



# Getting Back to Basics: Covering 46 Million Children and Teens in Medicaid and CHIP



***Anne Marie Costello,  
Director  
Children and Adults  
Health Programs Group  
August 1, 2019***

# Agenda

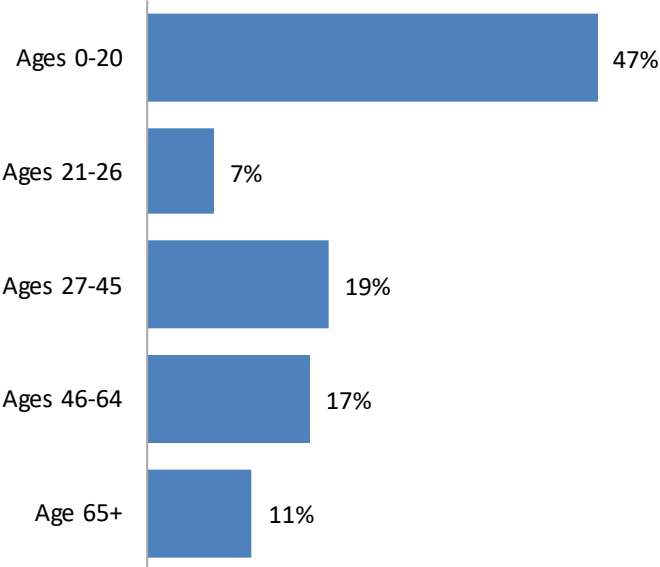
- Children in Medicaid and CHIP
- Measuring Quality of Care for Children in Medicaid and CHIP
- Medicaid and CHIP Scorecard
- Maternal and Infant Health Initiative
- Children's Enrollment Trends
- Our Work Is Not Done
  - Connecting Kids to Coverage
  - National Campaign

# Covering Children in Medicaid and CHIP

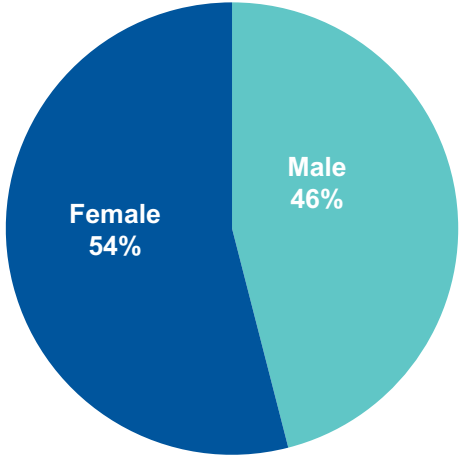
## Medicaid and CHIP Enrollment, April 2019

72,380,727 individuals were enrolled in Medicaid or CHIP  
34,854,343 children were enrolled in Medicaid or CHIP

## Share of Medicaid and CHIP Beneficiaries by Age Group, 2017



## Share of Medicaid and CHIP Beneficiaries by Sex, 2017



Notes: Data come from the American Community Survey and include individuals residing in institutions. An institution is defined as a correctional facility, nursing home, or mental hospital. All age categories include both disabled and non-disabled individuals.

Source: IPUMS USA, University of Minnesota. American Community Survey 2017 sample. Available at: [www.ipums.org](http://www.ipums.org)

Enrollment Data Source, Monthly Medicaid and CHIP Enrollment Report. Available at: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>

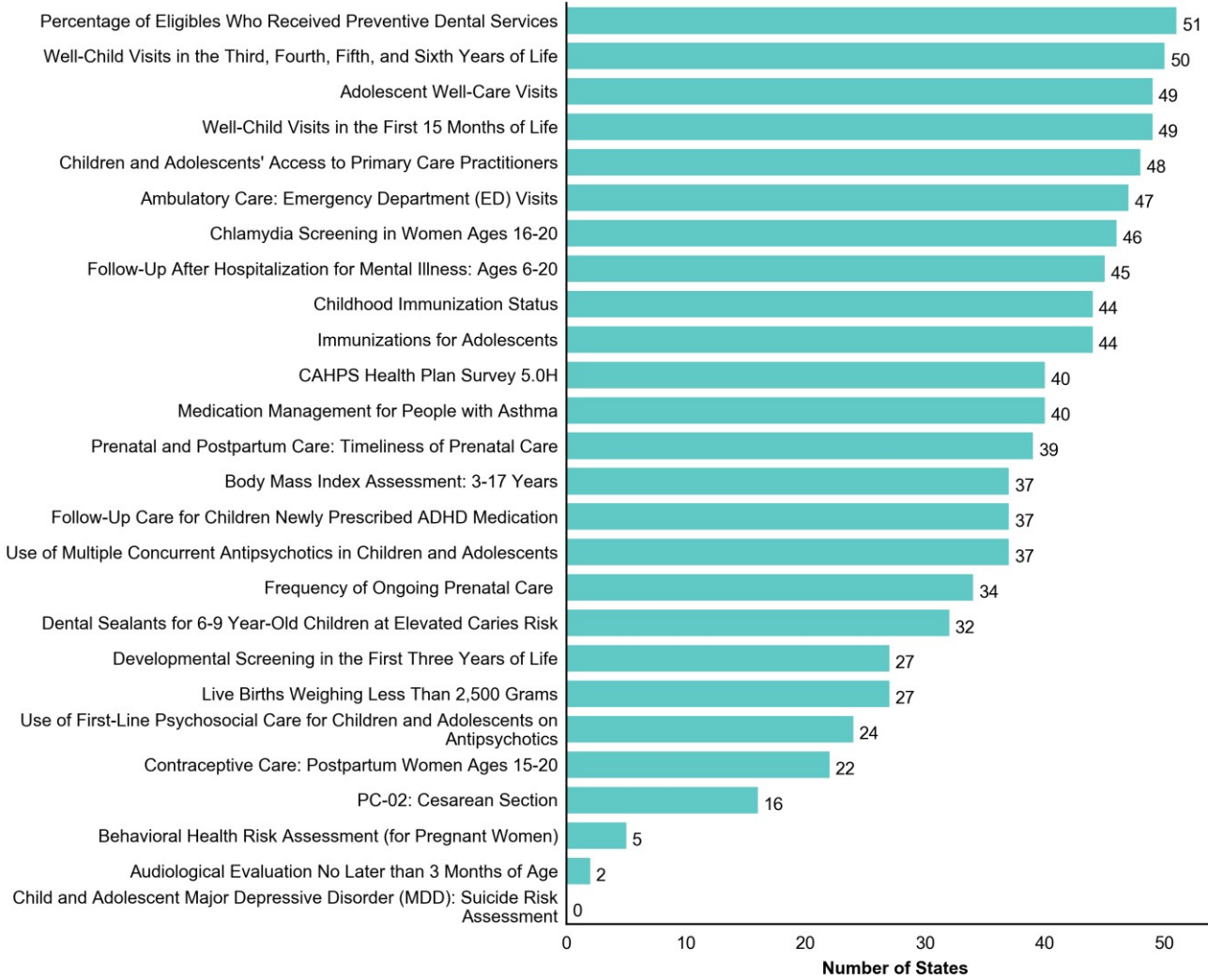
# Children's Health Care Quality Measures

