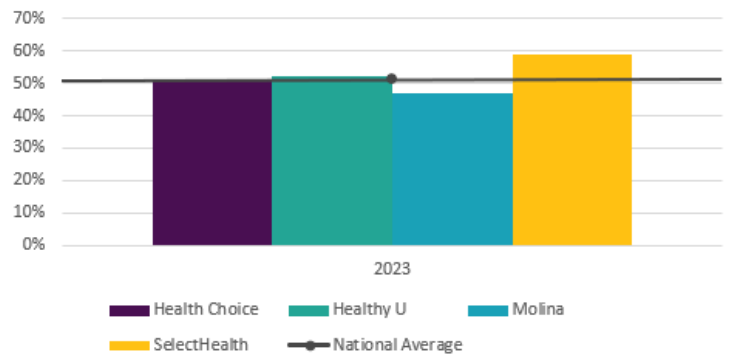
Eye Exam for Patients with Diabetes (EED)

For measurement year 2022 the adult measure, Comprehensive Diabetes Control (CDC), has been separated into two measures (HBD, EED).

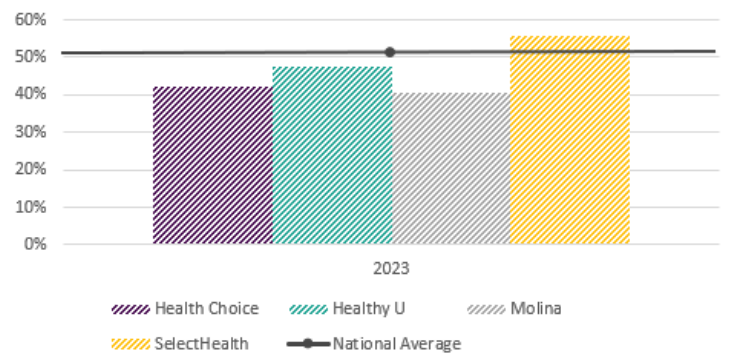
Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Eye exam (retinal) performed.

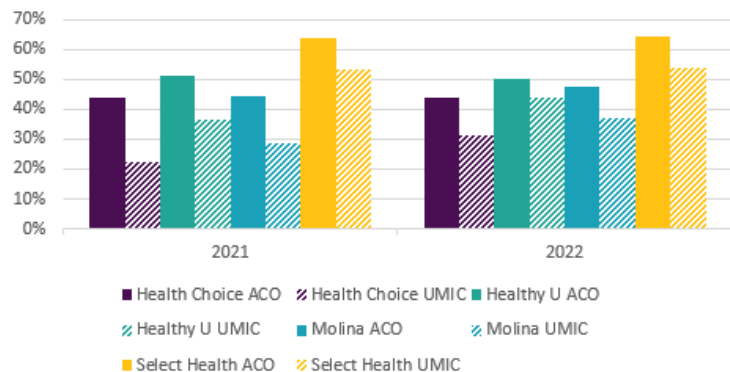
Eye Exam for Patients With Diabetes (EED)
Adult Medicaid



Eye Exam for Patients With Diabetes (EED)
UMIC



Diabetes: Eye Exam (CDC)
UMIC/ACO Comparison



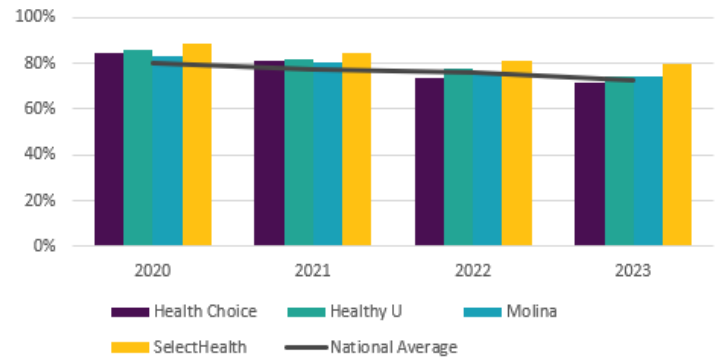
HEDIS Measures 2022

Adult's Access to Preventive/Ambulatory Health Services

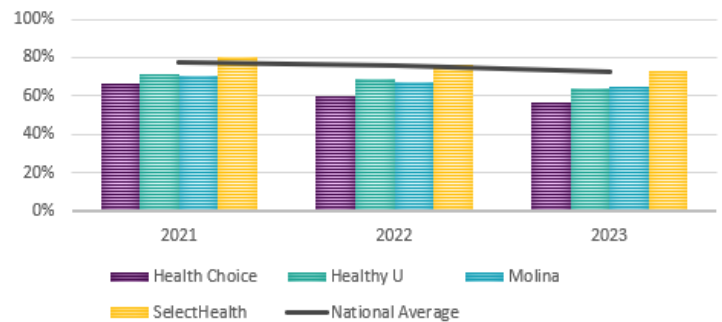
The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
- Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

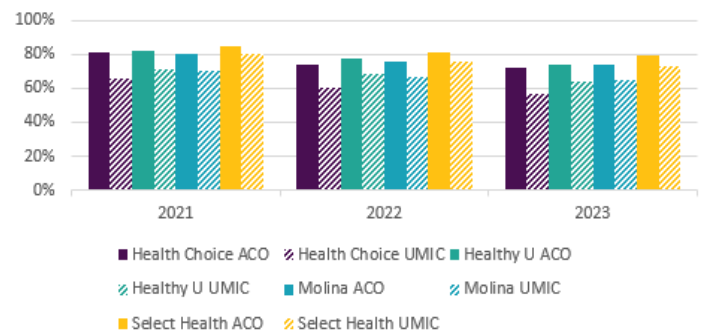
Adult's Access to Preventive/Ambulatory Health Services (AAP) Adult Medicaid



