

Understanding the New Quality Initiatives in CHIPRA

In addition to extending the CHIP program, the CHIP reauthorization bill signed into law on February 4, 2009 (known as CHIPRA) includes a number of important program and financing changes affecting Medicaid as well as CHIP.¹ Among these are a set of quality provisions that aim to help develop child-specific quality measures and improve the quality of care delivered to children through Medicaid, CHIP, and private health insurers. This brief provides an overview of these new quality initiatives.

What Happened Before CHIPRA?

Many states have been heavily engaged in quality measurement activities. In 2009, almost 90 percent of Medicaid programs and 100 percent of CHIP programs report using Healthcare Effectiveness Data and Information Set (HEDIS) access and effectiveness measures related to child health.² In addition, 83 percent of Medicaid programs report augmenting national measures with state-specific measures in priority areas (e.g., dental care). In contrast, only 18 percent of CHIP programs reported using additional state measures.³

Before CHIPRA, however, there was little federal coordination of quality measurement. Inconsistent data collected and reported by states make comparisons across states or over time difficult. CHIP's voluntary reporting program has allowed states to report on seven basic access and quality measures since 2002, but no state has reported on all seven.

What Changes Does CHIPRA Make?

CHIPRA's quality provisions seek to provide states the help they need to create high-quality systems of care for children in Medicaid and CHIP, beginning with the measurement of core quality information. CHIPRA assures that states will receive assistance on child health quality from the federal Department of Health and Human Services (HHS) over the next few years and into the future. The law also provides most states with an enhanced federal match for quality reporting activities—the federal reimbursement for such activities will equal the state's Medicaid match rate for services, rather than the 50 percent reimbursement rate used for administrative expenses, such as reporting.

States can expect a number of new quality initiatives under the law as well as new quality reporting standards, some voluntary and others mandatory. The new initiatives led by HHS will include the development of a core set of quality measures for Medicaid and CHIP as well as the establishment of an ongoing Pediatric Quality Measures Program, demonstration grants on child health quality generally and childhood obesity and electronic health records for children specifically, and a number of required studies. These are described in more detail below.

1. Measuring and Reporting Quality

CHIPRA encourages states to improve their measurement of children's health care access and quality in two major ways. First, the law provides for the development of a core set of children's health quality measures for voluntary use by Medicaid and CHIP programs, and the health plans and providers they contract with. To the extent that it is put to use, a consistent core set of measures will allow meaningful comparisons across states and over time. Second, CHIPRA requires states to report quality information to HHS. While it encourages their use, the law does not require that states use the core set of measures in their reporting.

Development and Reporting of Quality Measures

Importantly, the CHIPRA legislation specifies that the core set of quality measures will include elements that assess both the quality of care and access to care. The legislation states explicitly that the new measure set will include measures of the availability of preventive and acute services and the extent of insurance coverage as well as assessments of the quality of care that is delivered. Thus, stability of coverage is viewed as an aspect of quality.

Under the legislation, HHS is directed to publish for comment an initial set of core measures by January 1, 2010 (described below). HHS will develop a standardized format that states can use to voluntarily report on the final measures by February 4, 2011. Further, HHS will provide technical assistance to states in adopting and using the core set of measures in their Medicaid and CHIP programs.

CHIPRA ensures that the core set will undergo ongoing development by requiring HHS to establish a Pediatric Quality Measures Program. The program, to be in place by January 1, 2011, will be charged with improving and expanding the core set of quality measures—the law requires HHS to publish annual updates to the measures starting in January, 2013.

Initial Core Set of Quality Measures

As required under CHIPRA, in December 2009 the Agency for Healthcare Research and Quality under HHS published for comment an initial core set of children's health quality measures.⁴ The proposed measures include those involving:

- Prevention and health promotion, including measures regarding perinatal/prenatal care, immunizations, and receipt of required screenings, well-child care, and dental care.
- Management of acute conditions, including upper respiratory conditions and appropriate use of antibiotics, dental care, emergency department utilization, and specified serious safety events in hospitals.
- Management of chronic conditions, including asthma, attention deficit hyperactivity disorder (ADHD), mental health, and diabetes.
- Family experiences of care, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures for children with chronic conditions and questions for practitioners
- Availability of care, including annual dental visit and access to primary care practitioners by age and service received.

