Understanding and Analyzing the New Federal Reporting Requirements:

Performance Indicators of State Medicaid & CHIP Programs

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Center for Health Policy and Research

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Overview

- The ACA impacts Medicaid & CHIP enrollment in several ways, including eligibility expansions, modernized enrollment processes, and increased outreach efforts.

- Starting in October 2013, state Medicaid and CHIP programs and State-based Marketplaces (SBMs) created under the Affordable Care Act (ACA) began reporting data regarding applications, eligibility and enrollment to the Centers for Medicare & Medicaid Services (CMS).

- The new reporting requirements hold promise to provide state , federal and other health care leaders with data that is more detailed and more timely than what was previously available, with the purpose of helping to drive policy, program evaluation, and program integrity efforts.

- Early results from these new reporting requirements are just beginning to show the effects of the ACA on Medicaid& CHIP.

Agenda

- Describe the new Medicaid & CHIP requirement to report Performance Indicators

- Describe the Marketplace federal reporting requirements

- Describe & analyze initial results from the reporting requirements

- Look ahead to the future of federal reporting for Medicaid & CHIP

Background: The ACA's impact on Medicaid & CHIP enrollment

The ACA impacted Medicaid & CHIP enrollment in several ways:

Figure 1

ACA Medicaid Changes that Will Impact Enrollment
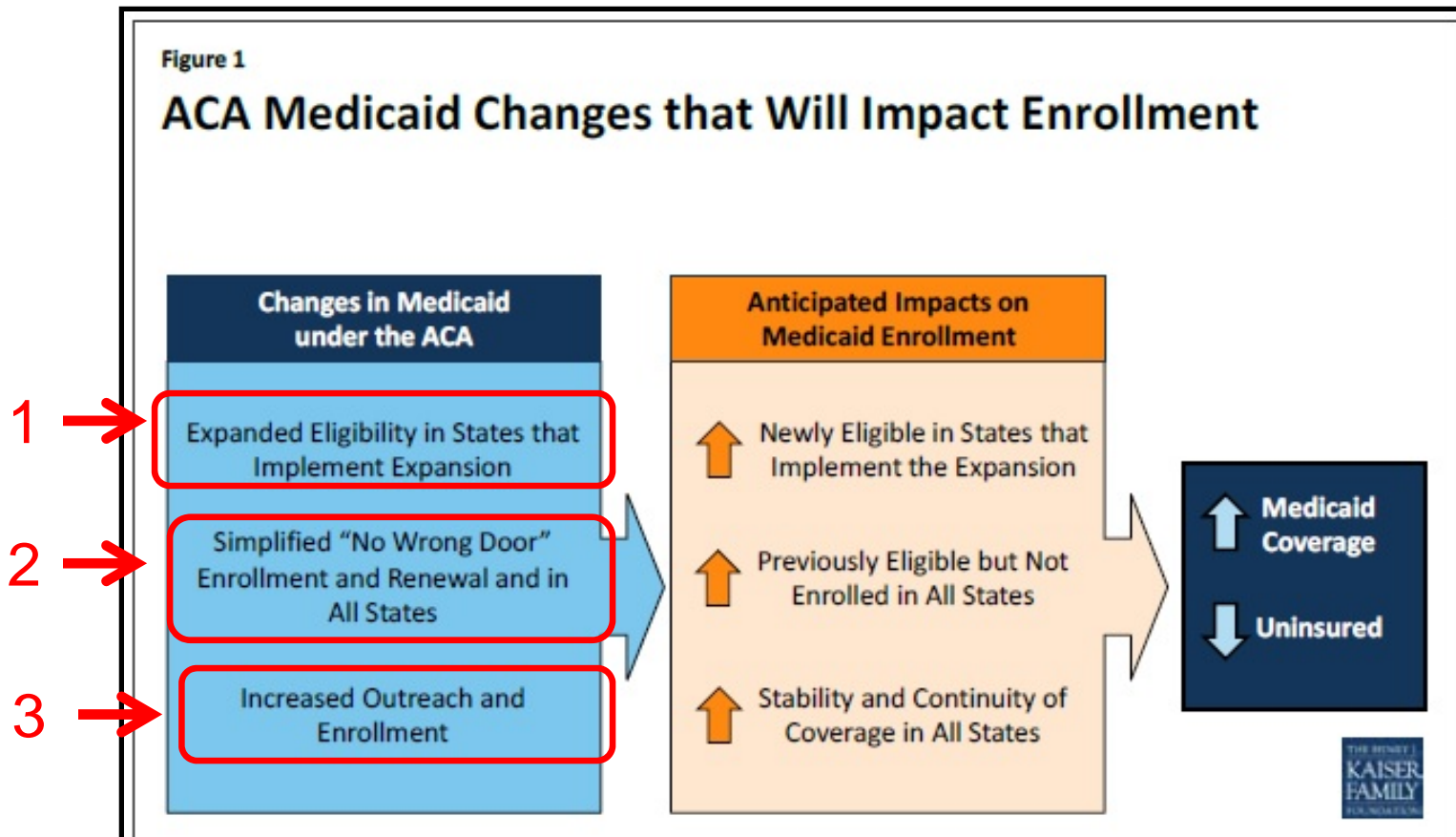
Source: How is the ACA Impacting Medicaid Enrollment (KFF, May 2014)
- http://kff.org/medicaid/issue-brief/how-is-the-aca-impacting-medicaid-enrollment/

# Background: The ACA's impact on Medicaid & CHIP enrollment

The ACA impacted Medicaid & CHIP enrollment in several ways:

1. Medicaid eligibility expansions:
   - Expanded Medicaid eligibility
     - Eligibility expanded to adults with incomes at or below 138% of the Federal Poverty Level (i.e., ~$16,000/year for an individual).
   - The 2012 Supreme Court ruling made this optional for states
   - As of May 2014, 27 states including DC are implementing expansions

Background: The ACA's impact on Medicaid & CHIP enrollment

2. Modernized, simpler enrollment process for enrolling & renewing:

Figure 2

Modernized Medicaid Enrollment Processes Under the ACA
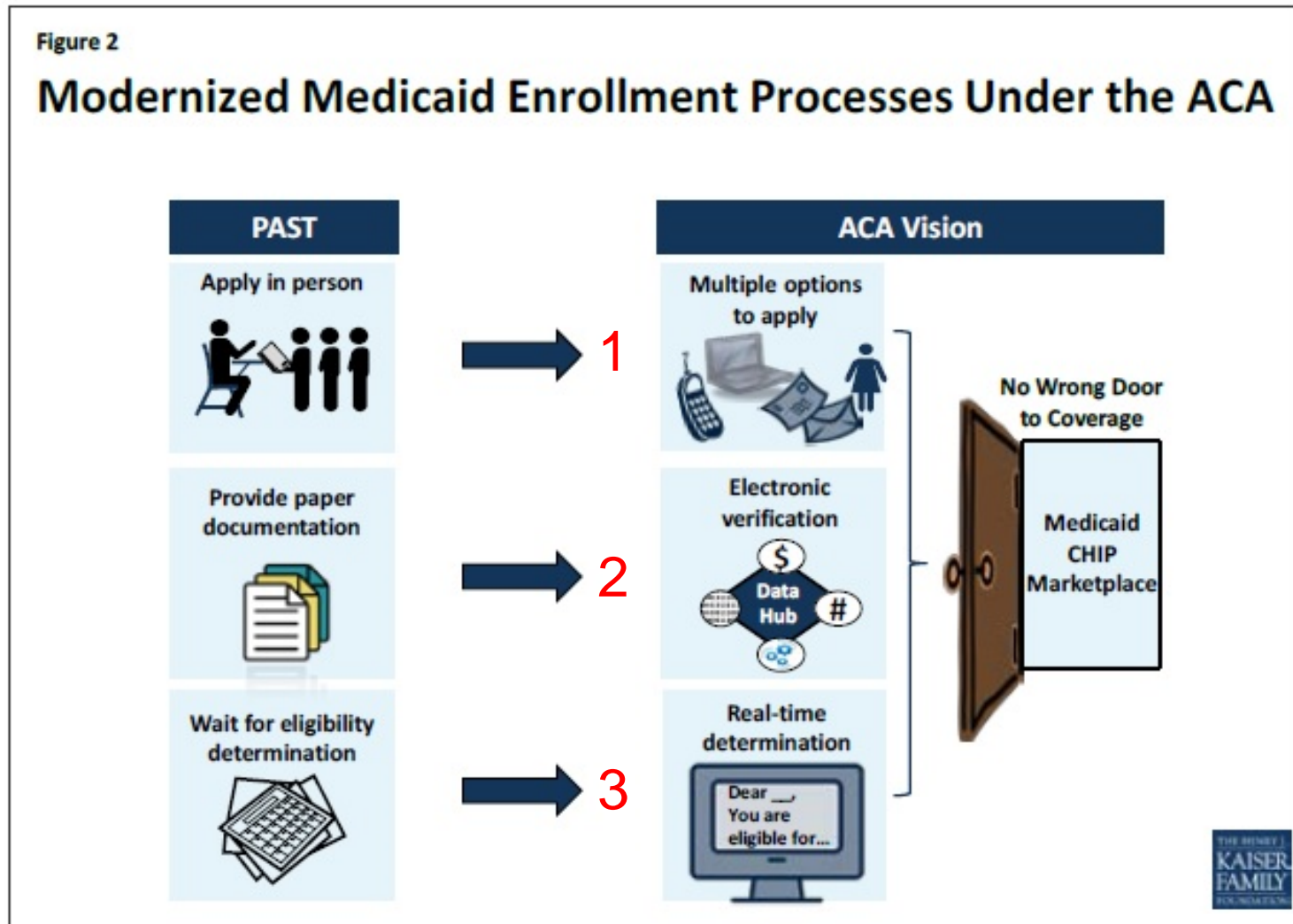
State-Based Marketplace vs. State Partnership and Federally Facilitated Marketplaces