ADULT'S ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP) UMIC



Adult's Access to Preventive/Ambulatory Health Services (AAP) UMIC/ACO Comparison

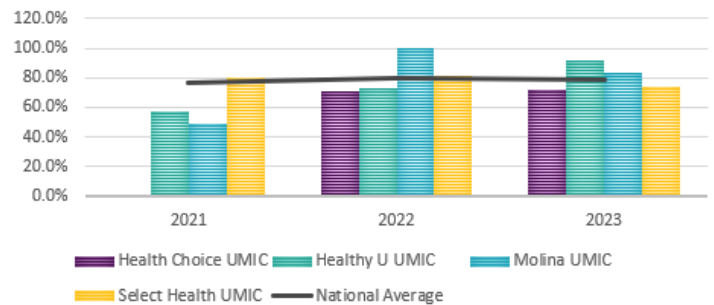


HEDIS Measures 2022

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (UMIC plans only)

Assesses adults 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.

DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD) UMIC

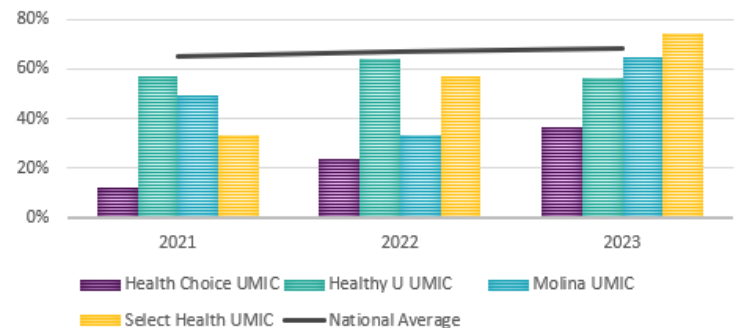


Health Choice UMIC 2021 = NR

Diabetes Monitoring for People with Diabetes and Schizophrenia (UMIC plans only)

Assesses adults 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD) - UMIC

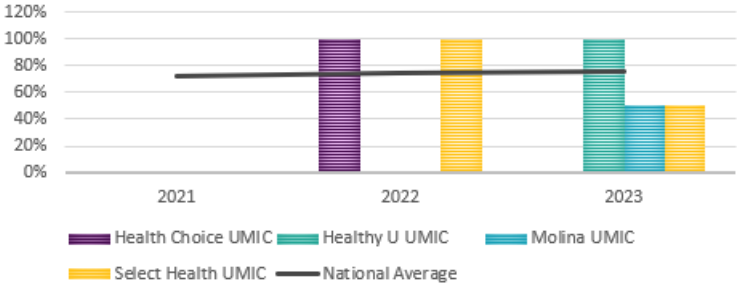


HEDIS Measures 2022

HEDIS: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (UMIC plans only)

Assesses adults 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

CARDIOVASCULAR DISEASE SCREENING AND MONITORING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER (SMC)



Health Choice UMIC 2021 = NR
HealthyU UMIC 2021 = NR
Molina UMIC 2021 = NR
SelectHealth UMIC 2021 = NR

HealthyU UMIC 2022 = NR
Molina UMIC 2022 = NR

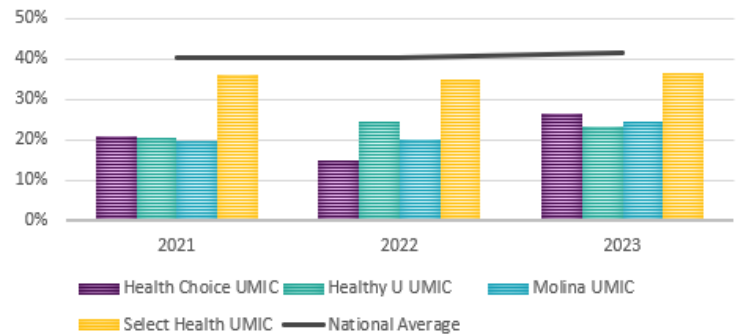
HEDIS Measures 2022

Follow-Up After Emergency Department Visit for Mental Illness (UMIC plans only)

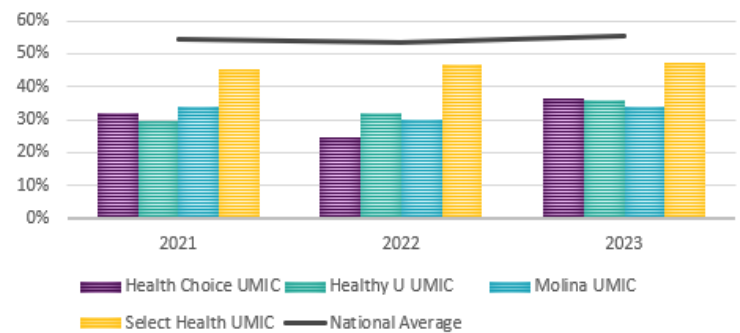
Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness and who received a follow-up visit for mental illness.

- ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM) 7 DAY - UMIC



FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM) 30 DAY - UMIC



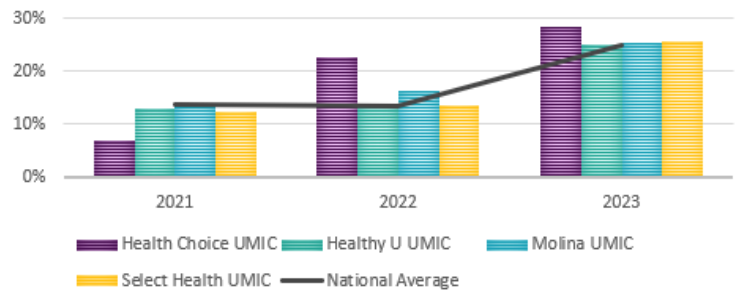
HEDIS Measures 2022

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (UMIC plans only)

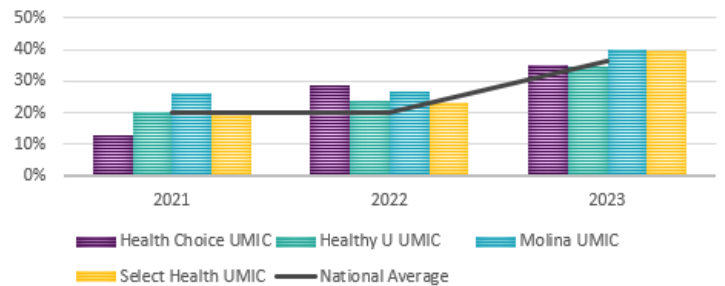
Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

- ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA) 7 DAY - UMIC



FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE (FUA) 30 DAY - UMIC

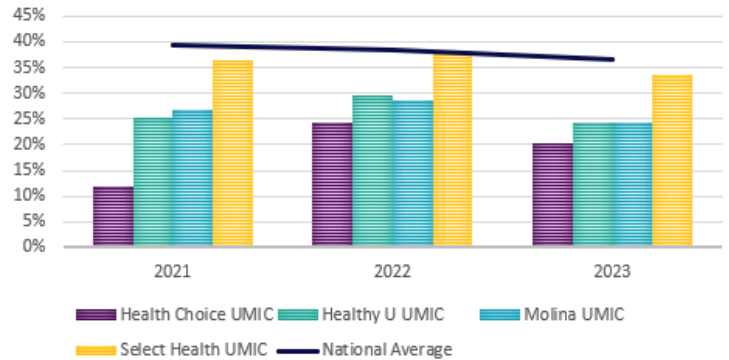


HEDIS Measures 2022

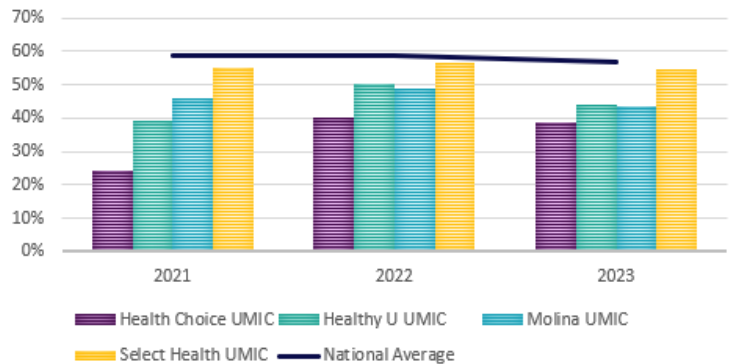
Follow-Up After Hospitalization for Mental Illness (UMIC Plans Only)

Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days.

