

The Children's Health Insurance Program Reauthorization Act: Implementation Choices

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September 15, 2009

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Presenters

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Q&A Session

To download the issue brief detailing CHIPRA implementation choices, please visit The Commonwealth Fund at:

<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Sep/Implementation-Choices-for-the-Childrens-Health-Insurance-Program.aspx>

Slide presentations and a full recording of the webinar will also be available on the Fund website.

Outreach and Enrollment Provisions in CHIPRA



Jocelyn Guyer

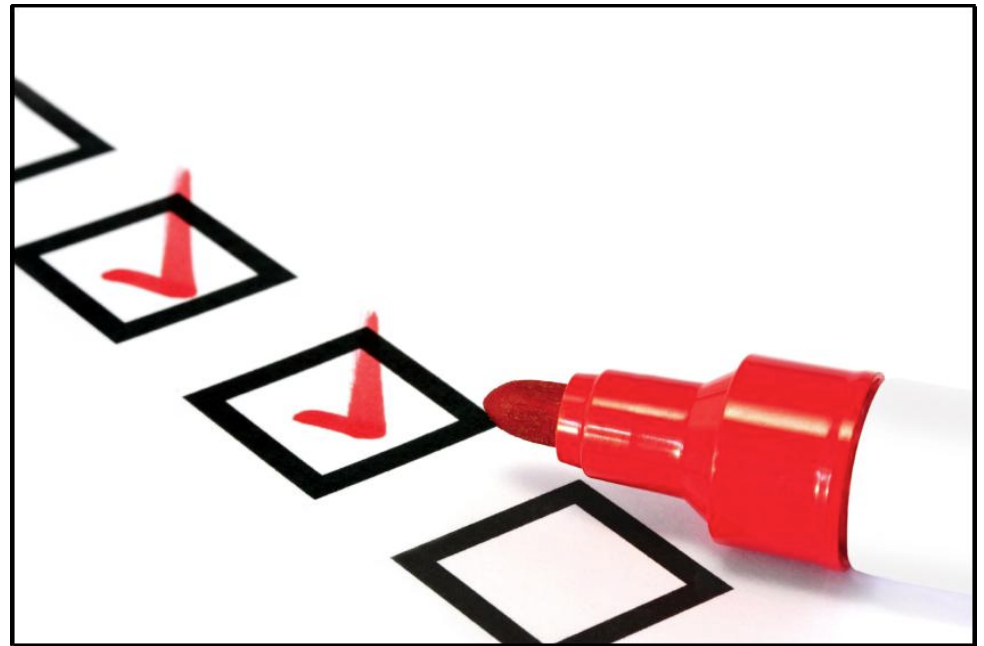
Joe Touschner

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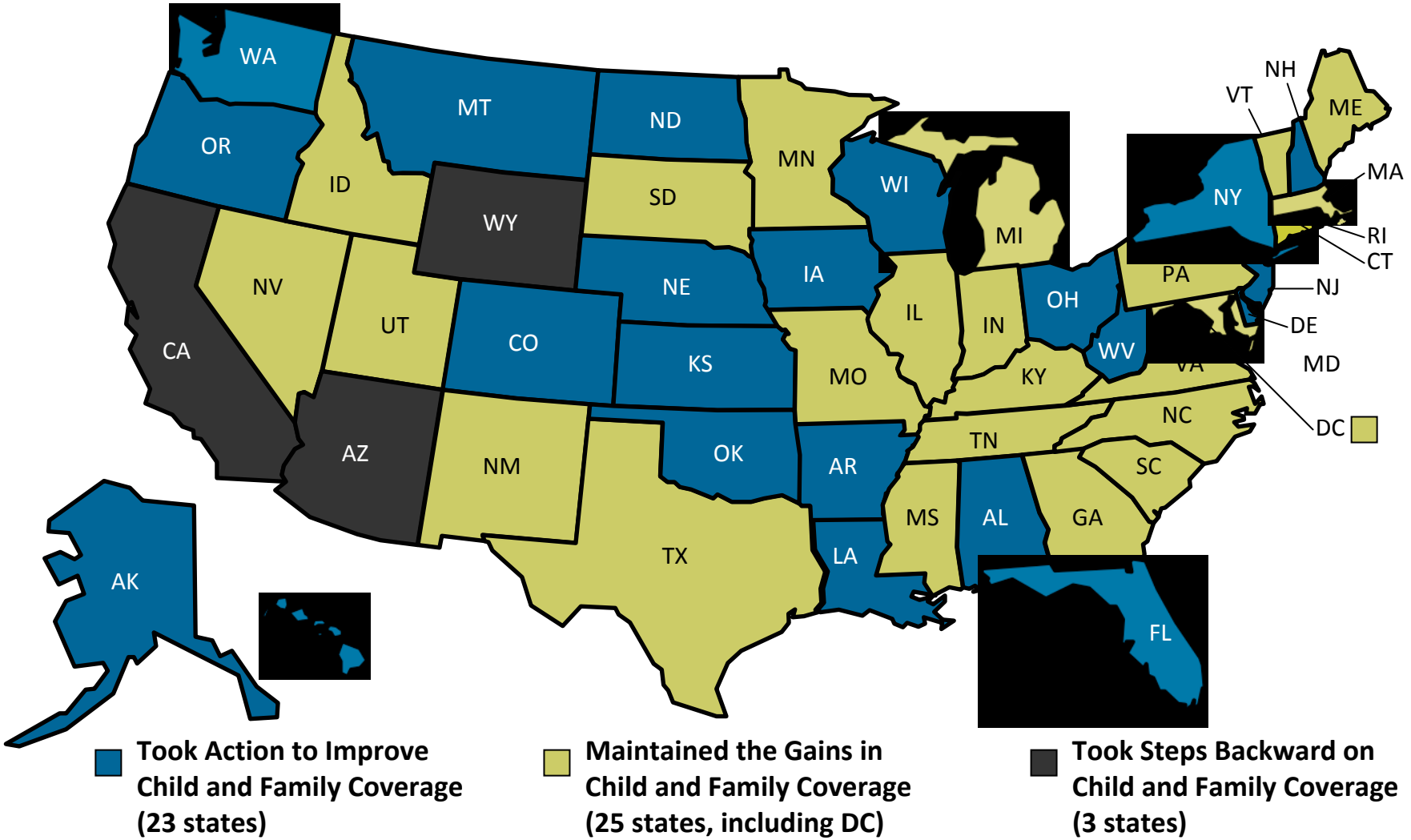
<http://ccf.georgetown.edu>

CHIPRA 2009

- Mostly options for states (but some mandates)
- Effectiveness will depend on:
 - CMS choices
 - State responses



48 States, including DC, Maintained Gains or Improved Coverage for Children and Families in 2009



Source: Center for Children and Families, as of September 1, 2009.

Outreach and Enrollment Provisions

1. Outreach Grants
2. Express Lane Eligibility
3. Citizenship Documentation Requirements
4. Performance Bonuses
5. Payment Error Rate Measurement Rules
6. CHIP Enrollment Reports
7. MACPAC



Guidance Released to Date



- Overview of key CHIPRA provisions
- Statement on “qualifying events”
- Pregnant women letter
- Managed care requirements letter
- Eligibility of newborns letter
- Pregnant women FAQ



Outreach Grants

- RFP, per recommendations:
 - Provided for multiple entities to apply
 - Defined outreach more broadly than awareness, includes simplification efforts
- Applications submitted by Aug. 6
- Awards expected by end of Sept.



Express Lane Eligibility



- Great potential for streamlining eligibility determination and re-determination
- But largely unknown territory for states
- CMS should provide clear rules, share best practices



Citizenship Documentation

- Some provisions already in effect
- CMS working with SSA to enable electronic matching by Jan. 1
- Rules should be updated for circumstances when electronic matching is not used



