



nebraska
total care™

Understanding Medicaid Quality and Improvement Strategies

NMA - February 2024

Agenda

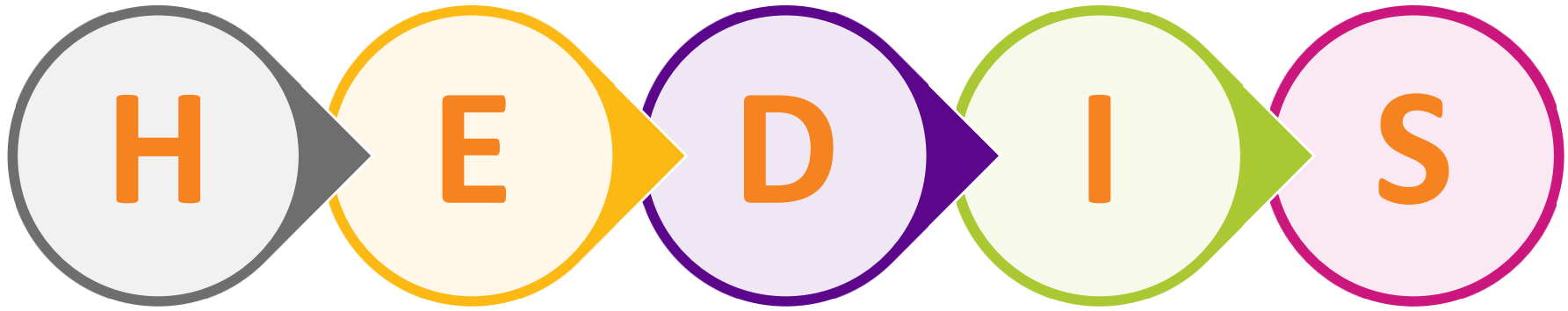
How is Quality Measured?	Jeremy Blake, Program Manager III
NE Medicaid Quality Priorities	Chris Elliott, MD Chief Medical Director
Driving Quality in the Clinical Setting	Amy Wing, Quality Improvement Manager Susan Jeffrey, Sr. Quality Improvement Manager
Coding and Documentation	Tina Pierce, Program Manager II
Resources and Support	Aimee Black, VP of Quality and Process Improvement

Objectives

- Understand how health plans measure quality for members
- Develop an understanding of how to drive quality in clinical settings
- Understand the importance and impact of documentation and coding to quality metrics

Jeremy Black, Project Manager III

How is Quality Measured



HEDIS stands for:

Healthcare Effectiveness Data and Information Set

HEDIS is a comprehensive set of standardized performance measures. It is coordinated and administered by the **National Committee for Quality Assurance (NCQA)**.

HEDIS is used to evaluate quality of care and services and to ensure that the public, policymakers, and payers have the information they need to compare health plan performance.

HEDIS Content Today



Preventive Services and Wellness



Chronic Condition Management



Access and Availability



Utilization

Measurement set
used by more than

90%

of America's health plans

Allows for **comparison**
of health plans *across*
important dimensions
of care and service

Value of HEDIS

HEDIS provides value in **three** specific areas:

The ability to understand how well organizations achieve results.

Offers a way to make an “apples-to-apples” comparison of Organizations.

Is part of a larger system that requires accountability and quality improvement in Healthcare.

Dr. Chris Elliott, MD Chief Medical Director

NE Medicaid Quality Priorities 2024

Integrated Quality Care



HEDIS Measures 2024

Medicaid Priority Areas

Behavioral Health	Child / Adolescents	Women's Health	Dental
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	Immunizations for Adolescents (IMA)	Prenatal & Postpartum Care (PPC)	Topical Fluoride for Children (TFL-CH)
Follow-Up After Hospitalization for Mental Illness (FUH)	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Chlamydia Screening (CHL)	Topical Fluoride for Adults at Elevated Caries Risk (TFL-A-A)
Follow-Up After Emergency Department Visit for Mental Illness (FUM):			
Follow-Up After Emergency Department Visit for Substance Use (FUA)			
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) [Monitoring]			

Susan Jeffrey / Amy Wing
Managers, Quality Improvement

Driving Quality in the Clinical Setting

Utilize Provider Portals



Nebraska Total Care Secure Provider Portal

NebraskaTotalCare.com > For Providers > Login/Register



For Providers

Nebraska Total Care gives providers the tools to provide comprehensive care to their patients. Becoming a provider in Nebraska Total Care's network, you receive newsletters, alerts on upcoming education opportunities, and more. Learn more and join the Nebraska Total Care provider network today.

Login

If you are a contracted Nebraska Total Care provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim. Once you have created an account, you can use the Nebraska Total Care provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
- Login/Register

login/register

Click on Login/Register

Enter the following information:

1. Enter Tax ID
2. Name
3. E-mail address
4. Create a password
5. Confirmation email sent
5. Enter the verification code
7. Enter Secret Questions
8. Hit Submit

Review: Immunizations for Adolescents (IMA)

Line of Business: Commercial and Medicaid

Measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member's 13th birthday.



