DHS-3917I

Contract Year 2024 Quality Withhold Measures:

Technical Specifications Final (edited)

Quality Withhold Measures for MCO Contracts

4/2/2024

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CY 2024 Quality Withhold Measures

Tables 1A, 1B, and 1C list performance and compliance Withhold measures for the Families and Children (abbreviated as F&C) (e.g., PMAP and MinnesotaCare products), Seniors (e.g., MSC+ and MSHO products) and Special Needs BasicCare (SNBC) contracts. For the F&C contract, there are eight (8) withhold measures of which six (6) are performance measures and two (2) are compliance measures. All six (6) performance measures for the contract year 2024 are stratified by Race and Ethnicity (R/E). The compliance measure, called "F&C/MinnesotaCare Healthcare Equity Stakeholder/Community Engagement", documents the meetings and reporting. For the Seniors contract, there are seven (7) withhold measures of which four (4) are performance measures and three (3) are compliance measures. For the SNBC contract, there are seven (7) withhold measures of which four (4) are performance measures and three (3) are compliance measures.

Measurement Technical Specifications

The specifications for the performance measures (e.g., PPC, CIS, W30, WCV, FUH, IET, ADV, AMB, COL, FMC) are based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2024 technical specifications. To preserve the validity of comparisons between years, the STATE will not consider changes to the HEDIS 2022 specifications unless the changes significantly influence this measure's dependability, baseline rates. The calculation of the rates for the HEDIS measures will follow the NCQA technical specifications.

Table 1A: List of Withhold Measures (Performance and Compliance) for F&C Contract and Related Details

Measures for F&C Contract (e.g., PMAP & MinnesotaCare)	Measure Type	Age Group	Points Allocated
Prenatal and Postpartum Care (PPC): Timeliness of Care	Performance (R/E)	All Child-bearing age	7
Prenatal and Postpartum Care (PPC): Postpartum Care	Performance (R/E)	All Child-bearing age	7
Childhood Immunization Status (CIS): Combo 10	Performance (R/E)	2 years	14
Well Child Visits in First 15 Months (W30): 6 or more visits	Performance (R/E)	0 to 15 months	7
Well Child Visits in First 30 Months (W30): 6 or more visits	Performance (R/E)	15 to 30 months	7
Child & Adolescent Well-Visits (WCV)	Performance (R/E)	All (3 to 21 years)	14

Measures for F&C Contract (e.g., PMAP & MinnesotaCare)	Measure Type	Age Group	Points Allocated
Follow-up After Hospitalization for Mental Illness (FUH): 7-day	Performance (R/E)	All (6 to 65+ years)	7
Follow-up After Hospitalization for Mental Illness (FUH): 30-day	Performance (R/E)	All (6 to 65+ years)	7
Initiation and Engagement of Substance Use Disorder Treatment (IET): Initiation	Performance (R/E)	All (13 to 65+ years)	7
Initiation and Engagement of Substance Use Disorder Treatment (IET): Engagement	Performance (R/E)	All (13 to 65+ years)	7
F&C/MinnesotaCare Healthcare Equity Stakeholder/Community Engagement	Compliance	All	12
No Repeat Deficiencies on the MDH QA/TCA Examination	Compliance	Not Applicable	4

Table 1B: List of Withhold Measures (Performance and Compliance) for SNBC Contract and Related Details

Measures for SNBC Contract	Measure Type	Age Group	Points Allocated
Annual Dental Visit (ADV)	Performance	18 to 64 years	15
Ambulatory Care (AMB): ED Visits	Performance	18 to 64 years	15
Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)	Performance	18 to 64 years	15
Follow-Up After Hospitalization for Mental Illness (FUH): 7-day	Performance	18 to 64 years	7.5

Measures for SNBC Contract	Measure Type	Age Group	Points Allocated
Follow-Up After Hospitalization for Mental Illness (FUH): 30-day	Performance	18 to 64 years	7.5
Service Accessibility / Care Plan Audit	Compliance	Not Applicable	15
Stakeholders Group Reporting	Compliance	Not Applicable	15
No Repeat Deficiencies on the MDH QA/TCA Examination	Compliance	Not Applicable	10

Table 1C: List of Withhold Measures (Performance and Compliance) for Seniors Contract and Related Details

Measures for Seniors Contract	Measure Type	Age Group	Points Allocated
Annual Dental Visit (ADV)	Performance	65+ years	15
Colorectal Cancer Screening (COL)	Performance	65+ years	15
Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)	Performance	65+ years	15
Initial Seniors Health Risk Screening or Assessment (SHRA) – *DHS developed*	Performance	64+ years	15
Service Accessibility / Care Plan Audit	Compliance	Not Applicable	15
Stakeholders Group Reporting	Compliance	Not Applicable	15
No Repeat Deficiencies on the MDH QA/TCA Examination	Compliance	Not Applicable	10

Grouping of Enrollees: Race and Ethnicity

Enrollees for each MCO will be grouped by both race and ethnicity according to the DHS enrollment data and methods. Enrollees selecting more than one race are assigned to one race category beginning with the group of lowest representation based on distribution of race among Minnesota Health Care Program (MHCP) enrollees (Table 2). Data from calendar year 2022, show that the racial composition of state health care program enrollees is Native American (2.4%), Asian/Pacific Islander (7.8%), Black (20.4%), White (54.5%), two or more races (5.6%), and Unknown (9.3%).

Table 2: Hierarchy of Ethnicity and Race Assignments

Ethnicity	Race (Hierarchy)	Two or More races (reporting only, no points)
Hispanic	Native American/Alaska Native Asian/Pacific Islander Black/African American Non-Hispanic White Unknown	Multi-racial

For example, as described in Table 2 above, a person who reports as Hispanic and a race (alone) will be categorized as Hispanic and one race. If a person self-identifies as multiple races, then the person is assigned to one race (e.g., Native American and Black is assigned to Native American; Black and Non-Hispanic White is assigned to Black). This person will also be assigned to the multi-racial group; however, this does not play any role in withhold measures (no points assigned).

Enrollees who report no race (i.e., 'Unknown' race) are counted in the overall rates for measures. They are not reported separately as a category. If possible, DHS will augment the data with race/ethnicity data reported in MAXIS to reduce the number of records missing race/ethnicity values. As reliable data becomes available, DHS will consider modification to the assignment of race, ethnicity, or expanding the list of racial/ethnic groups.

Ethnicity and Race Disparity Gap Measurement

DHS will separate the Hispanic ethnic group from the non-white race groups. To calculate healthcare disparities, note that a person who identifies as non-White and Hispanic will be counted in the non-White group for the race disparity gap and in the Hispanic ethnicity disparity gap.

MCO Baseline Rate Calculations

1. Overall performance rate (all subpopulations and "Unknown" combined, excluding fee-for-service (FFS))
2. Baseline performance rates for each of the four (4) populations of interest listed below:
    a. Black/African American Race
    b. Native American/Alaskan Native Race
    c. Asian/Pacific Islander Race
    d. Hispanic Ethnicity (all Races)
3. The "Overall Average Rate" or State Overall Average Rate – serving as the reference group.

DHS will assess each measure's overall rate for 2024 against MCO's baseline State Overall Average Rate from Contract Year 2022. DHS will calculate the MCO's overall rate and **healthcare disparity gaps** for each measure for both **achievement** and **improvement** (MCOs can receive partial points for partial improvement).

Healthcare Disparity Gap: A disparity gap is defined as a difference in rate for any given population group compared to the reference group (i.e., State Overall Average Rate). Disparity gaps must be calculated for each of the following populations. An example calculation is provided: If the performance rate for a population is 20% while the State Overall Average Rate is 25%, then the disparity gap for that sub-population = 25% – 20% = 5 percentage points (abbreviated as 5% gap).

1. Black/African American
2. Native American/Alaskan Native
3. Asian/Pacific Islander
4. Hispanic

Points Calculation For R/E Measures

The STATE will calculate all performance-based quality withhold measures by the administrative method using encounter data.

Points Calculation for the Six (6) F&C Health Equity Withhold Measures Stratified by Race and Ethnicity (R/E):

1. **CIS** - Childhood Immunization Status (Combo 10)
2. **FUH** - Follow-Up After Hospitalization for Mental Illness (2 sub-measures)
3. **IET** - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (2 sub-measures)
4. **PPC** - Prenatal and Postpartum Care (2 sub-measures)
5. **W30** - Well Child Visits in the first 30 months of life (2 sub-measures)
6. **WCV** – Child & Adolescent Well-Care Visits

Achievement Points

For a given measure, if there is no R/E disparity gap for any of the subgroups in the Reporting Period, then MCO is eligible to earn Achievement Points if it achieves a five (5) percentage point growth or improvement in its overall rate compared to the baseline rate.

Improvement Points

For a given measure, if there is a R/E disparity gap for any of the groups of interest in the Reporting Period, then the MCO is eligible to earn Improvement Points if it achieves improvement in the healthcare disparity to reduce the gap between the reference group (e.g., Overall Average Rate) and the population of color (without affecting the drop in the rate for the Overall Average Rate, compared to the baseline State Overall Average Rate).