State Based Marketplace:
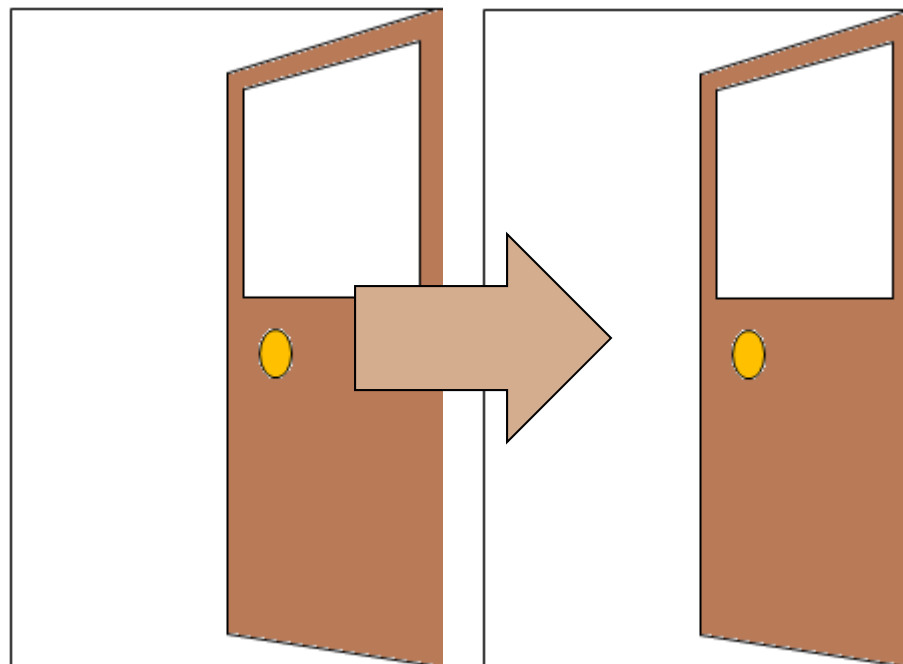Marketplace and State Medicaid Program
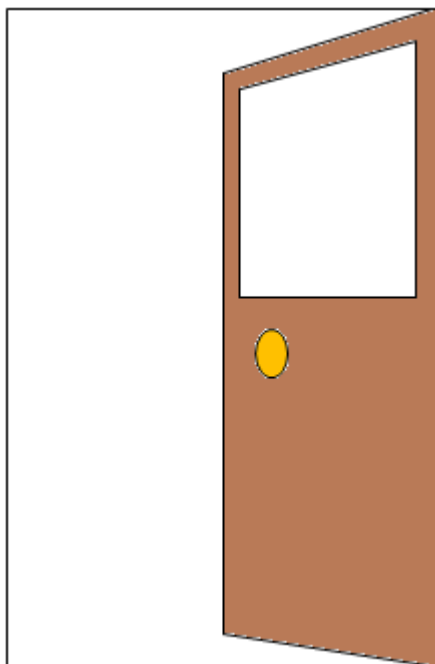
State Partnership and Federally Facilitated Marketplaces:

Federally Facilitated Marketplace

State Medicaid Program

One Front Door

Two Front Doors

Background: The ACA's impact on Medicaid & CHIP enrollment

3. Increased outreach and enrollment efforts
   - Healthcare.gov
   - Media campaigns
   - Navigators
   - Certified Application Counselors (CACs)

The goal of these 3 changes was to support the ACA's goal to:

   - to increase access to affordable care
   - to decrease the # of uninsured

So, it's natural to ask …..

What is the effect of these significant changes?

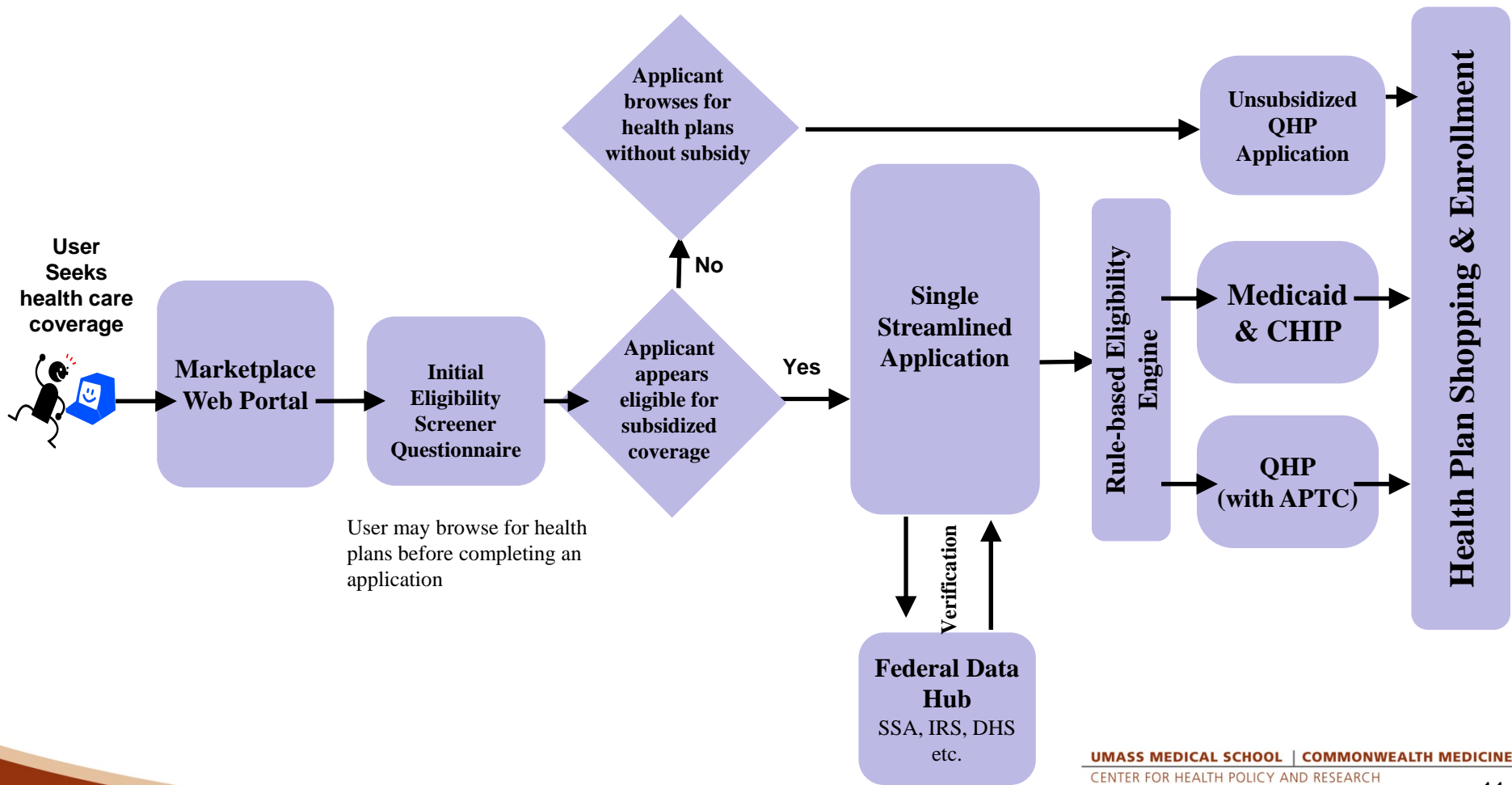# WHY: Goals of the Medicaid & CHIP Performance Indicators

- Provide consistent, timely and reliable set of data and information for program monitoring and reporting purposes.