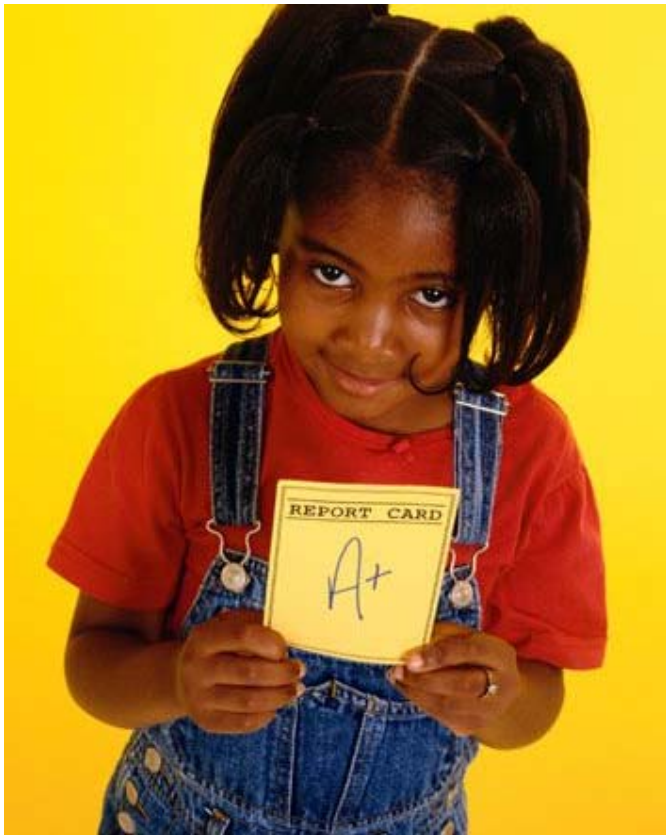
Performance Bonus



- Critical backdrop to all provisions aimed at increasing enrollment
- Major unknown is when a state qualifies for “five out of eight”
- Enrollment targets may be too ambitious for many states
- Quick guidance needed, but could ‘ratchet up’ over time



CHIP Enrollment Reporting



- States will be required to report on:
- Eligibility Criteria
- Enrollment
- Retention
- Simplification Measures
- Access to care
- Care Coordination
- Public/Private Coordination



Payment Error Rate Measurement Rules

- Error measurement drives policy to an unrecognized degree
- Payment error rates should take into account negative case errors





Quality and Outcomes Provisions

Lisa Simpson, MB, BCh, MPH, FAAP
Gerry Fairbrother, PhD

- Developing an initial core set of “health care quality” measure
- Establishing a pediatric quality measures program
- Measure use and reporting related provisions
- Demonstration projects
- Development of a model electronic health record
- Institute of Medicine (IOM) report

Core Measure Set: Themes & Recommendations

- Having existing state measures be made comparable is not enough
 - The core set should go beyond the existing HEDIS set
- Ensure a focus on clinical quality and that appropriate criteria are used to select measures
- Move rapidly to a broader set of state relevant measures
 - Consider also developing a “Core-Plus” set
- The set needs to work for today but build toward the future

Measures Development: Themes & Recommendations

- Need for clear priorities within a well accepted framework for new measures
 - New measures should reflect children’s unique needs
- Build measures for the future
 - Focus development funding on outcomes and composite measures
 - Increase emphasis on outcomes and bundled measures
 - Design improved specifications for measures at all levels of accountability

Measure Uses & Reporting: Themes

- Partnership with states is critical
- Voluntary reporting may not yield a national picture
- Opportunity to use incentives in multiple ways
- Levels of accountability
- Data quality
- Use of quality data for other purposes
- Measurement alone does not lead to improvement

Measure Uses & Reporting: Recommendations

- Ensure meaningful collaboration with states in the design and execution of each step of the reporting strategy
- Make the goal quality reporting on the core set by all 50 states on all populations
 - Focus efforts on encouraging state reporting
 - Ensure that sufficient resources are devoted nationally to achieving quality reporting
 - Take steps to ensure faithful adherence to technical specifications
 - Make funds available to improve data quality

Measure Uses & Reporting: Recommendations (cont)

- The data that supports the core measures should be made available nationally, not just aggregate data
- Begin investing in a national and state infrastructure for ongoing, sustained quality improvement
 - Support spread of innovative state models (e.g. VCHIP)
 - Create national &/ or regional resource center
 - Training and TA in quality improvement

PERSPECTIVES ON IMPLEMENTATION CHOICES FOR CHIPRA

Catherine Hess

Senior Program Director and
Program Director,
Maximizing Enrollment for Kids
National Academy for State Health Policy

September 15, 2009



NATIONAL ACADEMY *for* STATE HEALTH POLICY

- Non-partisan, non-profit focused on promoting excellence in state health policy and practice
- Support and report on state CHIP from '98
- National Program Office for RWJF program

MAXIMIZING ENROLLMENT FOR KIDS



Robert Wood Johnson Foundation

NATIONAL ACADEMY
for STATE HEALTH POLICY

- Quality initiatives include CHIPRA work, ABCD, Medical Homes, and convening EPSDT coordinators
- Annual Conference: Oct. 5-7, 2009 in Long Beach, CA

Perspectives on Implementation Choices for CHIPRA

- Overall Comments on Paper
 - Well informed by and generally sensitive to state perspectives
 - Important emphases on infrastructure, capacity, cross-state learning and incentives
 - Touches on important but often neglected aspects- eg PERM
- Three points to put it in context

1. States Have & Want to Continue to Improve Children's Coverage

- States achieved much success on enrollment in past decade plus; 90% of kids now insured (vs. 80% for adults) despite employer insurance declines
- States also achieved success in access, quality of care: improvements documented in regular source of care, preventive, dental and chronic care
- States eager to take up CHIPRA options- eg LA, MD, NJ already working on Express Lane

