

Molina Healthcare of NE Quality Improvement

Provider Education Series

March 2026



Agenda

1. Quality Overview
2. The Purpose of Quality in Healthcare
3. Quality Key Measures
4. HEDIS
5. National Quality Surveys
6. Molina Nebraska's Quality Team
7. Molina Nebraska's Department Functions
8. Questions and Open Discussion

Quality Overview

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Quality Overview

Defining Quality

“Good quality health care means doing the right thing at the right time, the right way, for the right person and getting the best possible results” – Robert Wood Johnson Foundation



Continuous improvement

The Purpose of Quality in Healthcare

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Quality Overview

Defining Quality and Its Purpose

What is Quality in healthcare?

- Quality is the degree to which healthcare services increase the likelihood of desired health outcomes and are consistent with evidence-based clinical standards.
- In practice, quality answers three core questions:
 - Are members receiving the right care?
 - Are they receiving it at the right time?
 - Is the care delivered in a coordinated, equitable, and patient centered way?

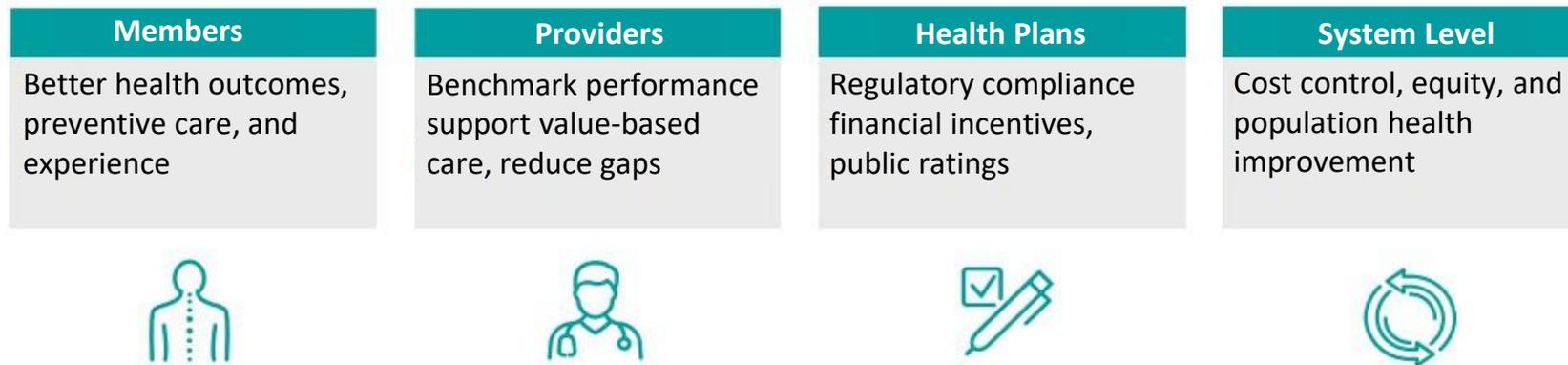
- ✓ **Right care**
- ✓ **Right time**
- ✓ **Patient-centered**



Quality Overview

Defining Quality and Its Purpose

Why does Quality matter?



Quality programs (HEDIS[®] and Stars) translate these goals into measurable, actionable metrics.

Quality Key Measures

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Quality Overview

Quality Key Measures

Core Quality Measurement System

HEDIS® (Healthcare Effectiveness Data and Information Set)

Standardized measures used across Medicaid, MA, and ACA

Focus areas:

- Preventive care (e.g., well-child visits, immunizations)
- Chronic condition management (e.g., diabetes, hypertension)
- Behavioral health
- Women's health

CMS Star Rating (Medicare Advantage)

Star system (1-5) used by CMS

Drives bonus payment, enrollment, and plan reputation

Measure domains:

- Staying healthy (screenings, vaccines)
- Managing chronic conditions
- Member experience (CAHPS)
- Medication adherence

Supporting Quality Components:

- Consumer Assessment of Healthcare Providers and Systems (CAHPS): Member experience and access
- Risk adjustment: Accurate documentation supports fair quality comparisons
- Supplemental data: closing gaps when claims alone are insufficient

HEDIS

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HEDIS What is it?



Healthcare Effectiveness Data and Information Set

- The **National Committee for Quality Assurance (NCQA)** is a non-profit organization that exists to improve the quality of healthcare.
 - Mission: Improve the quality of healthcare
 - Vision: Better healthcare. Better choices. Better health.
- HEDIS is a standardized set of performance measures utilized by health plans that compares how well a plan performs in these areas:
 - Quality of Care
 - Access to Care
 - Member satisfaction with health plan and providers
- HEDIS allows for an “apples to apples” comparison of the performance of health plans by consumers and employers

HEDIS

Who Participates?

