HHS-CMS-CMCS
All-State Call
January 23, 2024
3:00 p m ET

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode. During the Q&A session, if you'd like to ask a question, you may press Star 1 on your phone. Today's call is being recorded. If you have any objections, please disconnect at this time. I'll now turn the call over to Jackie Glaze. Thank you. You may begin.

Jackie Glaze: Thank you and good afternoon and welcome everyone to today's Allstate Call-In Webinar. I'll now turn to Anne-Marie Costello, our Deputy Center Director for opening remarks. Anne-Marie.

Anne-Marie: Thanks, Jackie, and hi, everyone, and welcome to today's all-state call. On today's call, we'll be discussing two important topics. First up, (Caroline Harmon) from our Children and Adult Health Programs Group will be providing a brief update on the Medicaid and CHIP State Plan Amendment Templates for Children's continuous eligibility. Then Karen Llanos, Director of our Innovation Accelerator Program Strategy and Support Group, will provide an overview of the Medicaid and CHIP Scorecard. Karen will provide an overview of the scorecard and then discuss the recent redesign of the site for 2023 that included a reorganization of the site to make it easy to find measures and data, improve navigation, and enhance measure pages with new functionality.

Before we get started, I wanted to let folks know that we will be using the webinar platform to share slides today. If you're not already logged in, I suggest you do so now that you can see the slides for today's presentation. You can also submit any questions you have into the chat at any time during our presentation. With that, I'm going to turn things over to (Caroline

Harmon) for an overview of the Medicaid and CHIP SPA templates for children's continuous eligibility. (Caroline)?

(Caroline Harmon):   Thank you, Anne-Marie, and hello, everyone. As Anne-Marie mentioned, I'm here today to provide you with an update on the Medicaid and CHIP spot templates for children CE. Next slide, please. As many of you may know, Section 5112 of the Consolidated Appropriations Act of 2023 amended Titles 19 and 21 of the Social Security Act to require that states provide 12 months of Continuous Eligibility for children under the age of 19 in Medicaid and CHIP. And this requirement became effective January 1, 2024.

The updated Medicaid and CHIP SPA templates became available on January 12, and we wanted to make sure that states are aware of this. On the Medicaid side, if you are a state that has an approved SPA for Children's Continuous Eligibility that complies with the CAA's requirements, you don't need to do anything, and we have doing outreach to these states through the state leads to confirm their compliance.

For Medicaid, though, if you are a state that has not already submitted a SPA in MACPro, you must do this by March 31st to ensure a January 1, 2024, effective date as required by the CAA. And this applies both to states that did not implement continuous eligibility before it became required, and for a handful of states that did but only provided it to a subset of children or for a period of time that was shorter than 12 months.

And if you have any questions, please reach out to your state lead. Now I will speak briefly about the CHIP SPAs based on information that my CHIP colleagues have shared with me. The majority of CHIP states will need to submit a SPA through MMDL, and in some cases through their paper state plan to either newly implement continuous eligibility or to come into compliance with the CAA. There are a variety of reasons that states might need to come in with a CHIP SPA, such as modifying an existing policy that only applies continuous eligibility to a subset of children under the age of 19 or that apply continuous eligibility periods shorter than 12 months.

The deadline for submission is the end of the state's fiscal year for CHIP. And if you have questions, please reach out to your CHIP project officer. This wraps up my update. If anyone has any questions, I'm happy to answer them during the Q&A portion of the call. And now I'll turn things over to Karen Llanos.

Karen Llanos: Thanks, Caroline. Hi, everyone. My name is Karen Llanos, and I am the Director of the Medicaid and CHIP Scorecard from the IAP group, and really happy to talk with you all about our redesign. I will say before we move on to the next slide, you know, my goal is twofold. One is to talk about our very exciting 2023 scorecard redesign, but my second goal is to see if we can get more hits to our site, because we know we're tracking the amount of hits that we get.

So, what is the Medicaid and CHIP Scorecard? CMS developed the Medicaid scorecard initiative not too long ago, it's only been about six years, which feels longer, but we really have taken leaps and bounds from our original 2018 scorecard. The picture that you see on this slide is really the redesign, but for those of you that might remember the 2018 org hard, we put it pretty quickly together. It had about 24 data points, and it was all very static images. There was no interactivity. We wanted it, but we knew it would take a long time to build it, and why did we build it?

