

Medicaid/CHIP Quality Promising Practice Nomination

CMS is interested in helping states to share promising practices that appear to have potential for improving the quality of health care and life for Medicaid beneficiaries and Child Health Insurance Program (CHIP) enrollees. In so doing, we seek to stimulate the consideration of alternative approaches to meeting common operational tasks and challenges.

A “promising practice” represents a State approach to meeting a challenge related to Medicaid/CHIP program operations, clinical practice, or functional level that serves to enhance quality of care and/or life and may be of interest to other states. CMS may disseminate information on practices that meet its key criteria through the CMS Medicaid/CHIP Quality website (<http://www.cms.hhs.gov/MedicaidCHIPQualPrac/>).

To nominate a particular initiative for CMS consideration as a Medicaid/CHIP promising practice, we require a narrative (see Attachment A) that describes the underlying problem, the approach taken, and the results obtained. Any documentation related to the nominated practice that supplies additional information about the practice would also be appreciated. After CMS review, nominations found to meet the established criteria will be posted to the list of promising practices found at <http://www.cms.hhs.gov/MedicaidCHIPQualPrac/MSPPDL/list.asp#TopOfPage>.

CMS designation of a particular approach as a promising practice is not meant to imply CMS endorsement of that practice. Similarly, the fact that a particular approach is not mentioned in information CMS disseminates about promising practices does not necessarily indicate that CMS has determined that the practice does not meet the established criteria.

All nominations or questions regarding this process should be sent via e-mail to:

MedicaidPromisingPractices@cms.hhs.gov

Attachment A

Medicaid/CHIP Quality Promising Practice Nomination: Narrative

Please use the parameters and guide questions below in drafting the narrative for your submission. Spell out all acronyms and use non-technical terminology to the extent possible.

State: _____

Name of Practice: _____

Category: _____

Abstract: (3 sentences – 1 sentence summarizing problem, 1 sentence summarizing approach, 1 sentence summarizing results)

The Problem (1-2 paragraphs)

Describe the situation that necessitated implementation of this practice and how that status quo negatively impacted health status or functioning based on trends in mortality, morbidity, quality of life, utilization, and/or costs. Quantify these trends and indicate the corresponding timeframe to the extent possible.

Discussion of Approach

1. Describe how the approach was conceived, designed, developed, and implemented and by whom.
2. How were various stakeholders involved in each of these phases and notified of plans to implement the initiative?
3. Was it mandated by State legislation or executive order? (Cite any relevant State statute and/or regulations.)
4. What research supported taking this approach? (Provide citations.)
5. Was this practice based on similar approaches taken in other States?
6. How would you classify the practice based on the categories listed in Attachment B? (Feel free to suggest any other quality-related topic that may not appear on this list.)
7. How does this practice meet each of the criteria (particularly those in bold) listed in Attachment C?
8. When was this practice first implemented in the State?
9. How does this approach work in practice? Provide examples.
10. What obstacles were encountered as the practice was implemented and how were they overcome?
11. Has the practice been modified based on lessons learned as it was implemented? If so, how?
12. In what program context has the State implemented this practice (e.g., fee for service, managed care, section 1115 demonstration, section 1915(b) waiver, section 1915(c) waiver)?
13. What geographic areas of the State and which populations are targeted?

14. Does the State have plans to modify or expand the initiative to other parts of the State and/or target populations? Over what time frame?
15. Have other States inquired about how they might adapt this approach in their States? What technical assistance has been provided to facilitate such a transfer?
16. Does the State have plans to “sunset” or terminate this approach at a particular point in the future?

Results

1. What tangible evidence indicates that this practice has been successful in addressing the problem described above? (Quantify improvements in health status or functioning based on trends in mortality, morbidity, quality of life, utilization, and/or costs, to the extent possible.)
2. Has the practice improved the efficiency of the State’s administrative operations? If so, how?
3. To what extent has the practice produced benefits in excess of the costs of implementation?
4. Has the State conducted or arranged for a formal evaluation of this initiative? When was it submitted, or when will it be due? Provide any results obtained.
5. Cite any peer reviewed journals in which the success of this practice been examined.
6. Cite any awards that the State or other responsible entity has received in recognition of the innovative qualities or positive impact associated with this practice.
7. Provide any anecdotes that demonstrate the positive impact of this practice on the lives of individual Medicaid beneficiaries.

Further Information

Provide any downloadable files or web links that further address this practice and any supporting State legislation and/or regulations.

Provide the name, organizational affiliation, phone number, and e-mail address for a contact person with detailed knowledge regarding this practice.

Provide the name, organizational affiliation, phone number, and e-mail address for the State Medicaid/CHIP agency representative who has authorized possible CMS dissemination.

Attachment B

Medicaid/CHIP Quality Promising Practice Nomination:
Promising Practice Categories

Access
Asthma
Care Coordination
Children with Special Health Care Needs
Dental
Diabetes
Disease Management
EPSDT/Well Child Care
Evidence-based Practice
Health Disparities
Health Information Technology
Health Literacy
Home and Community Based Services
Immunization
Lead Screening
Obesity
Pay for Performance (P4P)/Value Based Purchasing
Performance Measurement
Prescribed Drugs
Substance Abuse
Transportation

Attachment C

Medicaid/CHIP Quality Promising Practice Nomination:
Criteria *

Related to quality of care

Addresses a significant problem in health status or functioning based on trends in:

- Mortality
- Morbidity
- Quality of Life
- Utilization
- Costs
- **Reflects an innovative approach to meeting a common problem**
- Has not been well-publicized but would be of interest to other states
- Supported by State government:
- Leadership commitment
- Fiscal sustainability
- Dedicated organizational unit
- Publicity/Outreach
- Addresses a problem of national concern
- Based on broadly accepted principles related to program administration,
 - clinical practice, functionality, or quality of life (specify) ○ Can be readily replicated by other states with necessary technical expertise
 - and fiscal resources
- **Has been in operation for sufficient period of time to demonstrate effectiveness (i.e., minimum 12 months)** (specify period of time)
 - Has been sufficiently documented to permit transfer to another State ○ Is supported by State staff willing to facilitate transfer to another State
- **Has demonstrated success through the following tangible results (e.g., improvements in beneficiary physical or mental well-being)** (specify)
 - Has produced benefits in excess of the costs of implementation (quantify)
- **Complies with Federal Medicaid statute and regulations and CMS policy direction** [to be verified by CMS based on information supplied in nomination]

* Criteria in bold must be met for CMS to recognize a practice as promising.