- The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included provisions to strengthen the quality of care provided to and health outcomes of children in Medicaid and the Children's Health Insurance Program (CHIP)
- CHIPRA required the Department of Health and Human Services to identify and publish a core measure set of children's health care quality measures for voluntary use by state Medicaid and CHIP programs
- On December 29, 2009, the Secretary posted an initial Core Set of 24 children's health care quality measures for voluntary use by Medicaid and CHIP programs for public comment in the Federal Register
- States began voluntarily reporting the measures in 2011.
- As part of CHIP reauthorization, the Bipartisan Budget Act requires mandatory reporting in FY 2024

# Measuring Quality of Care and Access

- Ensuring children enrolled in Medicaid and CHIP have access to high-quality care is as essential as ensuring they have coverage
- The Medicaid and CHIP Child Core Set encompasses physical and mental health measures and forms the backbone of the Medicaid and CHIP Quality Measurement and Improvement Program
- A uniform set of core measures makes data-driven insights possible and allows us to understand which strategies are more effective
- States can use the Child Core Set to monitor and drive improvement in the quality of health care provided to Medicaid and CHIP enrollees

# Number of States Reporting the Child Core Set Measures, FFY 2017

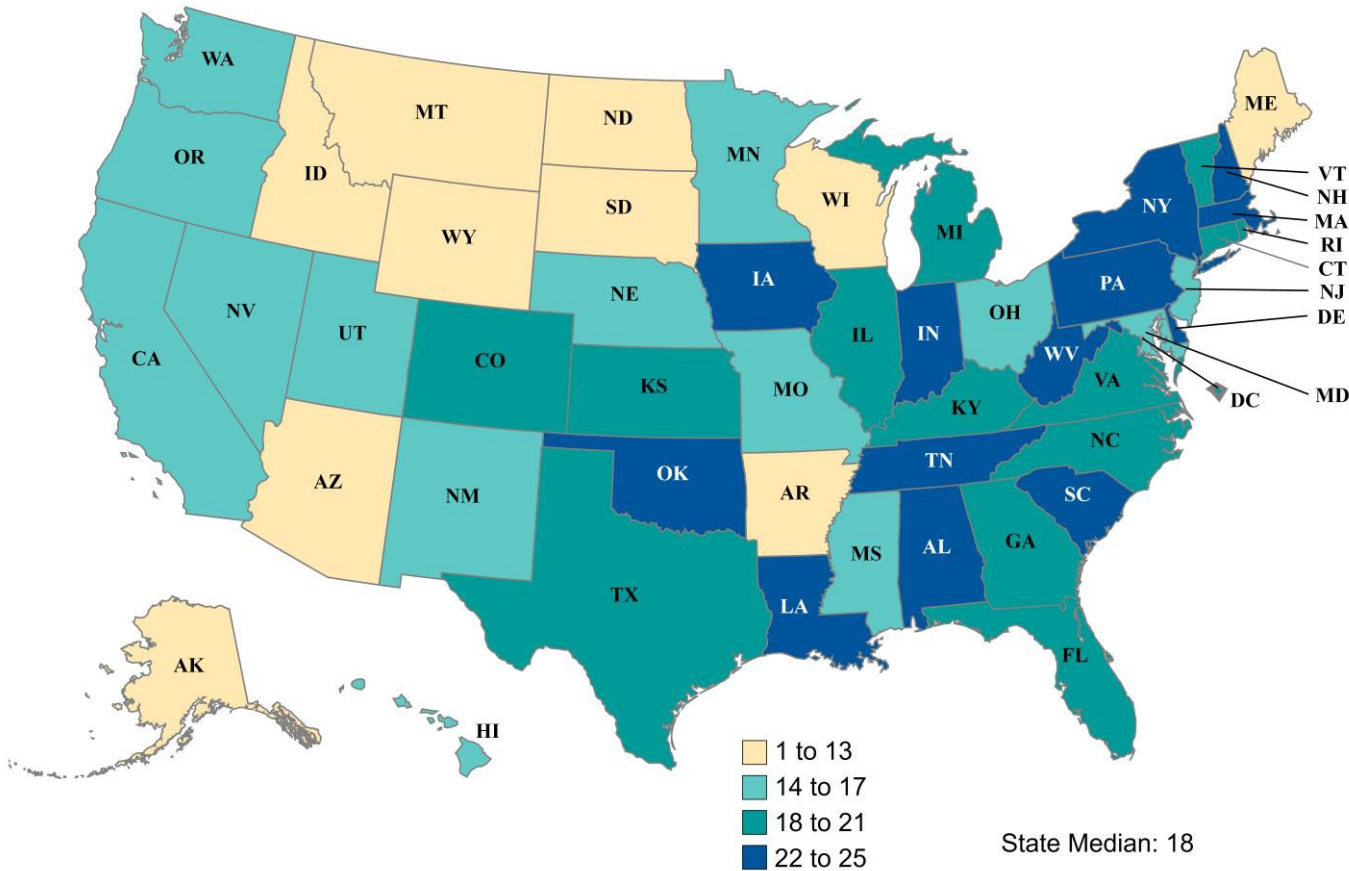


# 51

states voluntarily reported at least one Child Core Set measure for FFY 2017

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2017 reporting cycle.  
 Notes: The term "states" includes the 50 states and the District of Columbia. The 2017 Child Core Set includes 27 measures. This chart excludes the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network.

