

Quality Measures

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Overview

- Nebraska covers Medicaid and CHIP services primarily through Heritage Health, a capitated managed care program designed to integrate medical, behavioral, pharmacy, and dental healthcare
- Managed Care Organizations (MCOs) are responsible for managing the delivery of specific Medicaid-covered services and to employ quality and cost-effective, population health and care management strategies, for their member population
- 41 other states (including the District of Columbia) contract with MCOs to cover Medicaid services using a managed care delivery system

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Overview

- Nebraska’s MCOs are Nebraska Total Care (NTC), UnitedHealthcare Community Plan (UHC), and Molina Healthcare (MHN)
 - Molina Healthcare started in Heritage Health as of January 1st, 2024.
 - Dental services were moved under the MCOs as of January 1st, 2024.
 - Prior to 2024, Healthy Blue Nebraska (HBN) was an MCO in Heritage Health and dental services were managed by the Dental Benefit Manager called Managed Care of North American (MCNA)

Health Plan	Member Enrollment (Aug. 2024)
NTC	117,095
MHN	117,013
UHC	115,837

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Quality Measures

- Nebraska Medicaid utilizes a variety of national quality measure sets to maintain oversight of the MCOs performance. The key national quality measure sets are:
 - Centers for Medicare and Medicaid Services (CMS) Adult and Child Core Sets,
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
 - Healthcare Effectiveness Data and Information Set (HEDIS®)
 - Dental Quality Alliance (DQA)

CMS requires states to report on the CMS Adult and Child Core Set measures and CAHPS survey, the National Committee for Quality Assurance (NCQA) requires MCOs to report on the HEDIS measures to maintain accreditation, and the DQA measures are considered best practice measurements for dental services

All measures are reported annually

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Such measurement allows Nebraska's MCO performance to be compared with other states at the national level

Nebraska Medicaid is working on posting a selected list of measures on the Heritage Health public dashboard

This list aligns with Nebraska Medicaid's Quality Strategy, other foundational and key initiatives

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Quality Measures

- Each measure, where possible, will have a national benchmark for comparison
- Preferred benchmark is the median of state Medicaid programs for the measure
 - Each state submits its rate to CMS annually (CMS Adult and Child Core Set measures) and CMS calculates the median value
 - Excellent for comparing Nebraska's performance to other states
 - Publicly available at data.Medicaid.gov in the quality measure section
 - Most recent data available on this CMS site is for performance (measurement year) in the year 2022
- Secondary benchmark is the NCQA HEDIS Medicaid HMO average
 - The average is based on submissions received by NCQA from Medicaid MCOs in the nation
 - Excellent for comparing Nebraska's performance to other states
 - Limited public availability of this benchmark
 - Most recent public data available is for measurement year 2022

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Child Quality Measures

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Child Quality Measures

Well-Child Visits in the First 30 Months of Life (W30)

- Measure has two rates:
 - *Well-Child Visits in the First 15 Months*: Assesses children who turned 15 months old during the measurement year and had at least six well-child visits with a primary care physician during their first 15 months of life
 - *Well-Child Visits for Age 15 Months – 30 Months*: Assesses children who turned 30 months old during the measurement year and had at least two well-child visits with a primary care physician in the last 15 months
- CMS median for Well-Child Visits in the First 15 Months was 57.5% for measurement year 2022
- CMS median for Well-Child Visits for Age 15 Months – 30 Months was 64.8% for measurement year 2022
 - Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

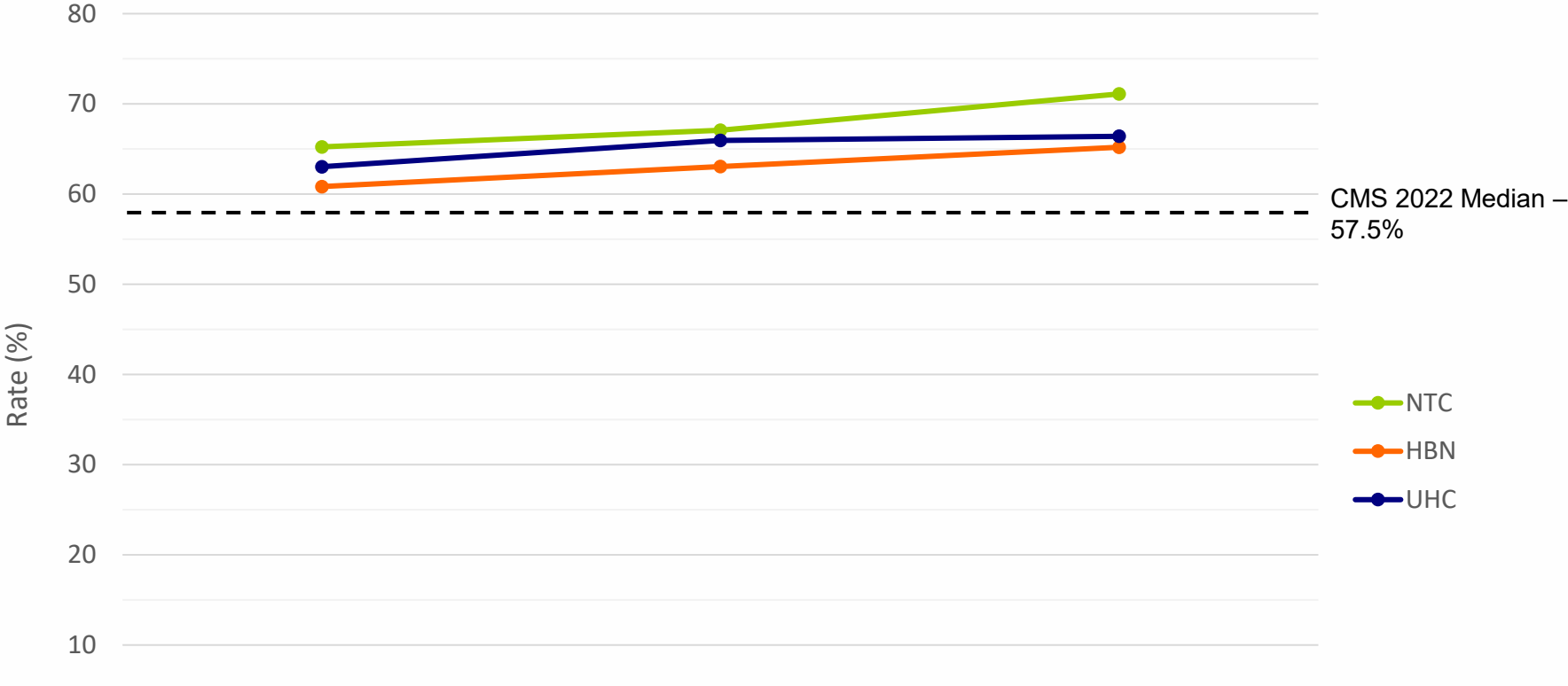
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Well-Child Visits in the First 15 Months (W30)



	2021	2022	2023
NTC	65.23	67.06	71.1
HBN	60.83	63.05	65.19
UHC	63.03	65.93	66.4

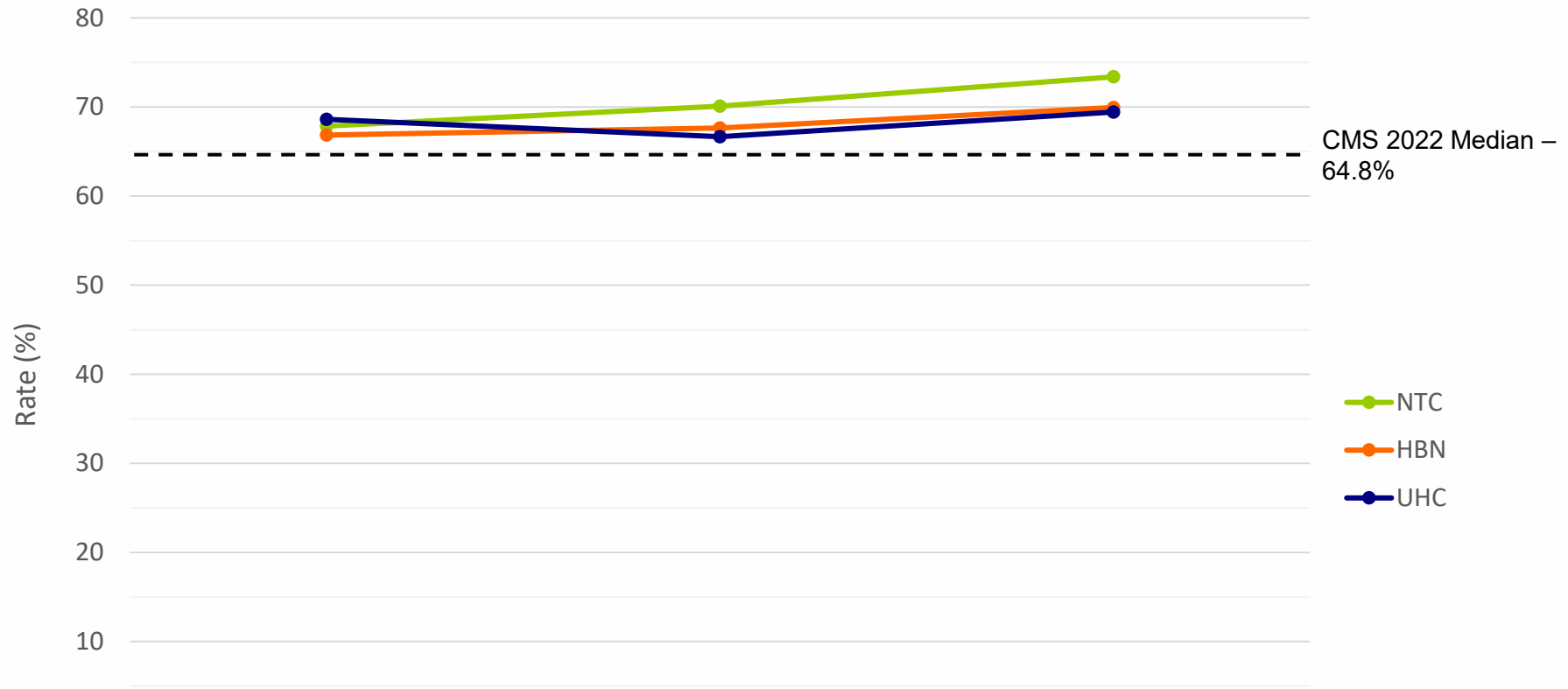
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Well-Child Visits for Age 15 Months – 30 Months (W30)



	2021	2022	2023
NTC	67.85	70.09	73.38
HBN	66.85	67.63	69.94
UHC	68.6	66.66	69.43

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Child Quality Measures

Child and Adolescent Well-Care Visits (WCV)

- Assesses children 3–21 years of age who received one or more well-care visits with a primary care practitioner or an OB/GYN practitioner during the measurement year
- CMS median for WCV was 47.6% for measurement year 2022
 - Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

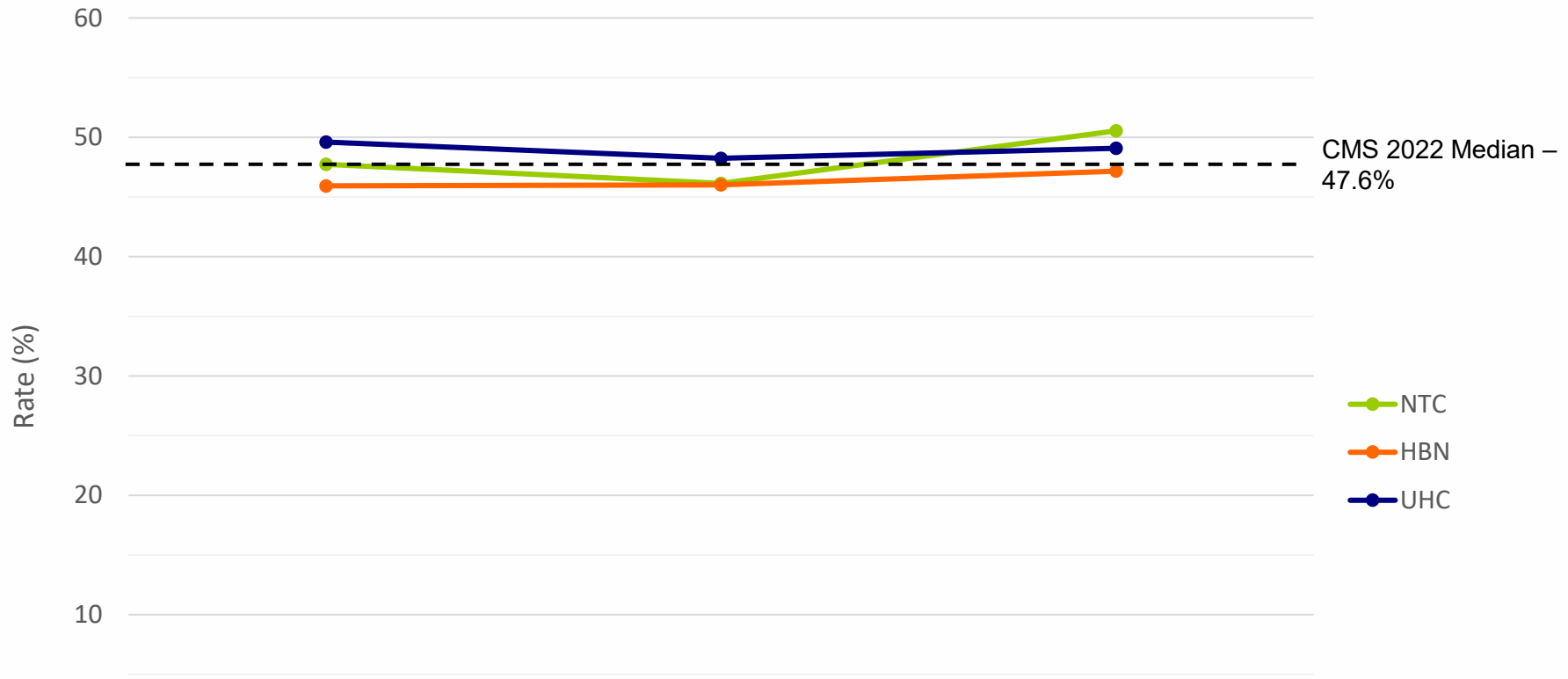
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Child and Adolescent Well-Care Visits (WCV)



	2021	2022	2023
NTC	47.73	46.14	50.54
HBN	45.93	46.01	47.16
UHC	49.6	48.24	49.09

CMS 2022 Median –
47.6%

- NTC
- HBN
- UHC

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Child Quality Measures

Childhood Immunization Status (CIS) – Combination 10

- 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 influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday
- Combination 10 is the rate for children with all these vaccinations
- CMS median for CIS Combination 10 was 32.9% for measurement year 2022
- Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

