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 a reasonable cost. Both programs offer opportunities for collaboration with Title V programs around quality improvement for children and youth with special health care needs (CYSHCN).

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 (see Section 12). This annual report provides basic information about the number of children and youth (by age and Medicaid eligibility category) who receive medical and dental screens and the number referred for diagnostic or treatment services. (More information about EPSDT is available at https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html.)

The federal benchmark for EPSDT participation rates—calculated as the percentage of enrolled children and youth who are eligible for child and adolescent screenings who receive initial or periodic screening—is 80%.¹ These data are important for determining whether children and youth are routinely screened and receive appropriate follow-up.

For CHIP, each state must list in its CHIP state plan the quality measures it will use and its data collection methodology, and must report on these measures annually to the U.S. Department of Health and Human Services (HHS).² States must report data on access to primary and specialty services, access to networks of care, and care coordination, using quality care and satisfaction measures

1. Centers for Medicare & Medicaid Services. The State Medicaid Manual. Chapter 5, Early and Periodic Screening. Retrieved May 12, 2021, from <u>https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927</u>. States must file CMS Form 416, in which states report the number of individuals eligible for EPSDT, the state periodicity schedule for childhood screenings, total screens received, and other data. The form may be downloaded at <u>https://www.cms.gov/Medicare/CMS-Forms/CMS</u>

2. Social Security Act, §2107. https://www.ssa.gov/OP_Home/ssact/title21/2107.htm



States with **Medicaid** managed care programs

that contract with managed care organizations (MCOs) must include provisions in the MCO contracts that require assessment of the quality and appropriateness of the care and services furnished by the MCOs. from the Agency for Health Care Research and Quality's Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.³

QUALITY ASSESSMENT REQUIREMENTS FOR MANAGED CARE

In addition, states with Medicaid managed care programs that contract with managed care organizations (MCOs) must include provisions in MCO contracts that require assessment of the quality and appropriateness of the care and services furnished by the MCOs. One such procedure is the requirement to evaluate care provided to children, youth, 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 contract with an independent External Quality Review Organization (EQRO) to evaluate the quality, timeliness, and access to care provided by the MCO.¹

One of the ways that EQROs evaluate quality of care is through Performance Improvement Projects (PIPs).² To complete a PIP, states follow a structured process to identify an issue, collect data about it, and make improvements. State expenditures for these activities are eligible for enhanced federal matching funds. States can choose their own PIP topics; several states have focused PIPs on issues relevant to CYSHCN, such as measuring and improving coordination between mental health and medical providers (Utah) and coordinating care with community-based services (Oregon).

CHILDREN'S HEALTH CARE QUALITY MEASURES

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) required the federal government to develop a set of quality measures of child health care for voluntary use by states in both Medicaid and CHIP. In 2009, HHS published a set of 24 initial core measures encompassing both physical and mental health. The Centers for Medicare & Medicaid Services releases an updated set of core measures annually.³ The 2023–2024 core set includes quality measures in six domains:

- Primary care access and preventive care
- Maternal and perinatal health
- Care of acute and chronic conditions
- Behavioral health care
- Dental and oral health services
- Experience of care



Under a 2018 federal law, state reporting of the Child Core Set of measures is mandatory starting in federal fiscal year 2024.

3. Social Security Act, §2108(e)(4). <u>https://www.ssa.gov/OP_Home/ssact/title21/2108.htm</u>

Current core measures include:

- Screening for developmental delays,
- Immunizations,
- Weight assessment,
- Nutritional and physical activity counseling,
- Preventive dental care,
- Emergency department visits, and
- Follow-up care after a hospitalization for mental illness.

The full core set of measures can be found at <u>https://</u> <u>www.medicaid.gov/medicaid/quality-of-care/</u> <u>downloads/2023-child-core-set.pdf</u>. Section 50102(b) of the Bipartisan Budget Act of 2018 makes state reporting of the Core Set of Children's Health Care Quality measures mandatory starting in fiscal year (FY) 2024.

CHIPRA requires CHIP programs to report annually on consumer satisfaction measures. Many states use the CAHPS Child Medicaid Survey to measure consumer satisfaction. Since December 31, 2013, all CHIP programs have been required to submit CAHPS data. Medicaid reporting of CAHPS data is voluntary.⁴ CAHPS has a set of questions for assessing satisfaction with care for children and youth with chronic conditions that includes a five-item screener to identify them.⁵

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 health quality data for children and youth across all programs and potentially for all children and youth.
- Monitor the screening ratios tracked by Medicaid programs and collaborate with their state Medicaid program on strategies to reach the 80% screening benchmark.
- Analyze service utilization data for CYSHCN enrolled in Medicaid and CHIP to better inform care delivery and contracting.
- Work with their states' Medicaid and CHIP programs or MCOs to train primary care providers in caring for CYSHCN. For example, Georgetown University's Bright Futures program worked with both Medicaid and Title V programs to train primary care health professionals; Connecticut's Title V and Medicaid programs worked with the Yale Center for CYSHCN to train pediatric residents in the care of children and youth with chronic illness and disabilities. See more examples of how Title V and Medicaid programs are working together to ensure children and youth receive EPSDT at <u>https://ciswh.org/project/the-catalystcenter/financing-strategy/epsdt/</u>.
- Collaborate with Medicaid programs on how the state's targeted case management and EPSDT services are structured in order to improve care coordination for CYSHCN.
- Collaborate with their Medicaid and CHIP counterparts to develop PIPs on quality measures that particularly affect CYSHCN.

^{4.} Centers for Medicare & Medicaid Services (CMS). (2011, Feb. 14). *CHIPRA Quality Measures*. [Letter to State Health Officials from Cindy Mann: SHO # 11-001 CHIPRA #20]. Retrieved May 12, 2021, from <u>https://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-002.pdf</u>

^{5.} Agency for Health Care Research and Quality. CAHPS Item Set for Children with Chronic Conditions. Retrieved May 12, 2021, from <u>https://cahps.ahrq.gov/</u> surveys-guidance/item-sets/children-chronic/index.html

🐔 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 State Health Insurance Marketplace (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?

🞗 ANSWER KEY

1. b 2. a 3. d

This document is part of Medicaid and CHIP: A Tutorial on Coverage for Children and Youth with Special Health Care Needs (CYSHCN). The document is available in its entirety at https://ciswh.org/resources/Medicaid-CHIP-tutorial

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