

ATTACHMENT F

MEDICAID/CHIP PERSONNEL IN NON-DEMONSTRATION STATES

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CHIPRA QUALITY DEMONSTRATION EVALUATION

2011 TELEPHONE INTERVIEW GUIDE

Medicaid/CHIP Personnel in Non-Demonstration States

Thank you for speaking with us today. In the email we sent confirming this interview, we provided information on who we are, why we asked to speak with you, what topics we are interested in talking about, and we assured you that your responses will be kept confidential. Do you have any questions before we start the interview? May I begin recording?

If the respondent did not receive or does not remember the confirmation email or if they have questions about the information provided in the email, review the introduction to the study on next page.

Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time to complete the interview. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attn: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Rd., Rm. 5036, Rockville MD 20850.

Introduction to Study

We are from the Urban Institute and Mathematica Policy Research, and we are part of the team conducting the cross-state evaluation of the CHIPRA Quality Demonstration. Under the Demonstration, the Centers for Medicare & Medicaid Services (CMS) funds Medicaid and CHIP agencies in 18 states to implement a range of initiatives to improve child health quality. The evaluation of the demonstration is federally funded by the Agency for Healthcare Research and Quality (AHRQ).

In late 2011 and early 2012, our team is visiting each of the 18 demonstration states for the first time, to interview various people involved in demonstration implementation. At the same time, we are gathering information about Medicaid and CHIP quality initiatives that are happening in states that are *not* part of the CHIPRA Quality demonstration. Our objective is to understand how and why care quality may be changing in Medicaid and CHIP for reasons other than the particular demonstration we are studying.

We would like to learn about your state's experience with quality measurement and reporting, health information technology as a means to improve care quality, and patient-centered medical home activities. Of course, we are particularly interested in activities meant to improve the quality of care provided to children in Medicaid and CHIP.

Our interview will take an hour. Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c). We will share interview responses with other members of the evaluation team, and we will report to AHRQ and CMS on the general themes that emerge from the interviews. Our reports will list the people we spoke to in each state, but we will not attribute specific comments or quotes to named individuals without permission. We would like to record our discussion in case we miss something in our notes and want to go back and listen. But, we do not plan to transcribe the recording.

Do you have any questions before we start? May I begin recording?

I. Introduction/Background

My first question is for background.

1. Please tell me what your position is at [your agency] and how long you have worked there.
2. We understand that you are quite familiar with [your state's] efforts relating to [all that apply]:
 - Quality measurement and reporting in Medicaid and CHIP
 - The use of health information technology to improve care quality in Medicaid and CHIP
 - Advancing medical homes in Medicaid and CHIP

Is that correct? I'll ask you more about those efforts in a moment. First I'd like to ask you a few general questions.

II. State Context

1. Given the many priorities in Medicaid and CHIP that states must juggle these days, what are your state's major areas of focus, now and for the next few years?
 - Probe as needed on enrollment, provider participation and reimbursement, benefits and covered services, greater reliance on managed care, preparing for Medicaid expansions in 2014, and so forth.
 - *[if not cited] How about improving care quality for children in Medicaid and CHIP? Would you say that is a focus area currently?*
2. What are the main factors that determine how your state prioritizes the areas of focus you are describing?
 - *Probe as needed on leadership or political support, experience implementing quality improvement efforts, budget outlook, the state's national ranking on selected metrics.*

III. Quality Improvement Initiatives

As you may know, the CHIPRA quality demonstration grants cover activities in several areas, including quality measurement and reporting, health IT, and provider-based delivery models such as patient-centered medical homes. For the sake of convenience, we have structured our questions along these same categories.

[Go through modules A, B, and C as applicable.]

Quality Measurement Initiatives (Category A)

The first set of questions is about measuring and reporting children's care quality in Medicaid and CHIP.

- A.1. What types of quality measures, if any, does your state require Medicaid and CHIP plans and/or providers to report? Can you provide us with a list of the measures after the interview?
- For example, do Medicaid managed care plans report HEDIS measures, others?
 - What proportion of the measures has a pediatric focus? Your best estimate is fine.
 - How frequently do providers report the measures?
- A.2. How does the state use the quality data these plans and/or providers report?
- *Does the state report back to the providers? If so, are these reports just informational or are they part of formal pay for performance (P4P) incentive programs?*
 - Does the state report to the public about care quality in Medicaid and CHIP? If so, in what format (web-based or paper reports) and how often?
 - For what internal purposes do the Medicaid and CHIP programs use the quality data? Do quality data feed into the contracting process? The auto-assignment process? Payment policy? Other?
- A.3. Did your state apply for a CHIPRA Quality Demonstration grant in 2009?
- If not, could you tell me why not?
 - If so, did the state intend to use some of the grant for quality measurement activities?
 - If yes, is the state able to pursue on its own the goals it had hoped to pursue with a CHIPRA Quality Demonstration grant?

My next questions are about the set of CHIPRA core quality measures that CMS hopes states will report on beginning this year. CMS released the technical specifications for the

measures in February 2011. We emailed the list of measures to you as a reference when we confirmed our appointment for this call.

