

MARYLAND DEPARTMENT OF HEALTH

CMS Medicaid & CHIP Scorecard

Presentation to the Maryland Medicaid
Advisory Committee

June 28, 2018

History and Development

Background

Scorecard 1.0

Aim: “Modernize the Medicaid and CHIP program through greater transparency and accountability for the program’s outcomes”

- Concept announced in November 2017 to Medicaid Directors
- Released publicly on June 4, 2018

Scorecard 1.0

- Measure selection: Advisory group of state Medicaid experts, convened by CMS and the National Association of Medicaid Directors (NAMMD)
- Three main sections:
 - 1) State Health System Performance
 - 2) State Administrative Accountability
 - 3) Federal Administrative Accountability

*State Health System Performance,
State Administrative Accountability,
Federal Administrative Accountability*

Scorecard 1.0 Measures

State Health System Performance

- Includes 17 measures across six categories
 - 14 reported by states on a voluntary basis
 - Two populated from CMS national data collection
 - One still under development
- 12 pre-populated from the MACPro Adult and Child Core Set measures
 - 11 publicly-reported measures (CMS, NCQA and AHRQ)
 - One Pharmacy Quality Alliance measure
- Maryland reported on nine of the measures
 - Seven HEDIS measures in MACPro
 - Two CAHPS measures

Scorecard 1.0 Measures

**The
measures
are
divided
into six
categories:**

Promote Effective Communication & Coordination of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Promote Effective Prevention & Treatment of Chronic Diseases

Strengthen Person & Family Engagement as Partners in their Care

Make Care Affordable

Work with Communities to Promote Best Practices of Healthy Living (under development)

Scorecard 1.0 Measures

Promote Effective

Follow-Up After Hospitalization for Mental Illness
(7- and 30-day follow-up): Age 21 & Older

Communication & Coordination of Care

Prenatal and Postpartum Care: Postpartum Care*

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Use of Multiple Concurrent Antipsychotics in
Children & Adolescents: Ages 1-17

Scorecard 1.0 Measures

**Promote
Effective
Prevention &
Treatment of
Chronic
Diseases**

Well-Child Visits in the First 15 Months of Life*

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life:
Ages 3-6*

Adolescent Well-Care Visits: Ages 12-21*

Immunizations for Adolescents: Age 13*

Percentage of Eligibles Who Received Preventive Dental Services:
Ages 1-20*

Use of Opioids at High Dosage in Persons Without Cancer

Initiation & Engagement of Alcohol & Other Drug Dependence
Treatment: Age 18 & Older

