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Introduction

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) allowed for the funding of 10 demonstration projects to identify effective, replicable strategies for improving the quality of children’s health care. In February 2010, the U.S. Department of Health and Human Services (HHS) awarded demonstration grants to Colorado, Florida, Maine, Maryland, Massachusetts, North Carolina, Oregon, Pennsylvania, South Carolina, and Utah. Of these States, six received grants to work in multistate [illegible]

Table 1. CHIPRA quality demonstration projects, by grant category

	Cat. A Use core and other measures	Cat. B Promote health IT	Cat. C Evaluate a provider-based model	Cat. D Use model EHR format	Cat. E Grantee-specified
Oregon*	9	9	9		
Alaska	9	9	9		
West Virginia	9	9	9		
Maryland*			9		9
Georgia			9		9
Wyoming		9	9		9
Utah*		9	9		9
Idaho		9	9		9
Florida*	9	9	9		9
Illinois	9	9	9		9
Maine*	9	9	9		
Vermont		9	9		9
Colorado*			9		9
New Mexico			9		9
Massachusetts*	9		9		9
South Carolina*	9	9	9		
Pennsylvania*	9	9		9	
North Carolina*	9		9		

- Examining the contributions of demonstration activities to improve quality of care in relation to four CMS special interest areas: oral health, obesity, behavioral health, and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs.
- Providing insights into the successes and limitations of the program to inform future Federal

would have occurred if the CHIPRA quality demonstration funds had not been available. Strong counterfactual data can provide convincing answers to questions about whether the CHIPRA funds actually made the difference or whether observed changes would have happened anyway. To ensure that such data are available, the NET worked with States to identify opportunities for implementing evaluations using comparison group designs.

Other challenges that are examined in the full design plan include:

- Understanding, and accounting for, multiple health reform efforts within and across States.
- Ensuring consistent definition and measurement of project concepts and outcomes.
- Managing substantial qualitative and quantitative data to put them to best use.

C. Evaluation Strategies for Specific Grant Categories

Category A. Developing, reporting, and applying core and suppl1(e)n3,7en(i)2a(l)-6()-4(a,7HhS2(t)]TJ 0 '

strengthen the evaluation further, we also will compare the 10 CHIPRA Category A

The Category B demonstration States differ greatly from one another in their prior health IT experience, but most will participate in at least some of the federally funded health IT initiatives that will unfold concurrently with the CHIPRA Quality Demonstration Grant Program. CMS encouraged States to leverage the resources from other initiatives to enhance their Category B projects. Therefore, an important component of the Category B-specific evaluation will be to document and understand States' participation in non-CHIPRA health IT programs and to examine the impact of CHIPRA-funded health IT interventions, alone and in combination with other federally funded initiatives.

Category C. Assessing provider-based models of care

The goal of the provider-based interventions funded under Category C of the CHIPRA quality demonstration grants is to develop, implement, and determine the impact of these interventions on the delivery of children's health care, including access, quality, and cost. Of the 17 demonstration States that are implementing Category C projects:

- Twelve are working with practices that serve children to develop or enhance PCMHs.
- Three are developing care management entities that coordinate services for children with serious emotional and behavioral disorders.
- Two are strengthening school-based health centers.

For these projects, the national evaluation aims to identify (1) the extent to which these models of care improved the quality of children's health care, especially for children with special health care needs; and (2) effective strategies for implementing these models, including key obstacles to implementation and the means for overcoming them.

To accomplish these goals, the NET is using longitudinal, quasi-experimental, mixed-methods analyses. Our specific approach varies somewhat, depending on which of the three models the State is implementing.

For the medical home models, our evaluation approach accounts for different implementation strategies across the States. Specifically, these projects vary along at least five important

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In light of this variation, our evaluation of these projects will be multifaceted. To the extent possible, we will combine quantitative data from several States to develop estimates of the

- Florida and Illinois are establishing stakeholder workgroups to improve the quality of perinatal and early childhood care for children enrolled in Medicaid and CHIP.
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