



2025 Managed Care Quality Update

Medicaid Advisory Committee

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Managed care quality measures

Why are quality measures required?

Access to and quality of care for Medicaid and CHIP members remain a priority of CMS and Utah Medicaid. Quality measures allows Medicaid a mechanism to assess the quality of care and helps identify improvement opportunities with managed care entities. Quality measure requirements are published in federal regulations and state statutes.

- CMS published 42 CFR 438 and 42 CFR 457 CMS to address quality for Medicaid and CHIP Managed Care, including the requirement to report quality measures. Its goal is to achieve a better balance between state and federal oversight, and to promote accountability for providing quality of care to individuals with Medicaid and CHIP.
- Title 26 Chapter 33 of Utah Code established the Utah Health Data Authority. The purpose to this committee is to direct a statewide effort to collect, analyze, and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care, and to facilitate interaction among those with concern for health care issues.
- Pursuant to statute, the Utah Health Data Authority promulgated rulemaking that requires each plan in Utah to complete and submit a CAHPS survey ([R428-12](#)) and to collect and submit HEDIS data ([R428-13](#)) to promote informed consumer choice in plan selection and measure the quality of care provided to enrollees.

What are the two types of measures?

HEDIS measures

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool developed by the National Committee for Quality Assurance (NCQA) and used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service. More than 200 million people are enrolled in health plans that report quality results using HEDIS. Since 2008, HEDIS has also been available for use by medical providers and practices. Because so many health plans use HEDIS and because the measures are so specifically defined, HEDIS can be used to make comparisons among health plans. Health plans can also use this information to improve care and services provided to enrollees.

HEDIS data serves as a definitive "look-back" audit, capturing a specific snapshot of performance from the prior measurement year to assess the effectiveness of care delivered to members. While this data reflects past encounters rather than real-time activity, it represents the tangible output of plan's clinical strategies, provider network engagement, and member outreach efforts. Because these results are calculated using NCQA's standardized specifications, they provide a validated, "apples-to-apples" benchmark.

Managed care quality measures

HEDIS measures (cont.)

To ensure that HEDIS stays current, the NCQA has established a process to evolve the measurement set each year through its Committee on Performance Measurement.

To learn about the timeline of the annual HEDIS data submission process, please visit the [NCQA Data Submission Timeline](#) website.

Data collection and analysis of Utah's HEDIS data is a collaborative effort led by the Office of Health Care Statistics. Past years of HEDIS data may be viewed at <https://healthcarestats.utah.gov/about-the-data/health-plan-quality/>

Note: The CAHPS and HEDIS 2025 results presented in this report reflect the performance of healthcare services rendered during the Measurement Year 2024 (January 1, 2024, through December 31, 2024). Although referred to as 'CAHPS 2025' or 'HEDIS 2025' because they are reported, audited, and finalized in the 2025 calendar year, these metrics capture the care provided to members throughout the previous calendar year. This annual reporting structure ensures comprehensive analysis of all claims, medical records, and member services delivered within the 2024 timeframe. This methodology is consistent across all reported years of data.

How are HEDIS measures calculated?

The calculation of HEDIS measures is complex due to the combination of data sources, rigorous audit requirements, and evolving technical specifications.

For example, calculating the W-30 measure requires tracking a high frequency of visits across two distinct age brackets, each with its own rigid timeline and documentation rules. Below are the current specifications for the W30 measure:

Example 1: W30 (0-15 months) measure specifications

Measure Definition: Well-Child Visits in the First 15 Months. Persons who turned 15 months old during the measurement period: Six or more well-child visits.

Numerator: Children with 6 or more well-child visits on or before their 15-month birthday.

Denominator: Children who turned 15 months old during the measurement year.

Exclusions: Members who elect to use a hospice benefit or receive hospice services at any time during the measurement year. Members who die any time during the measurement year.

Managed care quality measures

HEDIS measures (cont.)

Notes: Must be with a Primary Care Provider (PCP). There must be at least 14 days between each well-child visit. Acute or chronic condition assessment/treatment does not count towards the measure.

CPT Codes: 99381-99385, 99391-99395, 99461

ICD-10 Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z76.2

Example 2: W30 (15-30 months) measure specifications

Measure Definition: Well-Child Visits for Age 15 Months–30 Months. Persons who turned 30 months old during the measurement period. Two or more well-child visits.

Numerator: Children who turned 30 months old during the measurement year.

Denominator: Children with 2 or more well-child visits between their 15-month birthday (+1 day) and 30-month birthday.

Exclusions: Members who elect to use a hospice benefit or receive hospice services at any time during the measurement year. Members who die any time during the measurement year.

Notes: Must be with a Primary Care Provider (PCP). There must be at least 14 days between each well-child visit. Acute or chronic condition assessment/treatment does not count towards the measure.

CPT Codes: 99381-99385, 99391-99395, 99461

ICD-10 Codes: Z00.110, Z00.111, Z00.121, Z00.129, Z76.2

CAHPS measures

Consumer Assessment of Health Plans and Systems (CAHPS) surveys are performed by third-party vendors and measure patients' experiences with health care.

The annual CAHPS Health Plan survey (version 5.1H) asks health plan enrollees about their recent experiences with their health plans and their services. Separate surveys are conducted for child and adult members. This standardized survey was designed to support consumers in assessing the performance of health plans and choosing the plans that best meet their needs. Health plans can also use the survey results to identify their strengths and weaknesses and target areas for improvement. The questions for adults and children are slightly different.

The CAHPS results describe how satisfied health plan enrollees are with their experiences with the care they received and of those who provided the care. The purpose of these reports is to give consumers and purchasers information they can use to make an informed decision when selecting a health plan.

Managed care quality measures

CAHPS measures (cont.)

This report organizes the CAHPS results into four global rating questions and four composite categories, which summarize the patient experience across key service areas.

Four global rating questions : These questions ask respondents to rate their overall satisfaction on a scale of 0 (worst) to 10 (best):

- Rating of all health care
- Rating of health plan
- Rating of personal doctor
- Rating of specialist seen most often

Four primary composite categories: Composite measures combine multiple related survey questions into a single score for a broader domain of care:

- Getting needed care: Evaluates the ease of getting appointments with specialists and the care, tests, or treatment needed.
- Getting care quickly: Measures how often patients received care as soon as needed for both urgent and routine appointments.
- How well doctors communicate: Summarizes how often doctors explained things clearly, listened carefully, showed respect, and spent enough time.
- Customer service: Assesses how often plan staff treated patients with courtesy and respect and provided the information or help they needed.

Onpoint Health Data, an NCQA-certified vendor, calculated all CAHPS rates in this report from data provided by each plan's survey vendor.

CAHPS results may be viewed on the [CAHPS Quality Dashboard](#).

Graphs

For graphs in this report, the percentages listed on the vertical axis of the graphs may have varying percentage ranges. Please note this when viewing the different measures.

Throughout this report, UMIC refers to Utah Medicaid Integrated Care plan.

More information

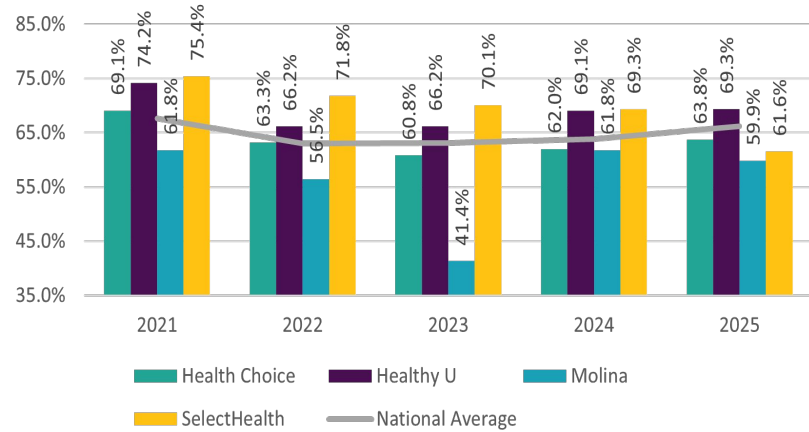
For more information about the quality measures presented in this report, please refer to the official NCQA [State of Health Care Quality Report](#), which outlines the latest HEDIS® measures and definitions and provides an annual summary of national performance for key HEDIS and CAHPS® measures.

HEDIS Measures 2025

Childhood Immunization Combo 3

The percentage of children 2 years of age who had a four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Childhood Immunization: Combo #3 (CIS) Child Medicaid

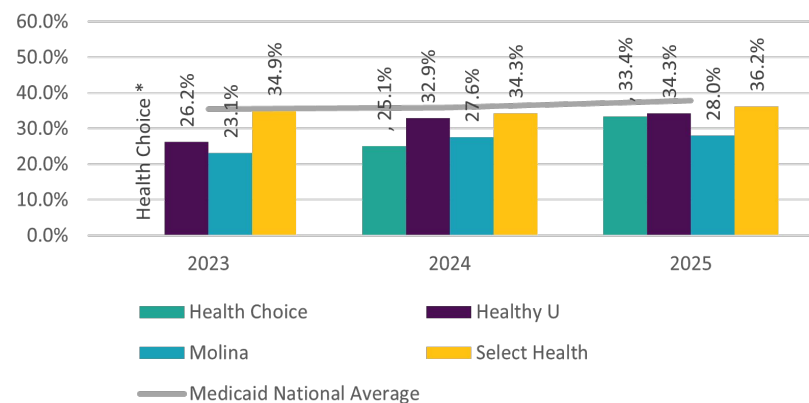


Immunization for Adolescents Combo 2

Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.

* For 2023, plans had the option to report either IMA-E or the traditional IMA metric, which was slated for retirement. While Health Choice submitted data for IMA (26.3%), we have utilized IMA-E values in this chart to provide a consistent baseline for long-term trending analysis.

Immunizations for Adolescents: Combo #2 2023-2025 (IMA-E) Child Medicaid



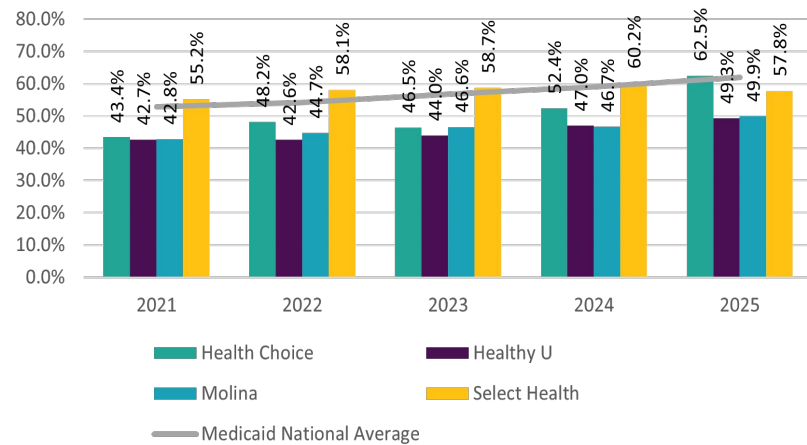
HEDIS Measures 2025

Well-Child Visits in the First 30 Months of Life

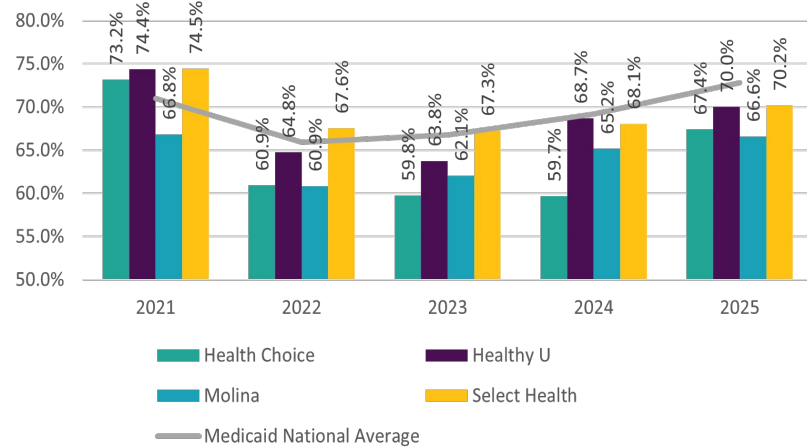
The percentage of members who had the following number of well-child visits with a primary care provider (PCP) during the last 15 months. The W30 measure replaced the W15 and W34 measures beginning with the 2021 reporting year. The following rates are reported:

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

Well-Child Visits first 15 months (W30)
Child Medicaid



Well-Child Visits 15-30 months (W30)
Child Medicaid



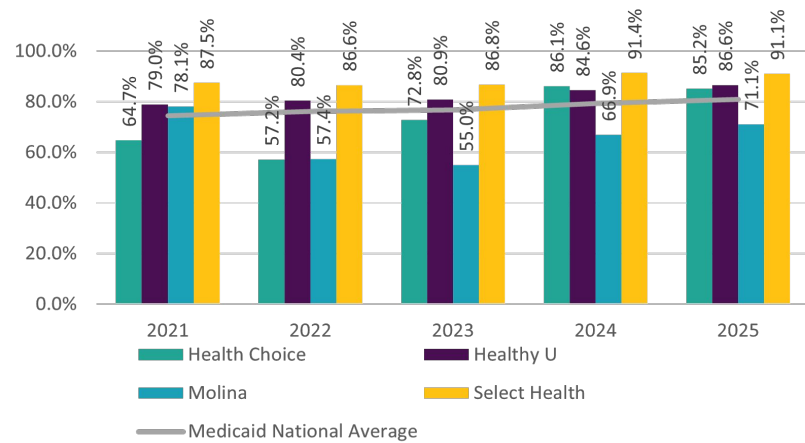
HEDIS Measures 2025

Child/Adolescent BMI Assessment

Assesses children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and had evidence of:

- Body mass index (BMI) percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity.
- Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value.