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH) - 7 DAY

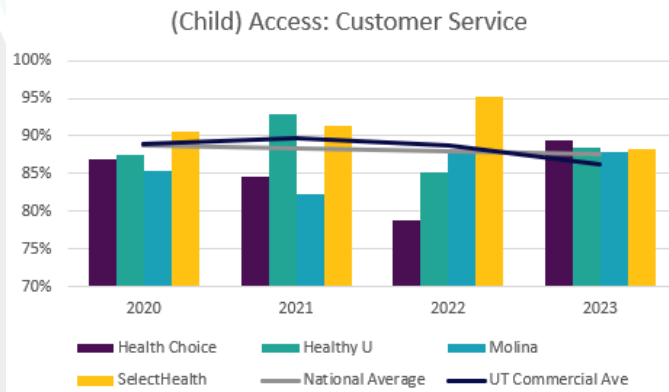


FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH) - 30 DAY

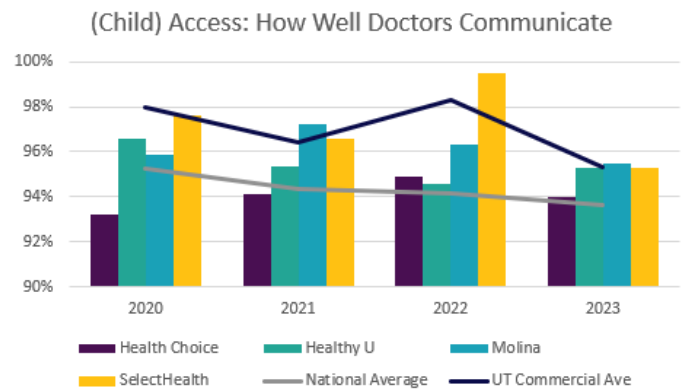


CAHPS Measures 2022

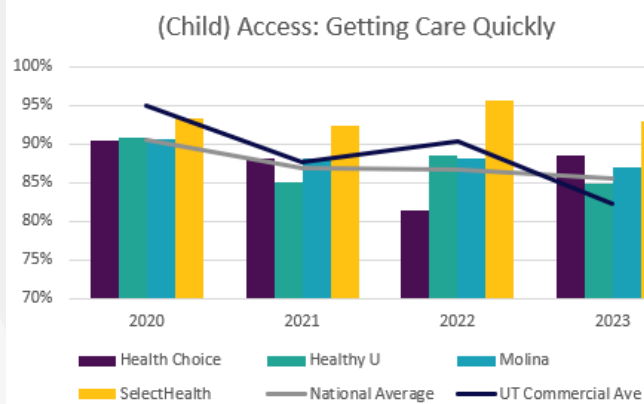
(Child) Access: Customer Service



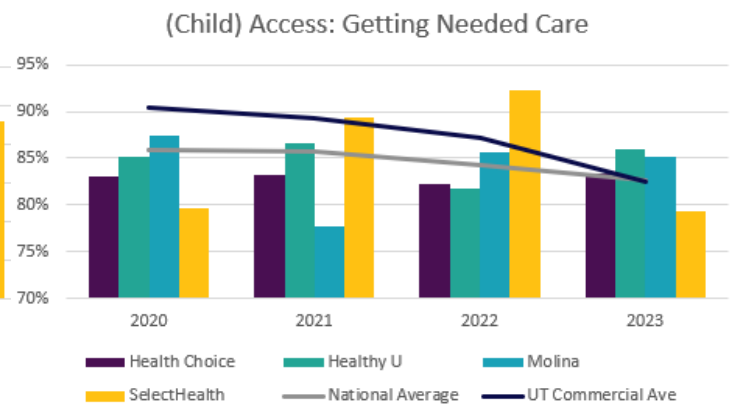
(Child) Access: How Well Doctors Communicate



(Child) Access: Getting Care Quickly

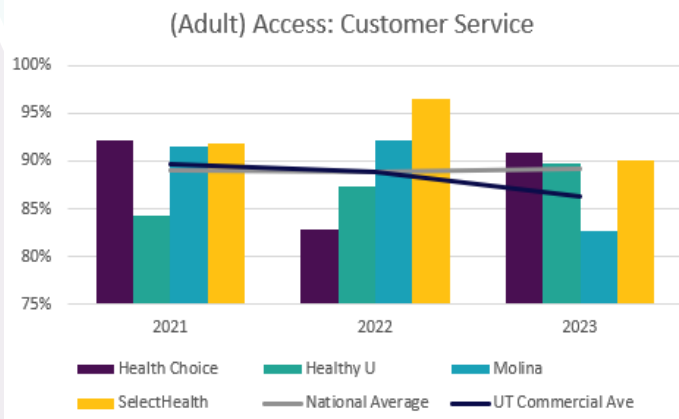


(Child) Access: Getting Needed Care

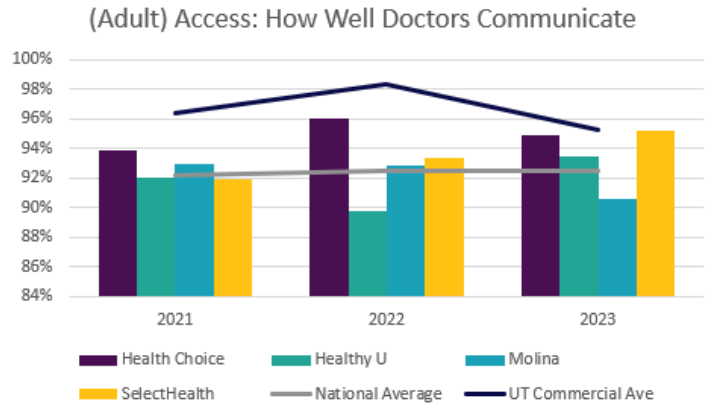


CAHPS Measures 2022

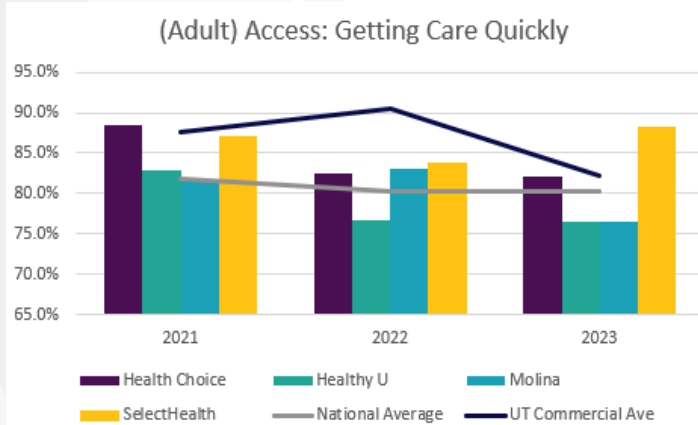
(Adult) Access: Customer Service



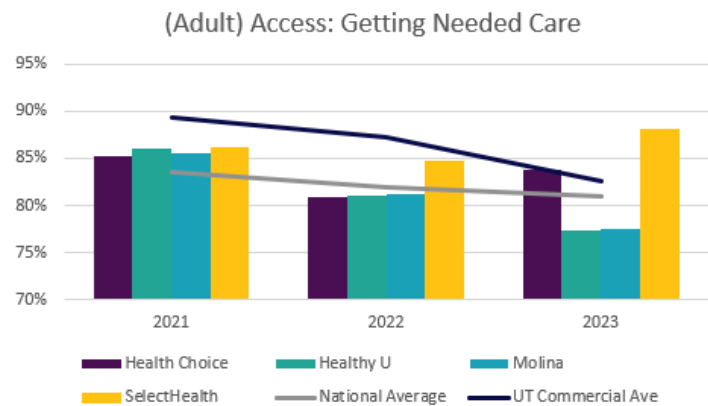
(Adult) Access: How Well Doctors Communicate