- Provide information about the impact and outcomes of Medicaid and CHIP eligibility and enrollment processes.

Source: CMS presentation. Medicaid and CHIP Draft Eligibility and Enrollment Performance Indicators. (August 29, 2013).

ACA Vision: Single Application, Simplified Eligibility & Enrollment Process

- The Performance Indicators capture data along this process

User Seeks health care coverage

Marketplace Web Portal

Initial Eligibility Screener Questionnaire

User may browse for health plans before completing an application

Applicant appears eligible for subsidized coverage

No

Applicant browses for health plans without subsidy

Yes

Single Streamlined Application

Verification

Federal Data Hub SSA, IRS, DHS etc.

Rule-based Eligibility Engine

Unsubsidized QHP Application

Medicaid & CHIP

QHP (with APTC)

Health Plan Shopping & Enrollment

WHAT: Medicaid & CHIP Performance Indicators

- Beginning in October 2013, all states are required to report Performance Indicators

	Area	The 12 Performance Indicators
Process measures	Call Center	- Total call volume - Average call center wait time - Average call center abandonment rate
	Applications, Transfers, Renewals	- # of applications received in previous week - # of applications received in previous month - # of electronic accounts transferred - # of renewals
	Processing	- # of pending applications and redeterminations - Processing time for determinations
Outcome measures	Determinations	- # of individuals determined eligible - # of individuals determined ineligible
	Enrollment	- Total enrollment

The "Total Enrollment" Performance Indicator

- Each of the 12 Performance Indicators has additional data breakouts.

- For example: the "Total Enrollment" Performance Indicator is broken into:
  - Medicaid vs. CHIP
  - Among the Medicaid populations: Adult vs. Child, MAGI vs. Non-MAGI

- Therefore, for the "Total Enrollment" Performance Indicators, states are requested to submit the following 8 sub-indicators:

Performance Indicator #8: Total Enrollment		
Medicaid	Total	8a. Total Medicaid Enrollees
	MAGI	8b. **Total** Medicaid **MAGI** enrollees (i.e., 8c + 8d)
		8c. **Child** Medicaid **MAGI** Enrollees
		8d. **Adult** Medicaid **MAGI** Enrollees
	Non MAGI	8e. **Total** Medicaid **Non-MAGI** Enrollees (i.e., 8f + 8g)
		8f. **Child** Medicaid **Non-MAGI** Enrollees
		8g. **Adult** Medicaid **Non-MAGI** Enrollees
CHIP		8h. Total CHIP Enrollees

- As a result of the data breakouts, the 12 Performance Indicators contain 124 sub-indicators

List of Performance Indicators & Sub-Indicators

List of Medicaid and CHIP Eligibility and Enrollment Performance Indicators and Sub-indicators (February 4, 2014)

Indicator Description	Frequency
1. **Total Call Center Volume** (by individual call center, and a sum of all call centers)	Weekly and Monthly
2. **Average Call Center Wait Time** (for each call center, and a weighted average for all call centers)	Weekly and Monthly
3. **Average Call Center Abandonment Rate** (for each call center, and a weighted average for all call centers)	Weekly and Monthly
4. **Number of Applications Received in Previous Week** 4a. Total Applications Received *By "Door" Through Which Application Received* 4b. Applications Received by Medicaid Agency 4c. Applications Received by CHIP Agency 4d. Applications Received by SBM	Weekly
5. **Number of Applications Received in Previous Month** 5a. Total Applications Received	Monthly

http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/List-of-indicators-and-subindicators.pdf

WHEN: The reporting schedule

- Baseline data:
  - July and August 2013 data: due in end of Sept 2013
  - September 2013 data: due Oct. 8, 2013

- During open enrollment (October 2013 – March 2014):
  - Some indicators were **weekly**: Total call volume
  - Some indicators were **monthly**:   # of renewals
  - Some indicators were **weekly and monthly**: Total enrollment

  - **Weekly data:** due every Tuesday for previous week (Sun – Sat)
  - **Monthly data:** due the 8th of every month for the previous calendar month

Source: CMS. Medicaid & CHIP Draft Eligibility and Enrollment Performance Indicators. (August 29, 2013).

The reporting schedule

- After open enrollment:
  - All indicators are monthly

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The reporting schedule

Performance Indicator	Frequency (open enrollment)	Frequency (all other times)
#1 – Total call volume	Weekly	Monthly
#2 – Call center wait time	Weekly	Monthly
#3 – Abandonment rate	Weekly	Monthly
#4 – Number of applications received in previous week	Weekly	Weekly
#5 – Number of applications received in previous month	Monthly	Monthly
# 6 – Number of electronic accounts transferred	Weekly & monthly	Monthly
# 7 – Number of renewals	Monthly	Monthly
#8 – Total enrollment	Weekly & monthly	Monthly
#9 – Total number of individuals determined eligible	Weekly & monthly	Monthly
#10 – Total number of individuals determined ineligible	Weekly & monthly	Monthly
#11 – Pending applications/renewals	Monthly	Monthly
#12 – Processing time for determinations	Monthly	Monthly

Source: CMS. *Medicaid & CHIP Draft Eligibility and Enrollment Performance Indicators. (August 29, 2013).*

HOW: CMS' new on-line reporting tool

- States report Performance Indicator's using CMS' new on-line reporting tool.

Agenda

- Describe the new Medicaid & CHIP requirement to report Performance Indicators

- Describe the Marketplace federal reporting requirements

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- Look ahead to the future of federal reporting for Medicaid & CHIP

Performance Indicator #5

#5. Number of Applications Received in Previous Month
5a. Total Applications Received
5b. Applications Received by Medicaid Agency
5c. Online Applications Received by Medicaid Agency
5d. Mail Applications Received by Medicaid Agency
5e. In-person Applications Received by Medicaid Agency
5f. Phone Applications Received by Medicaid Agency
5g. Other Applications Received by Medicaid Agency
5h. Applications Received by CHIP Agency
5i. Online Applications Received by CHIP Agency
5j. Mail Applications Received by CHIP Agency
5k. In-person Applications Received by CHIP Agency
5l. Phone Applications Received by CHIP Agency
5m. Other Applications Received by CHIP Agency
5n. Applications Received by State Based Marketplace (SBM)

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State Based Marketplace (SBM) Weekly Indicators

- In addition to states reporting Medicaid & CHIP Performance Indicators to CMS, during open enrollment states that have an SBM must report Weekly Metrics to CCIIO.

	Area	Examples of the SBM Metrics
Process measures	Call Center	• Total call volume • Call center wait time
	Applications	• # of applications for financial assistance • # of applications completed (electronic vs. paper) • # of individuals applying through coverage
	Website	• # of website visits • # of website unique visitors • Website time offline
Outcome measures	Eligibility & Transfers	• # of individuals determined eligible • # accounts transferred to Medicaid or CHIP
	Enrollment	• Total Enrollment (by age, gender, metal level)
SHOP	Employer info	• # of Employers participating in SHOP
	Employee info	• # of Employees covered through SHOP

Data elements in blue are ones asked of SBMs, that are not asked of Medicaid / CHIP programs

There are 136 sub-indicators in the SBM Weekly Indicators.

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State Based Marketplace (SBM) Quarterly Metrics

- After open enrollment, SBMs must report Quarterly Metrics to CCIIO.

	Area	13 Quarterly Metrics
Process measures	Applications	• Current health insurance coverage at time of application • QHP applications and eligibility • QHP eligible application submissions by type of assistance
	Time	• Median time to eligibility determination for financial assistance • Median time to effectuated enrollment
Outcome measures	Eligibility	• Medicaid & CHIP eligibility assessments and determinations by the SBM
	Enrollment	• QHP enrollment • Understanding conversion rate from application to coverage
	Finances	• APTC eligible amount and % APTC selected
SHOP	SHOP	• SHOP
Appeals, Complaints, Exemptions		• Efficiency of eligibility appeals • Type and # of complaints submitted • Exemption applications and granted

Indicators in red are ones that are in the quarterly metrics, which were not in the weekly metrics.

There are 822 sub-indicators in the SBM Quarterly Metrics.

