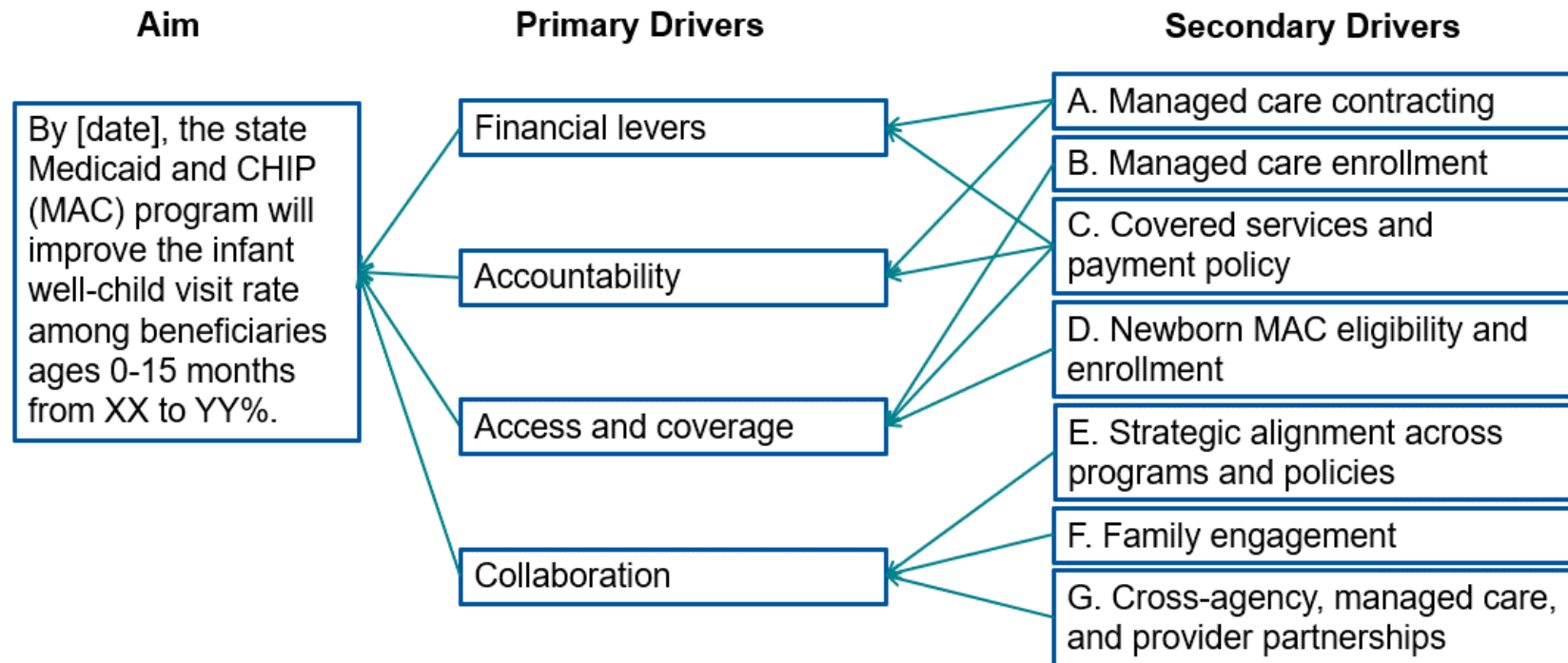


## STATE MEDICAID AND CHIP IMPROVING INFANT WELL-CHILD VISIT RATES EXAMPLE DRIVER DIAGRAM AND CHANGE IDEAS

A driver diagram shows the processes or systems that affect the aim of your quality improvement (QI) project and determine what you need to do to improve outcomes. Use the state Medicaid and CHIP improving infant well-child care driver diagram on the next page to help plan your state quality improvement project. You may also want to develop your own driver diagram and related change ideas. Here are some suggestions to begin:

