

DMAS Overview

The Virginia Department of Medical Assistance Services (DMAS) plays an essential role in the Commonwealth's healthcare system by offering lifesaving coverage to one in five Virginians.

In 2023, CMS passed federal regulations (42 CFR) 433, 42 CFR 437 and 42 CFR 457) as a Final Rule that implements mandatory annual reporting of the Child Core Set and the behavioral health measures on the Adult Core Set using a standardized format.

DMAS' Division of Quality and Population Health (QPH) and the Healthcare Analytics Division (HAD) collaborated with the focus of improving the quality of care for members through data.

As a result, QPH with the help of HAD developed data reports focused on the Adult and Child Core Set measures by utilizing the National Committee for Quality Assurance (NCQA) and Centers for Medicare and Medicaid Services (CMS) data

stewards. Additional data stewards; included the Agency for Healthcare Research and Quality (AHRQ) American Dental Association (ADA), the Dental Quality Alliance (DQA) and the Center for Disease Control and Prevention (CDC) also contributed to Core Set measure development.

Core Set Reporting Background

Prior to reporting for the 2023 Core Set reporting cycle, DMAS voluntarily reported the HEDIS results that were received from NCQA to provide reporting data to CMS. QPH collaborated with HAD to develop the data-reporting infrastructure to yield the following outcomes.

- Meet the upcoming CMS deadline and reporting requirements of December 31, 2024, to include population and age
- Allow for review of measure progress on a more frequent basis than annually
- Allow for stratification measure analysis
- Include the fee-for-service population

