

Select CMS Measurement Initiatives and Quality-Related Activities, as of August 2012*

Initiative	Timeline	Description	Sponsor	Participants	Related Resources/Contact
Measurement Initiatives					
Initial Core Set of Children's Health Care Quality Measures	2010–present	The core set consists of 24 measures addressing preventative care, access to care, management of acute and chronic conditions, and patient satisfaction.	CMS	Medicaid and CHIP programs, which report measures to CMS voluntarily	<p>Technical assistance: CHIPRAQualityTA@cms.hhs.gov</p> <p>General information: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html</p>
Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults	Initial core measures released on December 30, 2011	The core set consists of 26 measures addressing preventative care, access to care, management of acute and chronic conditions, and patient satisfaction.	CMS	Medicaid programs, which will report these measures to CMS on a voluntary basis beginning in late 2013	http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-%E2%80%9393PM-Adult-Health-Care-Quality-Measures.html
AHRQ-CMS Pediatric Quality Measures Program	March 2011–January 2015	CHIPRA required the establishment of a Pediatric Quality Measurement Program to fund the development, testing, and validation of emerging and innovative evidence-based measures in children's health care. Grant awards were provided to seven Centers of Excellence, which will work over the next four years to improve and enhance the initial core children's measures and to develop new health care quality measures that are meaningful to state Medicaid and CHIP programs.	CMS and AHRQ	Seven Centers of Excellence, a coordinating and technical assistance center for the pediatric quality measures, two CHIPRA quality demonstration grantees, and expert panels	http://www.ahrq.gov/chipra/pqmpback.htm
Health Disparities Data Collection in Medicaid and CHIP (ACA Section 4302)	Development of data collection standards for surveys finalized on October 31, 2011. Data collection standards for administrative and clinical data under	The ACA mandates the establishment of HHS data-collection standards for race, ethnicity, sex, primary language, and disability status. It requires data collection on these five demographic categories in Medicaid and CHIP. The collection of these data must adhere to the standards developed.	HHS	HHS	<p>Report to Congress: http://www.healthcare.gov/law/resources/reports/disparities09292011a.pdf</p> <p>General information: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-Health-Disparities.html</p>

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	development. Implementation of standards in Medicaid and CHIP underway.				http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208
HHS Measure Inventory of the National Quality Measures Clearinghouse	N.A.	The HHS Measure Inventory is a searchable database of measures used in HHS for quality measurement, improvement, and reporting. The measures can be searched by HHS division, topic/condition, domain, and care setting.	HHS	General public	http://www.qualitymeasures.ahrq.gov/s-measure-inventory/browse.aspx
HCBS Quality Measurement Projects	Not listed	The projects test a variety of measurement sets that address quality of life, avoidable hospitalization and incidents, health, experience of care, impact of program design, and system balancing.	CMS and AHRQ	HHS, States and general public	http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-HCBS.html
Quality Improvement Initiatives					
National EPSDT Improvement Workgroup	December 2010–present	The workgroup will help CMS identify the most critical areas for improvement of EPSDT and will discuss steps that the federal government might take, in partnership with states and others, to both increase the number of children accessing services and to improve the quality of data reporting, which would shed light on how effectively HHS is putting EPSDT to work for children.	CMS	State representatives, children’s health providers, consumer representatives, and other experts in children’s health	http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html
CMS Oral Health Initiative and CMS Oral Health Strategy	2010–present	These initiatives were developed to address the need to improve access to oral health care for low-income children. The CMS Oral Health Initiative has set two improvement goals, to be achieved by 2015: (1) increase the proportion of Medicaid and CHIP children ages 1 to 20 who receive a preventive dental service by 10 percentage points and (2) increase the proportion of Medicaid and CHIP children who receive a sealant on a permanent molar by 10 percentage points.	CMS	States, dental health providers, beneficiaries, other governmental agencies, and private-sector organizations	http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html
CHIPRA Quality Demonstration Grant Program	Demonstration from 2010–2015	These CHIPRA-required grants were awarded to 10 states to evaluate promising ideas for improving the quality of children’s health care under Medicaid or CHIP.	CMS (AHRQ is sponsoring the National Evaluation of the CHIPRA Quality Grant Demonstration Program)	Ten grantees across 18 states (lead state listed first with partner states in parentheses): CO (NM), FL (IL), ME (VT), MD (GA, WY), MA, NC, OR (AK, WV), PA, SC, UT (ID)	http://www.ahrq.gov/chipra/demoeval/ http://www.insurekidsnow.gov/professionals/CHIPRA/grants_summary.html Summaries of selected projects: http://www.insurekidsnow.gov/chipra/annualreport.pdf (page 11)