Agenda

- Describe the new Medicaid & CHIP requirement to report Performance Indicators

- Describe the Marketplace federal reporting requirements

- Analyze initial results from the reporting requirements

- Look ahead to the future of federal reporting for Medicaid & CHIP

Monthly reports from CMS

- Monthly data is due the 8th of every month (for the previous calendar month)

- CMS has released the monthly reports one month after the end of a calendar month

- The Monthly CMS reports can be found here:
  - http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/medicaid-moving-forward-2014.html

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mail Stop S2-26-12

Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

**Medicaid & CHIP: March 2014 Monthly Applications,
Eligibility Determinations, and Enrollment Report**

May 1, 2014

ALTH MEDICINE

24

Results from Open Enrollment: Applications

Total # of Medicaid & CHIP Applications
submitted to Medicaid, CHIP & SBM

Source: CMS. Medicaid & CHIP Monthly Application and Eligibility Determination Reports (Oct 2013 - March 2014)
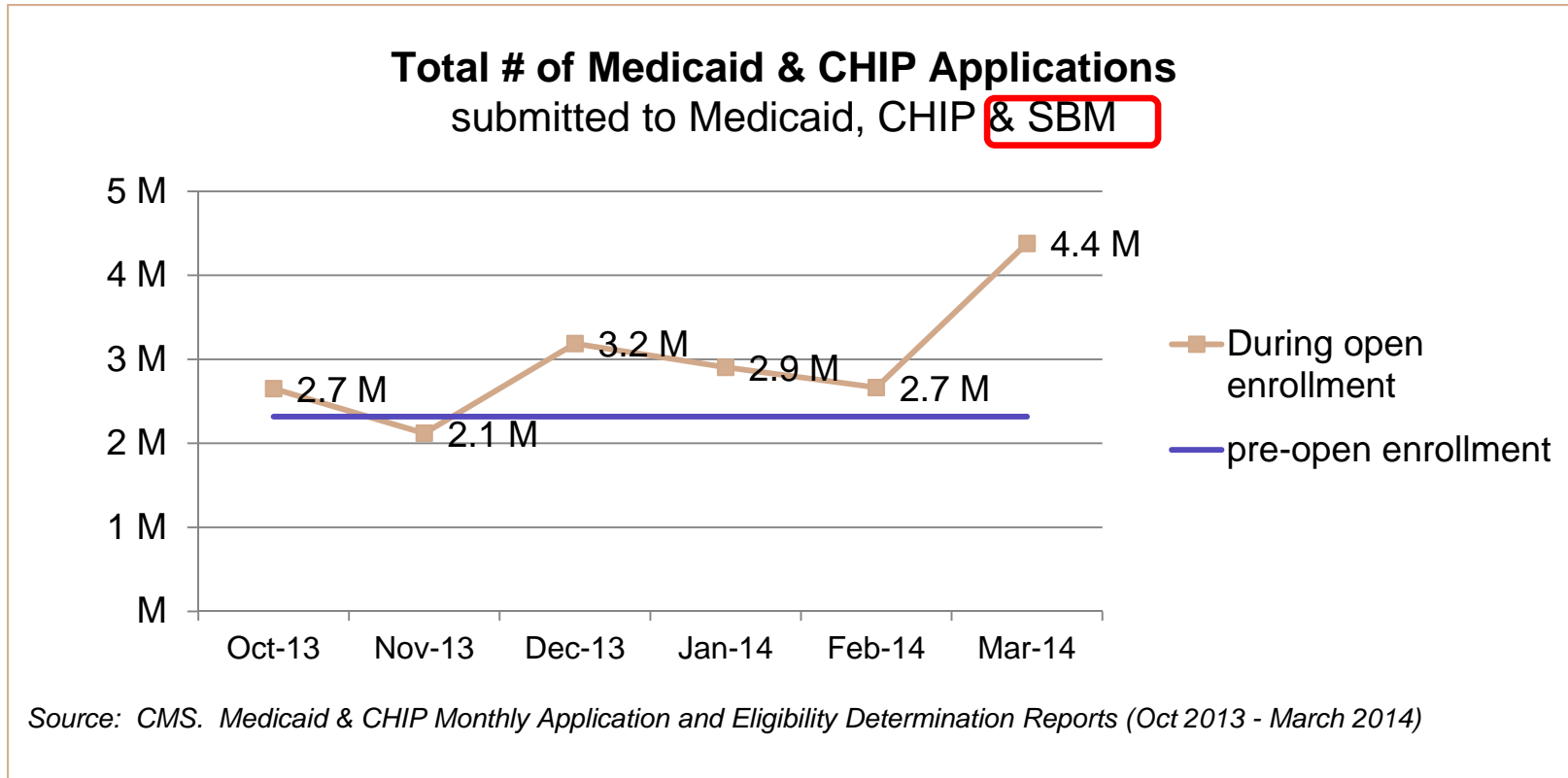
- During all of open enrollment: 14.7 million applications
- Applications during open enrollment were greater than before open enrollment, especially in the last month of open enrollment

Applications to Medicaid & CHIP

Total # of Applications submitted to Medicaid & CHIP

Source: CMS. Medicaid & CHIP Monthly Application and Eligibility Determination Reports (Oct 2013 - March 2014)
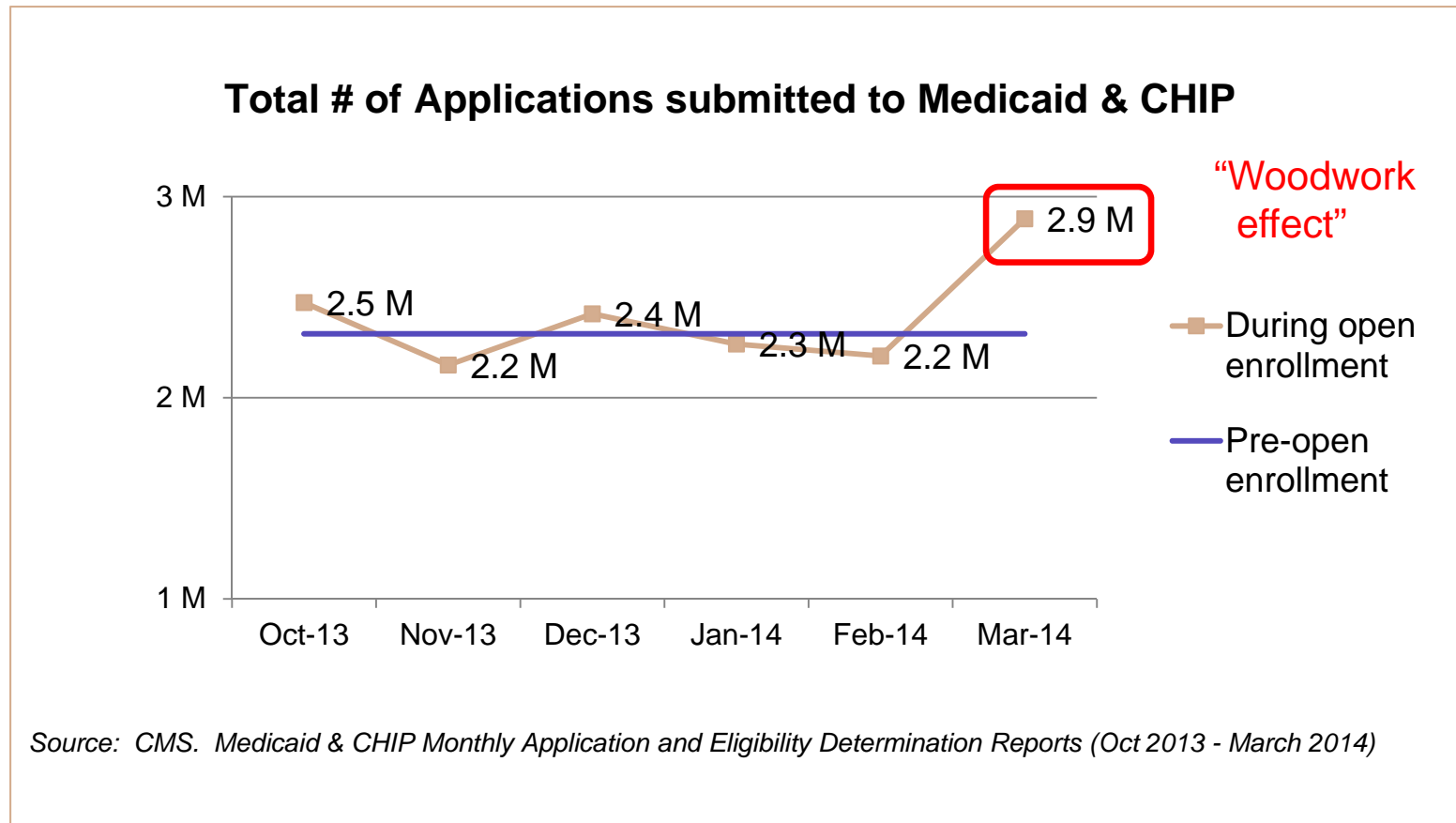
- Applications submitted directly to Medicaid & CHIP (which doesn't include applications submitted to SBMs) didn't change significantly except in March 2014.

