



Medicaid Adult Quality Measurement



*2016 National
Ryan White
Conference on HIV
Care and
Treatment*

*Josh Hardy
8/26/2016*

Background

Annual Secretary's Reports on the Quality of Care in Medicaid/Children's Health Insurance Program (CHIP)

- Children's Health Insurance Program Reauthorization Act (CHIPRA) & the Affordable Care Act (ACA) require the Health and Human Services (HHS) Secretary to make publicly available:
 - State-specific information on Medicaid/CHIP Child and Adult Core Set measures
 - Information gathered from external quality reviews (EQRs) of managed care organizations (MCOs)
- Information must be made publicly available annually by September 30

Child and Adult Core Sets: In Different Stages of Maturity

- Child Core Set:
 - Initial Core Set released in 2011
 - Recently completed 6th year of reporting
- Adult Core Set:
 - Initial Core Set released in 2012
 - CMS launched two-year grant program in December 2012 to support Medicaid agencies in testing the collection and reporting of the Core Set
 - Recently completed 3rd year of voluntary reporting
- Core Sets must be updated annually

CMS Goals for Measurement and Reporting

- Increase or maintain the number of states reporting Core Set measures
- Maintain or increase the number of measures reported by each state
- Improve the quality of the data reported (completeness, accuracy)
- Streamline data collection and reporting processes
- Support states to drive improvements in health care quality by using Core Set data

2015 Annual Secretary's Reports



The Department of Health and Human Services

2015 Annual Report on the Quality of Care for Adults in Medicaid



The Department of Health and Human Services

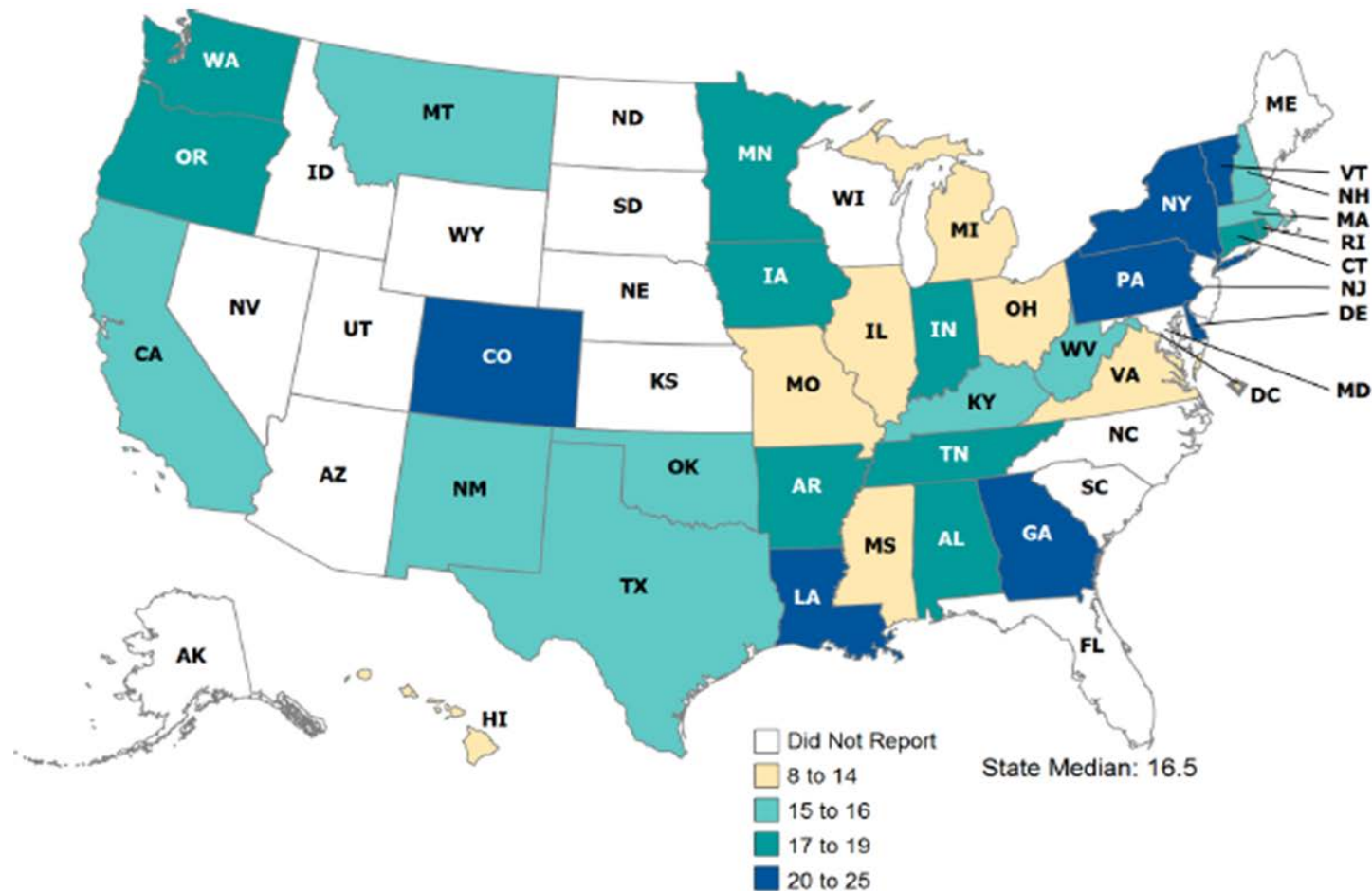
2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP



