

2024 Managed Care Quality Update

Medicaid Advisory Committee

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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. Past years of HEDIS data may be viewed at <https://stats.health.utah.gov/about-the-data/health-plan-quality/>.

Note: 2024 results shown are for the measurement year time frame, January through December, 2023.

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.

Past 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:

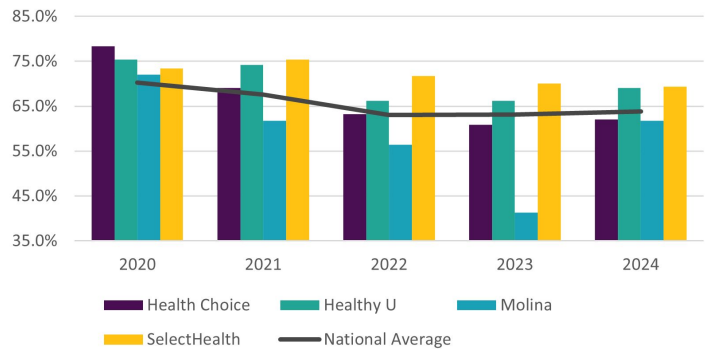
- Customer Service
- How well doctors communicate
- Getting care quickly
- Getting needed care
- Health Care
- Health Plan
- Specialist
- Personal Doctor

HEDIS Measures 2024

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

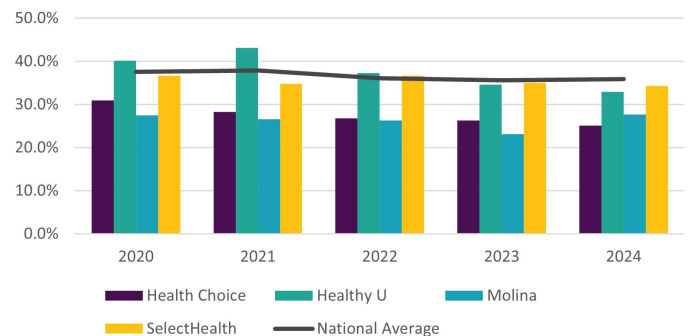


Combo #3: DTAP, IPV, MMR, HIB, Hepatitis B, VZV and PCV

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



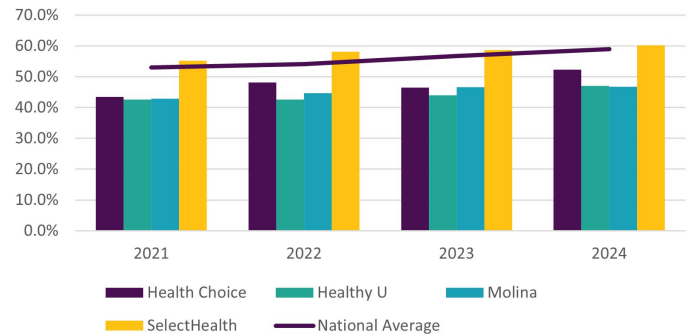
HEDIS Measures 2024

Well-Child Visits in the First 30 Months of Life

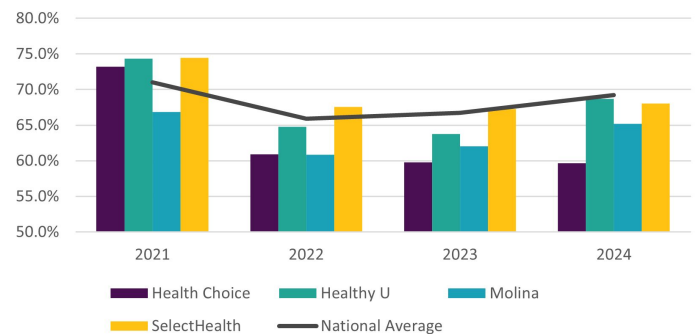
The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The W30 measure replaced the W15 and W34 measures beginning with the 2021 reporting year. The following rates are reported:

- 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



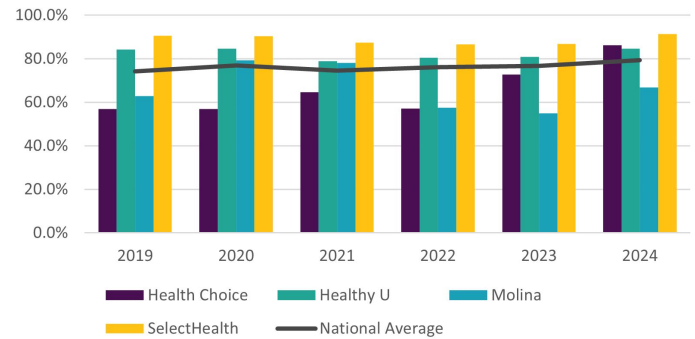
HEDIS Measures 2024

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.

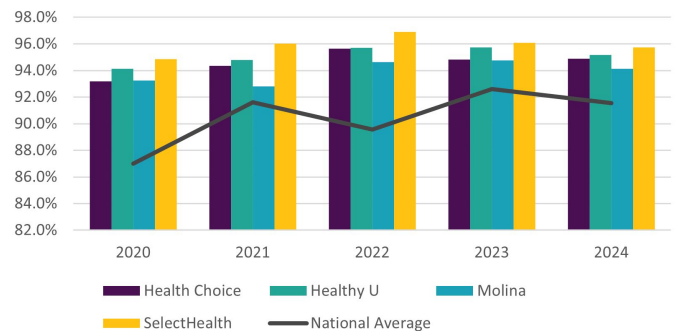
Child/Adolescent BMI Assessment (WCC)
Child Medicaid



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).

Appropriate Treatment for URI (URI)
Child Medicaid



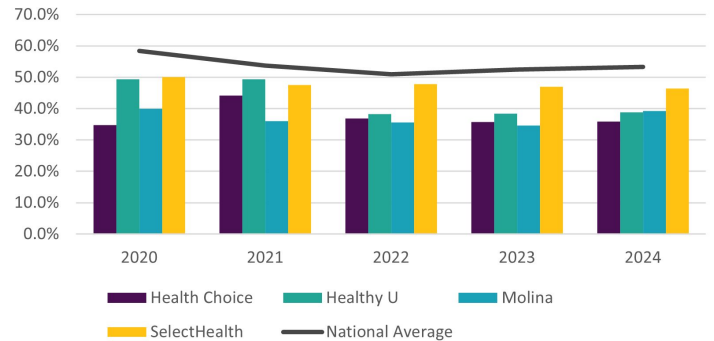
HEDIS Measures 2024

Breast Cancer Screening

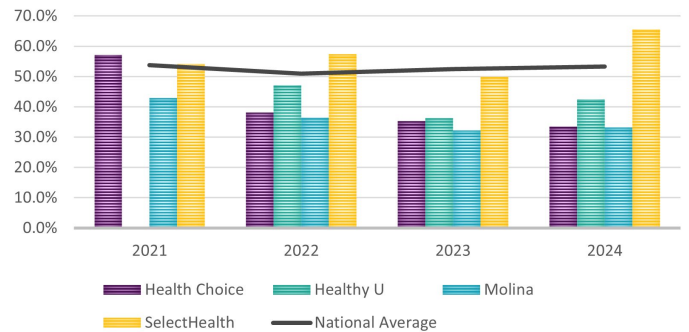
This HEDIS measure assesses women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small

