

Strategies to Enhance Stakeholders' Use of Publicly Available Medicaid and CHIP Performance Measures

In the interest of keeping both internal and external stakeholders well informed, state Medicaid and Children's Health Insurance Programs (CHIPs) report many performance measures publicly on their websites. While simply posting these measures serves the important goal of program transparency, states can help stakeholders get the most out of available information through thoughtful design of their websites and reports. This issue brief provides practical suggestions on structuring, organizing, and maintaining websites and reports to support stakeholders' use of publicly reported performance measures within the constraints and resource limitations faced by states.

The brief draws primarily on lessons learned in developing the [*Database of Publicly Available Medicaid and CHIP Performance Measure Reports*](#). Compiled by Mathematica Policy Research during spring 2012, the database catalogues more than 500 web pages, reports, and other materials available on Medicaid and CHIP websites in all 50 states and the District of Columbia. Recommendations also draw on website development guidance provided by the U.S. Department of Health and Human Services (HHS) and interviews with officials in selected states with notable public reporting efforts.

Improve Website Structure and Navigability

In most states, several different websites provide information on Medicaid and CHIP, complicating users' efforts to locate all relevant program data. While some states have combined Medicaid and CHIP websites—such as the website of the Arizona Health Care Cost Containment System (AHCCCS)—others separate the two. Larger departmental sites, such as the one for the Colorado Department of Health Care Policy and Financing, and state legislature websites also commonly include information on Medicaid and CHIP. Furthermore, within any single website, data may appear on many different pages. For example, we found performance measures on pages entitled “Reports,” “Statistics,” and “Plan Information.”

States can take a number of steps to improve website navigability, making it easier for users to find publicly reported data. These steps include:

Aggregate all resources related to data and measures. Ideally, a state can present all resources related to data and measures on one page of its website, clearly labeled with a descriptive title such as “Data” or “Reporting.” As restructuring websites is often not feasible, a simpler alternative is to create a page that provides links to all other sections of the website where data and statistics are posted. In cases where information is provided by more than one agency or department, states can help users by linking those sites to one another. Links must be checked regularly to make sure the referenced content has not been moved.

When sharing information through larger department sites, clearly label sections that are relevant to Medicaid and CHIP. Users searching websites for measures on the Medicaid and CHIP programs may only look at sections and links called “Medicaid” or “CHIP,” but not all pages containing such information are explicitly labeled. For example, one departmental website we reviewed posted reports on

Medicaid in a section called “Quality and Health Improvement.” These reports were not found using our search mechanism. (Details about the search methodology for database construction can be found in the [User’s Guide to the Database of Publicly Available Medicaid and CHIP Performance Measure Reports](#).) To avoid this issue, agencies can dedicate a section of departmental sites to all Medicaid and CHIP information. When the state prefers to integrate information on Medicaid and CHIP with other state programs, a welcome page explaining that Medicaid and CHIP information is available throughout the site can mitigate confusion.

Incorporate user-friendly design elements. User-friendly elements may include the placement of navigation aids such as Home, Help, and Search links in the same location on every webpage and the use of a common design theme throughout the website.¹

AHCCCS Oversight and Reporting Website Section

<http://www.azahcccs.gov/reporting>

The Arizona Health Care Cost Containment System (AHCCCS) website gathers performance measures onto a single, easy-to-navigate webpage. This section is accessed through a highly visible tab link available at the top of every page of the website, including the home page.

To design the website, AHCCCS officials spent over a year holding internal discussions, including analyses of page views on their old website to evaluate what information was of most interest to users. The website development team was cross-functional, enabling integration of content from a wide variety of internal departments and divisions.

Several aspects of the oversight and reporting section make it easy for users to navigate:

- The landing webpage clearly lists the information users can find in this section of the site.
- The navigation bar on the left side of the webpage displays drop-down menus with subtopics, allowing the user to see all topics available through this section of the website without having to click through multiple links.
- The page gathers information on a wide variety of topics, including population statistics, quality assessment, legislative reports, and satisfaction surveys.

Archive old information. A recent report from the *Aligning Forces for Quality* initiative found consumers unanimously preferred simpler web pages and found cluttered pages overwhelming.² Removing older reports and resources from main areas of the website and grouping them together in an archive can effectively keep older information available while making current information easier to find.

Structure Reports to Facilitate User Searches for Measures

States often post comprehensive annual reports and evaluation reports that cite numerous performance measures on diverse topics throughout the text. The following strategies may help stakeholders sort through and identify relevant measures and data quickly.

Include data appendices. The inclusion of data appendices for lengthy reports can help users who are primarily interested in certain measures or sets of measures to locate relevant statistics more easily and encourage them to take advantage of state reporting more often. When creating a data appendix is not feasible, hyperlinked PDFs, which allow users to jump quickly between sections, are a useful alternative.