**HPV: Either of the following meet the criteria:*

- *At least two HPV vaccines, on or before the member's 9th and 13th birthdays and with dates of service at least 146 days apart.*
- *At least three HPV vaccines, with different dates of services on or before a member's 9th and 13th birthdays.*

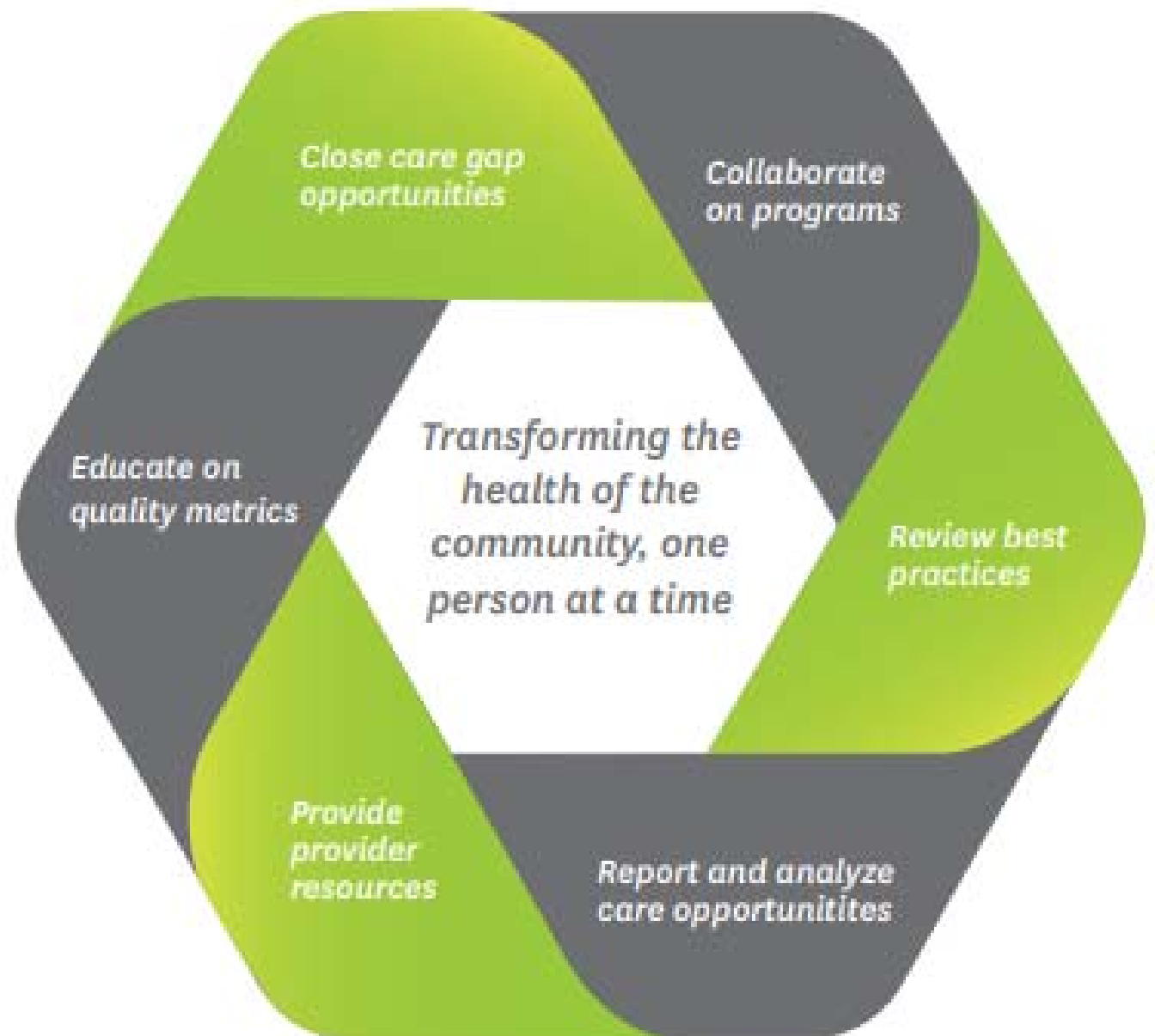
To Improve HEDIS Measure:

- Documentation that a member is up to date with all immunizations but doesn't include a list of the immunizations and dates they were administered, will NOT meet compliance.
- Parental refusal of vaccinations will not remove an eligible member from the denominator.
- Overdue immunizations can be administered at sick visits (as medically appropriate).
- When discussing vaccines with members and their parents, recommend the HPV vaccine in the same way and at the same visits as the Tdap and meningococcal vaccine.
- Vaccination information is available for members on the Nebraska Total Care website in the [Krames Health Library](#). They can be printed off and provided to parents/guardians.
- If history of anaphylaxis to an immunization/immunization, submit appropriate codes.