So, we really wanted to reach three main goals with this. First and foremost is to take all of that great data that CMS, our state partners, have really invested in over the past decade and put that out there in many different ways. So, really to provide greater transparency about what we could tell about the Medicaid and CHIP program administration.

The second is, as we always think about the beneficiary in mind, and we wanted to do that not just through sharing data and telling our Medicaid story, but also helping to drive those improvements through the increased use of information and in trying to move all of the federal and state alignments and program administration pieces together. So, we do that by sharing information in new and different ways.

Next slide. So, what kind of data are in the Scorecard? As I mentioned, we started off with about 20 to 24 data points, and over time, based on changes in priority, based on the Medicaid program, based on the pandemic and different administrations, we've grown to over 50 data points. And we use different types of data points and measures that are updated annually, because we want to make sure that whatever that year's scorecard, those measures reflect where we are with the Medicaid and CHIP program, and how we can tell that story in a few numbers - few amounts of measures and data points.

It really is, if you were to ask me very quickly, tell us what the Scorecard is. It is a dashboard or a centralized place where people can go and see how CMS is using a very wide range of state-reported CMS standard data in different ways, and it also provides interactivity. And we display these data in, like I said, different ways based on our feedback stories. We know that we need data at a very high level or background, something that provides a national context in where, how states are operating in those types of environments.

We've got national and state-specific data on different types of Medicaid and CHIP topics, but about the programs themselves, the delivery system, types of delivery systems, types of waivers used across the country and by states. Healthcare quality performance. We know that states are really interested, states and other audiences are really interested in state-specific quality measures and how those - how states are performing across these measures nationally and certainly in comparison to other states. And then finally, what does that state-federal accountability partnership look like? And we've taken, this is a hard one, but we've taken some national rate measures, some administrative data points, and tried to see if we can help to kind of piece that together in a data format for our users.

Next. So, what are some examples of the Scorecard if you've never been in there? As I said, we started off with about 24 points. Over time, we've gotten to about 50, so double the size. We evolve and curate the set on an annual basis, but these are some examples. So, under quality measures, we pull from the quality measure data that our state partners submit to us. We work with

other offices and centers within CMS, so we use the Center for Clinical Quality Standards Nursing Home Compare data. We have our own data on the Medicaid and CHIP programs that we use performance indicators. And we - some of those big data points that I mentioned are background data, include Medicaid and CHIP enrollment by state.

We have national Medicaid and CHIP enrollment, and we certainly pull from a lot of our T-MSIS data as well. And then there's a third bucket of administrative data that we collect at the agency or at our Center, and that talks about different types of perspectives on managed care, capitation rate review, state plan amendments, and 1915 waiver processing are some of the measures that we've had from the beginning, and we continue to evolve how states can use and interact with those data.

Next slide. I think one of the things, so after we put the scorecards together, and we've continued to evolve it. One of our biggest lessons learned was that, and I'm sure this has happened in state environments and in other types of environments when you're working with data, but we realized that putting all of these data together online really pulled together a message about the Medicaid and CHIP program that created a pretty big impact and drew attention to it. It wasn't the first time that CMS had posted state-level data, certainly we've had Annual Child and Adult Core step chart packs, and we've released data through other vehicles, but there was something about seeing it all together, perhaps under the name of scorecard or the timing of it all, but it really drew attention to it.

I think as we think about it, it really started solidifying how critical it was if we wanted success moving forward to understand that we had to work with our state partners and with our other key audiences and really ask what they needed and how to put together these data in a way that was going to be seen as important and useful.

I think the other thing, as I say in my slide, I think the other kind of aha moment is, just because we're posting lots of data online does not mean that everyone knows that they're there. So, they might not know exactly where to

go for data, that these data exist, or how to interpret. I think all of those lessons learned, we continue to build into our 23 redesign and try to think about how to make this scorecard redesign really successful.

