

Quality Strategy Goals and Objectives

Consistent with the National Quality Strategy, the DHCFP established the following quality goals and objectives to improve the health and wellness of Nevada Medicaid and Nevada Check Up members. Unless otherwise indicated, all objectives will follow the Quality Improvement System for Managed Care (QISMC) methodology to increase rates by 10 percent.

Goal 1: Improve the health and wellness of Nevada’s Medicaid and Nevada Check Up population by increasing the use of preventive services.

Objective 1.1a: Increase children’s and adolescents’ access to primary care physicians (PCPs) (12–24 months).

Objective 1.1b: Increase children’s and adolescents’ access to PCPs (26 months–6 years).

Objective 1.1c: Increase children’s and adolescents’ access to PCPs (7–11 years).

Objective 1.1d: Increase children’s and adolescents’ access to PCPs (12–19 years).

Objective 1.2: Increase well-child visits (0–15 months).

Objective 1.3: Increase well-child visits (3–6 years).

Objective 1.4a: Increase weight assessment and counseling for nutrition and physical activity for children/adolescents (body mass index [BMI] percentile).

Objective 1.4b: Increase weight assessment and counseling for nutrition and physical activity for children/adolescents (counseling for nutrition).

Objective 1.4c: Increase weight assessment and counseling for nutrition and physical activity for children/adolescents (counseling for physical activity).

Objective 1.5: Increase immunizations for adolescents.

Objective 1.6: Increase annual dental visits for children.

Objective 1.7: Increase human papillomavirus vaccine for female adolescents.

Objective 1.8: Increase adolescent well-care visits.

Objective 1.9: Increase childhood immunization status (all combos, 2–10).

Goal 2: Increase use of evidence-based practices for members with chronic conditions.

Objective 2.1: Increase rate of HbA1c testing for members with diabetes.

Objective 2.2: Decrease rate of HbA1c poor control (>9.0%) for members with diabetes.**

Objective 2.3: Increase rate of HbA1c good control (<8.0%) for members with diabetes.

Objective 2.4: Increase rate of eye exams performed for members with diabetes.

Objective 2.5: Increase medical attention for nephropathy for members with diabetes.

Objective 2.6: Increase blood pressure control (<140/90 mm Hg) for members with diabetes.

Objective 2.7a: Increase medication management for people with asthma—medication compliance 50 percent.

Objective 2.7b: Increase medication management for people with asthma—medication compliance 75 percent.

Goal 3: Reduce and/or eliminate health care disparities for Medicaid and Nevada Check Up recipients.

Objective 3.1: Ensure that health plans develop, submit for review, and annually revise cultural competency plans.

Objective 3.2: Stratify data for performance measures and avoidable emergency room utilization by race and ethnicity to determine where disparities exist. Continually identify, organize, and target interventions to reduce disparities and improve access to appropriate services for the Medicaid and Nevada Check Up population.

Objective 3.3: Ensure that each MCO submits an annual evaluation of their cultural competency program to the DHCFP. The MCOs must receive a 100 percent *Met* compliance score for all criteria listed in the MCO contract for cultural competency program development, maintenance, and evaluation.

Goal 4: Improve the health and wellness of new mothers and infants, and increase new-mother education about family planning and newborn health and wellness.

Objective 4.1: Increase the rate of postpartum visits.

Objective 4.2: Increase timeliness of prenatal care.

Objective 4.3: Increase frequency of prenatal care visits (≥ 81 percent of visits).

Objective 4.4: Increase frequency of prenatal care visits (<21 percent of visits).**

***Indicates inverse indicator, wherein a lower rate demonstrates better performance for the measure.*

Goal 5: Increase use of evidence-based practices for members with behavioral health conditions.

Objective 5.1a: Increase follow-up care for children prescribed attention-deficit/hyperactivity (ADHD) medication—initiation phase.

Objective 5.1b: Increase follow-up care for children prescribed ADHD medication—continuation and maintenance phase.

Objective 5.2: Reduce use of multiple concurrent antipsychotics in children and adolescents.**

Objective 5.3: Reduce behavioral health-related hospital readmissions within 30 days of discharge. (Improvement based on MCO PIP goals.)

Objective 5.4: Increase follow-up after hospitalization for mental illness—7 days.

Objective 5.5: Increase follow-up after hospitalization for mental illness—30 days.

Goal 6: Increase reporting of CMS quality measures.

Objective 6.1: Increase the number of CMS adult core measures reported to the Medicaid and CHIP Program (MACPro) System.

Objective 6.2: Increase the number of CMS child core measures reported to MACPro.