Quality Performance Overview - Example

HEDIS Measure Summary										
Measure	Non-Compliant	Compliant	To Target	Hybrid	Comp Rate % (PY)	Comp Rate %	Overall Tgt %	Overall Goal Status		
FUM-7 Day Total Ages	24	11	7	N	26.92%	31.43%	52.80%	BEHIND		
HBDB-HbA1c Adequate Control (<8)	89	110	0	Y	53.27%	55.28%	52.80%	ON TRACK		
IET-Egmt total 18+	151	16	3	N	9.89%	9.58%	11.22%	ON TRACK		
IET-Init total 18+	104	63	7	N	44.51%	37.72%	41.68%	BEHIND		
IMA-Combination 2 Immunizations	54	37	0	Y	31.07%	40.66%	31.87%	ON TRACK		
PPC-Postpartum care	24	40	10	Y	59.14%	62.50%	77.37%	BEHIND		
PPC-Timeliness of prenatal care	21	43	12	Y	34.41%	67.19%	85.40%	BEHIND		
SPC-Total Adherence	2	22	0	N	66.67%	91.67%	81.25%	ON TRACK		
SPC-Total Statin Therapy	3	24	0	N	75.00%	88.89%	82.29%	ON TRACK		
SPD-Received Statin Therapy	19	106	0	N	88.39%	84.80%	70.00%	ON TRACK		

Quality Practice Advisors



Tina Pierce, Program Manager II

Coding and Documentation

CODING: Data Collection

Administrative

Administrative Data is calculated from a claim or encounter(s). This includes:

- CPT codes
- ICD-10 codes
- Approved supplemental data
- Enrollment systems
- Insurance claims (not paid and denied)

Measure denominators and reported rates are based on the entire population.

Hybrid

Hybrid Data is obtained from both administrative sources and abstracted from the patient's medical record (both paper and EMR):

- Reviews a collection of medical records for members who are part of a randomly selected sample population to improve the administrative rate.
- The hybrid method focuses on collecting medical records on a sample population of members to improve the administration rate.
- NCQA determines the hybrid measures allowed to be used for HEDIS® data collection.
- Hybrid medical record collection methods include EMR access, onsite retrieval, email, fax, portal and mail.

DOCUMENTATION: HEDIS Medical Record

What should be Sent:

- Medical record must include member two identifiers and the minimum measure necessary information.
- Always include the member/patient demographic information on the initial page
This includes name, date of birth, insurance information, etc.
- Hybrid season, packets received will include return instructions.
- Submission of a member's/patient's entire medical record is often unnecessary and is not recommended.

To **EXCLUDE** a member:

- Documentation if the member expired in 2024.
- Documentation if the member was in hospice or using hospice services in 2024.

Controlling High Blood Pressure (CBP)



Flow Sheets



Progress Notes Most Recent Visit of 2024



Unacceptable B/P Readings

ER and Inpatient Settings, diagnostic test, or diagnostic or therapeutic procedure performed on the same day requiring a change in diet or change in medication on the day of or one day before the day of the test or procedure. The one exception to this is fasting blood tests.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children or Adolescents (WCC)

Documentation must be calendar year 2024.

- Progress notes/Office Visits notes/Telephonic or Telehealth notes (e-visits and virtual check-ins).
- Well Child Check Forms.
- Sports, or Camp Physicals.
- Consult Notes.
- HT/WT/BMI Growth Charts and/or Graphs.
- HT/WT/BMI **Percentile** Flow Sheets.
- Referral forms to dietitians.
- BMI percentile.
- Nutrition and Physical Activity Counseling.
- Referral/Services rendered for Obesity Counseling.
- Referral/Services rendered for eating disorders.
- Referral to Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
- Educational material received related to nutrition and physical activity.
- Anticipatory guidance for nutrition and physical activity.

Aimee Black, Vice President Quality & Process Improvement

Resources and Support

Quality Practice Advisor Team Contacts

Manager, Quality Improvement

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Associate Quality Practice Advisors:

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Nebraska Total Care Website Resources

FOR PROVIDERS

Become a Provider +

Pre-Auth Check +

Sign Up for Provider Emails

Transportation

Pharmacy +

Provider Relations

Provider Resources +

Quality Assessment and Performance Improvement -

CAHPS®

HEDIS

Medical Records

Practice Guidelines (Medical)

Practice Guidelines (Behavioral)

Providing Quality Care

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

PROVIDER COMMUNICATION -

- How often did your personal doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?

SHARED DECISION MAKING -

- Did your doctor/health provider talk about reasons why you might want to take a medication?
- Did your doctor/health provider talk about reasons why you may not want to take a medication?
- Did your doctor/health provider ask you what you thought was the best for you when starting/stopping a prescription medication?

COORDINATION OF CARE -

In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from health providers besides your personal doctor or other health providers?

HEALTH PROMOTION AND EDUCATION -

In the last six months, did you and your doctor or other health provider talk about specific things you could do to prevent illness?

HEDIS® Quick Reference Guide

Nebraska Total Care strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the [HEDIS® Quick Reference Guide 2022 \(PDF\)](#) to help you increase your practice's HEDIS® Rate. Please always follow the State and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

HEDIS Team Contacts

Senior Manager, Quality Improvement

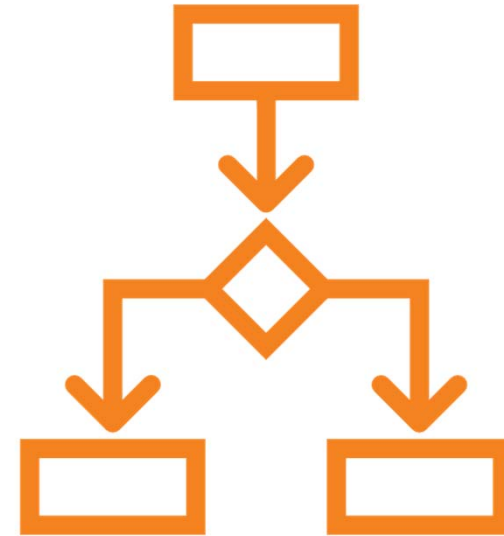
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Thank you for your partnership.