Next slide. So, as I said, our key goal is to build a scorecard that's useful. So, we have really spent the last couple of years trying to collect as much user feedback as possible, because we know that if we're not asking the people who are using our scorecard, then we're missing out on a really important and critical opportunity. We use both internal and external feedback processes. And what that means is our scorecard development process lasts a year, so we begin as soon we end, and sometimes we overlap our cycles, but we really want to make sure that the Scorecard includes the type of data and highlights the type of data that's meaningful and important, not just to our state partners and our other audiences, but also to our internal colleagues.

So, those that are submitting data to us across the Office of the Actuary, across the Medicare Medicaid Coordination Office, within the Center for Medicaid and CHIP Services, (NCVSQ), everyone gets the opportunity to share with us changes to their measures, ideas on additional measures that should be used, the look and feel of their measure pages. So, we really start our measure selection process by asking our data owners what are the types of measures that they want to see in the Scorecard going forward. And then we use that to work with our external partners, namely the National Association of Medicaid Directors, to really pull that together. So, it's really important to ask for feedback on the measures and the website overall.

Next slide. So, as I said, we like to - a lot, to ask users what they want. I wanted to share with you the kind of the types of use cases that we've developed over time for our scorecard audiences, because it really helped drive the changes that you'll see in the 2023 scorecard and what we plan on in future years.

We know the state Medicaid agency staff have used the Scorecard in the past to make the case for budget changes, for engaging with their stakeholders, for talking about the type of quality improvement projects that they might want to

focus on, so we've taken that into account and what their needs are and how the Scorecard can support that. We know that some advocacy groups and other users may want bigger picture data or background data on the Medicaid and CHIP programs at large, and they want to be able to manipulate data sets in easy and nimble ways without really having to download anything, but really understanding some key metrics in some key areas.

So, the common needs that we took away from all of this was more information on the measures. You know, we can - we were continually trying to strive the balance of - did we hit the right amount of measure detail in terms of background? We knew across the board that in all of our use cases and all of our feedback loops, everyone wanted more robust data filtering options. They wanted to very quickly pull a couple of things together and see how they compared to the national reporting average.

And then the other thing that we've been really striving for the past several years is how to include trends over time or longitudinal visualizations in a way that was easily - easy to use for our audiences.

Next slide. I can't underscore how important it is not just to work with your internal experts, but also your external experts. And the National Association of Medicaid Directors Scorecard Advisory Group really began as soon as the Scorecard was announced to be put together. And their collaboration has been instrumental in determining our vision and really making the Scorecard something that is impactful and meaningful in different ways to different audiences.

So, we worked really closely with them this year. In the past few years, we really helped - they've really helped us determine what the vision is and how this scorecard can continue to evolve. We certainly heard a lot about improved size and functionality and how to make the pages look better. We work with them annually in terms of which measures to add or pull off of the scorecard.

And I will say that, you know, seeing the investment of the feedback that we get, you know, we offer all of our Medicaid directors a pre-release review

period. And every year, we see that commitment come back to us in terms of really great feedback, not just on their measures or the measures that might be important to them, but on potentially data accuracy issues, and then overall improvements on, this is great, but next year, could you think about something like this?

And all of that feedback has really helped, and that collaboration has really helped to solidify the product that we released in December of 2023. So, for this scorecard, the December 2023 scorecard. What does collaboration result in? Very specifically, the entire full site redesign down to the logo was really as a result of NAMD's Scorecard Advisory Group's feedback, and as I noted, additional annual measures which included just a few measures this year, focusing on some key gap areas in equity and maternal health.

Next slide. So, what's new in the 23 Scorecard? If you haven't been, as I said, we've worked with not just the Scorecard Advisory Group, but we conducted interviews and focus groups with about 100-plus users over the past couple of years to really identify opportunities to improve the Scorecard. It is true that we knew that the redesign had to include or fix some things that we had been struggling with. So, we knew that our users struggled with navigating between the many scorecard pages. We had about three clicks, maybe four, until you got to the good stuff.

The webpages had a lot of information because our measures are very detailed, and we know that our users want a lot of information, but that meant a lot of scrolling. As I said, the fine balance that we continue to struggle with is having enough information, but not too much text, and not too jargony. And finally, we knew that in the interactive visualizations that we had rolled out prior to 2023, our users wanted more, and they wanted more filtering and more robust visualization opportunities, particularly for the healthcare quality measures.

