TennCare Quality Strategy Evaluation

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Federal Requirements for the Quality Strategy

In the Code of Federal Regulations (CFR), 42 CFR §438.340, the Centers for Medicare & Medicaid Services (CMS) requires each state contracting with a managed care organization (MCO), pre-paid inpatient health plan (PIHP), or pre-paid ambulatory health plan (PAHP) to draft and implement a written quality strategy to assess and improve the quality of healthcare and services furnished to Medicaid members.[1] After creating the quality strategy, the state must receive input from the Medical Care Advisory Committee and request public comments. Then, the state is required to submit the initial quality strategy to CMS for comment and feedback. States may update the quality strategy as needed; however, CMS requires updates to the quality strategy no less than once every three years.

According to 42 CFR §438.340(c)(2), each state must conduct a review that includes an evaluation of the effectiveness of the quality strategy no less than once every three years. This report fulfills the requirement of reviewing the effectiveness of the TennCare Quality Assessment and Performance Improvement Strategy (Quality Strategy) initially submitted to CMS for review on December 20, 2022, which was then updated in December 2023 and December 2024. The version used for this evaluation is the TennCare 2024 Quality Assessment and Performance Improvement Strategy Update (referred to as Quality Strategy Update in this report).[2] HSAG's review includes determining if the State included the components of a quality strategy as stipulated in 42 CFR §438.340, reviewing the final rates to determine if TennCare met the established performance goals, and offering conclusions and recommendations for consideration as TennCare prepares the next version of the State's Quality Strategy.

To begin the evaluation, HSAG reviewed the specific items listed in CFR §438.340 that must be included in a state's quality strategy. Table 1-1 displays the requirements found in the CFR and includes the location of the information in the Quality Strategy Update.

Table 1-1—Information Required to Be Included in the TennCare's Quality Strategy

CFR Requirement	Required Information in the Quality Strategy	Location in the TennCare 2024 Quality Assessment and Performance Improvement Strategy
42 CFR §438.340(b)(1)	State-defined network adequacy and availability of services standards for MCOs, PIHPs, and PAHPs and examples of evidence-based clinical practice guidelines the State requires	Pages 30–32

[1] National Archives and Records Administration. 2025. Electronic Code of Federal Regulations. Available at: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-E/section-438.340. Accessed on: Oct 6, 2025.
[2] TennCare. 2024. 2024 Quality Assessment and Performance Improvement Strategy Update. Available at: https://www.tn.gov/content/dam/tn/tenncare/documents/2024QualityStrategy.pdf. Accessed on Oct 6, 2025.

CFR Requirement	Required Information in the Quality Strategy	Location in the TennCare 2024 Quality Assessment and Performance Improvement Strategy
42 CFR §438.340(b)(2)	State goals and objectives for continuous quality improvement which must be measurable and take into consideration the health status of all populations in the State served by the MCO, PIHP, and PAHP entity.	Pages 6, 7, 8, 13, 14, 15, 19, 21, 22, 23, 24, and 25
42 CFR §438.340(b)(3)(i)	A description of quality metrics and performance targets to be used in measuring the performance and improvement of each MCO, PIHP, and PAHP entity with which the State contracts, including but not limited to, the performance measures reported. The State must identify which quality measures and performance outcomes the State will publish at least annually on the website.	Page 12
42 CFR §438.340(b)(3)(ii)	A description of performance improvement projects to be implemented including a description of any interventions the State proposes to improve access, quality, or timeliness of care for beneficiaries enrolled in an MCO, PIHP, or PAHP.	Pages 41–47
42 CFR §438.340(b)(4)	A description of arrangements for annual, external independent reviews of the quality outcomes and timeliness of, and access to, the services covered under each MCO, PIHP, and PAHP contract.	Pages 34–36
42 CFR §438.340(b)(5)	A description of the State's transition of care policy.	Page 24
42 CFR §438.340(b)(6)	A description of the State's plan to identify, evaluate, and reduce, to the extent practicable, health disparities based on age, race, ethnicity, sex, primary language, and disability status. States must include a definition of disability status (e.g., whether the individual qualified for Medicaid based on a disability) and how the State will make the determination that a Medicaid enrollee meets the standard including the data sources(s) that the State will use to identify disability status.	Pages 16–18
42 CFR §438.340(b)(7)	For MCOs, a description of appropriate use of intermediate sanctions, that, at a minimum, meet the requirements of subpart I (e.g., Sanctions found in 42 CFR §438.700–730).	Pages 32–33

CFR Requirement	Required Information in the Quality Strategy	Location in the TennCare 2024 Quality Assessment and Performance Improvement Strategy
42 CFR §438.340(b)(8)	A description of the mechanisms implemented by the State to comply with identification of persons who need long-term services and supports (LTSS) or persons with special health care needs.	Page 33
42 CFR §438.340(b)(9)	A description of information relating to nonduplication of external quality review (EQR) activities.	Pages 49–61
42 CFR §438.340(b)(10)	A description of the State's definition of a "significant change."	Page 9

As noted in Table 1-1, TennCare included all the required elements enumerated in 42 CFR §438.340 in its 2024 Quality Strategy Update.

2. Managed Care Contractors in Tennessee

There are six managed care contractors (MCCs) in Tennessee, and the TennCare Quality Strategy applies to all MCCs and the populations served by TennCare. Table 2-1 lists the name of the MCCs, the MCC type, populations served, and managed care authority for each entity.

Table 2-1—TennCare MCC Information

Plan Name	MCC Type	Managed Care Authority	Populations Served
Wellpoint[3]	MCO	1115; Children's Health Insurance Program (CHIP) State Plan	Medicaid adults, children, and CHIP
Volunteer State Health Plan, Inc. dba BlueCare	MCO	1115; CHIP State Plan	Medicaid adults, children, and CHIP
UnitedHealthcare Plan of the River Valley, Inc. dba UnitedHealthcare Community Plan	MCO	1115; CHIP State Plan	Medicaid adults, children, and CHIP
TennCare*Select*	PIHP	1115	Selected populations as specified in the State's 1115 demonstration
DentaQuest	PAHP	1115	Medicaid adults and children
OptumRx	PAHP	1115	Medicaid adults and children with a pharmacy benefit (i.e., non-duals)

[3] Effective January 1, 2024, the name of the Amerigroup MCO changed to Wellpoint.

3. Establishing Quality Strategy Goals

TennCare established the Quality Strategy Goals and Objectives to include measures to evaluate the health status of all populations served by the State's MCCs. Originally, TennCare established three foundational goals and later added a fourth goal with the approval of the LTSS integration. Below is a list of the four overarching TennCare Quality Strategy Goals:

- Provide high-quality care that improves health outcomes
- Ensure enrollees' access to healthcare, including safety net providers
- Ensure enrollees' satisfaction with services
- Provide enrollees with appropriate and cost-effective Home and Community-Based Services (HCBS)[4]

To achieve the overarching goals, TennCare established seven operational goals to improve the quality, timeliness, and accessibility of healthcare services provided to TennCare members. Goal 7 concerns financial stewardship and cost-effective care.

- Goal 1: Improve the health and wellness of mothers and infants
- Goal 2: Increase use of preventive care services for all members to reduce risk of chronic health conditions
- Goal 3: Integrate patient-centered, holistic care including non-medical risk factors into population health coordination for all members
- Goal 4: Improve positive outcomes for members with LTSS needs
- Goal 5: Provide additional support and follow-up for patients with behavioral health care needs
- Goal 6: Maintain robust member access to health care services
- Goal 7: Maintain financial stewardship through increasing value-based payments and cost-effective care[5]

TennCare used nationally recognized measures and established three-year benchmark rates to assist in determining the progress toward improving physical health, behavioral health, and LTSS for the Medicaid beneficiaries. Table 3-1 delineates the sources used to determine goal rates shown in TennCare's Quality Strategy. If a measure did not have a nationally recognized rate, TennCare established a performance target of improving 2 percent above the current rate.[6]

[4] TennCare. 2024 Quality Assessment and Performance Improvement Strategy Update. Available at: https://www.tn.gov/content/dam/tn/tenncare/archive/2024QualityStrategyUpdateToPublicComment.pdf. Accessed on Oct 6, 2025.
[5] Ibid.
[6] Ibid.

Table 3-1—Source of Performance Targets in TennCare's Quality Strategy

Organizations	Documents	Data Used to Develop Performance Targets
National Committee for Quality Assurance (NCQA)	• Healthcare Effectiveness Data and Information Set (HEDIS)®[7] Quality Compass®[8]	• National Benchmarks (50th, 75th, 90th, etc.) or 2% above current rate
Agency for Healthcare Research and Quality (AHRQ)	• Consumer Assessment of Healthcare Providers and Systems (CAHPS)®[9]	• National Benchmarks (50th, 75th, 90th, etc.) or 2% above current rate
CMS	• Adult and Child Core Sets • CMS-14 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report	• CMS Adult and Child Chart Pack Data • CMS-14 EPSDT Screening Rate • Quality Improvement in Long-Term Services and Supports Survey (QuILTSS)
National Association of State Directors of Developmental Disabilities Services (NASDDDS); ADvancing States (previously the National Association of State Units on Aging [NASUA]); and Human Services Research Institute (HSRI)	• National Core Indicators (NCI)	• NCI-Intellectual and Developmental Disabilities (NCI-IDD) • NCI-Aging and Disabilities (NCI-AD) • NCI-In-Person Surveys (NCI-IPS) • NCI-Child and Family Surveys (NCI-CFS)
U.S. Department of Health & Human Services Office of Population Affairs (OPA)	• Reproductive Care Measures	• Reproductive Care Measures
Pharmacy Quality Alliance (PQA)	• PQA Quality Measures	• Medication Safety Measures
University of Tennessee	• Satisfaction of Care Survey	• Satisfaction of Care Survey
TennCare	• State Developed Measures	• State Developed Measures
Health Services Advisory Group, Inc.	• External Quality Review Reports	• External Quality Review Findings

[7] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[8] Quality Compass® is a registered trademark of NCQA.
[9] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

4. Methodology to Evaluate Performance

To evaluate the performance measures established by TennCare, HSAG confirmed the rates achieved for each of the three years by reviewing the annual HEDIS, CAHPS, and EQR reports. TennCare supplied rates for the CMS Adult and Child Core Set measures, EPSDT Report, NCI, Reproductive Care Measures, Medication Safety Measures, Satisfaction of Care Survey, and the state-developed measures. To determine the rates achieved for each of the three years, HSAG used the most recent rate available which varied for each measure type (HEDIS, CAHPS, Core Set, etc.). Appendix A contains the three-year rates for each of the quality measures in the tables included in the TennCare Quality Strategy.

Table 2 in the TennCare Quality Strategy (see Appendix A) established objectives and objective numbers for each goal. Additional tables in the Quality Strategy (Table 3 through Table 8 in Appendix A) display metrics that TennCare defined to assist in evaluating the goals. Table 4-1 through Table 4-8 in this section of the report merge the objectives in Table 2 with the associated metrics for each goal found in Table 3 through Table 8 (see Appendix A). The metrics listed in Table 4-1 through Table 4-8 can be identified because they do not include objective numbers. The information compares the statewide target rates for the objectives and metrics to the final rates achieved and includes an indication of whether the final rates exceeded the statewide target (↑), matched the statewide target (←→), or did not meet the statewide target (↓).

Goal 1: Improve the Health and Wellness of Mothers and Infants

To improve the health and wellness of mothers and infants, for Goal 1, TennCare established three objectives in Table 2 and six metrics in Table 3 of the Quality Strategy (see Appendix A). The objectives and metrics focused on prenatal care for women under the age of 21 years, postpartum care, contraceptive care, and well-child visits.

To ensure more comprehensive care for pregnant members, in 2022, TennCare extended postpartum coverage and added dental coverage for 12 months following the end of a pregnancy. TennCare has supported the use of long-acting reversible contraception (LARC) for Medicaid beneficiaries since 2016 and initiated multiple programs to reduce barriers for Medicaid members who want to use LARC. Since the use of contraceptives is a personal choice for each woman, however, TennCare did not establish statewide targets for those metrics.

Table 4-1 combines the objectives and metrics for Goal 1 from Table 2 and Table 3 of the Quality Strategy (see Appendix A), provides the quality measures to evaluate the progress of the goals, enumerates the statewide target, and indicates the final rate achieved at the end of the three-year review period for the TennCare 2022 Quality Strategy.

Table 4-1—Objectives and Metrics for Goal 1 in the TennCare Quality Strategy

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 1: Improve the health and wellness of mothers and infants				
Objective 1.1: Increase the use of prenatal services (members under 21 years of age)	*Timeliness of Prenatal Care (PPC-CH)*	82.4%	68.25% (MY2023)	↓
Objective 1.2: Increase the use of postpartum services	*Postpartum Care (PPC-AD)*	73.4%	80.40% (MY2024)	↑
Objective 1.3: Increase the use of well-child visits in the first 15 months of life	*Well-Child Visits in the First 30 Months of Life, First 15 Months (W30-CH)*	56.6%	70.09% (MY2024)	↑
Contraceptive care: all women (CCW-AD and CCA-CH)	*Long-acting reversible contraception (LARC) (15–20 years of age)*	N/A[10]	3.9% (MY2023)	N/A
Contraceptive care: all women (CCW-AD and CCA-CH)	*LARC (21–44 years of age)*	N/A	4.3% (MY2023)	N/A
Contraceptive care: postpartum women (CCP-CH and CCP-AD)	*LARC 3-day rate (15–20 years of age)*	N/A	2.8% (MY2023)	N/A
Contraceptive care: postpartum women (CCP-CH and CCP-AD)	*LARC 60-day rate in measurement year (MY) 2021; 90-day rate beginning MY 2022 (15–20 years of age)*[11]	N/A	20.1% (MY2023)	N/A
Contraceptive care: postpartum women (CCP-CH and CCP-AD)	*LARC 3-day rate (21–44 years of age)*	N/A	2.5% (MY2023)	N/A
Contraceptive care: postpartum women (CCP-CH and CCP-AD)	*LARC 60-day rate in MY 2021; 90-day rate beginning MY 2022 (21–44 years of age)*[12]	N/A	17.0% (MY2023)	N/A

[10] Since access to LARC is voluntary, these quality metrics do not have a specific performance target and are included for tracking only. N/A denotes a rate that is not applicable.
[11] In 2023, CMS updated the *CCP-CH* and *CCP-AD* measures from a 60-day rate to a 30-day rate. This measure has been updated to reflect that change and has been re-baselined.
[12] Ibid.