Determinations

Total # of Medicaid & CHIP Determinations

Source: CMS. Medicaid & CHIP Monthly Application and Eligibility Determination Reports (Oct 2013 - March 2014)
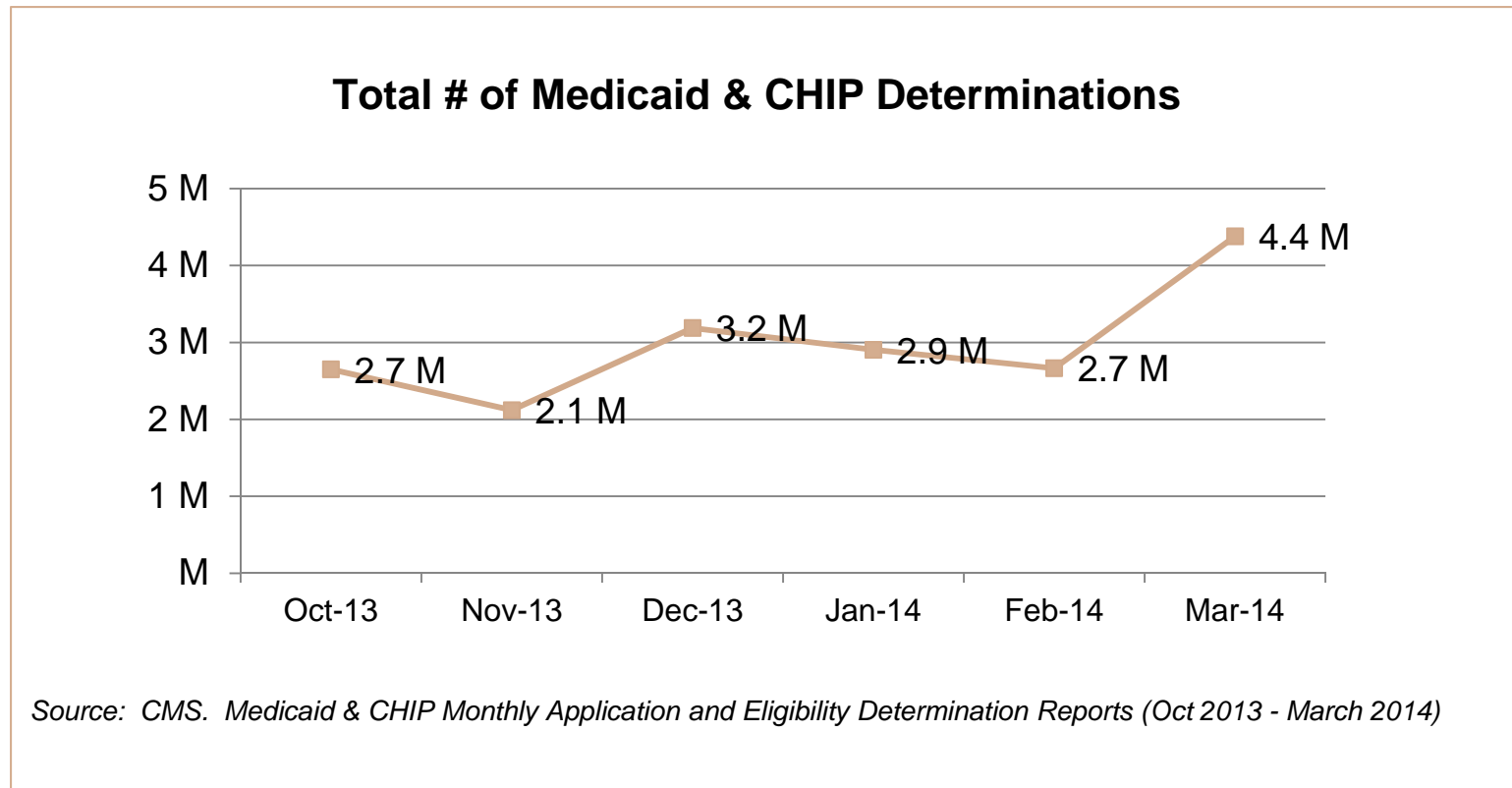
- During all of open enrollment: 14.7 million determinations

Administrative Transfers

- Some states are facilitating Medicaid enrollment through "administrative transfers" that uses SNAP information to identify individual who are likely eligible for Medicaid and CHIP.

- 5 states have implemented this strategy to enroll over 500,000 individuals.

Total Individuals Determined Eligible through Administrative Transfer, September 2013 -March 2014	
Arkansas	63,465
California	205,661
Illinois	35,900
Oregon	138,162
West Virginia	70,574
Total	513,762

Source: *Medicaid & CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report.* (CMS. May 1, 2014)

Total enrollment

Medicaid & CHIP Enrollment: Pre vs Post Open Enrollment
(among the 27 states reporting in both periods)

58.9 M   61. M   63.7 M

70 M

60 M

50 M

pre-open enrollment   Feb-14   Mar-14

Source: CMS. Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports
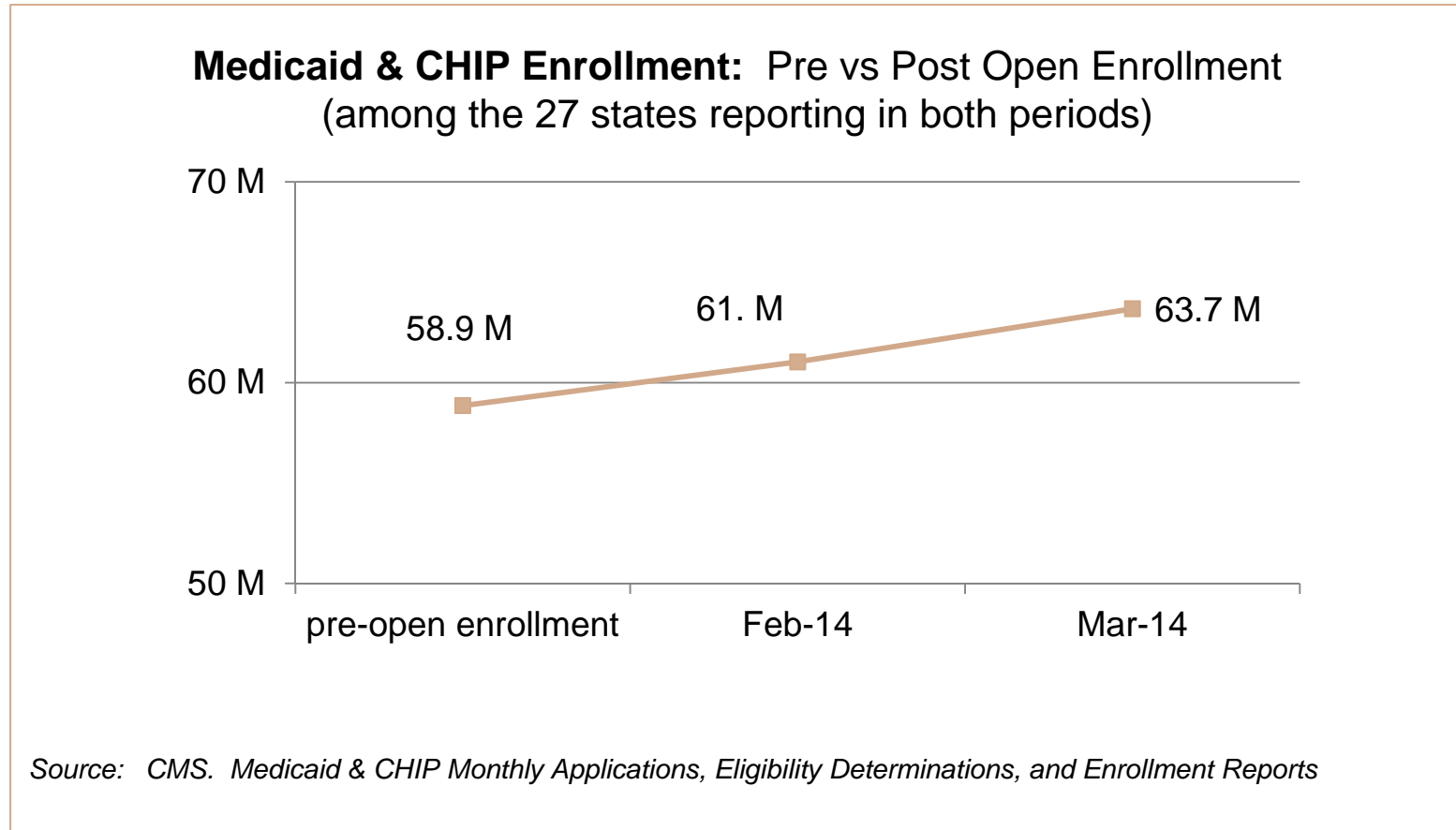
- Medicaid & CHIP enrollment increased by 4.8M during open enrollment (from 58.9M to 63.7M, which is an 8.2% increase)