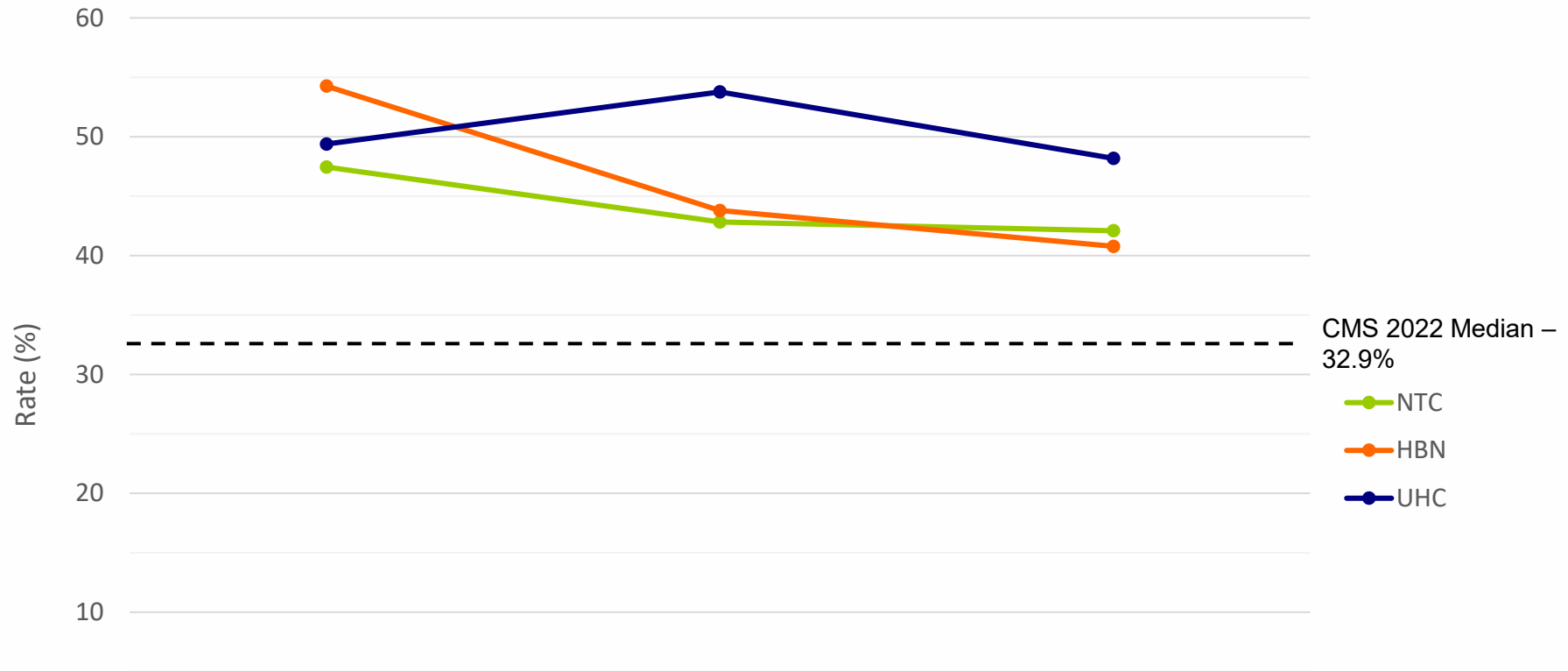
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Childhood Immunization Status (CIS) – Combination 10



	2021	2022	2023
NTC	47.45	42.82	42.09
HBN	54.26	43.8	40.78
UHC	49.39	53.77	48.18

CMS 2022 Median – 32.9%

- NTC
- HBN
- UHC

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Child Quality Measures

Immunizations for Adolescents (IMA) – Combination 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
- Combination 2 is the rate for adolescents with all these vaccines
- NCQA Medicaid HMO average for Immunizations for Adolescents (IMA) Combination 2 was 35.6% in measurement year 2022
- Source: NCQA HEDIS Immunizations for Adolescents (IMA) Combination 2 historic HMO average table
 - <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>
 - Date Accessed: 11/20/2024
 - NCQA Medicaid HMO average has been used as there is not a corresponding CMS all-state rate

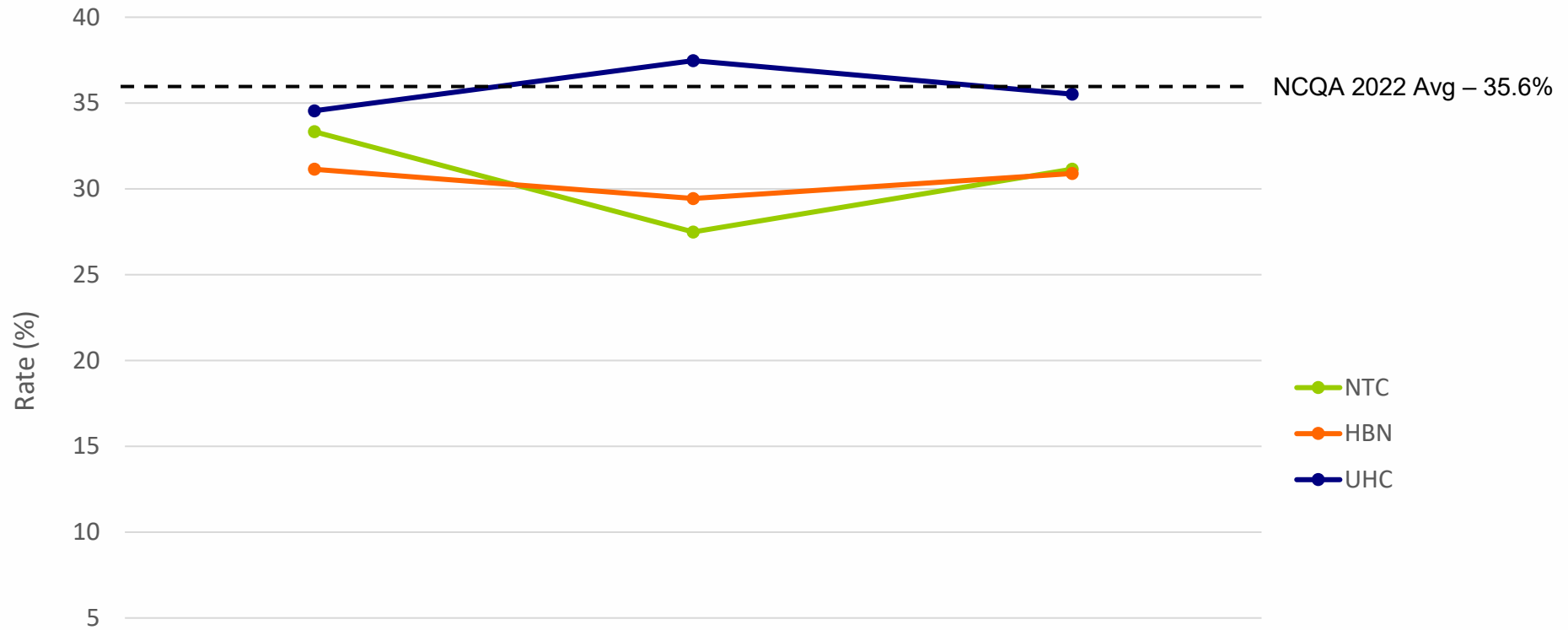
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Immunizations for Adolescents (IMA) – Combination 2



	2021	2022	2023
NTC	33.33	27.49	31.14
HBN	31.14	29.44	30.9
UHC	34.55	37.47	35.52

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Child Quality Measures

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

- The two rates of this measure assess follow-up care for children prescribed an ADHD medication:
 - *Initiation Phase*: Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication
 - *Continuation and Maintenance Phase*: Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase
- CMS median for Initiation Phase was 54.1% for measurement year 2022
- CMS median for Continuation and Maintenance Phase was 43% for measurement year 2022
- Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

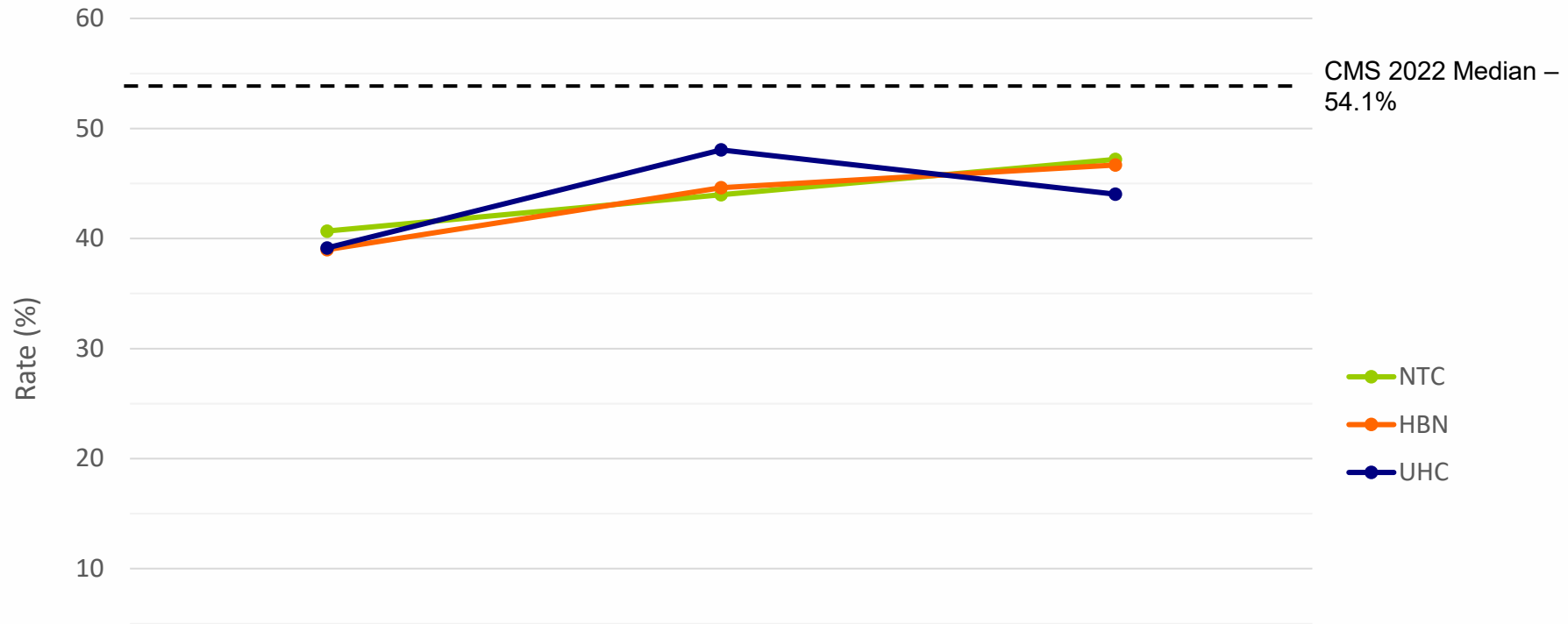
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Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Initiation Phase



	2021	2022	2023
NTC	40.68	43.99	47.19
HBN	38.99	44.62	46.68
UHC	39.15	48.05	44.02

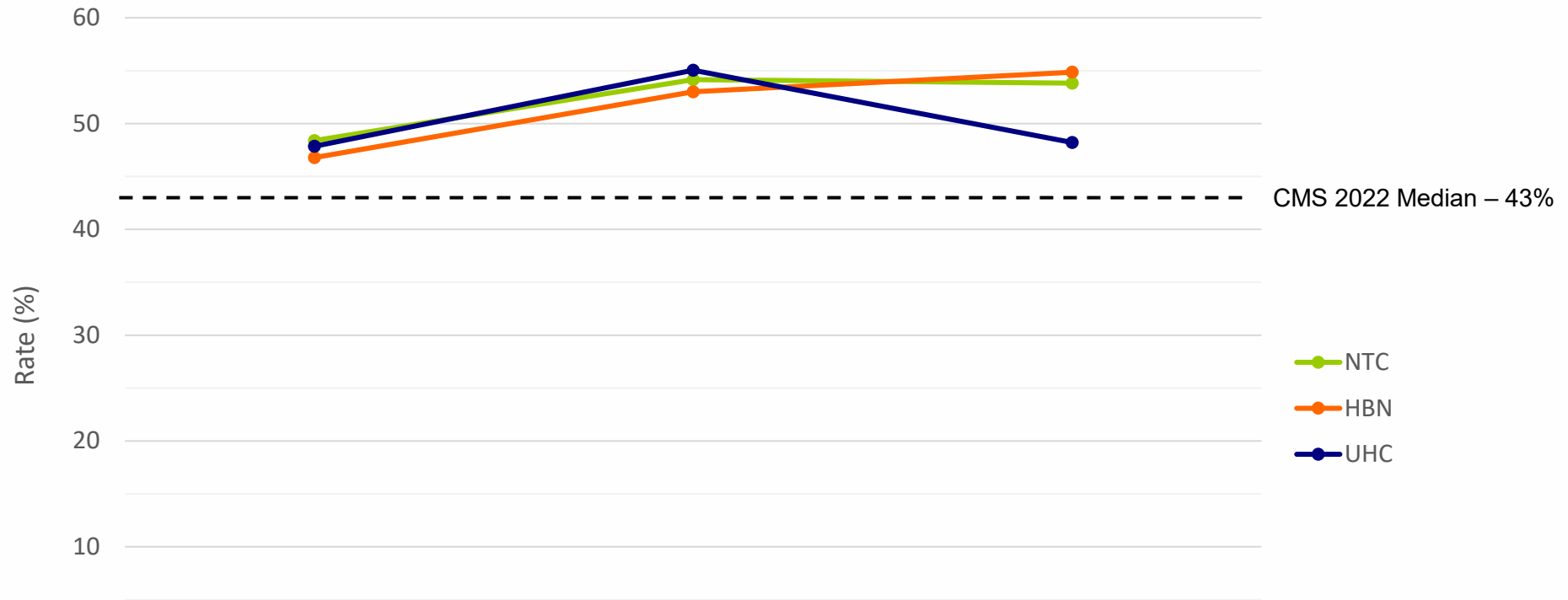
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Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Continuation and Maintenance Phase



	2021	2022	2023
● NTC	48.39	54.15	53.82
● HBN	46.78	53.01	54.85
● UHC	47.85	55.04	48.2

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Child Quality Measures

Oral Evaluation, Dental Service (OEV-CH)

- Assesses children under the age of 21 years who received a comprehensive or periodic oral evaluation
- Dental services were managed by MCNA prior to 2024. Since 2024, dental services have moved under the MCOs
- Future charts will begin to show the rate for each MCO
- CMS median was 43.2% for measurement year 2022
 - Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