A.4. Is your state collecting any of these measures now and/or does your state plan to collect and report any of the CMS core measures in the next year?

- *Which of the core measures does it collect or plan to collect, if any? Why?*
- *How often will the measures be collected? When?*
- *For what population or subpopulation of children? E.g., All children in Medicaid and/or CHIP, only children in managed care, etc. Will your state report the measures to CMS? To anyone else?*
- *When will reporting begin and how frequently will it recur?*

A.5. In your view, how comprehensive and clear were the CMS measure specifications?

- What areas were most unclear? How could the specifications be improved, if at all?

A.6. [Ask only if **NOT** reporting any core measures; then skip to B1] Why is your state not reporting on the CHIPRA core measures?

- Probe as necessary on resource availability, prior experience, managed care penetration, data infrastructure, health IT capacity.
- What might help to overcome these obstacles?

A.7. How is measure collection going? Or how is preparation going?

- *Which measures have been collected relatively easily, or which do you expect will be relatively easy to collect? Why?*
- *Which measures are more difficult? Why?*
- *What might help overcome these obstacles?*
- *In any instances has the state altered or deviated from the CMS specifications?*
- *Is your state integrating data collection and reporting for the core measures with other data collection and reporting initiatives? If so, how?*

A.8. Has your state received technical assistance from a CMS contractor to help you collect and report the core measures?

- [If TA received] What type of assistance did the state receive? How satisfied are you with the technical assistance you have received from CMS?

- [If TA not received] Why have you not received technical assistance? Did your state not need assistance? Could you not get the type of assistance you needed?
 - Do you have additional needs for technical assistance from CMS? If so, what are they?
- A.9. How will the state use the measures to improve children’s care quality in Medicaid and CHIP?
- *To prepare reports? If so, please describe. Probe as needed on report audience, contents, and reporting frequency.*
 - *To support changes to payment structures or as a pay for performance measure? If so, please describe. Probe as needed on selection of core measures, weighting of measures, and provider/plan response.*
 - To support other agency initiatives?
- A.10. The state is investing time and resources to measuring children’s care quality. How satisfied are you at this point with the state’s return on investment? What makes you say that?
- How are you tracking your return on investment? [Ask to receive relevant documents after the interview.]
 - Have you experienced any unexpected costs?

Health IT Initiatives (Category B)

The next set of questions will focus on health IT initiatives. We are especially interested in initiatives that aim to improve children’s care quality in Medicaid and CHIP.

- B.1. How would you characterize the current health IT infrastructure in your state—especially as it pertains to Medicaid and CHIP?
- If you were rating the infrastructure on a scale from 1 (very weak) to 10 (very strong), where would your state belong on the scale today?
- B.2. Could you characterize the level of uptake of EHRs by hospitals, physician practices, and health plans or MCOs that participate in Medicaid and CHIP? Your best estimates are fine.
- How well suited are the EHRs to supporting care provided to children in Medicaid and CHIP would you say? What makes you say that?
- B.3. Please comment on the health information exchange capacity within your state.
- To what extent does the state have an HIE that supports the collection and sharing of data by providers or other audiences? How well does the HIE support providers who serve children in Medicaid and CHIP? What makes you say that?

- B.4. Please comment on the use of health IT to promote consumer engagement in children's health care in Medicaid and CHIP.
- For example, are web portals available to provide information about health care topics or appointment scheduling; do Medicaid and CHIP providers use health IT for pre-visit assessments; do they encourage Medicaid and CHIP patients to use personal health records that you know of?
- B.5. In what ways does your state want to strengthen its health IT infrastructure in the next four to five years?
- Please especially describe improvements that pertain to Medicaid and CHIP, or to children's care quality.

Now I'd like to ask about specific federal health IT initiatives [the state] may be participating in.

- B.6. Has the state developed, had approved, and launched its Medicaid EHR incentive program so Medicaid/CHIPRA providers can participate in the program? How many pediatric providers are participating? What proportion of pediatric providers is that?
- B.7. How about the State Health Information Exchange Cooperative Agreement Program? Has your state received an HIE grant? To what extent are pediatric providers included in efforts to promote information sharing across the state health care system?
- B.8. And how about the Regional Extension Center (REC) that serves your state? What is your sense of how frequently and effectively the REC is working with providers serving children?
- B.9. Are there other substantial federal, state, or private health IT initiatives likely to affect children's care quality in Medicaid and CHIP? If so, please describe.
- Probe on funder, time period for the initiative, where the state is now in the timeline (planning, implementation, etc.), level of funding, target population (especially focus on Medicaid, CHIP, children)
- B.10. What are the major goals and activities associated with these initiatives?
- B.11. Considering all your state's investment in health IT, what are the main factors that will help the state make the most of its investment, especially as it pertains to children's care quality in Medicaid and CHIP?
- Probe as needed on skills and experience of people involved, high-level support or leadership, dovetailing of similar or complementary initiatives (including private sector initiatives).
- B.12. And what are the main factors that might hinder progress?
- Probe as above—state of the technology, budget or insufficient incentives, lack of technical assistance, insufficient skills, experience, leadership, or high-level support, or inability to give enough attention to all concurrent initiatives.