Controlling High Blood Pressure: Ages 18-85*

Scorecard 1.0 Measures

Strengthen Person & Family Engagement as Partners in their Care

Getting Care Quickly*

Getting Needed Care*

Make Care Affordable

Diabetes Short-Term Complications Admission Rate

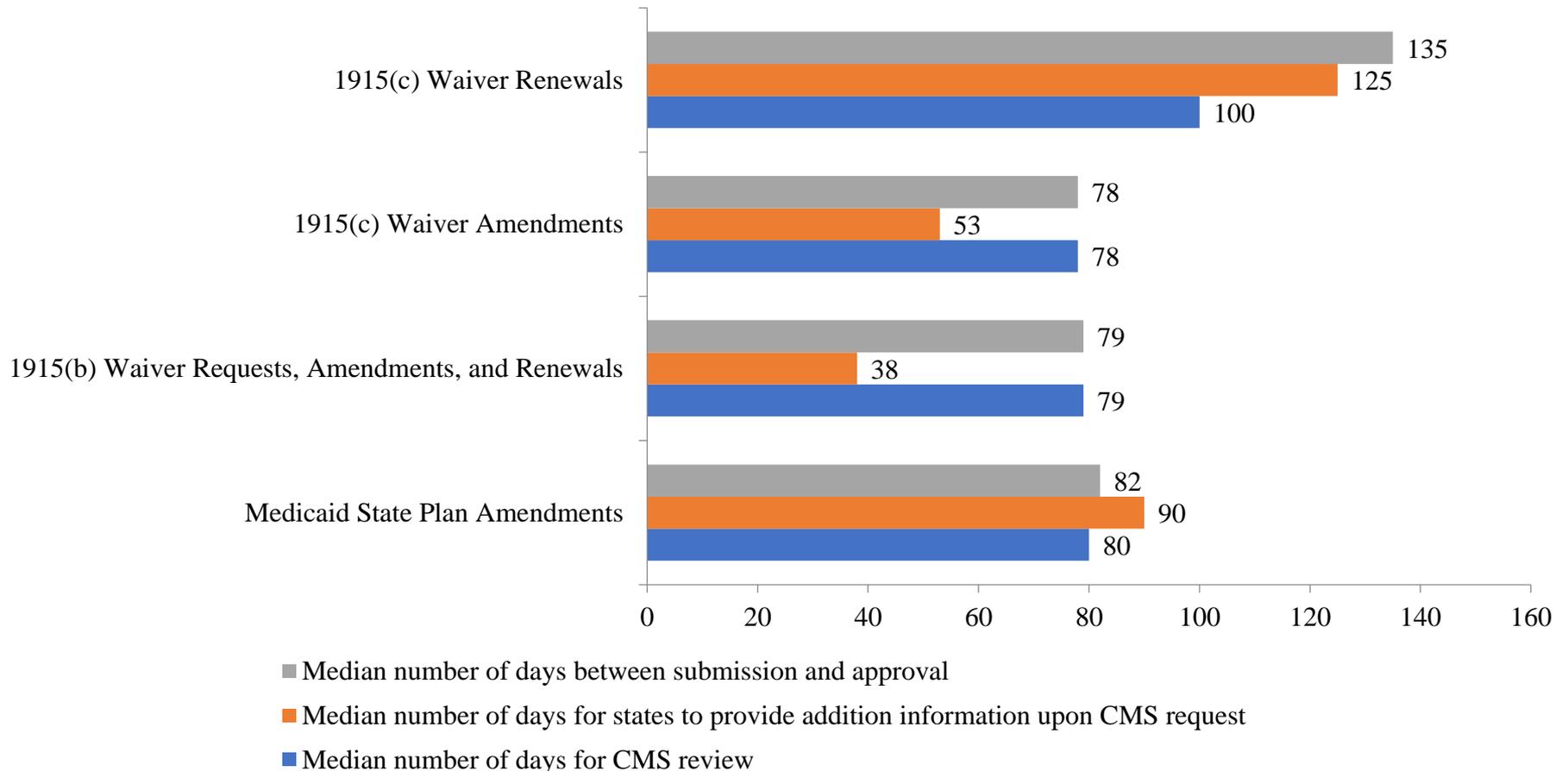
Work with Communities to Promote Best Practices of Healthy Living

Long-Term Services and Supports (under development)