For Goal 1, two rates achieved the statewide target rates, and one rate did not achieve the statewide target rate. Six rates were N/A. The two rates that achieved the statewide target rates represent the two categories listed below:

- Women's Health
  - Increase the use of postpartum services
- Child Health
  - Increase the use of well-child visits in the first 15 months of life

The one rate that did not achieve the statewide target rate represents the category listed below:

- Adolescent Health
  - Increase the use of prenatal services (members under 21 years of age)

Goal 2: Increase the Use of Preventive Care Services for All Members to Reduce the Risk of Chronic Health Conditions

To increase the use of preventive care services for all members to reduce the risk of chronic health conditions, for Goal 2, TennCare established eight objectives in Table 2 and 16 metrics in Table 4 of the Quality Strategy (see Appendix A) . The objectives and metrics focused on preventive care for children, adolescents, and adults, and access to services provided by primary care practitioners, obstetricians/gynecologists, and dentists. Two additional objectives included decreasing emergency department utilization for children and decreasing hospital readmission rates.

In previous years, TennCare collaborated with the MCOs to create a risk stratification methodology to identify members who would benefit from care coordination and also began integrating social determinants of health into its population health strategy in 2019. To improve the health of children and adolescents, TennCare has met with the MCOs annually to develop strategies to improve EPSDT screening rates. The creation of patient-centered dental homes (PCDHs) in 2016 improved the coordination of dental care, and expanding dental coverage to all adult TennCare members in 2023 improved access to dental services.

Table 4-2 combines the objectives and metrics for Goal 2 from Table 2 and Table 4 of the Quality Strategy (see Appendix A), provides the quality measures to evaluate the progress of the goals, enumerates the statewide target, and indicates the final rate achieved at the end of the three-year review period for the TennCare 2022 Quality Strategy.

Table 4-2—Objectives and Metrics for Goal 2 in the TennCare Quality Strategy

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 2: Increase the use of preventive care services for all members to reduce the risk of chronic health conditions				
Objective 2.1: Increase child and adolescent well-care visits	*Child and Adolescent Well-Care Visits, Total Rate (WCV-CH)*	53.1%	59.33% (MY2024)	↑
Objective 2.2: Increase CMS-416 EPSDT screening rates	*CMS-416 EPSDT Screening Rate*	80.0%	75% (FFY2024)	↓
Objective 2.3: Increase child immunizations	*Childhood Immunization Status—Combo 10 (CIS-CH)*	39.7%	27.48% (MY2024)	↓
Objective 2.4: Improve high blood pressure control in adults	*Controlling High Blood Pressure (CBP-AD)*	66.2%	70.59% (MY2024)	↑
Objective 2.5: Increase cervical cancer screening in adults	*Cervical Cancer Screening (CCS-AD)*	66.2%	56.20% (MY2024)	↓
Objective 2.6: Increase dental sealant use in children	*Sealant Recipient on Permanent First Molars, at least one sealant (SFM-CH)*	62.7%	52.3% (MY2023)	↓
Objective 2.7: Decrease emergency department utilization for children	*Ambulatory Care (AMB-CH), ED Visits, Total Rate Ages 0–19*[13]	46.0%	40.16% (MY2023)	↑
Objective 2.8: Reduce the rate of hospital readmissions	*Plan All-Cause Readmissions (PCR-AD)*[14]	0.79	0.9711 (MY2023)	↓
Increase assessment of weight and counseling for nutrition and physical activity for children/ adolescents (WCC-CH)	*Body Mass Index (BMI) Percentile 3–11 years*	83.2%	84.07% (MY2024)	↑
Increase assessment of weight and counseling for nutrition and physical activity for children/ adolescents (WCC-CH)	*BMI Percentile 12–17 years*	79.5%	79.89% (MY2024)	↑

[13] Lower rates indicate better performance.
[14] Ibid.

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 2: Increase the use of preventive care services for all members to reduce the risk of chronic health conditions				
Increase assessment of weight and counseling for nutrition and physical activity for children/adolescents (WCC-CH)	*BMI Percentile Total*	82.0%	82.43% (MY2024)	↑
Increase immunizations for children and adolescents	*Immunizations for Adolescents (IMA-CH) Combo 2*	36.4%	34.79% (MY2024)	↓
Increase breast cancer screening (BCS-E)	*Breast Cancer Screening*[15]	56.8%	51.46% (MY2024)	↓
Increase the asthma medication ratio (AMR)	*Asthma Medication Ratio—Total*	54.0%	69.24% (MY2024)	↑
Increase utilization of silver diamine fluoride (SDF)	*Increase Utilization of SDF*	2.6%	2.18% (2025)	↓
Increase the percentage of members 2–20 years of age who had one or more dental services annually	*Increase percentage of members 2–20 with one or more dental services annually using the Partial Enrollment Adjusted Ratio (PEAR)*	55.9%	56% (2025)	↑
Increase the diabetes measure: HbA1c control[16]	*HbA1c Control (<8%) (HBD-AD)*	53.0%	N/A	N/A
Decrease the diabetes measure: HbA1c poor control[17]	*HbA1c Poor Control (>9%) (HBD-AD)*[18]	36.3%	N/A	N/A

[15] For measurement year 2023, NCQA updated the *BCS* HEDIS measure. The original *BCS* HEDIS measure was retired, and the *BCS-E* measure was its replacement. In 2024, CMS adopted the NCQA changes and updated the *BCS-AD* measure to be the electronic measure. This measure has been updated and re-baselined. The performance target is to be determined with national benchmark data, when available.

[16] For the 2023 Adult Core Set, the measure steward modified the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)* measure into a combined measure: *Hemoglobin A1c Control for Patients With Diabetes (HBD-AD)*. The combined measure has two indicator rates: *HbA1c Control (<8.0%)* and *HbA1c Control (>9%)*. N/A denotes a rate that is not applicable.

[17] Ibid.

[18] Lower rates indicate better performance.

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 2: Increase the use of preventive care services for all members to reduce the risk of chronic health conditions				
Increase the diabetes measure: blood pressure control (BPD)	*Blood Pressure Control (<140/90 mmHg)*	63.4%	72.50% (MY2024)	↑
Increase the diabetes measure: eye exam (EED)	*Eye Exam*	55.0%	55.27% (MY2024)	↑
Increase the diabetes measure: kidney health evaluation (KED—Total)	*Kidney Health Evaluation—Total*	28.9%	40.02% (MY2024)	↑
Increase child and adolescent well-care visits (WCV-CH)	*Ages 3–11*	60.6%	66.97% (MY2024)	↑
Increase child and adolescent well-care visits (WCV-CH)	*Ages 12–17*	51.9%	56.17% (MY2024)	↑
Increase child and adolescent well-care visits (WCV-CH)	*Ages 18–21*	27.9%	31.89% (MY2024)	↑

For Goal 2, a total of 14 rates achieved the statewide target rates, eight rates did not achieve the statewide target rates, and two rates were N/A. The rates that achieved the statewide target rates represent the two categories below:

- Child and Adolescent Health
  - Four rates for *Child and Adolescent Well-Care Visits*
  - *AMB-CH*: Decreasing emergency department utilization for children
  - Three rates for *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*
  - Increasing the percentage of members 2–20 with one or more dental services annually using the PEAR
- General Medicaid Population
  - *Controlling High Blood Pressure*
  - *Asthma Medication Ratio—Total*
  - Diabetes Measure: *Blood Pressure Control*
  - Diabetes Measure: *Eye Exam*
  - Diabetes Measure: *Kidney Health Evaluation*

The rates that did not achieve the statewide target rates represent the following categories:

- Child and Adolescent Health
  - EPSDT Screenings
  - *Childhood Immunization Status (CIS-CH)—Combo 10*
  - *Immunizations for Adolescents (IMA-CH)—Combo 2*
  - *Sealant Recipient on Permanent First Molars*
  - Increase utilization of SDF
- General Medicaid Population
  - *Cervical Cancer Screening*
  - *Plan All-Cause Readmissions*
  - *Breast Cancer Screening*

Goal 3: Integrate Patient-Centered, Holistic Care Including Non-Medical Risk Factors Into Population Health Coordination for All Members

To integrate patient-centered, holistic care including non-medical risk factors into population health coordination for all members, for Goal 3, TennCare established five objectives in Table 2 and five metrics in Table 5 of the Quality Strategy (see Appendix A). The objectives and metrics focused on member satisfaction; increasing screening for non-medical risk factors; and ensuring the delivery of patient-centered, holistic care for all members.

TennCare collects demographic information for each member during the enrollment and eligibility reverification process and requires MCOs and subcontractors to deliver culturally competent care that is free from discrimination to all members. The MCOs conduct quality improvement activities to assess and reduce health disparities and offer care coordination and direct support services for CHOICES HCBS and ECF CHOICES members. In 2021, the MCOs began working with providers to consistently screen members for unmet social needs and created partnerships with community and faith-based organizations to assist in meeting member needs. In 2023 TennCare launched a community health worker (CHW) grant program with eight provider organizations, and due to the success during the first year of the program, TennCare added seven additional provider organizations to support the program. The State also developed program standards to support accreditation for the CHW organizations that included using a closed-loop referral system to assist in addressing the social needs of TennCare members.

Table 4-3 combines the objectives and metrics for Goal 3 from Table 2 and Table 5 of the Quality Strategy (see Appendix A), provides the quality measures to evaluate the progress of the goals, enumerates the statewide target, and indicates the final rate achieved at the end of the three-year review period for the TennCare 2022 Quality Strategy.

Table 4-3—Objectives and Metrics for Goal 3 in the TennCare Quality Strategy

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 3: Integrate Patient-Centered, Holistic Care Including Non-Medical Risk Factors Into Population Health Coordination for All Members				
Objective 3.1: Maintain high member satisfaction with TennCare	*Percent of respondents indicating satisfaction with TennCare* (University of Tennessee [UT] survey)	94.0%	96% (2024)	↑
Objective 3.2: Increase screening for non-medical risk factors	*Percent of members screened by the MCO for non-medical risk factors* (Custom)	15.0%	N/A[19]	N/A
Objective 3.3: Ensure CHOICES members receive person-centered care	*Percent of members whose service plan reflects their preferences and choices* (NCI-AD, Q 10 PCP)[20]	82.0%	81% (2023–24)	↓
Objective 3.4: Ensure Employment and Community First (ECF) CHOICES members receive person-centered care	*Percent of members who report their service plan includes things that are important to them* (NCI-IPS, Q 52)[21]	N/A	N/A[22]	N/A
Objective 3.5: Ensure Katie Beckett members receive person-centered care	*Percent of members/families who report feeling that supports and services have made a positive difference in the life of their child* (NCI-CFS, Q 62)	N/A	N/A[23]	N/A
Increase the number of authorized users using a statewide Closed-Loop Referral System (CLRS)	TennCare Custom	600	1,115 (2025)	↑

[19] The method of reporting changed in 2023. N/A denotes a rate that is not applicable.
[20] The metric was replaced to align with CMS' HCBS Quality Measure Set; and the updated measure was comparable to the existing measure.
[21] Ibid.
[22] Tennessee encountered multiple obstacles concerning the collection of data for the NCI In-Person Survey (NCI-IPS) and the NCI-Child Family Survey (NCI-CFS). No data were available for these measures.
[23] Ibid.

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 3: Integrate Patient-Centered, Holistic Care Including Non-Medical Risk Factors Into Population Health Coordination for All Members				
Increase the percentage of referrals to community-based organizations created by MCO to meet identified needs	TennCare Custom	54.9%	N/A[24]	N/A
Increase the percentage of CHOICES members who report that people who are paid support staff show up and leave when they are supposed to	(NCI-AD Q 29)	71.0%	82% (2023–24)	↑
Increase the percentage of Employee and Community First (ECF) CHOICES members who report their paid support staff show up and leave when they are supposed to	(NCI-IPS Q 43)	N/A	N/A[25]	N/A
Increase the percentage of Katie Beckett member families satisfied with the services and supports their child currently receives	(NCI-CFS Q 61)	N/A	N/A[26]	N/A

For Goal 3, three rates achieved the statewide target rates, and one rate did not achieve the statewide target rate. Due to changes in reporting that no longer supported comparisons with prior year rates and issues encountered with the administration of the NCI IPS and the NCI CFS, TennCare could not calculate the final rates for six objectives in Goal 3, designated as N/A. The rates achieving the statewide target represent the two categories shown below:

- General Medicaid
  - Percent of respondents indicating satisfaction with TennCare
  - Increase in the number of authorized users using a statewide CLRS

[24] The method of reporting of changed in 2023.
[25] Tennessee encountered multiple obstacles concerning the collection of data for the NCI-IPS and the NCI-CFS. No data were available for these measures.
[26] Ibid.