Breast Cancer Screening (BCS)
Adult Medicaid

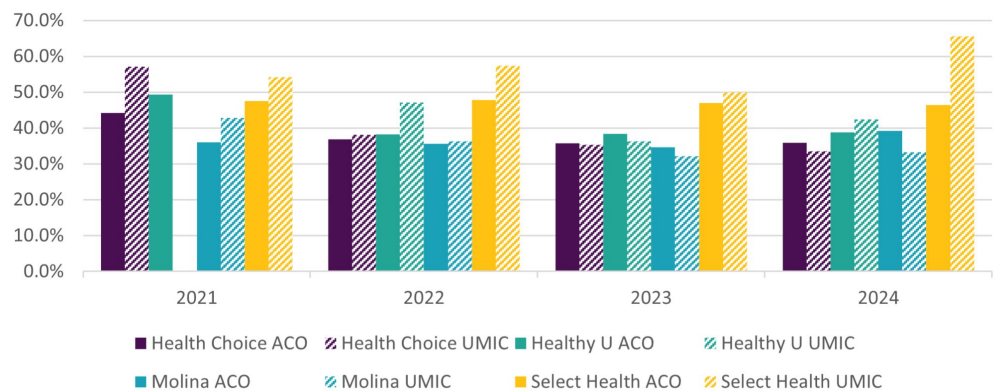


Breast Cancer Screening (BCS)
UMIC



HealthyU UMIC 2021 = NR

Breast Cancer Screening (BCS)
UMIC/ACO Comparison



HealthyU UMIC 2021 = NR

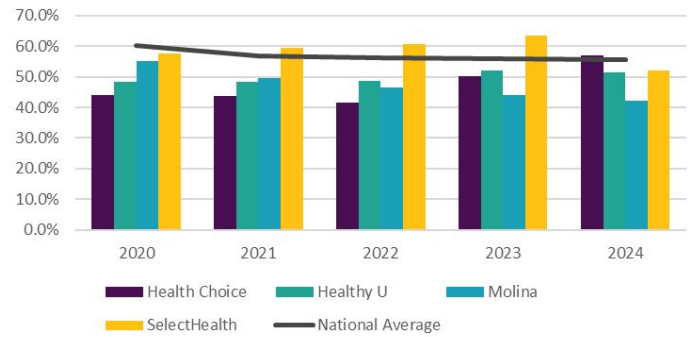
HEDIS Measures 2024

Cervical Cancer Screening

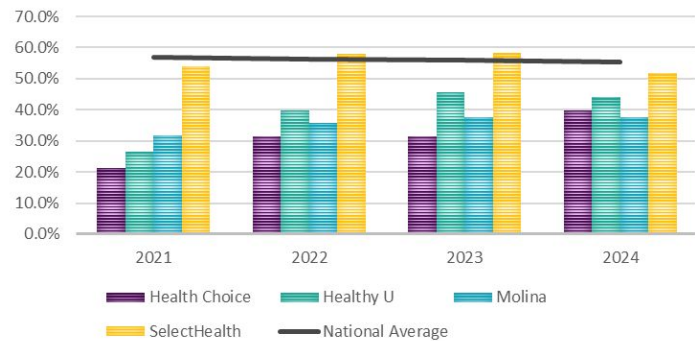
Assesses women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- 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.

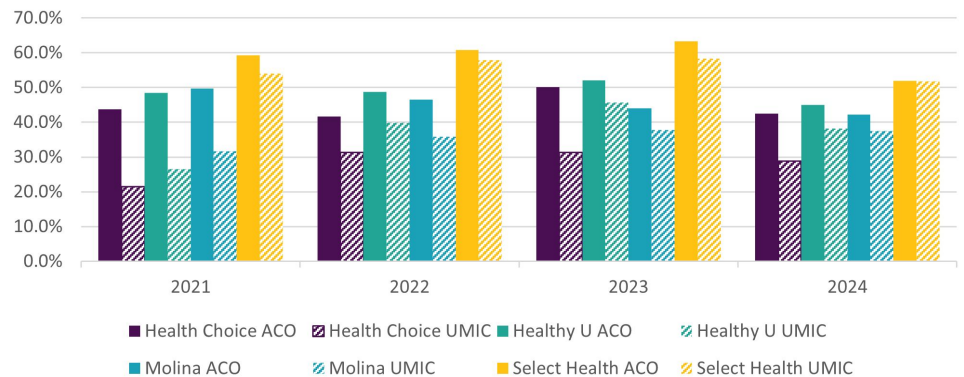
Cervical Cancer Screening (CCS)
Adult Medicaid



Cervical Cancer Screening (CCS)
UMIC



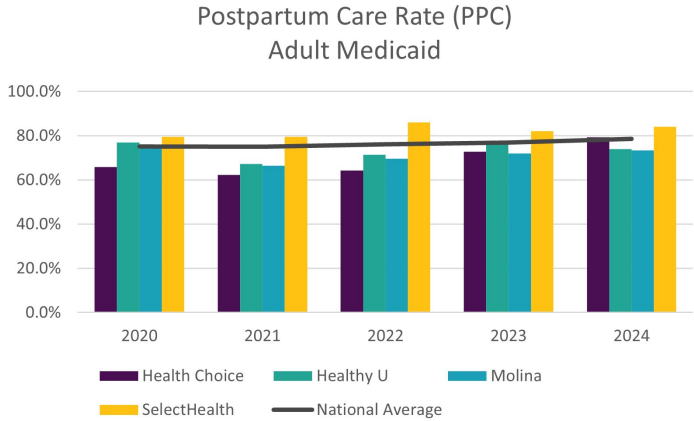
Cervical Cancer Screening (CCS)
UMIC/ACO Comparison



HEDIS Measures 2024

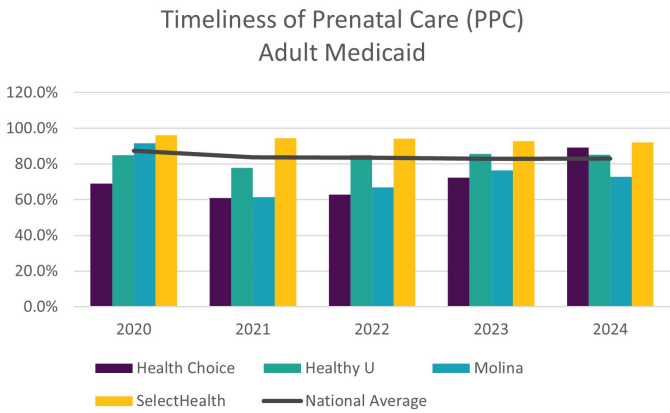
Postpartum Care Rate

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.

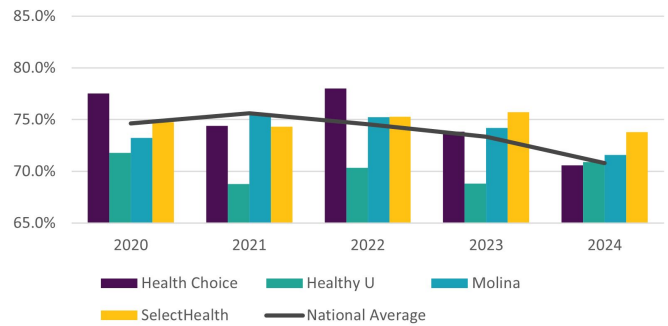


HEDIS Measures 2024

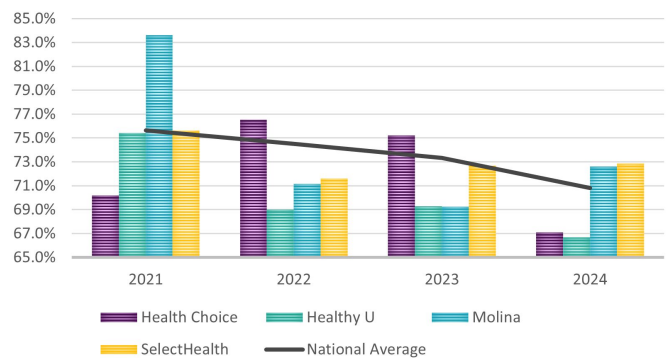
Imaging for Lower Back Pain

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).

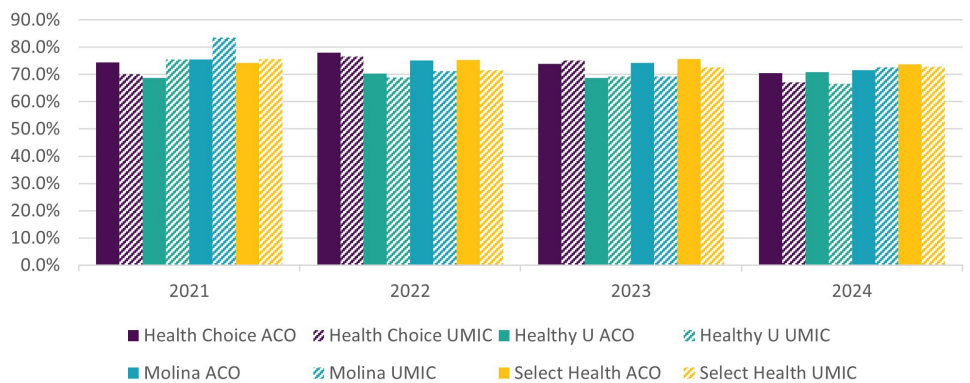
Imaging for Low Back Pain (LBP)
Adult Medicaid



Imaging for Low Back Pain (LBP) - UMIC



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



HEDIS Measures 2024

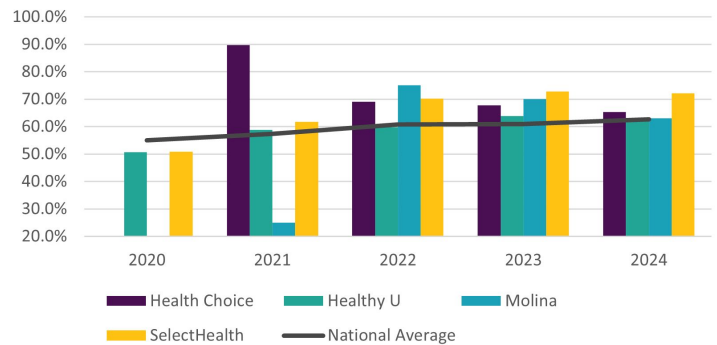
Antidepressant Medication Management: Acute Phase

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).