- Over 90% of America's health plans participate in HEDIS
 - Medicaid, Medicare, and Marketplace
- 235 million people are enrolled in plans that report HEDIS results
- Includes 80+ measures across 6 domains of care:
 - Effectiveness of care
 - Access/Availability of care
 - Experience of care
 - Utilization and risk adjusted utilization
 - Health plan descriptive information
 - Measures collected using electronic clinical data systems

HEDIS

Data Collection

The Healthcare Effectiveness Data and Information Set

HEDIS® data is collected by NCQA



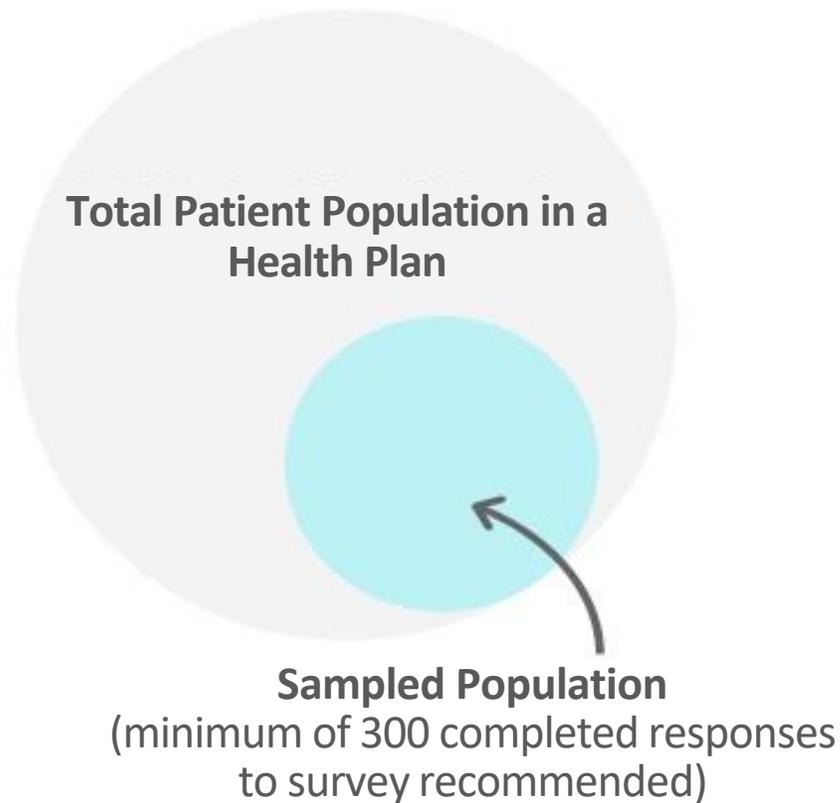
- **Administrative/Claims Data:** This involves using data from insurance claims and other administrative records to assess performance.
- **Medical Record Reviews:** Health plans or their representatives review patient medical records to gather detailed clinical information.
- **Supplemental Data:** Providers may submit additional data throughout the year to supplement administrative and medical record data.

National Quality Surveys

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Quality Surveys CAHPS

Consumer Assessment of Healthcare Provider & Systems



CAHPS®

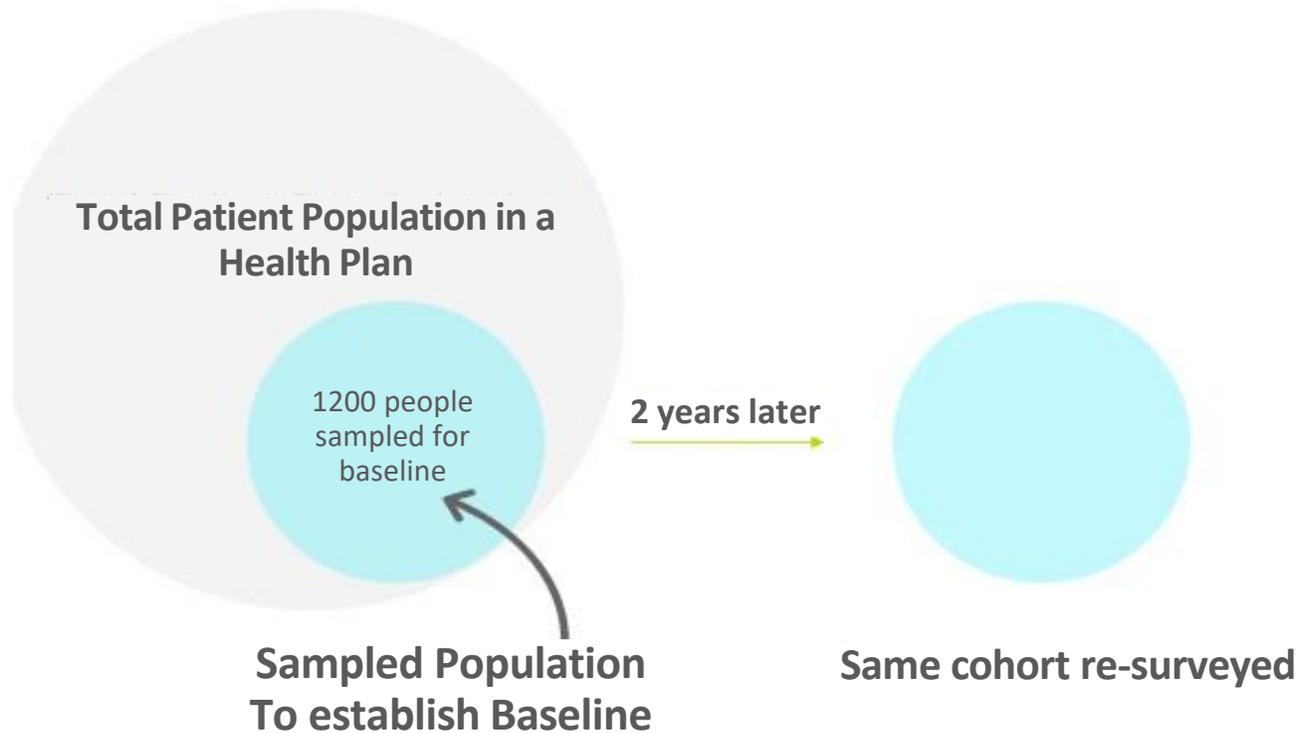
**Focuses on patient EXPERIENCE
(not customer satisfaction)**