¹ Redesign of the CancerNet Web Site. Available at [Usability.gov]. Accessed October 8, 2012.

² *Aligning Forces for Quality*, The Robert Wood Johnson Foundation. “Successful Reporting and Communicating Performance Measures: Lessons from Consumers.” Princeton, NJ: The Robert Wood Johnson Foundation, 2010.

2011 Utah Health Plan Quality of Care Report (HEDIS)

<https://health.utah.gov/myhealthcare/reports/hedis>

Utah's 2011 Health Plan Quality of Care Report is available on the Utah Department of Health website in a web-based format. Users can easily navigate to the sections of the report in which they are most interested, including the results section, which features charts and graphs displaying performance measures directly on the screen.

Users have the option of narrowing down the measures displayed to specific subcategories, such as access to care or care for people with diabetes. The access to care page includes charts and graphs on seven measures – an easily digestible amount of information.

Tables and graphs are also available in a printer-friendly format.

Create shorter, targeted documents to communicate key measures and messages. Short documents are likely to reach different audiences than longer, more comprehensive reports. For example, while a legislative oversight committee may need access to an entire report presenting Healthcare Effectiveness Data and Information Set (HEDIS) measures for all enrollees, an organization for child advocacy will be interested primarily in measures specifically pertaining to children. Shorter, targeted documents can also allow Medicaid and CHIP agencies to highlight measures they feel are most important to communicate to the public. An issue brief focused on increases in childhood vaccination rates, for example, could showcase an agency success that might otherwise go unnoticed amid other measures.

Georgia's Flash Reports

<http://dch.georgia.gov/cmo-flash-reports>

Georgia's Care Management Organization *Flash Reports* provide concise updates on the status of the Georgia Families Program. The reports consist of three pages of statistics presented in well-labeled tables, covering topics that include member enrollment, premium capitation payments, and emergency room utilization.

Consider developing web-based tools that can meet the needs of many stakeholders simultaneously. Some states make data available in an interactive format that allows users to calculate measures of interest using a set of predefined categories. California's Research and Analytic Studies Branch (RASB) website provides downloadable Excel pivot tables which allow users to easily generate tables displaying cross-tabulated data, along with a tip sheet on how to manipulate them. Agency officials created these tables in response to a request from legislative staff who needed flexibility to construct measures in different ways.

California's Medi-Cal Certified Eligible County Pivot Table, Most Recent 24 Months

http://www.dhcs.ca.gov/dataandstats/statistics/Pages/RASB_Medi-CalCertifiedEligible-SummaryPivotTableMostRecent24Months.aspx

This Excel table allows users to display data by county, aid category, age category, and/or months of eligibility.

For example, a social services agency considering opening a health clinic specializing in the needs of the aged in Alameda County could look up the number of Medi-Cal beneficiaries ages 65 and older residing in the county.

The Maryland eHealth Statistics website features another web-based tool with which users can create reports and charts.³ For example, on the managed care organization (MCO) enrollment page of this site, a user can choose to extract data for a provider, county, and "rate cell group" (a category of beneficiaries—such as disabled enrollees with long-term care needs—grouped together for the purposes of capitation payments). Users can also choose to see data for all health plans or for specific plans, and choose the

³ Maryland Department of Health and Mental Hygiene. "Maryland Medicaid eHealth Statistics." Available at [http://chpdm-ehealth.org]. Accessed August 20, 2012.

years. The report created can be shown on the screen or downloaded into Excel, which allows the data to be manipulated further.

Consistently and Clearly Define Measures

Publicly reported performance measures are sometimes presented without detailed information on the methods by which they were calculated. This omission makes it more difficult for users to understand and interpret the measures, particularly when looking at trends over time. States can take several steps to standardize reporting or more explicitly document key methodological decisions.

Consistently define measures and provide the definitions in all documents. The inconsistent definition of performance measures makes it difficult for users to compare data from different reports and to track data over time to calculate trends. For example, if childhood immunization rates are presented for separate subgroups of *children with special health care needs* and *other children* in an annual report one year, and for *all children* the next year, data users cannot calculate if the immunization rate has improved. Using the same definitions in each report helps avoid such problems. Agencies may choose to define standard measures and/or terms and ask all report authors to use these definitions.

In lieu of standard definitions or reporting periods, provide sufficient information for comparisons. When authors use nonstandard measures, providing detailed explanations of how they were calculated (including the numerators, denominators, excluded populations or data, and the data source) can enable data users to make appropriate comparisons. Users are more likely to trust measures when they are aware of the source of the data and how they were collected. States might also note when a measure was last reported, where those older data can be found, and differences in methodology and their expected impact on the measure values.

