

Infant Well-Child Visit Learning Collaborative

Webinar 1: Using Payment, Policy, and Partnerships to Improve Infant Well-Child Care

August 26, 2021

Jodi Anthony and Alyssa Bosold, Mathematica

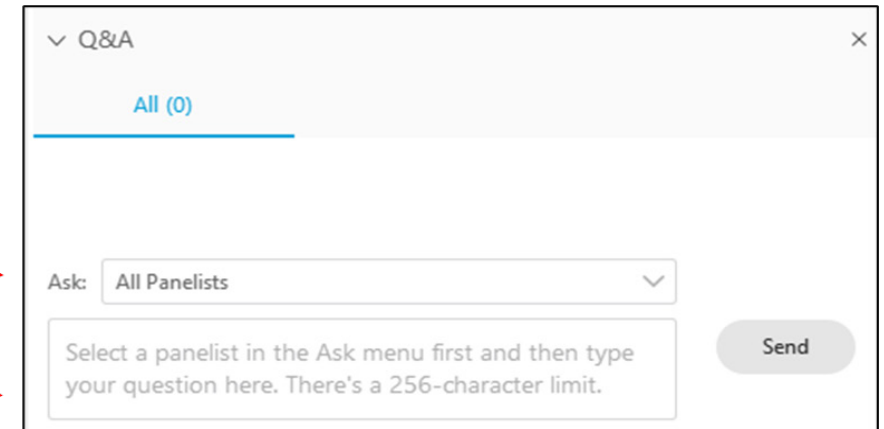
Kristen Zycherman, Center for Medicare and Medicaid Services

David Kelley, Pennsylvania Department of Human Services, Office of Medical Assistance Programs

Denbigh Shelton, Texas Health and Human Services Commission

How to Submit a Question

- **Use the Q&A function to submit questions or comments.**
 - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
 - Type your question in the text box and click “Send”
 - Only the presentation team will be able to see your questions and comments
- **For technical questions, select “Host” in the “Ask” menu**



Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send



Q & A

All (0)

Ask: Host

Agenda and Objectives

Agenda

Topic	Speaker(s)
Agenda and Objectives	Jodi Anthony, Mathematica
Overview of the Maternal and Infant Health Initiative and Infant Well-Child Visits Learning Collaborative	Kristen Zycherman, CMCS
Why focus on infant well-child visits?	Jodi Anthony, Mathematica
Using Payment, Policy, and Partnerships to Improve Infant Well-Child Care in Pennsylvania Medicaid	David Kelley, Chief Medical Officer Pennsylvania Department of Human Services, Office of Medical Assistance Programs
Using Payment, Policy and Partnerships to Improve Infant Well-Child Care in Texas	Denbigh Shelton, Program Specialist Texas Health and Human Services Commission
Questions and Comments	Jodi Anthony, Mathematica
Announcements and Next Steps	Alyssa Bosold, Mathematica

Objectives

- Familiarize audience with the CMS Maternal and Infant Health Initiative
- Describe the Infant Well-Child Visit Learning Collaborative
- Review the need to improve the use and quality of infant well-child visits for Medicaid and CHIP beneficiaries
- Consider state Medicaid and CHIP program high-leverage strategies to improve use and quality of visits
- Learn about specific strategies in two state Medicaid and CHIP delivery systems

Maternal and Infant Health Initiative and Infant Well-Child Visit Learning Collaborative

Kristen Zycherman, CMCS

Maternal and Infant Health Initiative

- In 2019, the Centers for Medicare & Medicaid Services (CMS) convened an expert workgroup to recommend priorities where Medicaid and CHIP have a significant opportunity to improve Maternal and Infant Health. The workgroup identified aims, focus areas, and cross cutting strategies.

Aims

- Eliminate preventable maternal mortality, SMM, and inequities
- Reduce infant mortality and eliminate inequities in infant mortality rates

Focus Areas

- Increase the use and quality of postpartum care visits
- *Increase the use and quality of well-child visits for infants 0 to 15 months*
- Decrease the rate of cesarean births in low-risk pregnancies

Cross Cutting Strategies

- Achieve health equity
- Enhance quality improvement systems, infrastructure, and data systems
- Standardize maternal and infant health quality measures

Focus Areas to Increase the Use and Quality of Infant Well-Child Visits: 2021

- **Commitment to high-quality, comprehensive infant well-child visits**
- **Address disparities in use and quality of infant well child visits**
- **Build on efforts to correct forgone care due to the COVID pandemic**
 - Use and share data to identify and serve families
 - Collaborate with partners across sectors and providers
 - Address systemic barriers to equitable care