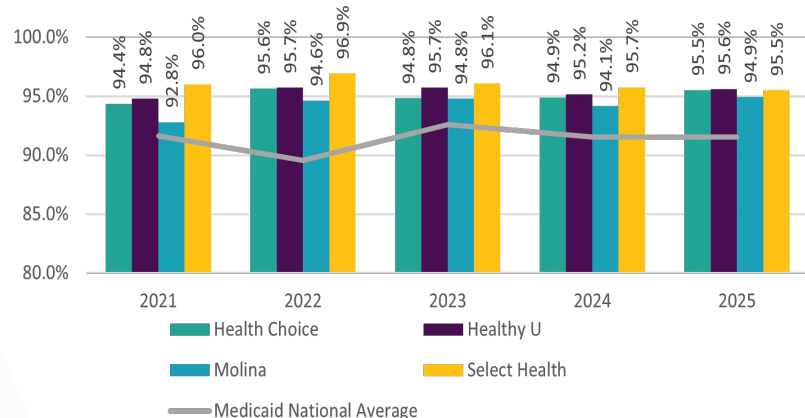
Child/Adolescent BMI Assessment (WCC)
Child Medicaid



Appropriate Treatment for Children with Upper Respiratory Infection

Assesses children 3 month to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

Appropriate Treatment for URI (URI)
Child Medicaid



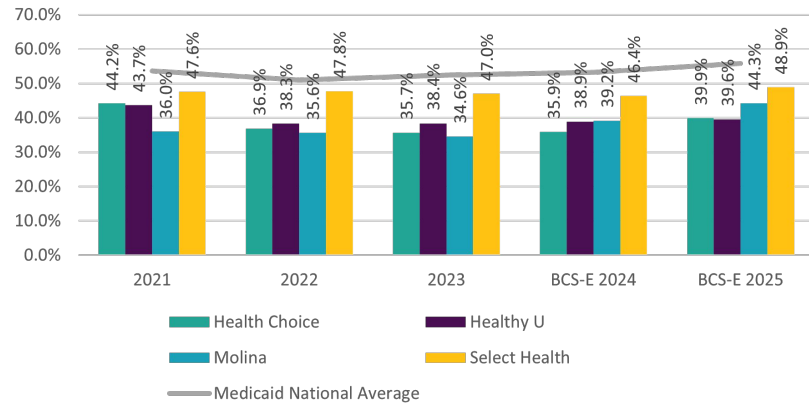
HEDIS Measures 2025

Breast Cancer Screening

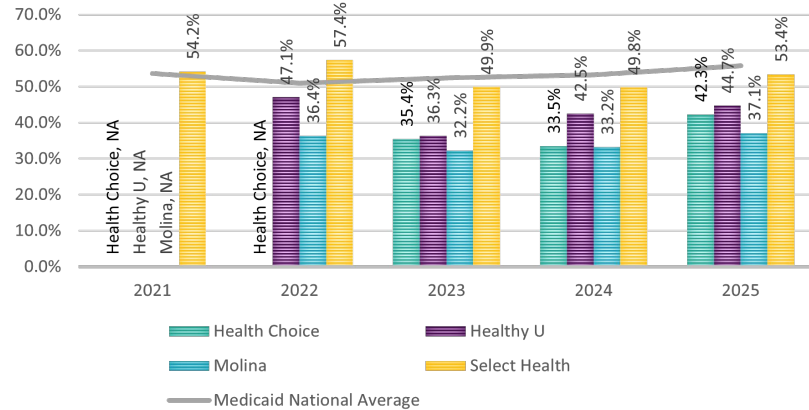
Assesses women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

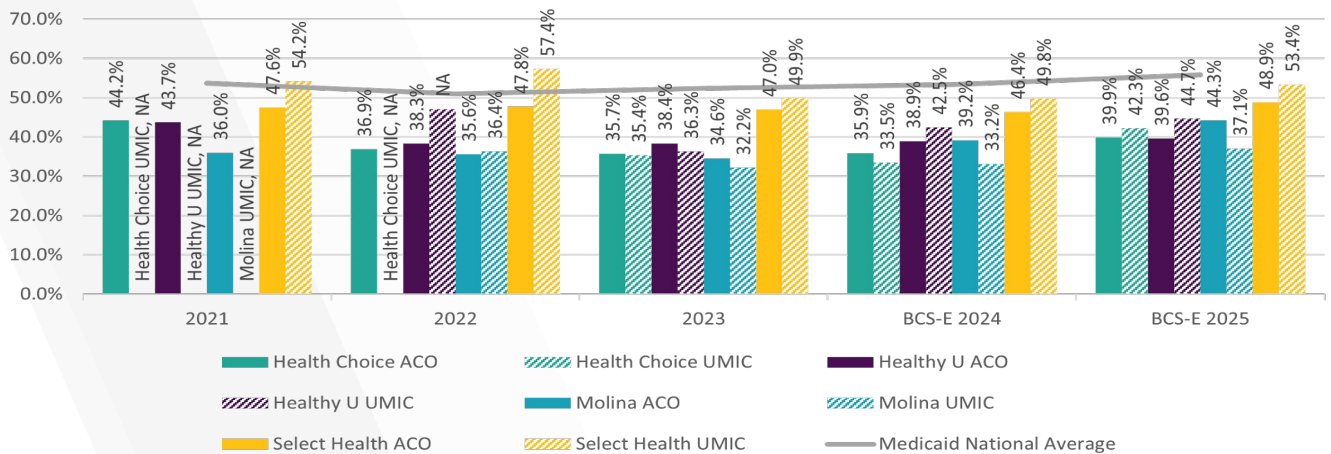
Breast Cancer Screening
BCS (2021-2023), BCS-E (2024-2025)
Adult Medicaid



Breast Cancer Screening
BCS (2021-2023), BCS-E (2024-2025)
UMIC



Breast Cancer Screening [BCS (2021-2023), BCS-E (2024-2025)]
UMIC/ACO Comparison



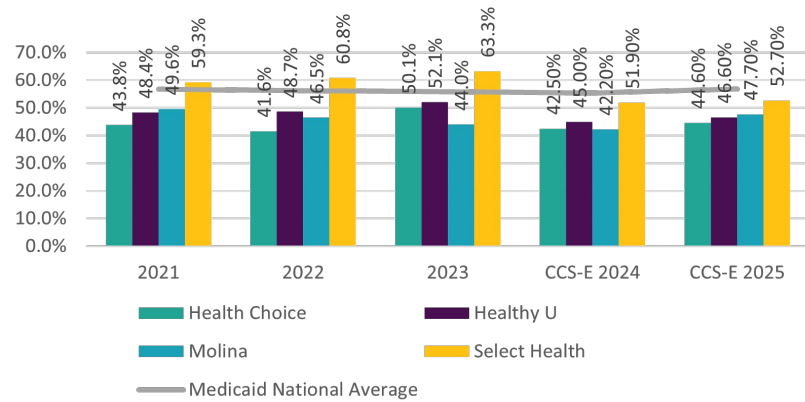
HEDIS Measures 2025

Cervical Cancer Screening

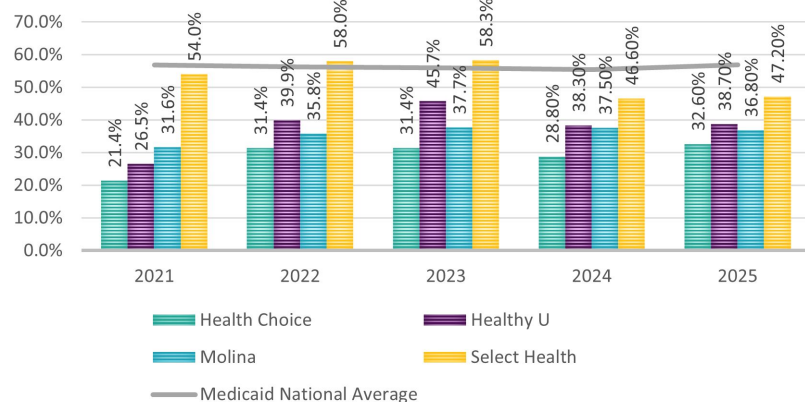
Assesses women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

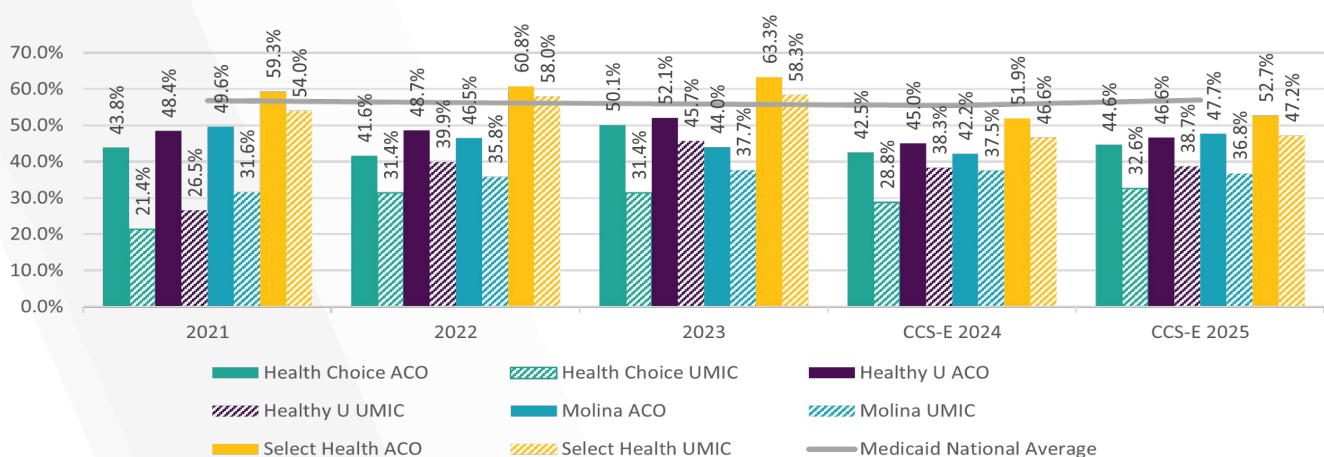
Cervical Cancer Screening
CCS (2021-2023), CCS-E (2024-2025)
Adult Medicaid



Cervical Cancer Screening
CCS (2021-2023), CCS-E (2024-2025)
UMIC



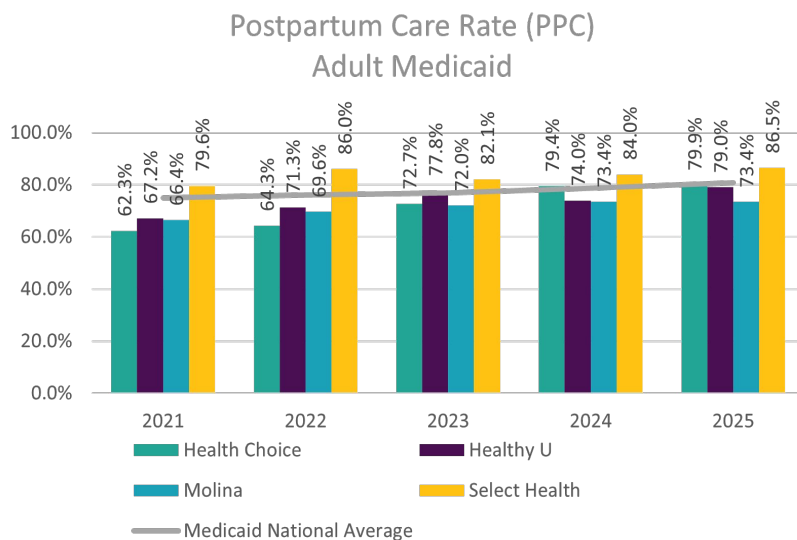
Cervical Cancer Screening [CCS (2021-2023), CCS-E (2024-2025)]
UMIC/ACO Comparison