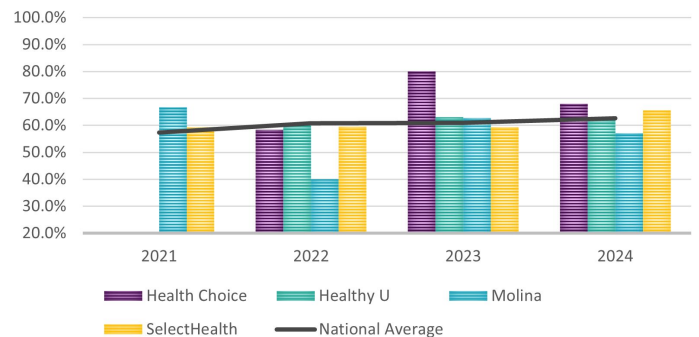
(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small

Antidepressant Medication Management: Acute Phase (AMM) Adult Medicaid



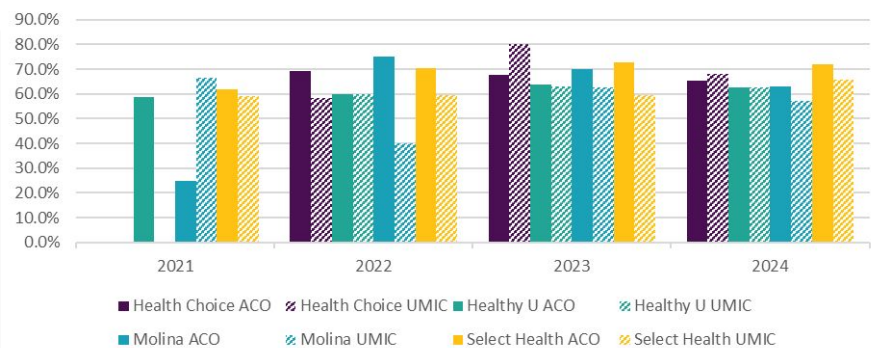
Molina 2020 = NR
Health Choice = Began reporting 2021

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



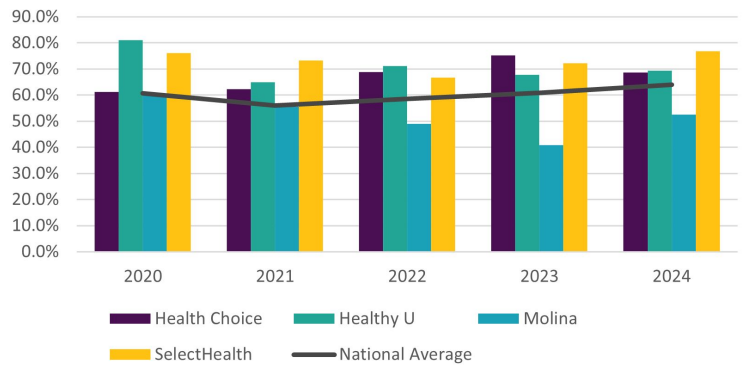
Health Choice UMIC 2021 = NR
HealthyU UMIC 2021 = NR

HEDIS Measures 2024

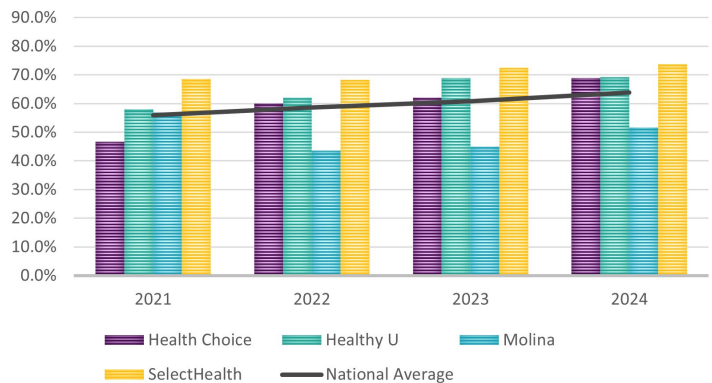
High Blood Pressure

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

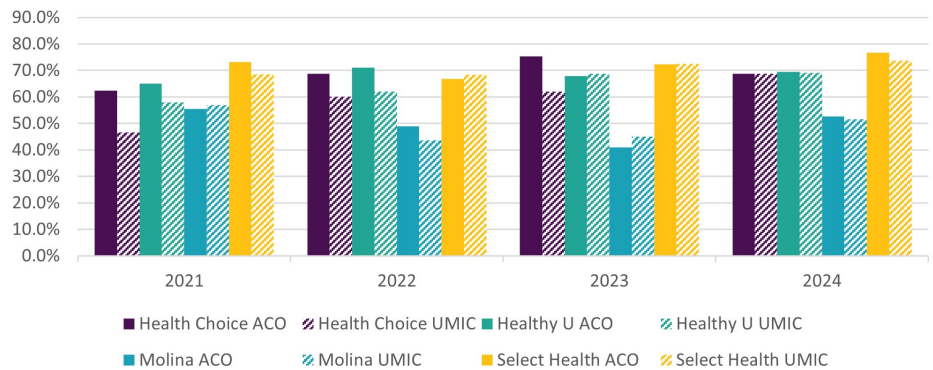
Controlling High Blood Pressure (CBP)
Adult Medicaid



Controlling High Blood Pressure (CBP) - UMIC



Controlling High Blood Pressure (CBP)
UMIC/ACO Comparison



HEDIS Measures 2024

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

Beginning in measurement year 2023 the adult measure, Comprehensive Diabetes Control (CDC), has been separated into two measures (HBD, EED).

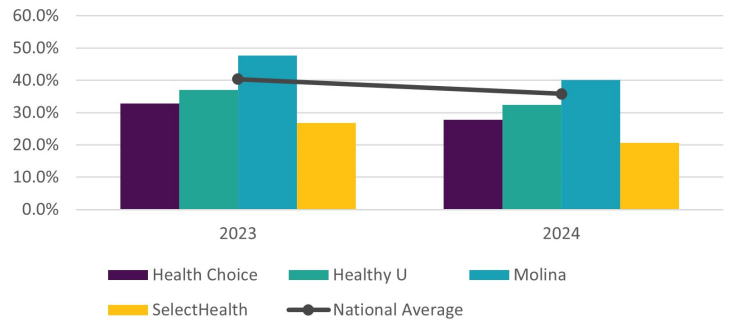
Assesses adults 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- HbA1c poor control (>9.0%)

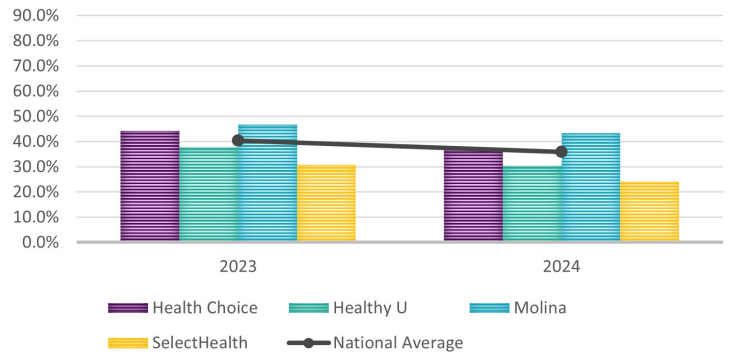
Beginning in measurement year 2023 the adult measure, Comprehensive Diabetes Control (CDC), has been separated into three measures.

