

A User's Guide to the Database of Publicly Available Medicaid and CHIP Performance Measure Reports

State Medicaid programs and the Children's Health Insurance Program (CHIP) collect and track a wide variety of performance measures across many domains in an effort to monitor their progress on specific goals and to meet federal and state reporting requirements. States report many of these measures publicly via websites, with the goal of providing information to and improving program transparency for a number of external and internal stakeholders.

The *Database of Publicly Available Medicaid and CHIP Performance Measure Reports* (available at Medicaid.gov in the *MAC Collaboratives State Toolbox*) provides a snapshot of program performance measures that were reported online by states in spring 2012, and includes links to more than 500 websites, reports, and other materials dated 2000 through 2012. The database was created by the *Data Analytics MAC Collaborative* for the Centers for Medicare & Medicaid Services. The database allows users to see what types of information states were reporting online, and—if interested—to further explore the specifics of publicly available program performance measures by accessing the websites directly. This guide describes the database's potential uses, explains its organization, documents the technical methodology used to construct it, and notes its limitations.

Using the Database

The database catalogues state reporting efforts across eight program performance measurement domains defined by the *Data Analytics MAC Collaborative* (Table 1). A single website, report, or publication often includes measures from several of these domains.

Table 1. Program Performance Measurement Domains and Example Measures

Measurement Domain	Example Measures
Eligibility, Enrollment, and Retention	Total enrollment, number of new enrollments
Access to Care	Access to well-child visits
Provider Participation/Network Adequacy	Number of participating providers or licensed facilities
Consumer Experience	Beneficiary satisfaction with enrollment processes and care received from providers
Quality and Outcomes of Care	Childhood immunizations, breast cancer screening rate
Cost, Utilization, and Efficiency	Per-member expenditures, inpatient hospital utilization
Program Integrity	Claims error rate
Delivery System Organization and Financing	Enrollment in managed care vs. fee-for-service, balance of nursing facility vs. home and community-based care

Because the database provides a static snapshot of publicly available reports, its purpose is not to provide the most timely statistics on program performance. Indeed, some states may have already posted more current materials than those catalogued during our spring 2012 search. Instead, the database is intended to illustrate the range of publicly available program performance measures in order to facilitate discussion among a state’s Medicaid and CHIP staff about future public reporting efforts that the state may wish to undertake. By browsing entries in the database, users will gain perspective on the types of measures that are commonly reported and may identify specific models for their own efforts.

For example, state employees who work on Medicaid and CHIP eligibility issues might be interested in how other states present eligibility and enrollment statistics on their websites. These users can sort or filter all the entries in the database marked with an X for the “Eligibility, Enrollment, and Retention” domain. For each relevant entry, users can look at the “Measures Reported” column for more detailed information on what measures are reported. Examples of specific types of measures reported in this category include the number of eligible and enrolled beneficiaries and the annual enrollment growth rate. Once users identify which documents are of most interest, they can access them using the website links provided, and evaluate whether elements of another state’s reports—such as the measure definition, frequency of data reporting, or visual presentation of the data—might usefully inform their own reporting.

The database could also be useful for those tasked with developing their state’s Medicaid and CHIP data dashboards. For example, if users want to evaluate what type of data could regularly be loaded and released through a website, they could go to the “Frequency of Reported Data” column and sort for entries indicating that measures are reported monthly. This step might help users evaluate what data to include in their own dashboards. Users could also use Excel’s “Find” function to search for the word “dashboard”; the results include an entry from the Maryland Medicaid eHealth Statistics page and entries from North Carolina’s DMA dashboard and Medicaid financial dashboard.

Layout of the Database

The database contains two tabs. The first tab, “Explanation,” provides a brief overview of the database, including the release date and contact information.

The second tab, “Program Performance Measures,” is the main database of publicly available reports catalogued using the methods described below. The database consists of 19 columns of information for each entry (Table 2). Most entries (or rows) in the database represent either a single report or website, although some entries reflect a group of similar reports or websites separated by bullets. For example, West Virginia’s charts on current and annual enrollment for Medicaid and CHIP were grouped into a single entry given the amount of overlap in their content.

Table 2. Organization of the Database of Publicly Available Medicaid and CHIP Performance Measure Reports