2. States Celebrated Renewed Federal Commitment with CHIPRA Enactment and New Administration's Partnership Approach



- New Administration has increased communication, partnership with states- weekly all state calls; CHIPRA TAG; effort to develop feasible guidance

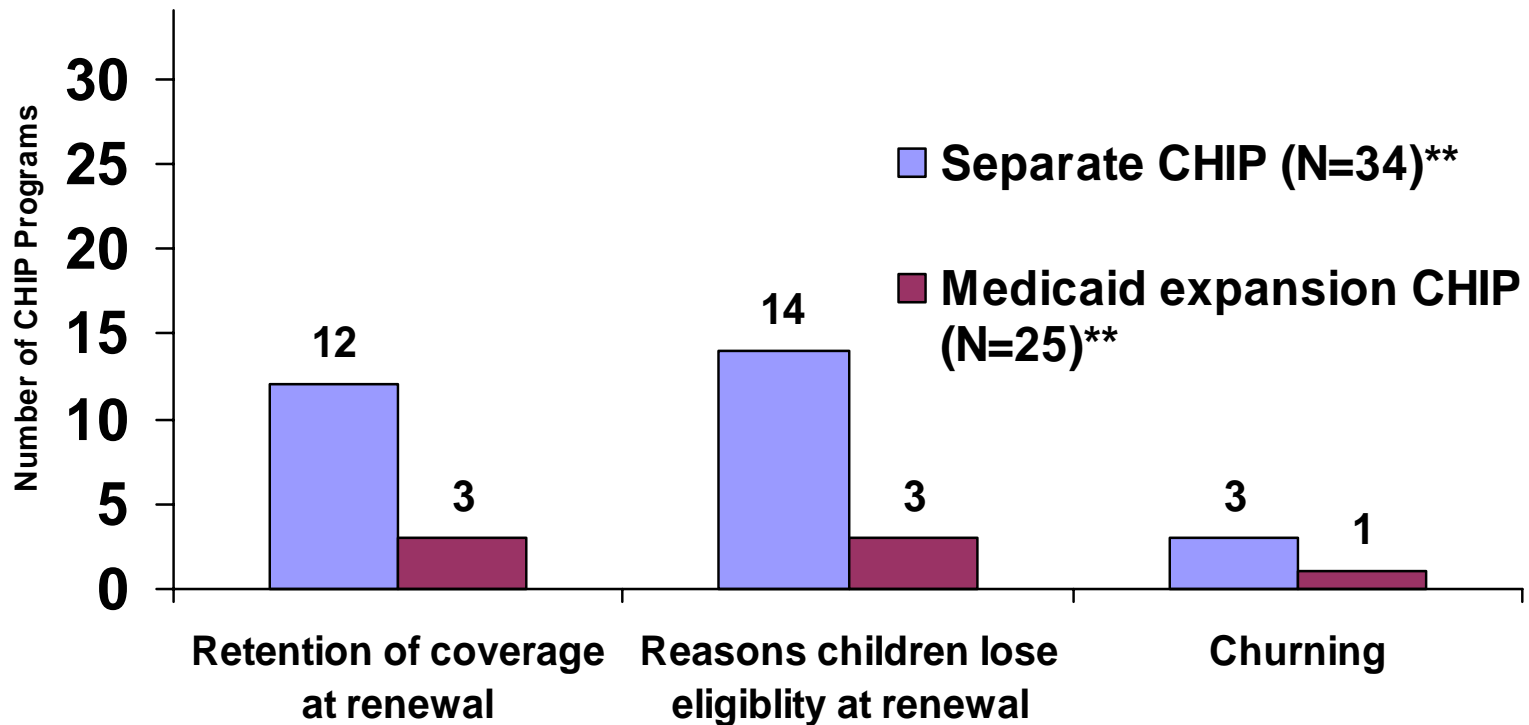
3. But States Face Challenges

- Current economic situation
 - Shrinking state budgets, staff
 - Increased need for services
- State of the Art, technical challenges
- Scope, complexity of CHIPRA
 - Many other provisions-eg dental, mental
 - Guidance still outstanding
- Unknown future in health care reform
 - CHIP may end or become wrap around