- CHOICES HCBS
  - Increase the percentage of CHOICES members who report that people who are paid support staff show up and leave when they are supposed to

The one rate that did not achieve the target rate represents the category shown below:

- CHOICES HCBS
  - Increase the percentage of CHOICES members whose service plan reflects their preferences and choices

Goal 4: Improve Positive Outcomes for Members With LTSS Needs

To improve positive outcomes for members with LTSS needs, for Goal 4, TennCare established five objectives in Table 2 and 16 metrics in Table 6 of the Quality Strategy (see Appendix A). The objectives focused on improving care and services for members in the CHOICES, ECF CHOICES, intellectual/developmental disabilities (I/DD), and Katie Beckett programs. The CHOICES program provides HCBS for members who would otherwise require nursing facility (NF) services. The ECF CHOICES program has a tiered benefit structure that provides HCBS and other Medicaid services to individuals with ID and DD who are on a waiting list for or do not qualify for the 1915(c) waiver program. The services offered by the ECF CHOICES program promote integrated, competitive employment and integrated community living to improve the quality of life for those members. The Katie Beckett program assists families in caring for children with disabilities and complex medical needs in the home environment.

Table 4-4 combines the objectives and metrics for Goal 4 from Table 2 and Table 6 of the Quality Strategy (see Appendix A), provides the quality measures to evaluate the progress of the goals, enumerates the statewide target, and indicates the final rate achieved at the end of the three-year review period for the TennCare 2022 Quality Strategy.

Table 4-4—Objectives and Metrics for Goal 4 in the TennCare Quality Strategy

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 4: Improve positive outcomes for members with LTSS needs				
Objective 4.1: Maintain or improve quality of life for CHOICES members	*Percent of members who report their paid services and supports help them live the life they want* (NCI-AD, Q 90)[27]	90.0%	90% (2023–24)	←→

[27] The metric was replaced to align with CMS' HCBS Quality Measure Set; the updated measure was comparable to the existing measure.

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 4: Improve positive outcomes for members with LTSS needs				
Objective 4.2: Maintain or improve quality of life for individuals with I/DD	*Percent of members who report services and supports are helping to live a good life* (NCI-IPS, Q 57)	N/A	N/A[28]	N/A
Objective 4.3: Maintain or improve quality of life for eligible children in the Katie Beckett program	*Percent of members who report they are satisfied with the services and supports their child currently receives* (NCI-CFS, Q 68)	N/A	N/A[29]	N/A
Objective 4.4: Increase percentage of older adults and adults with physical disabilities receiving LTSS in the community (HCBS) as compared to those receiving LTSS in an institution	CHOICES baseline data	41.3%	39.9% (2023–24)	↓
Objective 4.5: Increase percentage of individuals with I/DD receiving LTSS in the community (HCBS) as compared to those receiving LTSS in an institution	ECF CHOICES baseline data	72.0%	84.8% (2023–24)	↑
Increase percentage of CHOICES members who report they feel like they have more choice and control over their life than 12 months ago	NCI-AD (Q TN-5)	21.0%	17% (2023–24)	↓

[28] Tennessee encountered multiple obstacles concerning the collection of data for the NCI-IPS and the NCI-CFS. No data were available for these measures. N/A denotes a rate that is not applicable.
[29] Ibid.

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 4: Improve positive outcomes for members with LTSS needs				
Increase percentage of ECF CHOICES members who report having enough choice in life decisions	NCI-IPS (Qs 72–75, 82)[30]	N/A	N/A[31]	N/A
Increase percentage of parents/families who report feeling that services and supports have improved their ability to care for their child	NCI-CFS (Q 64)	N/A	N/A[32]	N/A
Increase percentage of working-age adults with I/DD enrolled in HCBS who are employed in an integrated setting earning at or above minimum wage	ECF CHOICES baseline data	30.0%	21.6% (2023–24)	↓
Increase the percentage of older adults and adults with physical disabilities who report being as active in their community they would like	NCI-AD (Q 53)[33]	60.0%	58% (2023–24)	↓
Increase the percentage of individuals with I/DD who report satisfaction with the level of participation in community inclusion activities	NCI-IPS (Qs 56, 58, 59, 61)[34]	N/A	N/A[35]	N/A

[30] The metric was replaced to align with CMS' HCBS Quality Measure Set; the updated measure was comparable to the existing measure.
[31] Tennessee encountered multiple obstacles concerning the collection of data for this survey and will be implementing the Personal Outcome Measures (POM) survey in place of the NCI-IPS. No data were available for these measures.
[32] Ibid.
[33] The metric was replaced to align with CMS' HCBS Quality Measure Set; the updated measure was comparable to the existing measure.
[34] Ibid.
[35] Tennessee encountered multiple obstacles concerning the collection of data for this survey and will be implementing the POM survey in place of the NCI-IPS. No data were available for these measures.

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 4: Improve positive outcomes for members with LTSS needs				
Increase the percentage of children participating in activities in the community	NCI-CFS (Q 40)	N/A	N/A[36]	N/A
Increase HCBS expenditures for older adults and adults with physical disabilities as a percentage of total LTSS expenditures	CHOICES baseline HEDIS data	23.1%	20.02% (2023–24)	↓
Increase HCBS expenditures for individuals with I/DD as a percentage of total LTSS expenditures	ECF CHOICES baseline data	30.8%	47.1% (2023-24)	↑
Increase assessment and documentation of core elements	HEDIS *LTSS-CAU*	80.0%	96.19% (MY2024)	↑
Increase assessment and documentation of supplemental elements	HEDIS *LTSS-CAU*	76.6%	95.86% (MY2024)	↑
Develop care plans with core elements documents	HEDIS *LTSS-CPU*	77.6%	95.78% (MY2024)	↑
Develop care plans with supplemental elements documents	HEDIS *LTSS-CPU*	77.5%	95.70% (MY2024)	↑
Increase reassessment after inpatient discharge	HEDIS *LTSS-RAC*	23.1%	63.50% (MY2024)	↑
Develop reassessment/care plan updates after inpatient discharge	HEDIS *LTSS-RAC*	18.6%	57.99% (MY2024)	↑
Develop shared care plans with primary care practitioner (PCP)	HEDIS *LTSS-SCP*	55.7%	90.92% (MY2024)	↑

[36] Ibid.

For Goal 4, nine rates achieved the statewide targets, one rate matched the statewide target, and five rates did not achieve the statewide target rate. Due to issues encountered with the administration of the NCI-IPS and the NCI-CFS, TennCare could not calculate final rates for the six objectives or metrics in Goal 4. The measures that achieved or matched the statewide target rates represented three categories as shown below:

- CHOICES HCBS Members
  - Maintaining or improving CHOICES member satisfaction (e.g., paid services and supports help them live the life they want)
- ECF CHOICES Members
  - Increasing the percentage of individuals with I/DD receiving HCBS services as compared to those receiving LTSS in institutions
  - Increasing HCBS expenditures for individuals with I/DD as a percentage of total LTSS expenditures
- LTSS
  - Completing documents and processes required by the MCOs as stipulated in the HEDIS LTSS measures (7 measures)

The measures that did not achieve the statewide target rate represented three categories as shown below:

- CHOICES HCBS Members
  - Increasing the percentage of older adults and adults with physical disabilities receiving LTSS in the community (HCBS) as compared to those receiving LTSS in an institution
  - Increasing the percentage of CHOICES members who report they feel like they have more choice and control over their life than 12 months ago
- ECF CHOICES Members
  - Increasing the percentage of working-age adults with I/DD enrolled in HCBS who are employed in an integrated setting earning at or above minimum wage
- Older Adults and Adults With Physical Disabilities
  - Increasing the percentage of older adults and adults with physical disabilities who report being as active in their community as they would like
  - Increasing HCBS expenditures for older adults and adults with physical disabilities as a percentage of total LTSS expenditures

Goal 5: Provide Additional Support and Follow-Up for Patients With Behavioral Health Care Needs

To provide additional support and follow-up for patients with behavioral health care needs, for Goal 5, TennCare established three objectives in Table 2 and five metrics in Table 7 of the Quality Strategy (see

Appendix A). The objectives and metrics focused on members with opioid use disorder (OUD), medications prescribed for OUD, and follow-up care after hospitalization for mental illness.

There are two statewide behavioral health programs in Tennessee (e.g., members with severe and persistent mental illness [SPMI] and members with substance use disorder [SUD]), and Tennessee Health Link (THL) coordinates services for TennCare members with the highest level of behavioral health care needs. In 2019, TennCare developed the Buprenorphine Enhanced Medication Assisted Recovery and Treatment (BESMART) Program to identify a specialized provider network focusing on medication assisted treatment (MAT) for members with SUD.

Table 4-5 combines the objectives and metrics for Goal 5 from Table 2 and Table 7 of the Quality Strategy (see Appendix A), provides the quality measures to evaluate the progress of the goals, enumerates the statewide target, and indicates the final rate achieved at the end of the three-year review period for the TennCare 2022 Quality Strategy.

Table 4-5—Objectives and Metrics for Goal 5 in the TennCare Quality Strategy

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 5: Provide additional support and follow-up for patients with behavioral health care needs				
Objective 5.1: Improve follow-up after hospitalization for mental illness in adults (18 years of age and older)	*Follow-Up After Hospitalization for Mental Illness (FUH-AD), 30-Day Follow-Up*	57.4%	56.6% (MY2023)	↓
Objective 5.2: Improve follow-up after hospitalization for mental illness in children (6–17 years of age)	*Follow-Up After Hospitalization for Mental Illness (FUH-CH), 30-Day Follow-Up*	75.3%	73.58% (MY2024)	↓
Objective 5.3: Increase the use of medication assisted treatment of opioid dependance and addiction	*Use of Pharmacotherapy for OUD, Total Rate (OUD-AD)*	34.4%	59.8% (MY2023)	↑
Decrease the use of opioids at high dosage in persons without cancer	*Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)*[37]	1.9%	4.9% (MY2023)	↓

[37] Lower rates indicate better performance.

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target
Goal 5: Provide additional support and follow-up for patients with behavioral health care needs				
Decrease the concurrent use of opioids and benzodiazepines	*Concurrent Use of Opioids and Benzodiazepines (COB-AD)*[38]	8.4%	12.5% (MY2023)	↓
Improve follow-up after hospitalization for mental illness (18 years of age and older)	*Follow-Up After Hospitalization for Mental Illness: 7-Day Rate (FUH-AD)*	35.5%	36.8% (MY2023)	↑
Improve follow-up after hospitalization for mental illness (6–17 years of age)	*Follow-Up After Hospitalization for Mental Illness: 7-Day Rate (FUH-CH)*	53.4%	51.39% (MY2024)	↓
Increase the use of pharmacotherapy for OUD	*Use of Pharmacotherapy for OUD: Buprenorphine (OUD-AD)*	30.0%	49.1% (MY2023)	↑

For Goal 5, three rates achieved the statewide target rates, and five rates did not achieve the statewide target rates. The three rates that achieved the statewide target rates represent the two categories listed below:

- Use of Pharmacotherapy for OUD
  - *Use of Pharmacotherapy for OUD—Total Rate*
  - *Use of Pharmacotherapy for OUD: Buprenorphine*
- Follow-Up Visits After Hospitalization
  - *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rate for members 18 years of age and older

The five rates that did not achieve the statewide target rates represent the two categories listed below:

- Follow-Up Visits After Hospitalization
  - *Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up* rate for members 6–17 years of age
  - *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up* rate for children 6–17 years of age
  - *Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up* rate for members 18 years of age and older

[38] Ibid.

- Use of Opioids
  - *Use of Opioids at High Dosage in Persons Without Cancer*
  - *Concurrent Use of Opioids and Benzodiazepines*

Goal 6: Maintain Robust Member Access to Health Care Services

To maintain robust member access to healthcare services, for Goal 6, TennCare established five objectives in Table 2 and 15 metrics in Table 8 of the Quality Strategy (see Appendix A). The objectives and metrics focused on achieving access to care in outpatient settings.

TennCare requires MCCs to comply with access standards included in the MCOs' Contractor Risk Agreement, the dental benefit manager's Dental Benefit Manager Contract, and the pharmacy benefit manager's Pharmacy Benefit Manager Contract. TennCare and HSAG use Quest Analytics software to evaluate the travel distance and travel time for the MCCs. The MCCs must follow Transition to Care policies established by TennCare to ensure continued access to care for members transitioning between MCCs.

Table 4-6 combines the objectives and metrics for Goal 6 from Table 2 and Table 8 of the Quality Strategy (see Appendix A), provides the quality measures to evaluate the progress of the goals, enumerates the statewide target, and indicates the final rate achieved at the end of the three-year review period for the TennCare 2022 Quality Strategy.