Column	Name	Description
A	State	The state's two-letter postal code abbreviation.
B	Name of Specific Document(s) (if applicable)	Name of the entry. When the link to download a report has a different title than the title displayed on the downloaded document, the title of the link is used.
C	Domains Covered	List of all domains that the entry applies to, presented in the order of columns D–K.
D–K	Domains	Columns marked (with an X) where the entry applies to a given domain (one per column).
L	Measures Reported	List of the measures reported in the document. When a document contains too many measures to list, illustrative examples from all relevant domains are provided.
M	Data Breakdowns/ Subpopulations	List of subcategories used to stratify the data presented in the entry, if appropriate. For example, for a Consumer Assessment of Healthcare Providers and Systems (CAHPS) report where all information is presented by plan, the subcategory would be "Plan." Where only some of the measures are stratified by a given variable, the subcategories are listed next to the appropriate measures in Column L, "Measures Reported"—e.g., "number eligible and number enrolled (by race and age)."
N	Data Source or Document for Measure/Set of Measures	Data source(s) used to construct the measures (e.g., CAHPS). This column is populated only when the data source is clearly described in the entry's methods or introduction section.
O	Most Recent Publication Year	Year entry was published or posted on the website. For entries listing no date but presented as being a "current" version of an ongoing resource (e.g., up-to-date enrollment numbers), the column reads "Current as of Spring 2012."
P	Frequency of Publication/Update	How often the measures are reported. For entries listing no date, but presented as being a "current" version of an ongoing resource, the column reads "Current as of Spring 2012." Entries clearly developed as a one-time report are described as "one time report." For entries with unclear frequency, including those where the website implies that multiple versions were created but only one document was posted on the website, the column is left blank.
Q	Division, Office, or Website Section Under Which Data are Posted	The main title of the website, and if applicable the subdivision or section of the website (e.g., New Mexico Human Services Department, Medical Assistance Division).
R	Document Author	Name of the organization that developed the entry, when available. If the organization name was not provided, the column lists names of specific authors. The column is left blank when neither organization nor author names were discernable.
S	Link(s) to Data	Website link that takes the user to the landing page of the website where the document or information was located. For documents posted on a website with many (usually more than 20) resources, a link to the document itself is provided.

Detailed Methods for Database Construction

Websites Reviewed. To construct the database, we analyzed three types of websites:

- **Medicaid or parent agency websites:** Identified on the National Association of Medicaid Directors website (medicaiddirectors.org).
- **CHIP websites:** Accessed through InsureKidsNow.gov. When links were not available or led to websites that did not contain programmatic information, we searched for a CHIP website using Google with the state name and specific CHIP program name as search terms (e.g., “Alabama” and “ALL Kids”).
- **State legislature websites:** After identifying the websites of the state legislatures by searching Google for the state name and “legislature,” we searched the legislative site for “Medicaid” and the state’s CHIP program using Google’s site search function (e.g., “Medicaid site:www.legislature.state.al.us”).

Measure Domains Included. On each website, we looked for any data or statistics on the Medicaid program and CHIP that fell into the following measure domains, as defined by the Data Analytics Medicaid and CHIP Learning Collaborative:

- Eligibility, Enrollment, and Retention
- Access to Care
- Provider Participation/Network Adequacy
- Consumer Experience
- Quality and Outcomes of Care
- Cost, Utilization, and Efficiency
- Program Integrity
- Delivery System Organization and Financing

We evaluated the text posted directly on the website’s pages as well as downloadable reports and other documents. Because the structure of each website varied, we could not use a single, standardized method of searching for these documents. However, we consistently examined the following areas of each website, if available: statistics, reports, publications, member information, provider information, program integrity, Office of the Inspector General, costs, enrollment/eligibility, and plan information. In addition, if a site index was available, we reviewed it to identify other areas of the website to analyze.

Publication Dates Included. We included reports and information published from 2000 to 2012.

Timeframe for Database Construction. We conducted our analysis in two phases. During the first phase, we analyzed the websites of the 10 states participating in the Data Analytics Learning Collaborative: Alabama, Arizona, California, Colorado, Georgia, Illinois, Maine, Minnesota, New Hampshire, and South Carolina. For these 10 states, we accessed the Medicaid websites between March 5 and March 7, 2012. The CHIP websites for these 10 states were searched on March 12, 2012, and the legislature websites between April 12 and May 24, 2012. The Medicaid, CHIP, and legislature websites for the remaining 40 states and the District of Columbia were accessed between April 12 and June 5, 2012.

Limitations

This database represents a snapshot of performance measure reports that were accessible on state websites in spring 2012. Because state websites and programs are constantly evolving, the types of data available to the public via the web may change over time as documents available at the time of database construction are removed or new material is added. In addition, other websites not included in the

database—such as federal, health plan, academic, and research institution websites—may also contain data on state Medicaid and CHIP programs. Finally, states may make some measures available to the public in forms not accessible through the web, and these measures are not reflected in the database.

Users should also be aware that the database does not catalogue or attempt to standardize all the individual performance measures that are contained in publicly available performance measure reports found using the methodologies outlined above. Measures are named as they appear in state reports. To the extent that states use different terminology to describe the same performance measure, or the same terminology to describe measures that are calculated in different ways, these idiosyncracies are reflected in the database. For example, one state might calculate “total enrollment” by counting the number of beneficiaries enrolled on the last day of the state fiscal year, while another state calculates “total enrollment” by counting beneficiaries who were enrolled at any point during the calendar year.

The database and this user’s guide were prepared by Jessica Nysenbaum, Alyssa Crawford, Winnie Wang, Erin Taylor, Maggie Colby, and Cheryl Camillo of Mathematica Policy Research.

ABOUT THE MAC COLLABORATIVES

The Centers for Medicare & Medicaid Services (CMS) established the *Medicaid and CHIP Learning Collaboratives* to achieve high-performing state health coverage programs, a goal that requires a robust working relationship between federal and state partners. Over a two-year period, collaborative workgroups are addressing critical topics for establishing a solid health insurance infrastructure. 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>.