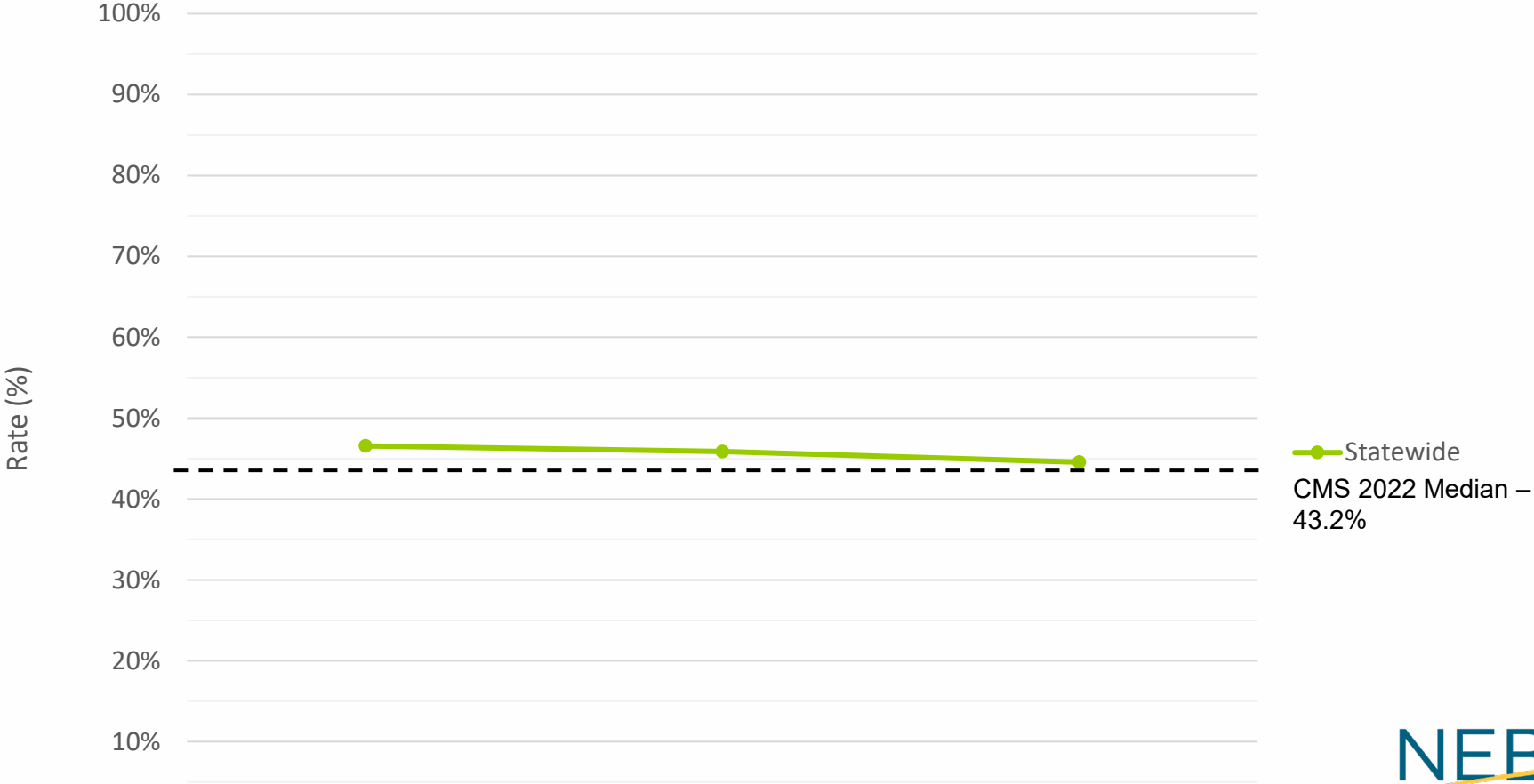
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Oral Evaluation, Dental Service (OEV-CH)



	2021	2022	2023
Statewide	46.57%	45.88%	44.56%

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Child Quality Measures

Prevention: Topical Fluoride for Children (TFL-CH)

- Assesses children under the age of 21 years who received at least two topical fluoride applications
- Dental services were managed by MCNA prior to 2024. Since 2024, dental services have moved under the MCOs
- Future charts will begin to show the rate for each MCO
- CMS median was 19.3% for measurement year 2022
 - Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

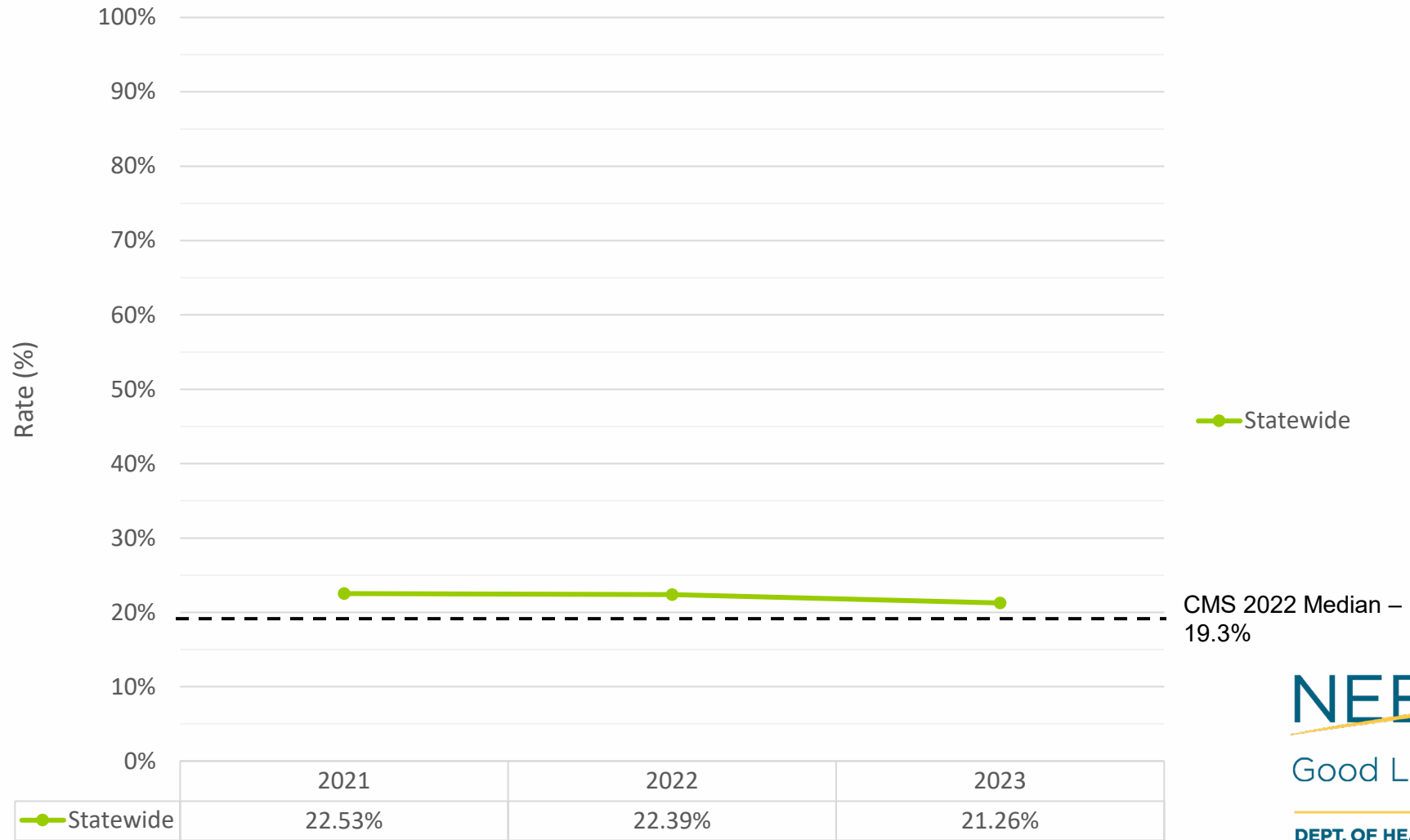
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Prevention: Topical Fluoride for Children (TFL-CH)



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Child Quality Measures

Sealant Receipt on Permanent First Molars (SFM-CH)

- Assesses children who received at least one sealant on a permanent first molar by their 10th birthday
- Dental services were managed by MCNA prior to 2024. Since 2024, dental services have moved under the MCOs
- Future charts will begin to show the rate for each MCO
- CMS median was 46.4% for measurement year 2022
 - Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

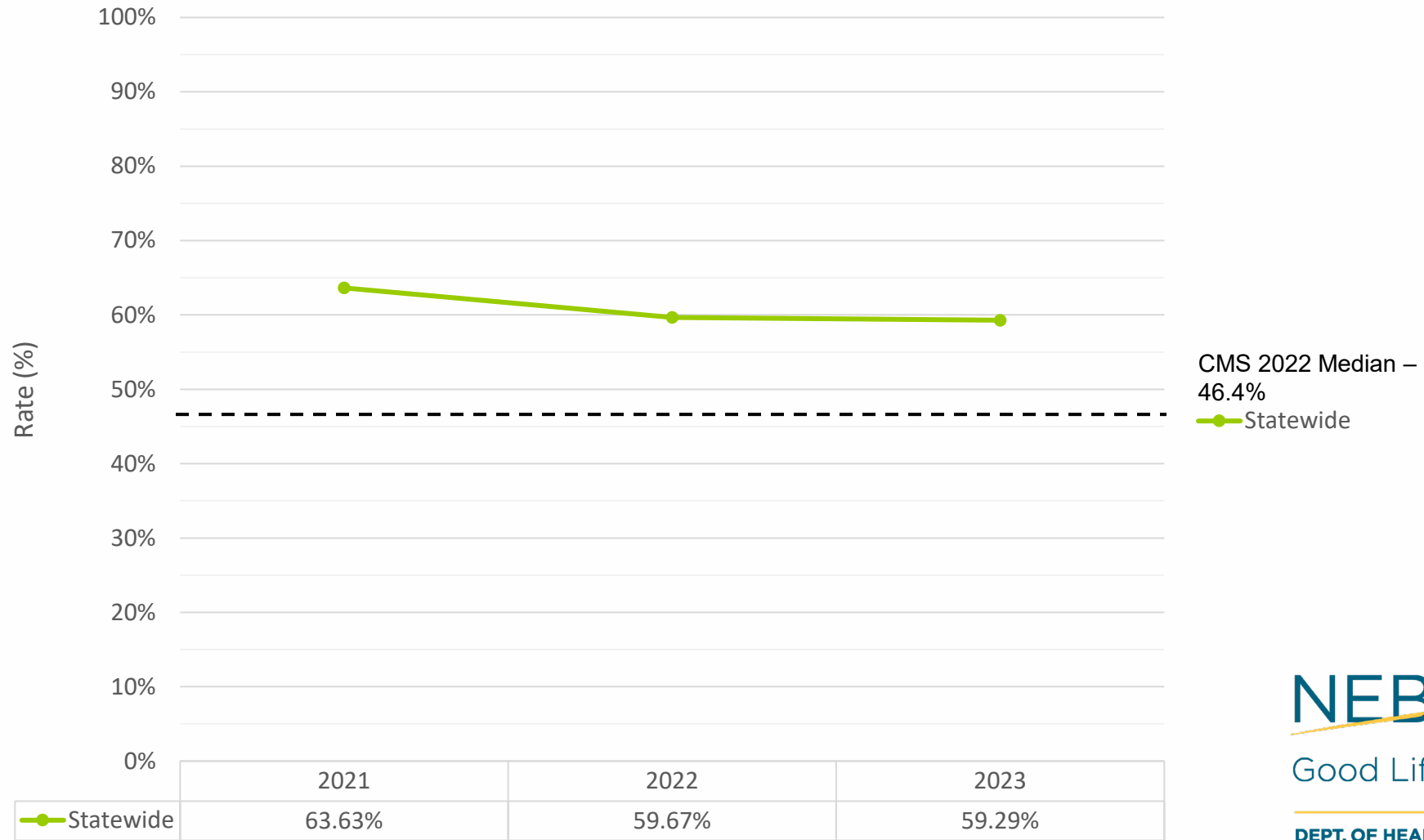
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Sealant Receipt on Permanent First Molars (SFM-CH)



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Maternal Quality Measures

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Maternal Quality Measures

Prenatal and Postpartum Care (PPC)

- Assesses access to prenatal and postpartum care:
 - *Timeliness of Prenatal Care*: The percentage of deliveries in which women had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization
 - *Postpartum Care*: The percentage of deliveries in which women had a postpartum visit on or between 7 and 84 days after delivery
- CMS median for Timeliness of Prenatal Care was 81.5% for measurement year 2022
- CMS median for Postpartum Care was 75% for measurement year 2022
 - Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

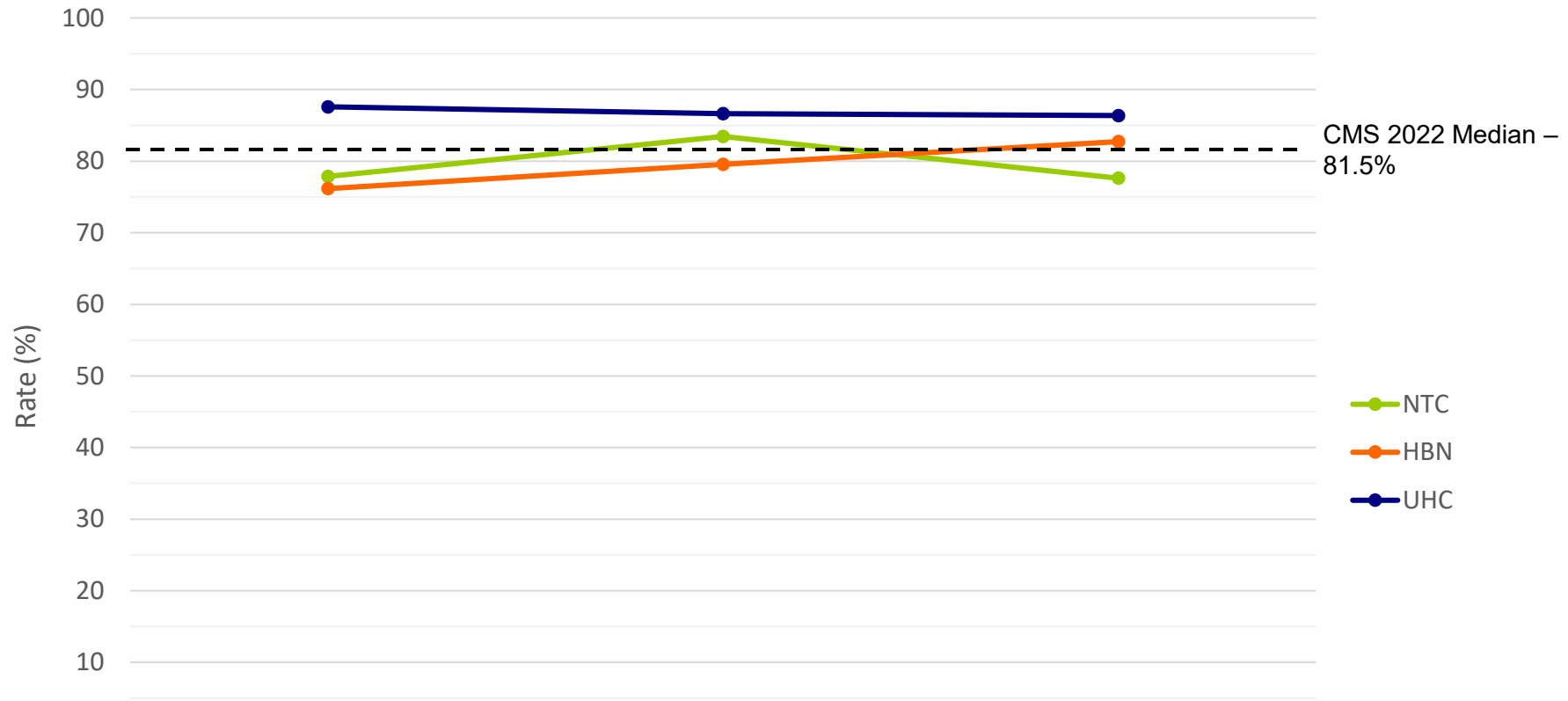
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Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care