CHIP Annual Reports

State reporting on the core set of measures is strongly encouraged, but voluntary. CHIPRA, however, does mandate reporting on outreach and enrollment outcomes, by adding new elements to the required annual reports under CHIP. The new elements focus on eligibility, enrollment, and access to care in states' CHIP programs and include:

- Eligibility criteria, enrollment, and retention;
- The extent of simplification measures such as 12-month continuous coverage, paperless income verification, and presumptive eligibility;
- Denials and redeterminations;
- Access to care and coordination of care;
- Specified details of any state premium assistance program; and
- State efforts to reduce the number of uncovered children, such as through an insurance connector.

CHIPRA directs HHS to develop a standardized reporting format for these data by February of 2010 and states will have three years to begin using the standardized format.

2. Demonstration Grants

CHIPRA seeks to help states improve child health quality by providing funds for two demonstration grant projects and a new program on electronic health records for children. The Secretary of HHS is directed to award grants for child health quality in Medicaid and CHIP and on childhood obesity, while the department must develop an internal program to demonstrate a model electronic health record for children.

Child Health Quality Grant Project

The Medicaid and CHIP grant project provides for up to 10 grants to states and child health providers to demonstrate improvements in child health quality, including new quality measures, health information technology use, provider-based models to improve delivery, or model electronic health records. Not more than one grant may be awarded to a single state and grants are to be distributed evenly between urban and rural states. Twenty million dollars are available for these grants.

Childhood Obesity Demonstration Grants

The purpose of the childhood obesity demonstration grants is to develop an effective model for reducing obesity among children. HHS will determine which entities are eligible for the grants, but the law specifies that grantees will be required to carry out activities that are community-based and operate through schools, the local health delivery system, and community health workers. HHS is directed to award at least one grant by February 2011, which will help determine whether there is a need for other programs similar to those funded under the grant program. Twenty-five million dollars will be available for these demonstration grants through 2013.

Model Electronic Health Records

CHIPRA further directs HHS to develop a program to encourage the use of electronic health records for children in Medicaid and CHIP. Five million dollars per year is appropriated to this program to create a model system of electronic health records that is interoperable and compatible with other systems and that will allow parents and caregivers to assess the appropriateness and quality of care.

3. Quality and Access Studies

CHIPRA requires two studies of the quality of and access to care for children. It directs the Institute of Medicine to study and report to Congress on the extent and quality of efforts to measure child health status and the quality of health care for children. The law further directs the Government Accountability Office to study children's access to primary and specialty services under Medicaid and CHIP and to make recommendations on changes to federal and state legislation to improve access.

What Are The Choices For States?

States must decide how to respond to the requirements and opportunities presented by CHIPRA in the realm of child health quality. First, states must report new data. They must gather the eligibility, enrollment, and access information necessary for the expanded annual reports in CHIP. As described, a standardized reporting form is scheduled to be available by early 2010 for reporting these data and states will have three reporting periods to come into compliance. In addition to meeting the requirements of CHIPRA, these data can help states increase the efficiency of their CHIP programs by providing important clues to potential enrollment and retention problems.

States have greater discretion in their quality measurement reports. They must decide whether to report on pediatric quality measures and if so, whether to use the core set of measures published by HHS or another set of measures. Like the enrollment data, quality measures can be an important tool for improving the care that children receive, not only through CHIP but from all sources in a state.

Finally, states must decide whether to apply for child health quality grants and, if HHS determines that states are eligible entities, for childhood obesity demonstration grants.

¹ Public Law 111-3, the Children's Health Insurance Program Reauthorization Act (CHIPRA)

² For more information on HEDIS see: <http://www.ncqa.org/tabid/59/Default.aspx>.

³ Smith V, Edwards J, Reagan E, Roberts D. Medicaid and CHIP Strategies for improving Child Health Health Management Associates June 2009.

⁴ See: <http://www.ahrq.gov/chip/corebackgrnd.htm>.

Where Can I Find More Information?

- The provisions in CHIPRA related to quality measures can be found in Title IV of the [CHIPRA legislation](#).
- HHS Agency for Healthcare Research and Quality's website includes information on their activities related to the CHIPRA's provisions: <http://www.ahrq.gov/chip/chipraact.htm>.
- A summary of CHIPRA and related resources are available at Georgetown Center for Children and Families website: <http://ccf.georgetown.edu/index/chip-law>.
- Research and policy analysis on quality initiatives are available at the Child Policy Research Center website: <http://www.cincinnatichildrens.org/cprc>.

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