(Adult) Access: Getting Care Quickly

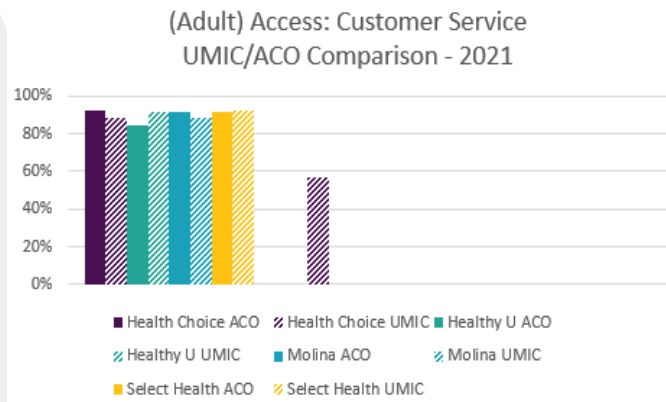


(Adult) Access: Getting Needed Care

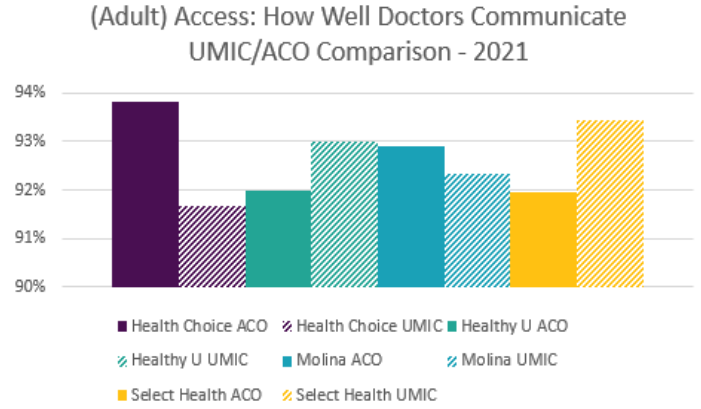


CAHPS Measures 2022

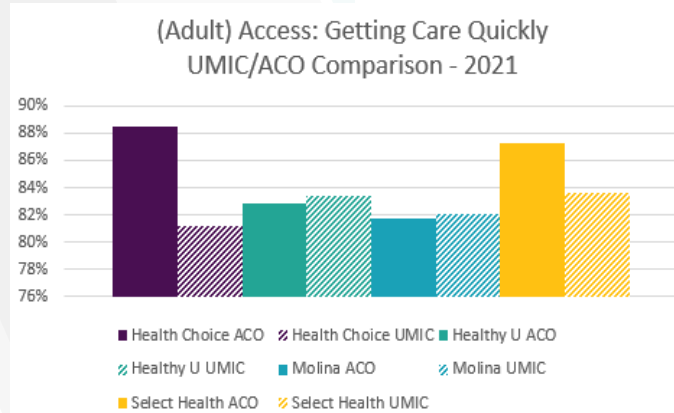
(Adult) Access: Customer Service
UMIC/ACO Comparison - 2021



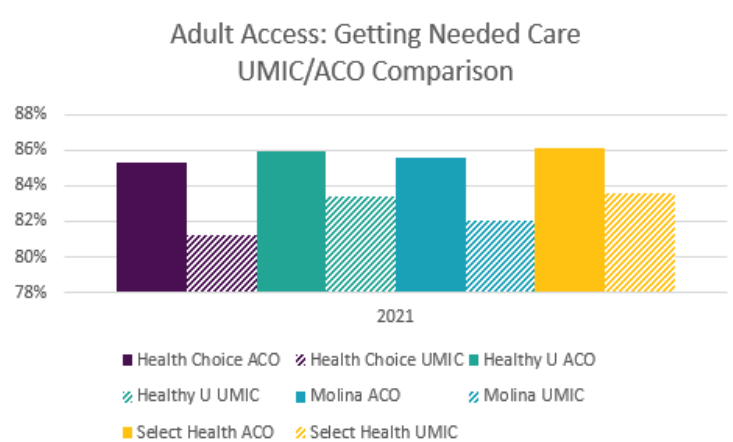
(Adult) Access: How Well Doctors Communicate
UMIC/ACO Comparison - 2021