- **Develop an aim statement.** A good aim statement is specific, measurable, and answers the questions, “For whom, how much, and by when?” It should be brief, easy to understand, and should not include background or side issues. An example aim statement is given on the driver diagram on page 2.
- **Add primary drivers.** Primary drivers are the high-level processes, structures, or norms in the system that must change to achieve your aim. While all the primary drivers are necessary to achieve your aim, begin your QI project by just focusing on one or two primary drivers and then expand your activities over time to address the other drivers.
- **Add secondary drivers.** Secondary drivers expand an understanding of the primary drivers and are action-oriented, addressing the places, steps in a process, time-bound moments, or norms where changes are made to bring about improvement. Secondary drivers will help lead you to testable change ideas.
- **Develop change ideas.** Change ideas describe the specific, testable actions that can be taken to impact the secondary driver, the related primary driver, and achieve your aim. Change ideas should be evidence- or experience-based. The change ideas in the following tables were gathered from research, case studies, expert opinions, and other resources. Where available, the resources have been referenced. Short descriptions accompany Medicaid specific experiences. Where no reference has been provided, the change idea comes from subject matter experts consulted to develop this driver diagram.

## Example State Medicaid and CHIP Improving Infant Well-Child Visit Rates Driver Diagram



The driver diagram has the following relationships:

- **Aim Statement:** By [date], the state Medicaid and CHIP (MAC) program will improve the equitable use and quality of infant well-child visits for beneficiaries so that the infant well-child visit rate from 0-15 months improves from XX to YY%.
- The aim statement is affected by three primary drivers. Each primary driver is affected by multiple secondary drivers.
  - **Primary driver 1:** Financial levers. This driver is affected by two secondary drivers:

- Managed care contracting
- Managed care enrollment
- **Primary driver 2:** Accountability. This driver is affected by two secondary drivers:
  - Managed care contracting
  - Covered services and payment policy
- **Primary driver 3:** Access and coverage. This driver is affected by three secondary drivers:
  - Managed care enrollment
  - Covered services and payment policy
  - Newborn MAC eligibility and enrollment
- **Primary driver 4:** Collaboration. This driver is affected by three secondary drivers:
  - Strategic alignment across programs and policies
  - Family engagement
  - Cross-agency, managed care, and provider partnerships

## State Medicaid and CHIP Infant Well-Child Visits Change Ideas

### Secondary Driver

**A. Managed Care Contracting.** State Medicaid and CHIP programs can use contracts to direct managed care organization (MCO) quality improvement activities to improve infant well-child visits.

Change Activity	Evidence, Resources, & Case Studies
A1. Identify children not receiving well-child visits to uncover barriers and aid families to facilitate attendance	<p>A <b>California Medi-Cal Medicaid managed care plan</b> completes outreach calls to families assigned to clinics with low rates of early infant well-child visits to address barriers to scheduling and attending infant's first well visits by improving coordination between clinics and hospitals, and improve scheduling of well-child visits during hospital discharge.</p> <p><a href="#">Connecticut Medicaid</a> operates a provider portal, which identifies children due for well-care visits.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Caregiver and Clinician Perspectives on Missed Well-Child Visits</a></li> </ul>
A2. Use contract language to improve measure performance and beneficiary experience	<p><a href="#">Pennsylvania Medicaid</a>'s managed care contracts include an incentive program that provides payments for meeting National Committee on Quality Assurance (NCQA) Health Effectiveness Data and Information Set (HEDIS) benchmarks and for making incremental improvements on 12 HEDIS measures, including the W15 measure of well-child visits in the first 15 months of life.</p> <p><a href="#">Missouri Medicaid's Managed Care Performance Withhold Program</a> incentivizes improved performance on selected metrics, including a well-child visit measure.</p>

### Secondary Driver

**B. Managed Care Enrollment.** State Medicaid and CHIP programs can work with MCOs to ensure timely enrollment in managed care plans and facilitate care management support for infant well-child attendance.

Change Activity	Evidence, Resources, & Case Studies
B1. Streamline MCO newborn enrollment process	<p>Recommended by subject matter experts.</p> <p><b>Resource:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Missing Babies: Best Practices for Ensuring Continuous Enrollment in Medicaid and Access to EPSDT</a></li> <li>• <a href="#">The Next Steps to Advance Maternal and Child Health in Medicaid: Filling Gaps in Postpartum Coverage and Newborn Enrollment</a></li> </ul>
B2. Develop newborn managed care auto-assignment processes	<p><a href="#">Arizona Medicaid</a> developed policy to auto-assign a newborn to the mother's managed care plan to facilitate enrollment.</p>

## Secondary Driver

**C. Covered services and payment policy.** State Medicaid and CHIP programs can ensure the use of existing benefits, consider new benefits, and use financial levers to support quality improvement.