	2021	2022	2023
NTC	77.86	83.45	77.62
HBN	76.16	79.56	82.73
UHC	87.59	86.62	86.37

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Prenatal and Postpartum Care (PPC) - Postpartum Care



	2021	2022	2023
NTC	76.16	79.08	76.89
HBN	68.37	78.59	76.4
UHC	85.89	83.45	81.51

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Adult Quality Measures

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Adult Quality Measures

Controlling High Blood Pressure (CBP)

- Assesses adults 18 – 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg)
- CMS median for CBP was 57.7% for measurement year 2022
 - Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

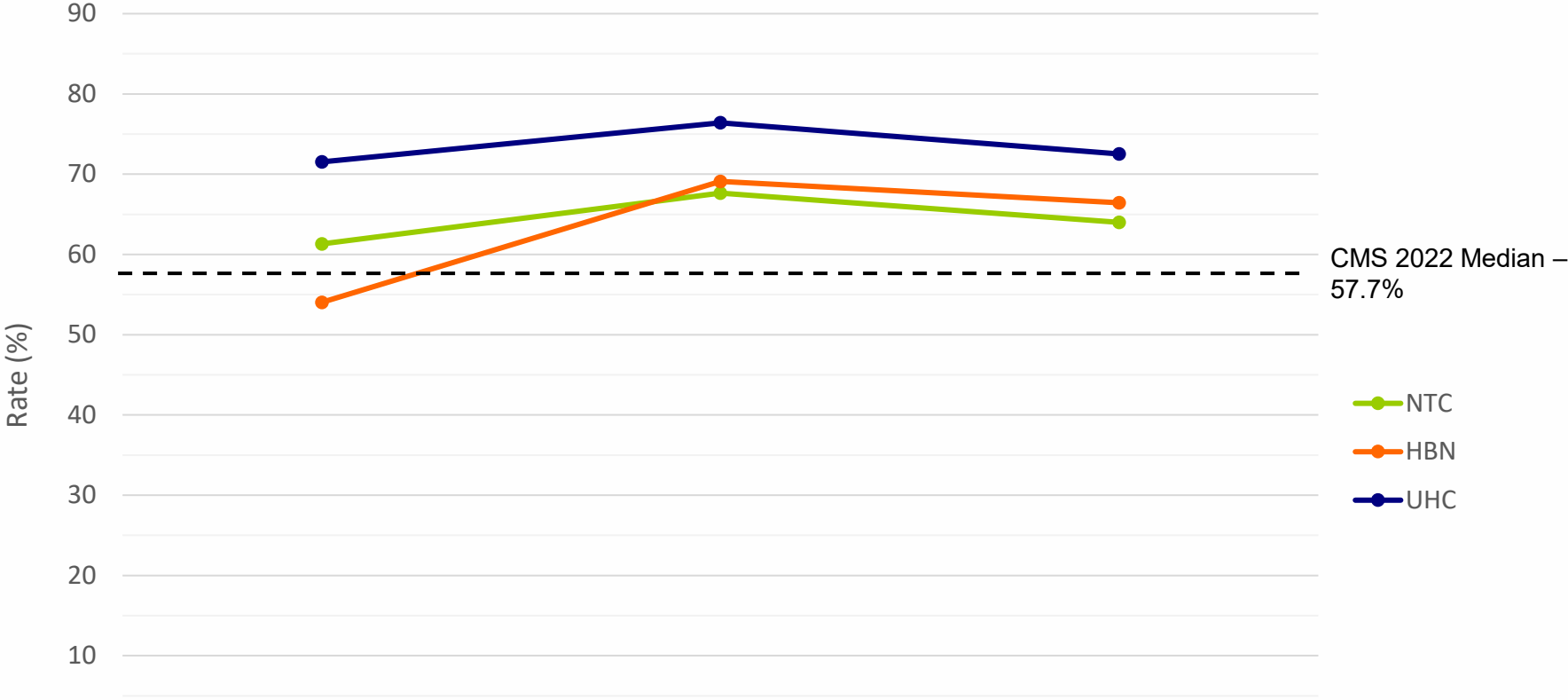
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Controlling High Blood Pressure (CBP)



	2021	2022	2023
NTC	61.31	67.64	63.99
HBN	54.03	69.1	66.42
UHC	71.53	76.4	72.51

CMS 2022 Median – 57.7%

- NTC
- HBN
- UHC

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Adult Quality Measures

Hemoglobin A1c Control for Patients with Diabetes (HBD)

- Assesses the percentage of individuals 18 – 75 years of age with diabetes (type 1 or type 2) whose HbA1c was at the following levels:
 - HbA1c control (<8.0%)
 - HbA1c poor control (>9.0%)
- Only the (<8.0%) rate is presented in the slide
- NCQA Medicaid HMO average for HbA1c control (<8.0%) was 50.9% for measurement year 2022
 - Source: NCQA HEDIS Hemoglobin A1c Control for Patients with Diabetes (HBD) historic HMO average table
 - <https://www.ncqa.org/hedis/measures/hemoglobin-a1c-control-for-patients-with-diabetes/>
 - Date Accessed: 11/20/2024
 - NCQA Medicaid HMO average has been used as there is not a corresponding CMS all-state rate

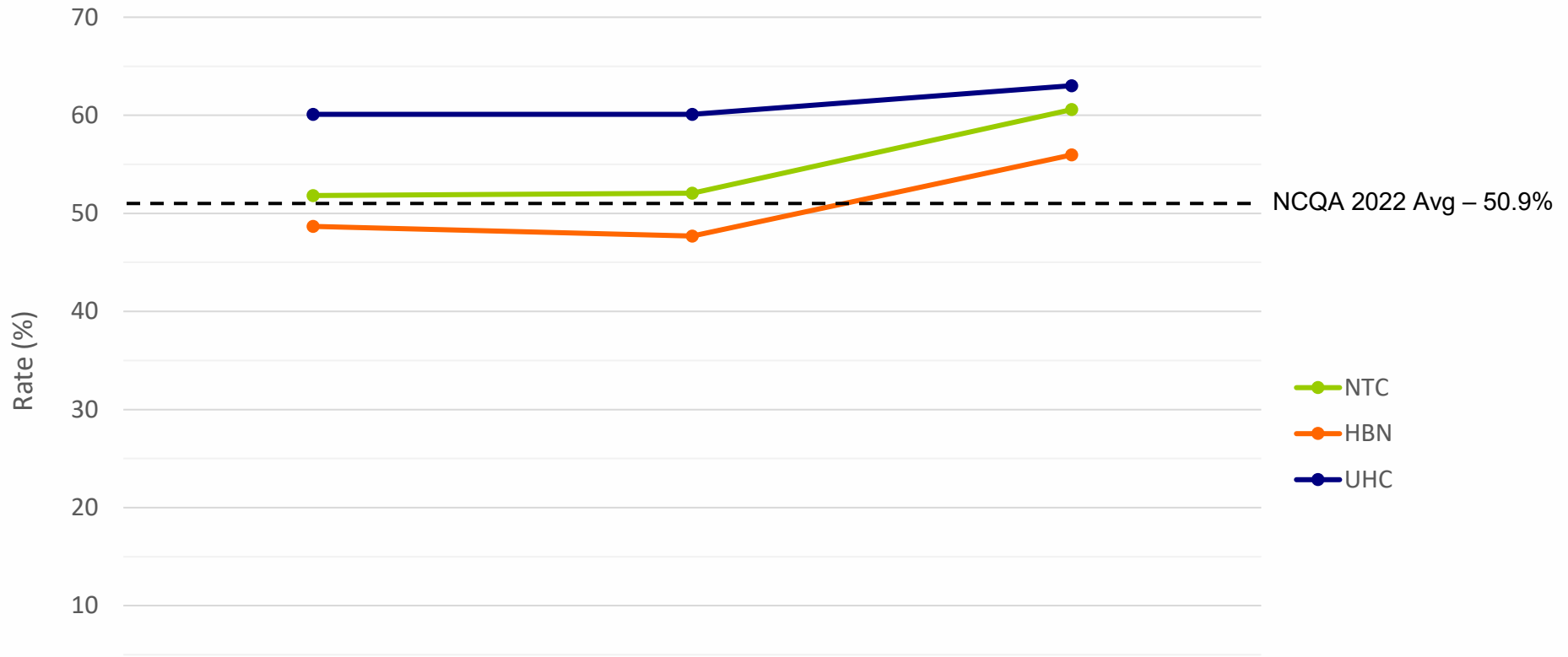
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Hemoglobin A1c Control for Patients with Diabetes (HBD)



	2021	2022	2023
NTC	51.82	52.07	60.58
HBN	48.66	47.69	55.96
UHC	60.1	60.1	63.02

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Adult Quality Measures

Breast Cancer Screening (BCS)

- Assesses women 50 – 74 years of age who had at least one mammogram to screen for breast cancer in the past two years
- NCQA Medicaid HMO average for BCS was 52.9% for measurement year 2022
 - Source: NCQA HEDIS Breast Cancer Screening (BCS-E) historic HMO average table
 - <https://www.ncqa.org/hedis/measures/breast-cancer-screening/>
 - Date Accessed: 11/20/2024
 - NCQA Medicaid HMO average has been used as there is not a corresponding CMS all-state rate

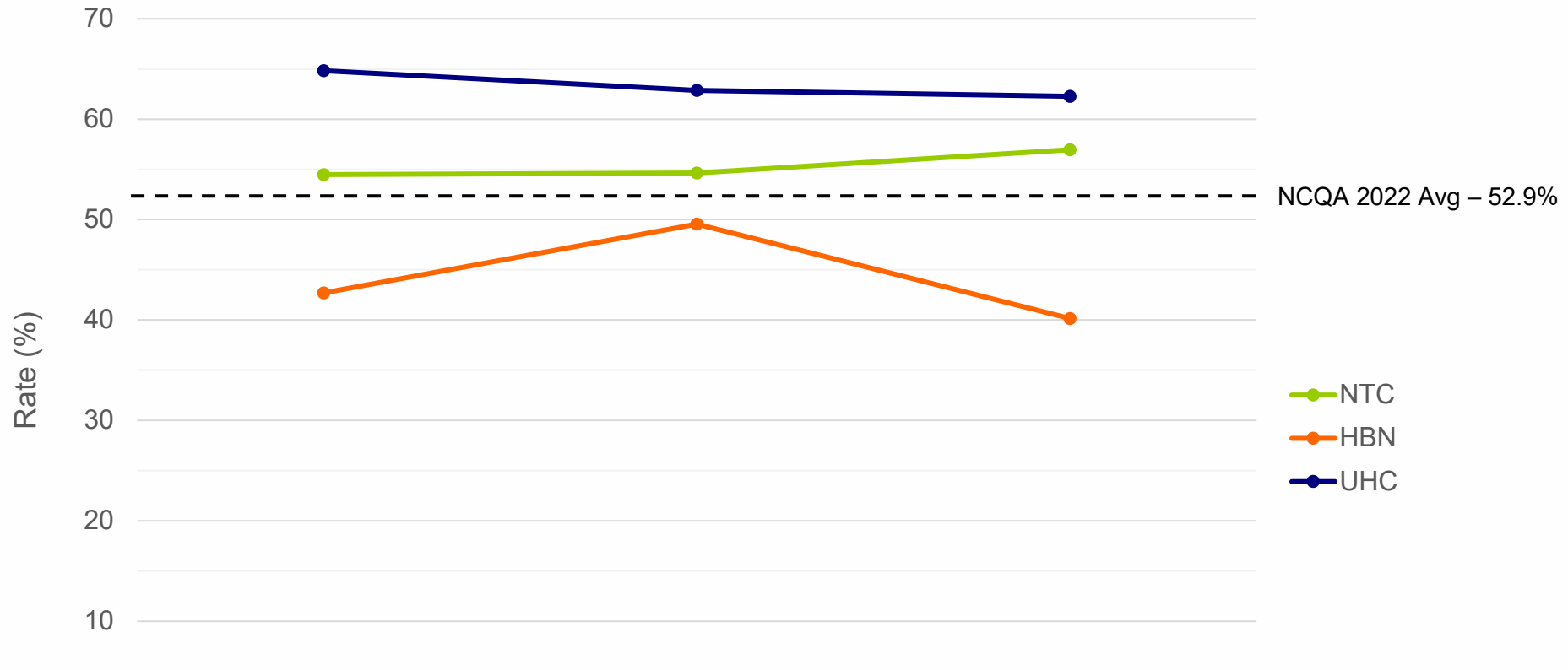
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Breast Cancer Screening (BCS)



	2021	2022	2023
NTC	54.48	54.65	56.96
HBN	42.69	49.55	40.15
UHC	64.83	62.86	62.28

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Adult Quality Measures

Follow-Up After Hospitalization for Mental Illness (FUH) - Follow-Up Within 30 Days Post-Discharge

- Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients ages 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days
- Only the follow-up within 30 days post-discharge rate is presented in the slide
- NCQA Medicaid HMO average for follow-up within 30 days post-discharge was 57.1% for measurement year 2022
- Source: NCQA HEDIS Follow-Up After Hospitalization for Mental Illness (FUH) historic HMO average table
 - <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>
 - Date Accessed: 11/20/2024
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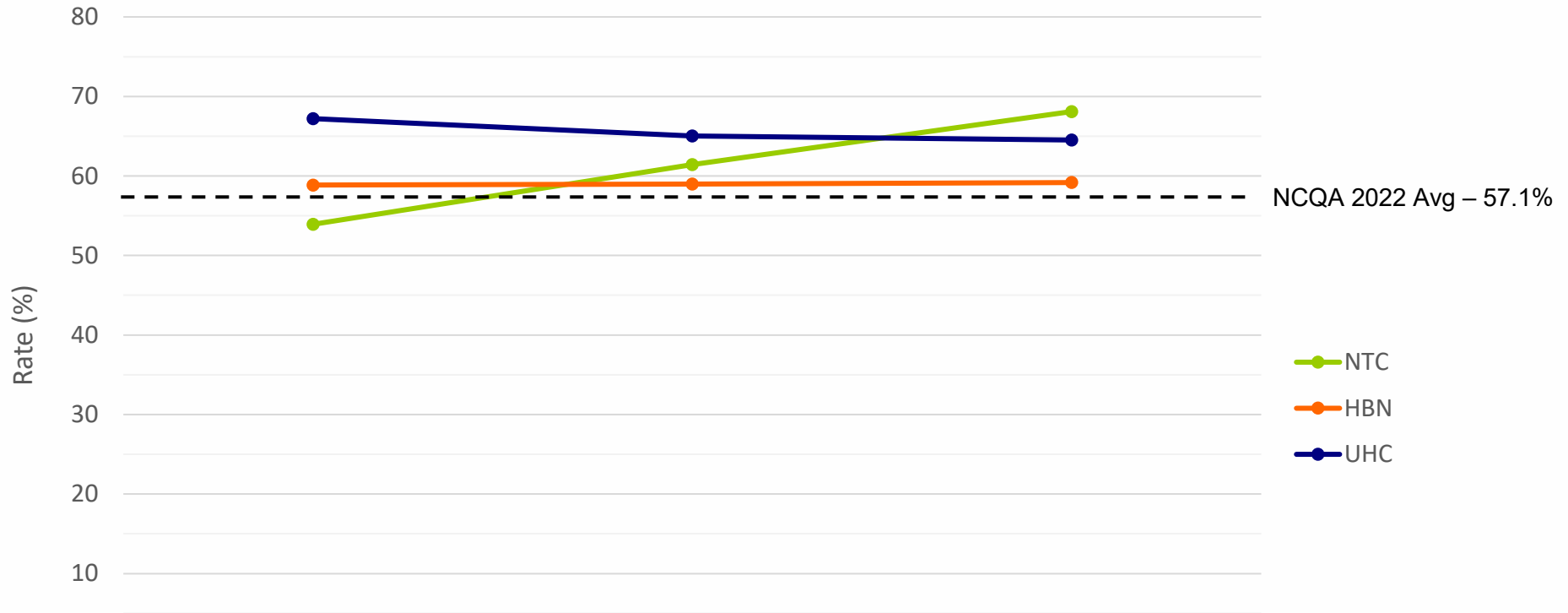
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Follow-Up After Hospitalization for Mental Illness (FUH) - Follow-Up Within 30 Days Post-Discharge



	2021	2022	2023
NTC	53.92	61.43	68.1
HBN	58.86	58.97	59.17
UHC	67.21	65.04	64.52

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Adult Quality Measures

Follow-Up After Emergency Department Visit for Mental Illness (FUM) - Follow-Up Within 30 Days Post-Discharge

- Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm who received a follow-up visit for mental illness within 7 and 30 days
- Only the follow-up within 30 days post-discharge rate is presented in the slide
- NCQA Medicaid HMO average for follow-up within 30 days post-discharge was 55.2% for measurement year 2022
- Source: NCQA HEDIS Follow-Up After Emergency Department Visit for Mental Illness (FUM) historic HMO average table
 - <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>
 - Date Accessed: 11/20/2024
 - NCQA Medicaid HMO average has been used as there is not a corresponding CMS all-state rate

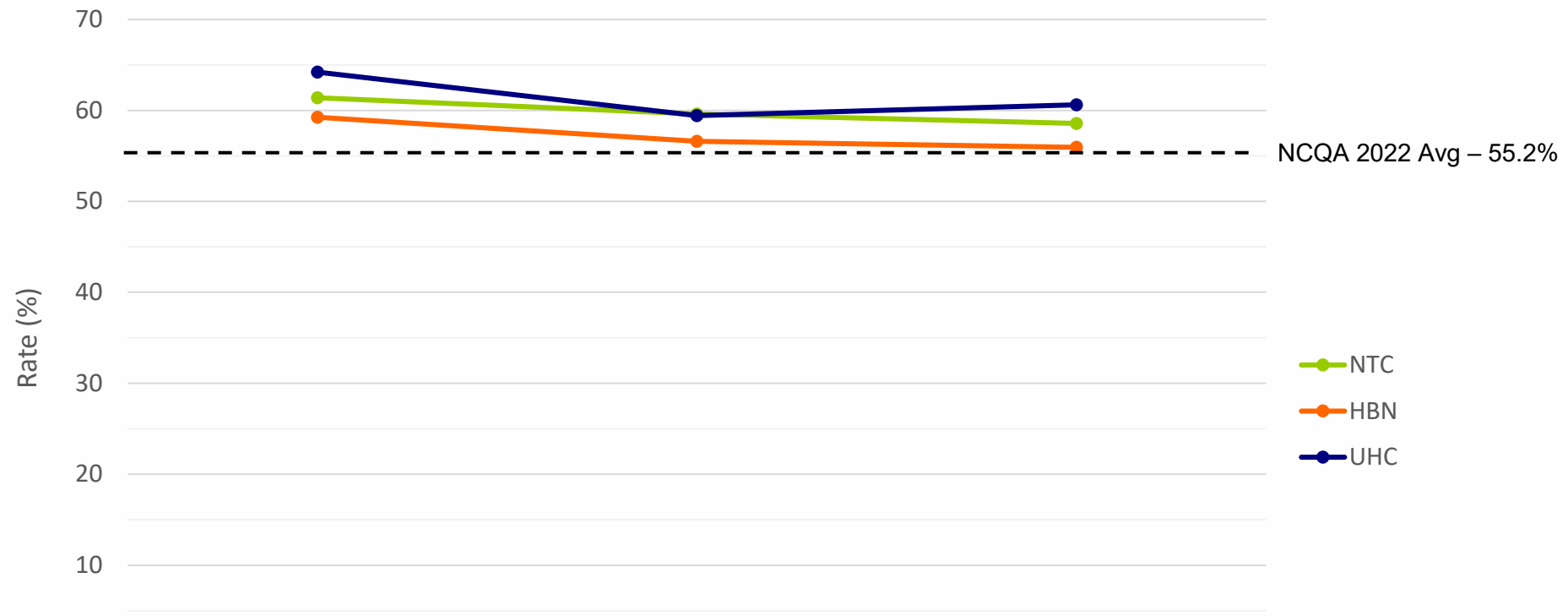
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Follow-Up After Emergency Department Visit for Mental Illness (FUM) - Follow-Up Within 30 Days Post-Discharge



	2021	2022	2023
NTC	61.39	59.61	58.57
HBN	59.25	56.6	55.94
UHC	64.21	59.43	60.61



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Adult Quality Measures

Follow-Up After Emergency Department Visit for Substance Use (FUA) - Follow-Up Within 30 Days Post-Discharge

- Assesses emergency department (ED) visits for individuals 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD
Two rates are reported:
 - ED visits for which the individual received follow-up within 30 days of the ED visit (31 total days)
 - ED visits for which the individual received follow-up within 7 days of the ED visit (8 total days)
- Only the follow-up within 30 days post-discharge rate is presented in the slide
- NCQA Medicaid HMO average for follow-up within 30 days post-discharge was 36.4% for measurement year 2022
- Source: NCQA HEDIS Follow-Up After Emergency Department Visit for Substance Use (FUA) historic HMO average table
 - <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-substance-use/>
 - Date Accessed: 11/20/2024
 - NCQA Medicaid HMO average has been used as there is not a corresponding CMS all-state rate

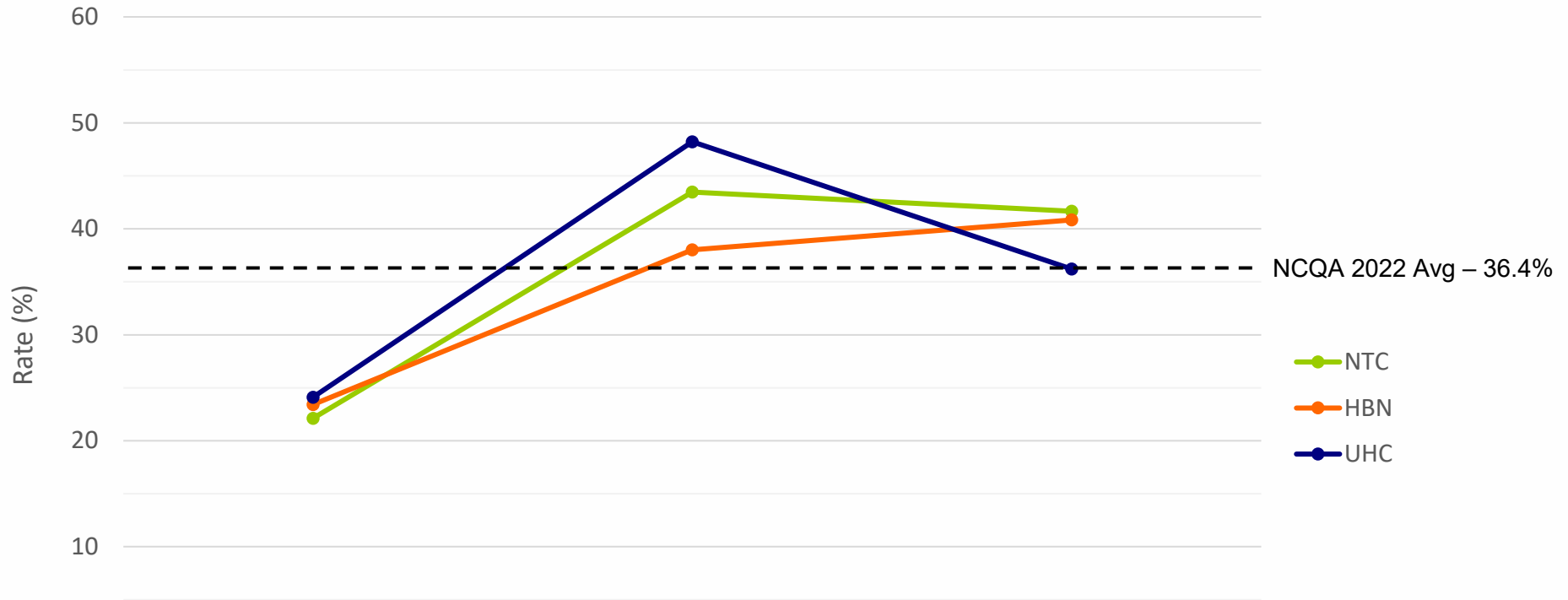
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Follow-Up After Emergency Department Visit for Substance Use (FUA) - Follow-Up Within 30 Days Post-Discharge



	2021	2022	2023
NTC	22.12	43.47	41.65
HBN	23.42	38.01	40.84
UHC	24.11	48.22	36.2

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Adult Quality Measures

Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

- Assesses individuals 18 - 64 years of age with an opioid use disorder who received a medication for the disorder

Five rates are completed for this measure:

- Rate 1: Total rate capturing any medications used in treatment
 - Rate 2: Buprenorphine
 - Rate 3: Oral naltrexone
 - Rate 4: Long acting, injectable naltrexone
 - Rate 5: Methadone
- Only Rate 1: Total rate, is presented in the slide
- CMS median for Rate 1: Total rate, was 56.2% for measurement year 2022
 - Source: Data.Medicaid.gov 2023 Child and Adult Health Care Quality Measures Quality data set

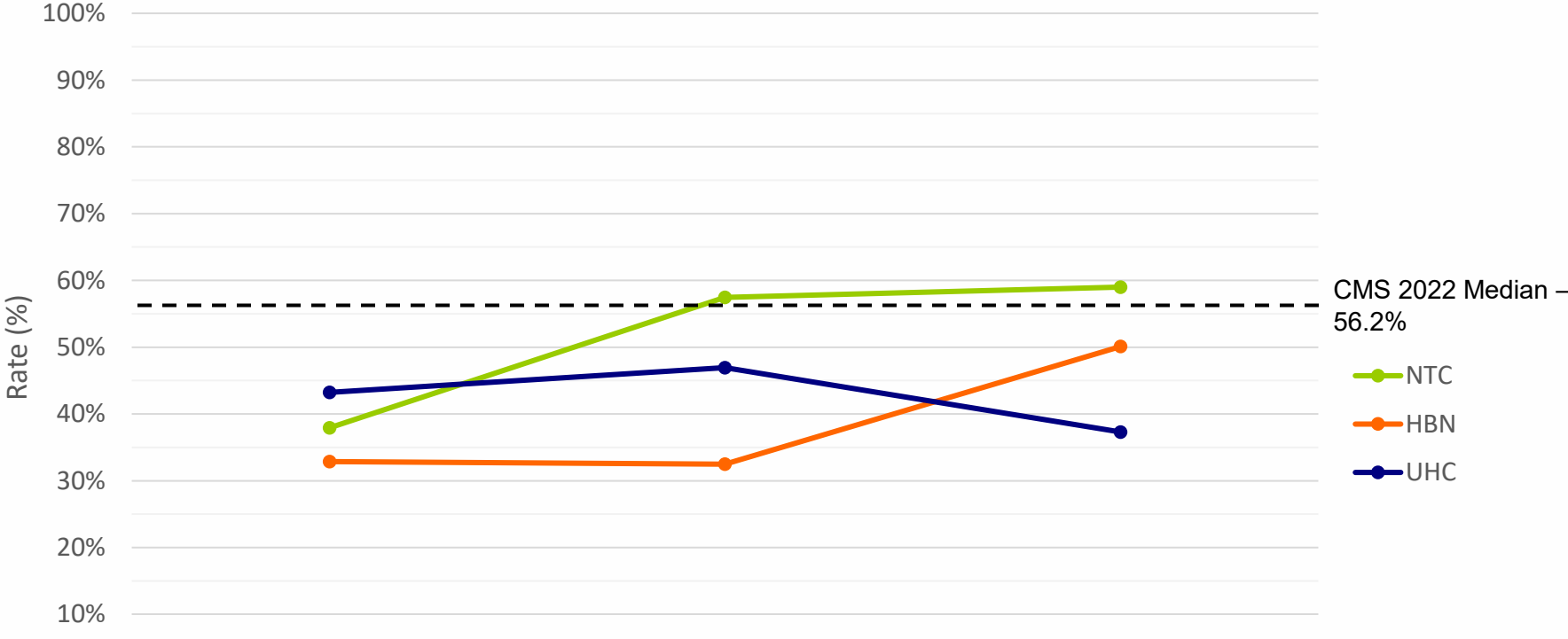
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Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) – Rate 1: Total



	2021	2022	2023
NTC	37.9%	57.4%	59.0%
HBN	32.9%	32.5%	50.1%
UHC	43.2%	46.9%	37.3%

CMS 2022 Median – 56.2%

- NTC
- HBN
- UHC



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Adult Quality Measures

Topical Fluoride for Adults at Elevated Caries Risk (TFL-A-A)

- Assesses adults 18 years of age and older who are at elevated risk for caries who received at least two topical fluoride applications in the measurement year
- Dental services were managed by MCNA prior to 2024. Since 2024, dental services have moved under the MCOs
- Future charts will begin to show the rate for each MCO
- There are no benchmarks for comparison for this measure at this time