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

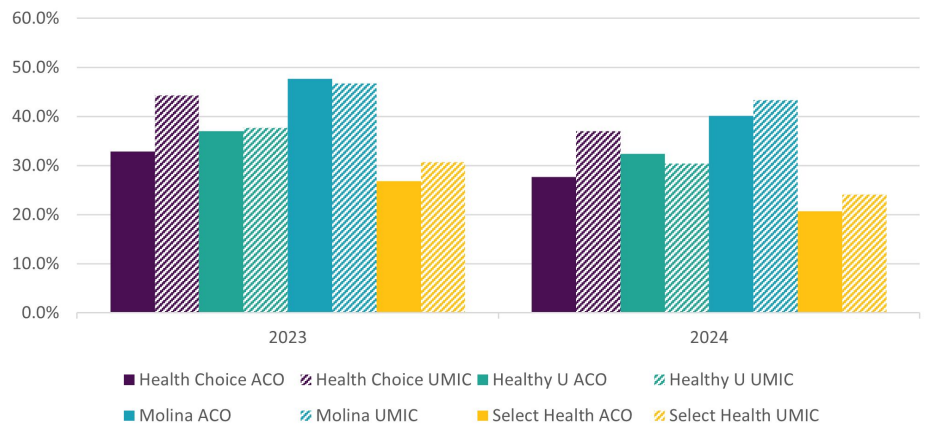
Hemoglobin A1c Control for Patients With Diabetes - Poor HbA1c Control (HBD) Adult Medicaid



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



Hemoglobin A1c Control for Patients With Diabetes (HBD) Poor Control UMIC/ACO Comparison



HEDIS Measures 2024

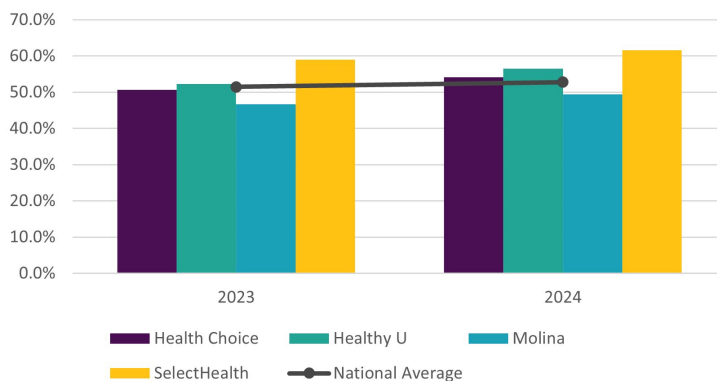
Eye Exam for Patients with Diabetes (EED)

Since measurement year 2023, the adult measure Comprehensive Diabetes Control (CDC) has been separated into two measures (HBD, EED).

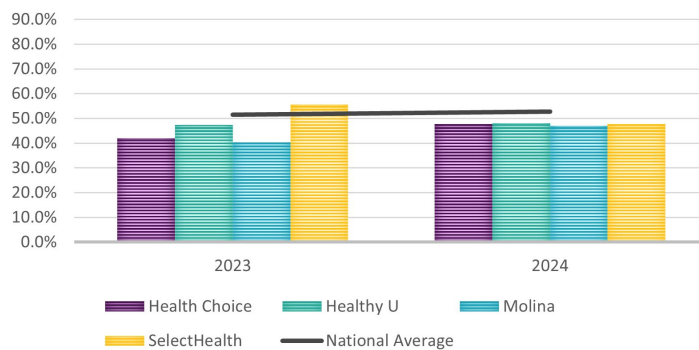
Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Eye exam (retinal) performed.

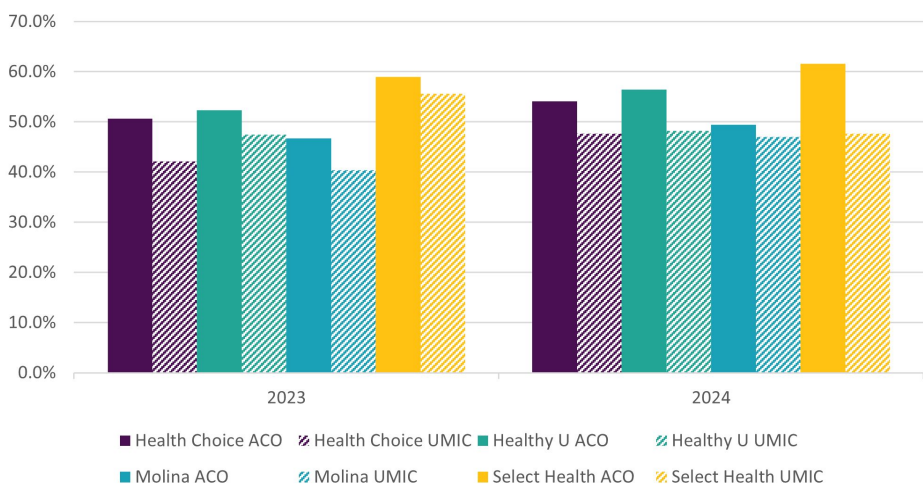
Eye Exam for Patients With Diabetes (EED) Adult Medicaid



Eye Exam for Patients With Diabetes (EED) - UMIC



Eye Exam for Patients With Diabetes (EED) UMIC/ACO Comparison



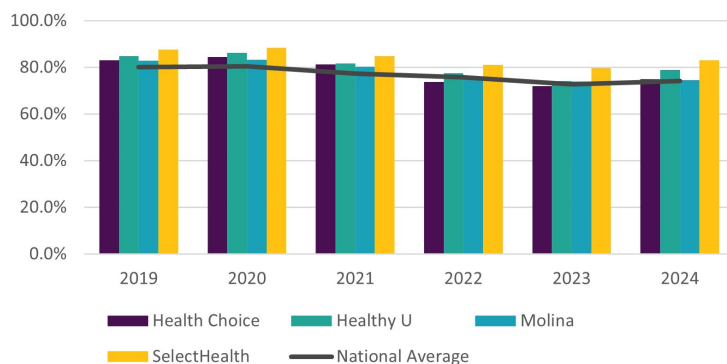
HEDIS Measures 2024

Adult's Access to Preventive/Ambulatory Health Services

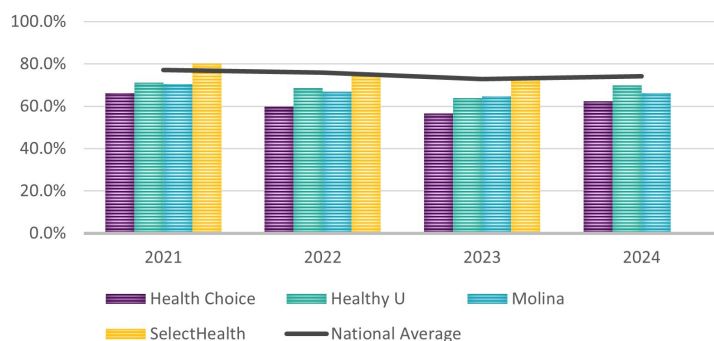
The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- 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.

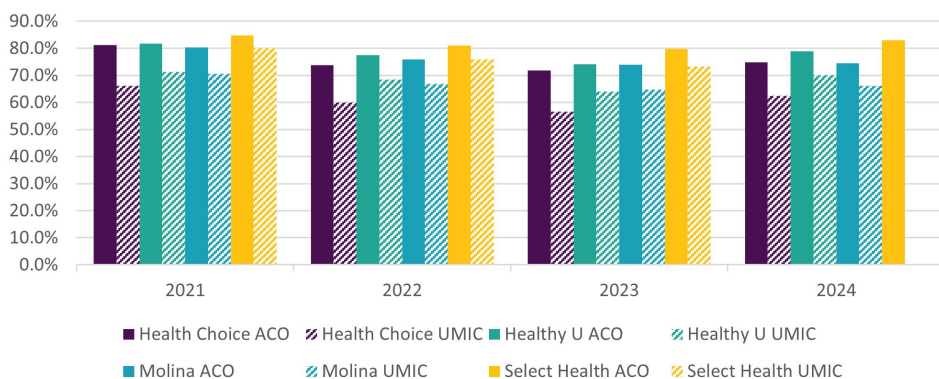
Adult's Access to Preventive/Ambulatory Health Services (AAP) Adult Medicaid



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



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



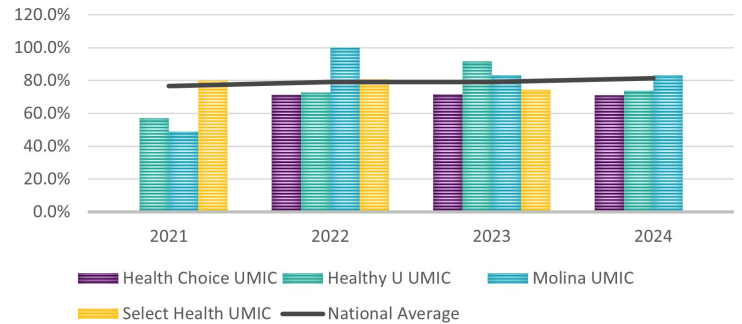
HEDIS Measures 2024

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.