Next slide. So, when you go into the Scorecard, this is what you'll see. You'll see the updated 2023 measure set. You will see all of the measures that pop up on the landing page as soon as you get in, so you don't have to worry that

you've missed a measure. There are different types of measure page enhancements. I'll show a few of them in screenshots in just a little bit, but as I said, we leaned hard into data visualization options and filter functionalities.

We knew that our audiences wanted to see data in a table view, in a graph view, in a map view, and we gave all of that this year for the measures that were applicable, and we put lots of connective tissue to - across the type - the measures that we have. And what I mean by that is, if you're on a measure page in the Scorecard, and you want to better understand, is this part of this - is this a subset of measures, part of this larger CMS 1, you can easily see that. If you're wondering how to get to the actual data, we've got a link to that.

If you have questions about the measure and that measure set has a help desk, you can get that information there as well. We really try to make sure that if you are interested in learning more about a measure and have questions, you can understand how that particular measure that we're spotlighting in the Scorecard fits into the broader theme of things. Better organization of the site at large, and then, as I mentioned, the new logo.

Next slide. Next slide. I'll walk through some of the new scorecard components so that if you've not been on the page, as you can see, the new landing page, it is super easy to get to the Scorecard now. You can Google Medicaid and just Scorecard. You can also, from the Medicaid.gov landing page, there's an icon for scorecards. It'll take you to this page. This is a very quick rundown of how the Scorecard is designed now or organized. So, we've got three pillars. You click on Explore Scorecard, and that takes you straight to the measure list page.

Next slide. We reorganized the measures in a way that made the most sense to how people were using the measures, and we used that, and we designed this in collaboration with our NAMD's scorecard advisory group. Our background data is now called program characteristics because they are defining program characteristics of many different types.

Underneath each of these big icons, you'll see what is comprised under there, so we've got some, you know, information on care delivery, and that means, you know, what's the breakdown in terms of managed care versus super service, who's got different waivers. You can look under program improvement, and you'll see some interesting data there in terms of the number of measures that have stayed submitted voluntarily for the Child Adult Core Set, just as an example, that kansas data there as well.

Eligibility and Enrollment, pretty straightforward. Expenditure has our per capita measure in there as well. Under Healthcare Quality Performance, that pillar stayed exactly the same. And then the final pillar, Federal and State Program Administration, used to be two, Federal program accountability and state program accountability. And working with our NAMD group realized, wait a second, if this is really truly a working partnership and mutually accountable, then it should be one combined pillar. So, you'll see that icon now is one versus two. So, you'll see this on the landing page, and now you'll understand exactly what each of those icons mean.

Next slide. Once you're on the landing page, it's very easy to search any measure. If you want to, if not, you can just scroll down, but you'll see that in the red circle, there is a search bar. If you can't remember the name of the measure you're looking for, then you can go to the right where it says filter by keyword, data source, or data availability. You'll have drop-down options in terms of keywords. We've got some tags in there, quality, children, adult, behavioral health, maternity, to help you if you can't think of it. If not, continue to scroll down, and you'll see everything.

You'll also have the ability to move that little toggle that says group filter by content area, and you can see all of the program characteristics together, all of the federal program administration together, all of the healthcare quality. So, we've got lots of different ways for you to look at that. There each measure has a little tab or a little snippet that I call, so you'll see Advanced Planning Document Processing right below that red circle. It'll very quickly say what - for that particular measure, starting from left to right, is that do I have national data here or state data? Here we've got national data only. What the source is,

what the data period is, And then a quick number that represents kind of a quick stat, and if you want to look at all of the data behind it, you just click View All Data, and that will take you directly into the measure page.

So, again, we're trying to very quickly answer questions for our users, and this was one of the biggest ones, which was give us a little bit of information on each measure, and then take us - give us the opportunity to do a deeper dive.

Next slide. The new measure pages have a bunch of information on them. I'm highlighting two filter options because we get asked a lot about these particular ones. Can I filter by population? So, this will say Medicaid, CHIP tool. You can look through that. If the data are available, it will filter. Methodology applies to different types of measures. Is it chart review, administrative, electronic?

So, you'll see that you are in the measure tab for a particular measure. Here starting from the very top, it's Asthma Medication Ratio. We've got that little banner, that snippet banner that gives you the quick information. You'll see the state median rate for the latest reporting year, Federal Fiscal 2022.