Table 4-6—Objectives and Metrics for Goal 6 in the TennCare Quality Strategy

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target, or Matched Target (←→)
Goal 6: Maintain robust member access to health care services				
Objective 6.1: Ensure all members can access care according to time and distance standards	TennCare custom measure	100%	100% (2024)	←→
Objective 6.2: Ensure adult members can access care, tests, or treatments in a timely manner	*Getting Needed Care* (CAHPS)	87.6%	85.20% (MY2024)	↓
Objective 6.3: Ensure child members can access care, tests, or treatments in a timely manner	*Getting Needed Care* (CAHPS)	90.6%	88.30% (MY2024)	↓

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target, or Matched Target (←→)
Goal 6: Maintain robust member access to health care services				
Objective 6.4: Maintain high compliance scores for access and availability (MCOs)	EQRO Annual Technical Report, Annual Network Adequacy, MCO Access/Availability	99.0%	>99.9% (2024)	↑
Objective 6.5: Maintain high compliance scores for access and availability (dental benefits manager [DBM])	EQRO Annual Technical Report, Annual Network Adequacy, DBM Access/Availability	100%	>99.9% (2024)	↓
Increase adult access to preventive/ambulatory health services	*20–44 years of age (AAP)*	81.0%	79.99% (MY2024)	↓
Increase adult access to preventive/ambulatory health services	*45–64 years of age (AAP)*	89.7%	86.76% (MY2024)	↓
Maintain high compliance for adult members	General network access standards	100%	100% (2024)	←→
Maintain high compliance for pediatric members	General network access standards	100%	N/A[39]	N/A
Maintain high compliance for adult members	Specialty network access standards	100%	100% (2024)	←→
Maintain high compliance for pediatric members	Specialty network access standards	100%	N/A[40]	N/A
Maintain high compliance for adult members	Behavioral health network access standards	100%	99.9% (2024)	↓
Maintain high compliance for pediatric members	Behavioral health network access standards	100%	N/A[41]	N/A
Maintain high compliance for adult members	General dental network access standards	100%	99.9% (2024)	↓

[39] The 2021 rate reflected information from the CoverKids Annual Network Adequacy Report. TennCare merged the information for CoverKids into the general Medicaid population report in 2022. Separate rates for the CoverKids population are not available after 2021. N/A denotes a rate that is not applicable.
[40] Ibid.
[41] Ibid.

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target, or Matched Target (←→)
Goal 6: Maintain robust member access to health care services				
Maintain high compliance for pediatric members	General dental network access standards	100%	N/A[42]	N/A
Maintain high compliance for Employment and Community First (ECF) CHOICES members	General dental network access standards	100%	100% (2024)	←→
Maintain high compliance for adult members	Pharmacy network access standards	100%	99.9% (2024)	↓
Maintain high compliance for pediatric members	Pharmacy network access standards	100%	N/A[43]	N/A
Maintain high compliance for CHOICES HCBS members	LTSS network access standards	100%	99.9% (2024)	↓
Maintain high compliance for ECF CHOICES members	LTSS network access standards	100%	100% (2024)	←→

For Goal 6, one rate achieved the statewide target, five rates matched the statewide targets, and nine rates did not achieve the statewide target rates. TennCare established the baseline rate for the pediatric population in 2021 when there was a CoverKids Annual Network Adequacy Report. In 2022, TennCare merged the information for CoverKids into the general Medicaid population, and separate rates for the pediatric population were no longer available for five measures included in this goal.

The rates that achieved or matched the statewide target rates represent the two categories listed below:

- Access to Care: General Medicaid
  - Ensure all members can access care according to the time and distance standards
  - Maintain high compliance scores for access and availability for MCOs
  - Maintain high compliance for adult members: General network access standards
  - Maintain high compliance for adult members: Specialty network access standards
- Access to Care: ECF CHOICES
  - Maintain high compliance for ECF CHOICES members: General dental network access standards

[42] Ibid.
[43] Ibid.

  - Maintain high compliance for ECF CHOICES members: LTSS network access standards

The rates that did not achieve the statewide targeted rates represent the six categories shown below:

- Member Satisfaction: CAHPS
  - *Getting Needed Care*: Ensure adult members can access care, tests, or treatments in a timely manner
  - *Getting Needed Care*: Ensure child members can access care, tests, or treatments in a timely manner
- Access to Care: DBM
  - Maintain high compliance scores for access and availability
  - Maintain high compliance scores for general dental network access standards: Adult members
- HEDIS Measures
  - *Adults' Access to Preventive/Ambulatory Health Services: 20–44 years of age*
  - *Adults' Access to Preventive/Ambulatory Health Services 45–64 years of age*
- Access to Care: Behavioral Health
- Maintain high compliance for adult members Access to Care: Pharmacy
  - Maintain pharmacy network access standards: Adult members
- Access to Care: CHOICES HCBS Network
  - Maintain high compliance for CHOICES HCBS members

Goal 7: Maintain Financial Stewardship Through Increasing Value-Based Payments and Cost-Effective Care

To maintain financial stewardship through increasing value-based payments and cost-effective care, for Goal 7, TennCare established four objectives in Table 2 of the Quality Strategy (see Appendix A). The objectives focused on continuing to attribute TennCare members to a PCMH, increasing eligibility for THL, experiencing quality improvement in NFs, and increasing tier scores for members eligible for Enhanced Respiratory Care.

TennCare created the PCMH Program to improve the overall quality of healthcare delivered to TennCare members, and the Tennessee Health Care Innovation Initiative is transitioning from paying for volume to paying for value. The THL providers assist members with the highest behavioral health needs to ensure comprehensive care management, care coordination, and population health management. TennCare also established the Episodes of Care Program to incentivize high-quality, cost-effective care for Medicaid members. The QuILTSS initiative promotes a person-centered approach to improve care and the quality of life for Medicaid members in a NF or members receiving HCBS.

Table 4-7 displays the objectives for Goal 7 from Table 2 in the Quality Strategy (see Appendix A), provides the quality measures to evaluate the progress of the goals, enumerates the statewide target, and

indicates the final rate achieved at the end of the three-year review period for the TennCare 2022 Quality Strategy.

Table 4-7—Objectives and Metrics for Goal 7 in the TennCare Quality Strategy

Objectives and Metrics	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target,
Goal 7: Maintain financial stewardship through increasing value-based payments and cost-effective care				
Objective 7.1: Maintain the percentage of TennCare members attributed to primary care medical home (PCMH) organizations	TennCare custom measure	40.0%	45% (2025)	↑
Objective 7.2: Increase the percentage of TennCare members eligible for Tennessee Health Link (THL) who are active in THL	TennCare custom measure	51.0%	49.04% (2024)	↓
Objective 7.3: Increase the percentage of nursing facilities showing quality improvement	*QuILTSS for Nursing Facilities (NFs)*	47.61%	41.2%[44] (2023)	↓
Objective 7.4: Decrease the average Tier Score for facilities supporting members with ventilators or tracheostomies (Enhanced Respiratory Care)	TennCare custom measure[45]	1.3	1.7 (Apr 2023–Mar 24)	↓

One rate achieved the statewide target rate, and three rates did not achieve the statewide target rates. The rate that achieved the statewide target rate represents the category listed below:

- TennCare Custom Measure: PCMH
  - Maintain the percentage of TennCare members attributed to PCMH organizations

[44] During the public health emergency (PHE), TennCare maintained a constant baseline score for providers, while offering them the opportunity to improve their performance. In cases wherein providers achieved a better score, the higher of the two was used for evaluation. However, this flexibility ended in 2023. Since then, scores for participating facilities have been based solely on actual outcomes.

[45] A Tier Score that is closer to 1 is better.

The rates that did not achieve the statewide target rates represent the three categories listed below:

- TennCare Custom Measure: THL
  - Increase the percentage of TennCare members eligible for THL who are active in THL
- TennCare Custom Measure: Quality Improvement for NFs
  - Increase the percentage of NFs showing quality improvement
- TennCare Custom Measure: Tier Score
  - Decrease the average Tier Score for facilities supporting Enhanced Respiratory Care

Table 10: Managed Long-Term Services and Supports (MLTSS) Compliance Measurement Goals

TennCare developed seven additional MLTSS Compliance Measurement Goals to monitor access to care for members in CHOICES Groups 2 and 3, ECF CHOICES, and Katie Beckett Part A. Appendix 3 of the TennCare Quality Strategy includes those seven objectives.[46] Table 4-8 displays the objectives, quality measures, statewide target rates, final rates, and an arrow indicating whether the final rate achieved, matched, or did not achieve the statewide target rate.

Table 4-8—MLTSS Compliance Measurement Goals (Table 10)

Objectives	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target, or Matched Target (←→)
Maintain the percentage of CHOICES Group 2 members who are offered a choice between institutional services and Home and Community-Based Services (HCBS)	Choice between institutional and HCBS services	100%	99% (2023–24)	↓
Ensure CHOICES, Employment and Community First CHOICES, and Katie Beckett Part A[47] members will have a level of care determination indicating the need for institutional services or being "At-Risk" for institutional placement, as applicable, prior to enrollment in CHOICES,	Correct Level of Care Determinations	100%	100% (2024)	←→

[46] TennCare. 2024 Quality Assessment and Performance Improvement Strategy Update. Available at: https://www.tn.gov/content/dam/tn/tenncare/archive/2024QualityStrategyUpdateToPublicComment.pdf. Accessed on: Oct 6, 2025.

[47] The Katie Beckett Part A population was not included in the medical record review (MRR) for 2021; however, it was included in successive years.

Objectives	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target, or Matched Target (←→)
Employment and Community First CHOICES, or Katie Beckett, as applicable, and receipt of Medicaid-reimbursed HCBS				
Ensure CHOICES Groups 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A members have a PCSP that clearly identifies the member's needs, preferences, and timed and measurable goals, along with services and supports that are consistent with the member's needs, preferences, and goals	Person-Centered Support Plans (PCSPs)	100%	94% (2023–24)	↓
Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A members have a PCSP that meets requirements specified by the Contractor Risk Agreement (CRA) and/or in the TennCare protocol	PCSPs	100%	97% (2023–24)	↓
Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A member records document that the member (or their family member/authorized representative, as applicable) received education/information at least annually regarding how to identify and report abuse, neglect, and exploitation	Annual information concerning abuse, neglect, and exploitation	100%	91% (2023–24)	↓
Ensure CHOICES Groups 2 and 3, Employment and Community First	Reporting of incidents	100%	N/A[48]	N/A

[48] In 2022, the implementation of the new One Reportable Event Management (REM) System fundamentally changed how reportable events are submitted. Previously, this quality measure was evaluated through an audit of whether MCOs reported events to DDA in a timely manner, as required by the CRA. Under the new system, however, providers report events directly to the Department of Disability and Aging (DDA), with no MCO involvement. As a result, data on timely reporting are no longer comparable to previous years, as the measure would be evaluating something very different. The existing baseline and performance targets are therefore no longer valid, and this metric will need to be redefined in the future to align with CMS' new Access Rule requirements.

Objectives	Quality Measure	Statewide Target	Final Rate Achieved	Rate Above (↑) or Below (↓) Target, or Matched Target (←→)
CHOICES, and Katie Beckett Reportable Event records will indicate the incident/event was reported within time frames specified in the CRA				
Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A member records in which HCBS were denied, reduced, suspended, or terminated as evidenced in the PCSP, as applicable, document that the member was informed of and afforded the right to request a fair hearing as determined by the presence of a notice of action. 100% remediation of all individual findings is expected; compliance percentage at or below 85% requires a quality improvement plan	Fair hearing rights included in Notice of Action documents	100%	99% (2023–24)	↓

One rate matched the statewide target rate, and five rates did not achieve the statewide target rate. One measure was N/A due to a change in how the rates were reported in 2022. The rate that matched the statewide target rate represents the category listed below:

- CHOICES HCBS, ECF CHOICES, and Katie Beckett Part A Members
  - Ensure CHOICES, Employment and Community First CHOICES, and Katie Beckett Part A members will have a level of care determination indicating the need for institutional services or being "At-Risk" for institutional placement, as applicable, prior to enrollment in CHOICES, Employment and Community First CHOICES, or Katie Beckett, as applicable, and receipt of Medicaid-reimbursed HCBS

The five rates that did not achieve the statewide targeted rates represent the two categories listed below:

- CHOICES HCBS
  - Maintain the percentage of CHOICES Group 2 members who are offered a choice between institutional services and HCBS
- CHOICES HCBS, ECF CHOICES, and Katie Beckett Part A Members
  - Ensure CHOICES Groups 2 and 3, ECF CHOICES, and Katie Beckett Part A members have a PCSP that clearly identifies the member's needs, preferences, and timed and measurable goals,

along with services and supports that are consistent with the member's needs, preferences, and goals

- Ensure CHOICES Groups 2 and 3, ECF CHOICES, and Katie Beckett Part A members have a PCSP that meets requirements specified by the CRA and/or in the TennCare protocol
- Ensure CHOICES Group 2 and 3, ECF CHOICES, and Katie Beckett Part A member records document that the member (or their family member/authorized representative, as applicable) received education/information at least annually regarding how to identify and report abuse, neglect, and exploitation
- Ensure CHOICES Group 2 and 3, ECF CHOICES, and Katie Beckett Part A member records in which HCBS were denied, reduced, suspended, or terminated as evidenced in the PCSP, as applicable, document that the member was informed of and afforded the right to request a fair hearing as determined by the presence of a notice of action. One hundred percent remediation of all individual findings is expected; compliance percentage at or below 85 percent requires a quality improvement plan

5. Conclusions and Recommendations

HSAG evaluated the achievement of the 2025 performance goals found in the 2022–2024 TennCare Quality Strategy. HSAG reviewed the final rates to determine if TennCare met the established performance goals and exceeded the baseline rates.

Conclusions

HSAG chose to evaluate the rates achieved in the TennCare Quality Strategy by comparing the rates to the target rates established by TennCare, the baseline rates displayed in the Quality Strategy, and the HEDIS benchmarks for MY 2024. The following three sections include the results from those comparisons.

Comparison to Target Rates

Of the 103 measures evaluated, 33 rates (i.e., 32.04 percent) achieved the statewide targets, seven rates (i.e., 6.80 percent) matched the statewide targets, 26 rates (i.e., 25.24 percent) were N/A, and 37 rates (i.e., 35.92 percent) did not achieve the statewide target rates.

