

Adult Medicaid Quality Grants

Frequently Asked Questions

1. Where can I find more detailed descriptions/specifications for each of the 26 adult core measures?

The technical specifications for each of the 26 measures will be drawn directly from the measurement developer. CMS will be compiling all of the technical specifications for the Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid. A manual with this information will be released in late Fall 2012.

2. Can the state use a sample population in accordance with the measure specification for those requiring a CAHPS survey or chart review?

It is expected that each grantee adhere to the technical specifications and guidelines for sampling related to each measure.

3. The Plan All-Cause Readmission measure is not part of the Medicaid HEDIS product line. Does CMS have plans to make this measure applicable for Medicaid?

The CMS plans to work with the measure's developer (the National Committee for Quality Assurance) to conduct the additional risk adjustment testing and pilot data needed for inclusion in the Medicaid product line. Understanding that work still needs to be done on the measure, states participating in this grant opportunity can select any 15 of the 26 measures to collect and report to CMS by January 2014. We encourage grantees to not use focus grant funding on conducting a similar activity related to this measure.

4. Can grant funds be used for existing staff who will transition to work on the grant project?

Grant funds may be used for staff salaries for those staff members who will be working on the grant project. If an existing employee will dedicate time to this project, say 50 percent, then the grantee may reimburse itself with grant funds for that percentage of the employee's salary costs (i.e. 50 percent).

5. Does the state have to dedicate an individual full time to the project manager position? Can multiple people make up the 100 percent project manager position?

Each grantee will need to identify a person that will serve as the project manager and key contact for the project. The grantee can carry out the work using a team approach, but it is important that there is one person focused on ensuring the project is being carried out and that programmatic requirements are being met-this would be the project manager. Understanding that not all grantees may be able to dedicate one full-time individual, if your

State can only dedicate a part time project manager (or 50 percent of time) to the project, we will still consider your application for review.

If your agency would like to use two individuals together to make up the project manager position this is also fine, so long as the two individuals coordinate and collaborate on the knowledge/duties needed for the position. The individuals dedicated should be permanent/official State employees.

6. Can an independent contractor be used for the project manager position?

The funding opportunity announcement requires that each grantee identify a project manager to lead the implementation of the grant project. It is critical that the project manager be someone who will be invested in this project and will continue to be invested in the goals of the project after the project period has ended. The expectation is that the work/benefits accomplished through this project will continue on after the award period. Utilizing an independent contractor to serve as the project manager would not be acceptable.

7. Can an independent contractor be used to assist or support work on the project?

Grantees can use grant funding to work with researchers and other technical experts. The grant activities can be carried out using a team approach that includes both internal and external team members.

8. How does a state select quality improvement projects whose goal are to improve the outcomes of these 26 measures, when they have yet to collect these measures?

The CMS understands that the quality improvement projects selected by grantees will not be based on data results from the Initial Core Measures. States are expected to select quality improvement projects based on a currently available state- or city- specific information sources about quality improvement needs. The State may want to consult with its Medicaid Medical Director or providers (e.g., health plans, hospital systems) for evidence of need for improvements in care. The quality improvement projects are required to relate to and include relevant Initial Core Measures (e.g., if the project is targeting improvements in cardiovascular health, consider the Initial Core Measures related to hypertension control, chronic obstructive pulmonary disease admissions rate, congestive heart failure, etc).

9. What information will the state application need to include when describing the quality improvement projects that will be undertaken over the two-year grant period?

The state will need to describe in its application the two quality improvement projects they intend to implement as part of the grant opportunity, not the process for determining the projects. Understanding that the descriptions are likely to be at a high level, we will expect the applicant to identify: the area(s) for improvement you intend to target, an explanation of why these are important areas to your State; potential measures you will use as part of the quality improvement project; baseline data on the potential measures generated from a state, county, or city specific information source; potential interventions that may be used to

implement change; examples of potential goals/objectives for each quality improvement project; draft timelines for implementation; and anticipated outcomes. The quality improvement projects will need to be in place before states have access to their data results on the Initial Core Measures. As such, applicants will want to identify quality improvement projects based on where the state already knows there is a need to target improvements in health care quality for Medicaid-eligible adults.

10. In the absence of project specific baseline data, can a state use related city-wide statistics in its application to support the selected quality improvement projects?

We understand it may not be feasible to obtain baseline data on a new measure prior to the application submission deadline. We expect that the state include an explanation of why the area(s) for improvement was targeted for these two projects and an explanation of why these are important areas to the state. States can use related state or city-wide statistics (e.g., data from a state's MMIS, a published paper, a state-specific survey such as PRAMS), data collected by a managed care organization or External Quality Review Organization¹, among other data sources, to support the selection of their two quality improvement projects.

11. Does a quality improvement project have to target the state's entire adult Medicaid population?

In the funding opportunity announcement, there is no requirement listed about the specific scope (e.g. statewide, geographic area, health plans-level, etc.) for the two required quality improvement projects. Grantees are expected to select quality improvement projects based on a variety of state-specific factors and quality improvement needs.

12. Can a state use the two quality improvement projects conducted as part of this funding opportunity to satisfy the Medicaid managed care requirement for conducting performance improvement projects as outlined in 42 CFR 438.240(4)(d)?

States with managed care programs cannot use the two quality improvement projects required as part of this funding opportunity to comply with the performance improvement projects required by 42 CFR 438.240(4)(d).

¹ MMIS is the Medicaid Management Information System; PRAMS is the CDC funded Pregnancy and Risk Assessment and Monitoring System; EQRO is an External Quality Review Organization.