Change Activity	Evidence, Resources, & Case Studies
<p>C1. Enhance payments for high-quality well-child visits and reporting</p>	<p><a href="#">New York Medicaid's</a> managed care programs are grouped into tiers based on the points earned for quality of care, customer satisfaction, and preventive quality indicators include infant well-child care. Plans must achieve or exceed the threshold for their respective tier to be eligible for financial incentives.</p> <p><a href="#">Michigan's Medicaid</a> program provides performance bonuses for MCOs achieving well-child visits, funded by withholds of a portion of the approved capitation payment. Based on HEDIS measure performance, including having 6+ well-child visits in first 15 months, MCOs can receive a portion of withhold back as a performance bonus.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Strategic Priority #1 – Pay to Improve Child and Family Well-Being</a></li> <li>• <a href="#">Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change</a></li> <li>• <a href="#">Principles of Financing the Medical Home for Children</a></li> </ul>
<p>C2. Promote screening, referral, and follow-up for social determinants of health (SDOH)</p>	<p><a href="#">North Carolina Medicaid</a> established provider incentive payments to support providers screening for health-related social needs such as food, housing, utilities, transportation, and interpersonal safety.</p> <p><a href="#">Minnesota Medicaid</a> allows separate billing and payment for social-emotional and developmental screening.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Addressing Health-Related Social Needs among Medicaid Beneficiaries: Mapping Cross-Sector Partnership Roles</a></li> <li>• <a href="#">Addressing Social Determinants of Health via Medicaid Managed Care Contracts and Section 1115 Demonstrations</a></li> <li>• <a href="#">Building a Medicaid Strategy to Address Health-Related Social Needs</a></li> <li>• <a href="#">Buying Health for North Carolinians: Addressing Nonmedical Drivers of Health at Scale</a></li> </ul>
<p>C3. Implement CHIP Health Services Initiatives (HSIs)</p>	<p><a href="#">Oklahoma</a> established a Reach Out and Read HSI to increase developmental screening and improve the quality of well-child visits (Early and Periodic Screening, Diagnostic and Treatment (EPSDT)). <a href="#">Alabama</a> also implements a similar Reach out and Read HSI.</p> <p><a href="#">Missouri's</a> newborn home visiting program is an HSI providing a range of services to help improve health outcomes for pregnant and postpartum individuals and their children up to age 5.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Frequently Asked Questions (FAQs): Health Services Initiative</a></li> <li>• <a href="#">Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change</a></li> <li>• <a href="#">Attendance at Well-Child Visits After Reach Out and Read</a></li> <li>• <a href="#">CHIP Health Services Initiatives: What They Are and How States Use Them</a></li> </ul>

## Secondary Driver

**C. Covered services and payment policy.** State Medicaid and CHIP programs can ensure the use of existing benefits, consider new benefits, and use financial levers to support quality improvement.

C4. Develop pediatric medical homes	<p>Recommended by subject matter experts.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">A Neighborhood-Based Approach to Population Health in the Pediatric Medical Home</a></li> <li>• <a href="#">Implementing Medical Homes for Children and Youth with Special Health Care Needs (CYSHCN) within Medicaid Managed Care</a></li> <li>• <a href="#">The Value of the Medical Home for Children Without Special Health Care Needs</a></li> </ul>
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## Secondary Driver

**D. Newborn eligibility and enrollment.** State Medicaid and CHIP (MAC) programs can improve processes to make newborn eligibility and enrollment quick and easy.

Change Activity	Evidence, Resources, & Case Studies
D1. Provide culturally appropriate resources and tools to support families navigating MAC enrollment for their newborns	<p>A <b>Virginia Medicaid</b> MCO identified that Spanish-speaking members had lower infant well-child visit attendance. By speaking with parents and caregivers, the team learned that temporary identification cards given by the MCOs to infants were misunderstood as permanent Virginia Medicaid ID cards. The team changed practice to provide clear information in the parents' primary language.</p>
D2. Simplify MAC enrollment processes to ensure timely and continuous coverage	<p><a href="#">Oklahoma Medicaid (SoonerCare)</a> automatically enrolls newborns prior to hospital discharge.</p> <p><a href="#">California Medicaid (Medi-Cal)</a> developed a newborn checklist for pregnant members with information on how to enroll newborns in in Medi-Cal and managed care.</p> <p>The <a href="#">California Department of Health Care Services</a> proposed a requirement for all <b>California Medicaid</b> (Medi-Cal) providers participating in presumptive eligibility programs to report the births of any Medi-Cal-eligible infants born in their facilities within 24 hours after birth to create a consistent and expeditious process for establishing eligibility for deemed infants.</p>

## Secondary Driver

**E. Strategic alignment across programs and policies.** State Medicaid and CHIP programs can work to align programs and policies across managed care quality tools and resources.

