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CMS
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Fact Sheet: Medicaid and CHIP (MAC) Scorecard

Overview

The Centers for Medicare & Medicaid Services (CMS) developed its Medicaid and Children's Health Insurance Program (CHIP) Scorecard to increase public transparency and accountability about the programs' administration and outcomes. 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 key domains, including measures like:
   - Postpartum Care
   - Well-Child Visits
   - Immunizations for Adolescents
   - Initiation & Engagement of Alcohol & Other Drug Dependence Treatment
   - Follow-Up After Hospitalization for Mental Illness
2. **State Administrative Accountability:** These measures provide insight into how states and the federal government work together to administer Medicaid and the Children's Health Insurance Program (CHIP), including measures like:
   - State Plan Amendments: *Days Awaiting Information from States*
   - Managed Care Capitation Rate Review: *Timing of States' Submissions*
3. **Federal Administrative Accountability:** These measures provide insight into how the federal government and states work together to administer Medicaid and the Children's Health Insurance Program (CHIP), including measures like:
   - State Plan Amendments: *Days Under CMS Review*
   - Managed Care Capitation Rate Review: *Days Under CMS Review*
   - Section 1115 Demonstrations: *Time from Submission to Approval*

This first version of the Scorecard is promoting a significant step to improve transparency and accountability through public reporting. Future versions of the scorecard will feature enhanced functionality, including sorting features that will provide users with the ability to sort by state or measures, along with other types of interactivity features.

As features and data sources improve, future versions will also enhance the purposes for which Scorecard can be used. For example, CMS could use the Scorecard as an

accountability tool for state performance and outcomes rather than requiring separate or duplicative reporting. CMS and states will continue to work together toward these goals.

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

Like Medicaid and CHIP beneficiaries, information in the Scorecard spans all life stages. This first version of the Scorecard includes information on selected health and program indicators such as subsets of measures from the CMS Medicaid and CHIP Child and Adult Core Sets (e.g., well child visits, mental health conditions, children's preventive dental services, and chronic conditions) along with federal and state accountability measures (e.g., state/federal timeliness of managed care capitation rate reviews; time from submission to approval for Section 1115 demonstrations; state/federal state plan amendment processing times, etc.). In the future, as more data become available, CMS intends to add other measures, including program integrity measures, to the Scorecard.

The Scorecard also sheds light on key questions about the scope of Medicaid and CHIP.

- Who enrolls in Medicaid and CHIP?
- What are annual expenditures for Medicaid and CHIP?
- What data are CMS and states developing to support program improvement?

States and CMS can use the Scorecard to drive improvements in areas such as:

- State and federal alignment
- Beneficiary health outcomes
- Program administration

CMS worked with a subset of state Medicaid agencies to select measures for this first Scorecard. Many measures in the Scorecard come from public reports. For example, most measures in the State Health System Performance pillar come from the Medicaid and CHIP Child and Adult Core Sets. This approach allows CMS to align the Scorecard with existing reporting efforts.

There is more work ahead for CMS and states before the Scorecard can be used to draw effective state-to-state comparisons. Core Set reporting methods also currently vary among states. For example, some 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. Readers should review the detailed measure notes located after the graph to better understand states' reported rates. While there are many reasons some states do not collect or report all Core Set measures, CMS hopes the Scorecard will draw attention to the importance of reporting on these measures and help to improve consistency in reporting over time.

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

For the first time CMS will publish Medicaid and CHIP quality metrics along with federally reported measures in a Scorecard format. Many of the measures included on this first version of the Scorecard are from the Child and Adult Core Sets which are voluntary 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?

Future iterations of the Scorecard likely will allow year-to-year comparisons to help identify trends, including on measures such as quality outcomes, per-person spending, and program integrity performance. The Scorecard will be flexible—CMS may add new areas of emphasis important to the Medicaid and CHIP programs or replace measures as more outcome-focused ones become available. CMS envisions that 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 we do for our 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.