Enrollment: Expansion vs. non-Expansion states
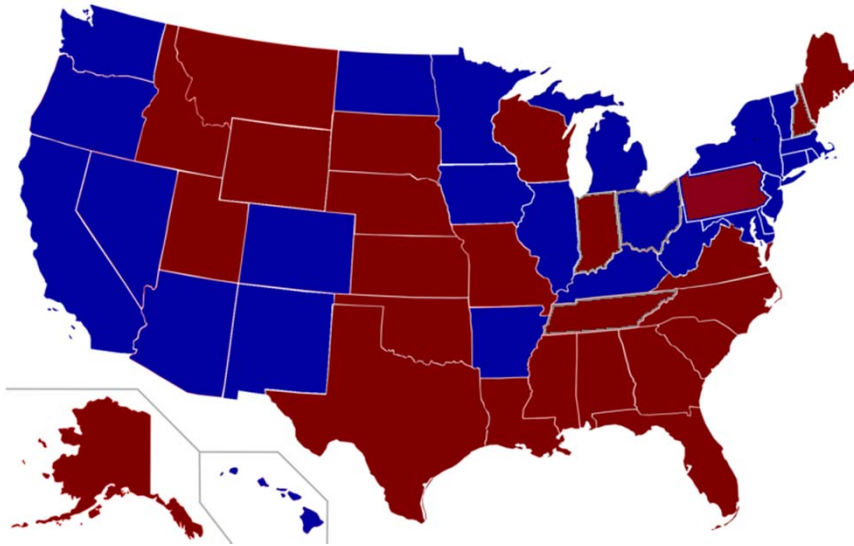
Change in total Medicaid & CHIP enrollment
(pre vs. post open enrollment)

Expansion:	4,180,729	(12.9%)
+ Non-Expansion:	643,315	(2.6%)
	4.8 M	(8.2%)

- There was a wide disparity in enrollment growth between Expansion states vs. non-Expansion states.

- As a result of state's not expanding Medicaid: there is 4 to 6 million low-income people in the "Medicaid coverage gap": where they earn too much to be eligible for Medicaid, but not enough to be eligible for tax credits for plan through the Marketplaces.

Source: *Medicaid & CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report.* (CMS. May 1, 2014)

Enrollment: Expansion vs. non-Expansion states

- States that expanded Medicaid had significantly larger increases in enrollment than states that did not expand Medicaid

  o Total enrollment in states that did expand Medicaid: increased by 12.9% ←

  o Total enrollment in states that did not expand Medicaid: increased by 2.6% ←

Total Medicaid & CHIP Enrollment				
	Pre-Open Enrollment	March 2014	Change	% Change
States expanding Medicaid	32,085,511	37,166,368	5,080,857	12.9%
States not expanding Medicaid	24,731,043	25,374,358	643,315	2.6%

- What % of states had enrollment increases of 10% or more:
  o Among states that did expand Medicaid: 16 of 22 states (73%)
 o Among states that did not expand Medicaid: 1 of 23 states (4%)

Source: *Medicaid & CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report.* (CMS. May 1, 2014)

Initial data from CMS (March 2014): Total enrollment

- Even among the states that expanded Medicaid, there was variation in enrollment

% Change in Medicaid & CHP Enrollment: Pre vs. Post Open Enrollment

12.9%

Source: CMS. Medicaid & CHIP Monthly Application and Eligibility Determination Report (May 2014)
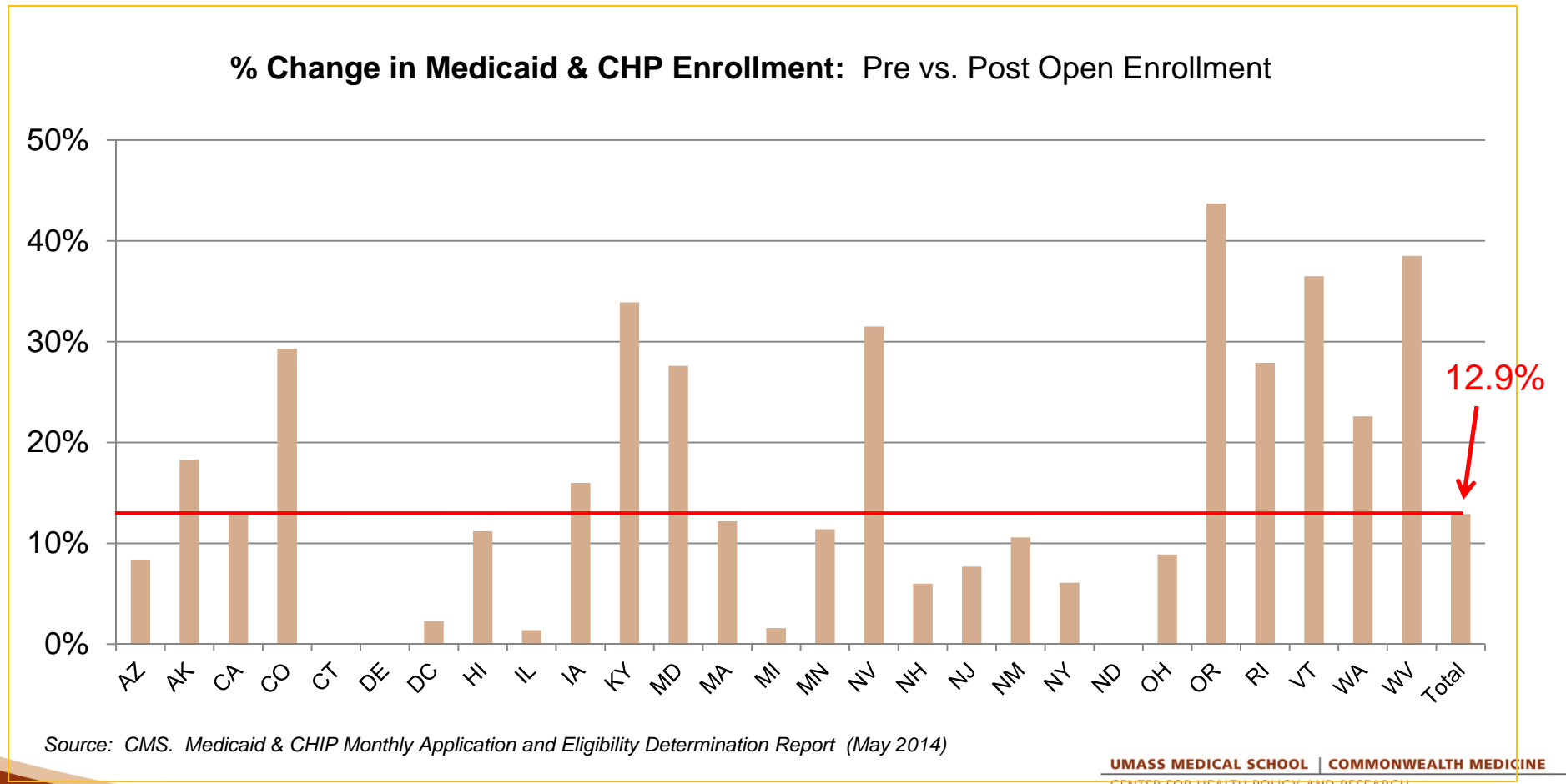
Historical context to the enrollment gains

- The 4.8 million increase in Medicaid & CHIP enrollment is significantly greater than the enrollment increases that occurred at the height of the last two recessions.

Figure 5

Annual Change in Medicaid and CHIP Enrollment, June 2000 – 2013 (in Millions)

Recession Mar-Nov '01

Recession Dec '07–Jun '09

☐ CHIP
■ Medicaid

Total Enrollment	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Medicaid	34.2	37.4	39.6	41.3	42.5	42.6	42.4	43.7	47.1	50.5	53.0	54.2	55.0
CHIP	3.1	3.6	4	3.9	4	4.1	4.4	4.8	5	5.2	5.3	5.5	5.7

SOURCE: Medicaid Enrollment: June 2013 Data Snapshot, Kaiser Commission on Medicaid and the Uninsured, January 2014. CHIP Enrollment: June 2013 Data Snapshot, Kaiser Commission on Medicaid and the Uninsured, January 2014.

