Continuous Medicaid Core Set Reporting and Maternal Health Measure Performance: Evidence from 10 Years of State Data

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Research Question

Is reporting consistency and sustained participation in Medicaid Quality Measures Reporting (QMR) associated with differences in performance and trend stability in maternal and perinatal health measures across states over time?

Rationale

State QMR reporting has historically been voluntary and inconsistent across measures and years. Prior research has found mixed associations between public quality reporting and improvements. However, little is known about whether consistency in QMR reporting itself is associated with differences in observed performance trends across states.
To address these gaps, we sought to answer the following:

- Is the duration of reporting associated with changes in maternal and perinatal screening and prevention rates over time?
- Do states that continuously report maternal and perinatal measures to QMR have different performance trajectories than states who report intermittently?
- How does reporting consistency influence the stability and interpretation of observed performance trends?

Data Sources

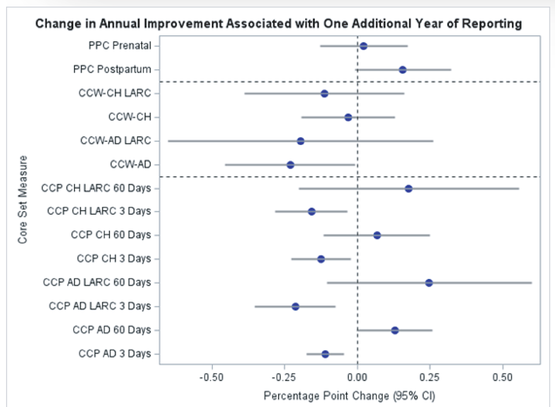
- CMS Medicaid/CHIP Child and Adult Core Sets for FFY 2014 - 2023
- CMS Medicaid/CHIP Quarterly Medicaid and Managed Care Enrollment Files
- HRSA Area Health Resource Files (provider-to-population ratios)

Statistical Analysis

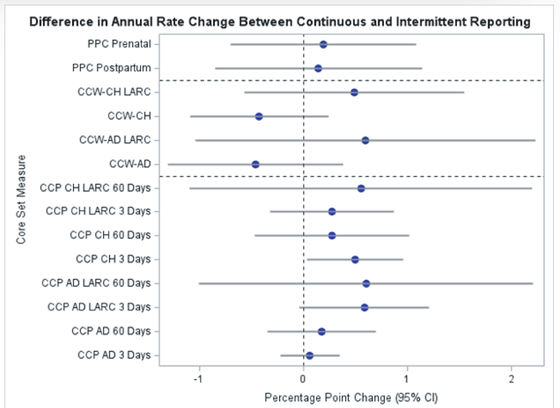
- Descriptive analyses to summarize annual changes in Core Set measure rates and to compare variability between continuously and intermittently reporting states.
- Measure-specific linear mixed-effects models using state-year observations for each measure separately to assess if adherence rates changed over time and whether trends differed by reporting consistency and duration.
- Interaction terms were included to test whether continuously reported measures improved at different rates than intermittently reported measures.
- All models were adjusted for state-level characteristics and included random intercepts to account for unobserved differences across states as well as measure-specific variation within states. All analyses were completed using SAS 9.4.

Key Findings

- We found limited evidence that additional years of QMR reporting was associated with improved performance across measures.
- For some rate definitions (e.g., CCP within 3 days), additional years of reporting were associated with either slower improvement or declining performance over time.
- Sustained participation in QMR reporting may be associated with a better performance trajectory for some measures, but the association is not uniform or strong enough to conclude a consistent reporting advantage.



Additional years of reporting were not consistently associated with improved performance across measures, but there were signals of improvement in select rate definitions, particularly those related to prenatal care and postpartum contraceptive use.



Continuous reporting was directionally associated with better performance in several rate definitions, particularly in maternal care and contraceptive care, but differences were modest and not consistently statistically significant.

Definitions

AD = Adult ; CH = Child
CCP (% of postpartum women provided a LARC or Most/Moderately Effective Method at 3 or 60 days)
CCW (% of women at risk for unintended pregnancy provided a LARC or Most/Moderately Effective Method)
PPC Postpartum (% of women delivering a live birth who had a postpartum care visit between 21 - 56 days after delivery)
PPC Prenatal (% of women delivering a live birth with a prenatal care visit in the first trimester or within 42 days of enrollment)

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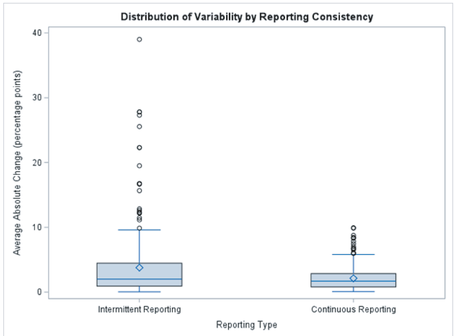
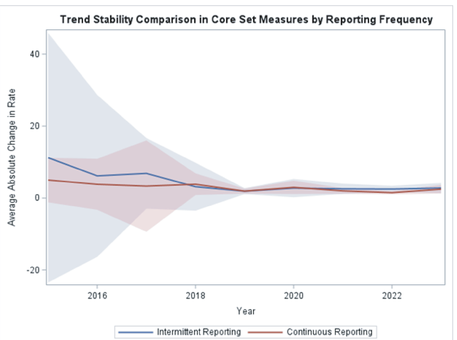


Intermittently reporting states exhibited substantially greater overall variability in performance compared to continuously reporting states, even after accounting for differences across measures.



At baseline (2014), predicted instability was ~8.2 percentage points for intermittently reported measures. Continuously reported measures had ~4.2 percentage points less variability than intermittent ones, but year-to-year variability has declined over time.

Conclusion

Sustained participation in QMR reporting may help states monitor trends over time and support ongoing quality improvement activities. However, expanding mandatory reporting alone may not be sufficient to drive consistent improvements in maternal and perinatal health outcomes.