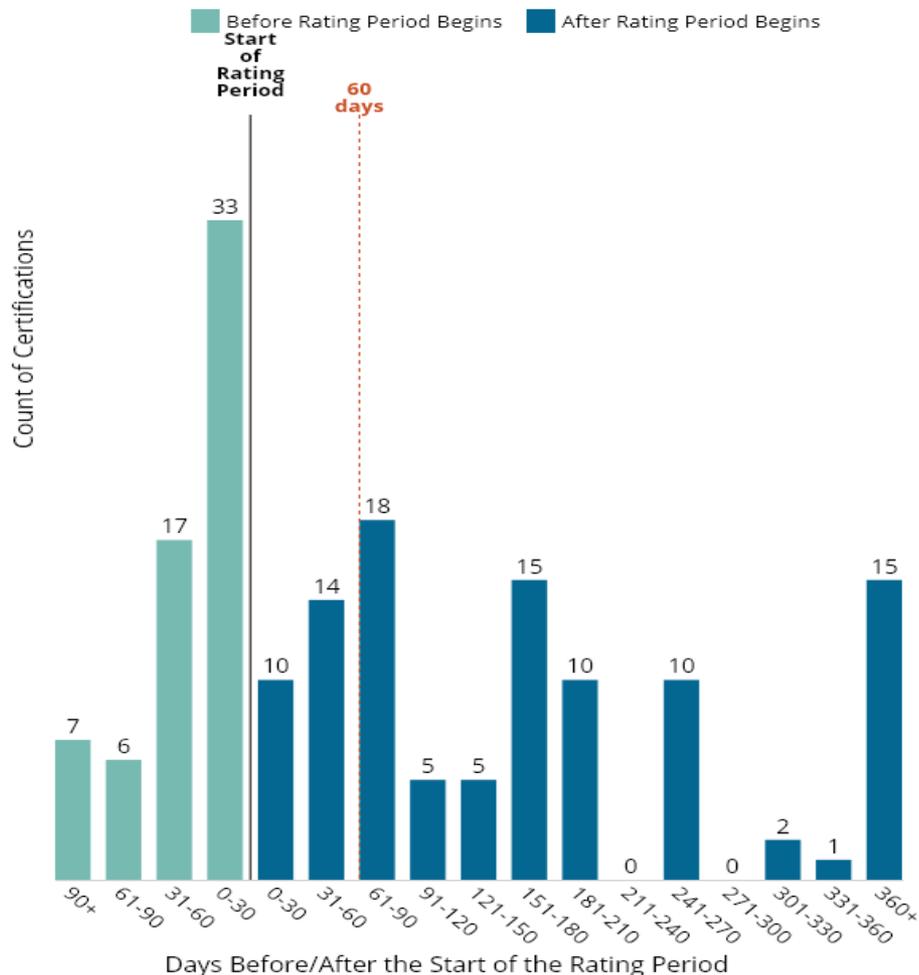
State Administrative Accountability

- Provides insight into how states and the federal government work together to administer Medicaid and the Children's Health Insurance Program (CHIP)
- Has four categories:
 - State Plan Amendment and 1915 Waiver Processing
 - Managed Care Capitation Rate Review: Timing of States' Submissions
 - Managed Care Capitation Rate Review: Days Awaiting Information from States
 - Home- and Community-Based Services (HCBS) by State

State Plan Amendment and 1915 Waiver Processing

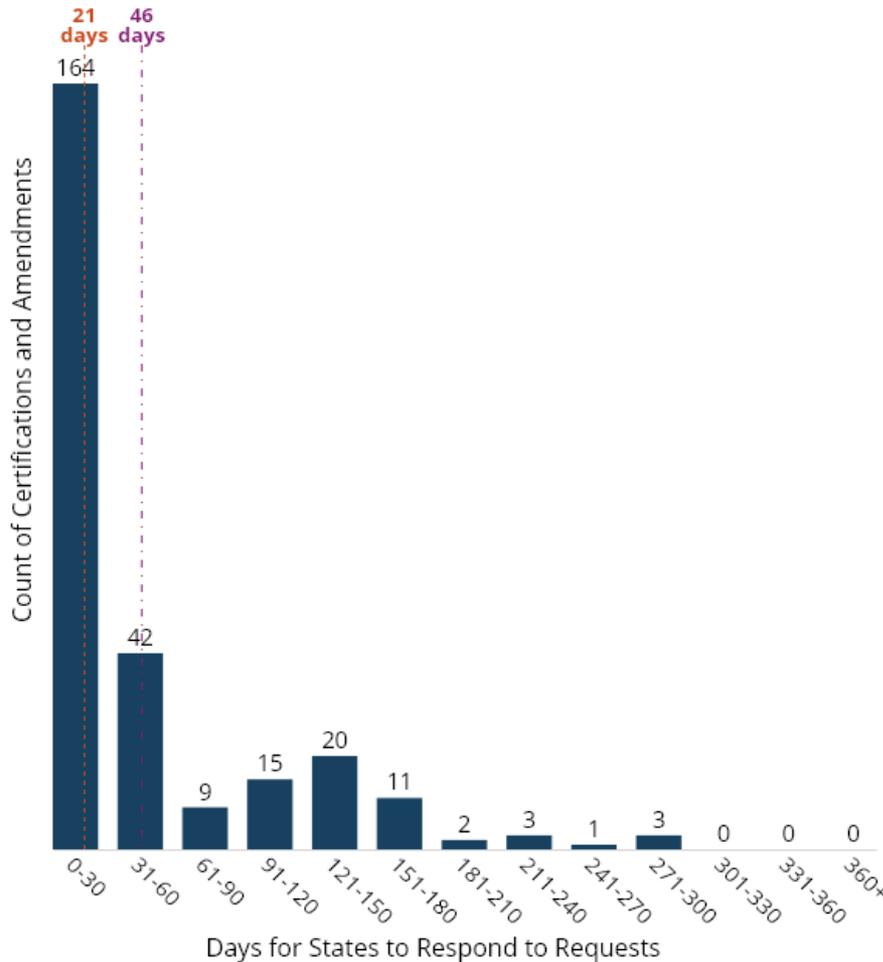


Timing of States' Submissions



Reports the number of days between a state's submission of a base capitation certification rate and the start of the managed care contract rating period

