

Additional Information about Minnesota Department of Human Services Quality Measures

As outlined in Minnesota Rules 4654.0200, Subp. 19C, “any quality measure that a health plan company or provider is required to collect or report by the Minnesota Department of Human Services” is considered a standardized quality measure. The information that follows describes current DHS quality measures. This information is provided for illustrative purposes only, applies only to Minnesota Health Care Program enrollees, and does not limit DHS’ ability to modify these quality measures in future years consistent with its statutory authority (Minnesota Statutes 256B.0754, Subd. 1).

As mandated by federal regulation [42 CFR 438.240 (d) and 438.358 (b) (2)], Minnesota Department of Human Services (DHS) annually produces standardized and validated performance measures used to assess the quality, timeliness and access of managed care services. These measures are calculated entirely from FFS claims data and encounter claims data submitted by managed care organizations (MCOs) under contract to DHS or directly from public program enrollee survey responses. In calendar year 2009, DHS performance measures include the following:

- Approximately 15 prevention and chronic care performance measures based on HEDIS Technical Specifications calculated from MCO submitted encounter data and annually validated by a certified HEDIS auditor.
- Twelve additional ambulatory care sensitive condition (ACSC) performance measures are calculated from MCO submitted encounter data based on AHRQ developed specifications that assess appropriate adult and child ambulatory care utilization for patients with certain conditions-such as asthma, diabetes or hypertension-who are not adequately monitored and are not likely to receive needed medical education. ACSC utilization performance measures evaluate patient conditions that may unnecessarily worsen resulting in admission to a hospital due to receiving inappropriate treatment because their primary care providers failed to adhere to practice guidelines.
- Enrollee satisfaction with managed care services annually measured through a standardized consumer satisfaction survey of public program adult enrollees conducted by a certified CAHPS vendor. DHS also conducts annually the "Voluntary Changes in MCO Enrollment Survey" (also referred to as the Disenrollment Survey to determine the reasons for switching between MCOs. CAHPS and Disenrollment Survey results are shared with the MCOs and publicly reported.
- All DHS publicly funded managed care performance measures and surveys are reviewed annually and may change periodically to meet the needs of enrollees.

If there are questions about the MHCP publicly funded managed care performance measures please contact:

Robert Lloyd
Manager, Health Program Quality
Performance Measurement and Quality Improvement
Minnesota Department of Human Services
P.O. Box 64986
St. Paul, MN 55164-0986
Phone: 651 431-2613, email: robert.lloyd@state.mn.us