Questions?

Appendix

Adult Measure Acronyms

Measure	Acronym
Adult Access to Preventive/Ambulatory Health services	AAP
Blood Pressure Control for Patients with Diabetes	BPD
Breast Cancer Screening	BCS
Cervical Cancer screening	CCS
Chlamydia Screening in Women	CHL
Controlling High Blood Pressure	CBP
Eye Exam for Patients with Diabetes	EED
Follow-Up After ED Visit for Mental Illness – 30 Days Total	FUM
Follow-Up After ED Visit for Mental Illness – Total Ages 7 Days	FUM
Follow Up After Hospital Visit for Mental Illness – Total Follow Up	FUH
Follow Up After Hospital Visit for Mental Illness – Follow Up Within 7 Days	FUH
Hemoglobin A1C Control for Patients With Diabetes – (>9.0%)	HPD
Prenatal and Postpartum Care – Postpartum Care	PPC
Prenatal and Postpartum Care – Timeliness of Prenatal Care	PPC

Pediatric Measure Acronyms

Measure	Acronym
Child and Adolescent Well-Care Visits – Total	WCV
Child Immunization Status – Combination 10	CIS
Immunizations for Adolescents – Combination 2	IMA
Metabolic Monitoring For Children and Adolescents on Antipsychotics	APM
Use of First-Line Psychosocial Care For Children and Adolescents on Antipsychotics	APP
Weight Assessment and Counseling Children – BMI (12-17)	WCC - BMI
Weight Assessment and Counseling Children – Nutrition (12-17)	WCC – Nutrition
Weight Assessment and Counseling Children – Physical Activity (12-17)	WCC – Physical
Well Child Visits in the First 30 Months of Life – Age 15-30 Months	W30
Well Child Visits in the First 30 Months of Life – First 15 Months	W30

Priority HEDIS Measures 2024

Behavioral Health

IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Percentage of beneficiaries age 18 and older (Combining age groups 18-64 and 65+) with a *new* episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment *within 14 days of the diagnosis*
- Engagement of AOD Treatment. Percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment *within 34 days of the initiation visit*

FUH: Follow-Up After Hospitalization for Mental Illness

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Two rates are reported:

1. The percentage of discharges for which the member received follow-up within *7 days* after discharge. (Total)
2. The percentage of discharges for which the member received follow-up within *30 days* after discharge. (Total)

FUM: Follow-Up After Emergency Department Visit for Mental Illness

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Two rates are reported:

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

FUA: Follow-Up After Emergency Department Visit for Substance Use

The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported:

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

FUI: Follow-Up After High-Intensity Care for Substance Use Disorder

2024: Monitoring Status Only

The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.
2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.

Priority HEDIS Measures 2024

Child/Adolescent Health

IMA: Immunizations for Adolescents

The percentage of adolescents 13 years of age who had they following completed BY their 13th birthday:

- One dose of meningococcal vaccine
- One tetanus
- Tetanus, diphtheria, pertussis (Tdap) vaccine
- The human papillomavirus (HPV) vaccine series

WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Percentage of adolescents ages 12 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year:

- Body mass index (BMI) percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Priority HEDIS Measures 2024

Women's Health

PPC (PPC-t; PPC-pp): Prenatal and Postpartum Care

PPC-t

Timeliness of Prenatal Care: Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in Medicaid/CHIP.

PPC-pp

Postpartum Care: Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.

CHL: Chlamydia Screening in Women

Percentage of adolescents ages 12 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year:

- Body mass index (BMI) percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Priority HEDIS Measures 2024

Dental Health

Quality Practice Advisory Program

Nebraska Total Care is dedicated to delivering high-quality healthcare services for the Heritage Health programs. Nebraska Total Care has invested resources in an innovative quality improvement program. The Quality Practice Advisory Program focuses on generating positive member health outcomes, improved population health, and collaborating with community healthcare providers to ensure our members are receiving the highest level of quality care.

What are Quality Practice Advisors?