Relative Change Scale

Each measure stratified by race and ethnicity groups (Asian/Pacific Islander, Black/African American, Hispanic, Native American/Native Alaskan, and non-Hispanic White) shall be assessed against a baseline disparity gap with the State Overall Average Rate.

- For each disparity gap that improves by a net value of fifty percent (50%) or more compared to the baseline-stratified rate, the MCO shall be awarded 1.75 points.
- For each disparity gap that changes in net value between +/- 50% compared to the baseline-stratified rate, between 0 and 1.75 points shall be assigned according to the following ranges:

Table 3 A: Points Table for Relative Change Scale

Percent (%) Relative Change	Points Awarded
< -50% to 9.9%	0
10% to 20%	1.0
20.1 to 30%	1.25
30.1 to 50%	1.5

Percent (%) Relative Change	Points Awarded
>50%	1.75

Example Calculation Relative Change Scale

Baseline rate = 25% (State Overall Average Rate) – 20% (population of interest) = 5% gap

Performance Period rate = 25% (State Overall Average Rate) – 21% (population of interest) = 4% gap

Gap reduction from 5% to 4%, can be expressed as (5-4)/5 = 0.20 or a 20% net change (i.e., improvement)

Points earned for 20% net improvement on this measure = 1.0

Discrete Scale for Small Population

If an MCO has less than thirty (< 30) non-White enrollees in the denominator for a measure, then DHS will apply a discrete scale for the measure. Each measure stratified by race and ethnicity groups (Asian/Pacific Islander, Black/African American, Hispanic, Native American/Native Alaskan, and State Average Rate) shall be assessed against a baseline disparity gap with the State Overall Average Rate. The discrete scale will be applied to the change in the numerator for the population of interest. The denominator in the baseline year determines how many points are available. If a measure qualifies for the discrete scale in one year and the relative change method in the other year, the discrete scale is applied.

Table 3 B: Points Table for Discrete Scale

Change in Numerator	Points Awarded
0	0
1 to 9	1.0
10 to 19	1.5
20 to 29	1.75

Example Calculation Discrete Scale

Baseline = Five (5) enrollees in population of interest screened

Performance Period = Seven (7) enrollees in population of interest screened

Gap improvement from Five (5) to Seven (7), net increase of Two (2)

Points earned for Two (2) more enrollees = 1.0 point

Special Case

For a given population of interest, if MCO's performance rate is 100% in the reporting period, then MCO will be awarded the full points allocated to that sub-measure, regardless of the change in the Numerator Count.

Total Points Allocated

Each measure has fourteen (14) points. If a measure has two (2) selected sub-measures, then the total points are equally divided between the two selected sub-measures, or each selected sub-measure will be allocated seven (7) points. For example, *Prenatal and Postpartum Care (PPC)* measure has total fourteen (14) points assigned, then half of the total points or seven (7) points are allocated to the *Timeliness of Prenatal Care* sub-measure and the other half of the total points, or seven (7) points are allocated to the *Postpartum Care* sub-measure.

Calculation of the MCO's Score

The total points earned by the MCO for each measure will consist of the sum of the point calculations for the resulting change in each healthcare disparity gap between the reference group (e.g., Overall Average Rate) and each race and ethnicity group as observed from the baseline to performance time periods.

No Points Awarded

As noted in the points tables above (i.e., Table 3 A and Table 3 B), no points will be awarded for groups for which the healthcare disparity gap does not improve or still exists in the reporting period.

No Points Allocated

As noted in the Points Calculations Decision Tree on page 13, if there is no R/E gap during the reporting period (or the baseline period), then the points allocated to that group will be re-distributed to remaining other R/E groups.

Points Earned

The MCO's overall performance score will be calculated by taking the sum of earned points and dividing them by the total points available (that is, a score of the percentage of points earned versus points available) for the performance period. Please note that in the relative change scale, 1.75 points are always available to the MCO. In the discrete scale, 1.75 points may not be available depending on the MCO's enrollee numbers in that racial or ethnic group on each measure. However, the sum of the total points available will take that into consideration in the overall performance score.

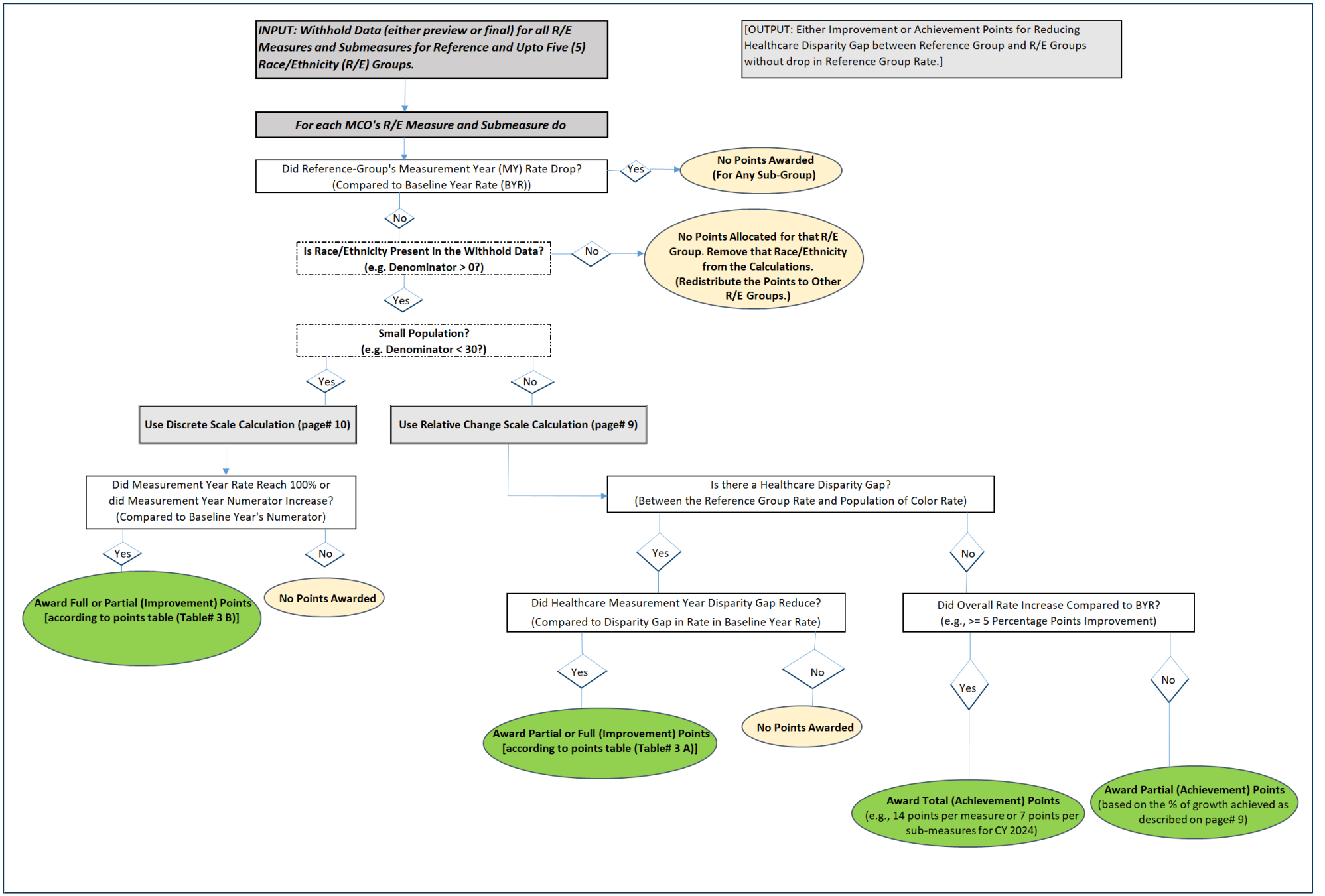
Partial Scoring

A portion of the withheld target points will be awarded commensurate with the achieved improvement less than the targeted amount. The percentage of improvement will be calculated to the first decimal. The number of points will be awarded based on the percentage of improvement achieved.

Measure Specification Changes

If a measure specification changes in a way that would make a year-to-year comparison invalid, such as a change in the clinical target value, then awarding points based on improvement will not be available for that measure.

Table 4: Points Calculations Decision Tree for the F&C MA Health Equity R/E Measures



Measures for Families and Children (e.g., PMAP & MinnesotaCare) Contract Only

Childhood Immunization Status (CIS) - Combo 10

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polios (IPV); one measles, mumps and rubella (MMR); three haemophiles influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugates (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. We will consider only Combination 10 (or Combo 10) for this measure.

Baseline Year Rate Calculation

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs).