Surveys patients' experience around:

- Getting needed care
- Getting care quickly
- Health plan customer service
- Care Coordination
- How well doctors communicate
- Rating of healthcare and health plan

Quality Surveys HOS

Health Outcomes Survey



HOS

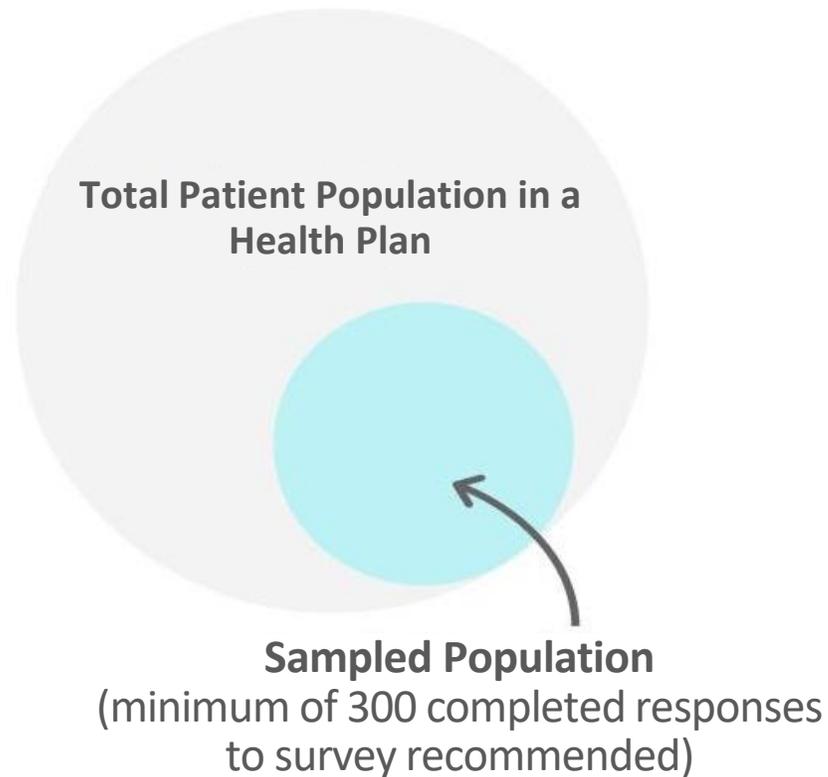
Patient-reported outcomes are gathered

- Physical & Mental Health changes
- Chronic Condition Management
- Functional Health & ADLs
- Preventive Care & Provider's Advice