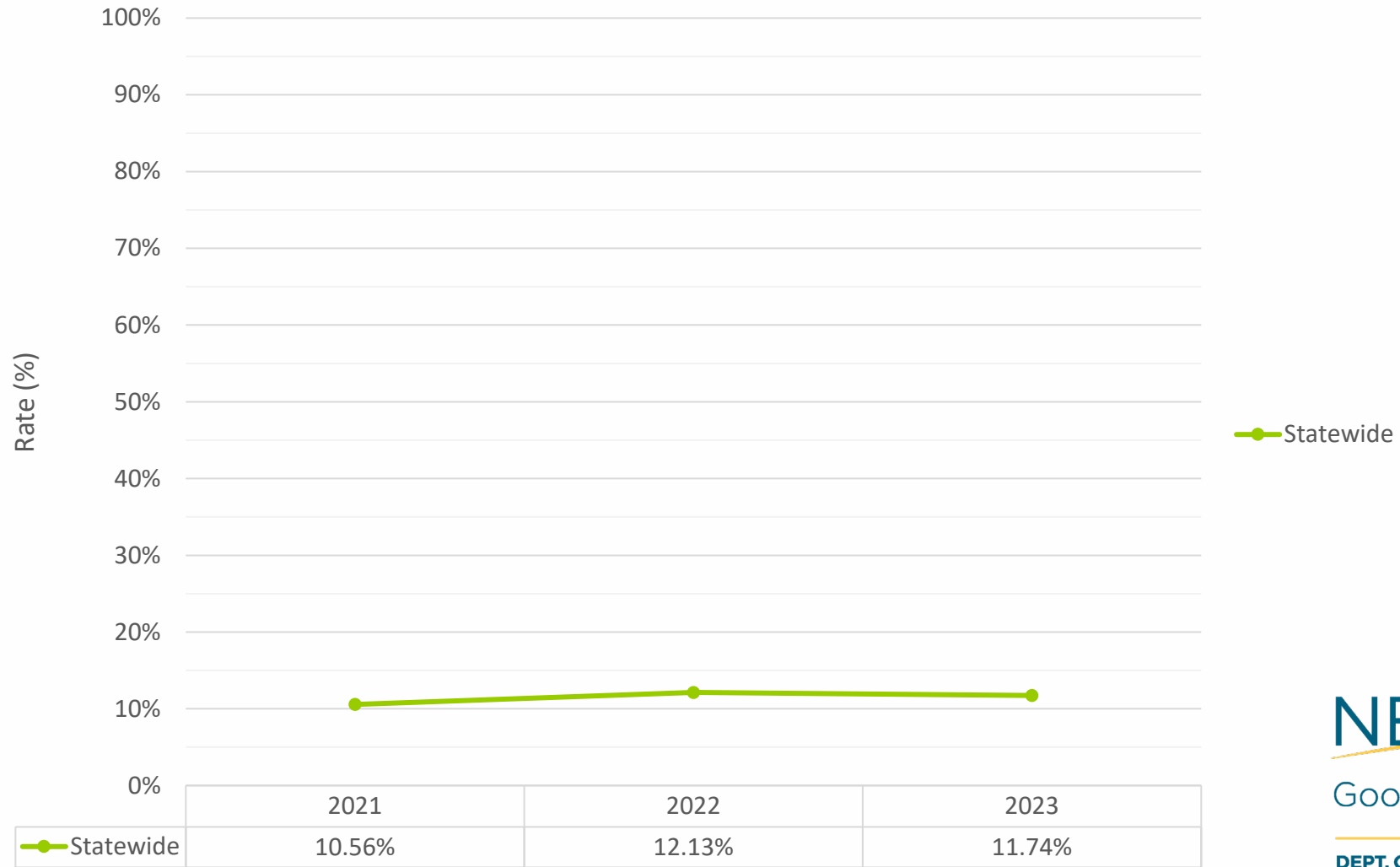
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Topical Fluoride for Adults at Elevated Caries Risk (TFL-A-A)



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Adult Quality Measures

Adult Preventative Dental Utilization

- Assesses adults 21 years of age and older who received a dental service with a procedure code in the preventative category
- There are limited national options for measuring adult dental utilization.
- This measure is a state-created measure to track utilization. The measure is monitored closely to ensure that performance is captured accurately and may be refined if needed

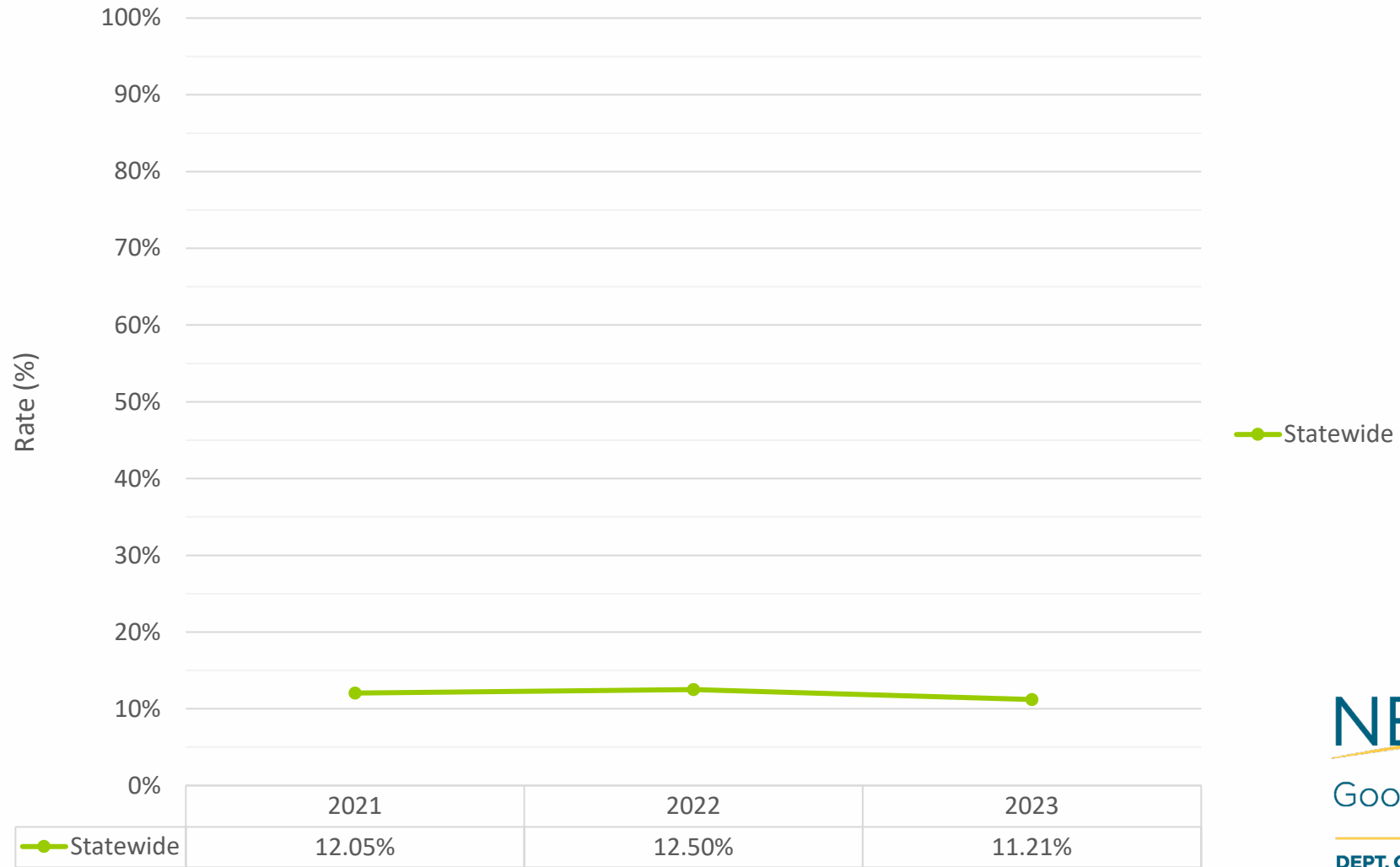
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Adult Preventative Dental Utilization



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Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey

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CAHPS

- Survey is developed by the National Agency for Healthcare Research and Quality (AHRQ)
- Used to understand patient experience with healthcare and with MCO health plans
- Medicaid Adult, Medicaid Child, and CHIP are all surveyed separately
- Survey is conducted annually
- Medicaid Child and CHIP survey results have been combined for presentation in the slides

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CAHPS

- The results of “Getting Needed Care,” “Getting Care Quickly,” and “Health Plan Customer service” are aggregations of two related questions each
 - Respondent must have responded with “Usually” or “Always” for both questions
 - Response options were: Never, Sometimes, Usually, or Always
- The results of “Rating of All Health Care” and “Rating of Health Plan” are individual responses for which respondents use a rating scale of 1 to 10
 - Respondent must have responded with a rating of “9” or “10”
- The results presented in the slides are the aggregated responses of the related questions or for the ratings of care

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Medicaid Child and CHIP

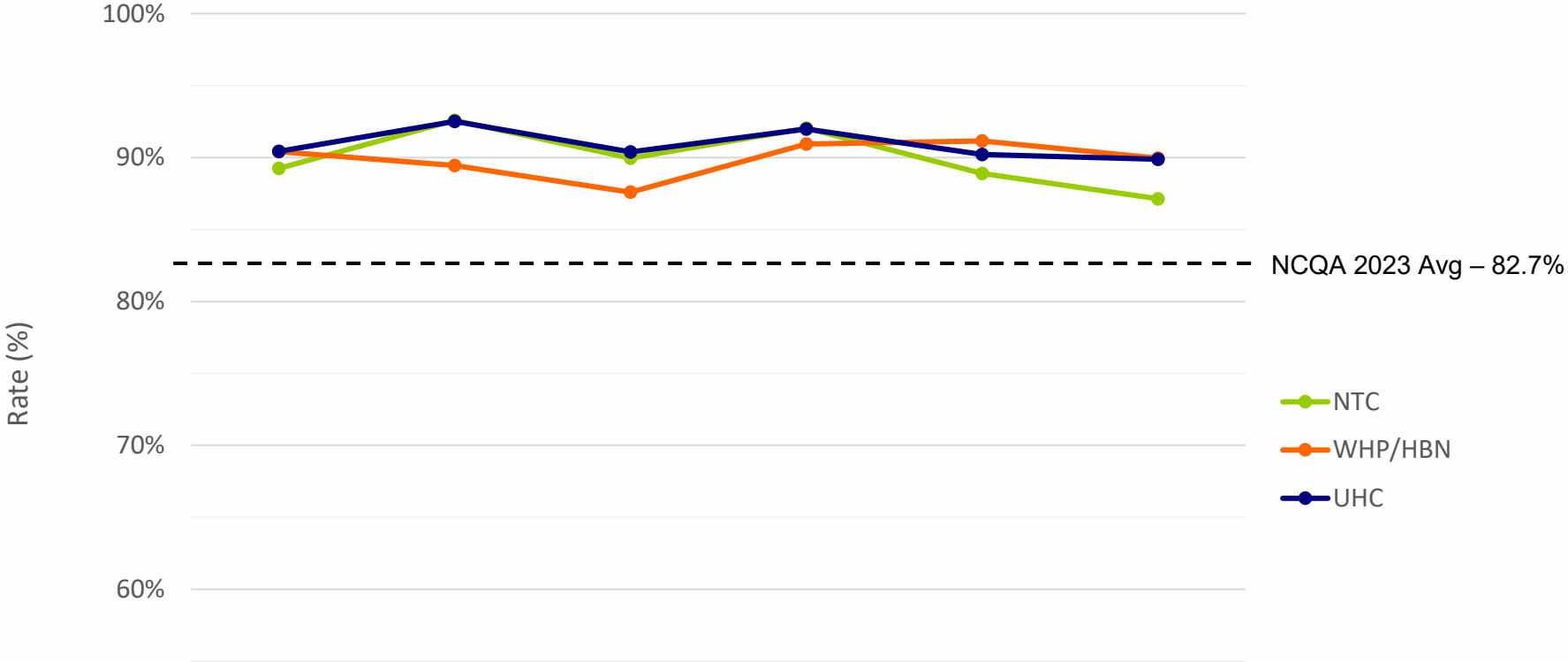
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Getting Needed Care



	2018	2019	2020	2021	2022	2023
NTC	89.2%	92.6%	90.0%	92.0%	88.9%	87.1%
WHP/HBN	90.4%	89.4%	87.6%	90.9%	91.2%	90.0%
UHC	90.4%	92.5%	90.4%	92.0%	90.2%	89.9%

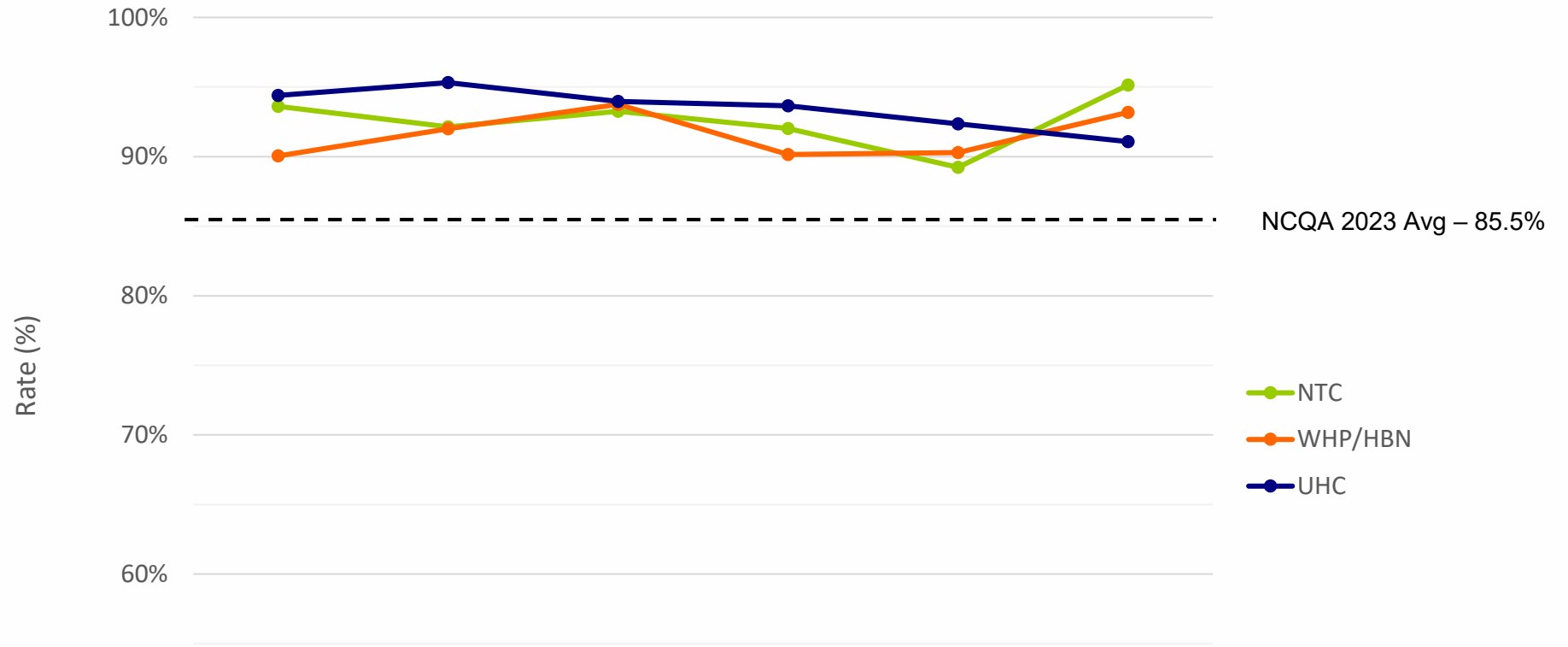
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Getting Care Quickly



