



Section 8

QUALITY MEASUREMENT AND IMPROVEMENT

Quality measurement and improvement are important components of both Medicaid and the Children's Health Insurance Program (CHIP). State Medicaid and CHIP programs are increasingly interested in developing value-based purchasing strategies to ensure that beneficiaries receive high-quality services at reasonable cost. Both programs offer opportunities for collaboration with Title V around quality improvement for children with special health care needs (CSHCN).

Medicaid State Plan Reporting Requirements

State Medicaid agencies are required to report annually on the delivery of Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services. The annual report provides basic information on the number of children (by age and Medicaid eligibility category) who receive medical and dental screens and the number referred for diagnostic or treatment services. (The Centers for Medicare and Medicaid Services offer more general information about EPSDT on their website: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html>). The federal benchmark for developmental screening of children who receive Medicaid benefits is 80%.⁵² Although there are some criticisms about this reporting system, these data are important for determining if children are routinely screened and whether children identified receive appropriate follow-up.

Each state is also required to list the quality measures it is using and how they will be measured in the CHIP state plan and to report on these measures annually to the U.S. Department of Health and Human Services (HHS).⁵³ States must report data regarding access to primary and specialty services, access to networks of care, and care coordination using quality care and satisfaction measures from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.⁵⁴

Quality Assessment Requirements for Managed Care

In addition, states with Medicaid managed care programs that contract with managed care organizations (MCOs) are required to put provisions in the MCO contracts to assess the quality and appropriateness of care and services furnished by the MCOs. One such procedure is the requirement to evaluate care provided

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⁵²Kaye, N. and May, J. (2010, February). *State Innovations in EPSDT*. National Academy for State Health Policy. Feb. 2010. Retrieved Oct. 1, 2011 from <http://mchlibrary.info/IAA/resources/StateInnovations.pdf>

⁵³Social Security Act, Section 2107.

⁵⁴Social Security Act, Section 2108(e)(4).

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to children and adults with special health care needs. When an MCO is paid on a per-member-per-month (PMPM) basis for each enrollee, both Medicaid and CHIP are required to engage an independent External Quality Review Organization (EQRO) to evaluate the quality, timeliness, and access to care furnished by the MCO.⁵⁵

One of the ways that EQROs evaluate the quality of care is through Performance Improvement Projects (PIPs).⁵⁶ PIPs are a structured process to identify an issue, collect data about the topic, and then make improvements. State expenditures for these activities are eligible for enhanced federal matching funds. States can choose their own PIP topics and several states have focused PIPs on issues of relevance for CSHCN, such as measuring and improving coordination between mental health and medical providers (Utah) and coordination of care with community-based services (Oregon).

Child Health Care Quality Measures

Under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the federal government is required to develop a set of child health care quality measures for voluntary use by states in both Medicaid and CHIP. HHS published a set of 24 initial core measures in 5 areas:

- Prevention and health promotion;
- Management of acute conditions;
- Management of chronic conditions;
- Family experience of care;
- Availability of care.

Some of the measures include screening for developmental delays, immunizations, weight assessment and nutritional counseling, dental care, emergency department visits, central-line associated blood stream infections, follow-up care after a hospitalization for mental illness, and more. The core measures were identified by the Agency for Healthcare Research and Quality (AHRQ) and can be found at <http://www.ahrq.gov/chipra/corebackground/corebacktab.htm>.

In addition to the 24 core measures that states are encouraged to report to CMS, CHIPRA requires CHIP programs to report annually on consumer satisfaction measures. Many states use AHRQ's Consumer Assessment of Healthcare Providers and Systems (CAHPS) Child Medicaid Survey to measure consumer satisfaction. By December 31, 2013, all CHIP programs will be required to submit CAHPS data. Medicaid reporting of CAHPS data is voluntary.⁵⁷ It

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⁵⁵Social Security Act, Sections 1932(c)(2) and 2103(f); see 42 Code of Federal Regulations Part 438, Subparts D - E.