# Geographic Variation in the Number of Child Core Set Measures Reported by States, FFY 2017

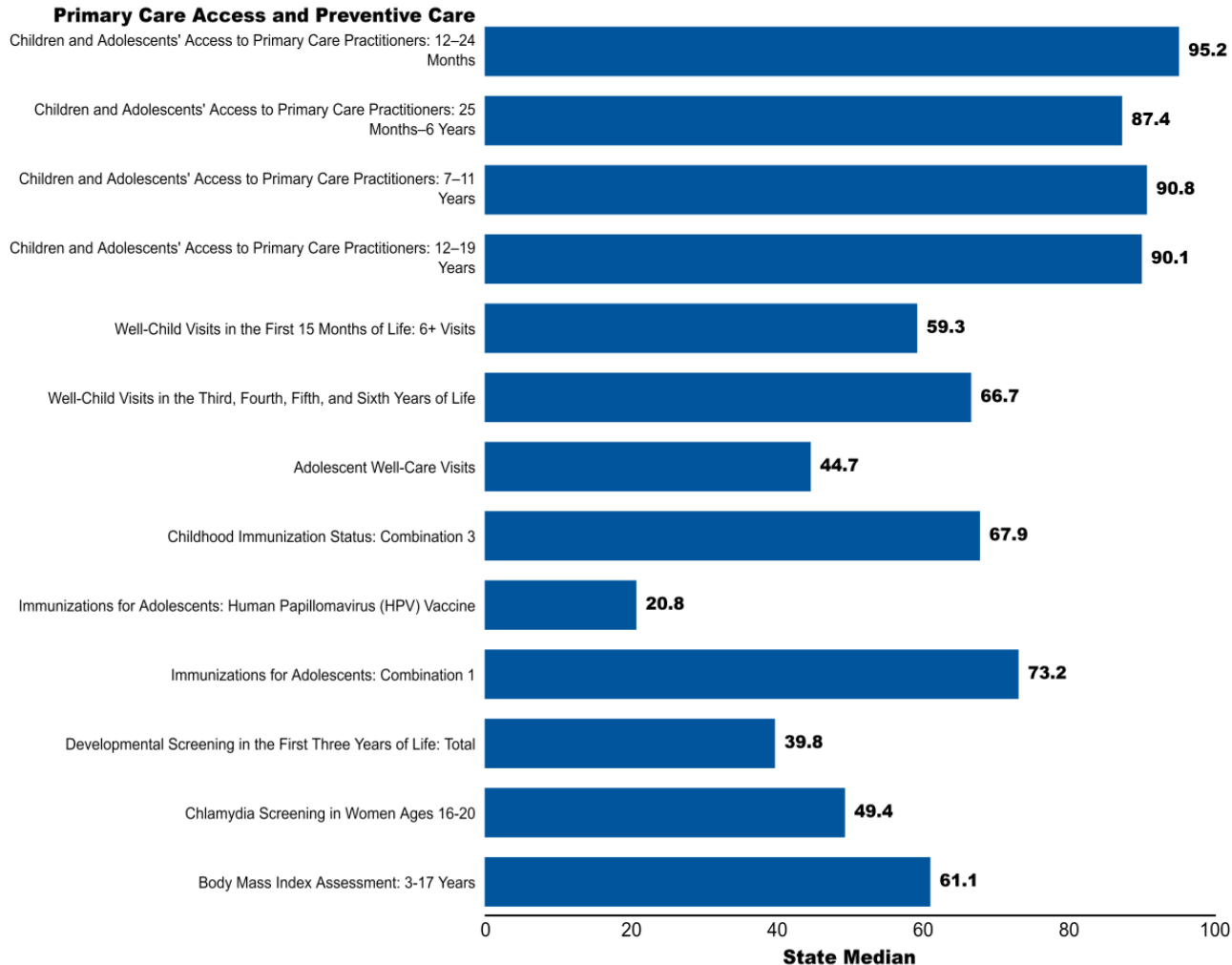


**13** states reported at least 22 Child Core Set measures for FFY 2017

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2017 reporting cycle.

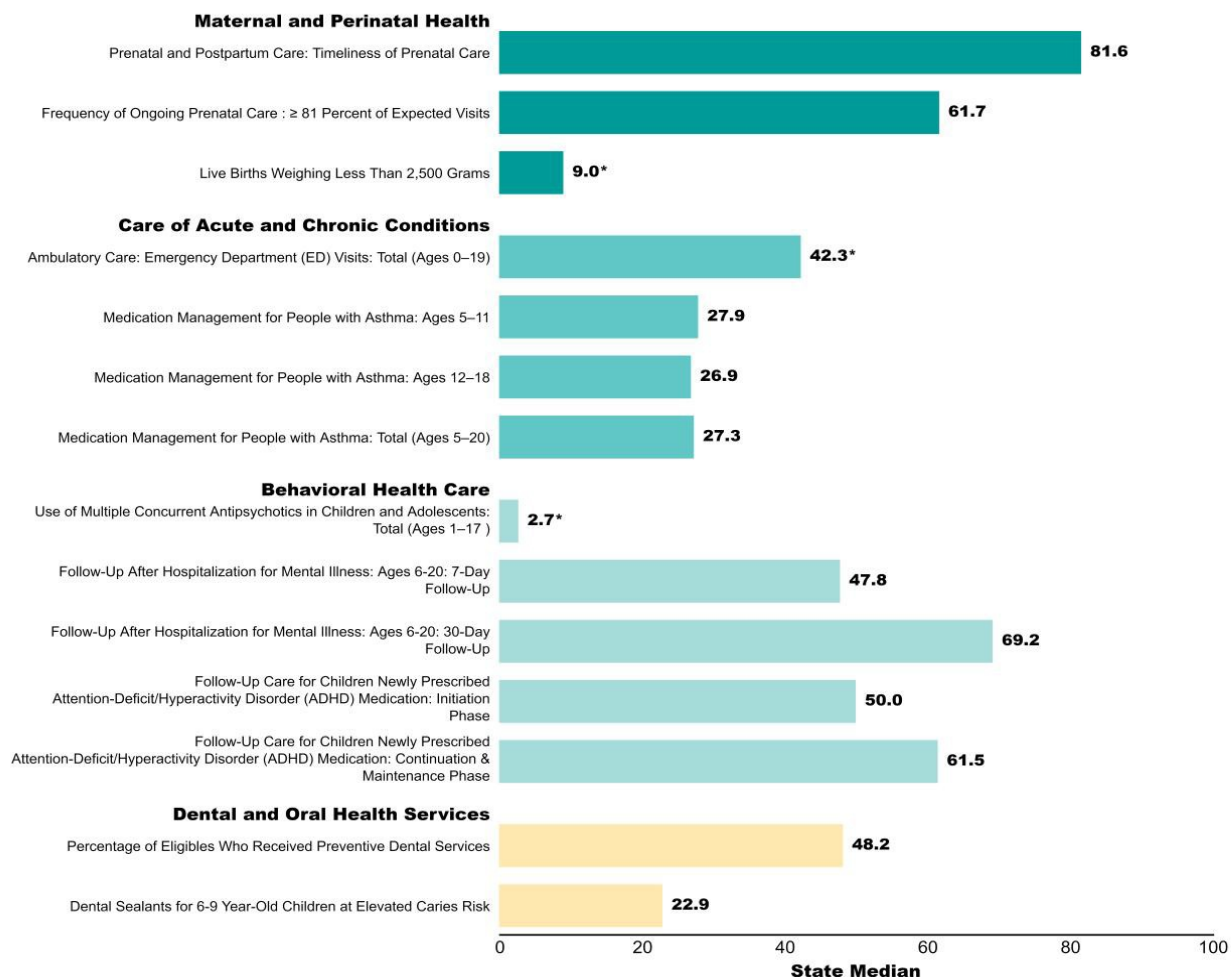
Notes: The term "states" includes the 50 states and the District of Columbia. The 2017 Child Core Set includes 27 measures. This chart excludes the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network.

# Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2017, By Domain





# Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2017, By Domain (continued)



Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2017 reporting cycle.

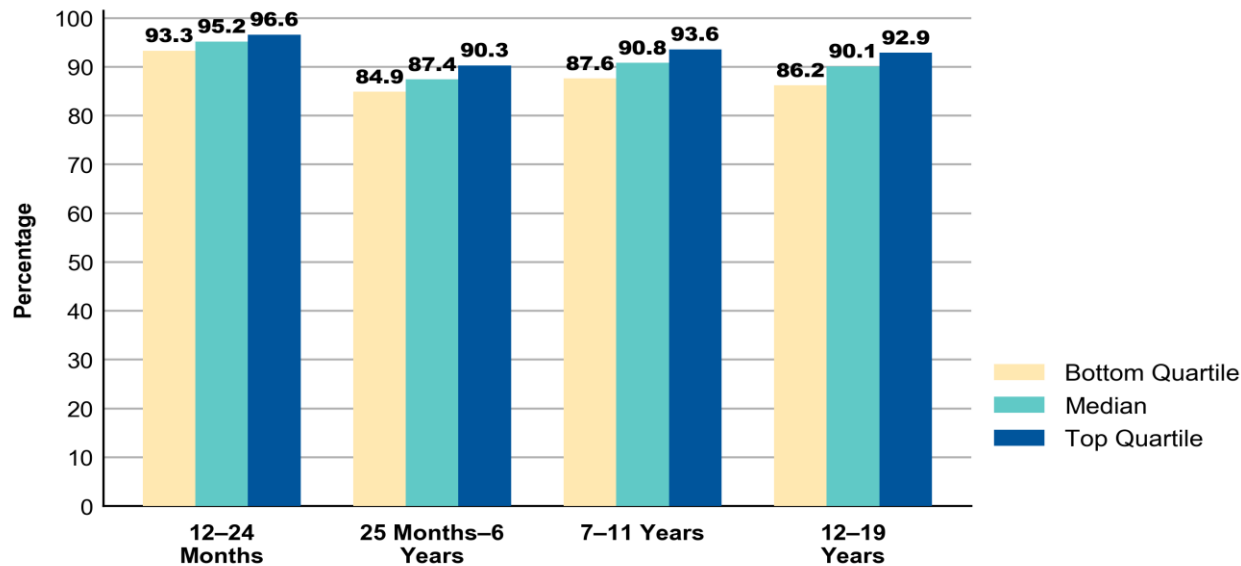
Notes: This chart includes measures that were reported by at least 25 states for FFY 2017 that met CMS standards for quality. Medians are reported as percentages for all 9 measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 enrollee months.

\*Lower rates are better for this measure.

# Children and Adolescents' Access to Primary Care Practitioners

Primary care visits offer the opportunity for routine care, such as determining whether children are up to date with immunizations, measuring height and weight, gathering vital signs, offering age-appropriate counseling, and generally assessing a child's wellbeing. A basic measure of access to primary care practitioners (PCPs) is whether children ages 1 to 6 had a visit in the past year and children ages 7 to 19 had a visit in the past two years.

**Percentage of Children and Adolescents with a PCP Visit in the Past Year (12 to 24 Months and 25 Months to 6 Years) or Past Two Years (7 to 11 Years and 12 to 19 Years), FFY 2017 (n = 48 states)**



The median percentage of children with a visit to a PCP ranged from

**87** percent  
to **95** percent  
among the four age categories for this measure (48 states)

Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of children and adolescents ages 12 months to 19 years who had a visit with a primary care practitioner in the past year (12 to 24 months and 25 months to 6 years) or past two years (7 to 11 years and 12 to 19 years). When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

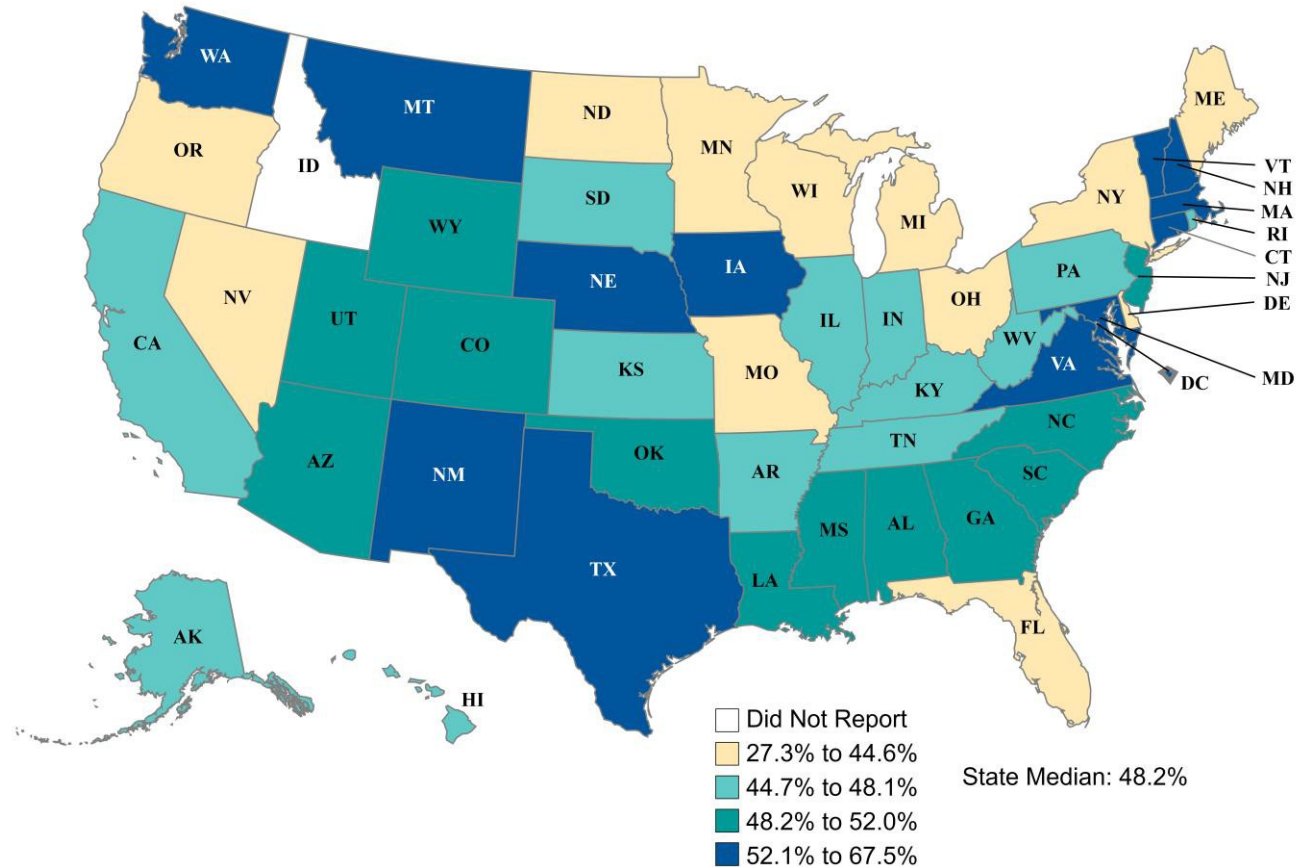
# Percentage of Eligibles Who Received Preventive Dental Services