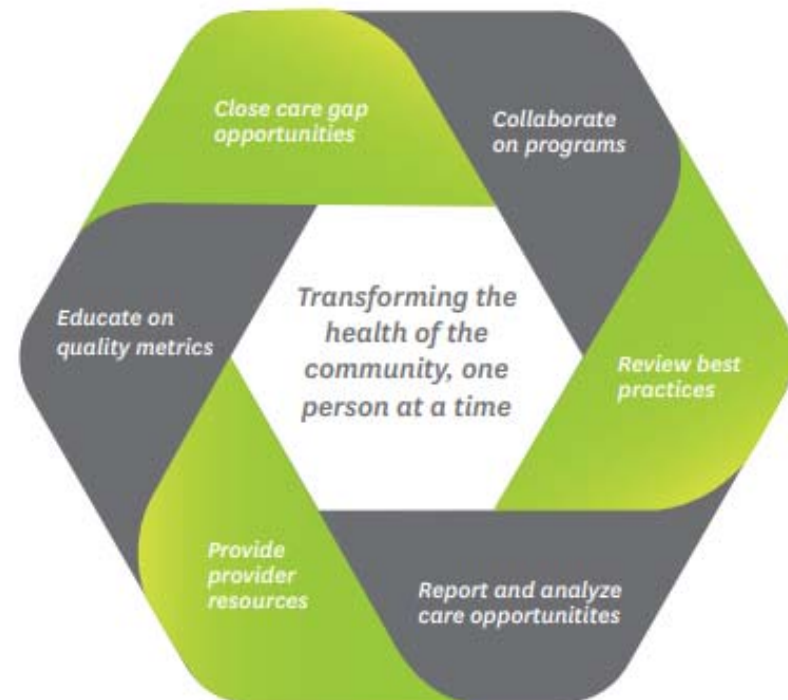
The Nebraska Total Care Quality Practice Advisors (QPAs) have diverse backgrounds in driving quality patient care with expertise throughout the hospital setting. Our Associate Quality Practice Advisors act as a single point of contact for provider offices in support of member quality care, as well as to assist in the management of clinical requirements that are part of Healthcare Effectiveness Data and Information Set (HEDIS®), regulatory requirements, coding accuracy, performance and process improvement, and other priority quality measures.

What can QPAs do for you and your practice?

- Establish and foster a healthy working relationship between physician practices and the health plan.
- Educate providers and support provider practice sites regarding the National Committee for Quality Assurance (NCQA) HEDIS measures and risk adjustment.
- Analyze and review quality outcomes to identify trends at the provider level
- Provide education for HEDIS measures, appropriate medical record documentation and appropriate coding.
- Assist in resolving deficiencies impacting plan compliance to meet State and Federal standards for HEDIS and documentation standards.

- Support the development and implementation of quality improvement interventions and audits in relation to plan providers.
- Collect, summarize trends, and deliver provider quality and risk adjustment performance data to identify and strategize/coach on opportunities for provider improvement and gap closure.
- Collaborate with Provider Relations and other provider facing teams to improve provider performance in areas of Quality, Risk Adjustment and Operations (claims and encounters).

If you would like to learn more about the Quality Practice Advisory Program and how the team can help support your efforts in providing high-class quality healthcare, please contact our [Quality Improvement team](#).



Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

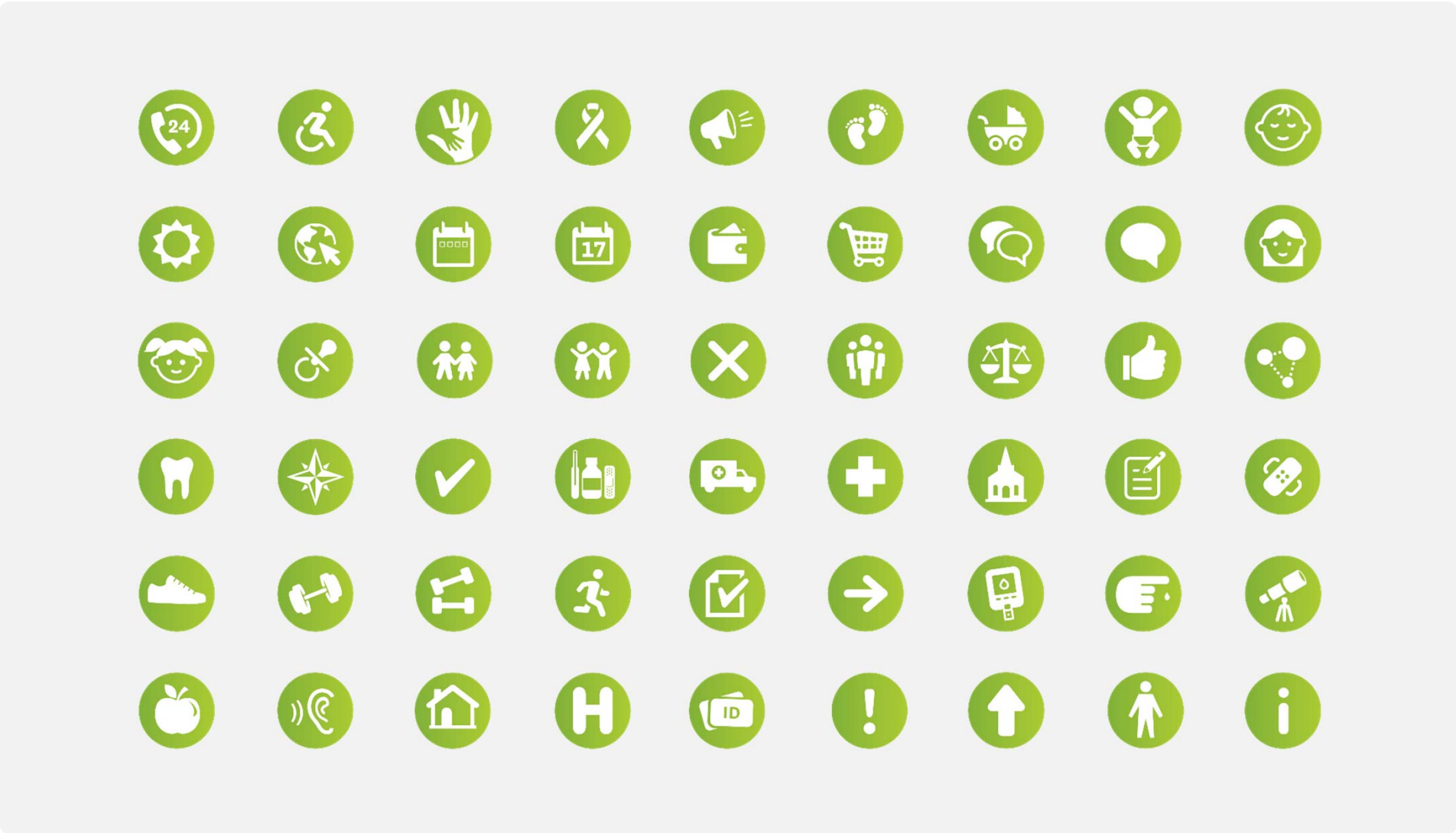
We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well.