Enrollment in Medicaid & CHIP vs. Marketplaces

- In March 2014:
    - Total Medicaid & CHIP enrollment: 64.6M (an increase in 4.8M) compared to …
    - Total # of individuals who have selected a Marketplace plan: 8.0M *(as of April 19, 2014)*

How Close Enrollment Was to Targets Set by the Obama Administration

TOTAL ENROLLMENT 8.0 million

GOAL 7.1 million

Federal exchange

State-run exchanges

BY OCT. 2013 — NOV. — DEC. — JAN. 2014 — FEB. — MARCH
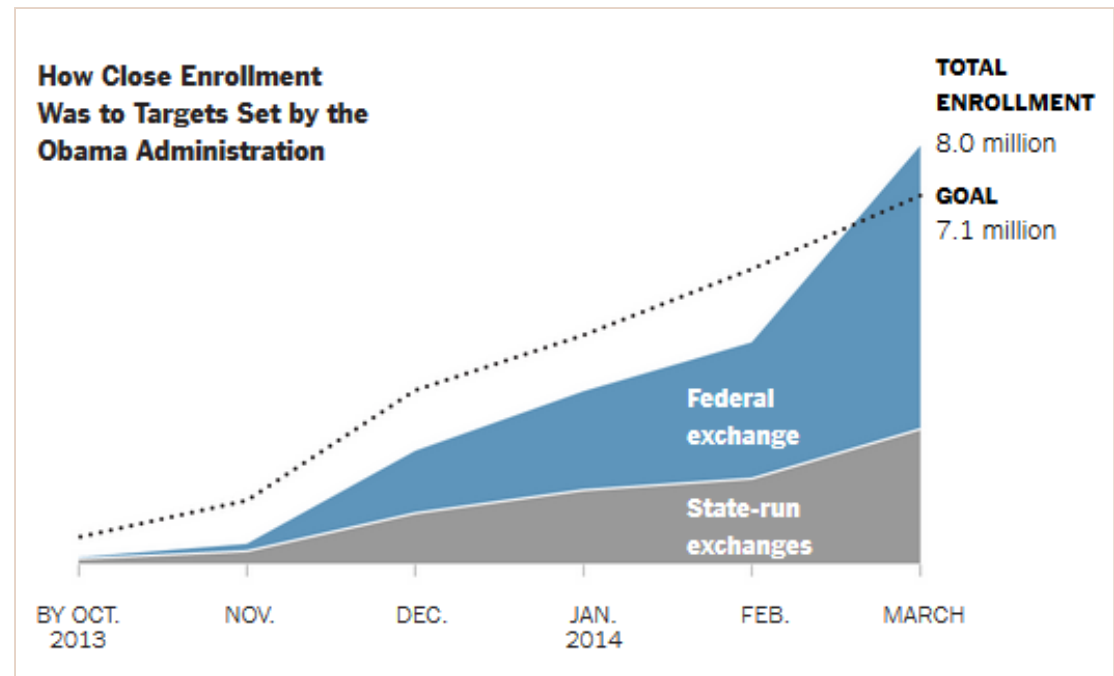
Source of Medicaid & CHIP data: *Medicaid & CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report.* (CMS. May 1, 2014)

Source of Marketplace data: *Summary enrollment report for open enrollment.* (ASPE. May 1, 2014)

Source of figure above: *NY Times, Health Exchange Enrollment Ended With a Surge. May 1, 2014,.*

Medicaid "coverage gap"

- An estimated 4.8 low-income individuals fall into the "coverage gap" in states that do not expand Medicaid.
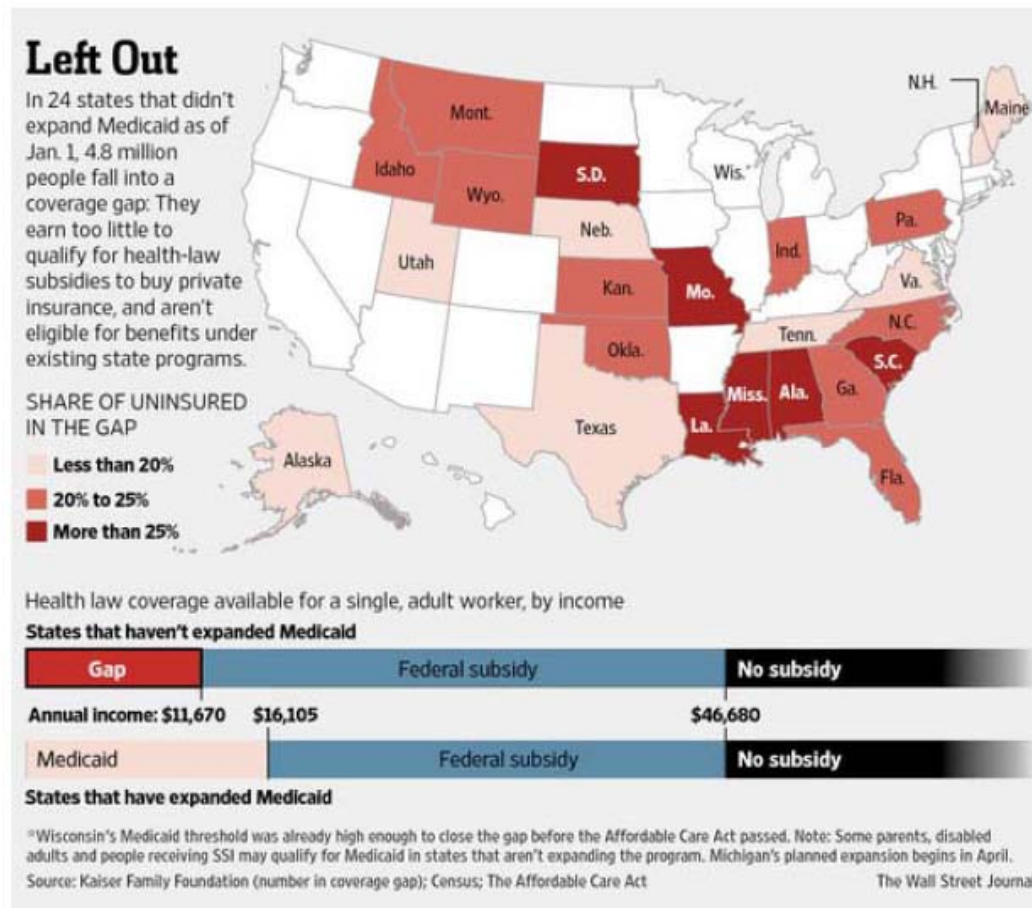
Source: *Wall Street Journal, Feb 2014.*

Medicaid "coverage gap"

- An estimated 4.8 low-income individuals fall into the "coverage gap" in states that do not expand Medicaid.

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.

MEDICAID — Limited to Specific Low Income Groups

NO COVERAGE

MARKETPLACE SUBSIDIES

0% FPL | State Medicaid Eligibility Limit for Parents as of Jan. 2014 (Median: 46%) | 100% FPL ($11,490 for an individual) | 400% FPL ($45,960 for an individual)

NOTE: Applies to states that do not expand Medicaid. In most states not moving forward with the expansion, adults without children are ineligible for Medicaid.

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Figure 3: In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.

Source: Kaiser Family Foundation. **The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid** *(April, 2014)*

The "Early Option": Medicaid expansions before January 1, 2014

- Total enrollment increases that were mentioned in the previous slide do <u>not</u> include individuals who gained coverage as a result of the ACA before open enrollment began.

- 7 states implemented this "early option", resulting in nearly 950,000 people covered.

Total Individuals Covered by Early Option Expansions of State Medicaid Programs under ACA[11]	
California	652,000
Colorado	9,233
Connecticut	81,000
District of Columbia	46,288
Minnesota	84,000
New Jersey	36,000
Washington	41,000
Total	**949,821**

Source: *Medicaid & CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report.* (CMS. May 1, 2014)

Data limitations

- **Not all states reported enrollment data**

- **The data from open enrollment is preliminary**

  o Some states still processing applications

  o Retroactive enrollments may not be counted yet

- **Difficult to tell which part of the ACA is responsible for Medicaid enrollment changes:**

  o Medicaid eligibility expansions

  o Modernized & simplified processes

  o Increased enrollment and outreach efforts

- **Difficult to tell if enrollment increases are due to the ACA's Medicaid expansions since not all states have reported data that breaks enrollment into the # enrolling in the new expansion group**

Data limitations

- **States are still working towards meeting CMS' standard data definitions**

  - o E.g., some states include renewals in the # of determinations

  - o Therefore, comparisons between states need to be made carefully

The ACA is reducing rates of uninsurance

May 5, 2014

U.S. Uninsured Rate Drops to 13.4%

Uninsured rate down nearly four percentage points since late 2013

by Jenna Levy

WASHINGTON, D.C. -- The uninsured rate for U.S. adults in April was 13.4%, down from 15.0% in March. This is the lowest monthly uninsured rate recorded since Gallup and Healthways began tracking it in January 2008, besting the previous low of 13.9% in September of that year.