Geographic Variation in the Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services, FFY 2017 (n = 50 states)

- Tooth decay, or dental caries, is one of the most common chronic diseases of children, and is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services. This measure assesses the percentage of children ages 1 to 20 who received preventive dental services.

**48**

- A median of percent of children ages 1 to 20 received a preventive dental service (50 states)



Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2017 reporting cycle.

This chart excludes Idaho, which reported the measure but did not use Child Core Set specifications.

# Moving Beyond Measurement: The Medicaid and CHIP Quality Improvement Program

The Quality Improvement (QI) Program provides state Medicaid and CHIP agencies and their quality improvement partners with the information, tools, and expert support they need to improve care and health outcomes, as demonstrated by performance on Core Set measures.

- Technical assistance available to help states:
  - Build QI skills, knowledge and capacity
  - Develop QI projects
  - Implement, spread and scale-up QI initiatives
- Modes of technical assistance include:
  - Webinars
  - Affinity Groups and learning communities
  - Individualized coaching



# Transforming Medicaid and CHIP by Promoting Accountability

CMS developed the Scorecard initiative to provide greater public transparency about Medicaid and CHIP program administration and outcomes

Area/Pillar	Description
State Health System Performance	These measures show how states are serving Medicaid and CHIP beneficiaries through all life stages in six domains: <ol style="list-style-type: none"><li>1. Communicating and coordinating care</li><li>2. Reducing harm caused in care delivery</li><li>3. Strengthening person and family engagement</li><li>4. Preventing and treating chronic diseases</li><li>5. Making care affordable</li><li>6. Promoting communities of healthy living</li></ol>
State Administrative Accountability	These measures provide insight on how states administer Medicaid and CHIP in partnership with CMS.
Federal Administrative Accountability	These measures provide insight on how CMS administers Medicaid and CHIP in partnership with the states.

# Medicaid & CHIP Scorecard

- The first version of the Scorecard reports on selected health and program indicators for Medicaid and CHIP beneficiaries across three pillars, as well as descriptive information about the programs and how they operate
- On July 18, CMS released a data refresh reflecting states' progress in increasing their reporting of patients' health outcomes
- The Scorecard will evolve and future iterations will:
  - Retain several measures from year to year to allow for analyses of trends
  - Include new measures to address areas of emphasis in the Medicaid and CHIP programs or to replace current measures as more outcome-focused measures become available



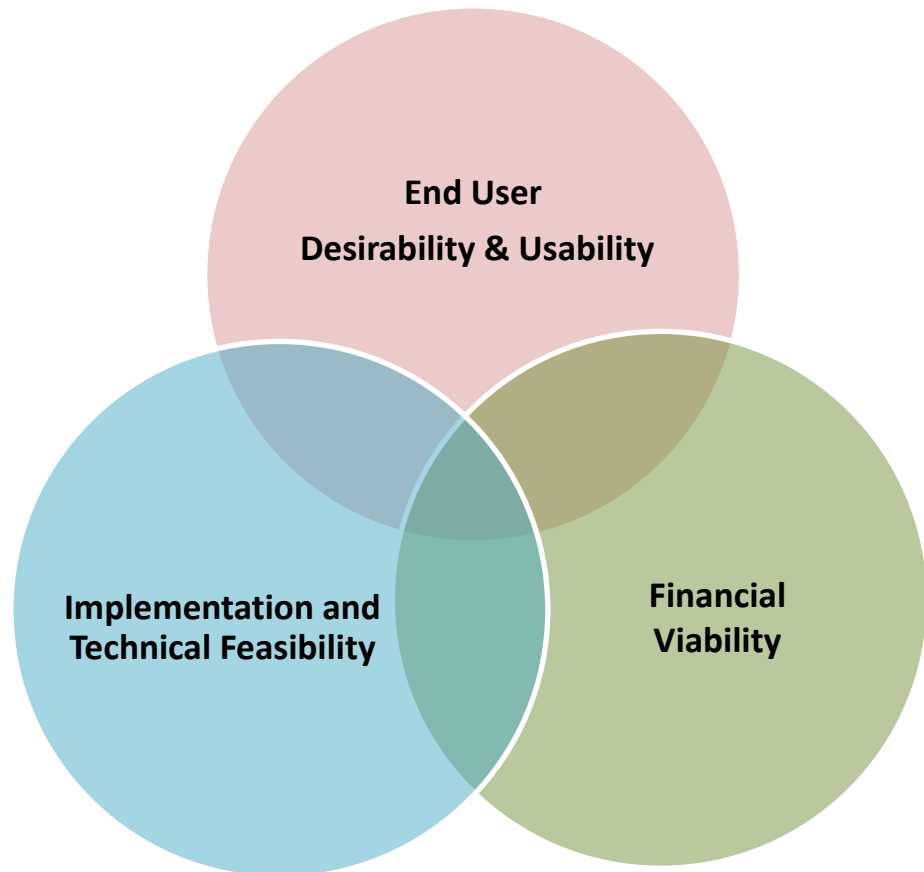
# Medicaid Modified Adjusted Gross Income (MAGI) and CHIP Application Processing Time Brief