Clearly define terms that may be unfamiliar to some users. Providing definitions of unfamiliar or technical terms may reduce the possibility of data misuse. For example, terms such as Medicaid Management Information System (MMIS), national provider identification (NPI), and basis of eligibility (BOE) that are commonly used internally at Medicaid and CHIP agencies may not be known to all external audiences. Definitions can be provided in the main text of a report or in a glossary or appendix, as recommended by the Research-Based Web Design and Usability Guidelines put out by HHS.⁴

Report Glossary, Analysis of Dental Provider Networks Department of Community Health, Georgia Families

<http://dch.georgia.gov/cmo-reviews-and-reports>

The glossary in Georgia's report on dental provider networks defines terms used in the report and also explains acronyms. Terms defined include organizations named in the report, terms related to claims data, the names of programs, and technical Medicaid terms, such as MMIS.

Sample Definitions:

- **Category of Service (COS)** – A unique three-digit code assigned to each claim by the department based on the type of service delivered and/or the location of service.
- **PeachCare for Kids Program (PCK)** - The State Children's Health Insurance Program (SCHIP) funded by Title XXI of the Social Security Act, as amended.

Source: Myers and Stauffer, "Report #13: Analysis of Dental Provider Networks. Department of Community Health, Georgia Families," January 21, 2010. Available at [<http://dch.georgia.gov/reviews-and-reports>]. Accessed August 24, 2012.

⁴ U.S. Department of Health and Human Services. "Research-Based Web Design and Usability Guidelines." Washington, D.C.: U.S. Government Printing Office, 2006. Available at [usability.gov]. Accessed October 8, 2012.

Maintain Timely Data

States that post data in a timely manner and frequently update them are likely to encourage more users to take advantage of the information they publish, benefiting both users and agencies. Many state websites, for example, post regular updates on the numbers of individuals eligible for or enrolled in Medicaid and CHIP. When these data are reported on a recurring monthly or quarterly basis, both internal and external stakeholders have a reliable source of information they can use to track program changes without waiting for annual reporting, potentially reducing the submission of ad hoc requests for analysis to state staff. Numerous factors, however, including agency staff time, financial resources, and timing of data submissions from health providers or health plans may affect how often states can post and update data. Recognizing these limitations, the following steps can increase agency capabilities to keep their websites up to date and inform users of the timeliness of the information they post.

Include a publication date and the time period for measures referenced in the document. Including a publication date tells users whether a document reflects current data or is historical. When posting measures directly to a web page (rather than as a downloadable report), many states include introductory text or a date stamp at the bottom of the page. States can also indicate in the web page text if information is accurate as of a particular date, and if it is expected to change and require an update.

Create formal change procedures to help agency staff keep a website up-to-date. Having an internal agency process for updates can assist staff by setting the expectation that changes will regularly occur, and by making staff aware of how to post new materials. For example, AHCCCS has a formal change procedure whereby any agency staff member wanting to make a change to the website knows to contact the lead information technology staffer to begin the process. These formal, well-known processes reduce the barriers to timely publishing of relevant program performance data.

Conclusion

State Medicaid and CHIP agencies report a wide variety of program performance measures publicly on their websites. Providing such information in a format that facilitates use by a wide variety of internal and external stakeholders can be challenging, especially given constraints on states' resources. In response to this challenge, many states have found innovative ways to share data with the public. This brief has described just some of the many mechanisms available to agencies to maximize stakeholder understanding and use of their reports, through thoughtful web design, searchable reports, and timely maintenance of publicly released data.

This issue brief was authored by Jessica Nysenbaum and Maggie Colby of Mathematica Policy Research.

ABOUT THE MAC COLLABORATIVES

This document was developed for the *Data Analytics Medicaid and CHIP Learning Collaborative*, one of a series of state-federal collaboratives being coordinated through the *Medicaid and CHIP Learning Collaboratives (MAC Collaboratives)*. The Centers for Medicare & Medicaid Services (CMS) established the *MAC Collaboratives* to achieve high-performing state health coverage programs, a goal that requires a robust working relationship between federal and state partners. The *MAC Collaboratives* are bringing together these partners to address common challenges and pursue innovations in Medicaid program design and operations as well as broader state health coverage efforts.

Visit the **MAC Collaboratives State Toolbox on Medicaid.gov** for products generated or used by the collaboratives, including technical assistance tools, state resources, and relevant background materials. The MAC Collaboratives are coordinated by Mathematica Policy Research, the Center for Health Care Strategies, and Manatt Health Solutions, with additional assistance from external experts and in close association with CMS. For more information, visit <http://www.Medicaid.gov>.