(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are using Antipsychotic Medications (SSD) UMIC



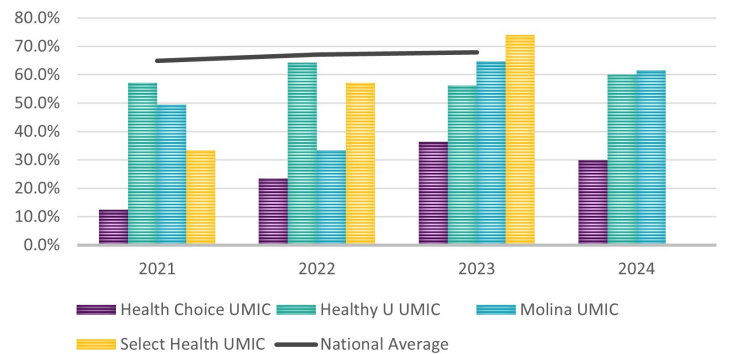
Health Choice UMIC 2021 = NR
Select Health UMIC 2024 = NR

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.

(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) - UMIC



Select Health UMIC 2024 = NR

HEDIS Measures 2024

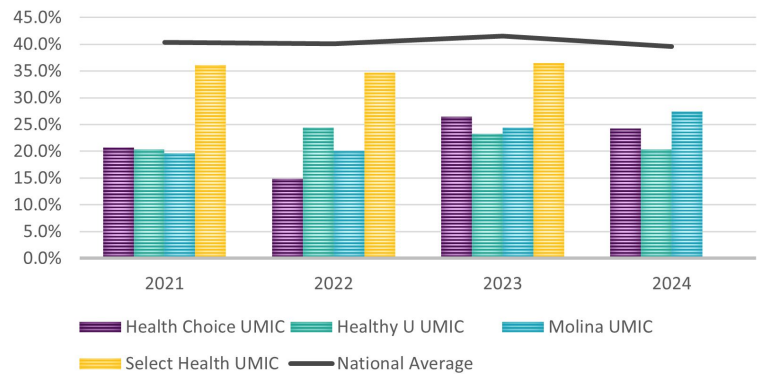
Follow-Up After Emergency Department Visit for Mental Illness (UMIC plans only)

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).

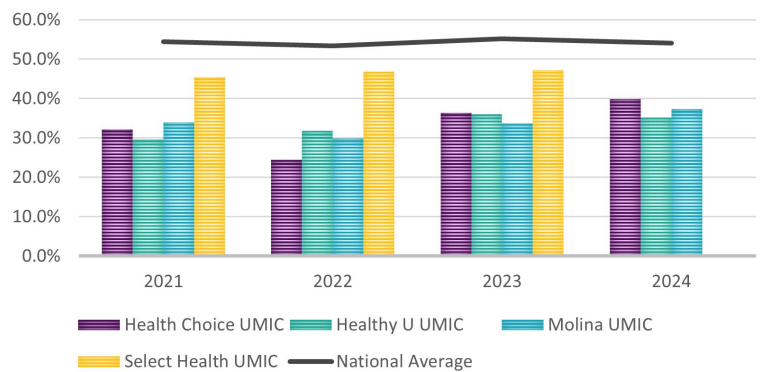
(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small

Follow-Up After Emergency Department Visit for Mental Illness (FUM) 7 Day - UMIC



SelectHealth UMIC 2024 = NR

Follow-Up After Emergency Department Visit for Mental Illness (FUM) 30 Day - UMIC



SelectHealth UMIC 2024 = NR

HEDIS Measures 2024

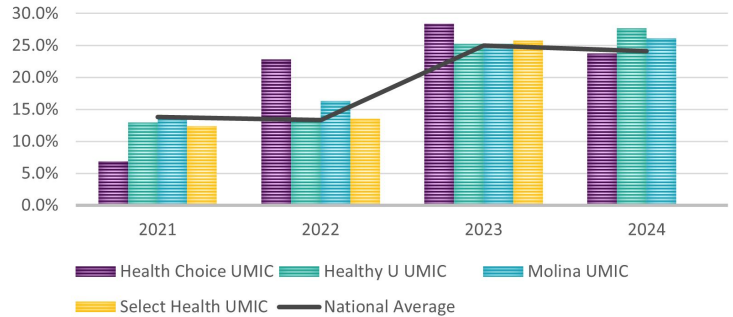
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (UMIC plans only)

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).

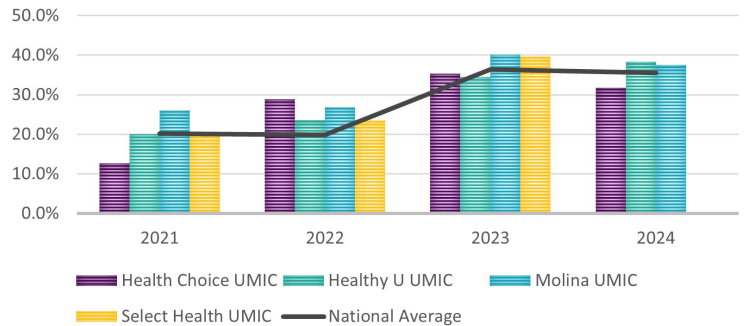
(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) 7 Day - UMIC



SelectHealth UMIC 2024 = NR

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) 30 Day - UMIC



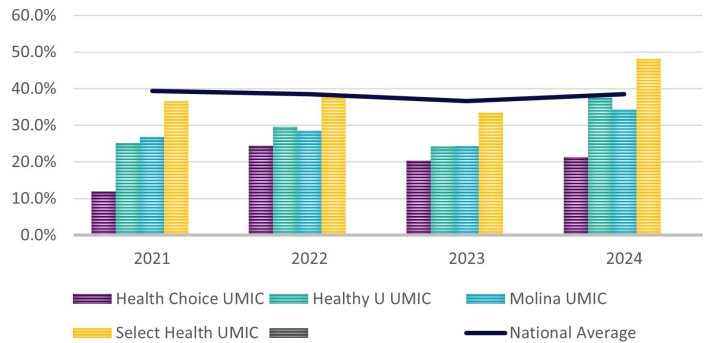
SelectHealth UMIC 2024 = NR

HEDIS Measures 2024

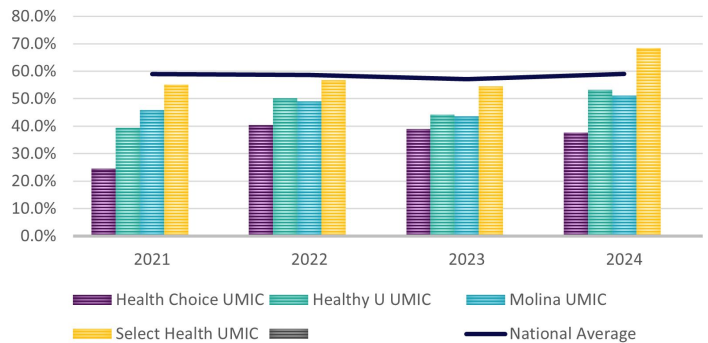
Follow-Up After Hospitalization for Mental Illness (UMIC Plans Only)