⁵⁶42 Code of Federal Regulations Section 438.240(b)(1).

⁵⁷U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services (CMS). (2011, Feb. 14). *CHIPRA Quality Measures*. [Letter to State Health Officials from Cindy Mann: SHO # 11-001 CHIPRA #20]. Retrieved Jan. 6, 2012 from <https://www.cms.gov/smdl/downloads/SHO11001.pdf>

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is important to note that CAHPS has a set of questions for assessing satisfaction with care for children with chronic conditions that includes a five-item screener to identify children with chronic conditions.⁵⁸

Where Are the Opportunities for Title V Programs?

Medicaid, CHIP, and Title V can collaborate on quality and performance measurement. For example:

- Title V programs can collaborate with their CHIP and Medicaid counterparts in interpreting children's health quality data across all programs and potentially for all children.
- Title V programs can monitor the screening ratios tracked by Medicaid programs and collaborate on strategies to reach the 80% screening benchmark.
- Title V programs can also analyze service utilization data for children with special health care needs enrolled in Medicaid and CHIP to better inform care delivery and contracting. (<http://www.hrsa.gov/epsdt/titlev.htm#strategy>).

- Title V programs can collaborate with their Medicaid and CHIP counterparts to develop PIPs on quality measures that particularly impact CSHCN.
- Title V programs can work with their Medicaid and CHIP programs or Managed Care Organizations to train primary care providers in caring for CSHCN. For example, Georgetown University's Bright Future's program worked with both Medicaid and Title V programs in training primary care health professionals and Connecticut's Title V and Medicaid programs worked with the Yale Center for CSHCN to train pediatric residents in care of children with chronic illness and disabilities.
- Title V programs can collaborate with Medicaid programs on how the state's targeted case management and EPSDT services are structured to improve care coordination for CSHCN.

⁵⁸<http://www.cahps.ahrq.gov/Surveys-Guidance/Item-Sets/Children-with-Chronic-Conditions.aspx>

This document is part of *Public Insurance Programs and Children with Special Health Care Needs: A Tutorial on the Basics of Medicaid and the Children's Health Insurance Program (CHIP)*, available in its entirety at <http://hdwg.org/catalyst/medicaid-tutorial>

Is this tutorial helpful to you? Please take our survey at <https://www.surveymonkey.com/s/MedicaidCHIPTutorialSurvey>

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IMPROVING FINANCING OF CARE
for Children & Youth
WITH SPECIAL HEALTH CARE NEEDS

NATIONAL ACADEMY
for STATE HEALTH POLICY

Test your knowledge

1. EQRO stands for:
 - a. External Queries about Readmissions and Operations
 - b. External Quality Review Organization
 - c. Egalitarian Quagmires for Reviewing Organizations
 - d. Extent and Quality of Results in Operations
2. Under CHIPRA, Congress directed CMS to establish core pediatric quality measures for:
 - a. Medicaid and CHIP
 - b. Just Medicaid
 - c. Just CHIP
 - d. Medicaid, CHIP, and the Health Insurance Exchange
3. What is the EQRO's role in Medicaid and CHIP?
 - a. States may hire an EQRO to review the performance of the Medicaid state agency.
 - b. States must hire an EQRO to evaluate quality, timeliness, and access to health services in the Medicaid fee-for-service system.
 - c. States must hire an EQRO to evaluate quality, timeliness, and access to health services in state PCCM systems.
 - d. States must hire an EQRO to evaluate quality, timeliness, and access to health services in comprehensive Medicaid and CHIP managed care systems.



Find Out in Your State

1. What data on service utilization and outcomes does your agency have for children with special health care needs who are enrolled in Medicaid or CHIP?
2. If your state Medicaid program operates under a managed care environment, who is the contracted EQRO? Does or will CHIP use the same EQRO?
3. What pediatric quality measurement and reporting is required from providers or plans by your state Medicaid agency?
4. What kind of training is provided in your states for primary care providers who care for CSHCN? Who provides this training?
5. What is your state's EPSDT screening rate?

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