- In recent years, states have significantly improved their eligibility, enrollment, and renewal processes for Medicaid and CHIP. These improvements enable states to process Medicaid and CHIP determinations in more accurate, timely, and efficient ways.
- On November 28, 2018, CMS released a brief containing data on the timeliness of states' Medicaid MAGI and CHIP determinations conducted between February and April of 2018.
- Among the 42 states reporting Medicaid MAGI and CHIP application processing time to CMS' specifications:
  - Nearly 50% of all MAGI application determinations in less than 7 days
  - Over 30% of all MAGI application determinations in less than 24 hours

# Developing a Medicaid and CHIP Quality Rating System

## Strategic Approach to the MAC QRS Development

- The 2016 Managed Care Final Rule requires all states contracting with a MCO, PIHP, or PAHP to establish a QRS. The state can adopt the MAC QRS developed by CMS or an alternative quality rating system.
- The 2018 NPRM proposed several changes to QRS.
- The MAC QRS provision applies to CHIP.
- CMS is continuing stakeholder engagement and applying an agile approach to QRS development.





# Maternal and Infant Health Initiative

## Maternal and Infant Health is important to CMS

- Two out of three adult women enrolled in Medicaid are in their reproductive years (ages 19 to 49)<sup>1</sup>
- Medicaid is the largest single payer of pregnancy-related services, financing 43% of all U.S. births in 2016<sup>2</sup>
- Maternal morbidity affects more than 50,000 women each year<sup>3</sup>
- About 700 women die each year as a result of pregnancy or delivery complications<sup>4</sup>
- Over 22,000 infants died in the United States in 2017 or 5.8 deaths per 1,000 live births<sup>5</sup>

### Sources

<sup>1</sup> <https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/>

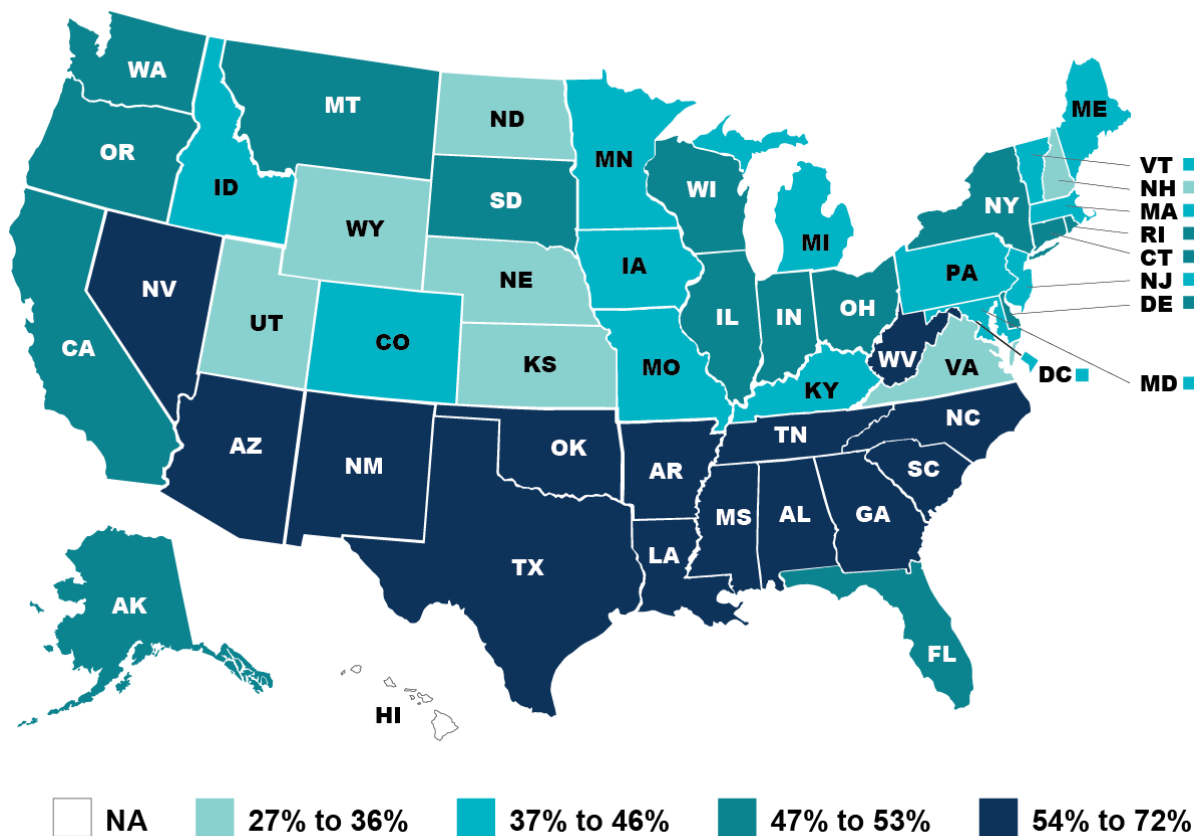
<sup>2</sup> [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_01.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf)

<sup>3</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html#rates>

<sup>4</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

<sup>5</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

# Percentage of Births Covered by Medicaid, by State



Source: <https://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

# Expert Panel on Improving Maternal and Infant Health Outcomes

- An Expert Panel was convened in 2012 to explore program, policy, and reimbursement opportunities that could result in better care, improve birth outcomes, and reduce the cost of care for mothers and infants in Medicaid and CHIP
- Guiding Principles:
  - Provide better maternal and infant care
  - Improve birth outcomes
  - Reduce the cost of care for mothers and infants
- Established a goal of developing strategies to improve outcomes using Medicaid levers and recommended six action areas to focus on for improvement

# MIHI 1.0: The Initiative

- To address the action areas, in July 2014, CMCS created a new initiative to improve maternal and infant health outcomes in collaboration with our partners
- The CMCS maternal and infant health initiative was designed to support state, provider, and beneficiary efforts to achieve improved health outcomes for mothers and infants
- MIHI activities include: webinars, issue briefs, the Postpartum Care Action Learning Series, reducing and measuring unintended pregnancy and Text4Baby pilot