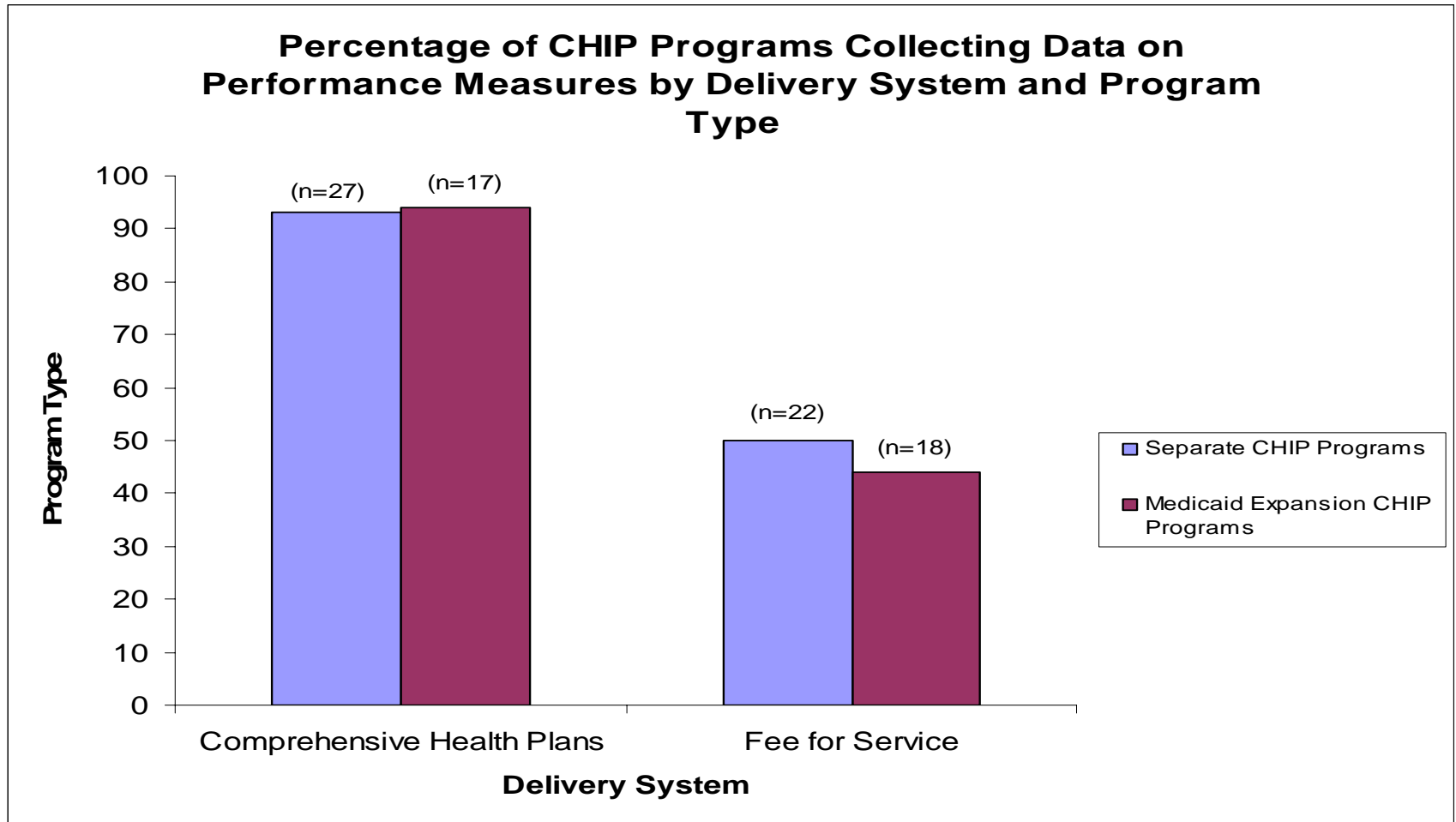


State Collection of Retention Measures (Preliminary Analysis NASHP Survey Data)

Number of CHIP Programs that track Retention of Coverage at Renewal, Reasons Children Lose Eligibility at Renewal, and Churning



State Collection of Performance Measures (Preliminary Analysis of NASHP Survey Data)



Some Particularly Challenging CHIPRA Provisions

- National dental provider list; definitions for dental benchmark packages
- Time frame and early implementation costs for SSA linking, especially for separate CHIP programs
- Benefits design for mental health parity
- Alternative coverage for managed care disenrollees; reworking managed care contracts (separate CHIP)
- Implementing PPS for FQHCs (separate CHIP)
- **States challenged by implementing multiple provisions simultaneously, particularly in poor fiscal climate, and with potential end of CHIP raising questions about the value of implementing some changes**

State CHIP Health Care Reform Transition Rxes

- Continue/enhance support and incentives for implementing CHIPRA
 - Make performance bonuses more attainable
 - Harmonize CHIPRA & reform provisions
- Plan carefully and provide safeguards for children changing coverage
 - Continue CHIP at least until comparable plans available
 - Develop and test wraparound alternatives

NASHP Resources & Contacts

- www.nashp.org
- www.chipcentral.org
- www.maxenroll.org
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