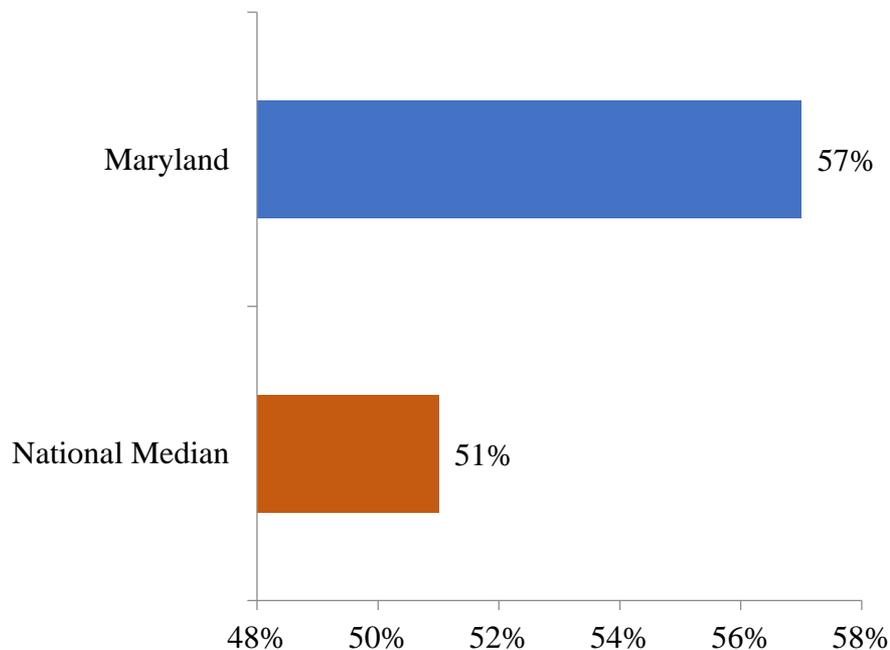
Days Awaiting Information from States



Reports the state portion of the total number of days it took to review and approve states' managed care base capitation rates and capitation rate amendments

HCBS by State

Home- and Community-Based Services by State



- Shows HCBS expenditures as a percent of total long-term services and supports (LTSS) spending by state for Federal Fiscal Year (FFY) 2015
- Maryland ranked 8th of the 49 states reporting

