



## CMS Regional Office

# CMS Provides Transparency on Cost and Quality in State Medicaid and CHIP Programs

*2020 Scorecard continues to build upon a new era of accountability in Medicaid and Children's Health Insurance Program*

Today, the Centers for Medicare & Medicaid Services (CMS) released the third annual update to its Medicaid and Children's Health Insurance Program (CHIP) Scorecard. The Scorecard is the signature Medicaid accountability initiative that highlights state and federal performance on the administration and health outcomes of the Medicaid and CHIP programs that collectively account for approximately \$600 billion in annual spending and serve over 74 million Americans. For the first time, the Scorecard now provides identified per capita spending data across all states, highlighting variation in program costs alongside the quality and performance data. First released in 2018, the Medicaid and CHIP (MAC) Scorecard is a key part of President Trump's efforts to ensure greater transparency and accountability of the nation's largest health coverage programs.

"From the beginning of his administration, President Trump has made giving states more flexibility to provide high quality accessible care for our most vulnerable citizens on Medicaid and CHIP a priority," said Administrator Seema Verma. "At the same time, we also recognize that with greater autonomy must come greater accountability. The Medicaid and CHIP Scorecard provides unprecedented transparency on cost and quality across state Medicaid and CHIP programs."

This year's release builds on the success of the previous Scorecards with a variety of updates and improvements for users, including the debut of a new way to view state-specific data on the Medicaid.gov State Profile "Quality of Care" section. CMS has also improved the overall design and navigation across the 2020 MAC Scorecard to enhance the user experience.

The Scorecard includes healthcare quality measures of asthma medication management for children and adults as well as a measure of follow-up care for adults after an emergency department visit for mental illness. It also contains new administrative accountability measures including CMS and state approval times for managed care contract reviews; and CMS approval times for enhanced federal funding to support states' eligibility, enrollment and information technology systems.

The 2020 Scorecard provides per capita expenditure data across all states. For the 2018 T-MSIS based per capita expenditure data, seventeen states had a high level of data usability, and an additional eleven states showed a moderate level of data usability. The remaining states fell into the category of having a low level of data usability. The median per capita expenditures, based

on CMS calculations, for all states in 2018 is \$8,126, with a range of \$1,807 in Puerto Rico to \$14,387 in North Dakota.[\[1\]](#)

This year, new data were added to the MAC Scorecard's National Context page. For example, these new data show the percentage of each state's population that is enrolled in Medicaid, which ranges from 9.0% to 36.3 % and that nationally, about half of those enrolled in Medicaid and CHIP are children. The National Context page also has new data on the national percentage of beneficiaries enrolled in Medicaid and CHIP by eligibility group and the national rate of improper payments in Medicaid and CHIP.

Further, the national context now provides information on the percentage of Medicaid beneficiaries currently enrolled in Medicare (i.e., dually eligible beneficiaries); the percentage of dually eligible beneficiaries in programs that integrate the delivery of Medicare and Medicaid benefits; and the approval status for states' transition plans for home and community-based services. For example, nearly half of all states (23) have a Medicaid population where 11.8%-24.2% are dually eligible beneficiaries and 36 states now enroll dually eligible beneficiaries in integrated care programs. The addition of these new data in the Scorecard help to further underscore the importance of understanding the dually-eligible population's role in the Medicaid program.

CMS continues to engage stakeholders in identifying enhancements to the MAC Scorecard, including receiving input from Medicaid agencies through a collaboration with the National Association of Medicaid Directors.

CMS analyzed trends in median state performance on a subset of Child and Adult Core Sets measures that are included in the MAC Scorecard's State Health System Performance pillar. Under this pillar, five states reported all measures in Federal Fiscal Year (FFY) 19: Connecticut, Massachusetts, New Hampshire, Tennessee and Washington. Across all states that reported, performance improved from FFY 2017 to FFY 2019 on several measures, suggesting progress in the quality of care provided to Medicaid and CHIP beneficiaries. These measures include:

- Well-Child Visits in the First 15 Months of Life (performance improved from 60.2% to 65.1%)
- Adolescent Well-Care Visits (performance improved from 44.9% to 50.7%)
- Immunizations for Adolescents (performance improved from 74.5% to 79.2%)
- Percentage of Eligibles Who Received Preventive Dental Services (performance improved from 48.2% to 49.0%)
- Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (performance improved from 40.9% to 38.3%). Lower rates are better for this measure.

Overall, under the State Health System Performance pillar, states that reported for FFY19 have opportunities to improve in measures such as: emergency department utilization rate for children and adolescents; the percentage of children ages 3 to 6 who had at least one well-child visit with a primary care provider; the percentage of women delivering a live birth who had a timely postpartum care visit; and inpatient hospital admission rates for short-term complications of diabetes (e.g., diabetic ketoacidosis, hyperosmolarity) in adults ages 18 and older.

The State and Federal Administrative Accountability pillar measures show, for example, that the percentage of State Plan Amendments and 1915 waivers approved in within the first 90 day review period has increased between 2016 and the second quarter of 2020.

When viewing data in the MAC Scorecard, CMS would caution against making direct state-to-state comparisons based solely on data presented. For example, for measures drawn from Child and Adult Core Set, reporting methods can vary among states. States have access to different data on populations covered under fee-for-service as compared to populations covered under managed care. This variation in data availability can impact measure performance. Users should review the state-specific measure notes to better understand states' reported rates. CMS is committed to working with states to improve standardized measure calculation and reporting which will increase the ability to do direct state-to-state comparisons in the future.

CMS is committed to working with states to improve standardized measure calculation and reporting on measures across the Scorecard. As with other measurement-focused initiatives, CMS offers states technical assistance and quality improvement opportunities to assist states in collecting and reporting measures displayed in the Scorecard, as well as sharing best practices to support improved state performance.

To view the 2020 MAC Scorecard, please visit: <https://www.medicaid.gov/state-overviews/scorecard/index.html>

For more information pertaining to the 2020 MAC Scorecard, please visit:

<https://www.medicaid.gov/media/file/2020-medicaid-chip-scorecard-factsheet.pdf>