HEDIS Measures 2025

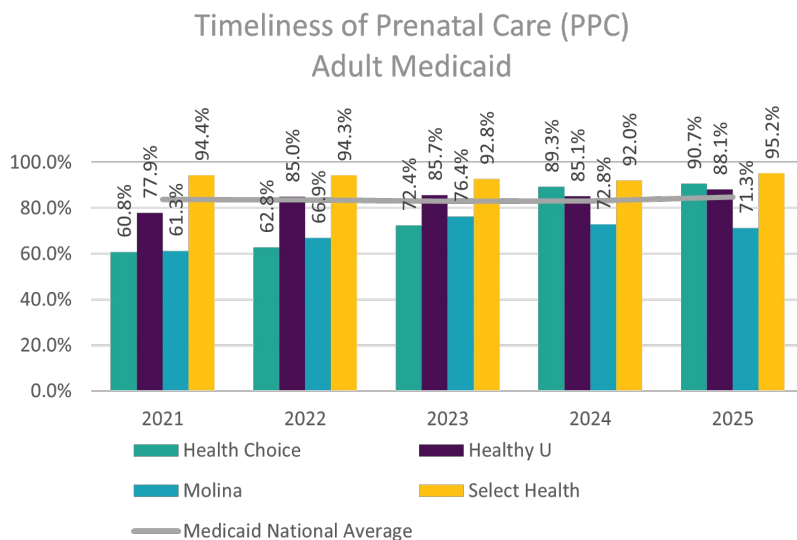
Postpartum Care Rate

Measures the percentage of women who had live births between October 8 of the year prior to the measurement year and October 7 of the measurement year and received care in two distinct areas.



Timeliness of Prenatal Care (First Year Plan tracking measure)

The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.

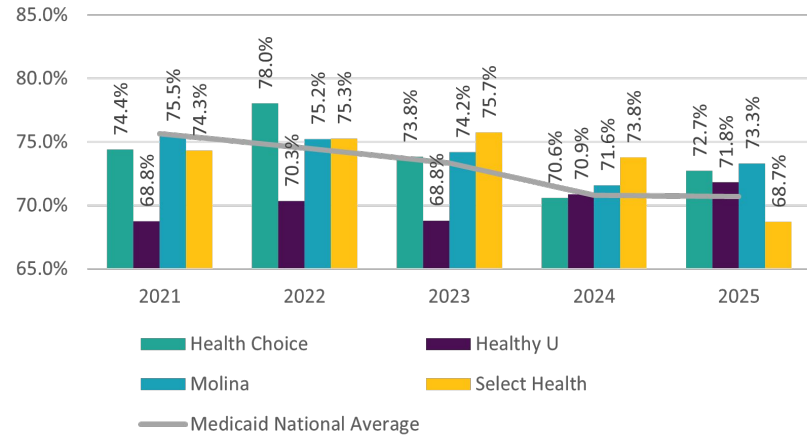


HEDIS Measures 2025

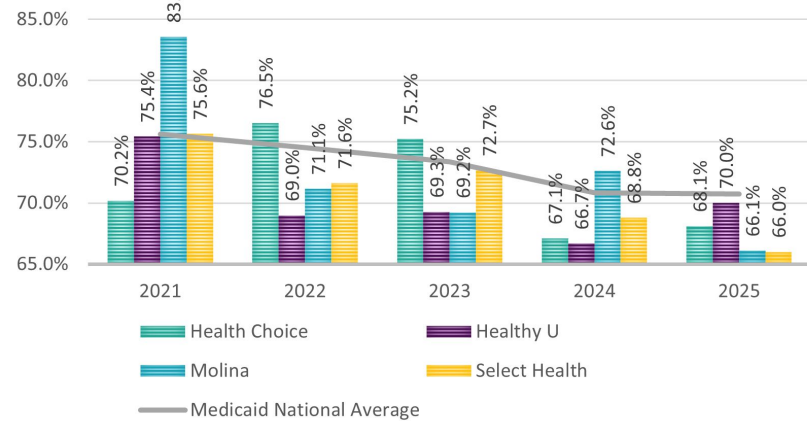
Imaging for Lower Back Pain

Assesses adults ages 18–50 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis (a higher score indicates better performance).

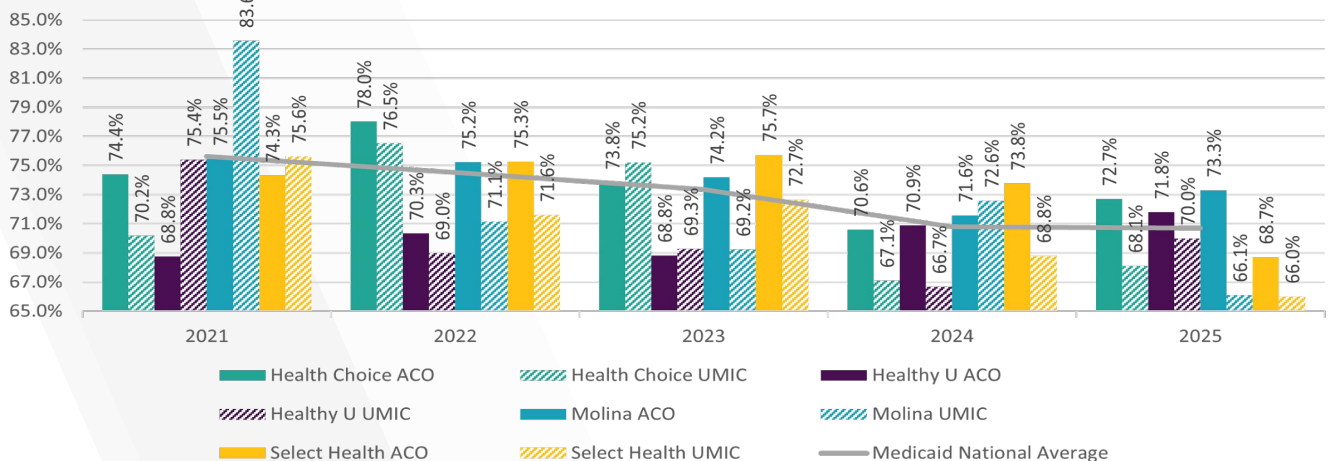
Imaging for Low Back Pain (LBP)
Adult Medicaid



Imaging for Low Back Pain (LBP)
UMIC



Imaging for Low Back Pain (LBP)
ACO/UMIC Comparison



HEDIS Measures 2025

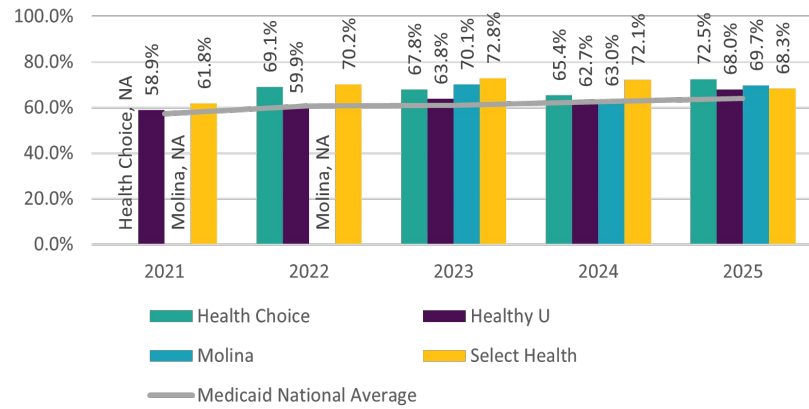
Antidepressant Medication Management: Acute Phase

Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.

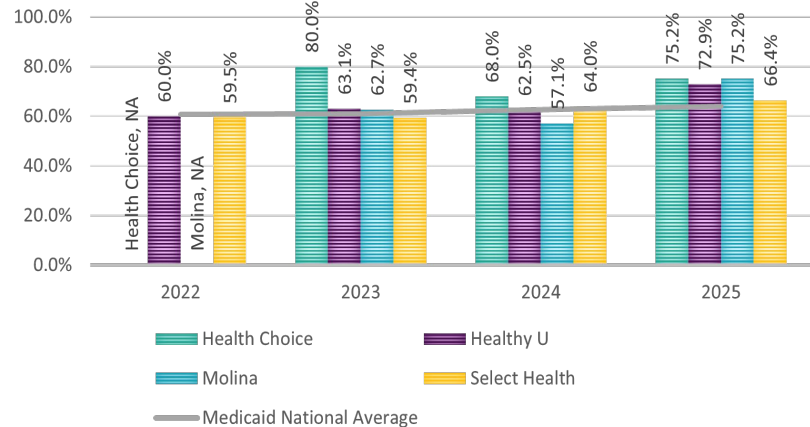
- Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks).

Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

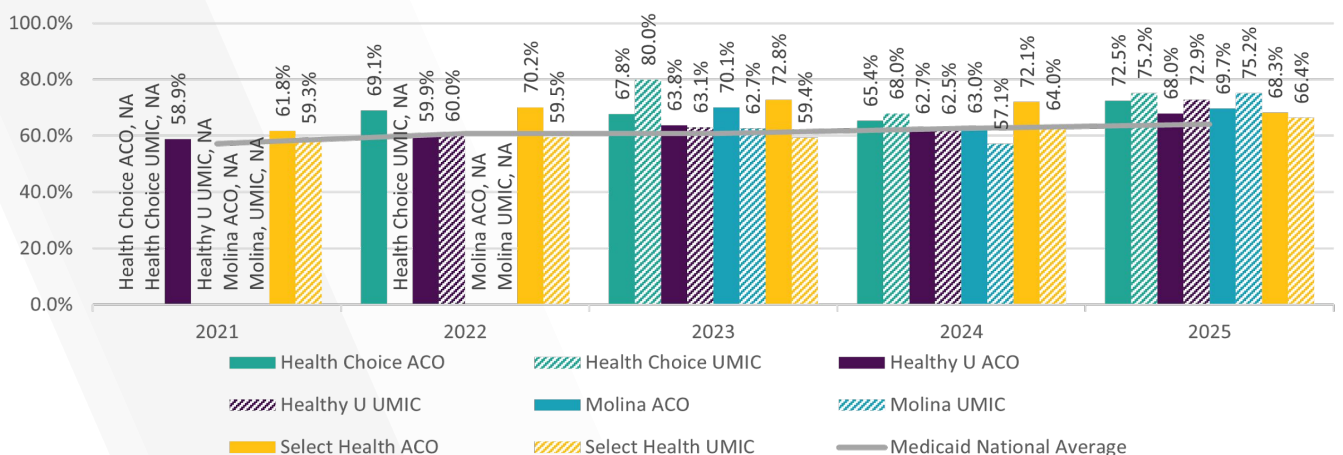
Antidepressant Medication Management: Acute Phase (AMM) Adult Medicaid