Table 5: Measure Name: Childhood Immunization Status (CIS)

Sub-measure: Combination 10 (or Combo 10)

Total Points: Fourteen (14) points

Age: 2 years old

Reference Group = Overall Avg. Rate = 33.83%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic**		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	2,482	7,413	33.48	877	2,562	34.23	226	958	23.59	91	331	27.49	113	220	51.36	252	646	39.01
HealthPartners	1,478	4,005	36.90	237	676	35.06	209	851	24.56	23	87	26.44	134	284	47.18	92	221	41.63
Hennepin Health	122	342	35.67	9	17	52.94	27	107	25.23	<6	16	31.25	<6	7	42.86	19	40	47.50

Reference Group = Overall Avg. Rate = 33.83%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic**		
Itasca Medical Care	49	155	31.61	44	121	36.36	<6	<6	0.00	<6	19	21.05	<6	<6	N/A	<6	<6	<6
Medica	10	14	71.43	<6	<6	50.00	<6	<6	33.33	<6	<6	N/A	<6	<6	N/A	<6	<6	100.00
PrimeWest Health	318	1,059	30.03	138	477	28.93	<6	25	20.00	47	213	22.07	<6	7	28.57	54	109	49.54
SCHA	206	558	36.92	81	238	34.03	11	39	28.21	<6	6	50.00	<6	<6	<6	34	79	43.04
UCare	2,752	8,375	32.86	611	1,580	38.67	333	1,928	17.27	41	176	23.30	214	514	41.63	370	762	48.56
UnitedHealthCare	231	688	33.58	19	56	33.93	28	155	18.06	<6	15	6.67	57	132	43.18	25	63	39.68

Notes: N = Numerator; D = Denominator; Baseline data calculated in June 2023.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

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

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

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

2. 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.

Baseline Year Rate Calculation

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs).

Table 6 A: Measure Name: Well Child Visits in First 15 Months of Life – (Six or more well-child visits).

Sub-measure: W15

Total Points: Seven (7) points

Age: 0 to 15 months

Reference Group = Overall Avg. Rate = 55.73%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/ Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	2,888	5,030	57.42	903	1,541	58.60	300	581	51.64	103	201	51.24	70	123	56.91	265	404	65.59
HealthPartners	1,913	3,049	62.74	276	403	68.49	301	539	55.84	23	53	43.40	107	152	70.39	119	195	61.03
Hennepin Health	154	299	51.51	<6	12	41.67	33	73	45.21	<6	11	27.27	<6	<6	60.00	18	28	64.29
Itasca Medical Care	56	97	57.73	49	78	62.82	<6	<6	33.33	<6	10	40.00	<6	<6	100.00	<6	<6	100.00

Medica	<6	8	25.00	<6	<6	N/A	<6	<6	33.33	<6	<6	N/A	<6	<6	N/A	<6	<6	N/A
PrimeWest Health	414	771	53.70	209	368	56.79	8	20	40.00	44	114	38.60	<6	9	66.67	41	67	61.19
SCHA	194	386	50.26	77	163	47.24	9	28	32.14	<6	<6	0.00	<6	<6	50.00	22	44	50.00
UCare	3,115	5,892	52.87	517	886	58.35	532	1,225	43.43	37	84	44.05	175	312	56.09	283	496	57.06
UnitedHealthCare	151	414	36.47	16	38	42.11	25	86	29.07	<6	<6	50.00	39	84	46.43	13	31	41.94

Notes: N = Numerator; D = Denominator; Baseline data re-calculated in April 2024.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Table 6 B: Measure Name: Well Child Visits in First 30 Months of Life (2 or more visits)

Sub-measure: W30

Total Points: Seven (7) points

Age: 15 to 30 months

Reference Group = Overall Avg. Rate = 64.36%	2022 Overall Rate (All R/E: Unknown included)		Non-Hispanic White	Black/ African American			Native American/ Native Alaskan			Asian American/ Pacific Islander			Hispanic **			Reference Group = Overall Avg. Rate = 55.73%		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	5,181	7,843	66.06	1,925	2,920	65.92	716	1,064	67.29	197	357	55.18	160	240	66.67	459	679	67.60
HealthPartners	2,774	4,092	67.79	499	717	69.60	573	934	61.35	72	116	62.07	220	305	72.13	174	244	71.31
Hennepin Health	195	332	58.73	10	21	47.62	53	108	49.07	9	14	64.29	<6	<6	66.67	31	42	73.81
Itasca Medical Care	100	154	64.94	71	111	63.96	<6	<6	50.00	16	23	69.57	<6	<6	50.00	<6	<6	N/A
Medica	13	14	92.86	<6	<6	100.00	<6	<6	100.00	<6	<6	N/A	<6	<6	100.00	<6	<6	100.00
PrimeWest Health	630	1,094	57.59	324	544	59.56	14	25	56.00	101	214	47.20	7	8	87.50	73	106	68.87
SCHA	328	544	60.29	134	222	60.36	22	39	56.41	<6	9	33.33	<6	<6	40.00	51	80	63.75

UCare	5,406	8,538	63.32	1,128	1,707	66.08	1,209	2,092	57.79	109	175	62.29	379	566	66.96	596	844	70.62
UnitedHealthCare	392	726	53.99	49	81	60.49	62	152	40.79	7	19	36.84	97	154	62.99	44	60	73.33

Notes: N = Numerator; D = Denominator; Baseline data re-calculated in April 2024.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Child & Adolescent Well Visits (WCV)

The percentage of members 3 - 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. DHS has applied the Child and Adolescent Well-Care Visits (WCV) HEDIS technical specifications to the baseline 2019 data to calculate the rates for this measure.

Baseline Year Rate Calculation

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs).

Table 7: Measure Name: Well Child Visits (1 or more visits)

Total Points: Fourteen (14) points

Age: 3 to 21 years

Reference Group = Overall Avg. Rate = 44.75%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	63,855	147,076	43.42	32,627	80,438	40.56	11,959	24,511	48.79	3,353	8,867	37.81	2,818	6,440	43.76	8,461	18,820	44.96
HealthPartners	40,686	81,931	49.66	10,915	23,709	46.04	13,779	28,068	49.09	1,473	3,553	41.46	5,189	10,110	51.33	5,800	11,432	50.73
Hennepin Health	2,299	5,740	40.05	170	532	31.95	786	2,271	34.61	135	438	30.82	67	237	28.27	926	1,973	46.93
Itasca Medical Care	1,420	3,841	36.97	1,103	2,937	37.56	32	104	30.77	199	567	35.10	11	51	21.57	30	108	27.78
Medica	175	394	44.42	32	88	36.36	66	142	46.48	6	19	31.58	16	29	55.17	30	91	32.97
PrimeWest Health	7,954	19,788	40.20	5,158	12,905	39.97	278	661	42.06	977	3,008	32.48	108	252	42.86	1,056	2,249	46.95

Reference Group = Overall Avg. Rate = 44.75%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
SCHA	4,356	11,393	38.23	2,700	7,277	37.10	399	1,023	39.00	82	233	35.19	62	159	38.99	760	2,004	37.92
UCare	80,003	176,528	45.32	18,859	44,071	42.79	28,408	64,243	44.22	2,607	6,639	39.27	9,412	21,659	43.46	14,612	30,332	48.17
UnitedHealthCare	5,245	13,585	38.61	747	1,981	37.71	1,509	4,158	36.29	196	592	33.11	1,530	4,034	37.93	901	2,172	41.48

Notes: N = Numerator; D = Denominator; Baseline data calculated in June 2023.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Follow-up after Hospitalization for Mental Illness (FUH)

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 practitioner. Two rates are reported:

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

Baseline Year Rate Calculation

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs).

Table 8 A: Measure Name: Follow-up after Hospitalization for Mental Illness (30-days)

Sub-measure: 30 Days

Total Points: Seven (7) points

Age: 6 years and older

Reference Group = Overall Avg. Rate = 64.09%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	1,493	2,274	65.66	990	1,472	67.26	138	238	57.98	142	252	56.35	48	61	78.69	166	251	66.14
HealthPartners	701	995	70.45	377	513	73.49	139	218	63.76	50	83	60.24	52	71	73.24	79	109	72.48
Hennepin Health	92	212	43.40	40	74	54.05	31	89	34.83	<6	21	19.05	<6	<6	66.67	14	29	48.28
Itasca Medical Care	34	60	56.67	26	42	61.90	<6	<6	100.00	6	14	42.86	<6	<6	0.00	<6	<6	33.33

Reference Group = Overall Avg. Rate = 64.09%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
Medica	<6	10	40.00	<6	6	33.33	<6	<6	100.00	<6	<6	0.00	<6	<6	N/A	<6	<6	N/A
PrimeWest Health	178	272	65.44	124	169	73.37	8	16	50.00	35	70	50.00	<6	<6	100.00	11	18	61.11
SCHA	143	207	69.08	100	146	68.49	12	17	70.59	9	13	69.23	<6	<6	75.00	20	28	71.43
UCare	1,284	2,047	62.73	649	960	67.60	313	565	55.40	77	159	48.43	55	98	56.12	191	277	68.95
UnitedHealthCare	103	214	48.13	46	76	60.53	28	70	40.00	7	21	33.33	10	28	35.71	10	26	38.46

