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Quality Measure Reporting Requirements and Implications for Asthma Care Coverage

Medicaid and CHIP (the Children's Health Insurance Program) are a crucial part of the healthcare system, providing coverage to more than 90 million individuals, or 1 in 4 Americans.[1] In August 2023 the Centers for Medicare and Medicaid Services (CMS) released a final rule which will require all states to report certain quality measures for Medicaid and CHIP. This includes a quality measure for asthma for children, presenting a fresh opportunity to incentivize coverage of asthma guidelines-based care among Medicaid programs. This issue brief provides an overview of CMS' final rule on Mandatory Medicaid and CHIP Core Set Reporting and its implications for asthma stakeholders.

Background

Asthma affects more than 25 million Americans, including 4 million children.[1,2] While anyone with lungs can have asthma, the burden of asthma disproportionately impacts individuals enrolled in Medicaid and CHIP. Asthma rates are higher among individuals enrolled in Medicaid compared to those with private insurance (12.4% vs 7.2%).[3] Existing quality measures, including the Asthma Medication Ratio (see box on AMR), show that many individuals with asthma who are enrolled in Medicaid struggle with controlling their symptoms at a higher rate than those with commercial insurance.[4]

Asthma rates are also higher amongst many communities of color. For example, in 2020, Black Americans were 36% more likely to have asthma than white Americans.[5] A 2023 study found that African American children enrolled in California's Medicaid program had the poorest asthma control in the program, as demonstrated by the lowest average AMR rates.[6] The same study also determined that increased AMRs were associated with fewer emergency department visits for African American and Hispanic children. The need to continue to identify and address these disparities is clear, especially for the Medicaid population.

Asthma Medication Ratio (AMR)

Quality measures are tools that help measure health outcomes and patient experiences. The primary quality measure for asthma is the Asthma Medication Ratio, or AMR. The AMRT is defined as the ratio of controller medications to total asthma medications. A higher AMR is better, indicating a higher overall medication compliance. The National Committee for Quality Assurance reports on the percentage of commercial and Medicaid plans that have an AMR of 75% medication compliance or higher. The percentage of individuals ages 5 to 64 with an AMR of at least 0.75 is 53.4% in commercial health plans compared to only 39.1% in Medicaid plans.[7]

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New Core Set Reporting Rules

After Congress reauthorized CHIP in 2009, CMS developed the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Today, the Child Core Set includes health care measures like immunization status, behavioral health care screenings, and emergency department visits, as well as the AMR. Many states report metrics from the Child Core Set voluntarily, and CMS annually releases a review of state progress and performance in reported core set measures. CMS later added the Adult Core Set for voluntary reporting in 2013, which includes measures such as screening for certain diseases and cancers, maternal health care access, and behavioral health care. It also includes both the AMR and another measure on hospital admissions for asthma in young adults. The Bipartisan Budget Act of 2018 mandated annual reporting of the Child Core Set, the behavioral health measures in the Adult Core Set, and the Health Home Core Set in a standardized format starting in the 2024 fiscal year.[7]

In August 2022, CMS released a proposed rule on Mandatory Medicaid and CHIP Core Set Reporting, implementing the quality measure provisions of the Bipartisan Budget Act of 2018. Upon consultation of numerous groups, including state programs, pediatricians, pediatric health professionals, hospitals and patient organizations, CMS developed this proposed rule with the intention of standardizing and improving data collection. This rule was finalized in August 2023.

The final rule requires reporting of all measures in the Child Core Set and reporting of the behavioral health measures in the Adult Core Set. States that choose to cover the home health benefit, a Medicaid program that provides integrated health care for beneficiaries with chronic health or mental health conditions, will be required to report all measures in the Health Home Core Set. While reporting these measures has previously been voluntary for states, this will now be required for all programs. States must also submit a State Plan Amendment confirming that their Medicaid agency will report on the Adult and Child Core Sets according to the new rules. This reporting is expected to begin with data collected in 2024.