Antidepressant Medication Management: Acute Phase (AMM) - UMIC



Antidepressant Medication Management: Acute Phase (AMM) ACO/UMIC Comparison

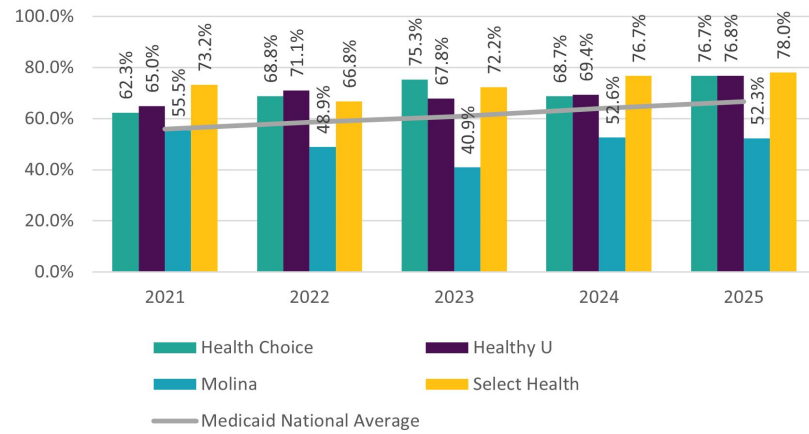


HEDIS Measures 2025

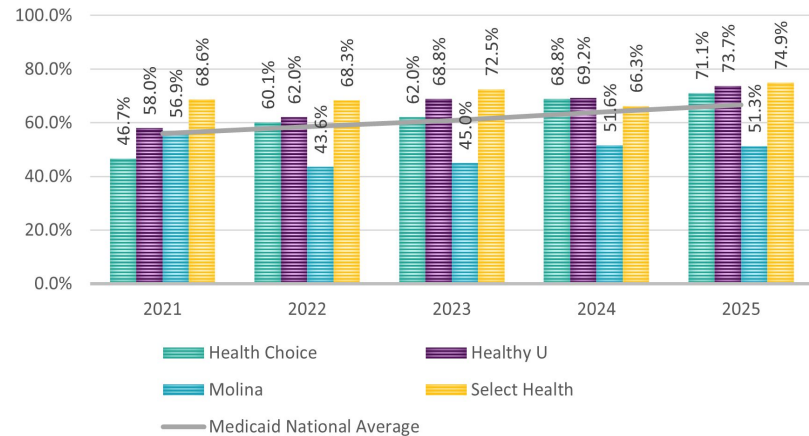
High Blood Pressure

Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

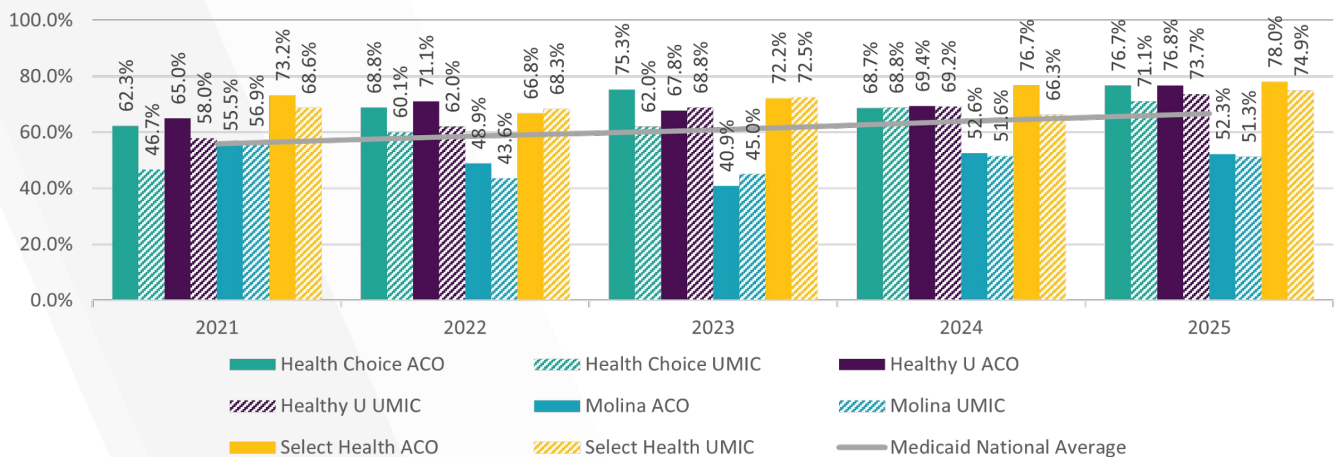
Controlling High Blood Pressure (CBP)
Adult Medicaid



Controlling High Blood Pressure (CBP)
UMIC



Controlling High Blood Pressure (CBP)
ACO/UMIC Comparison



HEDIS Measures 2025

Hemoglobin A1c Control for Patients with Diabetes - Poor HbA1c Control (HBD - GSD)

For Measurement Year 2024 and beyond, the NCQA replaced the Hemoglobin A1c Control for Patients with Diabetes (HBD) measure with Glycemic Status Assessment for Patients with Diabetes (GSD)

HBD: Assesses the percentage of members between the age of 18 and 75 with a diagnosis of diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

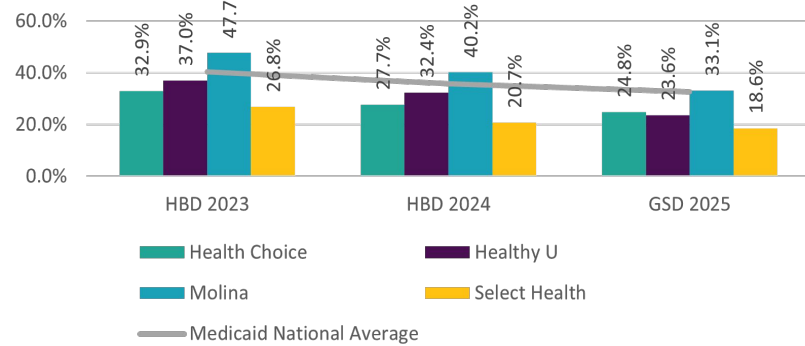
- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%)

GSD: Assesses the percentage of adults between the ages of 18 and 75 with a diagnosis of diabetes whose most recent glycemic status (measured by HbA1c or Glucose Management Indicator (GMI) falls into one of two categories during the measurement year:

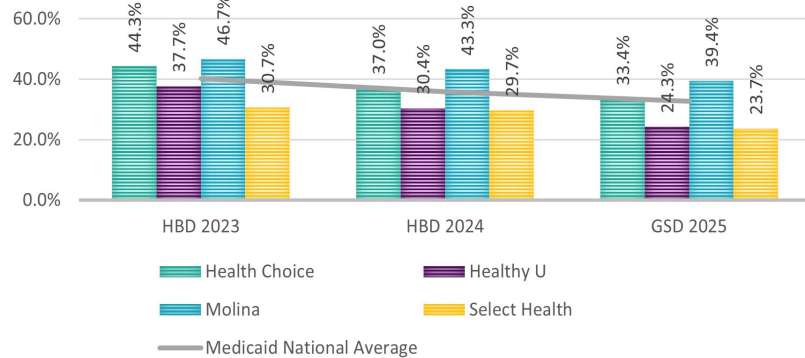
- Less than 8.0%
- Greater than or equal to 9.0%

This is an inverse measure; the goal is to be less than or equal to 9.0%.

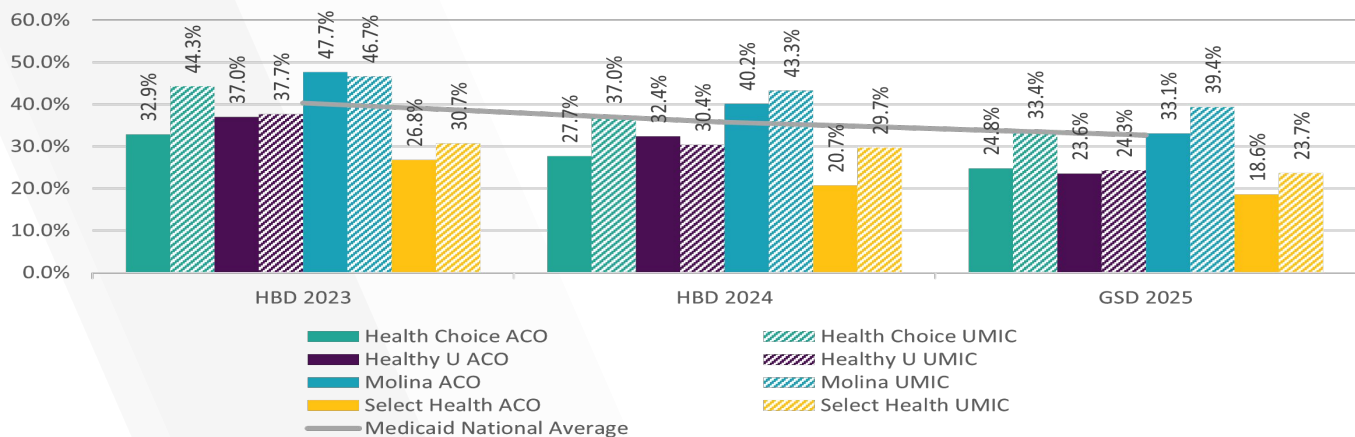
Hemoglobin HbA1c (>9.0%) for Patients with Diabetes
HBD (2023-2024), GSD (2025)
Adult Medicaid



Hemoglobin HbA1c (>9.0%) for Patients with Diabetes
HBD (2023-2024), GSD (2025)
UMIC



Hemoglobin HbA1c (>9.0%) for Patients with Diabetes
HBD (2023-2024), GSD (2025)
ACO/UMIC Comparison

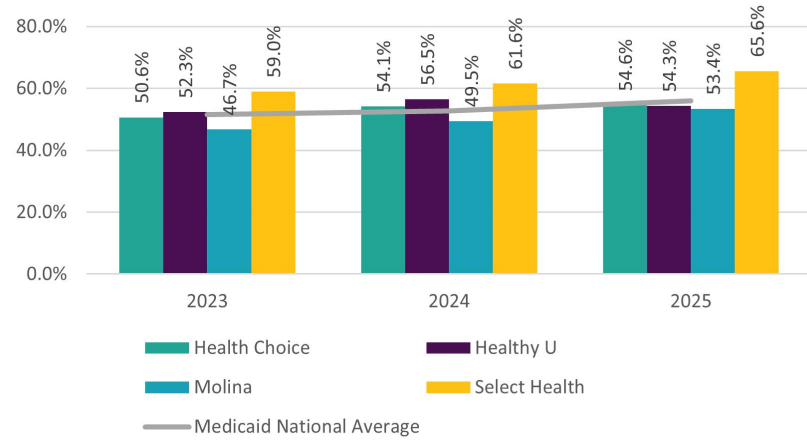


HEDIS Measures 2025

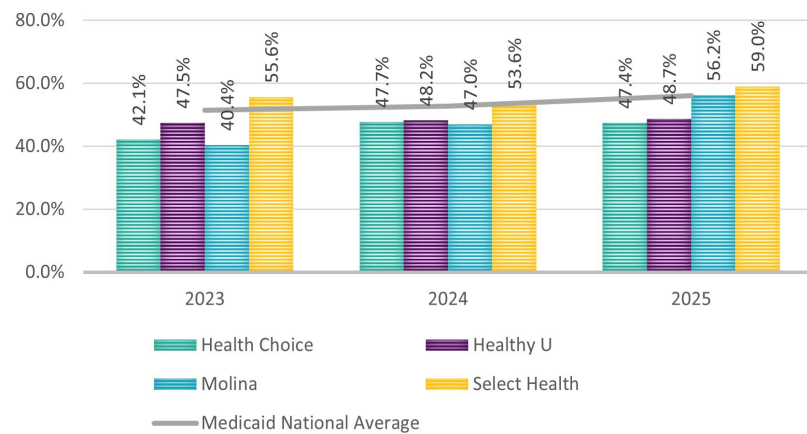
Eye Exam for Patients with Diabetes (EED)

Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had retinal eye exam.