Quality Surveys

QHP

Qualified Health Plan Enrollee Survey



QHP

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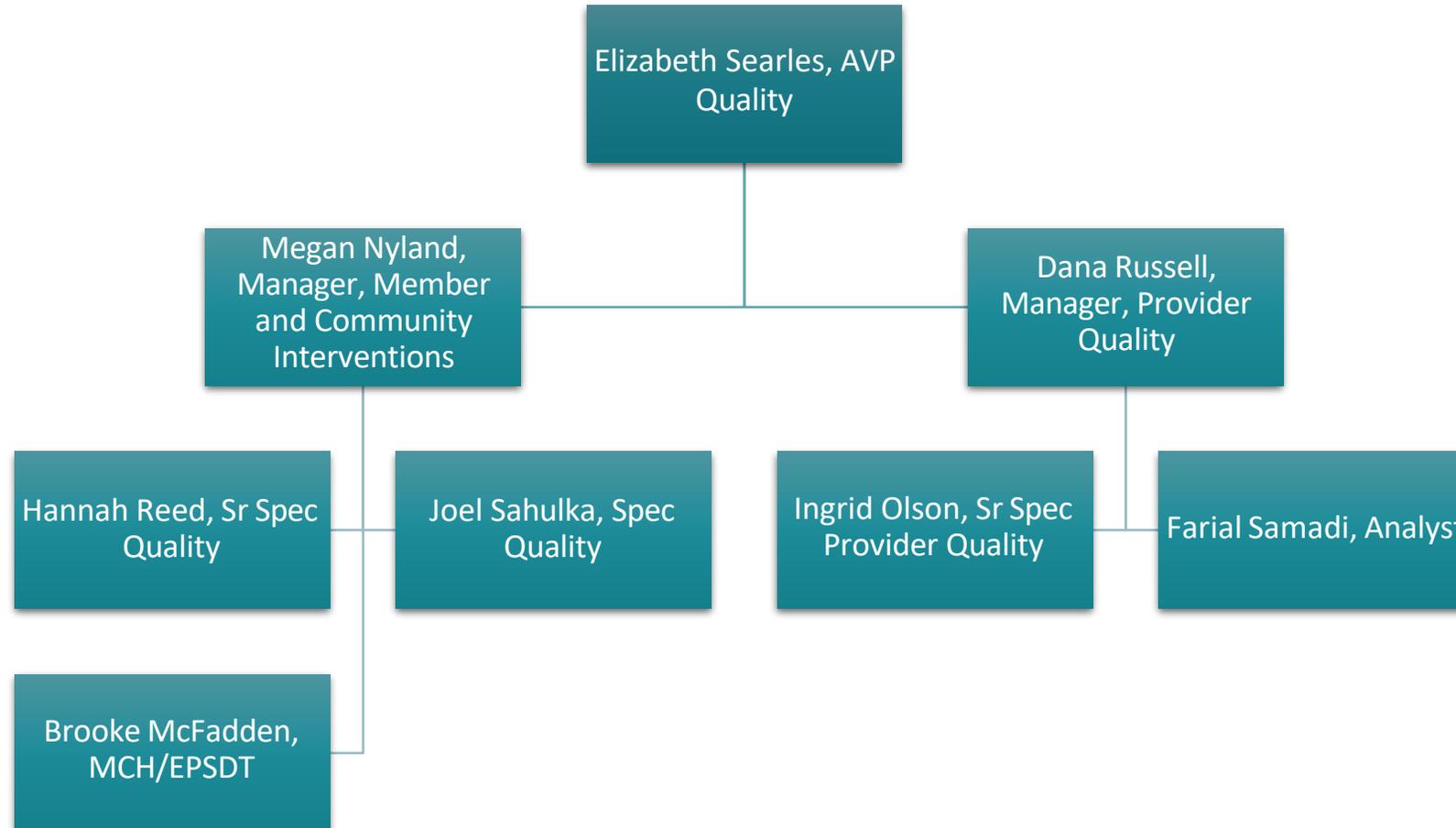
- Access to Care
- Health Plan Customer Service
- Care Coordination
- Provider Communication
- Plan Administration & Cost
- Overall Plan Rating

Molina Healthcare of Nebraska Quality Team

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Meet the Team



Quality Team Functions

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Member & Community Interventions



Data

- Data Tracking and Trending
- Data-Driven Improvement
- Target high-impact opportunities

Campaigns

- Text Messages
- Emails
- Social Media
- Call Outreach

Collaboration

- Case Management
- Community Engagement
- Enterprise Partners

Impact

- Better Engagement
- Closed Care Gaps
- Build Trust
- Improved Outcomes

Provider Quality & Practice Transformation

Drive Quality Performance

- Partner with providers to improve HEDIS, CAHPS, and state required quality measures
- Monitor performance trends and identify opportunities for improvement

Close Care Gaps

- Analyze data to identify care gaps and high-impact opportunities
- Implement targeted interventions such as:
 - Chart reviews and data validation
 - Outreach and workflow optimization
 - Preventive care and chronic condition management support

Support Value-Based Care (VBC) Arrangements

- Collaborate with provider groups participating in VBC and pay for performance models
- Align quality goals, reporting, and incentives to improve outcomes and manage cost of care

Practice Transformation & Provider Engagement

- Offer education, tools, and best-practice guidance to support practice workflows
- Strengthen partnerships through ongoing collaboration, technical assistance, and performance feedback

Data-Driven Improvement

- Translate complex data into actionable insights for providers
- Support accurate documentation and timely submission to improve measure capture

Questions & Open Discussion