(Adult) Access: Getting Care Quickly
UMIC/ACO Comparison - 2021

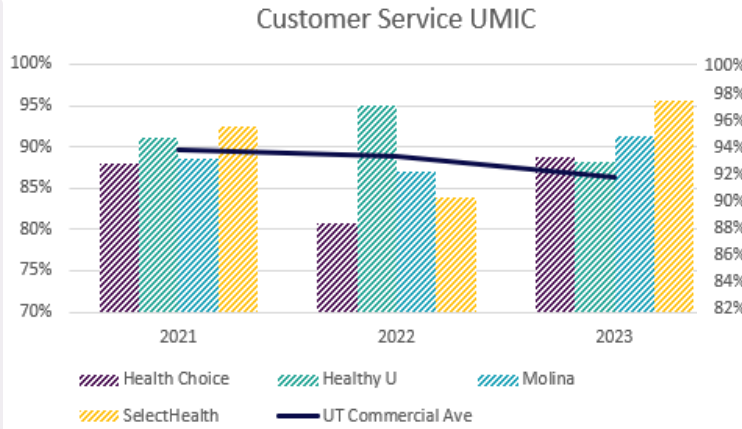


(Adult) Access: Getting Needed Care
UMIC/ACO Comparison - 2021

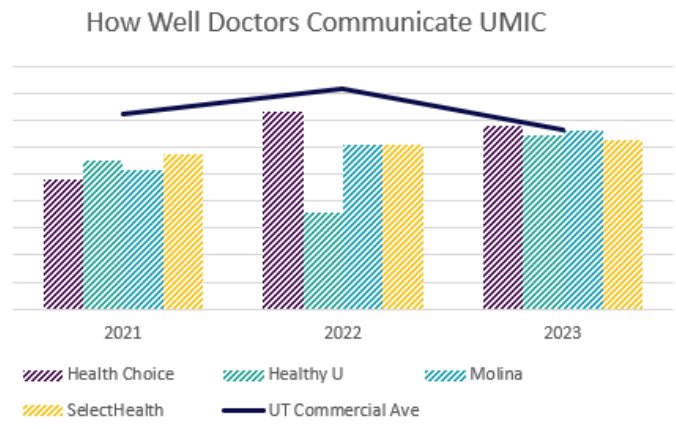


CAHPS Measures 2022

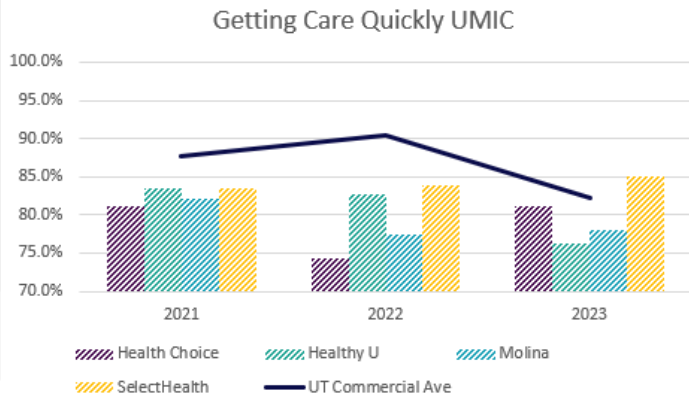
(UMIC) Access: Customer Service



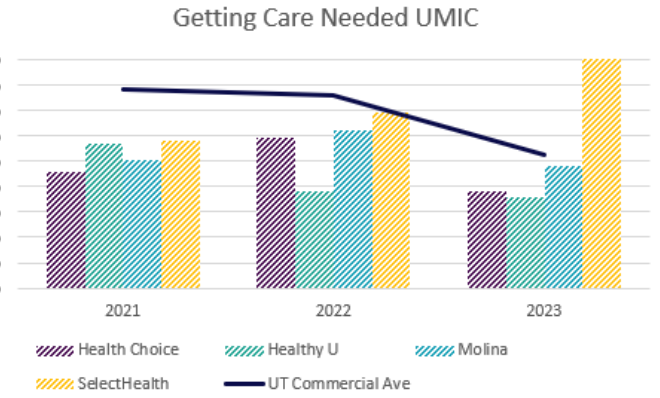
(UMIC) Access: How Well Doctors Communicate