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

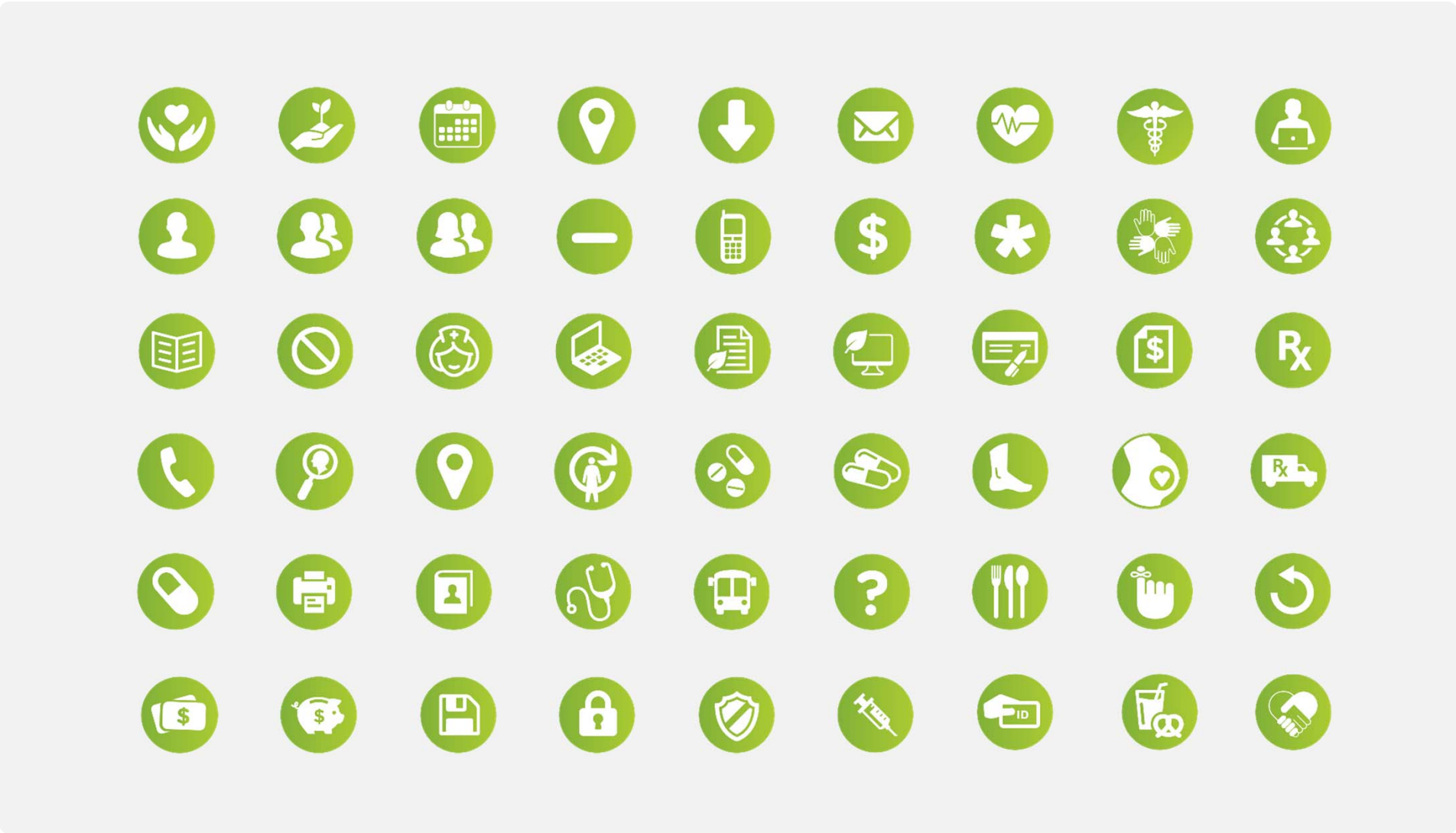
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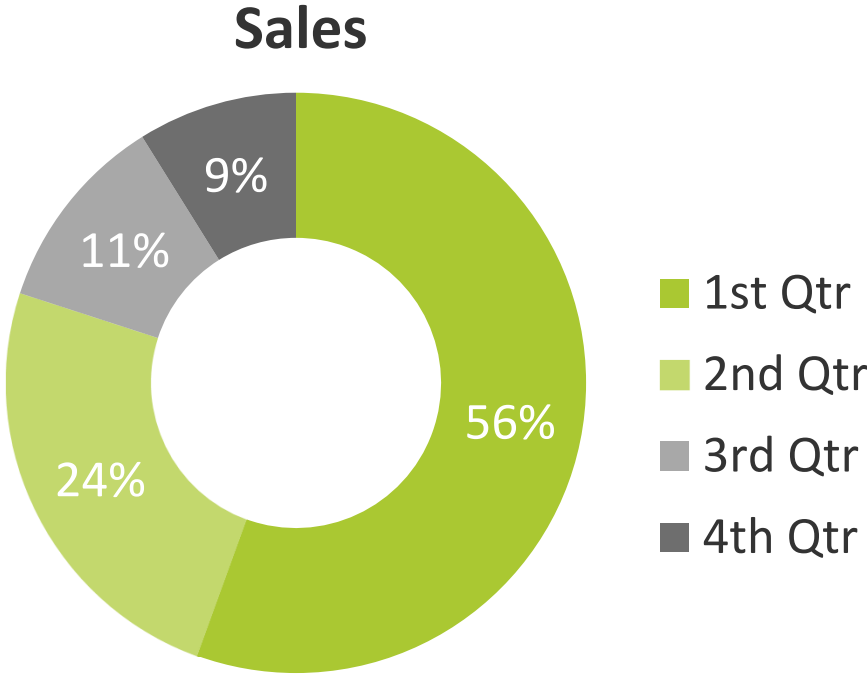