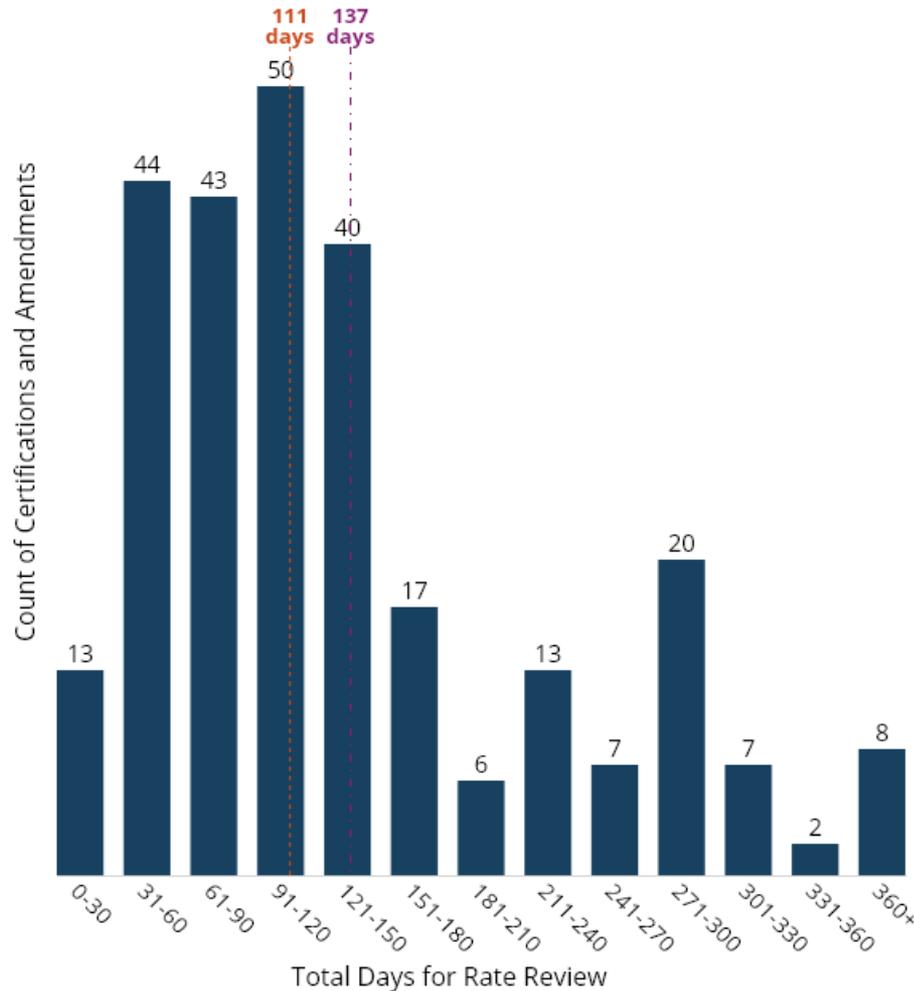
Federal Administrative Accountability

- Provide insight into how the federal government and states work together to administer Medicaid and CHIP
- Has four measures:
 - State Plan Amendment and 1915 Waiver Processing
 - Managed Care Capitation Rate Review: Total Days to Approve Rates
 - Managed Care Capitation Rate Review: Days Under CMS Review
 - Section 1115 Demonstration: Time from Submission to Approval

State Plan Amendment and 1915 Waiver Processing

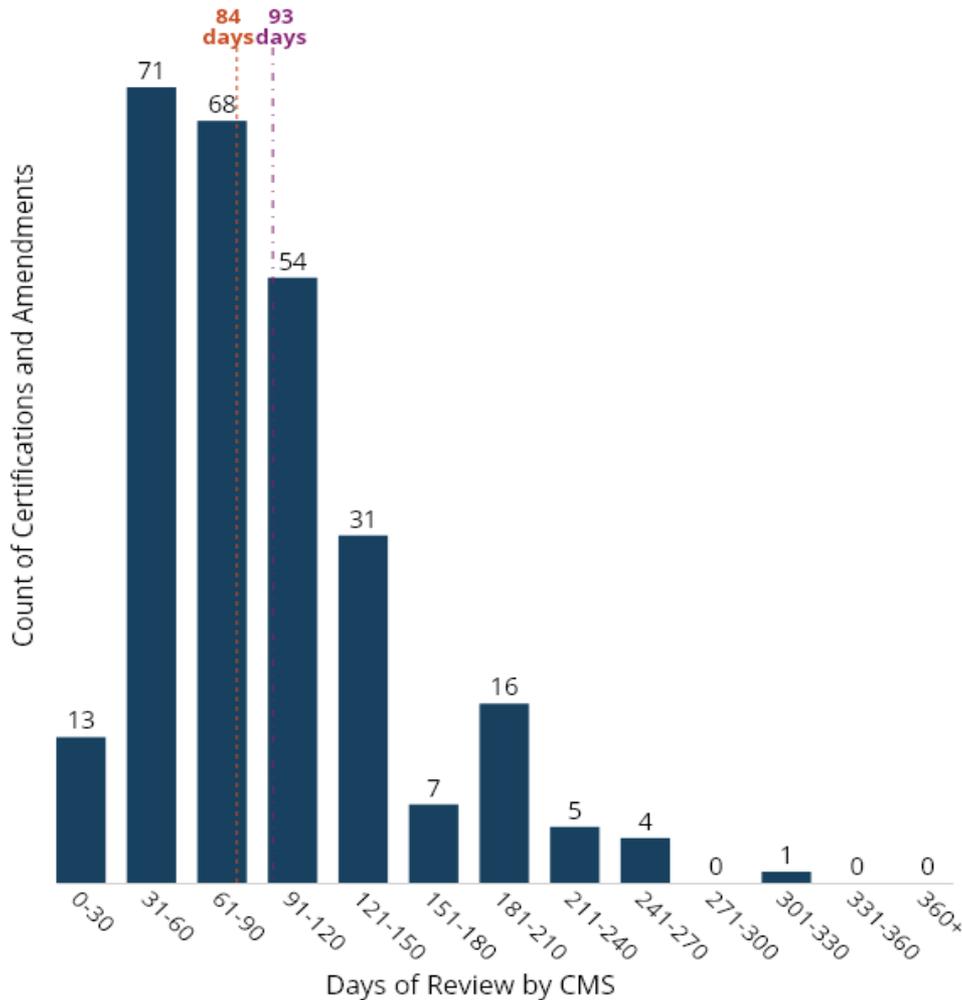
*Repeats the data for the State Administrative
Accountability's State Plan Amendment and 1915
Waiver Processing measure*