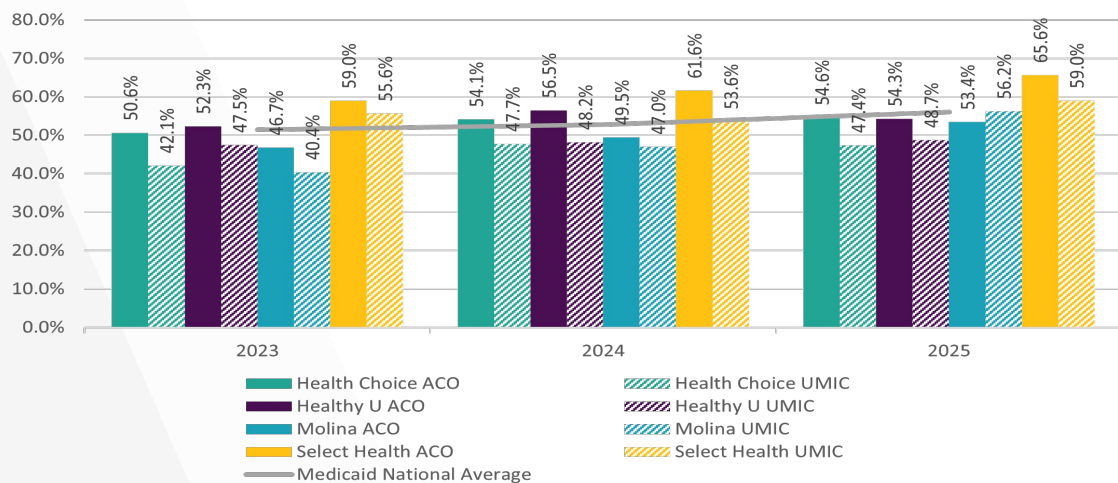
Eye Exam for Patients With Diabetes (EED)
Adult Medicaid



Eye Exam for Patients With Diabetes (EED)
UMIC



Eye Exam for Patients With Diabetes (EED)
ACO/UMIC Comparison



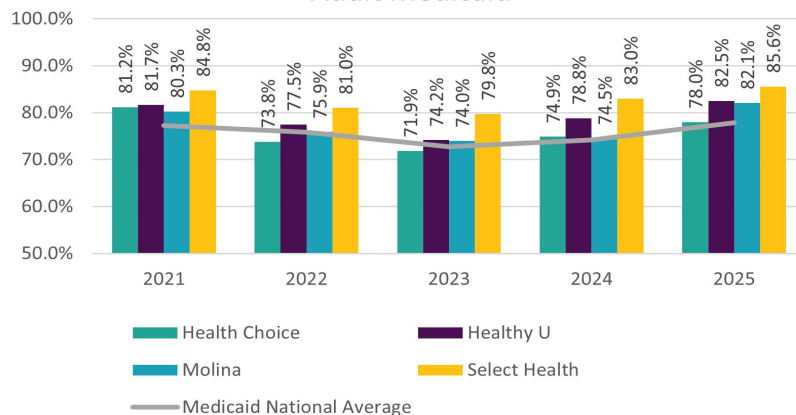
HEDIS Measures 2025

Adult's Access to Preventive/Ambulatory Health Services

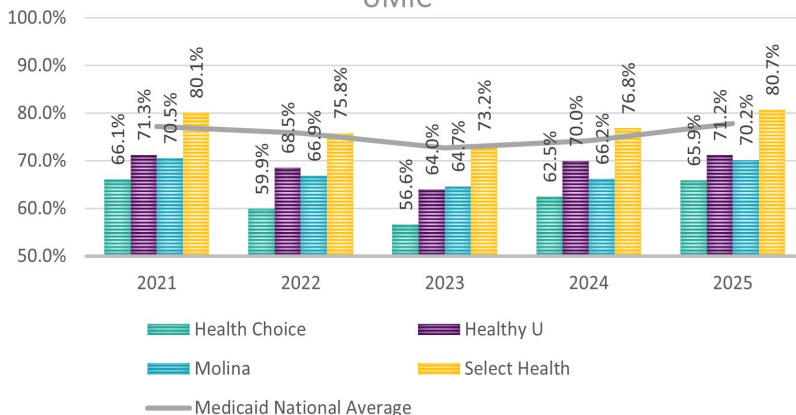
The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
- Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

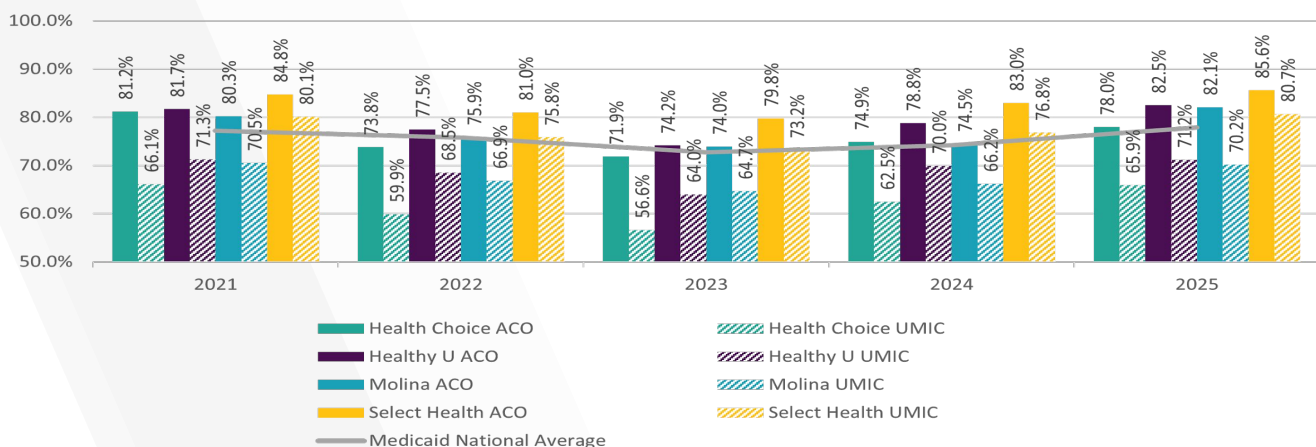
Adult's Access to Preventive/Ambulatory Health Services (AAP)
Adult Medicaid



Adult's Access to Preventive/Ambulatory Health Services (AAP)
UMIC



Adult's Access to Preventive/Ambulatory Health Services (AAP)
ACO/UMIC Comparison

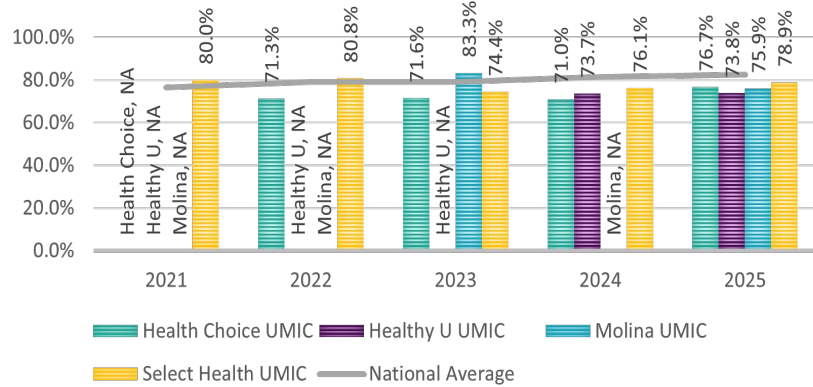


HEDIS Measures 2025

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (UMIC plans only)

Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Med (SSD)- UMIC



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

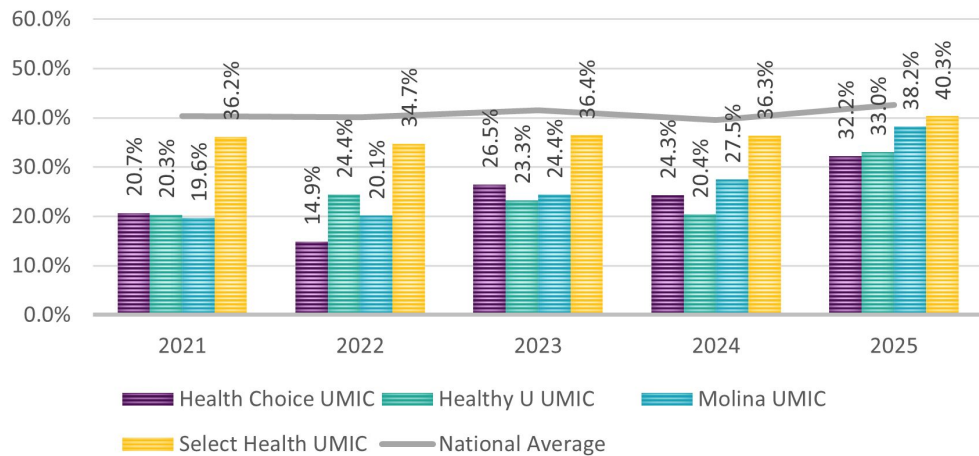
HEDIS Measures 2025

Follow-Up After Emergency Department Visit for Mental Illness (UMIC plans only)

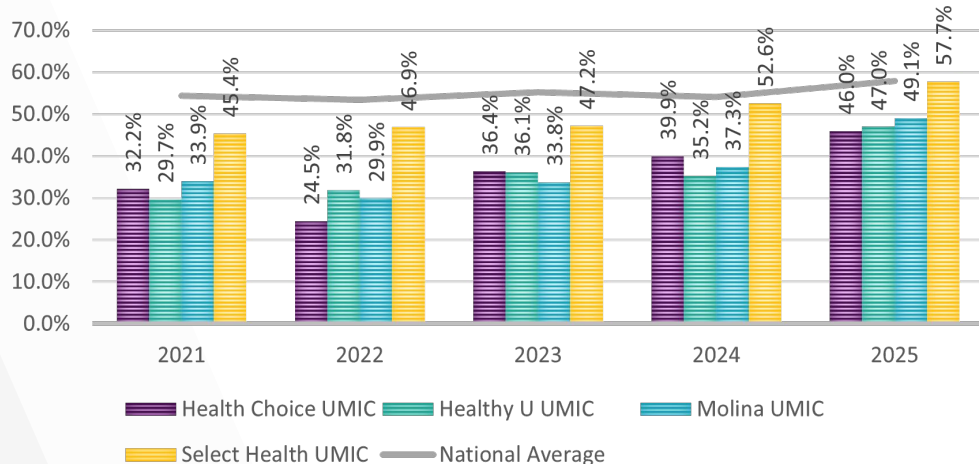
Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness and who received a follow-up visit for mental illness.

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

Follow-Up After Emergency Department Visit for Mental Illness (FUM) 7 Day - UMIC



Follow-Up After Emergency Department Visit for Mental Illness (FUM) 30 Day - UMIC



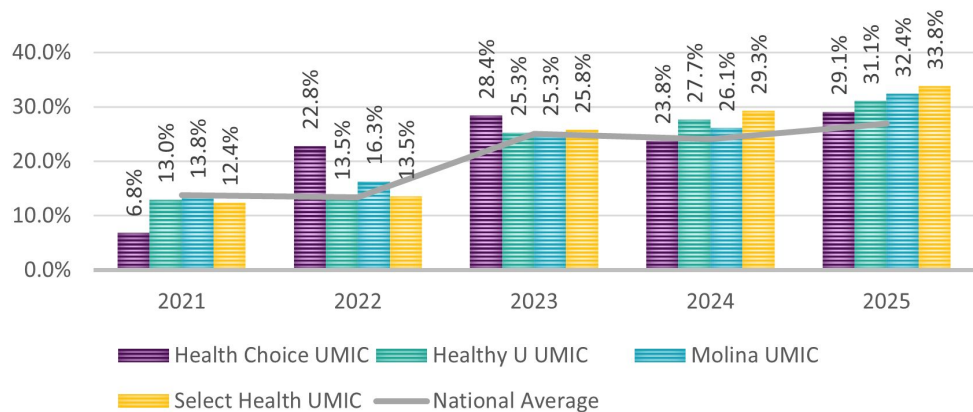
HEDIS Measures 2025

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (UMIC plans only)

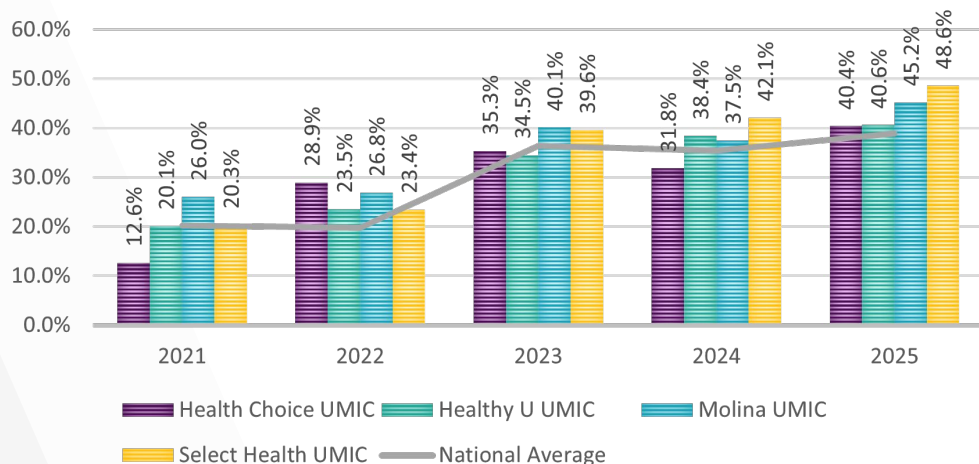
Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