Of the 37 rates that did not achieve the statewide targets, 26 rates (i.e., 70.27 percent) were less than 5 percentage points from achieving the statewide targets. There were 11 rates (i.e., 29.73 percent) representing four categories that were greater than 5 percentage points below the statewide targets as shown below:

- Adolescent Health
  - Increase the use of prenatal services for members under 21 years of age
- Child Health
  - *Childhood Immunization Status—Combo 10*
  - *Sealant Recipient on Permanent First Molars*
- General Medicaid Population
  - *Cervical Cancer Screening*
  - *Plan All-Cause Readmissions*
  - *Breast Cancer Screening*
- CHOICES HCBS, ECF CHOICES, and Katie Beckett Part A Members
  - Increasing the percentage of working-age adults with I/DD enrolled in HCBS who are employed in an integrated setting earning at or above minimum wage
  - Increase the percentage of NFs showing quality improvement
  - Decrease the average Tier Score for facilities supporting Enhanced Respiratory Care

- Ensure CHOICES Groups 2 and 3, ECF CHOICES, and Katie Beckett Part A members have a PCSP that clearly identifies the member's needs, preferences, and timed and measurable goals, along with services and supports that are consistent with the member's needs, preferences, and goals
- Ensure CHOICES Group 2 and 3, ECF CHOICES, and Katie Beckett Part A member records document that the member (or their family member/authorized representative, as applicable) received education/information at least annually regarding how to identify and report abuse, neglect, and exploitation

Comparison to Baseline Rates

The most notable finding, however, was the 24 measures that failed to achieve the rate established in the baseline year which varied between 2019 and 2021. Table 5-1 displays a description of those measures, the quality measure, baseline rate and year, target rate, rate achieved, and year TennCare achieved the rate.

Table 5-1—Quality Strategy Measures That Did Not Achieve the Baseline Rate

Goal	Description	Quality Measure	Baseline Rate/Year	Target	Rate Achieved
1	Increase the use of prenatal services (Under 21 years of age)	*Timeliness of Prenatal Care (PPC-CH)*	78.4% 2019	82.4%	68.25% (MY 2023)
2	Increase child immunizations	*Childhood Immunization Status—Combo 10 (CIS-CH)*	36.7% 2019	39.7%	27.48% (MY 2024)
	Increase cervical cancer screening in adults	*Cervical Cancer Screening (CCS-AD)*	64.2% 2019	66.2%	56.20% (MY 2024)
	Increase dental sealant use in children	*Sealant Recipient on Permanent First Molars, at least one sealant (SFM-CH)*	60.7% 2020	62.7%	52.3% (MY 2023)
	Increase breast cancer screening (BCS-E)	*Breast Cancer Screening*	53.8% 2020	56.8%	51.46% (MY 2024)
4	Increase percentage of CHOICES members who report they feel like they have more choice and control over their life than 12 months ago (NCI-AD, Q TN-5)	Quality of Life	19.0% 2018-2019	21.0%	17% (2023–24)
	Increase percentage of working-age adults with	Community Integration	28.0% 2021	30.0%	21.6% (2023–24)

Goal	Description	Quality Measure	Baseline Rate/Year	Target	Rate Achieved
	I/DD enrolled in HCBS who are employed in an integrated setting earning at or above minimum wage				
	Increase HCBS expenditures for older adults and adults with physical disabilities as a percentage of total LTSS expenditures	Rebalancing	21.1% 2021	23.1%	20.02% (2023–24)
5	Decrease the use of opioids at high dosage in persons without cancer	*Use of Opioids at High Dosage in Persons without Cancer (OHD-AD)*	2.9% 2019	1.9%	4.9% (MY 2023)
	Decrease the concurrent use of opioids and benzodiazepines	*Concurrent Use of Opioids and Benzodiazepines (COB-AD)*	9.4% 2019	8.4%	12.5% (MY 2023)
	Improve follow-up after hospitalization for mental illness (6–17 years of age)	*Follow-Up After Hospitalization for Mental Illness: 7-Day Rate (FUH-CH)*	51.4% 2019	53.4%	51.39% (MY 2024)
6	Ensure adult members can access care, tests, or treatments timely	*Getting Needed Care* (CAHPS)	85.6% 2020	87.6%	85.20% (MY 2024)
	Ensure child members can access care, tests, or treatments timely	*Getting Needed Care* (CAHPS)	89.6% 2020	90.6%	88.30% (MY 2024)
	Increase adult access to preventive/ambulatory health services	Adults' Access To Preventive/Ambulatory Health Services (45–64 Years Of Age) (AAP)	87.7 % 2019	89.7 %	86.76% (MY 2024)
	Maintain high compliance for adult members	Behavioral health network access standards adult	100% 2021	100%	99.9% (MY 2024)
	Maintain high compliance for adult members	General dental network access standards adult	100% 2021	100%	99.9% (MY 2024)
	Maintain high compliance for adult members	Pharmacy network access standards adult	100% 2021	100%	99.9% (MY 2024)
	Maintain high compliance for CHOICES HCBS members	LTSS network access standards CHOICES HCBS	100% 2021	100%	99.9% (MY 2024)

Goal	Description	Quality Measure	Baseline Rate/Year	Target	Rate Achieved
7	Increase the percentage of nursing facilities (NFs) showing quality improvement	*QuILTSS for Nursing Facilities (NFs)*	45.61% 2020	47.61%	41.2% (2023)
10	Maintain the percentage of CHOICES Group 2 members who are offered a choice between institutional services and Home and Community-Based Services (HCBS)	Choice between institutional and HCBS services	100% 2021	100%	99% (2023–24)
	Ensure CHOICES Groups 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A members have a PCSP that clearly identifies the member's needs, preferences and timed and measurable goals, along with services and supports that are consistent with the member's needs, preferences, and goals	Person-Centered Support Plans	99.2% 2021	100%	94% (2023–24)
	Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A members have a PCSP that meets requirements specified by the CRA and/or in TennCare protocol	Person-Centered Support Plans	98.0% 2021	100%	97% (2023–24)
	Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A member records document that the member (or their family member/ authorized representative, as applicable) received education/ information at least annually regarding how to identify	Annual information concerning abuse, neglect, and exploitation	100% 2021	100%	91% (2023–24)

Goal	Description	Quality Measure	Baseline Rate/Year	Target	Rate Achieved
	and report abuse, neglect and exploitation				
	Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A member records in which HCBS were denied, reduced, suspended, or terminated as evidenced in the PCSP as applicable document that the member was informed of and afforded the right to request a Fair Hearing as determined by the presence of a notice of action. 100% remediation of all individual findings is expected; compliance percentage at or below 85% requires a quality improvement plan	Fair Hearing rights included in Notice of Action documents	100% 2021	100%	99% (2023–24)

The final rates for 17 measures were less than 5 percentage points below the baseline rate; however, seven measures were greater than 5 percentage points below the baseline rate. TennCare should consider focusing on improving the rates for those seven measures with rates below the baseline rate greater than 5 percentage points as shown below:

- *Timeliness of Prenatal Care (PPC-CH),* which is a CMS Core Set measure
- *Childhood Immunization Status—Combo 10 (CIS-CH),* which is an NCQA HEDIS measure[49]
- *Cervical Cancer Screening (CCS-AD),* which is an NCQA HEDIS measure
- *Sealant Recipient on Permanent First Molars, at least one sealant*, which is a measure developed by the Dental Quality Alliance (DQA) and the American Dental Association (ADA)
- Increase the percentage of working-age adults with I/DD enrolled in HCBS who are employed in an integrated setting earning at or above minimum wage, which is a TennCare-developed measure
- Ensure that CHOICES Groups 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A members have a PCSP that clearly identifies the member's needs, preferences, and

[49] The Combination 10 includes diphtheria/tetanus/acellular pertussis [DTaP], polio [IPV], measles/mumps/rubella [MMR], haemophilus influenzae type B [HIB], hepatitis B [HepB], varicella [VZV], pneumococcal conjugate [PCV]), hepatitis A [HepA], rotavirus [RV], and Influenza

timed and measurable goals, along with services and supports that are consistent with the member's needs, preferences, and goals, which is a TennCare-developed measure

- Ensure that CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A member records document that the member (or their family member/authorized representative, as applicable) received education/information at least annually regarding how to identify and report abuse, neglect, and exploitation, which is a TennCare-developed measure

Comparison to HEDIS Percentiles

Annually, HSAG publishes an internal HEDIS report for TennCare comparing the statewide weighted average scores to the national benchmarks released by NCQA. To complete the review of the rates achieved for the HEDIS measures included in TennCare's Quality Strategy, HSAG compared the final HEDIS rates achieved (i.e., MY 2024) in the TennCare Quality Strategy to the MY 2024 benchmarks compiled by NCQA. The benchmark comparisons for all HEDIS rates in the Quality Strategy are included in Appendix B. None of the rates were below the 25th percentile; however, the rates for 11 measures ranked between the 25th and 49th percentile as shown below:

- *Timeliness of Prenatal Care (PPC-CH)*[50]
- *Childhood Immunization Status—Combo 10 (CIS-CH)*
- *Cervical Cancer Screening (CCS-AD)*
- *Immunizations for Adolescents—Combo 2 (IMA-CH)*
- *BMI: 3–11 Years (WCC-CH)*
- *BMI: 12–17 Years (WCC-CH)*
- *BMI: Total (WCC-CH)*
- *Breast Cancer Screening (BCS-E)*
- *Eye Exam for Patients With Diabetes (EED)*
- *Kidney Health Evaluation for Patients With Diabetes (KED)*
- *Child and Adolescent Well-Care Visits: 18–21 Years (WCV-CH)*

The first three measures (i.e., *PPC-CH*, *CIS-CH*, and *CCS-AD*) also did not achieve the baseline rate in the TennCare Quality Strategy with a MY 2024 rate greater than 5 percentage points below the baseline rate. Although the remaining eight rates achieved the baseline rate established by TennCare, HSAG encourages TennCare to continue to monitor and improve those rates.

[50] The HEDIS rate includes all members in the measure, regardless of age.

Recommendations

TennCare established the performance goals for the first three measures listed above using data from 2019, the dental measure using data from 2020, and the remaining three measures using data from 2021. Since TennCare established the baseline rates for the first three measures before the PHE in the United States, acknowledgement needs to be given to the effect that coronavirus disease 2019 (COVID-19) may have had on those rates and other preventive care rates.

While the impact of COVID-19 on healthcare cannot be precisely measured, Pujolar, Angles, Vargas, and Vazquez noted that the pandemic profoundly impacted public healthcare systems.[51] After the World Health Organization declared a pandemic on March 11, 2020, nonessential businesses closed and people were instructed to stay home. There was a decrease in access to health services due to the closure of nonessential services, concerns about being exposed to COVID-19, and anticipated barriers to care (e.g., wait times and availability of public transportation). Social distancing became a concern outside of the home, and facilities redirected medical resources to combat the spread of the disease. Additional effects of the pandemic on healthcare included economic loss due to unemployment and loss of healthcare coverage. Although the use of telemedicine increased during the pandemic, it was difficult to conduct a visit for preventive care measures via telehealth due to the physical contact required for a physical examination, immunizations, or a screening test. Since the rates for the access to care measure (i.e., prenatal care) and the two medical preventive care measures (i.e., child immunizations and cervical cancer screening) fell below the baseline rates established in 2019, the effects of the COVID-19 pandemic could have impacted those rates. TennCare may consider working with the MCCs to increase continued member awareness of the importance of those services through member newsletters and other member communications. Developing or increasing existing incentives to receive those services also may improve the rates. Research has found a strong correlation between teenagers who receive inadequate prenatal care and teenagers who deliver babies with poor infant outcomes. Teenage births also frequently interrupt educational goals and increase the risk of being excluded socially from peers and living in poverty.[52] Since the *Timeliness of Prenatal Care (PPC-CH)* measure impacts members under 21 years of age, the MCOs could convene a teenage advisory council to suggest ways to educate and inform these members about the importance of initiating prenatal care during the first trimester.

In reference to all preventive care measures below the target or below the benchmark, MCCs could consider interventions to increase member outreach efforts and education, specifically targeting preventive care (e.g., physical and dental). MCCs may consider creating webinars, ensuring that every newsletter includes articles about preventive care, and increasing community outreach events to improve member education concerning the importance of preventive care. For timely immunizations and screenings, MCOs could consider offering or reevaluating current member incentives to encourage

[51] Pujolar G, Oliver-Anglès A, Vargas I, et al. Changes in Access to Health Services during the COVID-19 Pandemic: A Scoping Review. *Int. J. Environ. Res. Public Health* 2022, 19, 1749. Available at https://pubmed.ncbi.nlm.nih.gov/35162772/. Accessed on Oct 8, 2025.

[52] Gardner ME, Umer A, Rudisill T, et al. Prenatal care and infant outcomes of teenage births: a project WATCH study. *BMC Pregnancy and Childbirth* 2023, 23, 379. Available at: https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-023-05662-x. Accessed on Oct 5, 2025.

timely screenings. Additionally, MCCs need to evaluate current educational material to ensure that materials are culturally appropriate and understood by the members.

Research has found success with mobile health units in reducing barriers to healthcare (e.g., transportation and system complexity).[53] TennCare and the MCCs may consider exploring the feasibility of mobile intervention strategies to increase screenings and preventive care, especially for members in underserved communities. TennCare and the MCCs may consider collaborating with the Tennessee Mobile Servies Workgroup, a partnership between Tennessee's Department of Mental Health & Substance Abuse Services (TDMHSAS) and Department of Health (DOH).[54] Even though this workgroup primarily focuses on behavioral health services, MCCs could learn best practices and implementation strategies for mobile health units that could be modeled for preventive care.