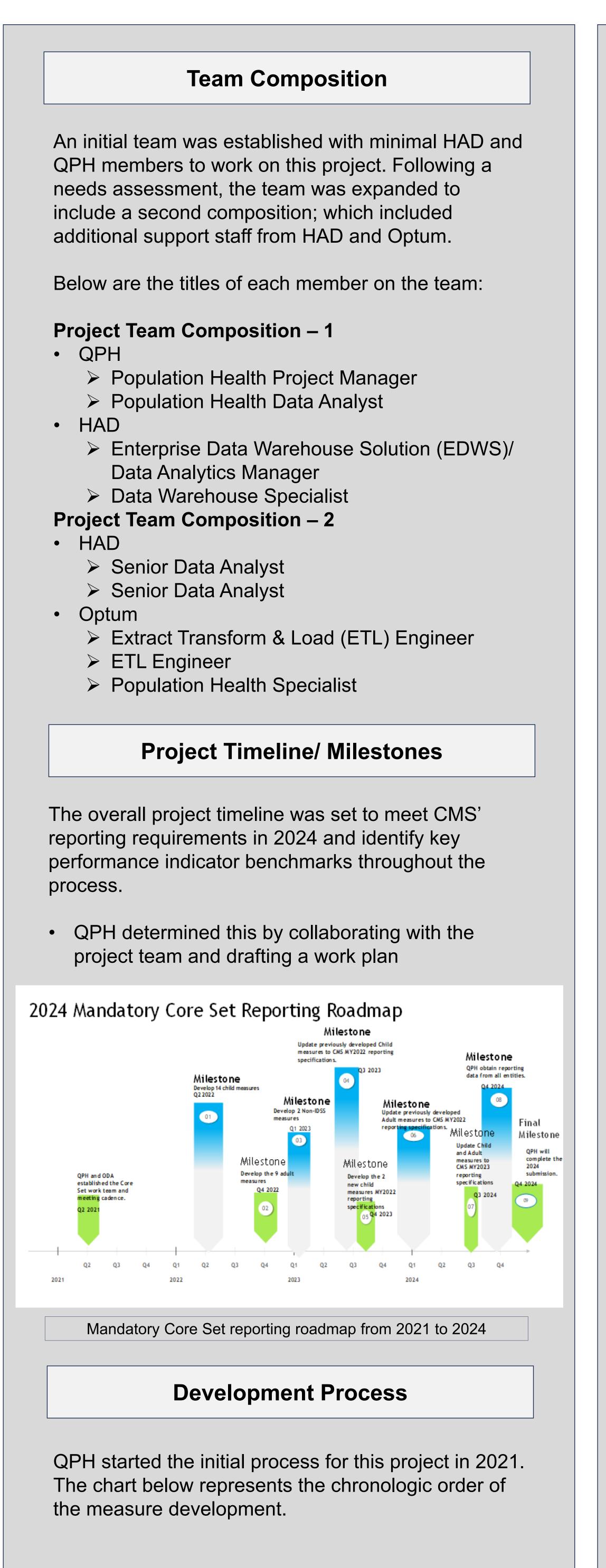
Core Set Measures

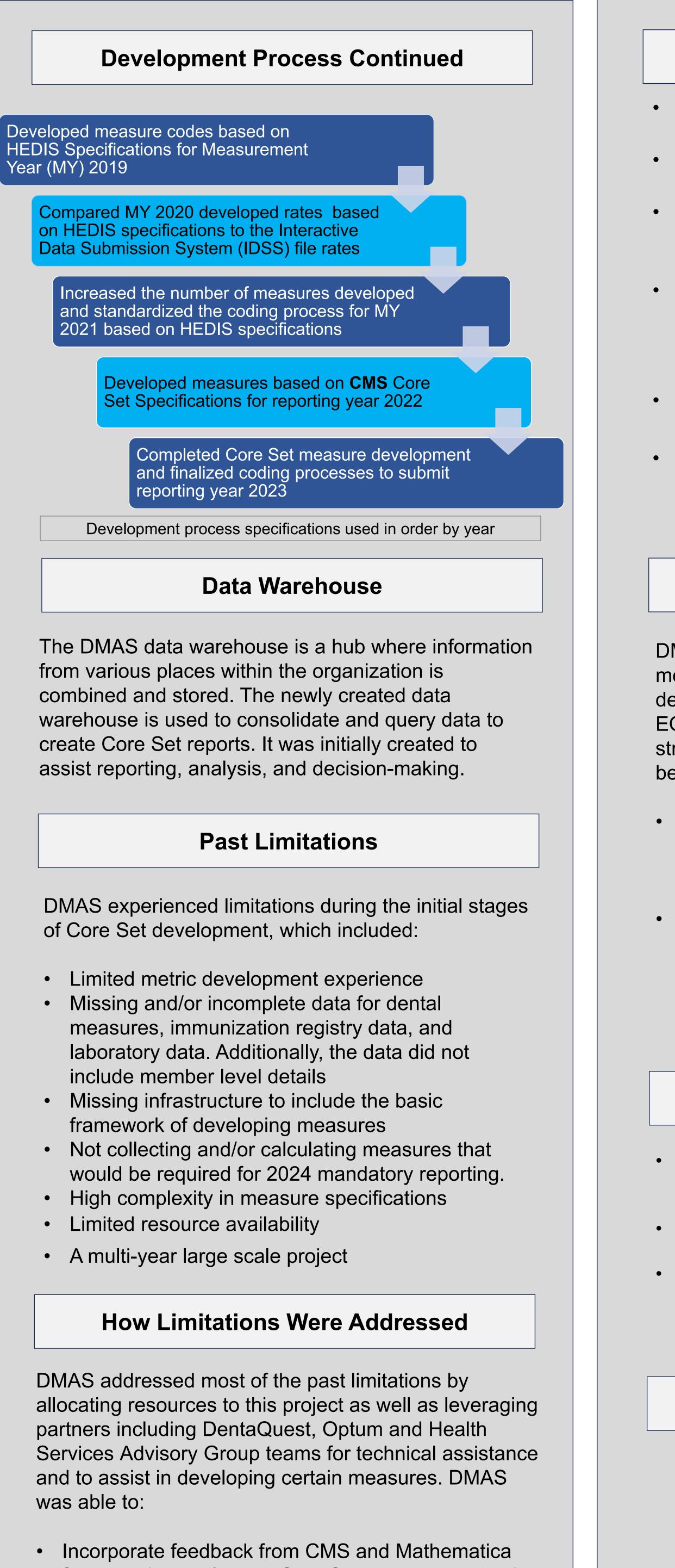
The Core Sets include 27 Child measures and 33 Adult measures, which help to strengthen the quality of care & health outcomes while encompassing physical & mental health.

All 27 Child measures and 11 behavioral health Adult Core Set measures are required to satisfy 2024 mandatory reporting.

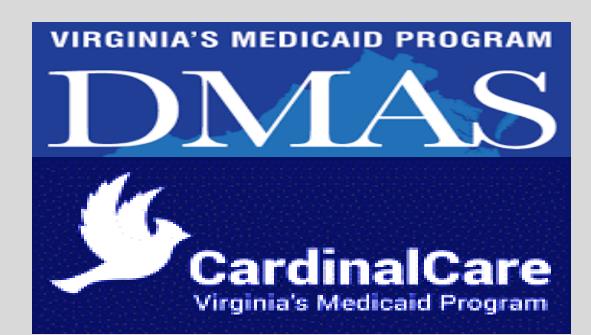
Virginia's Medicaid Core Set Development and Reporting

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from previous voluntary Core Set measures reporting



How Limitations Were Addressed Cont.

- Work on enhancing project oversight to overcome limited development experience
- Break down the project into smaller units that were tackled progressively
- Develop a data mart infrastructure to create data summaries, store data, increase technical expertise and iterative development in the EDWS
- Collaborate internally as well as request technical assistance from External Quality Review
- Organization (EQRO) and other vendors to interpret the highly complex specifications
- Standardized the process to exclude members with limited benefits and members with hospice care.
- Developed the procedures to identify member level details for further stratifications for internal use; such as member region, health plan subscription, eligibility category etc.

Future Goals

DMAS continues to innovate and fine tune Core Set measure reports. More reports are slated to be developed with the inclusion of development from our EQRO. Virginia will next focus on the development of stratified Child Core Set and Adult Core Set behavioral health measures for 2025.

- DMAS currently has 33 of the required measures in place for reporting in preparation for reporting due December of 2024
- DMAS reported 33 measures for the December 2023 CMS Core Set reporting cycle and will work with CMS on any feedback from the 2023 reporting cycle to address any questions or concerns prior to the 2024 Mandatory Core Set reporting deadline.

References

- Department of Medical Assistance Services. (2023). **DMAS - Department of Medical Assistance Services** Website
- Child and Adult Health Care Quality Measures. (2023). Medicaid website.
- Medicaid Program and CHIP; Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set reporting. (2023, August 31). Federal Register. Core set reporting website.

Thank You

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