Notes: N = Numerator; D = Denominator; Baseline data calculated in June 2023.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Table 8 B: Measure: Follow-up after Hospitalization for Mental Illness (7-days)

Sub-measure: 7 Days

Total Points: Seven (7) points

Age: 6 years and older

Reference Group = Overall Avg. Rate = 38.63%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	931	2,274	40.94	637	1,472	43.27	76	238	31.93	75	252	29.76	31	61	50.82	100	251	39.84
HealthPartners	441	995	44.32	233	513	45.42	81	218	37.16	28	83	33.73	40	71	56.34	55	109	50.46
Hennepin Health	47	212	22.17	19	74	25.68	16	89	17.98	<6	21	4.76	<6	<6	66.67	8	29	27.59
Itasca Medical Care	19	60	31.67	15	42	35.71	<6	<6	100.00	<6	14	21.43	<6	<6	0.00	<6	<6	0.00
Medica	<6	10	10.00	<6	6	16.67	<6	<6	0.00	<6	<6	0.00	<6	<6	N/A	<6	<6	N/A
PrimeWest Health	117	272	43.01	82	169	48.52	<6	16	31.25	23	70	32.86	<6	<6	100.00	6	18	33.33
SCHA	85	207	41.06	63	146	43.15	<6	17	23.53	6	13	46.15	<6	<6	50.00	12	28	42.86

Reference Group = Overall Avg. Rate = 38.63%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
UCare	729	2,047	35.61	377	960	39.27	160	565	28.32	42	159	26.42	37	98	37.76	114	277	41.16
UnitedHealthCare	60	214	28.04	31	76	40.79	16	70	22.86	6	21	28.57	<6	28	0.00	<6	26	19.23

Notes: N = Numerator; D = Denominator; Baseline data calculated in June 2023.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Initiation and Engagement of Alcohol, Opioids, and Other Drug Dependence Treatment (IET)

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

- *Initiation of SUD Treatment.* The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.
- *Engagement of SUD Treatment.* The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Baseline Year Rate Calculation

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs).

Table 9 A: Measure Name: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Sub-measure: Initiation (Total)

Total Points: Seven (7) points

Age: 13 years and older

Reference Group = Overall Avg. Rate = 36.44%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	4,269	12,449	34.29	2,828	8,428	33.55	439	1,225	35.84	662	1,709	38.74	52	201	25.87	308	947	32.52
HealthPartners	2,072	6,016	34.44	1,209	3,491	34.63	466	1,335	34.91	175	499	35.07	65	205	31.71	176	516	34.11
Hennepin Health	958	2,398	39.95	321	742	43.26	426	1,112	38.31	145	381	38.06	21	39	53.85	59	153	38.56

Reference Group = Overall Avg. Rate = 36.44%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
Itasca Medical Care	130	372	34.95	90	288	31.25	<6	7	57.14	35	71	49.30	<6	<6	50.00	<6	6	<6
Medica	9	24	37.50	<6	13	38.46	<6	6	50.00	<6	<6	<6	<6	<6	33.33	<6	<6	N/A
PrimeWest Health	638	1,549	41.19	333	905	36.80	15	34	44.12	262	531	49.34	6	7	85.71	26	83	31.33
SCHA	312	842	37.05	243	650	37.38	15	53	28.30	20	39	51.28	<6	9	33.33	31	90	34.44
UCare	4,263	11,194	38.08	2,351	6,086	38.63	1,047	2,756	37.99	429	1,116	38.44	148	372	39.78	319	977	32.65
UnitedHealthCare	425	1,042	40.79	196	437	44.85	109	322	33.85	41	99	41.41	35	80	43.75	55	128	42.97

Notes: N = Numerator; D = Denominator; Baseline data re-calculated in Feb. 2024.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Table 9 B: Measure Name: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Sub-measure: Engagement (Total)

Total Points: Seven (7) points

Age: 13 years and older

Reference Group = Overall Avg. Rate = 14.84%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	1,770	12,449	14.22	1,192	8,428	14.14	184	1,225	15.02	274	1,709	16.03	16	201	7.96	128	947	13.52
HealthPartners	807	6,016	13.41	487	3,491	13.95	159	1,335	11.91	68	499	13.63	21	205	10.24	78	516	15.12
Hennepin Health	362	2,398	15.10	125	742	16.85	170	1,112	15.29	46	381	12.07	7	39	17.95	19	153	12.42
Itasca Medical Care	56	372	15.05	36	288	12.50	<6	7	28.57	18	71	25.35	<6	<6	<6	<6	6	<6
Medica	<6	24	8.33	<6	13	7.69	<6	6	16.67	<6	<6	<6	<6	<6	<6	<6	<6	N/A
PrimeWest Health	250	1,549	16.14	137	905	15.14	<6	34	11.76	101	531	19.02	<6	7	14.29	8	83	9.64
SCHA	125	842	14.85	97	650	14.92	<6	53	7.55	7	39	17.95	<6	9	33.33	14	90	15.56
UCare	1,798	11,194	16.06	1,029	6,086	16.91	412	2,756	14.95	180	1,116	16.13	64	372	17.20	120	977	12.28
UnitedHealthCare	154	1,042	14.78	73	437	16.70	41	322	12.73	11	99	11.11	10	80	12.50	22	128	17.19

Notes: N = Numerator; D = Denominator Baseline data re-calculated in Feb. 2024.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Prenatal and Postpartum Care (PPC)

The 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. For these women, the measure assesses the following facets of prenatal and postpartum care.

1. *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
2. *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Baseline Year Rate Calculation

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs).

Table 10 A: Measure Name: Prenatal and Postpartum Care

Sub-measure: Timeliness of Prenatal Care

Total Points: Seven (7) points

Age: All

Reference Group = Overall Avg. Rate = 63.33%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	3,925	6,460	60.76	1,982	3,343	59.29	877	1,309	67.00	219	381	57.48	211	358	58.94	574	944	60.81
HealthPartners	2,550	3,559	71.65	756	1,107	68.29	914	1,239	73.77	80	123	65.04	353	508	69.49	359	468	76.71
Hennepin Health	280	384	72.92	40	56	71.43	112	153	73.20	19	36	52.78	12	18	66.67	83	104	79.81
Itasca Medical Care	42	125	33.60	34	102	33.33	<6	<6	100.0	6	16	37.50	<6	<6	0.00	<6	<6	33.33

Reference Group = Overall Avg. Rate = 63.33%	2022 Overall Rate (All R/E: Unknown included)			Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
Medica	26	37	70.27	<6	6	50.00	10	14	71.43	<6	<6	N/A	<6	<6	N/A	9	13	69.23
PrimeWest Health	410	769	53.32	277	515	53.79	11	17	64.71	53	131	40.46	7	10	70.00	65	102	63.73
SCHA	132	408	32.35	94	283	33.22	11	39	28.21	<6	10	50.00	<6	<6	20.00	21	69	30.43
UCare	4,837	7,507	64.43	1,144	1,950	58.67	1,881	2,796	67.27	178	279	63.80	628	995	63.12	857	1,284	66.74
UnitedHealthCare	278	456	60.96	48	87	55.17	87	138	63.04	11	20	55.00	88	136	64.71	35	66	53.03

Notes: N = Numerator; D = Denominator; Baseline data re-calculated in Sept. 2023.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Table 10 B: Measure Name: Prenatal and Postpartum Care

Sub-measure: Postpartum Care

Total Points: Seven (7) points

Age: All

Reference Group = Overall Avg. Rate = 56.11%	2022 Overall Rate (All R/E: Unknown included)			Reference Population: Non-Hispanic White			Black/ African American			Native American/Native Alaskan			Asian American/ Pacific Islander			Hispanic **		
MCO	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)	N	D	Rate (%)
Blue Plus	3,695	6,460	57.20	1,906	3,343	57.01	669	1,309	51.11	200	381	52.49	202	358	56.42	617	944	65.36
HealthPartners	1,816	3,559	51.03	575	1,107	51.94	608	1,239	49.07	58	123	47.15	228	508	44.88	270	468	57.69
Hennepin Health	263	384	68.49	35	56	62.50	100	153	65.36	16	36	44.44	7	18	38.89	87	104	83.65
Itasca Medical Care	65	125	52.00	51	102	50.00	<6	<6	100.00	11	16	68.75	<6	<6	33.33	<6	<6	66.67
Medica	19	37	51.35	<6	6	33.33	<6	14	28.57	<6	<6	N/A	<6	<6	N/A	10	13	76.92
PrimeWest Health	487	769	63.33	334	515	64.85	10	17	58.82	59	131	45.04	8	10	80.00	79	102	77.45
SCHA	234	408	57.35	161	283	56.89	24	39	61.54	<6	10	50.00	<6	<6	60.00	40	69	57.97
UCare	4,260	7,507	56.75	1,112	1,950	57.03	1,518	2,796	54.29	160	279	57.35	479	995	48.14	857	1,284	66.74
UnitedHealthCare	218	456	47.81	39	87	44.83	57	138	41.30	9	20	45.00	68	136	50.00	34	66	51.52

Notes: N = Numerator; D = Denominator; Baseline data re-calculated in Sept. 2023.