(UMIC) Access: Getting Care Quickly

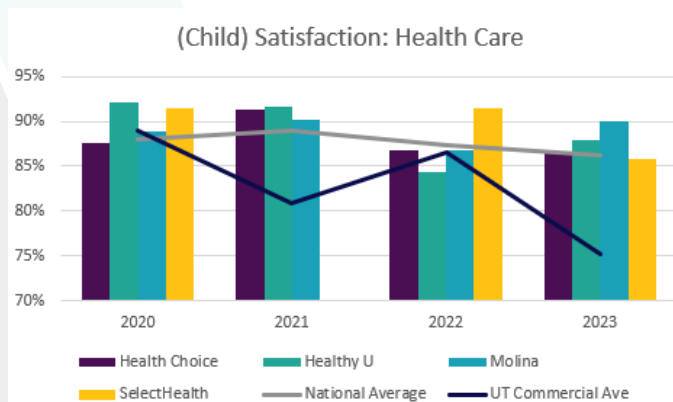


(UMIC) Access: Getting Needed Care



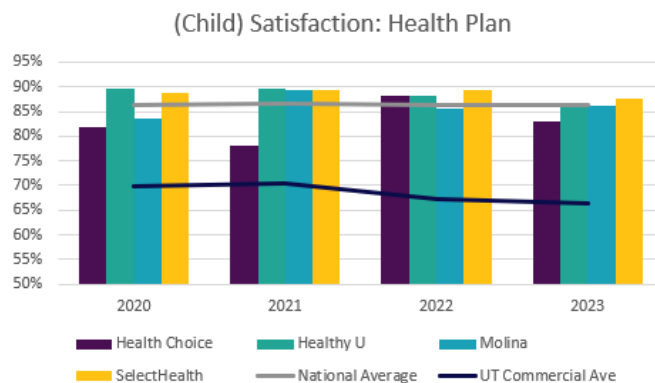
CAHPS Measures 2022

(Child) Satisfaction: Health Care

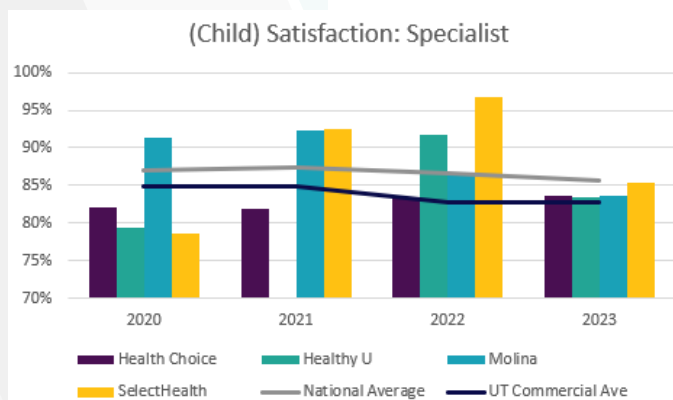


SelectHealth 2021 = NR

(Child) Satisfaction: Health Plan

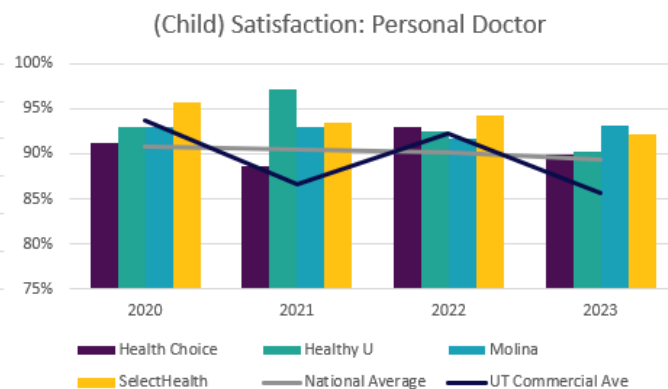


(Child) Satisfaction: Specialist



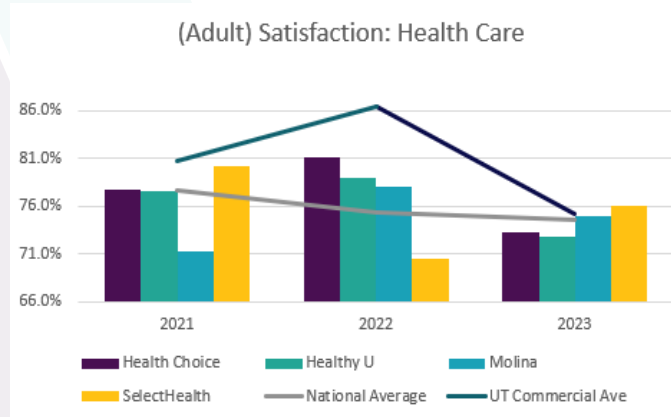
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(Child) Satisfaction: Personal Doctor

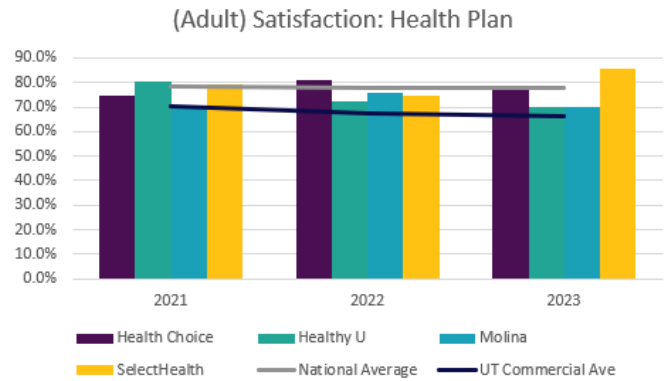


CAHPS Measures 2022

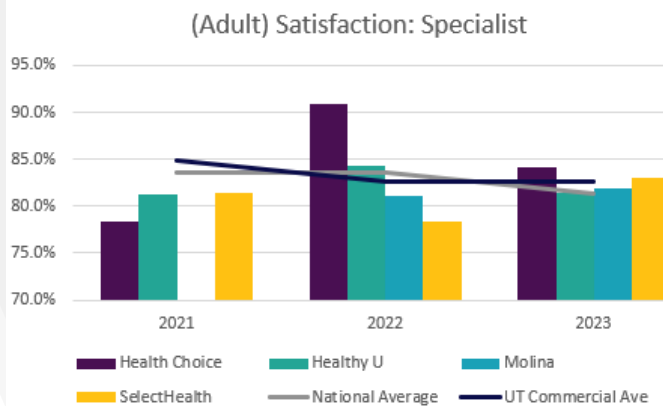
(Adult) Satisfaction: Health Care



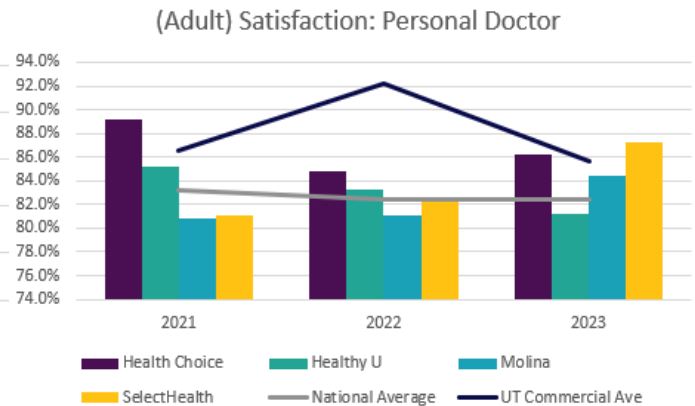
(Adult) Satisfaction: Health Plan



(Adult) Satisfaction: Specialist



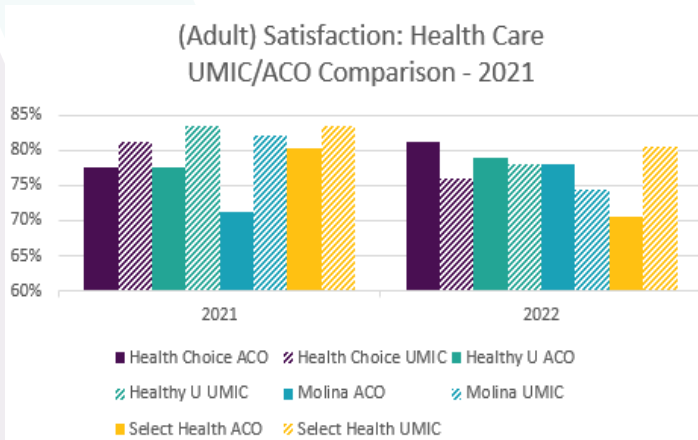
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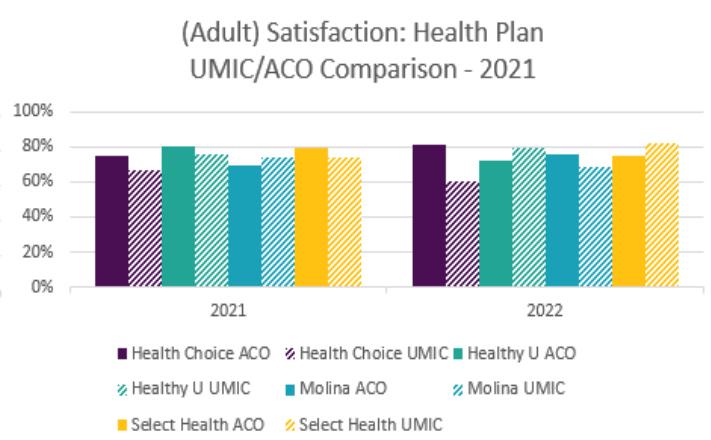
Molina ACO 2021= NR

