



# State Readiness to Report Mandatory Core Set Measures



Medicaid and CHIP Payment and Access Commission

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# Overview

- Background
- Approach
- Key findings
- Factors to improve state readiness for mandatory core set reporting
- Next steps

# Background: Core Set Measures

- The Children's Health Insurance Program Reauthorization Act of 2009 required CMS to develop the child core set
- The Patient Protection and Affordable Care Act required CMS to develop the adult core set
- Reporting is currently voluntary

# Background: FY 2024 Reporting Mandate

- The Bipartisan Budget Act of 2018 made state reporting on the child core set mandatory for Medicaid and CHIP
- The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act requires that states report behavioral health measures in the adult core set

# Background: Experience with Core Set Reporting

- FY 2019: 26 measures in child core set; 12 behavioral health measures in adult core set
- State reporting of the core set measures has increased over the last several years, but varies by state, and between the adult and child core sets
- Previously noted challenges faced by states in core set reporting include:
  - Limited access to data, particularly for certain populations (e.g. dually eligible beneficiaries) and for substance use disorder treatment
  - Constrained staff resources
  - HEDIS vs. non-HEDIS measures

# Approach

- MACPAC contracted with Mathematica to examine state planning efforts, perceived challenges, and readiness for mandatory reporting
- Mathematica interviewed staff from Medicaid programs in 7 states, plans, and CMS staff and contractors involved in core set reporting

# Key Findings

# States require CMS guidance on expectations and parameters

- States and plans cannot fully prepare for mandatory reporting without CMS guidance and technical specifications
- CMS is weighing several factors as it prepares to provide guidance:
  - opportunities to facilitate reporting
  - state burden
  - availability of data
- Timing for CMS guidance is unknown



# States face challenges with data and technical specifications

- Medical record and EHR data
  - intensity of effort, interoperability
- Data from other state entities
  - linkages, DUAs
- Data for certain populations
  - tribal populations, behavioral health service users
- Data quality and timeliness
  - incomplete data, CAHPS
- Adhering to technical specifications
  - HEDIS vs. non-HEDIS measures, excluding FFS

# State administrative capacity will be stretched

- States and plans foresee the need for additional staff and clinicians
- Core set reporting will compete with other state quality initiatives for state resources
- CMS is considering ways to reduce state burden, e.g., calculating measures for states, using EQROs

# Other challenges

- Future changes to core set measures will require time to implement (e.g., amending contract, obtaining data)
- The core set reporting system (MACPro) can be challenging to use (e.g., manual data entry)

# Factors to improve state readiness for mandatory reporting

- Guidance
  - which measures will be included in core set for reporting in FY 2024 and beyond
  - implementation of mandate
  - deviation from technical specifications
- Implementation timetable
  - to ramp up efforts (at least two years)
  - to assess state capacity, recruit and train staff, amend contracts
  - to identify and assess data sources; engage clinicians; execute DUAs; plan, develop, and test data collection systems

# Factors to improve state readiness for mandatory reporting

- Technical assistance
  - data collection for populations in FFS delivery systems, users of behavioral health services
  - approaches to establish DUAs
  - accessing EHR data
  - working with EQROs
- Resources
  - to prepare for reporting mandate, e.g., staffing, training

# Possible next steps

- Include a chapter in the March report to Congress
- Consider whether there is a need for a recommendation
- Continue to monitor state reporting of core measures and await CMS guidance and next steps



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