# MIHI 1.0: The Maternity Core Set

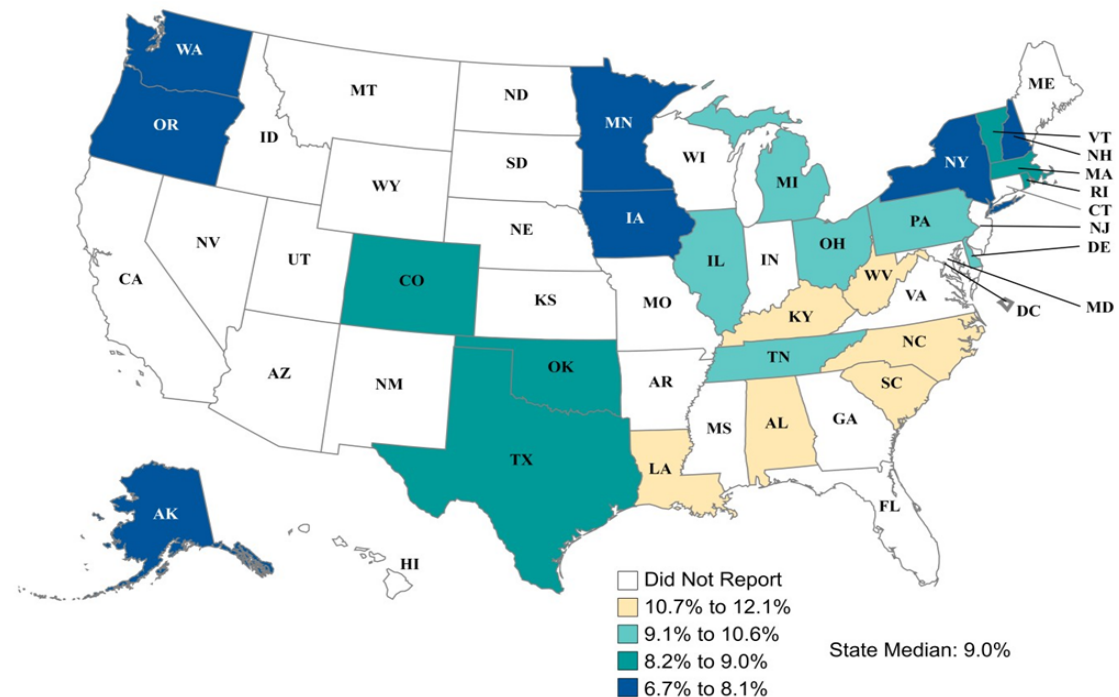
- The Child Core Set and the Adult Core Set include several measures focused on maternal and perinatal health, identified as the Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP (Maternity Core Set)
  - Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)
  - Elective Delivery (PC01-AD)
  - Cesarean Birth (PC02-CH)
  - Audiological Diagnosis No Later than 3 Months of Age (AUD-CH)
  - Live Births Weighing Less than 2,500 Grams (LBW-CH)
  - Well-Child Visits in the First 15 Months of Life (W15-CH)
  - Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
  - Prenatal and Postpartum Care: Postpartum Care (PPC-AD)
  - Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)
  - Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)
  - Contraceptive Care – All Women Ages 15–20 (CCW-CH)
  - Contraceptive Care – All Women Ages 21–44 (CCW-AD)

# MIHI 1.0 Success: New Measures

- The MIHI grant supported the co-design and collection of two contraceptive care measures:
  - Contraceptive Care – All Women (CCW)
  - Contraceptive Care – Postpartum Women (CCP)
- As a result of the grant testing the developmental measures, both measures were added to the Adult and Child Core Sets of Quality Measures in Medicaid and CHIP
- The National Quality Forum (NQF) endorsed both measures

# MIHI 1.0 Success: Public Reporting

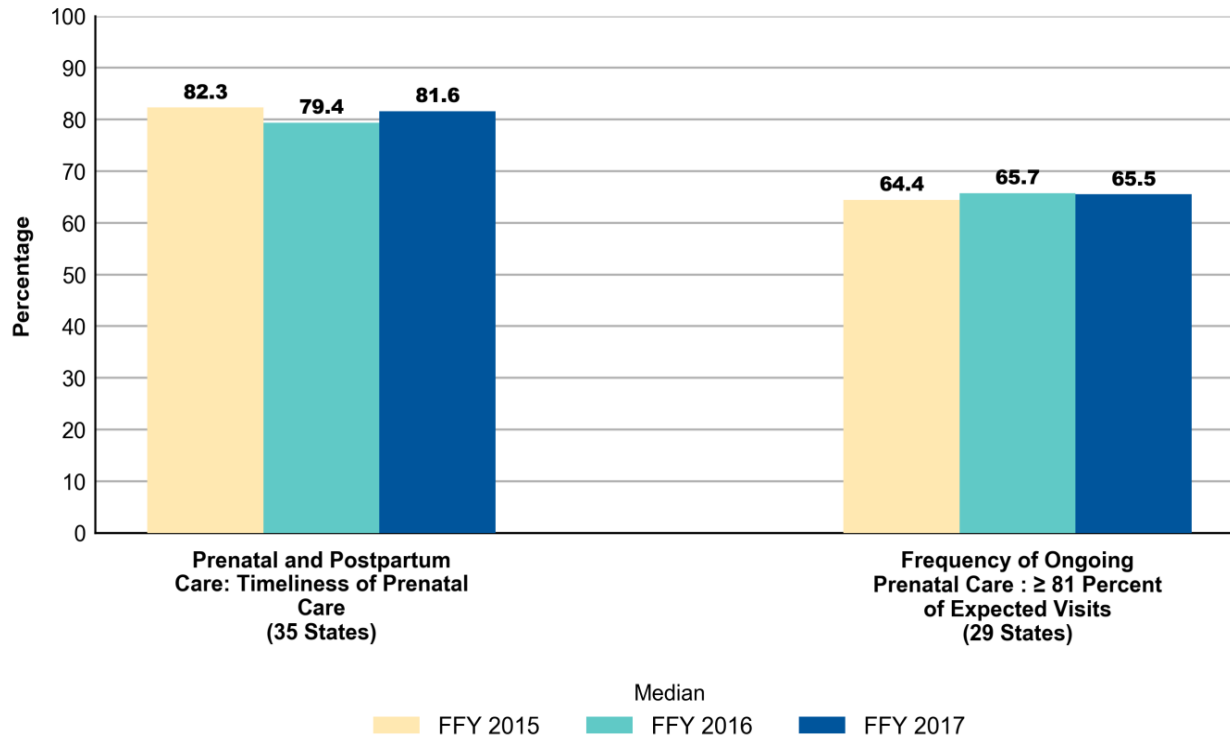
- Low Birth Weight - A median of 9.0 percent of live births financed by Medicaid or CHIP weighed less than 2,500 grams (25 states reporting)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.  
Note: This chart excludes Georgia and Indiana, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