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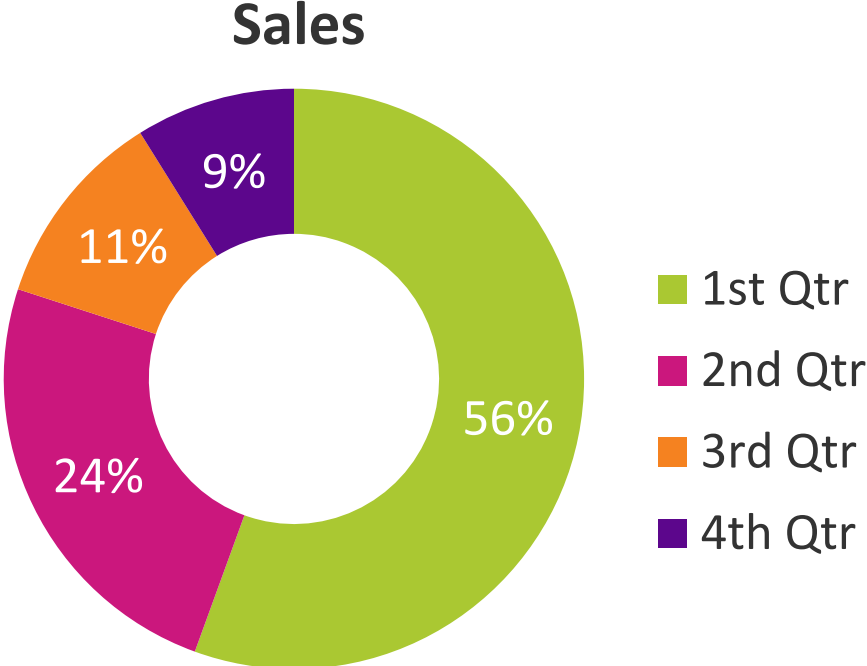
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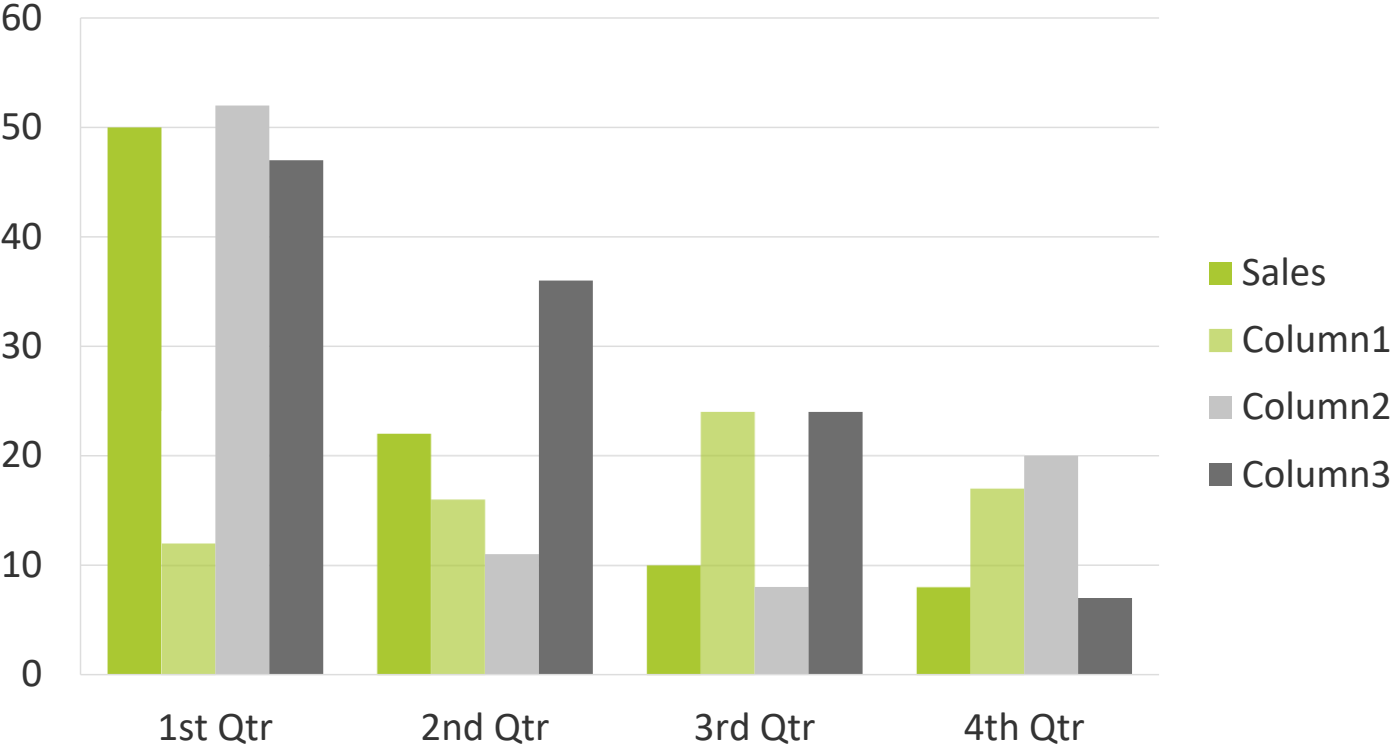
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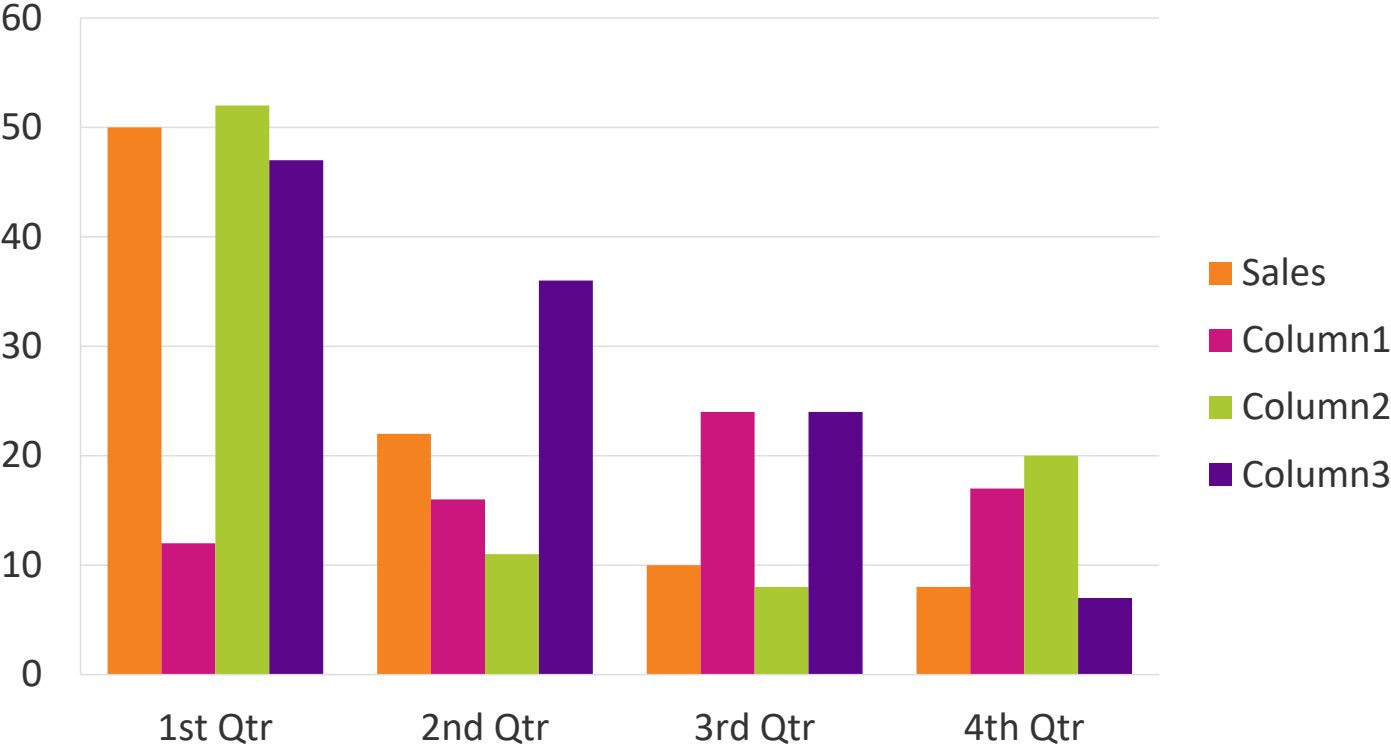
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Monochromatic Graph Style: Flat, no beveling, no shadows



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Process Chart: Flat, no beveling, no shadows