CMS' Mandatory Medicaid and CHIP Core Set Reporting rule further requires all states to phase in stratification of data from each of these core sets across race, ethnicity, sex, age, disability, and rural/urban status starting in 2024. Previously, collecting stratified data was optional for states, making it more challenging to identify inequities, such as differences among asthma control between Black and white Americans. This will also serve to standardize data across the Medicaid and CHIP programs. Given the various health disparities that exist within the Medicaid population, including individuals with asthma, reporting disaggregated data will allow states to identify where these disparities persist and to shape how they are addressed.

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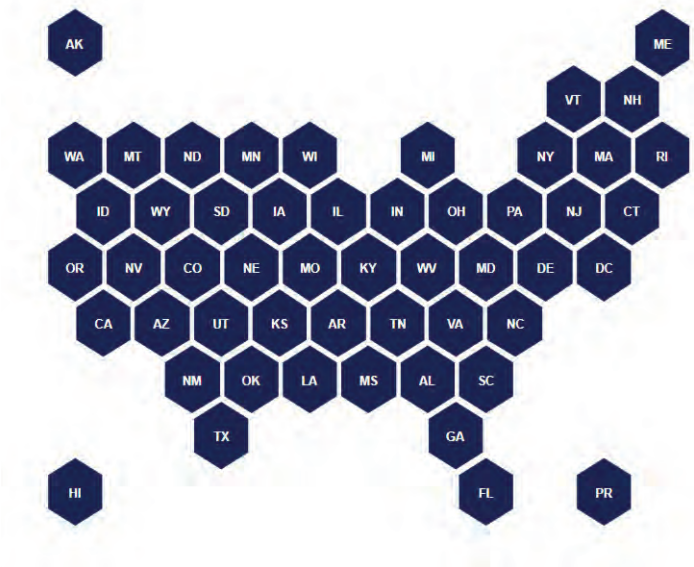
Implications for Asthma Care Coverage in State Medicaid Programs

Mandatory reporting of the Child Core Set measures means that states will have to report their AMR for children. Because the asthma measures in the Adult Core Set are outside of the behavioral health category, these will still be voluntary. With a standardized set of reporting measures, Medicaid and CHIP will be better able to identify gaps in the quality of care for children who have asthma. This will help to guide both CMS and states in making policy decisions aimed at improving asthma control.

CMS anticipates that states that begin to stand out in certain measures of care will serve as a model for other states to use to improve care within their own programs. The reporting of core set data can serve as an incentive for states to make evidence-based improvements in access to care that will improve their performance on these measures. For example, data on a home asthma intervention's impact on the AMR can be helpful in building a case for Medicaid coverage of this service.[8] States may also choose to remove barriers to care such as cost-sharing for controller medications for asthma, given that premiums and even small copays can reduce utilization of care and treatment for children with asthma.[9]

Prior to the passage of this rule, only 42 states (of 52, including Puerto Rico and Washington, D.C.) fully reported annual data on the AMR for ages 5 to 18.[10] This rule will see 10 additional states submitting complete data for collection to CMS, and will broaden the understanding of where states could improve and which states are falling behind in asthma control.



The Lung Association oversees another vital tool that can help inform states' efforts to improve asthma control. The Asthma Care Coverage Project completes an annual data review of all state Medicaid fee-for-service and managed care plans for coverage of guidelines-based asthma care. Results are published at Lung.org/asthma-care-coverage and provide insight into where state Medicaid programs can improve asthma care coverage.

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Conclusion

CMS implemented the final Core Set Reporting rule on January 1, 2024, with the initial round of data reporting due by December 31, 2024. As states begin to collect and report full data on the Child Core Set, the Lung Association looks forward to CMS and stakeholders using this data to improve asthma control for children in Medicaid and CHIP. The inclusion of the AMR will give stakeholders a clearer picture of how well children with asthma in the Medicaid and CHIP programs are controlling their symptoms. The use of disaggregated data is a crucial step towards promoting health equity in the United States and in identifying paths to decreasing health disparities. In the long term, the Lung Association looks forward to this data influencing how Medicaid and CHIP policy is shaped in the coming years to improve health outcomes for all beneficiaries.

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