Fact Sheet: 2019 Medicaid and CHIP (MAC) Scorecard

11/05/19

Overview

In June 2018, the Centers for Medicare & Medicaid Services (CMS) released its first Medicaid and Children's Health Insurance Program (CHIP) Scorecard to increase public transparency and accountability about the programs' administration and outcomes. Using the most recently available data, CMS has now updated the Scorecard by expanding the data in the National Context pages and adding measures to the State Health system Performance and the State and Federal Administrative Accountability pillars.

This version of the Scorecard builds on earlier releases and serves as a significant step to improve transparency and accountability through public reporting. The new Scorecard also improves the user experience and navigation across the Scorecard, and includes interactive features that allow the user to sort certain measures by performance rate and alphabetical order as well as toggle between screens to view measures with multi-component rates.

The Scorecard includes measures voluntarily reported by states, as well as federally reported measures in three areas:

1. **State Health System Performance:** These measures show how states serve Medicaid and CHIP beneficiaries across a variety of health care quality domains. The fall 2019 version of the Scorecard includes the following new measures:
   - Breast cancer screening
   - Comprehensive diabetes care: hemoglobin A1c poor control
   - Ambulatory care: emergency department visits
   - Follow-up after hospitalization for mental illness: ages 6-20
   - Live births weighing less than 2,500 grams
   - State use of experience of care surveys for beneficiaries using long-term services and supports
   - Nursing home long-stay hospitalization rate
   - Percentage of long-stay nursing home residents who got an antipsychotic medication

2. **State Administrative Accountability:** These measures provide insight into how states and the federal government work together to administer Medicaid and CHIP. The fall 2019 version of the Scorecard includes the following new measures:
   - Timeliness of annual 372(S) report submissions. States submit these reports to document how they are meeting the requirements for each of their approved Section 1915(c) waivers for home and community-based services.

- Initiation of certain program integrity investigations
- Healthcare fraud prevention partnership participation
- Medicaid MAGI and CHIP application processing times
- T-MSIS data quality: number of open top priority issues

3. **Federal Administrative Accountability:** These measures provide insight into how the federal government and states work together to administer Medicaid and CHIP:
   - State plan amendment and 1915 waiver processing
   - Managed care capitation rate review
   - Section 1115 demonstrations: time from submission to approval

What Additional Information is Included in Scorecard and how can States use the Scorecard?

The Scorecard also sheds light on key questions about Medicaid and CHIP, including information about enrollment, annual expenditures, and care delivery. The 2019 Scorecard includes the following new National Context data points:

- States receiving Medicare data to coordinate care for dually-eligible individuals
- Per capita Medicaid expenditures
- Dual-eligible enrollment
- Share of dual-eligibles by current reason for Medicare entitlement
- Annual enrollment (in millions) by payer
- Total national Medicaid managed care enrollment
- Enrollment in any type of managed care plan, by state
- Percentage of Medicaid enrollees in comprehensive managed care plans, by state
- Managed long-term services and supports plans
- 1915(c) waivers for home and community-based services
- Section 1115 substance use disorder demonstrations

How is the Medicaid and CHIP Scorecard information different than what is currently on Medicaid.gov?

CMS published Medicaid and CHIP quality metrics reported by states along with federally reported measures in a Scorecard format. Many of the measures included in this version of the Scorecard are from the Child and Adult Core Sets which are voluntary for states to report and have improved since they were established several years ago. All of the measures used in the Scorecard will continue to evolve over time.

What's next?

CMS continues to work with a subset of state Medicaid agencies through a collaboration with the National Association of Medicaid Directors to select measures for the Scorecard. In addition, CMS is using other avenues such as public listening sessions and working with stakeholder groups to attain additional feedback.

CMS may add new areas of emphasis important to the Medicaid and CHIP programs or replace measures as more outcome-focused ones become available. In the future, as more data become available, CMS intends to add other measures to the Scorecard, including measures of program integrity, such as payment error rate measurement (PERM) data, and additional measures such as adult emergency department visits. CMS envisions that the Scorecard will be strengthened by the availability of more timely, accurate, and complete data collected through T-MSIS, as state reporting continues to improve.

As with other quality measurement initiatives, CMS will provide technical assistance to assist states in the collection and reporting of measures as well as through the sharing of best practices to support improved state performance.