Change Activity	Evidence, Resources, & Case Studies
<p>E1. Actively align and use the state’s Quality Strategy, Quality Assurance/Performance Improvement (QAPI) plan, and External Quality Review (EQR) resources</p>	<p>Recommended by subject matter experts.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Hawaii Medicaid’s external quality review organization (EQRO) report</a> reviews MCO performance improvement projects (PIPs) on improving well-child care.</li> </ul>

## Secondary Driver

**F. Family engagement.** State Medicaid and CHIP programs can learn about opportunities and solutions for improvement from families and care givers.

Change Activity	Evidence, Resources, & Case Studies
<p>F1. Include families and care givers in quality improvement work</p>	<p><a href="#">New York’s First 1,000 Days on Medicaid</a> was recommended by the Preventive Pediatric Care Clinical Advisory Group that included representatives from child welfare, health care, education, and families.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Family Voices Leadership in Family and Professional Partnership</a></li> <li>• <a href="#">A Neighborhood-Based Approach to Population Health in the Pediatric Medical Home</a></li> <li>• <a href="#">Partnering Health Disparities Research with Quality Improvement Science in Pediatrics</a></li> </ul>
<p>F2. Connect to the lived experiences of families</p>	<p><a href="#">Washington Medicaid’s</a> MCOs held focus groups with parents to identify barriers to care. Practices made changes to address barriers, such as holding evening and weekend appointments to accommodate work schedules that didn’t allow time for well-child appointments during business hours.</p> <p><a href="#">New Hampshire Medicaid’s</a> Healthy Families managed care program includes a Member Advisory Board as part of its Quality Improvement Committee and meet quarterly to discuss changes and initiatives that affect members.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">What Do Families Want from Well-Child Care? Including Parents in the Rethinking Discussion</a></li> <li>• <a href="#">Family-Drive Care in America: More than a Good Idea</a></li> </ul>

## Secondary Driver

**G. Cross-agency, managed care, and provider partnerships.** State Medicaid and CHIP programs can connect with QI partners to foster opportunities for learning, resources sharing, and increasing impact.

Change Activity	Evidence, Resources, & Case Studies
<p>G1. Utilize public health infant and early childhood health improvement programs (e.g., home visiting, WIC)</p>	<p><a href="#">Michigan Medicaid</a> reimburses maternal-infant health home visiting provided by nurses and community health workers to pregnant people and infants up to age one, to promote prenatal and postpartum care visits, infant well-child visits, and address social determinants of health. This <a href="#">evaluation</a> describes the program’s success.</p> <p><a href="#">Oregon Medicaid’s</a> funding supports <a href="#">Family Connects Oregon</a>, a home visiting program for all newborns, to identify what families need and want from local resources and provide an individualized, non-stigmatizing entry into a community system of care, including referrals to other more intensive home visiting programs and social supports.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Medicaid Financing for Home Visiting: The State of States’ Approaches</a></li> <li>• <a href="#">Using Quality Improvement to Promote Implementation and Increase Well Child Visits in Home Visiting</a></li> </ul>
<p>G2. Include a wide range of interested parties to work on improvements</p>	<p>The Transformation Center at the <b>Oregon</b> Health Authority provides <a href="#">technical assistance</a> with specific <a href="#">Tips for Providers</a> to increase well-child visit rates (aged 3-6) and facilitates well-child visit information sharing between the state MAC, coordinated care organizations, and providers.</p> <p><b>Vermont Medicaid’s</b> program participates regularly in the <a href="#">Vermont Child Health Improvement Program</a> that serves as a convener for pediatric providers, payers, and policymakers on quality improvement initiatives. VCHIP has informed other states’ efforts to form improvement partnerships, including <a href="#">Alabama Medicaid’s</a> support in the creation of their Children’s Health Improvement Alliance.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Partnering Health Disparities Research with Quality Improvement Science in Pediatrics</a></li> </ul>

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