# MIHI 1.0: How Are We Doing?

- Prenatal Care - A median of 62 percent of pregnant women had more than 80 percent of the expected number of prenatal care visits (34 states reporting)



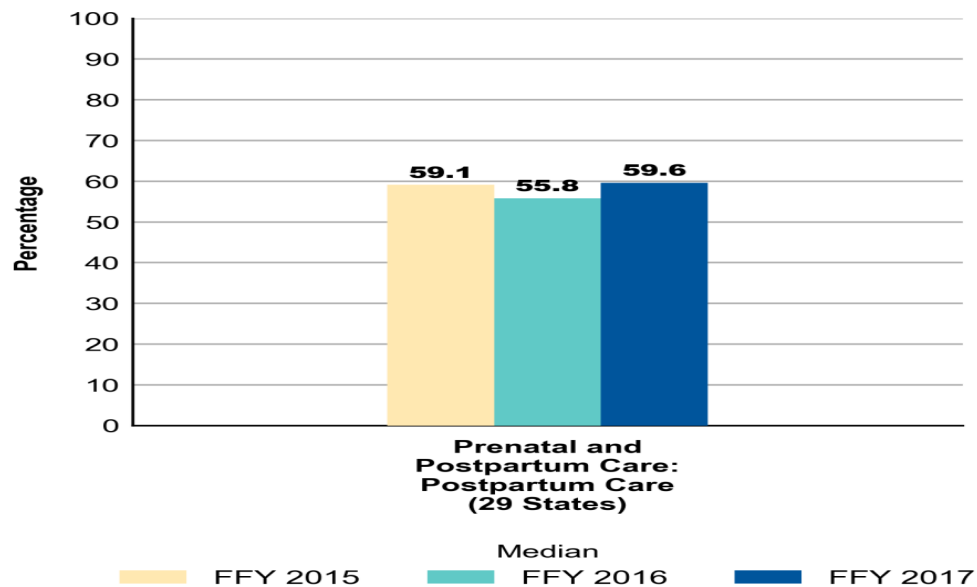
Sources: Mathematica analysis of FFY 2015–2017 MACPro reports.

Notes: This chart includes the states that reported each measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used. Data from previous years may be updated based on new information received after publication of the 2017 Chart Pack.



# MIHI 1.0: How Are We Doing? (continued)

- Postpartum Care - A median of 60 percent of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (39 states reporting)



Sources: Mathematica analysis of FFY 2015–2017 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years.

Data from previous years may be updated based on new information received after publication of the 2017 Chart Pack.

# MIHI 2.0: More Work to be Done!

The Expert Workgroup will:

- Review current data and evidence and build upon the work of MIHI 1.0
- Provide recommendations for action areas at the federal, state, plan, and provider levels
- Develop a national, multi-stakeholder, multi-level strategy to improve health outcomes for women and infants

# Children's Medicaid and CHIP Enrollment in FY 2015 - 2018

	CHIP	Medicaid	Combined CHIP and Medicaid
<b>FY 2015</b>	8,439,933	36,813,533	45,253,466
<b>FY 2016</b>	9,013,687	37,054,967	46,068,654
<b>FY 2017</b>	9,460,160	36,862,057	46,322,217
<b>FY 2018</b>	9,632,367	36,287,063	45,919,430



*Source:* CMS analysis of data submitted to the Statistical Enrollment Data System (SEDS).  
<https://www.medicaid.gov/chip/downloads/fy-2018-childrens-enrollment-report.pdf>

# Children's Enrollment Trends

## Key Findings for FFY 2018 SEDS Reporting:

- Overall children's enrollment in Medicaid and CHIP declined by 485,759 children between FFY 2017 and FFY 2018, a decline of 1 percent
- Children's enrollment in Medicaid declines by 655,332 in FFY 2018 compared to FFY 2017, a decrease of 1.8 percent
- Children's enrollment in CHIP increased by 169,573 children between FFY 2017 and FFY 2018, an increase of 1.8 percent

# Children's Enrollment Trends

- CMS launched a project under our Medicaid & CHIP Coverage Learning Collaborative to better understand the drivers of recent enrollment trends, on both a state-specific and national basis
- CMS is exploring a number of factors, including the impact of an improving economy and declining unemployment, state policy options, state-specific systems and operational issues, data quality & reporting, and shifts in population patterns

# Looking Ahead

## Our Work is Not Done

- Enrolling and retaining eligible children and improving the integrity of the eligibility determination process
- Developing greater understanding of recent enrollment trends
- Focus on quality improvement
- Awarding future cycles of Connecting Kids to Coverage outreach and enrollment grants
- Continuation of National Campaign



# Connecting Kids to Coverage

## Outreach and Enrollment Grants

- Since 2009, CMS has awarded nearly \$210 million to states, providers, and community-based organizations to support the enrollment and retention of eligible children in Medicaid and CHIP
  - On June 19, 2019, CMS announced approximately \$48 million in new funding to 39 organizations across 25 states for outreach and enrollment activities broadly targeting uninsured children eligible for Medicaid and CHIP. The grants are funded for three years starting July 1, 2019
  - Many grantees either are or closely coordinate with Navigators to ensure a holistic approach is taken to provide coverage to all eligible members in the family

# Connecting Kids to Coverage

## Outreach and Enrollment Grants

- On July 17, 2019, CMS announced \$6 million in new funding under the HEALTHY KIDS Act that targets increasing the enrollment and retention of eligible American Indian (AI) and Alaska Native (AN) children in Medicaid and CHIP.
- Grants awarded under this round will fund outreach and enrollment strategies aimed at educating AI/AN families about the availability of Medicaid and CHIP and directly assisting families with the application and renewal process.
- Awards will be in the form of cooperative agreements, ranging in size from \$250,000 to \$750,000 over a three-year period. CMS expects to announce the award recipients by the end of 2019.

### **Important Application Dates**

- August 13, 2019 – 3:00 EST Potential Applicants Teleconference
- August 19, 2019 – Letter of Intent Due
- September 16, 2019 - Applications Due
- December 2019 - Anticipated Awards Announced



# Connecting Kids to Coverage National Campaign

- Raises awareness about Medicaid and CHIP and provides outreach guides and toolkits that can be used to help states, community organizations, schools, health care providers and others organize and conduct successful outreach activities
- Annual Back-to-School Campaign employs outreach strategies to increase the enrollment and retention of eligible children during this critical time of year
  - Radio and television public service announcements
  - Outreach toolkits for partners with templates and graphics
  - Check out [www.insurekidsnow.gov](http://www.insurekidsnow.gov) for resources!