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

Follow-Up After Emergency Department Visit for Substance Use (FUA) 7 Day - UMIC



Follow-Up After Emergency Department Visit for Substance Use (FUA) 30 Day - UMIC

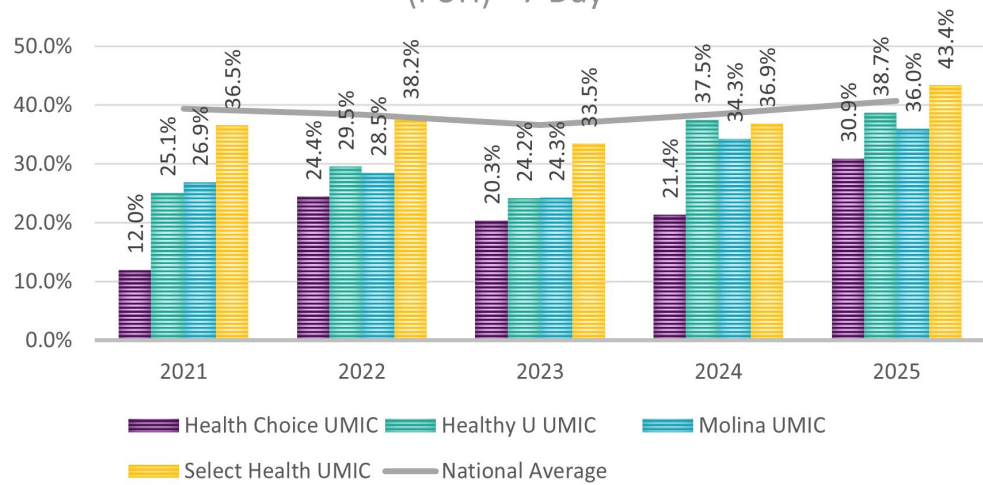


HEDIS Measures 2025

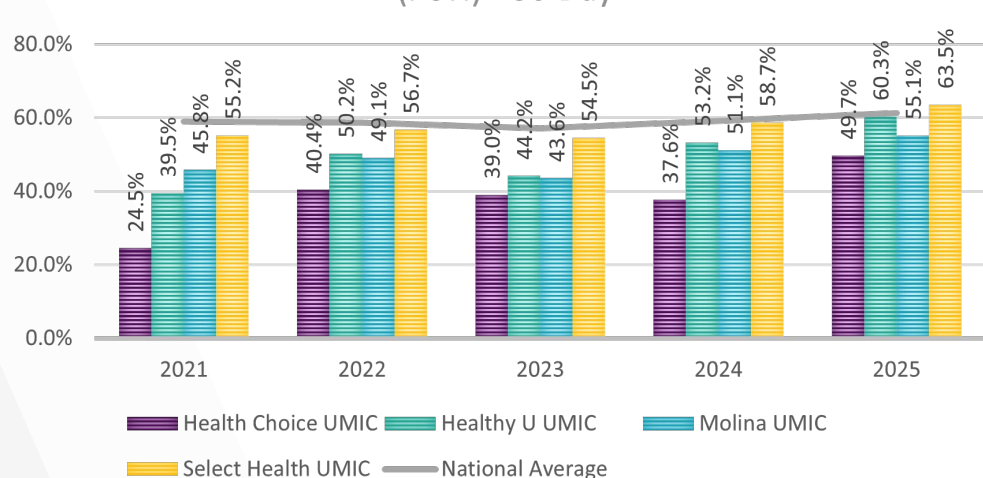
Follow-Up After Hospitalization for Mental Illness (UMIC Plans Only)

Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days.

Follow-up After Hospitalization for Mental Illness (FUH) - 7 Day



Follow-up After Hospitalization for Mental Illness (FUH) - 30 Day



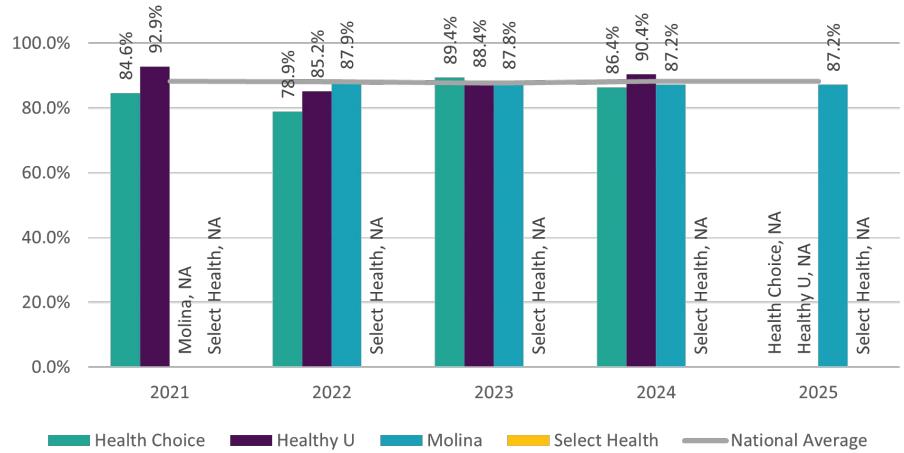
CAHPS Measures 2025

Customer service composite

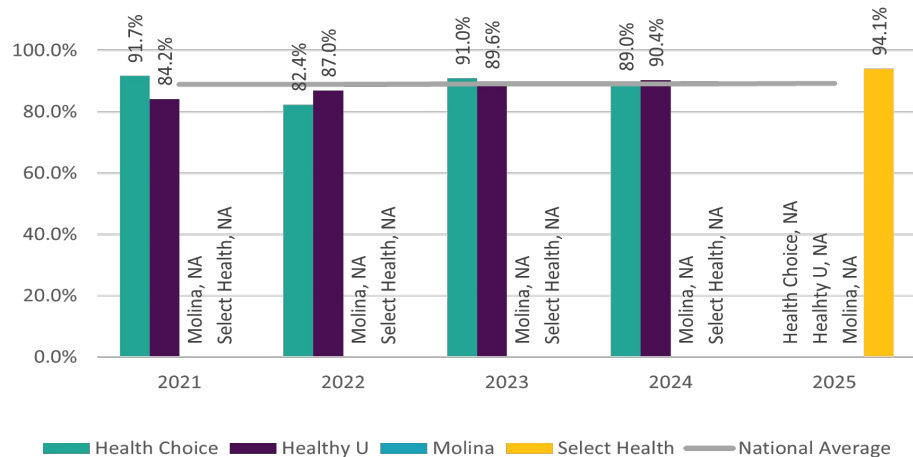
Questionnaire items which contribute to this composite:

- (1) In the last 6 months, how often did customer service at your health plan give you the information or help you needed?
- (2) In the last 6 months, how often did customer service staff at your health plan treat you with courtesy and respect?

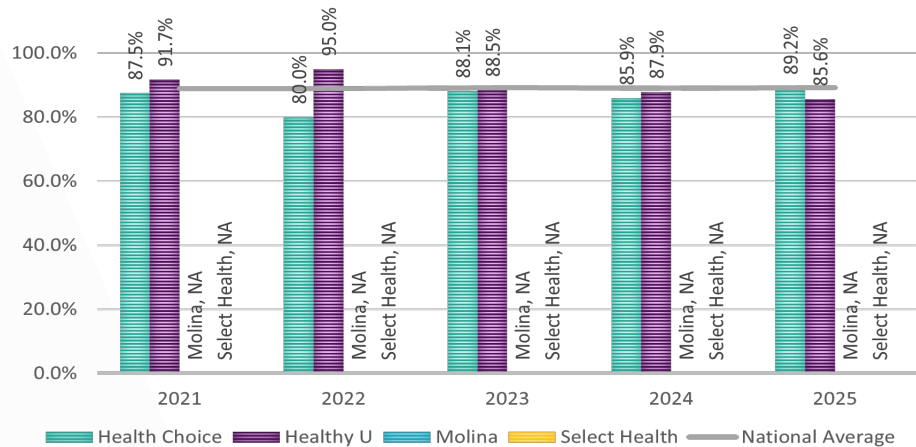
Access: Customer Service - Child



Access: Customer Service - Adult



Access: Customer Service - UMIC



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

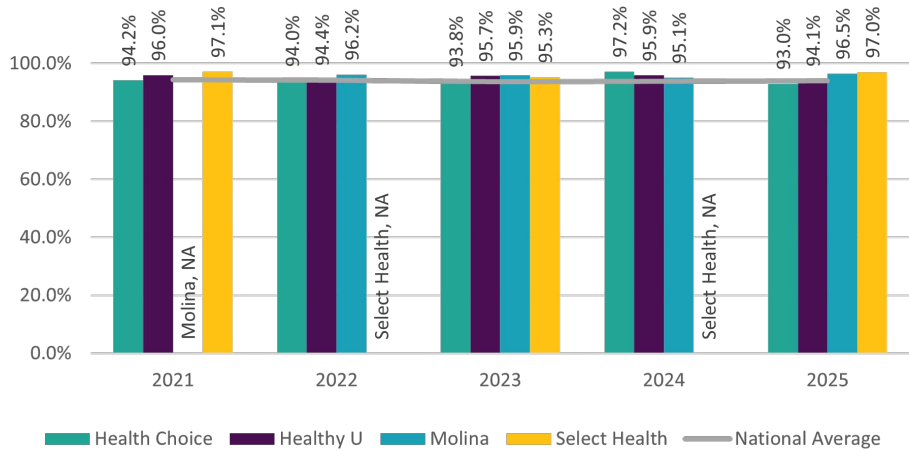
CAHPS Measures 2025

Doctor communication composite

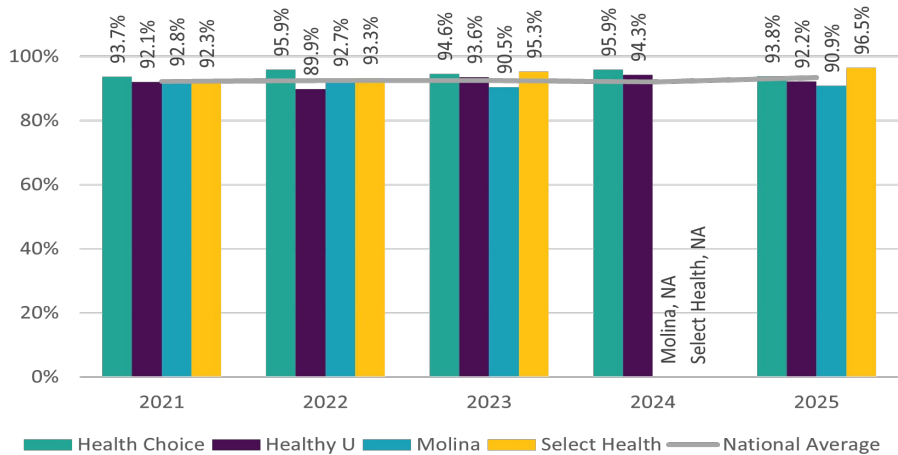
Questionnaire items which contribute to this composite:

- (1) In the last 6 months, how often did your personal doctor explain things about your health in a way that was easy to understand?
- (2) In the last 6 months, how often did your personal doctor listen carefully to you?
- (3) In the last 6 months, how often did your personal doctor show respect for what you had to say?
- (4) In the last 6 months, how often did your personal doctor spend enough time with you?