Infant Well-Child Visit Learning Collaborative

- **Webinar Series**

- Webinar 1: Using Payment, Policy, and Partnerships to Improve Infant Well-Child Care
- Webinar 2: Improving Quality and Utilization of Infant Well-Child Visits
- Webinar 3: Models of Care that Drive Improvement in Infant Well-Child Visits
- Information Session Webinar: Infant Well-Child Visit Affinity Group and Expression of Interest Process

- **Infant Well-Child Visits Affinity Group**

- Action-oriented affinity group that will support state Medicaid and CHIP programs and their partners in the design and implementation of a data-driven Infant Well-Child Visits QI project in their states
- Opportunity for states to expand their knowledge of policies, programs, and practices to improve infant well-child visits and advance their knowledge of and skills in quality improvement and address inequities
- EOI due September 30, 2021 (more information available at the Well-Child Care page on Medicaid.gov, <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html>)

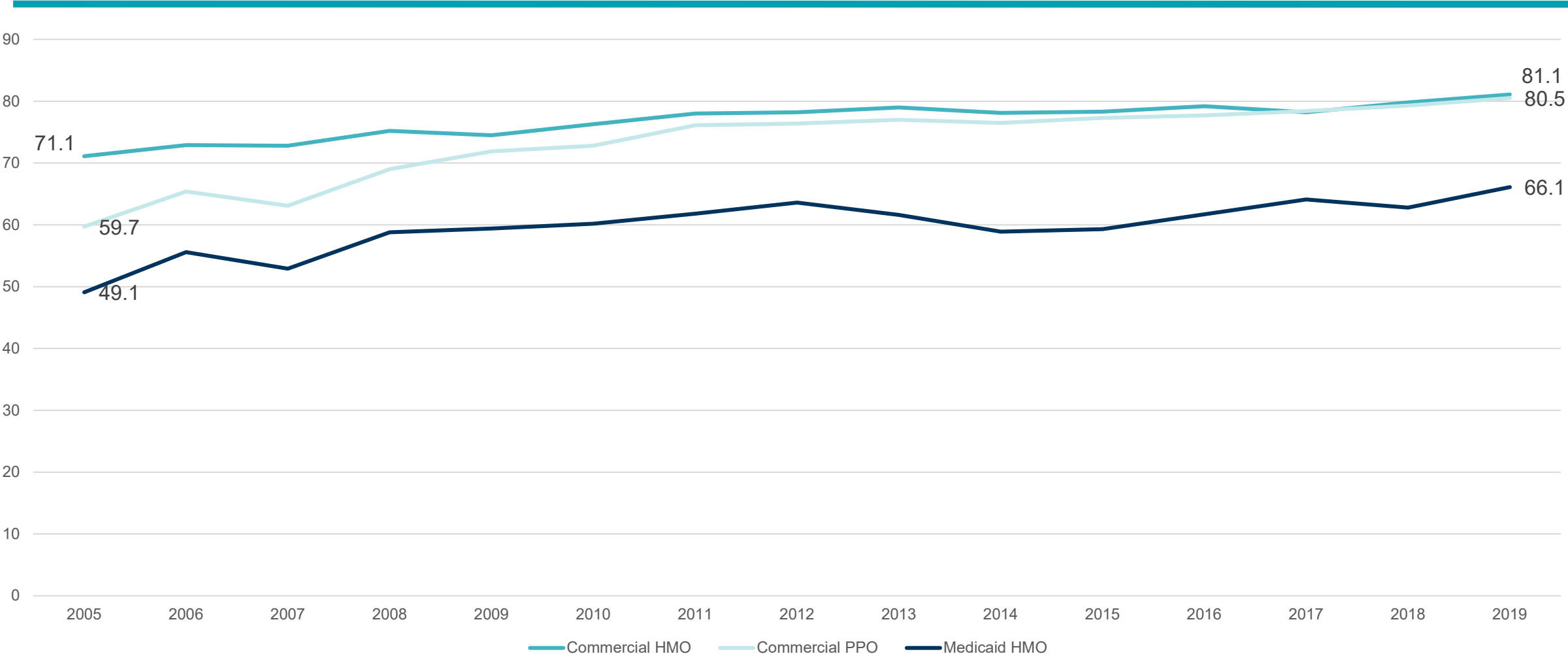
Why focus on infant well-child visits in Medicaid and CHIP?