**= Hispanic population includes all races under Hispanic ethnicity. Black/African American, Native American/Native Alaskan, and Asian American-Pacific Islander races include Hispanic, as well as non-Hispanic ethnicity.

Measures for SNBC Contract Only

Annual Dental Visit (ADV)

The percentage of members 18-64 years of age (for SNBC) who had at least one dental visit during the measurement year.

Purpose

This withholds measure applies to the 2024 Minnesota SNBC[1] contract. Its purpose is to hold managed care organizations accountable for annually increasing the percentage of enrollees with an annual dental visit.

General Description

This measure evaluates the rate of MCO enrollees who had an annual dental visit.

Performance Target

The performance target for this measure is the lesser of these:

- 80%; or
- The MCO's baseline year rate plus 10% of the difference between 80% and the baseline year rate[2].

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Rate Calculation

The rate is calculated using the denominator and numerator described below. It is calculated by dividing the numerator by the denominator (Rate = [N / D]). The rate is calculated to the second decimal (for example, 45.63).

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[1] SNBC: Special Needs Basic Care (SNBC) means the Minnesota prepaid managed care program, that provides Medicaid services and/or integrated Medicare and Medicaid services to Medicaid eligible people with disabilities who are ages eighteen (18) through sixty-five (65).

[2] Baseline Year Rate (BYR): For the contract year 2024 calculation, the baseline year is calendar year 2022's rate. DHS created baselines for UHC in June 2023. Average rate is based on members in two counties: Scott and St. Louis.

The specifications for this measure are based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2018 technical specifications. To preserve the validity of comparisons between years, the STATE will not consider changes to the HEDIS 2017 specifications unless the changes would significantly influence this measure's dependability.

Denominator Details

The denominator (D) is the number of MCO enrollees who meet all these criteria:

- **Age (SNBC contract):** The enrollee is 18–64 years of age, calculated as of December 31 of the contract year.
- **Continuous enrollment:** The enrollee was enrolled in the MCO for the entire measurement year (January 1 through December 31) with no more than a one-month gap in enrollment.

Numerator Details

The numerator (N) is the number of enrollees who meet the denominator criteria and had one or more dental visits with a dental practitioner during the measurement year.

Exclusions

In determining the number of dental visits an enrollee had, the STATE excludes these claims:

- Denied claims that result from the implementation of the True Denial Project
- Voided and rejected encounter claims.

Data Sources

Denominator and numerator data come from these sources:

- DHS Data Warehouse claims and eligibility data
- Records the STATE gets by May 31 of the year after the contract year.

Points Calculation

A total of 15 points are available for this measure.

The MCO's points for this measure are calculated as follows:

- **15 points:** If the MCO's measurement rate is equal to or greater than the target rate, the MCO gets all 15 points available. The target rate is the lesser of these:
    - 80%; or
    - The MCO's baseline year rate plus 10% of the difference between 80% and the baseline year rate[3]
- **Partial points:** If the MCO's contract year rate is greater than the baseline year rate but less than the lesser of the target rates, the MCO gets part of the available points, commensurate with the percentage increase in the difference between 1) the baseline year rate and 2) the baseline year rate plus 10% of the difference between 80% and the baseline year rate.
- **0 points:** If the MCO's measurement rate is below its baseline year rate, the MCO gets 0 points.

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Example of partial points calculation:

- Example MCO's baseline year rate is 40%.
- Example MCO's target rate for the contract year is 44% (baseline year rate plus 10% of the difference [40] between 80% and the MCO's 40% baseline year rate)
- During the contract year, Example MCO achieved a rate of 42%
- Because example MCO achieved an increase of 50% of the difference between its baseline year rate of 40% and its target rate of 44%, the MCO gets 50% of the available points: 7.5 points.

Point calculation in later years after MCO achieves 80% rate:

Once an MCO achieves a rate of 80% or greater, in later contract years, the MCO must achieve a rate of only 75% or greater to get all points available for this measure. If the MCO's annual rate falls below 75%:

- The MCO will not get all available points for this measure for the year its rate falls below 75%.
- in later years, a new baseline year rate will be established; and
- To get all available points going forward, the MCO must again reach either 1) the 80% rate or 2) the baseline year rate plus 10% of the difference between 80% and the baseline year rate.

[3] Baseline Year Rate (BYR): For the contract year 2024 calculation, the baseline year rate is calendar year 2022's rate. DHS created baselines for UHC. Average rate is based on members in two counties: Scott and St. Louis.

Baseline Year Rate Calculation.

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs) in June 2023.

Table 11: Calendar Year 2022 Baseline Annual Dental Visit (ADV) Rate by MHCP Product and Age Group

Total Points: Fifteen (15) points

Annual Dental Visits (ADV) Baseline Year 2022 Rates for SNBC:

MCO	Product	Age (years)	Numerator	Denominator	Rate (In %)
HealthPartners	SNBC	18–64	3,121	8,283	37.68
Hennepin Health	SNBC	18–64	650	1,960	33.16
Medica	SNBC	18–64	4,381	10,862	40.33
PrimeWest Health	SNBC	18–64	941	2,301	40.90
South Country Health Alliance	SNBC	18–64	1,067	2,191	48.70
UCare	SNBC	18–64	13,318	34,160	38.99
UnitedHealthcare*	SNBC	18–64	1,730	4,432	39.03

Notes: (i) Baseline data calculated in Oct. 2023. (ii) *= New in 2024. Average rate is based on members in two counties: Scott and St. Louis.

Ambulatory Care (AMB) - ED Visits

The annual utilization of emergency department (ED) visits for SNBC members 18-64 years of age.

Purpose

This withholds measure applies to the 2024 Minnesota SNBC contract. Its purpose is to hold managed care organizations accountable for annual reduction in their ED utilization over the baseline year rate.

General Description

This measure evaluates the annual utilization of ED Visits.

Performance Target

The performance target is three (3) percentage points annual decrease over the baseline year rate**.**

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Rate Calculation

The rate is calculated as per the 2024 HEDIS Technical Specifications. The rate is calculated to the second decimal (for example, 45.63).

The specifications for this measure are based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2024 technical specifications. To preserve the validity of comparisons between years, the STATE will not consider changes to the HEDIS 2022 technical specifications unless the changes would significantly influence this measure's dependability.

Exclusions

In determining the ED visit utilization, the STATE excludes these claims:

- Voided and rejected encounter claims.

Data Sources

Denominator and numerator data come from these sources:

- DHS Data Warehouse claims and eligibility data
- Records the STATE gets by May 31 of the year after the contract year.

Points Calculation

A total of 15 points are available for this measure.

The MCO's points for this measure are calculated as follows:

- **15 points:** If the MCO's measurement rate is equal to or lesser than the target rate, the MCO gets all 15 points available.
- **Partial points:** If the MCO's contract year rate has reduced compared to the baseline year rate but less than the target rates, the MCO gets part of the available points, commensurate with the percentage decrease. The percentage of decrease will be calculated to the second decimal. The number of points will be awarded based on the percentage decrease achieved.
- **0 points:** If the MCO's measurement rate is above its baseline year rate, the MCO gets 0 points.

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Baseline Year Rate Calculation.

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs) in Oct. 2023.

Table 12: Calendar Year 2022 Baseline for Ambulatory Care (AMB) – ED Visits Rate by MHCP Product and Age Group

Total Points: Fifteen (15) points

MCO	Product	Age (years)	Numerator	Denominator	Rate (in Member Months)
HealthPartners	SNBC	18–64	10,379	113,724	91.26
Hennepin Health	SNBC	18–64	3,185	26,907	118.37
Medica	SNBC	18–64	10,986	138,138	79.53
PrimeWest Health	SNBC	18–64	2,851	31,073	91.75

MCO	Product	Age (years)	Numerator	Denominator	Rate (in Member Months)
South Country Health Alliance	SNBC	18–64	2,947	30,013	98.19
UCare	SNBC	18–64	40,801	446,391	91.40
UnitedHealthcare*	SNBC	18–64	6,116	59,990	101.95

Notes: (i) Baseline data calculated in Oct. 2023. (ii) *= New in 2024. Average rate is based on members in two counties: Scott and St. Louis.

Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)

The percentage of emergency department (ED) visits for SNBC members 18-64 years of age with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Purpose

This withholds measure applies to the 2024 Minnesota SNBC contract. Its purpose is to hold managed care organizations accountable for annually increasing the percentage of enrollees with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

General Description

This measure evaluates the rate of MCO enrollees who had a follow-up service within 7 days of the ED visit.

Performance Target

The performance target is three (3) percentage points annual improvement over the baseline year rate**.**

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Rate Calculation

The rate is calculated using the denominator and numerator described below. It is calculated by dividing the numerator by the denominator (Rate = [N / D]). The rate is calculated to the second decimal (for example, 45.63).