- B.13. How is the state monitoring progress toward the achievement of its health IT infrastructure-development goals?
- Is the state participating in a federally funded evaluation of any of its initiatives? Is it conducting any evaluation of its own or through contractors?
- B.14. How satisfied are you with the progress the state is making in the health IT initiatives you've told us about today? What makes you say that?
- B.15. How satisfied are you at this point with the state's return on investment? What makes you say that?
- How are you tracking your return on investment? [Ask to receive relevant documents after the interview.]
 - Have you experienced any unexpected costs?
- B.16. Did the state apply for a CHIPRA Quality Demonstration grant in 2009? [rephrase if known from previous module]
- If not, could you tell me why not?
 - If so, did the state intend to use some of the grant for health IT activities?
 - If so, is the state able to pursue the health IT goals it had hoped to pursue with a CHIPRA Quality Demonstration grant?

Provider-Based Initiatives (Category C)

The next set of questions will focus on patient-centered medical home activities, again especially those pertaining to children in Medicaid and CHIP.

- C.1. Is there a Medicaid/CHIPRA medical home demonstration underway in your state? If so, please briefly describe it—including any related payment reforms—and the extent to which pediatric providers and children (or sub-sets of children) are included or participating.
- *What is the timeframe for the demonstration?*
 - How is the medical home defined?
 - What population/populations are targeted?
 - What tool is being used to assess the medical home (e.g. NCQA or home grown)
 - Are you surveying families?
- C.2. What about private or commercial plans? Do they have demonstrations underway? If so, please briefly describe it—including any related payment reforms—and the extent to which pediatric providers and children (or sub-sets of children) are included or participating.
- How is the medical home defined?

- What population/populations are targeted?
 - What tool is being used to assess the medical home (e.g. NCQA or home grown)
 - Are you surveying families?
- C.3. How much provider interest is there in serving as a medical home, or in working with primary care providers that are serving as medical homes? We are especially interested in Medicaid and CHIP and pediatric medical homes.
- C.4. Are data available to quantify the proportion of children in Medicaid and CHIP that are served by medical homes?
- C.5. In the next four to five years, are there new medical home initiatives being planned and/or additional changes anticipated to current initiatives?
- Please especially describe differences that pertain to Medicaid and CHIP, or to children.
- C.6. What are the main strategies the state will use to achieve its goals for medical homes in Medicaid and CHIP?
- *Will you try more intense payment changes, learning collaborative or provider training, coaching or other initiatives to work with poor quality/high cost practices or beneficiaries/consumers, providing feedback or data to providers?*
- C.7. What factors might hinder progress toward those goals?
- *Probe on the factors above, and on insufficient skills, experience, leadership, or high-level support, or inability to give enough attention to all concurrent initiatives.*
- C.8. How is the state monitoring progress toward the achievement of its goals for medical homes in Medicaid and CHIP?
- Is the state participating in a federally funded evaluation of any of its initiatives? Is it conducting an evaluation of its own or through contractors?
- C.9. How satisfied are you with the progress the state is making in the medical home initiatives you've told us about today? What makes you say that?
- C.10. How satisfied are you at this point with the state's return on investment? What makes you say that?
- How are you tracking your return on investment? [Ask to receive relevant documents after the interview.]
 - Have you experienced any unexpected costs?

- C.11. A few states with CHIPRA quality demonstration grants are using them to develop other provider-based models of care, including care management entities and school-based health centers. Does your state have substantial initiatives in either of these areas? If so, please briefly describe them.
- We are interested in overarching care management entities, not those who might serve as subcontractors to Medicaid MCOs.
- C.12. Did the state apply for a CHIPRA Quality Demonstration grant in 2009? [rephrase if known from previous module]
- If not, could you tell me why not?
 - If so, did the state intend to use some of the grant for medical home activities?
 - If so, is the state able to pursue the goals it had hoped to pursue with a CHIPRA Quality Demonstration grant?

Other Quality Initiatives and Lessons

1. Are there any other major initiatives aimed at improving the quality of care for children in the state, especially for children in Medicaid and CHIP? If so, please describe.
 - How do these other initiatives fit in with the others you've described, if at all?
 - What populations of children do they serve?
2. Absent a federal demonstration grant like those authorized by CHIPRA, how challenging has it been to focus policymakers on quality improvement in your state?
3. Which of the quality-improvement areas that we've discussed today seems most important to policymakers in your state? Why?
4. Which of the quality-improvement areas that we've discussed has been easiest to make progress in? Why?
5. Which has been most challenging? Why?
6. What lessons have you learned regarding strategies for promoting and advancing these types of initiatives?

IV. Wrap Up

1. You have answered all my questions. Is there anything I didn't ask that you'd like to tell me about?

Thank you very much for making time to speak with us.