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

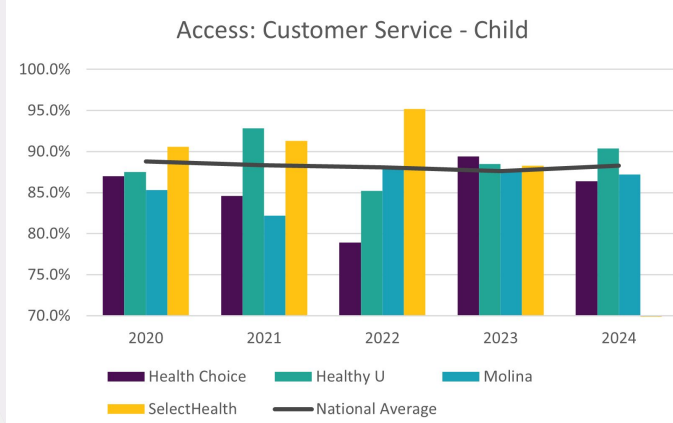


Follow-up After Hospitalization for Mental Illness (FUH) - 30 Day



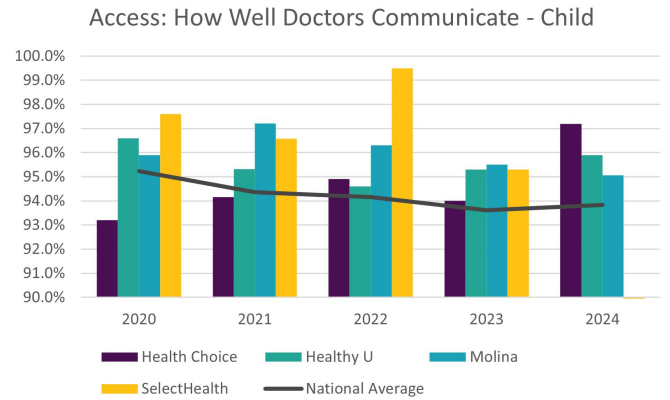
CAHPS Measures 2024

(Child) Access: Customer Service



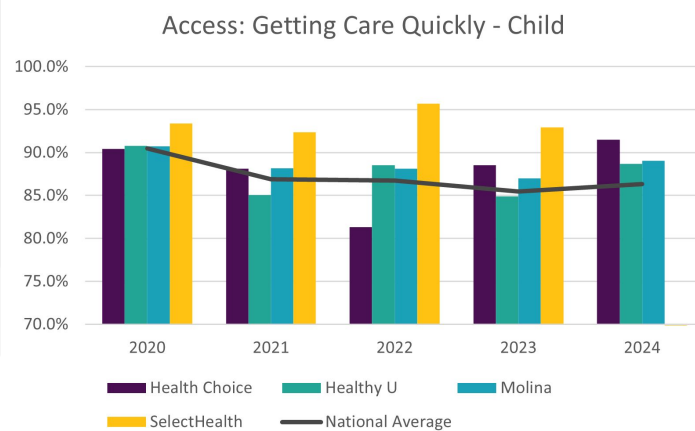
Select Health 2024 = NR

(Child) Access: How Well Doctors Communicate



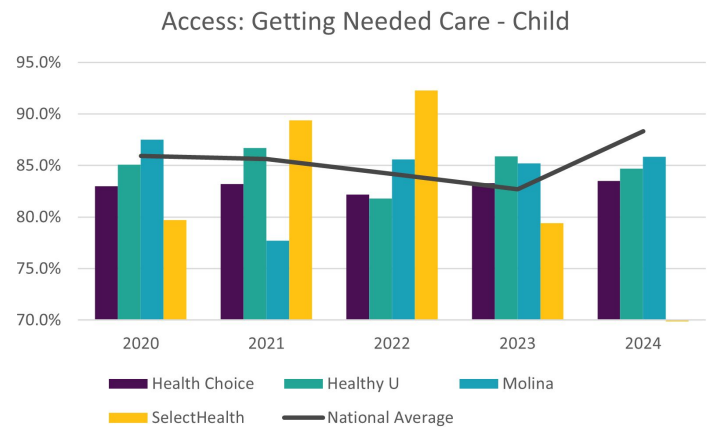
Select Health 2024 = NR

(Child) Access: Getting Care Quickly



Select Health 2024 = NR

(Child) Access: Getting Needed Care

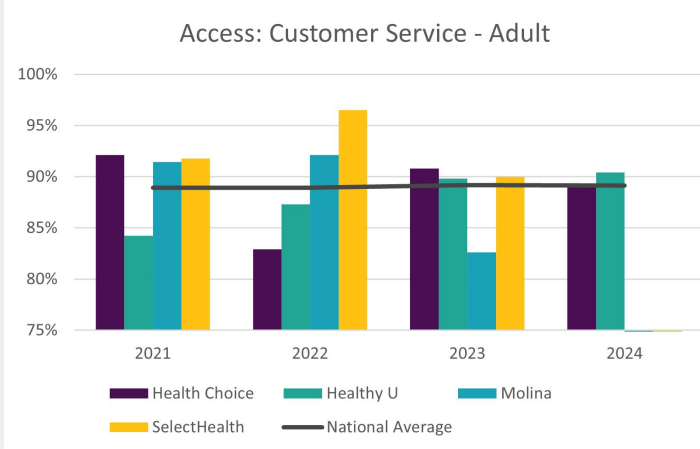


Select Health 2024 = NR

(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small.

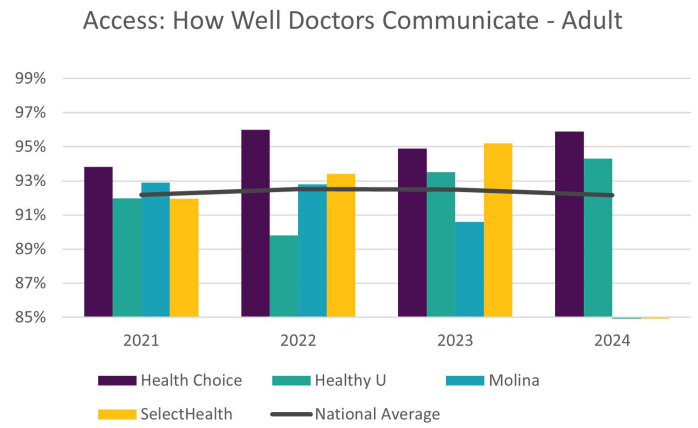
CAHPS Measures 2024

(Adult) Access: Customer Service



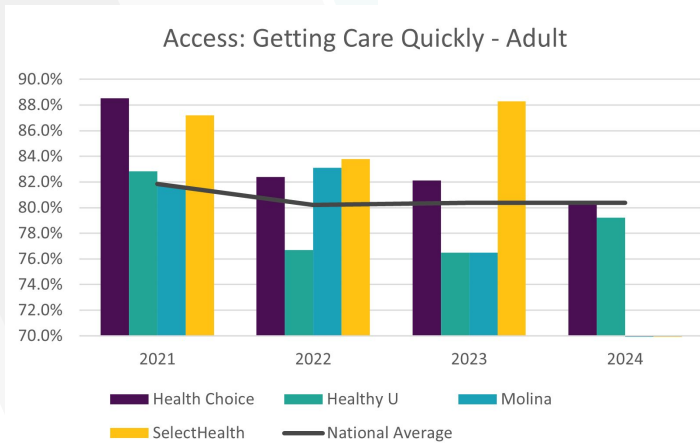
Molina 2024 = NR
Select Health 2024 = NR

(Adult) Access: How Well Doctors Communicate



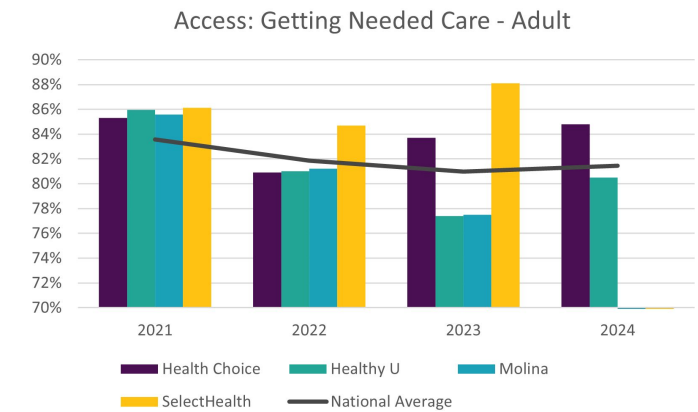
Molina 2024 = NR
Select Health 2024 = NR

(Adult) Access: Getting Care Quickly



Molina 2024 = NR
Select Health 2024 = NR

(Adult) Access: Getting Needed Care

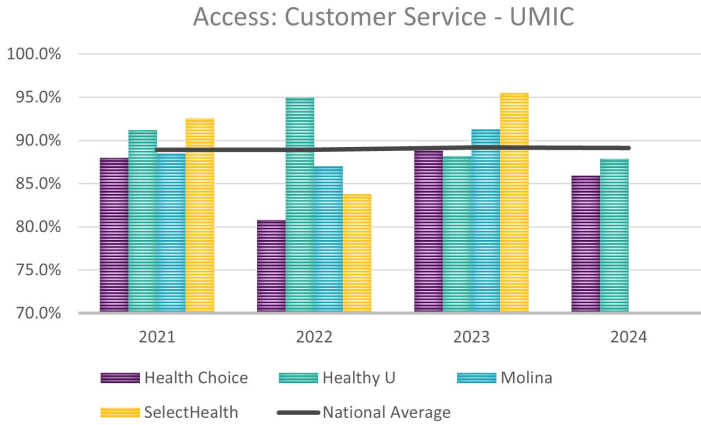


Molina 2024 = NR
Select Health 2024 = NR

(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small.