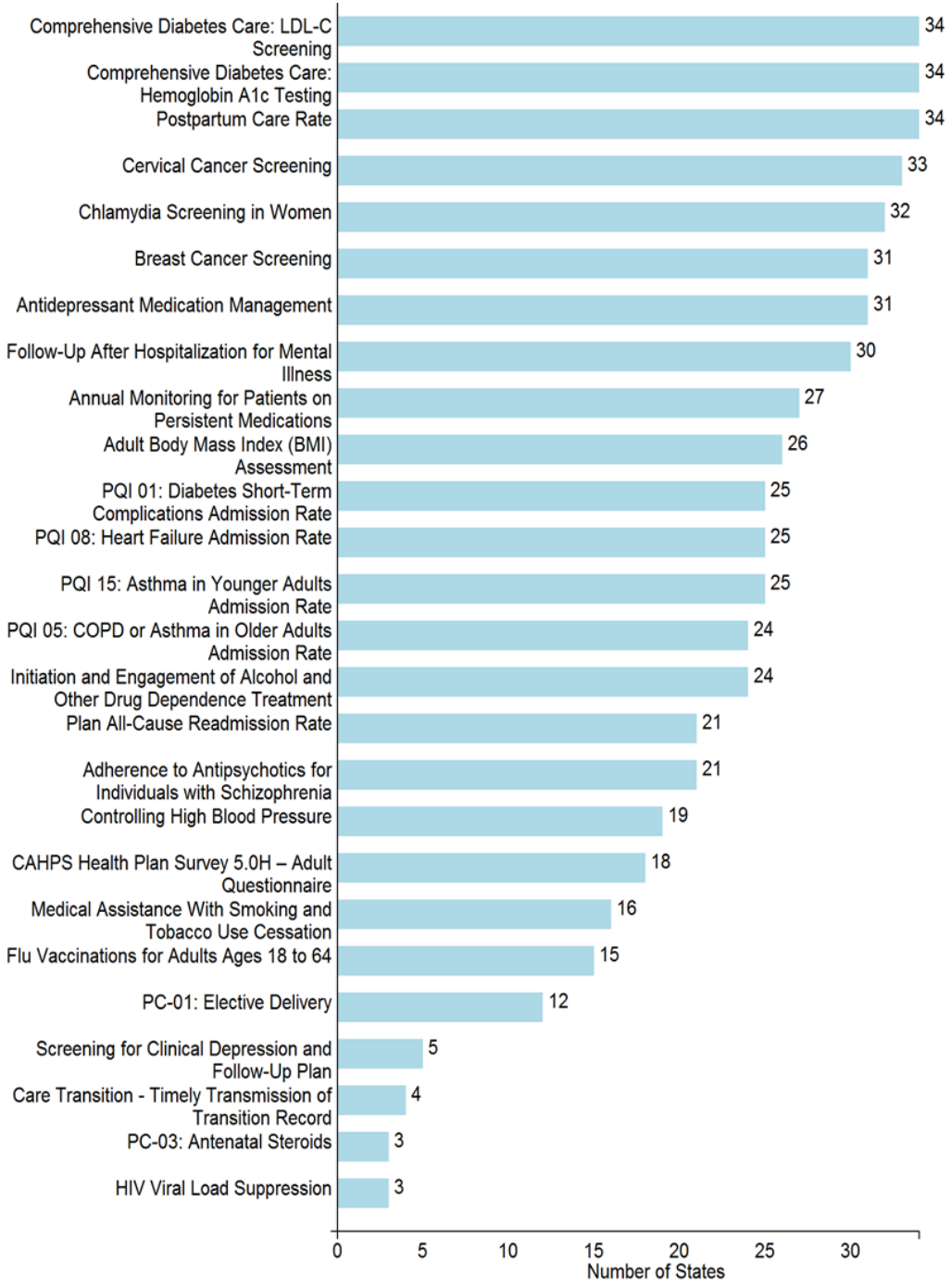
Health and Human Services Secretary
Sylvia Mathews Burwell
February 2016

