

# Adult Medicaid Quality Grants: Measuring and Improving the Quality of Care in Medicaid

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## Questions and Answers

Q: What is this grant program about?

A: This is a two-year grant opportunity, funded by the Affordable Care Act, to support state Medicaid agencies in developing staff capacity to collect, report, and analyze data on the initial core of set of health care quality measures for adults enrolled in Medicaid (Initial Core Set Measures). The Affordable Care Act provided for the identification of an Initial Core Set Measures for voluntary use by states. The measures, which were identified through a multi-stakeholder process with input from state Medicaid representatives, health care quality experts, and representatives of health professional organizations and associations, were announced in December 2012. A listing of the Initial Core Set of Measures can be found at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/AdultCoreMeasures.pdf>.

Additionally, the grant funding will also support states' efforts to use these data for improving the quality of care for adults covered by Medicaid in their State. The Grant program has the following three project aims:

1. Testing and evaluating methods for collection and reporting of the Initial Core Set Measures in varying care delivery settings and payment arrangements (e.g. managed care, fee-for-service, long term care settings such as nursing homes and intermediate care facilities). States are encouraged to demonstrate alignment with existing methods and infrastructures for collection and reporting [e.g., Health Information Technology for Economic and Clinical Health (HITECH), Medicaid Management Information Systems (MMIS)];
2. Developing staff capacity to report the data, analyze, and use the data for monitoring and improving access and the quality of care in Medicaid; and
3. Conducting at least two Medicaid quality improvement projects related to the Initial Core Set Measures. States are encouraged to consider alignment with CMS or other federal quality improvement activities such as the National Quality Strategy, Strong Start Initiative, Partnership for Patients, Million Hearts Initiative, etc.

In addition, Grantees must, over both years, begin developing their capacity to stratify a subset of the Initial Core Set Measures by at least two of the following demographic categories: race/ethnicity, gender, language, urban/rural, and disability status.

Q: What will States do with the information collected?

A: Data collected through each state's grant activities will be used to identify opportunities to improve health care quality for particular segments of the adult population enrolled in Medicaid (e.g., adults with mental health problems, adults with chronic conditions such as diabetes) and to drive changes in care practices and delivery accordingly. Further, CMS will be better able to understand the value and potential uses of the Initial Core Set Measures, as Grantee test and evaluate the collection and reporting of these measures and share that information with CMS.

Q: What will CMS do with the information provided by Grantees as part of this grant program?

A: CMS will use the information and lessons learned through these grant activities to provide guidance and best practices to all Medicaid agencies on collecting, reporting, and using the quality measures to drive quality improvement. Measurement data on health care quality measures collected through these grants will be publicly reported by CMS in the same manner as data submitted by states on the Initial Core Set Measures (e.g., Reports to Congress).

Q: How many grants to states will be awarded?

A: On July 13, 2012 CMS published this funding opportunity announcement which was open to all 50 state Medicaid agencies, DC, and the Territories. CMS is awarding first year grants to twenty-six states: Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Hampshire, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, Vermont, Washington, and West Virginia.

Non-competing continuation awards will be granted for the second year of the grant program contingent upon availability of funding, Grantee performance, and demonstrated implementation of at least two Medicaid quality improvement projects related to Initial Core Set Measures in the first year of the grant.

Q: What were the reasons why CMS did not award funding to all applicants?

A: The states not selected for funding did not address one or more of the grant's key aims; did not provide in their application sufficient information to be deemed fundable for grant awards; and/or the state did not comply with the application requirements set forth in the funding opportunity announcement.

Q: Where can I learn more about this grant program?

More information about the grant program and awardees will be available on Medicaid.gov at the following address: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care---Performance-Measurement.html>. Questions regarding the Adult Medicaid Quality Grants can be sent to: [MedicaidAdultMeasures@cms.hhs.gov](mailto:MedicaidAdultMeasures@cms.hhs.gov).