To improve children's health services, Tennessee has twice expanded the list of school-based services in recent years, a cost-effective approach that improves access to care for children.[55,56] A 2025 report from the Tennessee Advisory Commission on Intergovernmental Relations, however, reported barriers from school districts, including challenges with reimbursement, liability issues as potential concerns, and challenges with administrative workloads relating to documenting and filing claims.[57] Previously, TennCare has partnered with the MCOs to help alleviate these barriers by providing training and guidance to school districts.[58] Moving forward, TennCare and the MCOs should continue to provide further guidance, education, and technical assistance, potentially on a quarterly basis. It may also be advantageous for MCOs to partner with school districts to share best practices on improving processes within schools, potentially through webinars or newsletters.

The MCCs could evaluate the feasibility of utilizing CHWs to assist with educational outreach concerning preventive care. MCOs also could continue to remind providers to review preventive care measures with their patients during every visit. Similarly, the DBM also may continue to encourage dental providers to review the importance of preventive care (e.g., cleanings and sealants) for members during dental visits.

To improve the care for CHOICES, ECF CHOICES, and Katie Beckett Part A members, MCOs may consider offering additional education for providers concerning patient-centered care, emphasizing the importance of involving members and their families in developing and implementing care plans.

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[53] Malone NC, Williams MM, Smith Fawzi MC, et al. Mobile health clinics in the United States. *International Journal of Health Equity* 2020, 19, 40. Available at: https://pubmed.ncbi.nlm.nih.gov/32197637/. Accessed on: Oct 9, 2025.

[54] Tennessee Department of Mental Health and Substance Abuse Services. TN Mobile Services Workgroup. Available at: https://www.tn.gov/behavioral-health/mobileservices.html. Accessed on: Oct 9, 2025.

[55] Tennessee Department of Education. School-Based Medicaid. Available at: https://www.tn.gov/education/families/student-support/special-education/school-based-medicaid.html. Accessed on: Oct 9, 2025.

[56] Tennessee Advisory Commission on Intergovernmental Relations. Contract Addendum Could Resolve Potential Issues For School Districts Seeking Tenncare Reimbursements. 2025. Available at: https://www.tn.gov/content/dam/tn/tacir/2025publications/2025_SchoolBasedServices.pdf. Accessed on: Oct 9, 2025.

[57] Ibid.

[58] Ibid.

Finally, in the 2022 TennCare Quality Strategy, if a measure had no nationally recognized rate, TennCare established a performance target of improving 2 percentage points above the current rate. HSAG recommends that TennCare consider the possibility of reevaluating those performance targets to ensure they are challenging as well as achievable within a three-year period.

Appendix A. TennCare Quality Strategy Report Rates

TennCare included the tables in this appendix in the Quality Strategy Update which displayed the statewide baseline rates and dates and the statewide performance targets to be achieved by 2025. HSAG added the rates achieved during the three years to assist in evaluating the statewide performance for each quality measure.

Table 2: TennCare Quality Strategy Goals and Objectives

Objective/ Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
1.1 NCQA[1]	Increase the use of prenatal services (Under 21 years of age)	*Timeliness of Prenatal Care (PPC-CH)*	78.4% (2019)	82.4%	84.1% (MY2021)	81.4% (MY2022)	68.25% (MY2023)
1.2 NCQA	Increase the use of postpartum services	*Postpartum Care (PPC-AD)*	69.4% (2019)	73.4%	76.57% (MY2022)	77.46% (MY2023)	80.40% (MY2024)
1.3 NCQA	Increase the use of well-child visits in the first 15 months of life	*Well-Child Visits in the 1st 30 Months of Life–First 15 Months (W30-CH)*	53.7% (2020)	56.6%	63.08% (MY2022)	66.59% (MY2023)	70.09% (MY2024)
2.1 NCQA	Increase child and adolescent well-care visits	*Child and Adolescent Well-Care Visits, Total Rate (WCV-CH)*	51.1% (2020)	53.1%	51.52% (MY2022)	55.38% (MY2023)	59.33% (MY2024)
2.2 CMS[2]	Increase CMS-416 EPSDT screening rate	*CMS-416 EPSDT Screening Rate*	69.0% (2020)	80.0%	69% (FFY2022)	70% (FFY2023)	75% (FFY2024)
2.3 NCQA	Increase child immunizations	*Childhood Immunization Status—Combo 10 (CIS-CH)*	36.7% (2019)	39.7%	28.55% (MY2022)	24.33% (MY2023)	27.48% (MY2024)
2.4 NCQA	Improve high blood pressure control in adults	*Controlling High Blood Pressure (CBP-AD)*	64.2% (2019)	66.2%	65.91% (MY2022)	64.41% (MY2023)	70.59% (MY2024)

Objective/ Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
2.5 NCQA	Increase cervical cancer screening in adults	*Cervical Cancer Screening (CCS-AD)*	64.2% (2019)	66.2%	55.06% (MY2022)	55.53% (MY2023)	56.20% (MY2024)
2.6 DQA/ADA[3]	Increase dental sealant use in children	*Sealant Recipient on Permanent First Molars, at least one sealant (SFM-CH)*	60.7% (2020)	62.7%	55.6% (MY2021)	53.0% (MY2022)	52.3% (MY2023)
2.7 NCQA	Decrease emergency department utilization for children	*Ambulatory Care (AMB-CH), ED Visits, Total Rate Ages 0-19*[4]	49.0 (2019)	46.0	36.72% (MY2021)	39.33% (MY2022)	40.16% (MY2023)
2.8 NCQA	Reduce rate of hospital readmissions	*Plan All-Cause Readmissions (PCR-AD)*	1.07 (2019)	0.79	1.0081 (MY2021)	1.0318 (MY2022)	0.9711 (MY2023)
3.1 TennCare/UT[5]	Maintain high member satisfaction with TennCare	*Percent of respondents indicating satisfaction with TennCare* (UT survey)	94.0% (2019)	94.0%	95% (2022)	95% (2023)	96% (2024)
3.2 TennCare	Increase screening for non-medical risk factors	*Percent of members screened by the MCO for non-medical risk factors* (Custom)	3.2% (2021)	15.0%	3.2% (2022)	N/A[6]	N/A[6]
3.3 NCI[7]	Ensure CHOICES members receive person-centered care	*Percent of members whose service plan reflects their preferences and choices* (NCI-AD, Q 10 PCP)[8]	80.0% (2021–22)	82.0%	N/A	69% (2022–23)	81% (2023–24)
3.4 NCI	Ensure Employment and Community First (ECF)	*Percent of members who report their service plan includes things that are*	N/A[9]	N/A	N/A[10]	N/A[10]	N/A[10]

Objective/ Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
	CHOICES members receive person-centered care	*important to them* (NCI-IPS, Q 52)[8]					
3.5 NCI	Ensure Katie Beckett members receive person-centered care	*Percent of members/ families who report feeling that supports and services have made a positive difference in the life of their child* (NCI-CFS, Q 62)	100% (2022–23)	N/A	N/A[10]	N/A[10]	N/A[10]
4.1 NCI	Maintain or improve quality of life for CHOICES members	*Percent of members who report their paid services and supports help them live the life they want* (NCI-AD, Q 90)[8]	88.0% (2018–19)	90.0%	90% (2021–22)	93% (2022–23)	90% (2023–24)
4.2 NCI	Maintain or improve quality of life for individuals with Intellectual and Developmental Disabilities (I/DDs)	*Percent of members who report services and supports are helping to live a good life* (NCI-IPS, Q 57)	N/A[9]	N/A	N/A[10]	N/A[10]	N/A[10]
4.3 NCI	Maintain or improve quality of life for eligible children in the Katie Beckett program	*Percent of members who report they are satisfied with the services and supports their child currently receives* (NCI-CFS, Q 68)	46% (2022–23)	N/A[10]	N/A[10]	N/A[10]	N/A[10]

Objective/ Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
4.4 TennCare	Increase percentage of older adults and adults with physical disabilities receiving LTSS in the community (Home and Community-Based Services [HCBS]) as compared to those receiving LTSS in an institution	CHOICES baseline data	39.3% (2021)	41.3%	40.1% (2021–22)	39.4% (2022–23)	39.9% (2023–24)
4.5 TennCare	Increase percentage of individuals with I/DD receiving LTSS in the community (HCBS) as compared to those receiving LTSS in an institution	ECF CHOICES baseline data	70.0% (2021)[11]	72.0%	78.6% (2021-22)	84.3% (2022–23)	84.8% (2023–24)
5.1 NCQA	Improve follow-up after hospitalization for mental illness in adults (18 years of age and older)	*Follow-Up After Hospitalization for Mental Illness (FUH-AD), 30-Day Follow-Up*	55.4% (2019)	57.4%	56.5% (MY2021)	55.8% (MY2022)	56.6% (MY2023)
5.2 NCQA	Improve follow-up after hospitalization for mental illness in children (6–17 years of age)	*Follow-Up After Hospitalization for Mental Illness (FUH-CH), 30-Day Follow-Up*	73.3% (2019)	75.3%	75.17% (MY2022)	73.80% (MY2023)	73.58% (MY2024)
5.3 CMS	Increase the use of medication assisted treatment of opioid dependance and addiction	*Use of Pharmacotherapy for OUD, Total Rate (OUD-AD)*	32.4% (2019)	34.4%	54.2% (MY2021)	56.9% (MY2022)	59.8% (MY2023)

Objective/ Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
6.1 TennCare	Ensure all members can access care according to the time and distance standards	TennCare custom measure	100% (2021)	100%	100% (2022)	100% (2023)	100% (2024)
6.2 AHRQ[12]	Ensure adult members can access care, tests, or treatments timely	*Getting Needed Care* (CAHPS)[13]	85.6% (2020)	87.6%	85.47% (MY2022)	85.50% (MY2023)	85.20% (MY2024)
6.3 AHRQ	Ensure child members can access care, tests, or treatments timely	*Getting Needed Care* (CAHPS)	89.6% (2020)	90.6%	88.60% (MY2022)	88.10% (MY2023)	88.30% (MY2024)
6.4 EQRO[14]	Maintain high compliance scores for access and availability (managed care organizations [MCOs])	EQRO Annual Technical Report, Annual Network Adequacy, MCO Access/ Availability	97.0% (2020)	99.0%	>99.9% (2022)	>99.9% (2023)	>99.9% (2024)
6.5 EQRO	Maintain high compliance scores for access and availability (dental benefits managers [DBMs])	EQRO Annual Technical Report, Annual Network Adequacy, DBM Access/ Availability	99.0% (2020)	100%	>99.9% (2022)	99.9% (2023)	>99.9% (2024)
7.1 TennCare	Maintain the percentage of TennCare members attributed to patient-centered medical home (PCMH) organizations	TennCare custom measure	40.7% (2019)	40.0%	45% (2023)	45% (2024)	45% (2025)
7.2 TennCare	Increase the percentage of TennCare members eligible for Tennessee Health Link (THL) who are active in THL	TennCare custom measure	49.0% (2019)	51.0%	44.18% (2022)	49.33% (2023)	49.04% (2024)

Objective/ Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
7.3 QuILTSS[15]	Increase the percentage of nursing facilities (NFs) showing quality improvement	QuILTSS for NFs	45.61% (2020 QuILTSS 13 cycle)	47.61%	52.1% (2021)	55.9% (2022)	41.2%[16] (2023)
7.4 TennCare	Decrease the average Tier Score for facilities supporting members with ventilators or tracheostomies (Enhanced Respiratory Care)	TennCare custom measure	1.44 (October 2020–March 2021)[17]	1.3	1.5 (Apr 2021–Mar 22)	1.5 (Apr 2022– Mar 23)	1.7 (Apr 2023–Mar 24)

[1] National Committee for Quality Assurance (NCQA)
[2] Centers for Medicare & Medicaid Services (CMS)
[3] Dental Quality Alliance (DQA)/American Dental Association (ADA)
[4] Lower rates indicate better performance.
[5] University of Tennessee (UT)
[6] The method of reporting changed in 2023.
[7] National Core Indicators (NCI)
[8] The metric was replaced to align with CMS' HCBS Quality Measure Set; the updated measure was comparable to the existing measure.
[9] Baseline data were not available.
[10] Tennessee encountered multiple obstacles concerning the collection of data for the NCI In-Person Survey (NCI-IPS) and the NCI-Child Family Survey (NCI-CFS). No data were available for these measures.
[11] This includes only individuals enrolled in the Employment and Community First CHOICES program until CMS approves the pending waiver amendments to integrate the 1915(c) waiver programs into the 1115 waiver. If 1915(c) waiver programs were included, this would be 91.0%.
[12] Agency for Healthcare Research and Quality (AHRQ)
[13] Consumer Assessment of Healthcare Providers and Systems (CAHPS)
[14] External Quality Review Organization (EQRO)—HSAG's reports
[15] Quality Improvement in Long-Term Services and Supports Survey (QuILTSS)
[16] During the PHE, TennCare maintained a constant baseline score for providers, while offering them the opportunity to improve their performance. In cases wherein providers achieved a better score, the higher of the two was used for evaluation. However, this flexibility ended in 2023. Since then, scores for participating facilities have been based solely on actual outcomes.
[17] A Tier Score that is closer to 1 is better.