Total Days to Approve Rates



Reports the total number of days it took to review and approve states' managed care base capitation rates and capitation rate amendments

Days Under CMS Review



Reports the CMS portion of the total number of days it took to review and approve states' managed care base capitation rates and capitation rate amendments

Time from Submission to Approval



Reports the percentage of Section 1115 demonstration applications in FFY 2017 that CMS approved in six months or less, and more than six months

Note: The denominator of 28 represents 1 new, 11 renewed, and 16 amended Section 1115 Demonstration waivers CMS received in FFY 2017. Disapprovals and pending applications are not included in this count.

State Health System Performance

Maryland's Performance

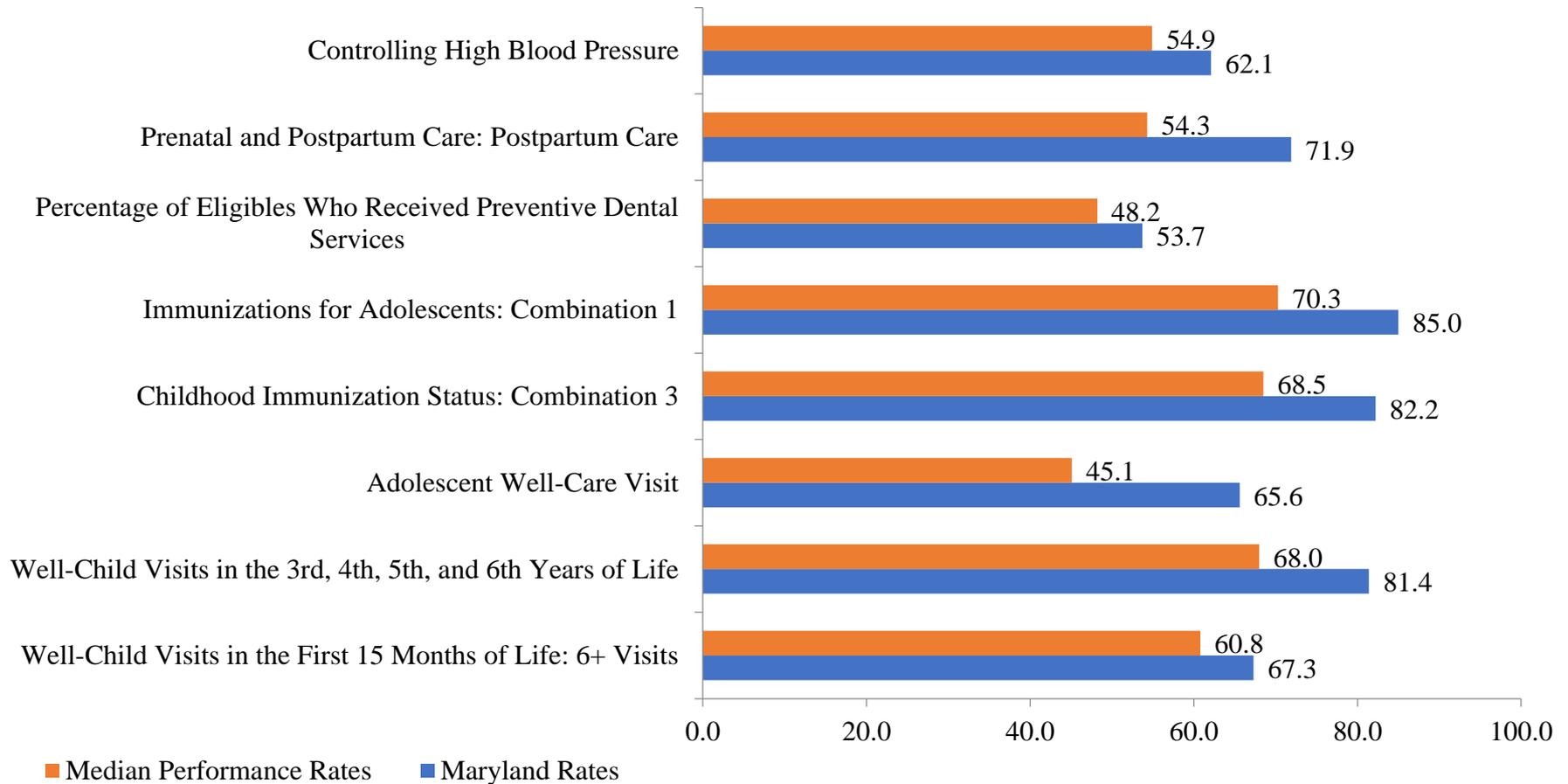
Summary

- Maryland's performance exceeded the national median on eight of the nine measures reported.
- Of the seven state-reported measures:
 - Maryland's highest ranks are:
 - *Prenatal and Postpartum Care: Postpartum Care*—2nd of 36 states reporting
 - *Adolescent Well-Care Visits: Ages 12-21*—2nd of 46 states reporting
 - Maryland's lowest rank: *Well-Child Visits in the First 15 Months of Life*—9th of 46 states reporting

CAHPS Measures

- Maryland's reported CAHPS data does not match the results in Scorecard
 - Maryland's score based on information collected for the HealthChoice population
 - CMS utilized a separate data-collection methodology
- Maryland's score for:
 - *Getting Care Quickly*: Only five percentage points lower than the top-ranked state and only four percentage points lower than the national median
 - *Getting Needed Care*: Exceeded the national median by two percentage points and was only four percentage points lower than the top-ranked state

Maryland Results



Measures Not Reported

Maryland did not report five measures:

Follow-Up After Hospitalization for Mental Illness: Age 21 & Older