- The 2015 Secretary's Reports present an update on the quality of health care furnished to Medicaid/CHIP enrollees, as well as information gathered from the external quality reviews of managed care organizations. CMS gathers this information by :
 - Reviewing findings on the Core Sets
 - Summarizing information on managed care quality from External Quality Review (EQR) Technical Reports
- Domain-specific reports present detailed analysis of state performance on Core Set measures reported by at least 25 states.
- Reports are available on Medicaid.gov.
 - Related Resources:
 - Overview of Core Set Measures, FFY 2014
 - Performance on Core Set Measures, FFY 2014
 - Findings from EQR Technical Reports, 2013-2014 Reporting Cycle

Geographic Variation in State Reporting of Adult Core Set Measures – FFY 2014



Source: Mathematica analysis of FFY 2014 CARTS reports



Number of States Reporting the Adult Core Set Measures FFY 2014

Sources: Mathematica analysis of FFY 2014 CARTS reports.

Notes: The term “states” includes the 50 states and the District of Columbia.

External Quality Reviews

- 41 states currently contract with managed care plans to deliver services to Medicaid and CHIP enrollees
- States that contract with managed care organizations (MCO) or prepaid inpatient health plans (PIHP) must contract with a qualified external quality review organization (EQRO) to produce an annual technical report to assess the quality, timeliness, and access to care provided by each MCO and PIHP
- 38 states submitted EQR technical reports to CMS for the 2014–2015 reporting cycle
 - Per regulation, the EQR technical report is a public document, available upon request to all interested parties

2016 Adult Core Set

- **Preventive Care**
 - Cervical Cancer Screening (CCS)
 - Chlamydia Screening in Women (CHL)
 - Flu Vaccinations for Adults Age 18 and Older (FVA)
 - Screening for Clinical Depression and Follow-Up Plan (CDF)
 - Breast Cancer Screening (BCS)
 - Adult Body Mass Index Assessment (ABA)
- **Maternal and Perinatal Health**
 - PC-01: Elective Delivery (PC01)
 - PC-03: Antenatal Steroids (PC03)
 - Prenatal & Postpartum Care: Postpartum Care Rate (PPC)
- **Behavioral Health and Substance Use**
 - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)
 - Medical Assistance with Smoking and Tobacco Use Cessation (MSC)
 - Antidepressant Medication Management (AMM)
 - Follow-Up After Hospitalization for Mental Illness (FUH)
 - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*
 - Adherence to Antipsychotics for Individuals with Schizophrenia (SAA)
 - Use of Opioids at High Dosage (OHD)*
- **Care of Acute and Chronic Conditions**
 - Controlling High Blood Pressure (CBP)
 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C)
 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC)
 - PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01)
 - PQI 08: Heart Failure Admission Rate (PQI08)
 - PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05)
 - PQI 15: Asthma in Younger Adults Admission Rate (PQI15)
 - Plan All-Cause Readmissions (PCR)
 - HIV Viral Load Suppression (HVL)
 - Annual Monitoring for Patients on Persistent Medications (MPM)
- **Care Coordination**
 - Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (CTR)
- **Experience of Care**
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0 (Medicaid) (CPA)₉