Table 3: Improve the Health and Wellness of Mothers and Infants

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 1: Improve the health and wellness of mothers and infants							
OPA[1]	Contraceptive care: all women (CCW-AD and CCA-CH)[2]	*Long-acting reversible contraception (LARC) (15–20 years of age)*	5.7% (2019)	2	4.0% (MY2021)	3.7% (MY2022)	3.9% (MY2023)
OPA	Contraceptive care: all women (CCW-AD and CCA-CH)[2]	*LARC (21–44 years of age)*	6.4% (2019)	2	4.4% (MY2021)	3.9% (MY2022)	4.3% (MY2023)
OPA	Contraceptive care: postpartum women (CCP-CH and CCP-AD)[2]	*LARC 3-day rate (15–20 years of age)*	2.2% (2019)	2	3.5% (MY2021)	2.8% (MY2022)	2.8% (MY2023)
OPA	Contraceptive care: postpartum women (CCP-CH and CCP-AD)[2]	*LARC 60-day rate in MY 2021; 90-day rate beginning MY 2022 (15–20 years of age)*[3]	15.18% (2022)	2	15.2% (MY2021)	20.6% (MY2022)	20.1% (MY2023)
OPA	Contraceptive care: postpartum women (CCP-CH and CCP-AD)[2]	*LARC 3-day rate (21–44 years of age)*	2.2% (2019)	2	2.5% (MY2021)	2.5% (MY2022)	2.5% (MY2023)
OPA	Contraceptive care: postpartum women (CCP-CH and CCP-AD)[2]	*LARC 60-day rate in MY 2021; 90-day rate beginning MY 2022 (21–44 years of age)*[3]	16.08% (2022)	2	12.5% (MY2021)	16.1% (MY2022)	17.0% (MY2023)
NCQA[4]	Increase the use of well-child visits in the first 15 months of life	*Well-Child Visits in the First 30 Months of Life, First 15 Months (W30-CH)*	53.7% (2020)	56.7%	63.08% (MY2022)	66.59% (MY2023)	70.09% (MY2024)

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 1: Improve the health and wellness of mothers and infants							
NCQA	Increase the use of well-child visits 15 months–30 months of life	*Well-Child Visits in the First 15–30 Months of Life (W30-CH)*	67.8% (2020)	70.8%	67.56% (MY2022)	70.81% (MY2023)	76.82% (MY2024)

[1] Office of Population Affairs (OPA)
[2] TennCare encourages increasing access to LARCs, but access is voluntary; as such, TennCare wants to ensure that access is member driven. Therefore, these quality metrics do not have a specific performance target. Metrics are included for tracking only.
[3] In 2023, CMS updated the *CCP-CH* and *CCP-AD* measures from a 60-day rate to a 30-day rate. This measure has been updated to reflect that change and has been re-baselined.
[4] National Committee for Quality Assurance (NCQA)

Table 4: Increase the Use of Preventive Care Services for All Members to Reduce the Risk of Chronic Health Conditions

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 2: Increase the use of preventive care services for all members to reduce the risk of chronic health conditions							
NCQA[1]	Increase assessment of weight and counseling for nutrition and physical activity for children/adolescents (WCC-CH)	*BMI percentile 3–11 years*	80.2% (2019)	83.2%	83.71% (MY2022)	84.36% (MY2023)	84.07% (MY2024)
NCQA	Increase assessment of weight and counseling for nutrition and physical activity for children/adolescents (WCC-CH)	*BMI percentile 12–17 years*	76.5% (2019)	79.5%	82.24% (MY2022)	79.08% (MY2023)	79.89% (MY2024)
NCQA	Increase assessment of weight and counseling for nutrition and physical activity for children/adolescents (WCC-CH)	*BMI Percentile Total*	79.0% (2019)	82.0%	83.23% (MY2022)	82.32% (MY2023)	82.43% (MY2024)
NCQA	Increase immunizations for children and adolescents	*Childhood Immunization Status (CIS-CH) Combo 10*	36.7% (2019)	39.7%	28.55% (MY2022)	24.33% (MY2023)	27.48% (MY2024)
NCQA	Increase immunizations for children and adolescents	*Immunization for Adolescents (IMA-CH) Combo 2*	33.4% (2019)	36.4%	30.70% (MY2022)	33.29% (MY2023)	34.79% (MY2024)
NCQA	Increase breast cancer screening (BCS-E)	*Breast Cancer Screening*[2]	53.8% (2020)	56.8%	48.3% (MY2022)	49.86% (MY2023)	51.46% (MY2024)

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 2: Increase the use of preventive care services for all members to reduce the risk of chronic health conditions							
NCQA	Increase the asthma medication ratio (AMR)	*Asthma Medication Ratio—Total*	51.0% (2019)	54.0%	66.49% (MY2022)	74.41% (MY2023)	69.24% (MY2024)
TennCare	Increase utilization of silver diamine fluoride (SDF)	*Increase Utilization of SDF*	0.6% (2019)	2.6%	1.43% (2023)	1.77% (2024)	2.18% (2025)
TennCare	Increase the percentage of members 2–20 years of age who had one or more dental services annually	*Increase percentage of members 2–20 with one or more dental services annually using the Partial Enrollment Adjusted Ratio (PEAR)*	53.9% (2019)	55.9%	51% (2023)	51% (2024)	56% (2025)
NCQA	Increase the diabetes measure: HbA1c control	*HbA1c Control (<8%) (HBD-AD)*	50.1% (2019)	53.0%	56.33% (MY2022)	60.11% (MY2023)	NA[3]
NCQA	Decrease the diabetes measure: HbA1c poor control	*HbA1c Poor Control (>9%) (HBD-AD)*[4]	39.3% (2019)	36.3%	32.62% (MY2022)	31.67% (MY2023)	NA[3]
NCQA	Increase the diabetes measure: blood pressure control (BPD)	*Blood Pressure Control (<140/90 mmHg)*	60.4% (2019)	63.4%	63.72% (MY2022)	69.37% (MY2023)	72.50% (MY2024)
NCQA	Increase the diabetes measure: eye exam (EED)	*Eye Exam*	52.0% (2019)	55.0%	54.62% (MY2022)	53.51% (MY2023)	55.27% (MY2024)
NCQA	Increase the diabetes measure: kidney health evaluation (KED—Total)	*Kidney Health Evaluation—Total*	26.9% (2020)	28.9%	29.23% (MY2022)	33.78% (MY2023)	40.02% (MY2024)

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 2: Increase the use of preventive care services for all members to reduce the risk of chronic health conditions							
NCQA	Increase child and adolescent well-care visits (WCV-CH)	*Ages 3–11*	58.6% (2020)	60.6%	60.39% (MY2022)	63.52% (MY2023)	66.97% (MY2024)
NCQA	Increase child and adolescent well-care visits (WCV-CH)	*Ages 12–17*	49.9% (2020)	51.9%	51.14% (MY2022)	53.98% (MY2023)	56.17% (MY2024)
NCQA	Increase child and adolescent well-care visits (WCV-CH)	*Ages 18–21*	25.9% (2020)	27.9%	24.56% (MY2022)	27.97% (MY2023)	31.89% (MY2024)

[1] National Committee for Quality Assurance (NCQA)
[2] For measurement year 2023, NCQA updated the *BCS* HEDIS measure. The original *BCS* HEDIS measure was retired, and the *BCS-E* measure was its replacement. In 2024, the Centers for Medicare & Medicaid Services (CMS) adopted the NCQA changes and updated the *BCS-AD* measure to be the electronic measure. This measure has been updated and re-baselined. The performance target is to be determined with national benchmark data, when available.
[3] For the 2023 Adult Core Set, the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)* measure was modified by the measure steward into a combined measure: *Hemoglobin A1c Control for Patients With Diabetes (HBD-AD)*. The combined measure has two indicator rates: *HbA1c Control (<8%)* and *HbA1c Poor Control (>9%).*
[4] Lower rates indicate better performance.

Table 5: Integrate Patient-Centered, Holistic Care Including Non-Medical Risk Factors Into Population Health Coordination for All Members

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 3: Integrate Patient-Centered, Holistic Care Including Non-Medical Risk Factors Into Population Health Coordination for All Members							
TennCare	Increase the number of authorized users using a statewide Closed-Loop Referral System (CLRS)	Non-Medical Risk Factors	0 [1] (2022)	600	0 [1] (2023)	0 [1] (2024)	1,115 (2025)
TennCare	Increase the percentage of referrals to community-based organizations created by MCO to meet identified needs	Non-Medical Risk Factors	52.9% (2021)	54.9%	84.3% (2022)	N/A[2]	N/A[2]
NCI[3]	Increase the percentage of CHOICES members who report that people who are paid support staff show up and leave when they are supposed to (NCI-AD Q 29)	LTSS Member Satisfaction	69.0% (2018–19)	71.0%	89% (2021–22)	83% (2022–23)	82% (2023–24)
NCI	Increase the percentage of Employee and Community First (ECF) CHOICES members who report their paid support staff show up and leave when they are supposed to (NCI-IPS Q 43)	LTSS Member Satisfaction	N/A[4]	N/A	N/A[5]	N/A[5]	N/A

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 3: Integrate Patient-Centered, Holistic Care Including Non-Medical Risk Factors Into Population Health Coordination for All Members							
NCI	Increase the percentage of Katie Beckett member families satisfied with the services and supports their child currently receives (NCI-CFS Q 61)	LTSS Member Satisfaction	46% (2022–23)	N/A	N/A[5]	N/A[5]	N/A[5]

[1] CLRS was implemented in March 2025.
[2] The method of reporting changed in 2023.
[3] National Core Indicators (NCI)
[4] Baseline data were not available.
[5] Tennessee encountered multiple obstacles concerning the collection of data for the NCI In-Person Survey (NCI-IPS) and the NCI-Child Family Survey (NCI-CFS). No data were available for these measures.

Table 6: Improve Positive Outcomes for Members With Long-Term Services and Supports (LTSS) Needs

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 4: Improve positive outcomes for members with LTSS needs							
NCI[1]	Increase percentage of CHOICES members who report they feel like they have more choice and control over their life than 12 months ago (NCI-AD, Q TN-5)	Quality of Life	19.0% (2018–19)	21.0%	N/A[2]	N/A[2]	17% (2023–24)
NCI	Increase percentage of Employment and Community First (ECF) CHOICES members who report having enough choice in life decisions (NCI-IPS, Qs 72–75, 82)[3]	Quality of Life	N/A[4]	N/A	N/A[5]	N/A[5]	N/A[5]
NCI	Increase percentage of parents/families who report feeling that services and supports have improved their ability to care for their child (NCI-CFS, Q 64)	Quality of Life	N/A[4]	N/A	N/A[5]	N/A[5]	N/A[5]
ECF CHOICES	Increase percentage of working age adults with I/DD enrolled in HCBS who are employed in an integrated setting earning at or above minimum wage	Community Integration	28.0% (2021)	30.0%	23.8% (2021-22)	21.5% (2022-23)	21.6% (2023-24)

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 4: Improve positive outcomes for members with LTSS needs							
NCI	Increase the percentage of older adults and adults with physical disabilities who report being as active in their community they would like (NCI-AD Q 53)[3]	Community Integration	56.0% (2021–22)	60.0%	56% (2021-22)	67% (2022-23)	58% (2023-24)
NCI	Increase the percentage of individuals with I/DD who report satisfaction with the level of participation in community inclusion activities (NCI-IPS Qs 56, 58, 59, 61)[3]	Community Integration	N/A[4]	N/A	N/A[5]	N/A[5]	N/A[5]
NCI	Increase the percentage of children participating in activities in the community (NCI-CFS Q 40)	Community Integration	N/A[4]	N/A	N/A[5]	N/A[5]	N/A[5]
CHOICES	Increase HCBS expenditures for older adults and adults with physical disabilities as a percentage of total LTSS expenditures	Rebalancing	21.1% (2021)	23.1%	20.4% (2021-22)	21.26% (2022-23)	20.02% (2023–24)
ECF CHOICES	Increase HCBS expenditures for individuals with I/DD as a percentage of total LTSS expenditures	Rebalancing	28.8% (2021)	30.8%	35.2% (2021-22)	42.3% (2022-23)	47.1% (2023-24)

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 4: Improve positive outcomes for members with LTSS needs							
NCQA[6]	Increase assessment and documentation of core elements	LTSS HEDIS: Comprehensive Assessment and Care Plans (LTSS-CAU)	78.0% (2019)	80.0%	96.1% (MY2022)	94.52% (MY2023)	96.19% (MY2024)
NCQA	Increase assessment and documentation of supplemental elements	LTSS HEDIS: Comprehensive Assessment and Care Plans (LTSS-CAU)	74.6% (2019)	76.6%	96.1% (MY2022)	94.52% (MY2023)	95.86% (MY2024)
NCQA	Develop care plans with core elements documents	LTSS HEDIS: Comprehensive Care Plan and Updates (LTSS-CPU)	75.6% (2019)	77.6%	93.5% (MY2022)	94.99% (MY2023)	95.78% (MY2024)
NCQA	Develop care plans with supplemental elements documents	LTSS HEDIS: Comprehensive Care Plan and Updates (LTSS-CPU)	75.5% (2019)	77.5%	93.5% (MY2022)	94.99% (MY2023)	95.70% (MY2024)
NCQA	Increase reassessment after inpatient discharge	LTSS HEDIS: Reassessment/Care Plan Update after Inpatient Discharge (LTSS-RAC)	21.1% (2019)	23.1%	51.2% (MY2022)	51.98% (MY2023)	63.50% (MY2024)
NCQA	Develop reassessment/care plan updates after inpatient discharge	LTSS HEDIS: Reassessment/Care Plan Update after Inpatient Discharge (LTSS-RAC)	16.6% (2019)	18.6%	46.8% (MY2022)	48.53% (MY2023)	57.99% (MY2024)

