
CMCS Informational Bulletin

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SUBJECT: Medicaid and CHIP Updates

This Informational Bulletin provides information on two topics:

- State Health Official Letter: 2013 Children’s Core Set of Health Care Quality Measures
- Performance Indicators for Medicaid and CHIP Business Functions

State Health Official Letter: 2013 Children’s Core Set of Health Care Quality Measures

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) requires the Secretary of the Department of Health and Human Services to identify an initial core set of recommended pediatric quality measures for voluntary use by State Medicaid and the Children’s Health Insurance Programs (CHIP.)

Over the past two years, the Centers for Medicare & Medicaid Services (CMS) has worked closely with states to support the voluntary collection of the initial core set of health care quality measures (Initial Children’s Core Set) for children in Medicaid and CHIP.

Today CMS released a letter to State Health Officials that provides an overview of the steps undertaken to improve the Initial Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP; identifies changes to the measure set; and presents the timing for the implementation of the changes.

For additional information, please access the letter at <http://www.medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html>.

Performance Indicators for Medicaid and CHIP Business Functions

The Affordable Care expands access to health insurance coverage through improvements to Medicaid and CHIP and the establishment of Affordable Insurance Exchanges (“Exchanges.”) It assures coordination between Medicaid, CHIP, and the Exchange so individuals are enrolled in the appropriate insurance affordability program and can retain coverage over time even as their circumstances change.

The Centers for Medicare & Medicaid Services (CMS) is working with states to ensure that Medicaid and CHIP support modern approaches to business processes and standards of

performance management as are found in the private sector and high-performing public programs. To that end, we are seeking public input to aid in the development of an initial set of business process indicators for all Medicaid and CHIP programs.

CMS indicated in two final rules that it would begin to collect business process performance indicators for all Medicaid and CHIP programs in association with the development of new information technology systems: “Federal Funding for Medicaid Eligibility Determination and Enrollment Activities” (75 FR 21950) and “Eligibility Changes under the Affordable Care Act of 2010” (77 FR 17144.) We intend to begin collecting and reporting on indicators in two primary domains: individual (applicant and beneficiary) experience with eligibility and enrollment; and provider experience with enrollment and claims payment. We intend to begin by generating baseline data and in subsequent years, as we progress in the development and testing of indicators, CMS and states will work together, with input from other stakeholders, to develop benchmarks and targets for performance improvement.

For more information about the business process performance indicators and the public input we are seeking, please see the request for information online at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Data-and-Systems.html>. The request for information also contains instructions for providing comments.

Comments will be most helpful if received by March 8, 2013.