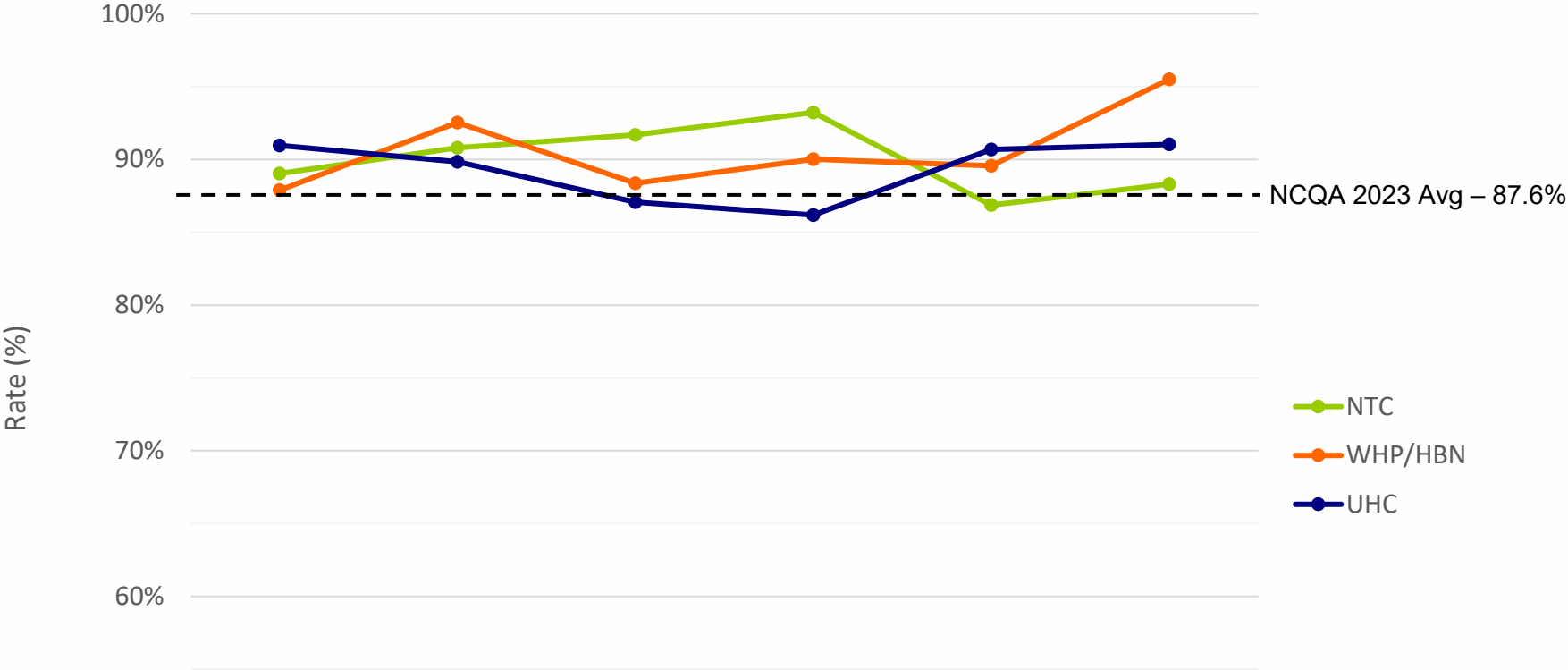
	2018	2019	2020	2021	2022	2023
NTC	93.6%	92.1%	93.3%	92.0%	89.2%	95.1%
WHP/HBN	90.0%	92.0%	93.8%	90.1%	90.3%	93.2%
UHC	94.4%	95.3%	94.0%	93.7%	92.4%	91.1%

- NTC
- WHP/HBN
- UHC

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Health Plan Customer Service



	2018	2019	2020	2021	2022	2023
NTC	89.0%	90.8%	91.7%	93.2%	86.9%	88.3%
WHP/HBN	87.9%	92.5%	88.4%	90.0%	89.6%	95.5%
UHC	91.0%	89.8%	87.1%	86.2%	90.7%	91.0%

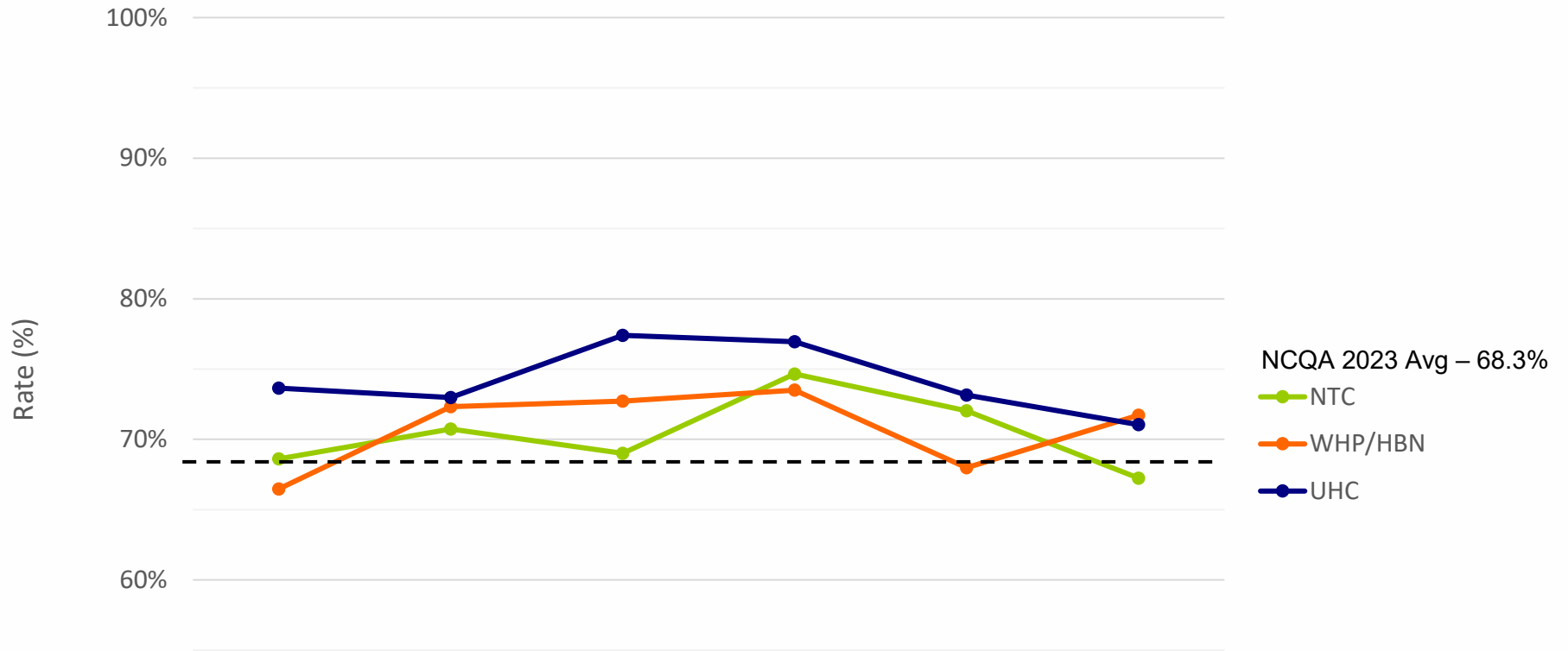
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Rating of All Health Care (9, 10)



	2018	2019	2020	2021	2022	2023
NTC	68.6%	70.7%	69.0%	74.7%	72.0%	67.2%
WHP/HBN	66.5%	72.3%	72.7%	73.5%	68.0%	71.7%
UHC	73.6%	73.0%	77.4%	76.9%	73.2%	71.0%

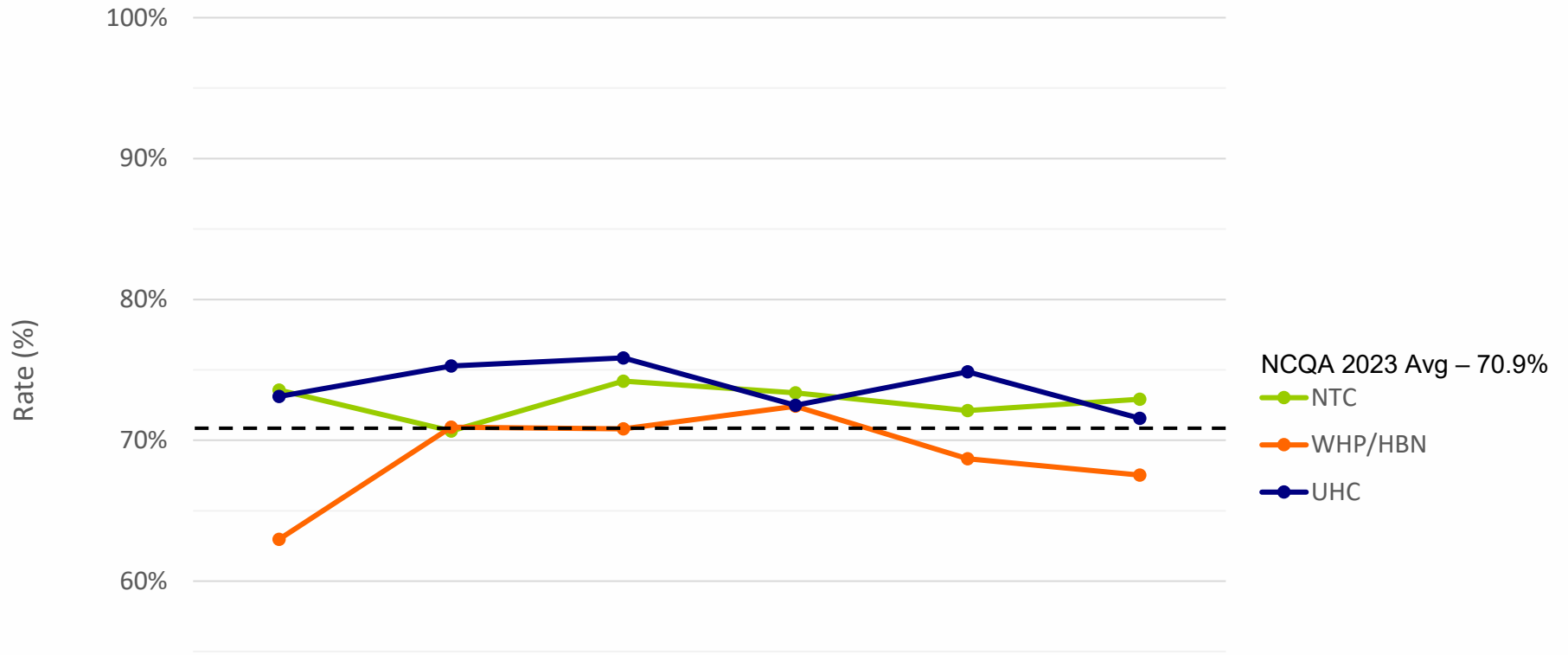
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Rating of Health Plan (9, 10)



	2018	2019	2020	2021	2022	2023
NTC	73.6%	70.7%	74.2%	73.4%	72.1%	72.9%
WHP/HBN	63.0%	70.9%	70.8%	72.4%	68.7%	67.5%
UHC	73.1%	75.3%	75.9%	72.5%	74.9%	71.6%

NCQA 2023 Avg – 70.9%

NTC

WHP/HBN

UHC

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Medicaid Adult

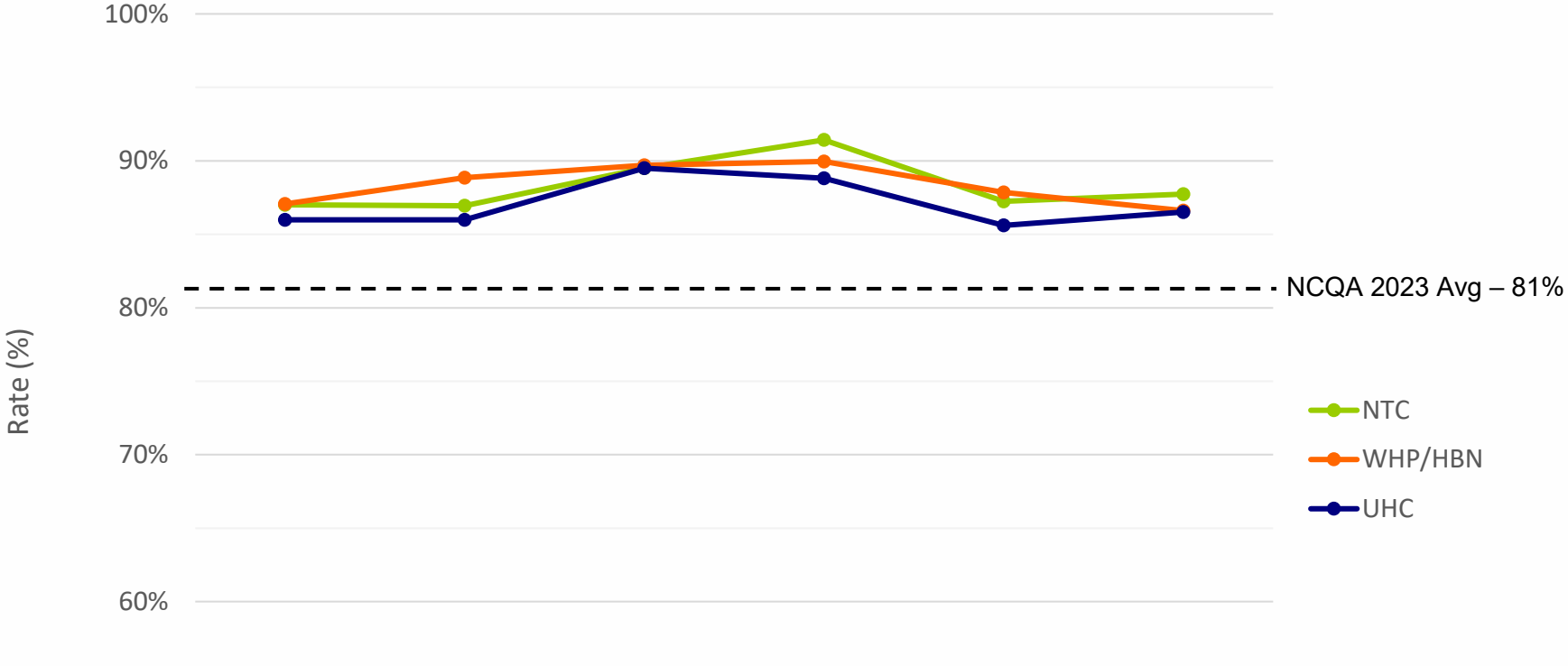
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Getting Needed Care