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 4: Improve positive outcomes for members with LTSS needs							
NCQA	Develop shared care plans with PCP	Shared Care Plan with Primary Care Practitioner (PCP) (LTSS-SCP)	53.7% (2019)	55.7%	77.2% (MY2022)	86.11% (MY2023)	90.92% (MY2024)

[1] National Core Indicators (NCI)
[2] Survey question was removed from the tool during 2021–22 and 2022–23.
[3] The metric replaced to align with CMS' HCBS Quality Measure Set; the updated measure was comparable to the existing measure.
[4] Baseline data were not available.
[5] Tennessee encountered multiple obstacles concerning the collection of data for this survey and will be implementing the Personal Outcome Measures (POM) survey in place of the NCI In-Person Survey (NCI-IPS). No data were available for these measures.
[6] National Committee for Quality Assurance (NCQA)

Table 7: Provide Additional Support and Follow-Up for Patients With Behavioral Health Care Needs

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 5: Provide additional support and follow-up for patients with behavioral health care needs							
PQA[1]	Decrease the use of opioids at high dosage in persons without cancer	*Use of Opioids at High Dosage in Persons without Cancer (OHD-AD)*[2]	2.9% (2019)	1.9%	6.5% (MY2021)	5.9% (MY2022)	4.9% (MY2023)
PQA	Decrease the concurrent use of opioids and benzodiazepines	*Concurrent Use of Opioids and Benzodiazepines (COB-AD)*[2]	9.4% (2019)	8.4%	11.8% (MY2021)	12.1% (MY2022)	12.5% (MY2023)
NCQA[3]	Improve follow-up after hospitalization for mental illness (18 years of age and older)	Follow-Up After Hospitalization for Mental Illness: 7-day rate (FUH-AD)	33.5% (2019)	35.5%	36.7% (MY2021)	34.7% (MY2022)	36.8% (MY2023)
NCQA	Improve follow-up after hospitalization for mental illness (18 years of age and older)	Follow-Up After Hospitalization for Mental Illness: 30-day rate (FUH-AD)	55.4% (2019)	57.4%	56.5% (MY2021)	55.8% (MY2022)	56.6% (MY2023)
NCQA	Improve follow-up after hospitalization for mental illness (6–17 years of age)	*Follow-Up After Hospitalization for Mental Illness: 7-Day Rate (FUH-CH)*	51.4% (2019)	53.4%	49.52% (MY2022)	49.82% (MY2023)	51.39% (MY2024)
NCQA	Improve follow-up after hospitalization for mental illness (6–17 years of age)	*Follow-Up After Hospitalization for Mental Illness: 30-Day Rate (FUH-CH)*	73.3% (2019)	75.3%	75.17% (MY2022)	73.80% (MY2023)	73.58% (MY2024)
CMS[4]	Increase the use of pharmacotherapy for OUD	*Use of Pharmacotherapy for OUD: Total Rate (OUD-AD)*	32.4% (2019)	34.4%	54.2% (MY2021)	56.9% (MY2022)	59.8% (MY2023)
CMS	Increase the use of pharmacotherapy for OUD	*Use of Pharmacotherapy for OUD: Buprenorphine (OUD-AD)*	28.0% (2019)	30.0%	43.6% (MY2021)	46.0% (MY2022)	49.1% (MY2023)

[1] Pharmacy Quality Alliance (PQA)
[2] Lower rates indicate better performance.
[3] National Committee for Quality Assurance (NCQA)
[4] Centers for Medicare & Medicaid Services (CMS)

Table 8: Maintain Robust Member Access to Health Care Services

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 6: Maintain robust member access to health care services							
NCQA[1]	Increase adult access to preventive/ambulatory health services	Adults' Access To Preventive/Ambulatory Health Services (20–44 Years Of Age) (AAP)	79.0% (2019)	81.0%	72.19% (MY2022)	74.93% (MY2023)	79.99% (MY2024)
NCQA	Increase adult access to preventive/ambulatory health services	Adults' Access To Preventive/Ambulatory Health Services (45–64 Years Of Age) (AAP)	87.7% (2019)	89.7%	83.85% (MY2022)	84.87% (MY2023)	86.76% (MY2024)
EQRO[2]	Maintain high compliance for adult members	General network access standards	100% (2021)	100%	99.9% (2022)	99.9% (2023)	100% (2024)
EQRO	Maintain high compliance for pediatric members	General network access standards	100% (2021)	100%	NA[3]	NA[3]	NA[3]
EQRO	Maintain high compliance for adult members	Specialty network access standards	100% (2021)	100%	100% (2022)	100% (2023)	100% (2024)
EQRO	Maintain high compliance for pediatric members	Specialty network access standards	100% (2021)	100%	NA[3]	NA[3]	NA[3]
EQRO	Maintain high compliance for adult members	Behavioral health network access standards	100% (2021)	100%	100% (2022)	100% (2023)	99.9% (2024)
EQRO	Maintain high compliance for pediatric members	Behavioral health network access standards	100% (2021)	100%	NA[3]	NA[3]	NA[3]
EQRO	Maintain high compliance for adult members	General dental network access standards	100% (2021)	100%	99.9% (2022)	99.9% (2023)	99.9% (2024)
EQRO	Maintain high compliance for pediatric members	General dental network access standards	100% (2021)	100%	NA[3]	NA[3]	NA[3]

Measure Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
Goal 6: Maintain robust member access to health care services							
EQRO	Maintain high compliance for Employment and Community First (ECF) CHOICES members	General dental network access standards	99.9% (2021)	100%	99.9% (2022)	99.9% (2023)	100% (2024)
EQRO	Maintain high compliance for adult members	Pharmacy network access standards	100% (2021)	100%	100% (2022)	100% (2023)	99.9% (2024)
EQRO	Maintain high compliance for pediatric members	Pharmacy network access standards	100% (2021)	100%	NA[3]	NA[3]	NA[3]
EQRO	Maintain high compliance for CHOICES HCBS members	LTSS network access standards	100% (2021)	100%	99.8% (2022)	99.9% (2023)	99.9% (2024)
EQRO	Maintain high compliance for ECF CHOICES members	LTSS network access standards	99.8% (2021)	100%	100% (2022)	100% (2023)	100% (2024)

[1] National Committee for Quality Assurance (NCQA)
[2] External Quality Review Organization (EQRO)—HSAG's reports
[3] The 2021 rate reflected information from the CoverKids Annual Network Adequacy Report. TennCare merged the information for CoverKids into the general Medicaid population report in 2022. Separate rates for the CoverKids population were not available after 2021.

Table 10: Managed Long-Term Services and Supports (MLTSS) Compliance Measurement Goals

Measure Number/ Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
1. TennCare	Maintain the percentage of CHOICES Group 2 members who are offered a choice between institutional services and Home and Community-Based Services (HCBS)	Choice between institutional and HCBS services	100% (2020–21)	100%	95% (2021–22)	99% (2022–23)	99% (2023–24)
2. TennCare	Ensure CHOICES, Employment and Community First CHOICES, and Katie Beckett Part A[1] members will have a level of care determination indicating the need for institutional services or being "At-Risk" for institutional placement, as applicable, prior to enrollment in CHOICES, Employment and Community First CHOICES, or Katie Beckett, as applicable, and receipt of Medicaid-reimbursed HCBS	Correct Level of Care Determinations	100% (2020–21)	100%	100% (2022)	100% (2023)	100% (2024)
3. TennCare	Ensure CHOICES Groups 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A members have a PCSP that clearly identifies the member's needs, preferences and timed and measurable goals, along with services and supports that are consistent with	Person-Centered Support Plans	99.2% (2020–21)	100%	99.7% (2021–22)	93% (2022–23)	94% (2023–24)

Measure Number/ Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
	the member's needs, preferences, and goals						
4. TennCare	Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A members have a PCSP that meets requirements specified by the CRA and/or in TennCare protocol	Person-Centered Support Plans	98.0% (2020–21)	100%	98% (2021–22)	95% (2022–23)	97% (2023–24)
5. TennCare	Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A member records document that the member (or their family member/ authorized representative, as applicable) received education/ information at least annually regarding how to identify and report abuse, neglect and exploitation	Annual information concerning abuse, neglect, and exploitation	100% (2020–21)	100%	99% (2021–22)	88% (2022–23)	91% (2023–24)
6. TennCare	Ensure CHOICES Groups 2 and 3, Employment and Community First CHOICES, and Katie Beckett Reportable Event records will indicate the incident/event was reported within timeframes specified in the CRA	Reporting of incidents	100% (2020–21)	100%	N/A[2]	N/A[2]	N/A[2]

Measure Number/ Steward	Objective Description	Quality Measure	Statewide Baseline Rate/Date	Statewide 2025 Performance Target	Three-Year Rates and Dates		
					Year 1	Year 2	Year 3
7. TennCare	Ensure CHOICES Group 2 and 3, Employment and Community First CHOICES, and Katie Beckett Part A member records in which HCBS were denied, reduced, suspended, or terminated as evidenced in the PCSP as applicable document that the member was informed of and afforded the right to request a Fair Hearing as determined by the presence of a notice of action. 100% remediation of all individual findings is expected; compliance percentage at or below 85% requires a quality improvement plan	Fair Hearing rights included in Notice of Action documents	100% (2020–21)	100%	99% (2021–22)	99% (2022–23)	99% (2023–24)

[1] The Katie Beckett Part A population was not included in the MRR for 2021; however, it was included in successive years.
[2] In 2022, the implementation of the new One REM System fundamentally changed how reportable events are submitted. Previously, this quality measure was evaluated through an audit of whether MCOs reported events to DDA in a timely manner, as required by the CRA. Under the new system, however, providers report events directly to DDA, with no MCO involvement. As a result, data on timely reporting is no longer comparable to previous years, as the measure would be evaluating something very different. The existing baseline and performance targets are therefore no longer valid, and this metric will need to be redefined in the future to align with CMS's new Access Rule requirements.

Appendix B. HEDIS Rates in the TennCare Quality Strategy

HEDIS Measure	MY 2024 Rate	HEDIS Benchmark Percentile (MY 2024)
PPC: Prenatal Care (all ages)	80.40%	25th–49th Percentile
W30: Well-Child Visits in the First15 Months of Life	70.09%	75th–89th Percentile
WCV: Child and Adolescent Well-Care Visits—3–11 Years	66.97%	50th–74th Percentile
WCV: Child and Adolescent Well-Care Visits—12–17 Years	56.17%	50th–74th Percentile
WCV: Child and Adolescent Well-Care Visits—18–21 Years	31.89%	25th–49th Percentile
WCV: Child and Adolescent Well-Care Visits—Total	59.33%	50th–74th Percentile
CBP: *Controlling High Blood Pressure*	70.59%	50th–74th Percentile
CCS: Cervical Cancer Screening	56.20%	25th–49th Percentile
W30: Well-Child Visits in the First 30 Months of Life—15–30 Months	76.82%	50th–74th Percentile
WCC—BMI: Weight Assessment and Counseling for Nutrition and Physical Activity for Children—Adolescents 3–11 Years	84.07%	25th–49th Percentile
WCC—BMI: Weight Assessment and Counseling for Nutrition and Physical Activity for Children—Adolescents 12–17 Years	79.89%	25th–49th Percentile
WCC—BMI: Weight Assessment and Counseling for Nutrition and Physical Activity for Children—Total	82.43%	25th–49th Percentile
CIS: Childhood Immunization Status—Combination 10	27.48%	25th–49th Percentile
IMA: Immunizations for Adolescents—Combination 2	34.79%	25th–49th Percentile

HEDIS Measure	MY 2024 Rate	HEDIS Benchmark Percentile (MY 2024)
BCS-E: Breast Cancer Screening (Electronic Data)	51.46%	25th–49th Percentile
AMR: Asthma Medication Ratio—Total	69.24%	50th–74th Percentile
BPD: Blood Pressure Control for Patients with Diabetes	72.50%	50th–74th Percentile
EED: Eye Exam for Patients with Diabetes	55.27%	25th–49th Percentile
KED: Kidney Health Evaluation for Patients with Diabetes—Total	40.02%	25th–49th Percentile
LTSS-CAU: Long-Term Services and Supports Comprehensive Assessment and Update—Core Elements	96.19%	50th–74th Percentile
LTSS-CAU: Long-Term Services and Supports Comprehensive Assessment and Update—Supplemental Elements	95.86%	50th–74th Percentile
LTSS-CPU: Long-Term Services and Supports Care Plan—Core Elements	95.78%	50th–74th Percentile
LTSS-CPU: Long-Term Services and Supports Care Plan—Supplemental Elements	95.70%	50th–74th Percentile
LTSS-RAC: Long-Term Services and Supports Reassessment After Inpatient Discharge	63.50%	50th–74th Percentile
LTSS-RAC: Long-Term Services and Supports Reassessment and Care Plan Update After Inpatient Discharge	57.99%	50th–74th Percentile
LTSS-SCP: Shared Care Plan With PCP	90.92%	75th–89th Percentile
FUH—7-Day Follow-Up: Follow-Up After Hospitalization for Mental Illness—6–17 Yrs	51.39%	50th–74th Percentile
FUH—30-Day Follow-Up: Follow-Up After Hospitalization for Mental Illness—6–17 Years	73.58%	50th–74th Percentile

HEDIS Measure	MY 2024 Rate	HEDIS Benchmark Percentile (MY 2024)
AAP: Adults' Access to Preventive/Ambulatory Health Services—20–44 Years	79.99%	50th–74th Percentile
AAP: Adults' Access to Preventive/Ambulatory Health Services—45–64 Years	86.76%	50th–74th Percentile