CAHPS Measures 2022

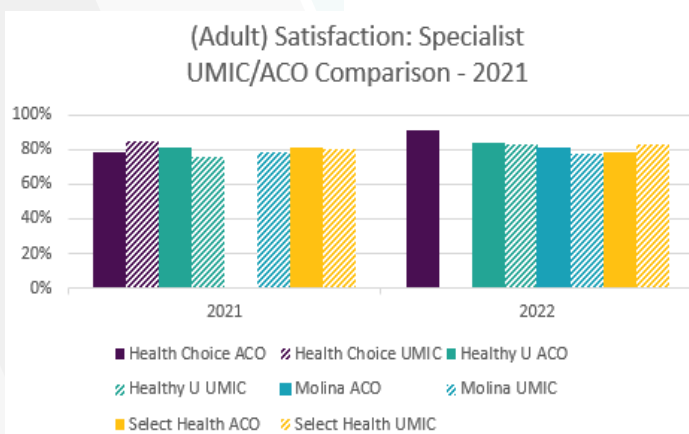
(Adult) Satisfaction: Health Care
UMIC/ACO Comparison - 2021



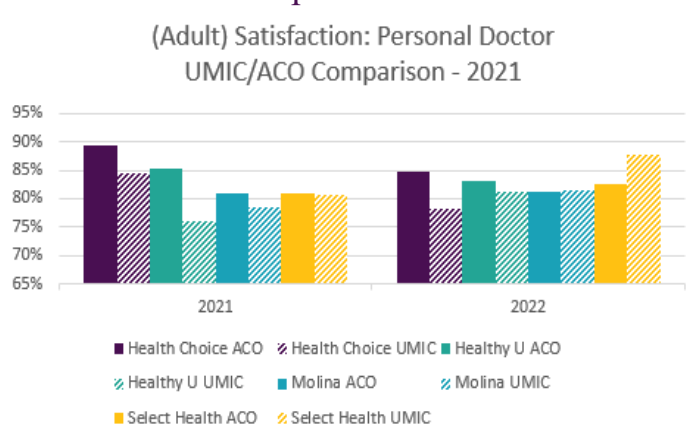
(Adult) Satisfaction: Health Plan
UMIC/ACO Comparison - 2021



(Adult) Satisfaction: Specialist
UMIC/ACO Comparison - 2021



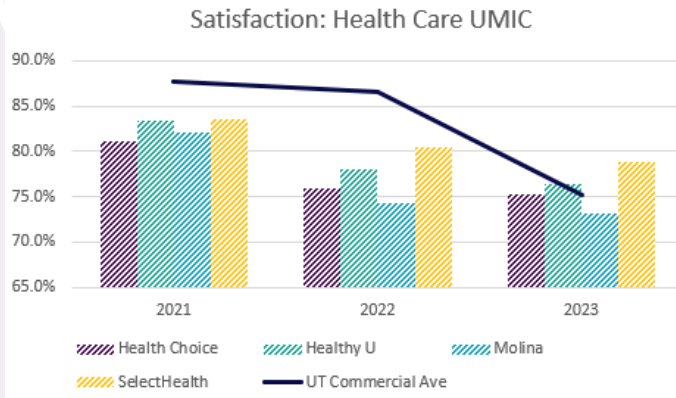
(Adult) Satisfaction: Personal Doctor
UMIC/ACO Comparison - 2021



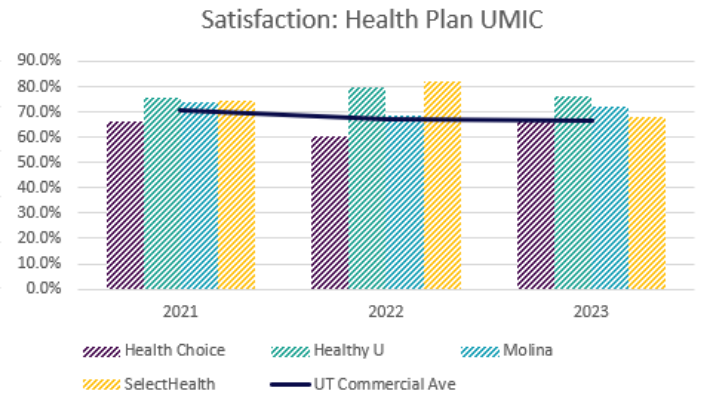
Molina ACO 2021= NR

CAHPS Measures 2022

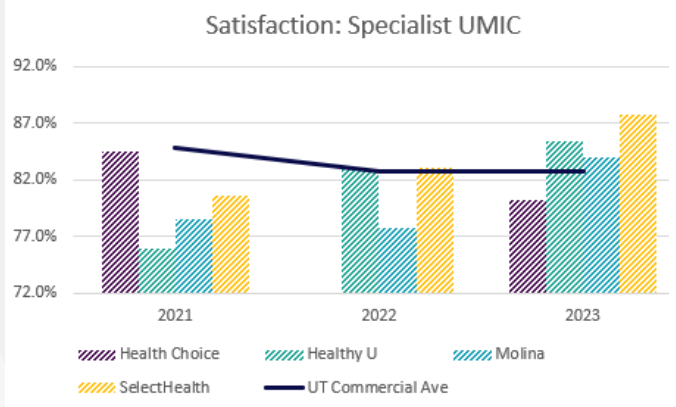
(UMIC) Satisfaction: Health Care



(UMIC) Satisfaction: Health Plan



(UMIC) Satisfaction: Specialist



(UMIC) Satisfaction: Personal Doctor