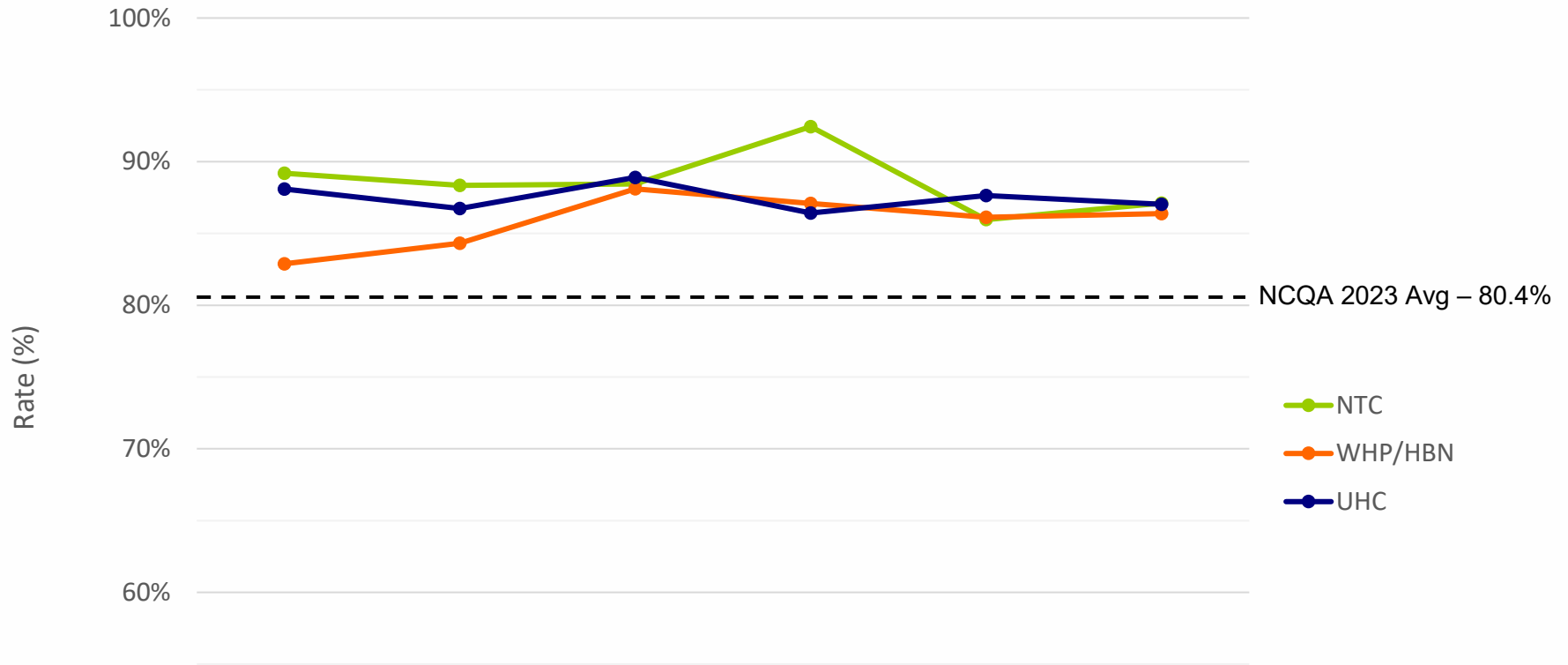


	2018	2019	2020	2021	2022	2023
NTC	87.0%	86.9%	89.5%	91.4%	87.2%	87.7%
WHP/HBN	87.1%	88.9%	89.7%	90.0%	87.9%	86.6%
UHC	86.0%	86.0%	89.5%	88.8%	85.6%	86.5%

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Getting Care Quickly



	2018	2019	2020	2021	2022	2023
NTC	89.2%	88.3%	88.5%	92.4%	86.0%	87.1%
WHP/HBN	82.9%	84.3%	88.1%	87.1%	86.1%	86.4%
UHC	88.1%	86.7%	88.9%	86.4%	87.6%	87.0%

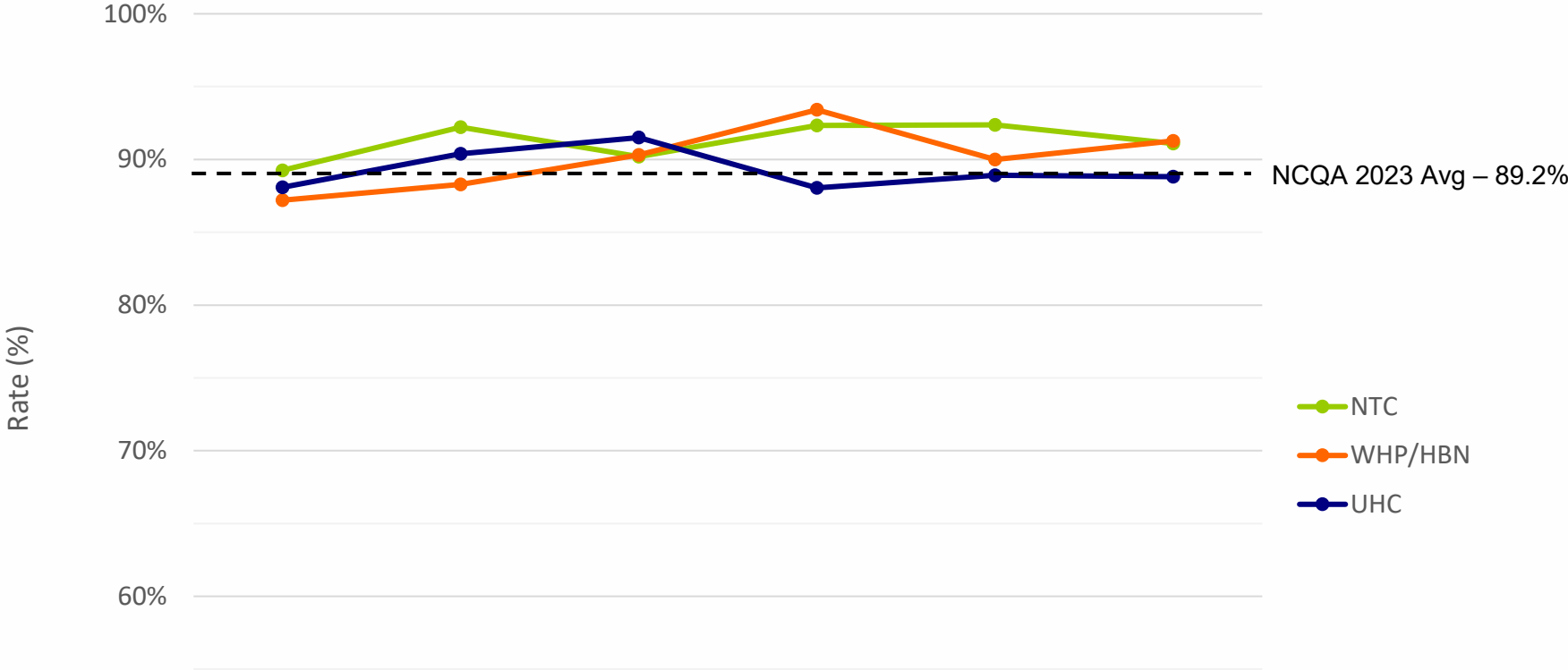
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Health Plan Customer Service



	2018	2019	2020	2021	2022	2023
NTC	89.3%	92.2%	90.2%	92.3%	92.4%	91.1%
WHP/HBN	87.2%	88.3%	90.3%	93.4%	90.0%	91.3%
UHC	88.1%	90.4%	91.5%	88.0%	88.9%	88.8%

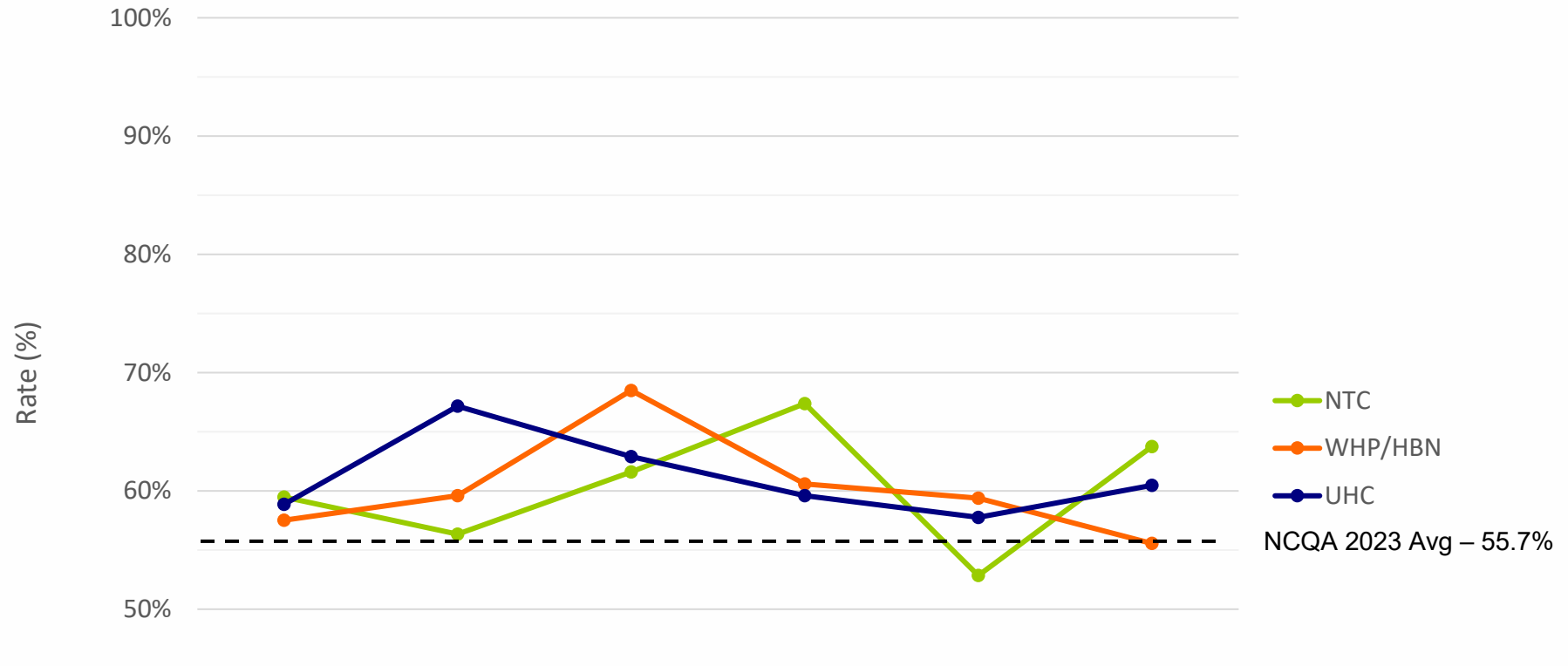
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Rating of All Health Care (9, 10)



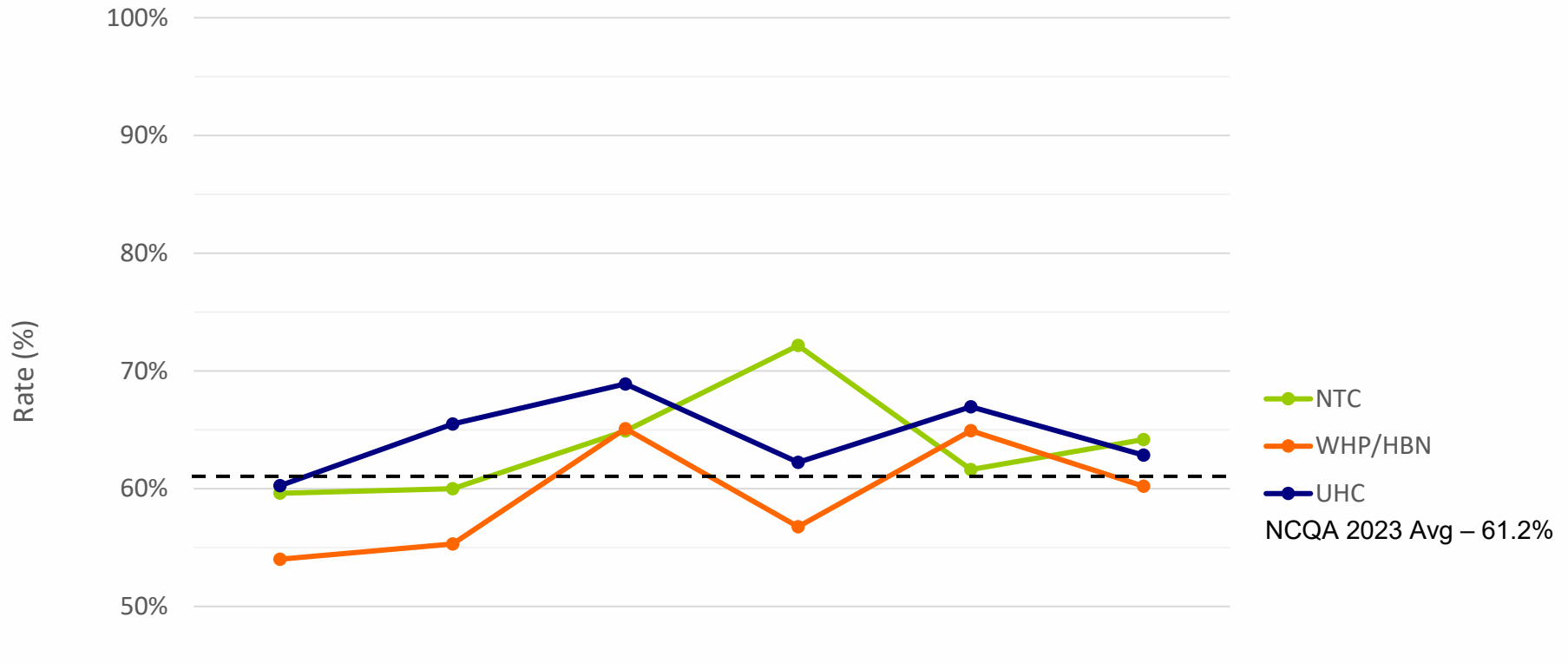
	2018	2019	2020	2021	2022	2023
NTC	59.5%	56.3%	61.6%	67.4%	52.8%	63.8%
WHP/HBN	57.5%	59.6%	68.5%	60.6%	59.4%	55.6%
UHC	58.9%	67.2%	62.9%	59.6%	57.8%	60.5%

● NTC
● WHP/HBN
● UHC
 NCQA 2023 Avg – 55.7%

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Rating of Health Plan (9, 10)



	2018	2019	2020	2021	2022	2023
NTC	59.6%	60.0%	64.9%	72.2%	61.6%	64.2%
WHP/HBN	54.0%	55.3%	65.1%	56.8%	64.9%	60.2%
UHC	60.3%	65.5%	68.9%	62.2%	67.0%	62.9%

● NTC
● WHP/HBN
● UHC
 NCQA 2023 Avg – 61.2%

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