The specifications for this measure are based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2024 technical specifications. To preserve the validity of comparisons between years, the STATE will not consider changes to the HEDIS 2022 technical specifications unless the changes would significantly influence this measure's dependability.

Denominator Details

The denominator (D) is the number of MCO enrollees who meet all these criteria:

- **Age (SNBC contract):** The enrollee is 18-64 years of age, calculated as of December 31 of the contract year.
- **Continuous enrollment:** The enrollee was enrolled in the MCO for the entire 365 days prior to the ED Visits with no more than a one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit.

Numerator Details

The numerator (N) is the number of enrollees who meet the denominator criteria and had a follow-up service within 7 days after the ED visit (8 total days).

Exclusions

In determining the follow-up service within 7 days after an ED visit an enrollee had, the STATE excludes these claims:

- Voided and rejected encounter claims.

Data Sources

Denominator and numerator data come from these sources:

- DHS Data Warehouse claims and eligibility data
- Records the STATE gets by May 31 of the year after the contract year.

Points Calculation

A total of 15 points are available for this measure.

The MCO's points for this measure are calculated as follows:

- **15 points:** If the MCO's measurement rate is equal to or greater than the target rate, the MCO gets all 15 points available.
- **Partial points:** If the MCO's contract year rate is greater than the baseline year rate but less than the target rates, the MCO gets part of the available points, commensurate with the percentage increase. The percentage of increase will be calculated to the second decimal. The number of points will be awarded based on the percentage increase achieved.
- **0 points:** If the MCO's measurement rate is below its baseline year rate, the MCO gets 0 points.

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Baseline Year Rate Calculation.

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs) in Oct. 2023.

Table 13: Calendar Year 2022 Baseline for Follow Up After Emergency Department Visits for People with Multiple High-risk Chronic Conditions (FMC) Rate by MHCP Product and Age Group

Total Points: Fifteen (15) points

Follow Up After Emergency Department Visits for People with Multiple High-risk Chronic Conditions (FMC) Baseline Year 2022 Rates for SNBC:

MCO	Product	Age (years)	Numerator	Denominator	Rate (In %)
HealthPartners	SNBC	18–64	1,452	2,018	71.95
Hennepin Health	SNBC	18–64	411	594	69.19
Medica	SNBC	18–64	1,833	2,371	77.31
PrimeWest Health	SNBC	18–64	395	551	71.69
South Country Health Alliance	SNBC	18–64	405	610	66.39
UCare	SNBC	18–64	5,829	8,335	69.93
UnitedHealthcare*	SNBC	18–64	882	1,297	68.00

Notes: (i) Baseline data calculated in Oct. 2023. (ii) *= New in 2024. Average rate is based on members in two counties: Scott and St. Louis.

Follow-up after Hospitalization for Mental Illness (FUH)

The percentage of discharges for SNBC members 18-64 years of age 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 practitioner. Two rates are reported:

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

Purpose

This withholds measure applies to the 2024 Minnesota SNBC contract. Its purpose is to hold managed care organizations accountable for annually increasing the percentage of discharges for which the member received follow-up within 7 days or 30 days.

General Description

This measure evaluates the rate of MCO enrollees who had a follow-up service after hospitalization for mental illness.

Performance Target

The performance target is three (3) percentage points annual improvement over the baseline year rate**.**

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Rate Calculation

The rate is calculated using the denominator and numerator described below. It is calculated by dividing the numerator by the denominator (Rate = [N / D]). The rate is calculated to the second decimal (for example, 45.63).

The specifications for this measure are based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2024 technical specifications. To preserve the validity of comparisons between years, the STATE will not consider changes to the HEDIS 2022 technical specifications unless the changes would significantly influence this measure's dependability.

Denominator Details

The denominator (D) is the number of MCO enrollees who meet all these criteria:

- **Age (SNBC contract):** The enrollee is 18-64 years of age, calculated as of December 31 of the contract year.
- **Continuous enrollment:** The enrollee was enrolled in the MCO for the entire 365 days prior to the ED Visits with no more than a one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit.

Numerator Details

The numerator (N) is the number of enrollees who meet the denominator criteria and had a follow-up service within 7 days after the ED visit (8 total days).

Exclusions

In determining the follow-up service within 7 days after an ED visit an enrollee had, the STATE excludes these claims:

- Voided and rejected encounter claims.

Data Sources

Denominator and numerator data come from these sources:

- DHS Data Warehouse claims and eligibility data
- Records the STATE gets by May 31 of the year after the contract year.

Points Calculation

A total of 15 points are available for this measure.

The MCO's points for this measure are calculated as follows:

- **15 points:** If the MCO's measurement rate is equal to or greater than the target rate, the MCO gets all 15 points available.
- **Partial points:** If the MCO's contract year rate is greater than the baseline year rate but less than the target rates, the MCO gets part of the available points, commensurate with the percentage increase. The percentage of increase will be calculated to the second decimal. The number of points will be awarded based on the percentage increase achieved.
- **0 points:** If the MCO's measurement rate is below its baseline year rate, the MCO gets 0 points.

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Baseline Year Rate Calculation.

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs) in Oct. 2023.

Table 14: Calendar Year 2022 Baseline for Follow-up after Hospitalization for Mental Illness (FUH) – 30 Day Rate by MHCP Product and Age Group

Total Points: Fifteen (15) points

Follow-up after Hospitalization for Mental Illness (FUH) – 30 Day Baseline Year 2022 Rates for SNBC:

MCO	Product	Age (years)	Numerator	Denominator	Rate (In %)
HealthPartners	SNBC	18–64	226	353	64.02
Hennepin Health	SNBC	18–64	31	48	64.58
Medica	SNBC	18–64	202	313	64.54
PrimeWest Health	SNBC	18–64	44	57	77.19
South Country Health Alliance	SNBC	18–64	45	54	83.33
UCare	SNBC	18–64	799	1,246	64.13
UnitedHealthcare*	SNBC	18–64	150	233	64.38

Notes: (i) Baseline data calculated in Oct. 2023. (ii) *= New in 2024. Average rate is based on members in two counties: Scott and St. Louis.

Table 15: Calendar Year 2022 Baseline for Follow-up after Hospitalization for Mental Illness (FUH) – 7 Day Rate by MHCP Product and Age Group

Total Points: Fifteen (15) points

Follow-up after Hospitalization for Mental Illness (FUH) – 7 Day Baseline Year 2022 Rates for SNBC:

MCO	Product	Age (years)	Numerator	Denominator	Rate (In %)
HealthPartners	SNBC	18–64	126	353	35.69
Hennepin Health	SNBC	18–64	13	48	27.08
Medica	SNBC	18–64	106	313	33.87
PrimeWest Health	SNBC	18–64	28	57	49.12
South Country Health Alliance	SNBC	18–64	30	54	55.56
UCare	SNBC	18–64	428	1,246	34.35
UnitedHealthcare*	SNBC	18–64	81	233	34.76

Notes: (i) Baseline data calculated in Oct. 2023. (ii) *= New in 2024. Average rate is based on members in two counties: Scott and St. Louis.

Measures for Seniors Contract Only

Annual Dental Visit (ADV)

The percentage of members 65+ years of age (for Senior) who had at least one dental visit during the measurement year.

Purpose

This withholds measure applies to the 2024 Minnesota Seniors[4] (e.g., MSHO[5], MSC+[6]) contract. Its purpose is to hold managed care organizations accountable for annually increasing the percentage of enrollees with an annual dental visit.

General Description

This measure evaluates the rate of MCO enrollees who had an annual dental visit.

Performance Target

The performance target for this measure is the lesser of these:

- 80%; or
- The MCO's baseline year rate plus 10% of the difference between 80% and the baseline year rate[7].

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

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[4] Seniors Contract include MSHO and MSC+ products.

[5] MSHO: Minnesota Senior Health Options (MSHO) means the Minnesota prepaid managed care program that provides integrated Medicare and Medicaid services for Medicaid eligible seniors, age sixty-five (65) and over.

[6] MSC+: Minnesota Senior Care Plus (MSC+) means the mandatory PMAP program for Enrollees ages sixty-five (65) and over.

[7] Baseline Year Rate (BYR): For the contract year 2024 calculation, the baseline year is calendar year 2022's rate. DHS created baselines for UHC in June 2023. Average rate is based on members in only St. Louis County.

Rate Calculation

The rate is calculated using the denominator and numerator described below. It is calculated by dividing the numerator by the denominator (Rate = [N / D]). The rate is calculated to the second decimal (for example, 45.63).

The specifications for this measure are based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2018 technical specifications. To preserve the validity of comparisons between years, the STATE will not consider changes to the HEDIS 2017 specifications unless the changes would significantly influence this measure's dependability.

Denominator Details

The denominator (D) is the number of MCO enrollees who meet all these criteria:

- **Age (Senior's contract):** The enrollee is 65 years of age or older, calculated as of December 31 of the contract year.
- **Continuous enrollment:** The enrollee was enrolled in the MCO for the entire measurement year (January 1 through December 31) with no more than a one-month gap in enrollment.