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Money Follows the Person	Demonstration from 2007 – 2016	The Money Follows the Person Demonstration program has three primary goals: (1) to reduce reliance on institutional care, (2) develop community-based LTSS opportunities, and (3) enable people with disabilities to participate fully in their communities. Measures of quality of life and system performance are captured on participants. Over 20,000 individuals have been transitioned from institutions to their homes and communities since implementation.	CMS	46 States and the District of Columbia are currently participating	Summary of 2010 Findings http://www.mathematica-mpr.com/publications/PDFs/health/MFP_2010_annual.pdf
Future Measures Work Anticipated					
ACA Business Process Performance Indicators for Medicaid/CHIP	TBD	CMS will be seeking comment on, and subsequently adopting, indicators related to the performance of Medicaid and CHIP program business processes in the areas of individual eligibility and enrollment, provider enrollment, and claims payment.	CMS	Medicaid and CHIP programs	TBD
CMS Adult Medicaid Quality Measures Program	To be established by January 1, 2013	The ACA requires the establishment of a Medicaid Quality Measures Program to fund the development, testing, and validation of emerging and innovative evidence-based quality measures for adult health. The program is to be established in the same manner as the Pediatric Quality Measures Program.	CMS	TBD	TBD
Demonstration Grant for Testing Experience and Functional Assessment Tools in Medicaid Community-based LTSS	August 2012 - 2016	This initiative, authorized under section 2701 of the ACA, includes four components: (1) field testing an experience survey on multiple community-based LTSS programs for validity and reliability; (2) field testing a “modified” CARE (Continuity Assessment Record and Evaluation) functional assessment tool for use with beneficiaries of community-based LTSS programs; (3) demonstrating personal health records with beneficiaries of community-based LTSS; and (4) curating an electronic LTSS standard in conjunction with the Office of National Coordinator’s Standards and Interoperability Framework.	CMS	Beneficiaries of Medicaid LTSS, including Medicaid Title XIX programs, 1115 Demonstrations, and State plan services (personal assistance and home health)	http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Long-Term-Services-and-Support.html

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National Balancing Indicators Project	2007-2013	To help address the challenges of rebalancing the long-term care system, the National Balancing Indicators Project will (1) refine and add to a set of 18 core measures and assess the feasibility of implementing the measures; (2) construct a comprehensive crosswalk of long-term care balancing indicators developed by other federal agencies; and (3) provide recommendations on data collection needed to facilitate CMS' capacity to routinely track improvements in the LTSS system.	CMS	Programs that provide LTSS to Medicaid beneficiaries	http://nationalbalancingindicators.com/index.php?option=com_content&view=article&id=84&Itemid=66
Other Initiatives of Interest					
EHR Incentive Programs	2010	The Medicaid EHR Incentive Program provides incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade to, or demonstrate meaningful use of certified EHR technology in their first year of participation and demonstrate meaningful use for up to five more years.	CMS	Eligible professionals, eligible hospitals, and critical-access hospitals who register for the program(s)	https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/
Million Hearts	Measures calculated between January 2012 and December 2016	Million Hearts is a national initiative, co-led by CMS and CDC, to prevent one million heart attacks and strokes in the U.S. by 2017 by empowering Americans to make healthy choices (e.g., avoiding tobacco use and reducing sodium and trans-fat consumption) and by improving care for people who do need treatment by achieving excellence in the "ABCS"—aspirin for people at risk, blood-pressure control, cholesterol management, and smoking cessation.	HHS and the private sector	Multiple federal agencies and private-sector partners, including the American Heart Association and the YMCA, among many others	http://millionhearts.hhs.gov/aboutmh/overview.html
Partnership for Patients	Launched April 2011	This public-private partnership aims to improve the quality, safety, and affordability of health care for all Americans. By the end of 2013, the partnership hopes to (1) reduce the number of preventable hospital-acquired infections by 40 percent compared to 2010 and to (2) reduce the number of hospital readmissions by 20 percent compared to 2010.	HHS and the private sector	Major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments	http://www.healthcare.gov/compare/partnership-for-patients/about/index.html
Strong Start for Mothers and Newborns	Launched February 2012	Strong Start's mission is to reduce the risk of significant complications and long-term health problems for expectant mothers and newborns. The initiative employs two primary strategies: (1) testing ways to encourage best practices and to support providers in reducing early elective deliveries prior to 39	CMS, HRSA, ACF, CDC, NIH	March of Dimes and the American College of Obstetricians and Gynecologists	http://innovations.cms.gov/initiatives/strong-start/

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		weeks and (2) testing the effectiveness of three enhanced prenatal-care approaches to reducing preterm births for women covered by Medicaid/CHIP who are at risk for preterm births.			

*This list reflects federal initiatives that may be of particular interest to state Medicaid and CHIP programs. It does not reflect all measurement projects underway at CMS.

- ACA = Affordable Care Act
- ACF = Administration for Children and Families
- AHRQ = Agency for Healthcare Research and Quality
- CDC = Centers for Disease Control and Prevention
- CHIP = Children’s Health Insurance Program
- CHIPRA = Children’s Health Insurance Program Reauthorization Act
- CMS = Centers for Medicare & Medicaid Services
- EHR = Electronic health record
- EPSDT = Early, periodic screening, diagnosis, and treatment
- HCBS = Home- and community-based services
- HHS = U.S. Department of Health and Human Services
- HRSA = Health Resources and Services Administration
- LTSS = Long term services and supports
- NIH = National Institutes of Health
- TBD = To be determined

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: (1) early innovator information technology (IT) solutions; (2) coverage expansion; (3) data analytics and performance measurement; (4) IT efficiency and effectiveness; and (5) value-based purchasing.

These state-federal learning collaboratives are generating practical resources that are shared nationally via an online **MAC Collaboratives State Toolbox on Medicaid.gov**. 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>.