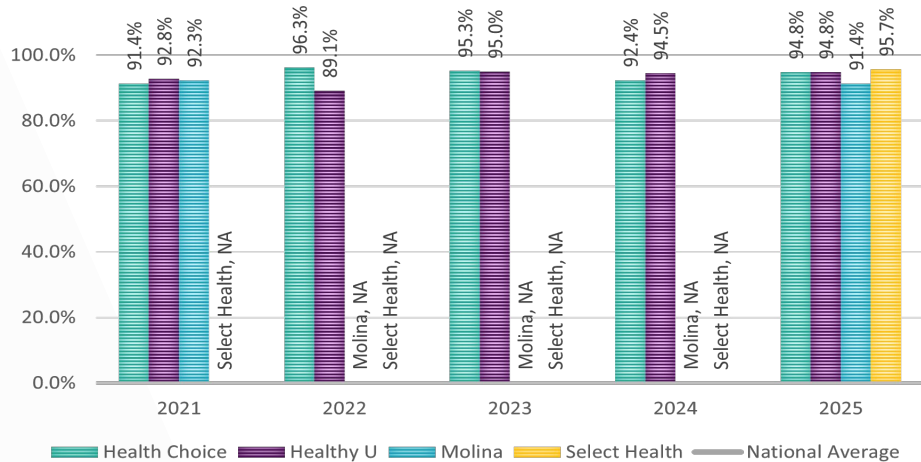
Access: How Well Doctors Communicate - Child



Access: How Well Doctors Communicate - Adult



Access: How Well Doctors Communicate - UMIC



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

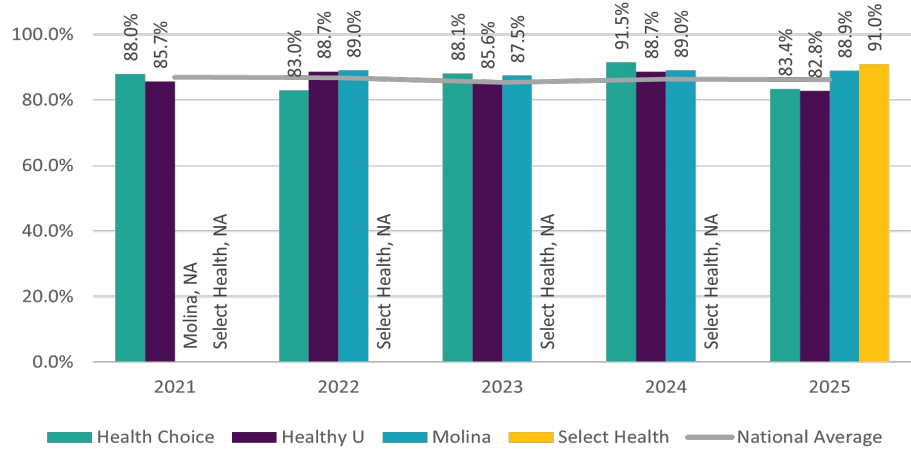
CAHPS Measures 2025

Getting care quickly composite

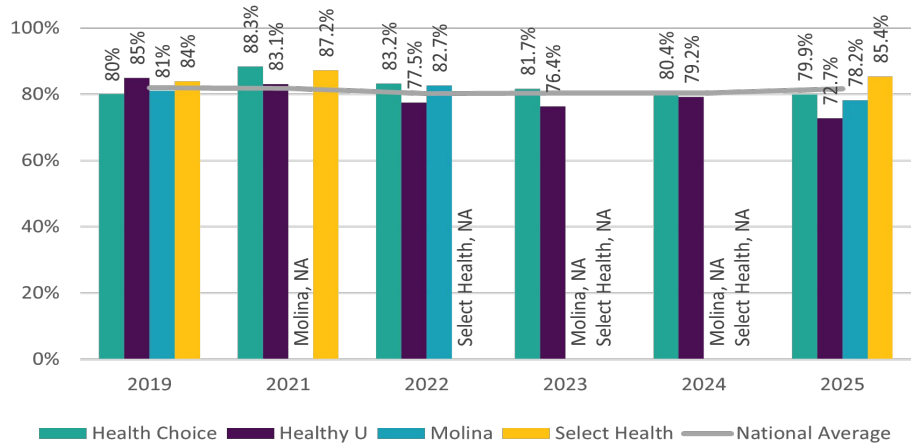
Questionnaire items which contribute to this composite:

- (1) In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- (2) In the last 6 months, when you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?

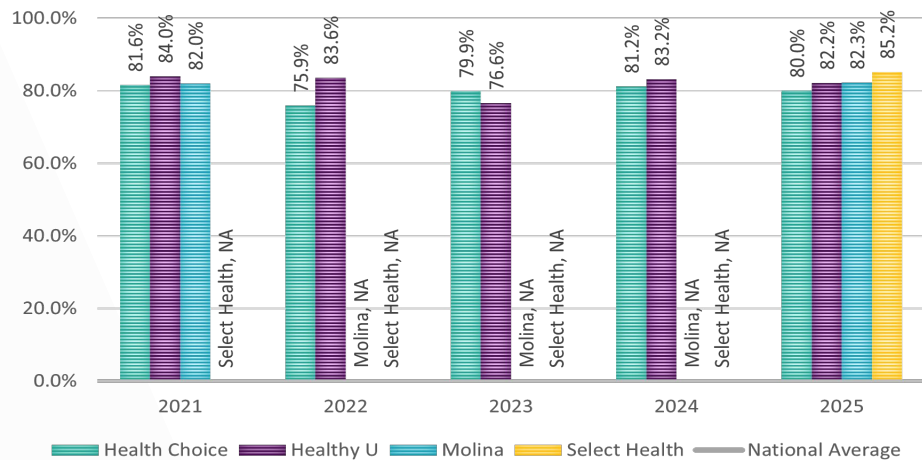
Access: Getting Care Quickly - Child



Access: Getting Care Quickly - Adult



Access: Getting Care Quickly - UMIC



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

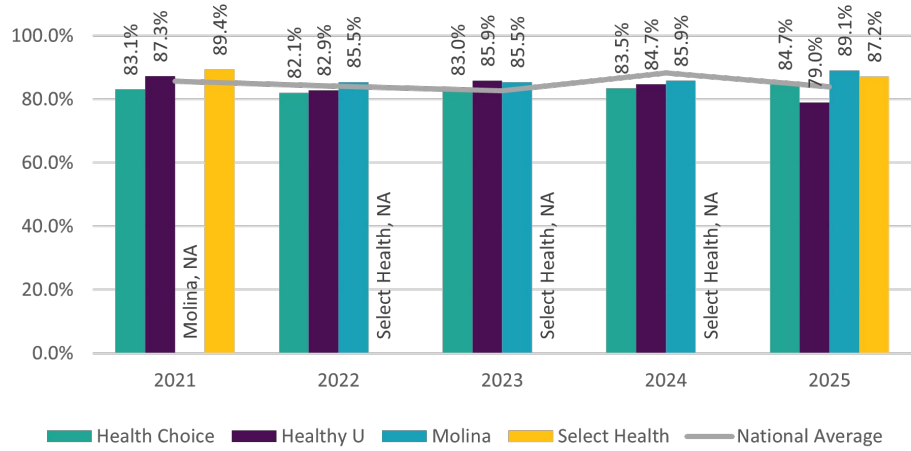
CAHPS Measures 2025

Getting needed care composite

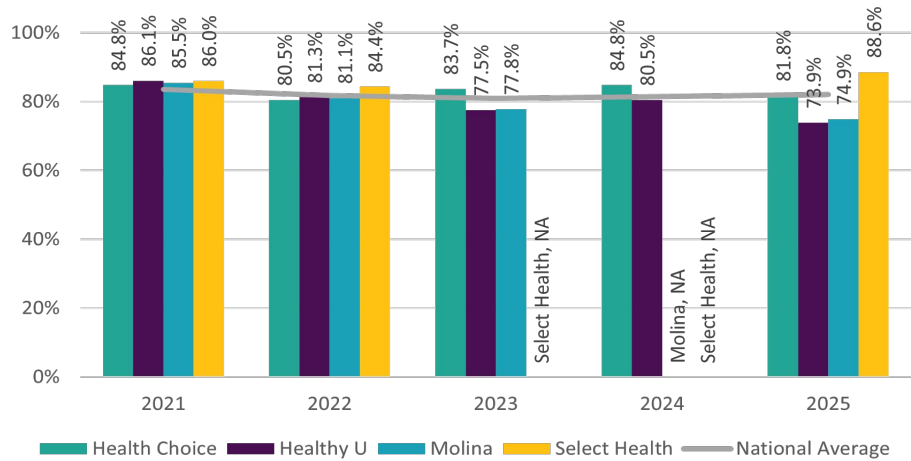
Questionnaire items which contribute to this composite:

- (1) In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- (2) In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

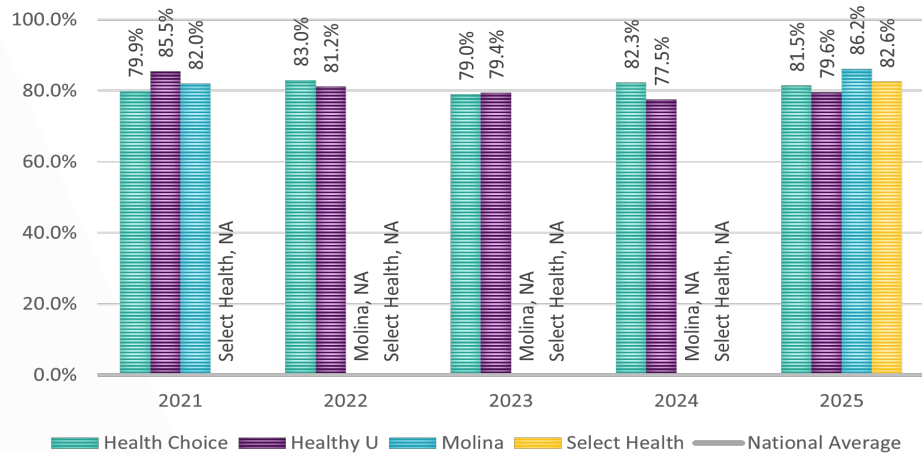
Access: Getting Needed Care - Child



Access: Getting Needed Care - Adult



Access: Getting Needed Care - UMIC



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

CAHPS Measures 2025

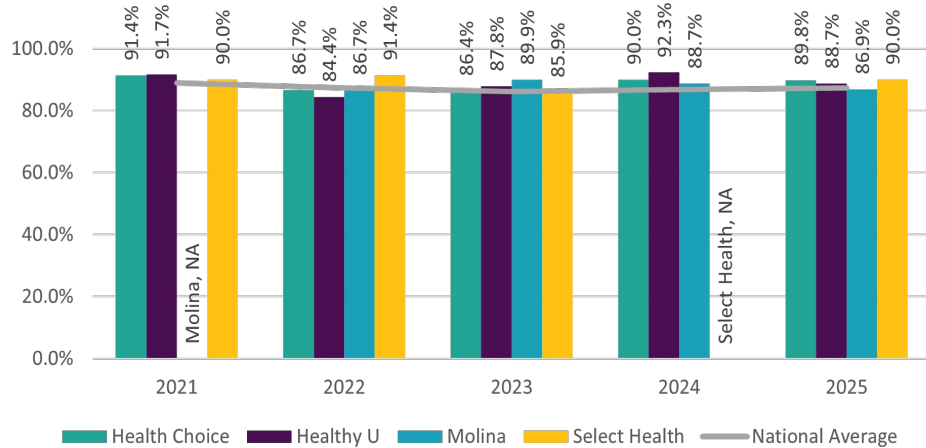
Rating of satisfaction with health care

Survey question:

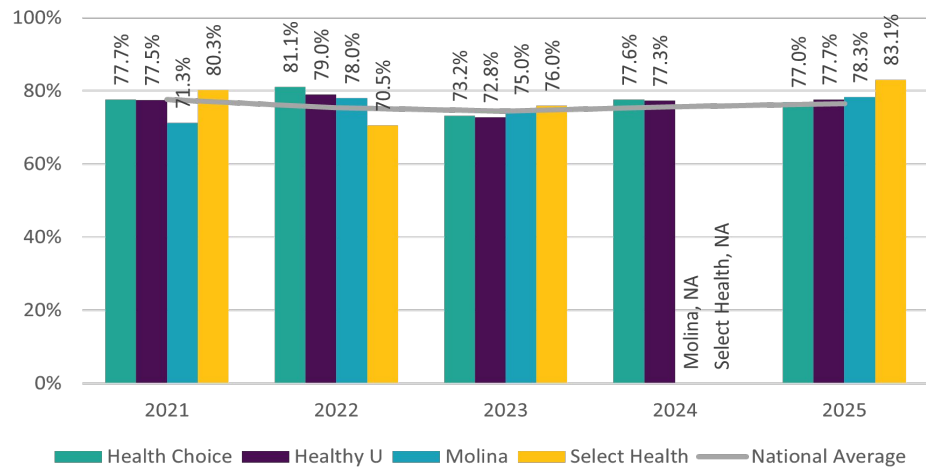
"Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?"

In the graphs on the right, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as the percentage of members whose response was an achievement by year.