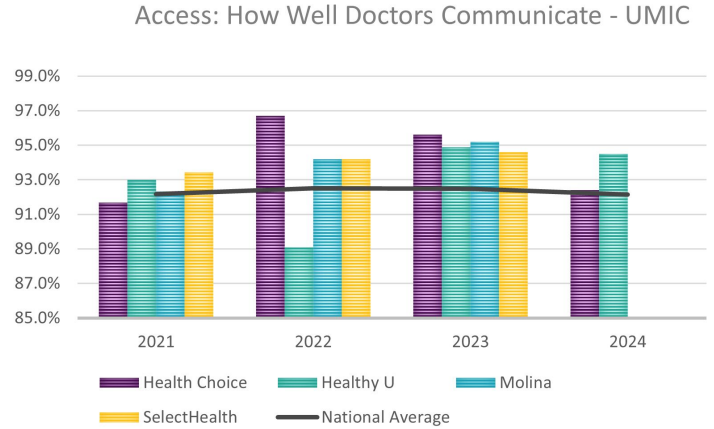
CAHPS Measures 2024

(UMIC) Access: Customer Service



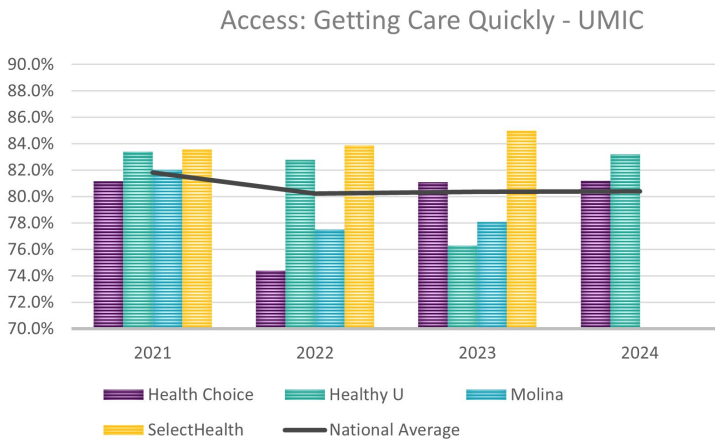
Molina 2024 = NR
Select Health 2024 = NR

(UMIC) Access: How Well Doctors Communicate



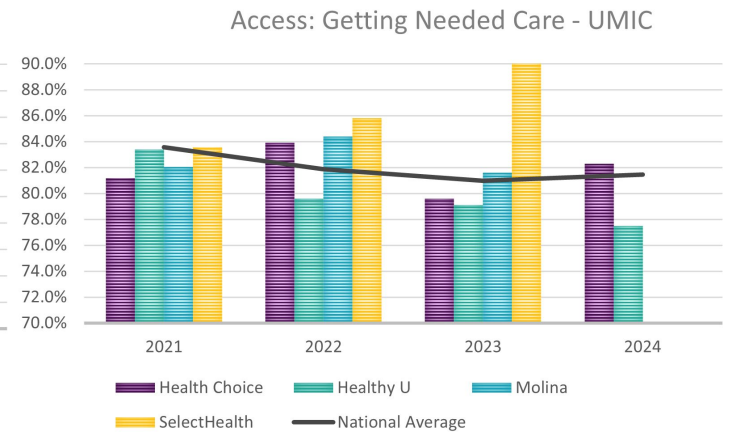
Molina 2024 = NR
Select Health 2024 = NR

(UMIC) Access: Getting Care Quickly



Molina 2024 = NR
Select Health 2024 = NR

(UMIC) Access: Getting Needed Care

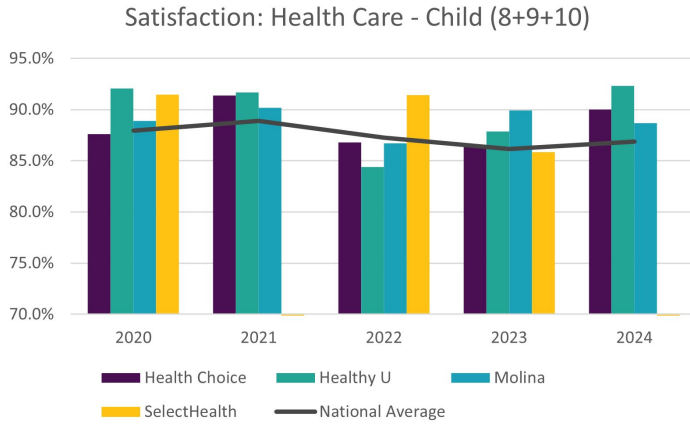


Molina 2024 = NR
Select Health 2024 = NR

(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small.

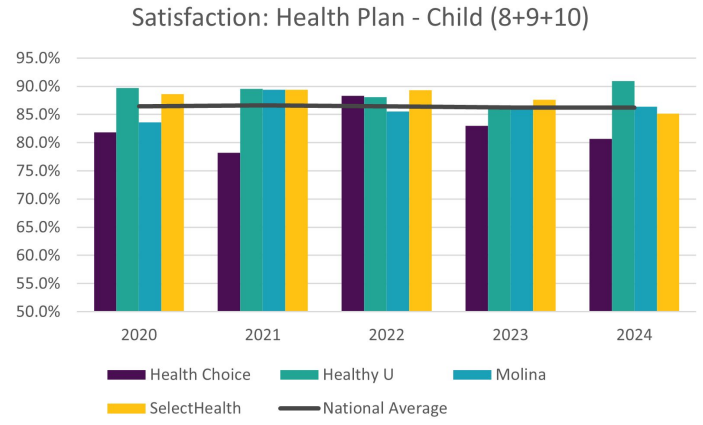
CAHPS Measures 2024

(Child) Satisfaction: Health Care

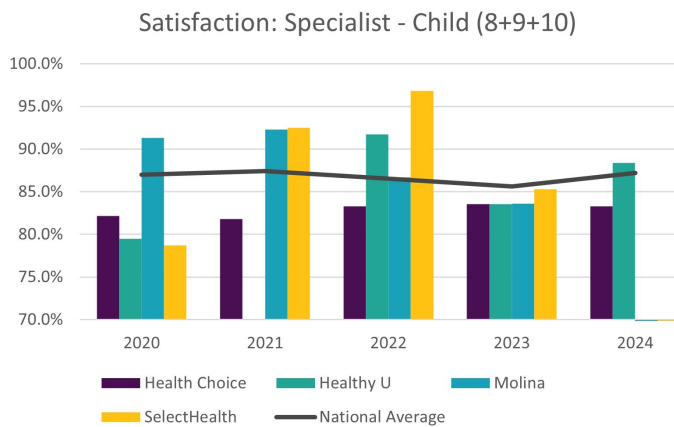


Select Health 2024 = NR

(Child) Satisfaction: Health Plan

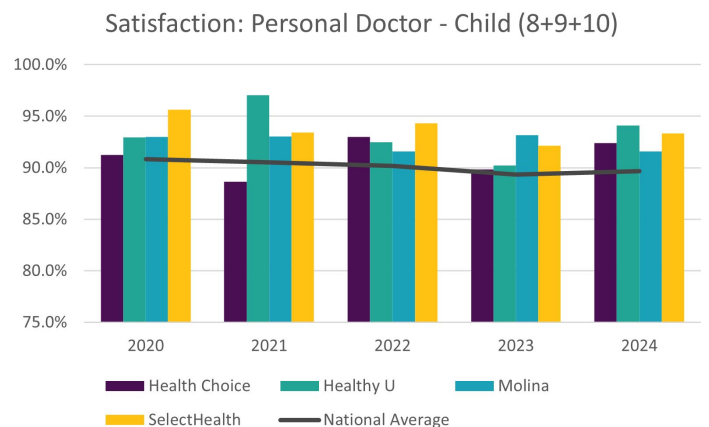


(Child) Satisfaction: Specialist



Healthy U 2021 = NR
Molina 2024 = NR
Select Health 2024 = NR

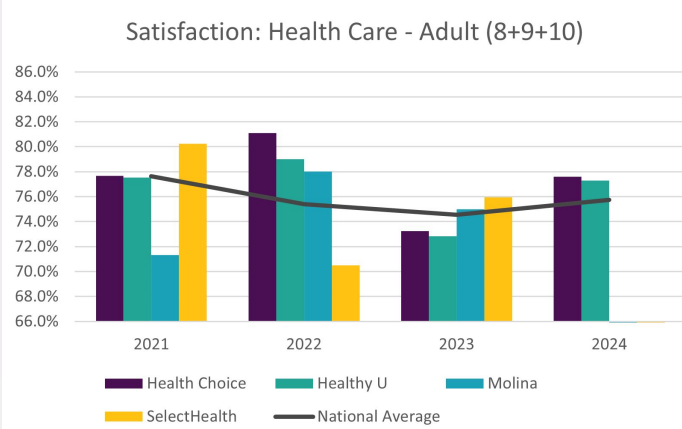
(Child) Satisfaction: Personal Doctor



(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small.