Numerator Details

The numerator (N) is the number of enrollees who meet the denominator criteria and had one or more dental visits with a dental practitioner during the measurement year.

Exclusions

In determining the number of dental visits an enrollee had, the STATE excludes these claims:

- Denied claims that result from the implementation of the True Denial Project
- Voided and rejected encounter claims.

Data Sources

Denominator and numerator data come from these sources:

- DHS Data Warehouse claims and eligibility data
- Records the STATE gets by May 31 of the year after the contract year.

Points Calculation

A total of 15 points are available for this measure.

The MCO's points for this measure are calculated as follows:

- **15 points:** If the MCO's measurement rate is equal to or greater than the target rate, the MCO gets all 15 points available. The target rate is the lesser of these:
    - 80%; or
    - The MCO's baseline year rate plus 10% of the difference between 80% and the baseline year rate[8]
- **Partial points:** If the MCO's contract year rate is greater than the baseline year rate but less than the lesser of the target rates, the MCO gets part of the available points, commensurate with the percentage increase in the difference between 1) the baseline year rate and 2) the baseline year rate plus 10% of the difference between 80% and the baseline year rate.
- **0 points:** If the MCO's measurement rate is below its baseline year rate, the MCO gets 0 points.

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Example of partial points calculation:

- Example MCO's baseline year rate is 40%.
- Example MCO's target rate for the contract year is 44% (baseline year rate plus 10% of the difference [40] between 80% and the MCO's 40% baseline year rate)
- During the contract year, Example MCO achieved a rate of 42%
- Because example MCO achieved an increase of 50% of the difference between its baseline year rate of 40% and its target rate of 44%, the MCO gets 50% of the available points: 7.5 points.

Point calculation in later years after MCO achieves 80% rate:

Once an MCO achieves a rate of 80% or greater, in later contract years, the MCO must achieve a rate of only 75% or greater to get all points available for this measure. If the MCO's annual rate falls below 75%:

- The MCO will not get all available points for this measure for the year its rate falls below 75%.

[8] Baseline Year Rate (BYR): For the contract year 2024 calculation, the baseline year rate is calendar year 2022's rate. DHS created baselines for UHC. Average rate is based on members in only St. Louis County.

- in later years, a new baseline year rate will be established; and
- To get all available points going forward, the MCO must again reach either 1) the 80% rate or 2) the baseline year rate plus 10% of the difference between 80% and the baseline year rate.

Baseline Year Rate Calculation.

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs) in June 2023.

Table 16: Calendar Year 2022 Baseline Annual Dental Visit (ADV) Rate by MHCP Product and Age Group

Total Points: Fifteen (15) points

Annual Dental Visits (ADV) Baseline Year 2022 Rates for Seniors (e.g., MSHO & MSC+):

MCO	Product	Age (years)	Numerator	Denominator	Rate (In %)
Blue Plus	MSC+/MSHO	65+	3,398	11,664	29.13
HealthPartners	MSC+/MSHO	65+	2,384	7,006	34.03
Itasca Medical Care	MSC+/MSHO	65+	234	600	39.00
Medica	MSC+/MSHO	65+	4,677	13,552	34.51
PrimeWest Health	MSC+/MSHO	65+	885	2,680	33.02
South Country Health Alliance	MSC+/MSHO	65+	763	2,132	35.79
UCare	MSC+/MSHO	65+	7,313	21,914	33.37
UnitedHealthcare*	MSC+/MSHO	65+	808	2,429	33.26

Notes: (i) Baseline data calculated in Oct. 2023. (ii) *= New in 2024. Average rate is based on members in only St. Louis County.

Colorectal Cancer Screening (COL)

The percentage of members 65+ years of age who had an appropriate screening for colorectal cancer.

Purpose

This withholds measure applies to the 2024 Minnesota Seniors (e.g., MSHO, MSC+) contract. Its purpose is to hold managed care organizations accountable for annually increasing the percentage of enrollees with an annual screening for colorectal cancer.

General Description

This measure evaluates the rate of MCO enrollees who had an annual colorectal cancer screening.

Performance Target

The performance target is three (3) percentage points annual improvement over the baseline year rate**.**

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Rate Calculation

The rate is calculated using the denominator and numerator described below. It is calculated by dividing the numerator by the denominator (Rate = [N / D]). The rate is calculated to the second decimal (for example, 45.63).

The specifications for this measure are based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2024 technical specifications. To preserve the validity of comparisons between years, the STATE will not consider changes to the HEDIS 2022 technical specifications unless the changes would significantly influence this measure's dependability.

Denominator Details

The denominator (D) is the number of MCO enrollees who meet all these criteria:

- **Age (Senior's contract):** The enrollee is 65 years of age or older, calculated as of December 31 of the contract year.
- **Continuous enrollment:** The enrollee was enrolled in the MCO for the entire measurement year (January 1 through December 31) with no more than a one gap in enrollment of up to 45 days during each year of continuous enrollment.

Numerator Details

The numerator (N) is the number of enrollees who meet the denominator criteria and had one or more screenings for colorectal cancer during the measurement year.

Exclusions

In determining the number of screenings for colorectal cancer an enrollee had, the STATE excludes these claims:

- Voided and rejected encounter claims.

Data Sources

Denominator and numerator data come from these sources:

- DHS Data Warehouse claims and eligibility data
- Records the STATE gets by May 31 of the year after the contract year.

Points Calculation

A total of 15 points are available for this measure.

The MCO's points for this measure are calculated as follows:

- **15 points:** If the MCO's measurement rate is equal to or greater than the target rate, the MCO gets all 15 points available.
- **Partial points:** If the MCO's contract year rate is greater than the baseline year rate but less than the target rates, the MCO gets part of the available points, commensurate with the percentage increase. The percentage of increase will be calculated to the second decimal. The number of points will be awarded based on the percentage increase achieved.
- **0 points:** If the MCO's measurement rate is below its baseline year rate, the MCO gets 0 points.

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Baseline Year Rate Calculation.

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs) in Oct. 2023.

Table 17: Calendar Year 2022 Baseline for Colorectal Cancer Screening (COL) Rate by MHCP Product and Age Group

Total Points: Fifteen (15) points

Colorectal Cancer Screening (COL) Rate Baseline Year 2022 Rates for Seniors (e.g., MSHO & MSC+):

MCO	Product	Age (years)	Numerator	Denominator	Rate (In %)
Blue Plus	MSC+/MSHO	65+	1,812	3,352	54.06
HealthPartners	MSC+/MSHO	65+	1,212	2,121	57.14
Itasca Medical Care	MSC+/MSHO	65+	107	196	54.59
Medica	MSC+/MSHO	65+	1,865	3,350	55.67
PrimeWest Health	MSC+/MSHO	65+	345	639	53.99
South Country Health Alliance	MSC+/MSHO	65+	257	472	54.45
UCare	MSC+/MSHO	65+	3,030	5,733	52.85
UnitedHealthcare*	MSC+/MSHO	65+	407	724	56.22

Notes: (i) Baseline data calculated in Oct. 2023. (ii) *= New in 2024. Average rate is based on members in only St. Louis County.

Follow-Up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)

The percentage of emergency department (ED) visits for members 65 years of age and older with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Purpose

This withholds measure applies to the 2024 Minnesota Seniors (e.g., MSHO, MSC+) contract. Its purpose is to hold managed care organizations accountable for annually increasing the percentage of enrollees with multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

General Description

This measure evaluates the rate of MCO enrollees who had a follow-up service within 7 days of the ED visit.

Performance Target

The performance target is three (3) percentage points annual improvement over the baseline year rate**.**

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Rate Calculation

The rate is calculated using the denominator and numerator described below. It is calculated by dividing the numerator by the denominator (Rate = [N / D]). The rate is calculated to the second decimal (for example, 45.63).

The specifications for this measure are based on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2024 technical specifications. To preserve the validity of comparisons between years, the STATE will not consider changes to the HEDIS 2022 technical specifications unless the changes would significantly influence this measure's dependability.

Denominator Details

The denominator (D) is the number of MCO enrollees who meet all these criteria:

- **Age (Senior's contract):** The enrollee is 65 years of age or older, calculated as of December 31 of the contract year.
- **Continuous enrollment:** The enrollee was enrolled in the MCO for the entire 365 days prior to the ED Visits with no more than a one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit.

Numerator Details

The numerator (N) is the number of enrollees who meet the denominator criteria and had a follow-up service within 7 days after the ED visit (8 total days).

Exclusions

In determining the follow-up service within 7 days after an ED visit an enrollee had, the STATE excludes these claims:

- Voided and rejected encounter claims.

Data Sources

Denominator and numerator data come from these sources:

- DHS Data Warehouse claims and eligibility data
- Records the STATE gets by May 31 of the year after the contract year.

Points Calculation

A total of 15 points are available for this measure.