Use of Multiple Concurrent Antipsychotics in Children & Adolescents: Ages 1-17

Use of Opioids at High Dosage in Persons Without Cancer (not published due to insufficient data)

Initiation & Engagement of Alcohol & Other Drug Dependence Treatment: Age 18 & Older

Diabetes Short-Term Complications Admission Rate

How Many States Reported

Measure	Number of States Reporting
Follow-Up After Hospitalization for Mental Illness: Age 21 & Older	36
Use of Multiple Concurrent Antipsychotics in Children & Adolescents: Ages 1-17	32
Use of Opioids at High Dosage in Persons Without Cancer	14
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment: Age 18 & Older	26
Diabetes Short-Term Complications Admission Rate	25

State Health System Performance

Limitations and Future Use

Limitations

- NAMD comments
 - Comparability, accuracy and timeliness
 - Comparisons across states with diverse structures and care delivery approaches
- Maryland observations
 - Two of the pre-populated measures for Maryland conflicted with Maryland's reported results and are not comparable with the other reported measures (covering the HealthChoice population)
 - Scorecard landing page navigation

Measure Updates

- Transition to outcomes-based measures
- Include new measures: Opioid-related, home- and community-based services
- Make reporting mandatory
- Improved accuracy through T-MSIS
- Improve comparability

Accountability

- CMS is still defining accountability...
 - Helping states improve
 - Supporting CMS in carrying out its regulatory role
- CMS has not set a timeline for accountability.

Questions?

Laura Goodman

laura.goodman@maryland.gov

410-767-5683

Sian Goldson-Desabaye

sian.goldson@maryland.gov

410-767-5119

Resources

Medicaid & CHIP Scorecard

<https://www.medicaid.gov/state-overviews/scorecard/index.html>

NAMD Statement on the CMS Scorecard

http://medicaiddirectors.org/wp-content/uploads/2018/06/Scorecard-1.0-NAMD-Statement_FINAL.pdf