Satisfaction: Health Care - Child (8+9+10)



Satisfaction: Health Care - Adult (8+9+10)



Satisfaction: Health Care - UMIC (8+9+10)



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

CAHPS Measures 2025

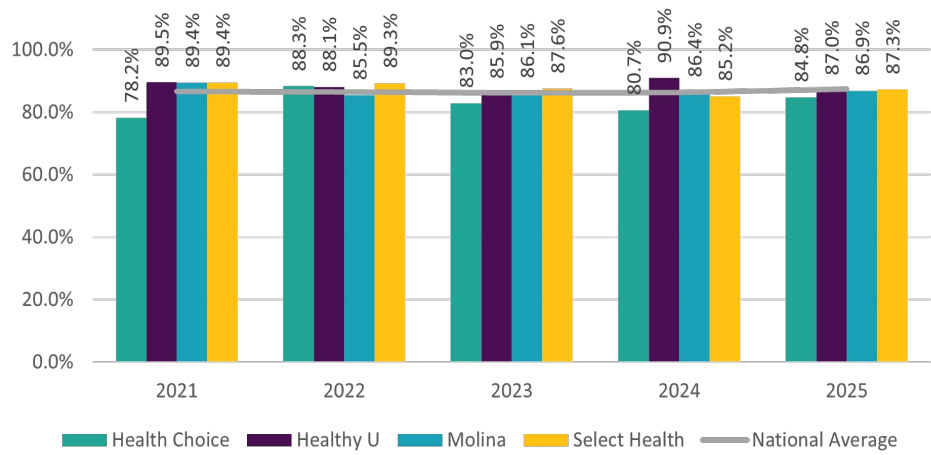
Rating of satisfaction with health plan

Survey question:

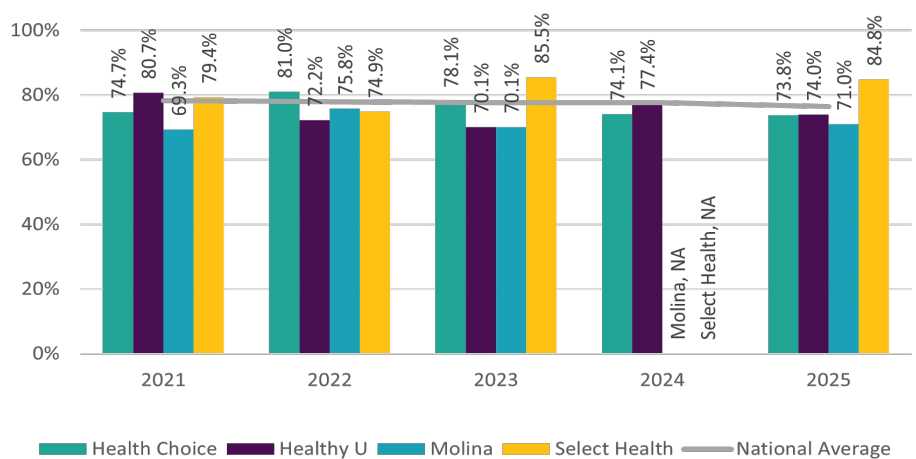
"Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you rate this health plan?"

In the graphs on the right, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as the percentage of members whose response was an achievement by year.

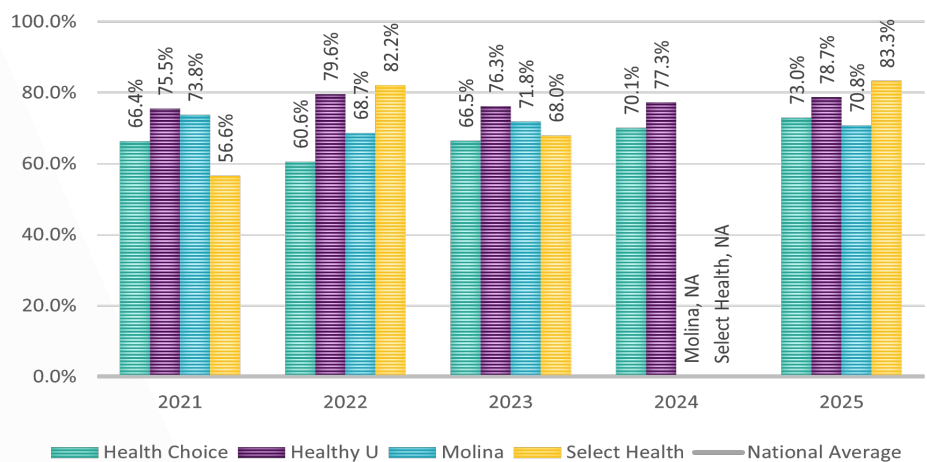
Satisfaction: Health Plan - Child (8+9+10)



Satisfaction: Health Plan - Adult (8+9+10)



Satisfaction: Health Plan - UMIC (8+9+10)



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

CAHPS Measures 2025

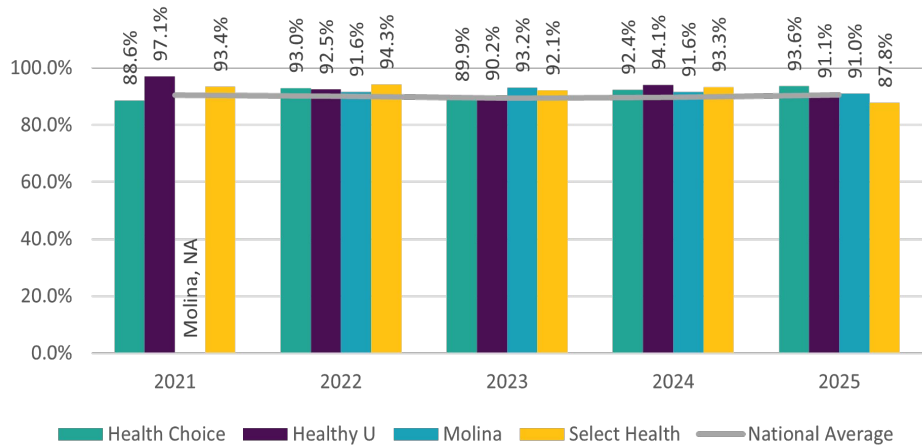
Rating of satisfaction of personal doctor

Survey question:

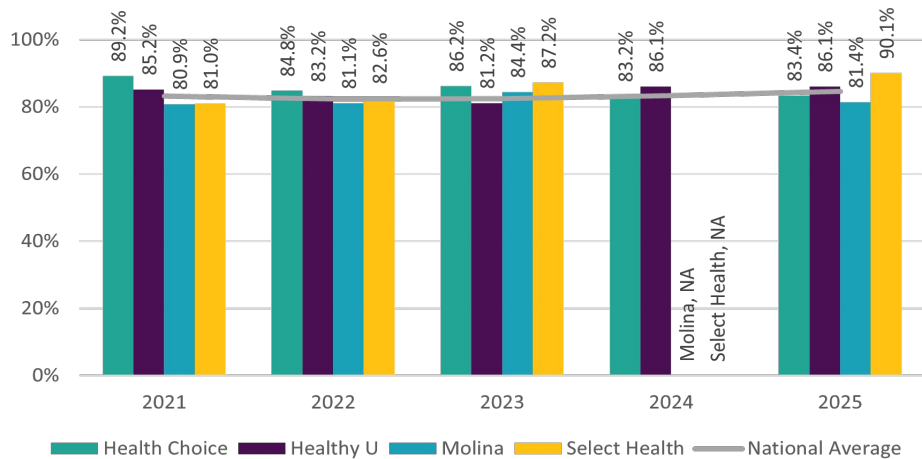
"Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?"

In the graphs on the right, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as the percentage of members whose response was an achievement by year.

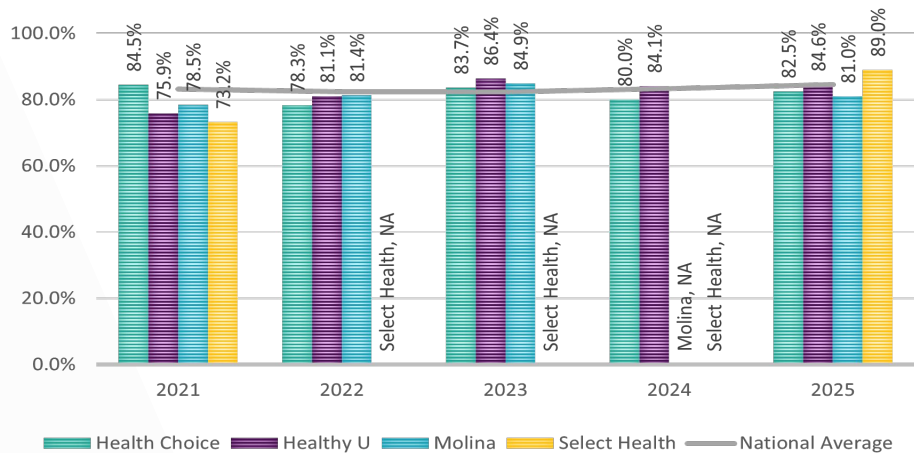
Satisfaction: Personal Doctor - Child (8+9+10)



Satisfaction: Personal Doctor - Adult (8+9+10)



Satisfaction: Personal Doctor - UMIC (8+9+10)



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.

CAHPS Measures 2025

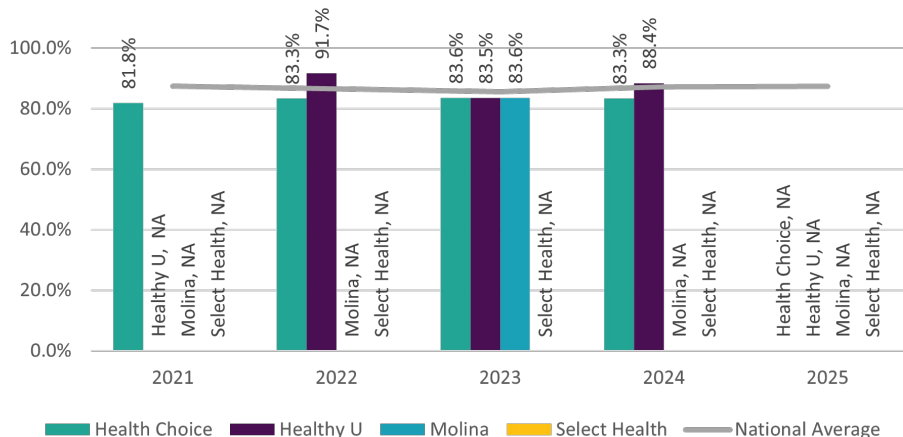
Rating of satisfaction specialist

Survey question:

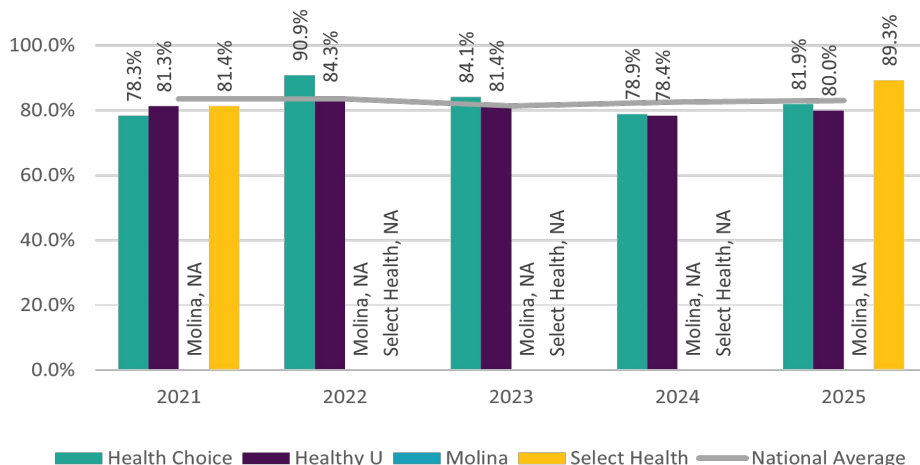
“We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate all your specialist care in the last 6 months?”

In the graphs on the right, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as the percentage of members whose response was an achievement by year.

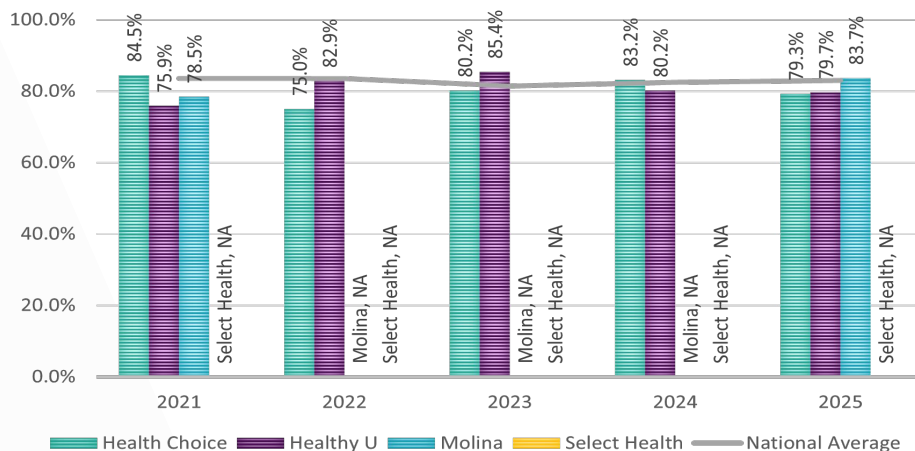
Satisfaction: Specialist - Child (8+9+10)



Satisfaction: Specialist - Adult (8+9+10)



Satisfaction: Specialist - UMIC (8+9+10)



Not Applicable (NA): The organization followed the specifications for a measure, but the denominator was too small to report a valid rate.