Information about standardized measures used by the Minnesota Department of Human Services

Why does the Minnesota Department of Human Services (DHS) calculate standardized quality measures? Federal Medicaid Managed Care regulations require DHS to identify and calculate standardized performance measures in the annual review of each Medicaid contracted managed care organization [(42 CFR 438.330(c) and 438.364(a)].

How are the measures selected? Measures are selected and validated based on CMS Adult and Children’s Core Set and the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) technical specifications. DHS also sponsors the annual consumer satisfaction survey (Consumer Assessment of Healthcare Providers and Systems - CAHPS) of managed care adult enrollees conducted by a certified CAHPS vendor.

How does DHS calculate standardized quality measures? DHS calculates these standardized performance measures entirely from FFS claims data and encounter claims data submitted by managed care organizations (MCOs) under contract with DHS, or directly from public program enrollee survey responses. At this time, DHS does not require providers to submit data or calculate standardized performance measures.

Are the results publically reported? Performance measurements are reviewed annually and may change periodically to meet the needs of public program enrollees. Measurement results are publicly reported on the DHS public webpage:https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/managed-care-reporting/quality.jsp.

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