Link to the Scorecard: https://www.medicaid.gov/state-overviews/scorecard/index.html

Sample Screenshots

Landing Page Screenshot

Medicaid & CHIP Scorecard

The Centers for Medicare & Medicaid Services (CMS) developed its Medicaid and Children's Health Insurance Program (CHIP) Scorecard to increase public transparency about the programs' administration and outcomes. The Scorecard includes measures voluntarily reported by states, as well as federally reported measures in three areas:

State Health System Performance

State Administrative Accountability

Federal Administrative Accountability

States and CMS can use the Scorecard to drive improvements in areas such as:

- State and federal alignment
- Beneficiary health outcomes
- Program administration

A summary of the Scorecard can be found in the Scorecard Fact Sheet.

What's in the Scorecard?

Like Medicaid and CHIP beneficiaries, information in the Scorecard spans all life stages. This first version of the Scorecard includes information on selected health and program indicators. It also describes the Medicaid and CHIP programs and how they operate.

The Scorecard will evolve. Future iterations likely will allow year-to-year comparisons to help identify trends. The Scorecard will be flexible—CMS may add new areas of emphasis important to the Medicaid and CHIP programs or replace measures as more outcome-focused ones become available.

CMS worked with a subset of state Medicaid agencies to select measures for this first Scorecard. Many measures in the Scorecard come from public reports. For example, most measures in the State Health System Performance pillar come from the Child and Adult Core Sets. This approach allows CMS to align the Scorecard with existing reporting efforts.

Including measures from the Core Sets in the Scorecard builds on states' investments in collecting and reporting these voluntary measure sets. While there are many reasons some states do not collect or report all Core Set measures, CMS hopes the Scorecard will draw attention to the importance of reporting on these measures. Core Set reporting methods also can vary among states. For example, some 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. Readers should review the detailed measure notes located after the graph to better understand states' reported rates.

Sample measure display: State Health System Performance Pillar

Well-Child Visits in the First 15 Months of Life

About This Measure

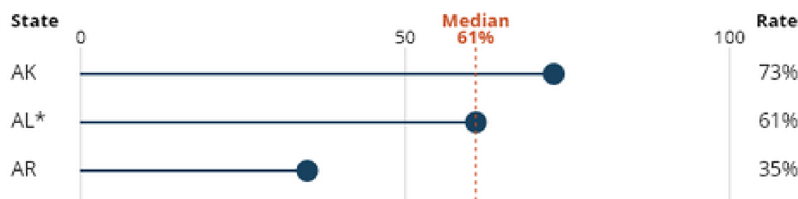
This measure shows state performance based on the percentage of children receiving six or more visits by 15 months. This measure reports the percentage of children who turned 15 months old during the measurement year and who had 6 or more well-child visits with a primary care practitioner during their first 15 months of life. Higher rates are better.

The data presented below are taken from the Child Core Set for Federal Fiscal Year (FFY) 2016. Reporting is currently voluntary and reporting methods can vary by state. For example, some 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. Readers should review the detailed measure notes located after the graph to better understand states' reported rates.

The American Academy of Pediatrics and Bright Futures recommend nine well-care visits by the time children turn 15 months of age. These visits should include:

- A health history
- Physical examination
- Immunizations
- Vision and hearing screening
- Developmental/behavioral assessment
- Oral health risk assessment
- Parenting education on a wide range of topics

The red dashed line represents the median, or middle of all values reported.



Sample measure display: State Accountability Pillar

Managed Care Capitation Rate Review: Timing of States' Submissions

About This Measure

This measure reports the number of days between a state's submission of a base capitation certification rate and the start of the managed care contract rating period. CMS conducts actuarial reviews of these rates as part of an approval process. States must submit base capitation rate certifications to CMS for review and approval before the managed care contract rating period starts.

Light-blue bars indicate state submissions that occurred before the rating period began.

The red dashed line represents the median time of submission. Half of the submissions occur before the rating period begins or within 60 days after the rating period begins. Half of the submissions occur more than 60 days after the rating period begins.