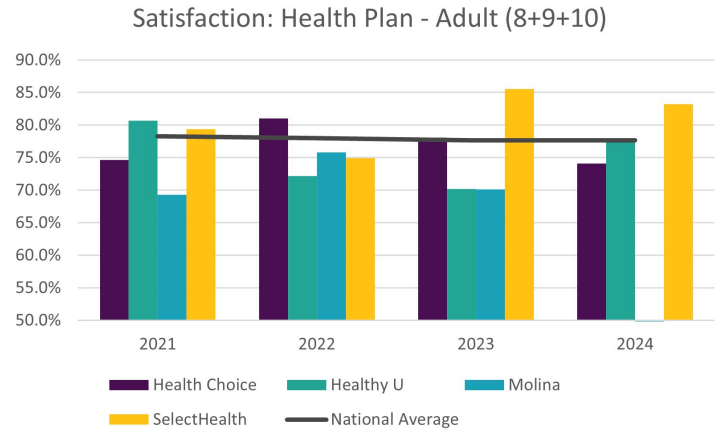
CAHPS Measures 2024

(Adult) Satisfaction: Health Care



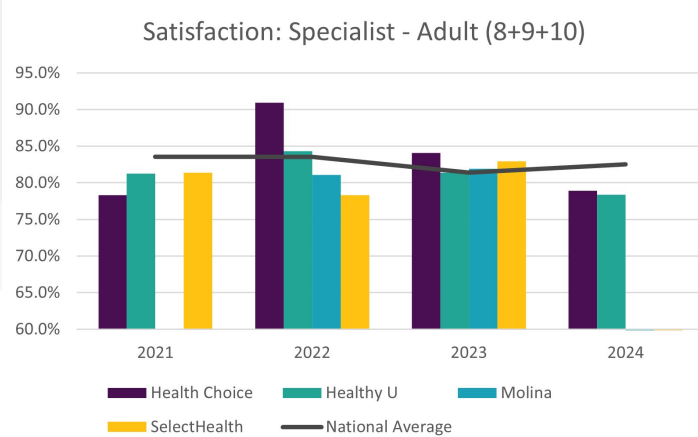
Molina 2024 = NR
Select Health 2024 = NR

(Adult) Satisfaction: Health Plan



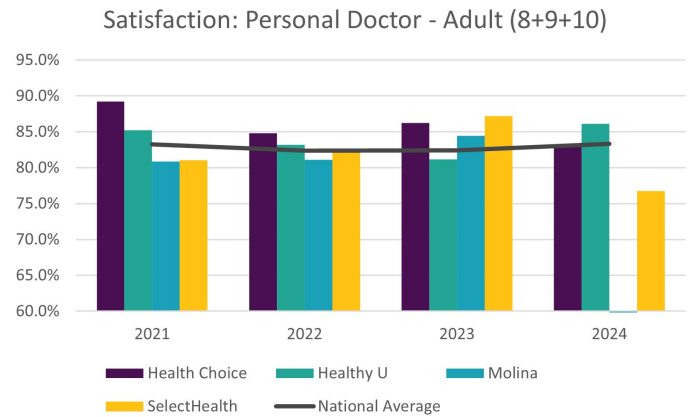
Molina 2024 = NR

(Adult) Satisfaction: Specialist



Molina 2021 = NR
Molina 2024 = NR
Select Health 2024 = NR

(Adult) Satisfaction: Personal Doctor

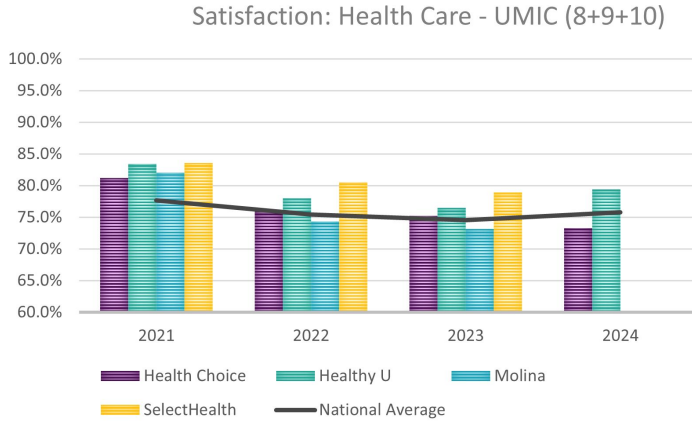


Molina 2024 = NR

(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small.

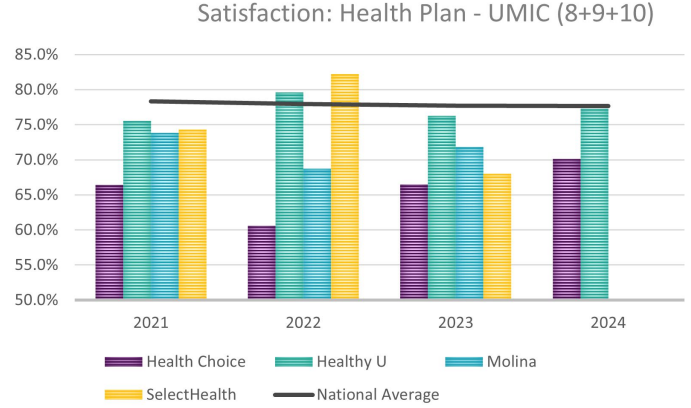
CAHPS Measures 2024

(UMIC) Satisfaction: Health Care



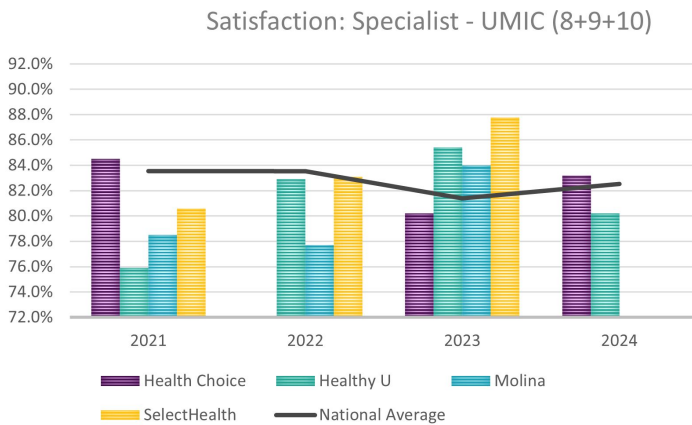
Molina 2024 = NR
Select Health 2024 = NR

(UMIC) Satisfaction: Health Plan



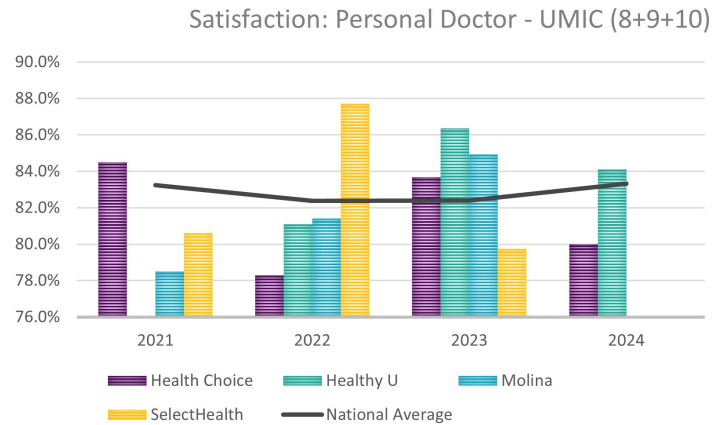
Molina 2024 = NR
Select Health 2024 = NR

(UMIC) Satisfaction: Specialist



Molina 2024 = NR
Select Health 2024 = NR

(UMIC) Satisfaction: Personal Doctor



Molina 2024 = NR
Select Health 2024 = NR

(NR) The organization followed the specifications, but the eligible population (i.e., denominator) was too small.