It'll give you a little bit of a sense of whether higher rates or lower rates are better. And then if you want to get into the neatest things, you've got all of that measure description in there. So, you can, this measure is available for state-level data, but a map appears. You can look at that data map bar table by different year if you've got it. And then that second tab that's not highlighted is measure information. All the detail between the technical specification highlights that you've got there, who to ask for questions, those types of things.

Next slide. The new different types of visualizations that I mentioned are the measures of where it's available. You can look at the map, longitudinal view if it's available, bar graphs. The broadcasts are sortable. Highest to lowest, alphabetical, and then we've got the median right there as well.

Next slide. Download options. We've got lots of them this year. We're highlighting just a couple in the red circle, but if you are on a measure page, you have an icon that will directly direct you to where to download into a CSV. If you want that map, you can download that map or chart into an image, throw that into your PowerPoint. Lots of different ways to download the data, and we hope that you experiment and try to use some of those.

Next slide. So, that's a very quick snippet of what you might find on that, but I really encourage you to go into the Scorecard and play around with it and let us know what you think in terms of that. As for us and our team, we released 23 scorecards in December. We are actively working on 2024 scorecards and what to look for next, right? So, we are continuing to find areas for improvement I think our biggest goal is that we know that good data and good content does not equal a positive user experience. We want to continue to evolve the Scorecard and its functionality and its measures in a way that will be as useful to our state partners, to all of our users as much as possible.

We don't want a website there with data that's not being used. As we - as always, we'll continue to conduct more user testing over the next few months, particularly because we've just underwent a large redesign. And then we'll continue to evolve the Scorecard content.

So, we have been working with our internal partners to identify changes for the 24-measure set. We'll next move to NAMD and work with them to finalize changes to the 24-measure set. And one of the things that we are really trying to roll out in 24 is a state mode feature and that's the ability to press a button and only look at one state measure across all the Scorecard at a time, one to three, ideally. And we're in the prototype stage. It looks really cool. We know that this is something that our state partners and our audiences have asked us about. And we are really hoping that we can deliver in 24.

As with any development project, we know that it is something that continue - will continue to evolve, and we'll know more as we get closer. But this is something that we know that we want to build. That is our quick snapshot into the 23 release and how we got there and our evolution. My information is

available for questions. And I know folks will send questions in during the right period. So, with that, I want to thank you for your time. And I believe I'm turning it back to Jackie or Anne-Marie.

Anne- Marie: Thank you, Karen, you're turning it back to me, so thank you for your presentation. We're ready to take state's questions at this point, so please ask questions about today's presentations or if you have other general questions that you'd like to ask. We'll start by taking your questions through the chat function so if you haven't already submitted those, go ahead and start now, and then we'll follow by taking questions over the phone line. So, (Krista), I'll turn to you at this point.

(Krista): At this time, I'm not seeing any questions in the chat, so we can give folks maybe a couple of minutes to submit their questions. While we're waiting for questions to come through the chat line, we'll transition to the phone line. So, (Ted), if you could please provide instructions for registering the questions, and then if you can open the phone lines, please.

Coordinator: Yes, the phone lines are now open for questions. If you would like to ask a question over the phone, please press Star 1 and record your name. If you'd like to withdraw your question, press Star 2. Thank you.

(Krista): Ted, are you seeing any questions come through?

Coordinator: I'm showing no questions, no phone questions at this time.

(Krista): Okay. Great, thank you. And we're not seeing any questions through the chat function, so we'll give folks a couple minutes, and then we'll go ahead, and we'll close early today.

Coordinator: And again, if you would like to ask a question over the phone, please press Star 1 and record your name.

(Krista): Okay, Ted, just confirming you're not receiving any questions.

Coordinator: I'm showing no questions at this time.

(Krista):   Okay, so no questions through the chat function either. So, in closing, I would like to thank (Caroline Harmon) and Karen Llanos for their presentations today. Looking forward, we will provide the topic to some invitations for the next call. So, if you do have questions that come up before the next call, please feel free to reach out to us, your state leads, or bring your questions to the next call. So, we do thank you for joining us today, and we hope everyone has a great afternoon. Thank you.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect at this time.

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