Percentage Uninsured in the U.S., by Quarter

Do you have health insurance coverage?

Among adults aged 18 and older
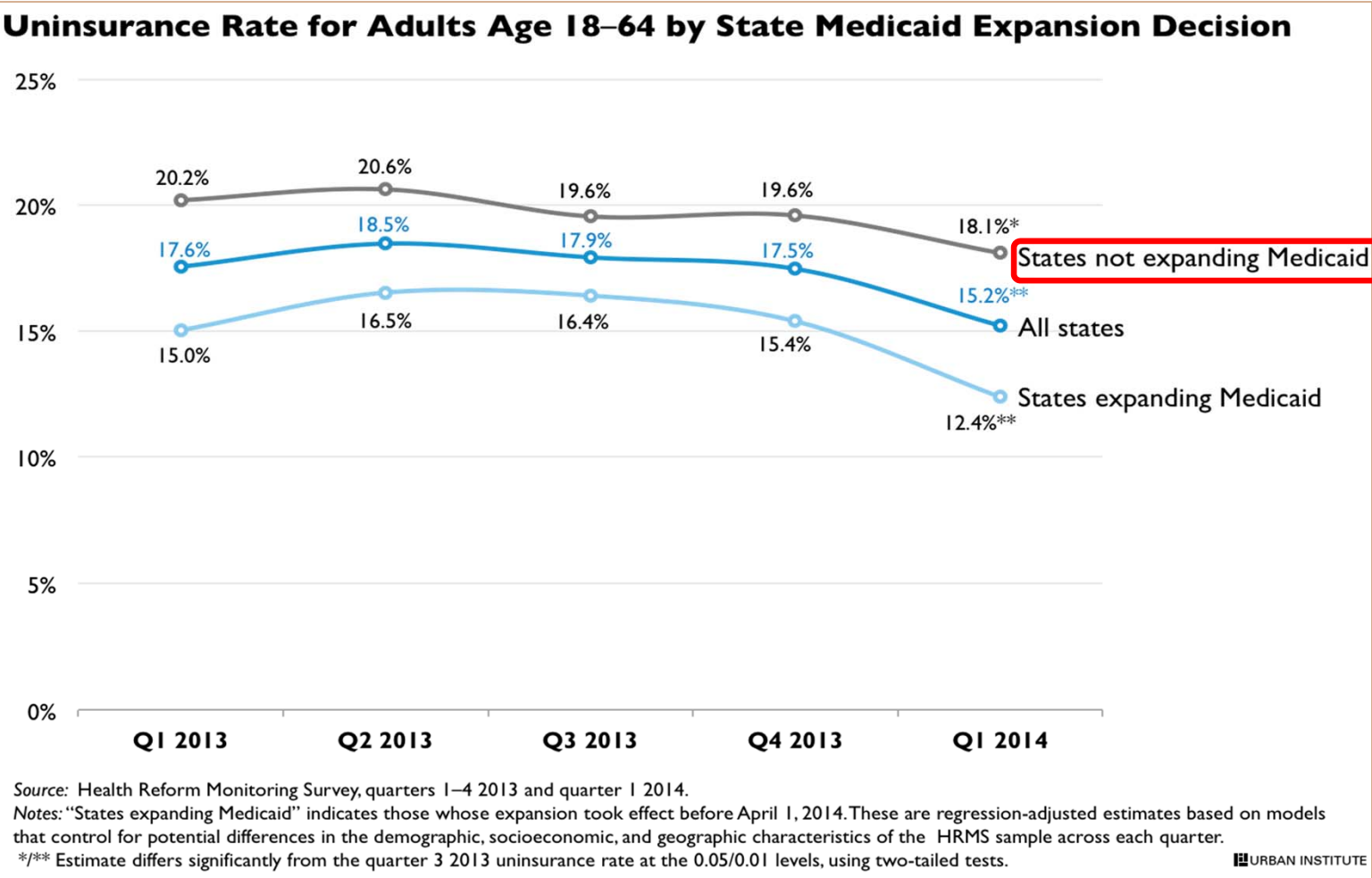
■ % Uninsured

Quarter 1 2008-April 30, 2014

Gallup-Healthways Well-Being Index

The ACA is reducing rates of uninsurance

- Rates of uninsurance are decreasing even in states that have not expanded Medicaid.

Uninsurance Rate for Adults Age 18–64 by State Medicaid Expansion Decision

"Woodwork effect"

States not expanding Medicaid

All states

States expanding Medicaid

20.2%   20.6%   19.6%   19.6%   18.1%*
17.6%   18.5%   17.9%   17.5%   15.2%**
15.0%   16.5%   16.4%   15.4%   12.4%**

Q1 2013   Q2 2013   Q3 2013   Q4 2013   Q1 2014

Source: Health Reform Monitoring Survey, quarters 1–4 2013 and quarter 1 2014.
Notes: "States expanding Medicaid" indicates those whose expansion took effect before April 1, 2014. These are regression-adjusted estimates based on models that control for potential differences in the demographic, socioeconomic, and geographic characteristics of the HRMS sample across each quarter.
*/** Estimate differs significantly from the quarter 3 2013 uninsurance rate at the 0.05/0.01 levels, using two-tailed tests.

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Medicare Part D similarities

Polling Prior to Start	Medicare Part D	ACA
Public Opinion		
Favorable	21%	35%
Unfavorable	34%	40%
Don't Know or Volunteered Response of Neutral or Neither	45%	24%
Public Understanding		
Yes, Have Enough Information to Understand Personal Impact	27%	49%
No, Do Not Have Enough Information to Understand Personal Impact	66%	49%

- Medicare Part D experienced similar implementation issues as the ACA
- This included initial low favorability ratings and low public understanding

Source: Center on Health Insurance Reforms; Georgetown University Health Policy Institute; Launching the Medicare Part D Program: Lessons for the New Health Insurance Marketplaces; June 2013

Agenda

- Describe the new Medicaid & CHIP requirement to report Performance Indicators

- Describe the Marketplace federal reporting requirements

- Analyze initial results from the reporting requirements

- Look ahead to the future of federal reporting for Medicaid & CHIP

What is ahead

- The number of Performance Indicators that will be included in the monthly CMS Medicaid & CHIP reports will expand in the future.

	Area	The 12 Performance Indicators
Process measures	Call Center	1. Total call volume 2. Call center wait time 3. Abandonment rate
	Applications, Transfers, Renewals, Redeterminations	4. # of applications received in previous week 5. # of applications received in previous month * 6. # of electronic accounts transferred 7. # of renewals 11. # of pending applications and redeterminations
	Processing Time	12. Processing Time for Determinations
Outcome measures	**Determinations**	9. # of individuals determined eligible * 10. # of individuals determined ineligible
	Enrollment	8. Total Enrollment *

* Performance Indicators that are currently included in the monthly CMS Medicaid & CHIP reports.

What is ahead?
What does this mean for you & your organization?

- Data quality will improve

- The number of Performance Indicators that will be included in the monthly CMS Medicaid & CHIP reports will expand in the future.

- Expect more data to become publicly available from CMS

- Expect changes & improvements to the Performance Indicator data, regarding:
    - Additional data that state Medicaid & CHIP programs must report
    - How states report the data to CMS
    - How federal, state and other entities access and use the data

Summary

- Since October 2013, state Medicaid & CHIP programs and State-based Marketplaces (SBMs) are reporting new data regarding applications, eligibility and enrollment.

- CMS is releasing more data, and more timely, than ever before.

- The new reporting requirements hold promise to provide state and federal leaders with timely data in order to help drive policy, program evaluation, and program integrity efforts.

- Results from the first open enrollment show significant increases in Medicaid & CHIP enrollment.

- The current limitations of the data suggest that there are opportunities for improving the quality of Medicaid & CHIP data.

Resources –
Medicaid & CHIP Performance Indicators

- Key CMS website regarding the Medicaid & CHIP Performance Indicators:
  - http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/SDIS.html

- List of Performance Indicators & Sub-indicators:
  - http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/List-of-indicators-and-subindicators.pdf

- The Monthly CMS reports:
  - http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/medicaid-moving-forward-2014.html

- How is the ACA Impacting Medicaid Enrollment (KFF, May 2014)
  - http://kff.org/medicaid/issue-brief/how-is-the-aca-impacting-medicaid-enrollment/

Thank you!

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