The MCO's points for this measure are calculated as follows:

- **15 points:** If the MCO's measurement rate is equal to or greater than the target rate, the MCO gets all 15 points available.
- **Partial points:** If the MCO's contract year rate is greater than the baseline year rate but less than the target rates, the MCO gets part of the available points, commensurate with the percentage increase. The percentage of increase will be calculated to the second decimal. The number of points will be awarded based on the percentage increase achieved.
- **0 points:** If the MCO's measurement rate is below its baseline year rate, the MCO gets 0 points.

Note: For the contract year 2024 calculation, the baseline year is calendar year 2022.

Baseline Year Rate Calculation.

The MCOs' calendar year 2022 baseline year rates were calculated (and de-duplicated to remove potential multiple Recipient IDs or PMIs) in Oct. 2023.

Table 18: Calendar Year 2022 Baseline for Follow Up After Emergency Department Visits for People with Multiple High-risk Chronic Conditions (FMC) Rate by MHCP Product and Age Group

Total Points: Fifteen (15) points

Follow Up After Emergency Department Visits for People with Multiple High-risk Chronic Conditions (FMC) Baseline Year 2022 Rates for Seniors (e.g., MSHO & MSC+):

MCO	Product	Age (years)	Numerator	Denominator	Rate (In %)
Blue Plus	MSC+/MSHO	65+	1,688	2,562	65.89
HealthPartners	MSC+/MSHO	65+	524	958	54.70
Itasca Medical Care	MSC+/MSHO	65+	130	196	66.33
Medica	MSC+/MSHO	65+	1,432	2,624	54.57
PrimeWest Health	MSC+/MSHO	65+	377	518	72.78
South Country Health Alliance	MSC+/MSHO	65+	275	457	60.18
UCare	MSC+/MSHO	65+	1,871	3,360	55.68
UnitedHealthcare*	MSC+/MSHO	65+	326	635	51.34

Notes: (i) Baseline data calculated in Oct. 2023. (ii) *= New in 2024. Average rate is based on members in only St. Louis County.

Initial Seniors Health Risk Screening or Assessment (SHRA)

The percentage of new MSHO and MSC+ enrollees for whom the MCO performs a timely initial health risk screening or assessment during the contract year.

Purpose

This measure applies to the 2024 Minnesota Seniors (MSHO and MSC+) contract. Its purpose is to hold MCOs accountable for performing timely initial health risk screenings or assessments for new MSHO and MSC+ enrollees who live in the community and do not get Elderly Waiver services.

General Description

This measure evaluates the rate of new MSHO and MSC+ enrollees for whom the MCO performs a timely initial health risk screening or assessment.

Performance Target

The performance target for this measure is 90%, unless MCO has fewer than 100 new Enrollees, then the performance target is 85%.

Rate Calculation

The rate is calculated using the denominator and numerator described below. It is calculated by dividing the numerator by the denominator (Rate = [N / D]). The rate is calculated to the first decimal (for example, 85.8%).

Denominator Details

The denominator (D) is the number of new MSHO and MSC+ enrollees with the MCO. To be included in the denominator, enrollees must meet all these criteria:

- **Continuous enrollment:** The enrollee was continuously enrolled in the MCO for a minimum of 60 days in the MSHO or MSC+ program.
- **Age:** The enrollee was at least 64 years old as of the enrollment month.
- **Living situation:** The enrollee lived in the community without an Elderly Waiver.
- **New enrollment**: The enrollee is identified as a new enrollee because, during the contract year, at least one of the following applied:
    - The enrollee was newly enrolled in MSHO or MSC+.
    - The enrollee selected a new MCO during annual health plan selection or chose a different MCO during the contract year.
    - The enrollee changed his or her program (for example, from MSC+ to MSHO).
    - The enrollee had a gap in enrollment of one or more months.
- Enrollees with valid reasons for not having an initial health risk screening or assessment, such as a waiver opening, are excluded from the denominator.

Numerator Details

The numerator (N) is the combined number of new MSHO and MSC+ enrollees who meet the denominator criteria and for whom an initial health risk screening or assessment was completed within 75 calendar days of the beginning enrollment date, unless an extension for the transition period has been requested and approved by the State. (**Note**: The MCO may request a transition period of up to one hundred and twenty (120) days to change care coordinators to meet this requirement.).

Exclusions

These claims and enrollees are excluded from the calculation:

- Voided and rejected encounter claims.
- Enrollees with retroactive enrollment dates and enrollees who refused an initial health risk screening or assessment.

Data Sources

Denominator and numerator data come from these sources:

- DHS Data Warehouse claims data, enrollment data, and long-term-care screening data
- Records the STATE gets by May 31 of the year after the contract year.

Points Calculation

The MCO's points for this measure are calculated as follows:

- **30 points:** To qualify for the full points allotted to this performance measure, the MCO must show that combined, initial health risk screenings or assessments were completed in a timely manner for:
    - Eighty-five percent (85%) of MSHO and MSC+ new Enrollees if the MCO has fewer than one hundred (100) new Enrollees; or
    - Ninety percent (90%) of MSHO and MSC+ new Enrollees, if the MCO has one hundred (100) or more new Enrollees in the Contract Year.
- **0 points:** If the MCO's measurement rate does not meet the requirements, the MCO gets 0 points. No partial points are available for this measure.

DHS-MCO Contract(s) Compliance-Based Measures (All Contracts)

This section provides a few highlights. Please refer to the relevant contract(s) for details on these measures.

Seniors' Care Plan Audit

Compliance includes timely completion of and submittal to the STATE of the Care Plan audit in section 7.8.3, following the care planning audit data abstraction protocol developed by the Care Plan audit workgroup. No partial whole number of points will be assigned if the MCO fails to completely meet this performance target.

SNBC's Service Accessibility

Compliance with section 6.11 (SNBC Compliance with Service Accessibility Requirements). Compliance means that the MCO will create a process for obtaining updated access information from its provider offices, and the MCO demonstrates that access information continues to be made available to Enrollees and prospective Enrollees as required, and that the MCO provides copies of this information to the STATE.

Seniors and SNBC Stakeholder Group Reporting

MCO Stakeholder Group for MSHO/MSC+ and SNBC members. The MCO will maintain a local or regional stakeholder group as required in section the DHS contract. To qualify for the withhold, the stakeholder group will meet at least twice per Contract Year. The MCO will submit to the STATE twice per Contract Year, on or before December 15th, documentation in the form of stakeholder meeting agendas and meeting minutes that demonstrate the MCO response to significant concerns raised by stakeholder group participants. No partial whole number of points will be assigned if the MCO fails to completely meet this performance target.

Families & Children, Seniors, and SNBC - No Repeat Deficiencies on the MDH QA Examinations Meetings

Compliance means complying with the MDH licensing requirements and having no repeated deficiencies related to MHCP that remain after the MCO's corrective action(s) that initially resulted from the MCO's MDH QA Examination. If the MCO is not examined during the Contract Year but remains in compliance with MDH licensing requirements and any corrective actions assigned by MDH, the MCO will receive all points available for this performance target. No partial whole number of points will be assigned if the MCO fails to completely meet this performance target.

Families & Children (e.g., PMAP/MinnesotaCare) Healthcare Equity Community/Stakeholder Meetings and Reporting

The MCO will include as part of its Population Health Management Strategy, a process for engaging and obtaining input to advance health equity from communities in the enrolled population groups who experience disparate outcomes. The MCO will participate in community-led initiatives or other efforts that capture and address stakeholder feedback around health inequities in access to and quality of care.

A summary of the specific engagement activities and the results of the feedback will be provided to the STATE as part of the Population Health Management Annual Report. The report documentation will include agendas, minutes, and other artifacts that demonstrate the capture and connection of the activity to health equity concerns of community participants.

The MCO must develop and execute plans to use the information to respond to issues raised and document the results in the report. Reporting at least four (4) health equity community engagement activities focused on addressing health disparities shall be worth twelve (12) points. The report is due by July 31 of the Contract Year; the STATE will provide feedback on whether the preview includes the needed information.

For the health equity stakeholder/community engagement events meeting minutes, DHS suggests that MCOs remove personal identifiers from the minutes before submitting them to DHS. DHS recommends the organizations that the attendee represents could stand in for their name, or just identify an unaffiliated person as a member of the public. DHS recommends all MCOs follow the same rules about redacting and announce the rule at the start of each meeting, so even if someone in attendance wants their name attached to a comment, no name appears.

Points Calculation

The MCO's points for this measure are calculated as follows:

- **12 points:** To qualify for the full points allotted to this performance measure, the MCO must show that four (4) meetings were conducted, and documentation sent to DHS in a timely manner.
- **For each meeting a total of 3 (three) points will be awarded:**
    - **1 point** will be awarded for each meeting held up to a total possible four (4) points.
    - **1 point** will be awarded for submitting report documentation such as agendas, minutes, and other artifacts that demonstrate the capture and connection of the activity to health equity concerns of community participants for each meeting held up to a total possible four (4) points.
    - **1 point** will be awarded for documenting how the MCO develops and executes plans to use the information to respond to issues raised by stakeholders up to a total possible four (4) points.
- Partial points are available for this measure activity.