Jodi Anthony, Mathematica

Benefits of High-quality Well-child Visits

- **Prevention**
 - Immunization
 - Lead, vision, hearing
 - Oral health
 - Parental depression
- **Track growth and development**
- **Encourage healthy practices**
 - Increased breastfeeding
 - Improved/increased safe sleep practices and general safety
- **Reduced emergency department visits**
- **Provide parental support**

Well-child Visits (Ages 0–15 months): 6 or more Well-child Visits by Payor

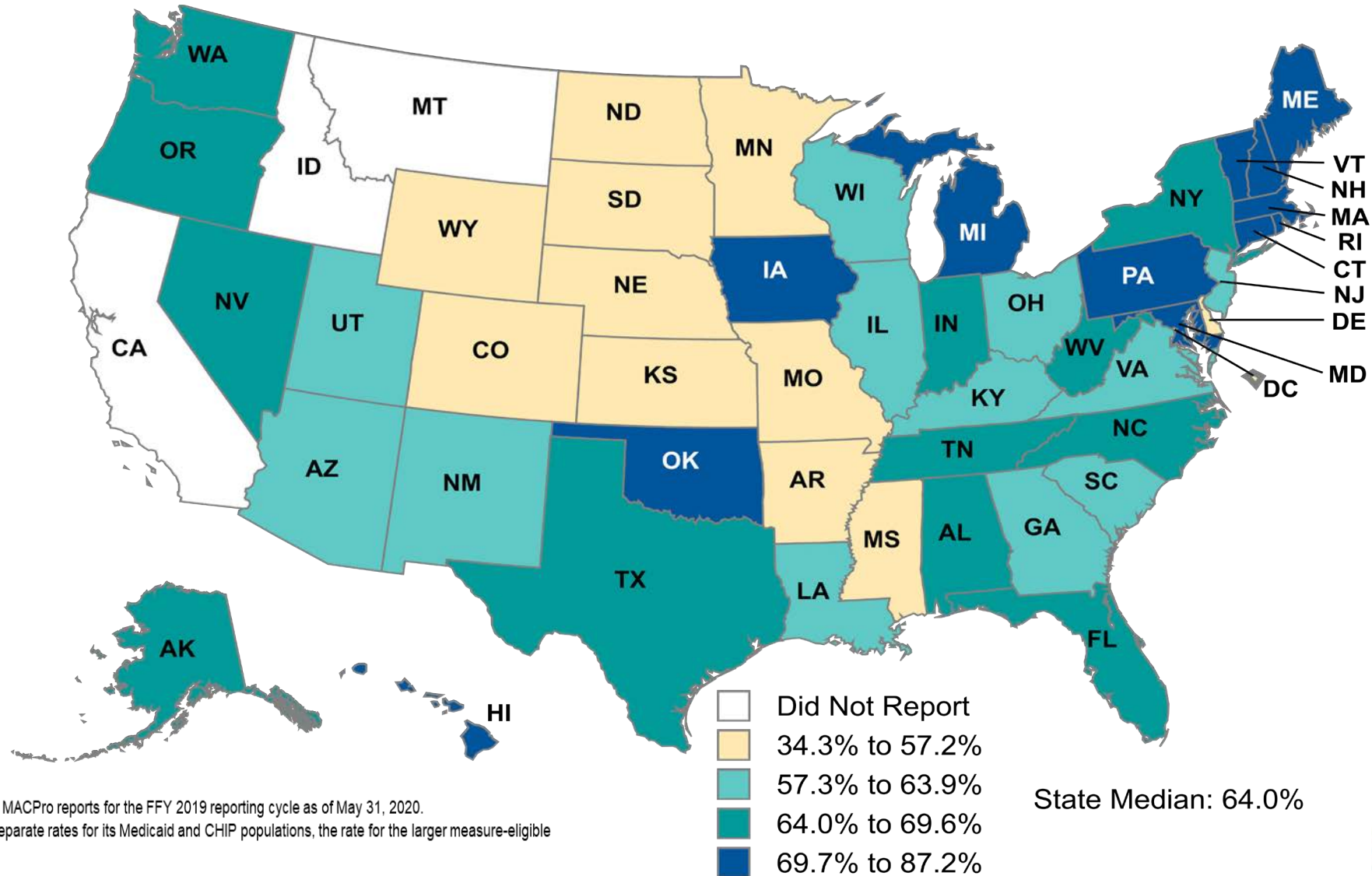


Source: Child Trends’ original analysis of data from the National Health Interview Survey, 2000-2019.



Geographic Variation in the Percentage of Children Enrolled in Medicaid or CHIP Receiving Six or More Well-Child Visits in the First 15 Months of Life, FFY 2019

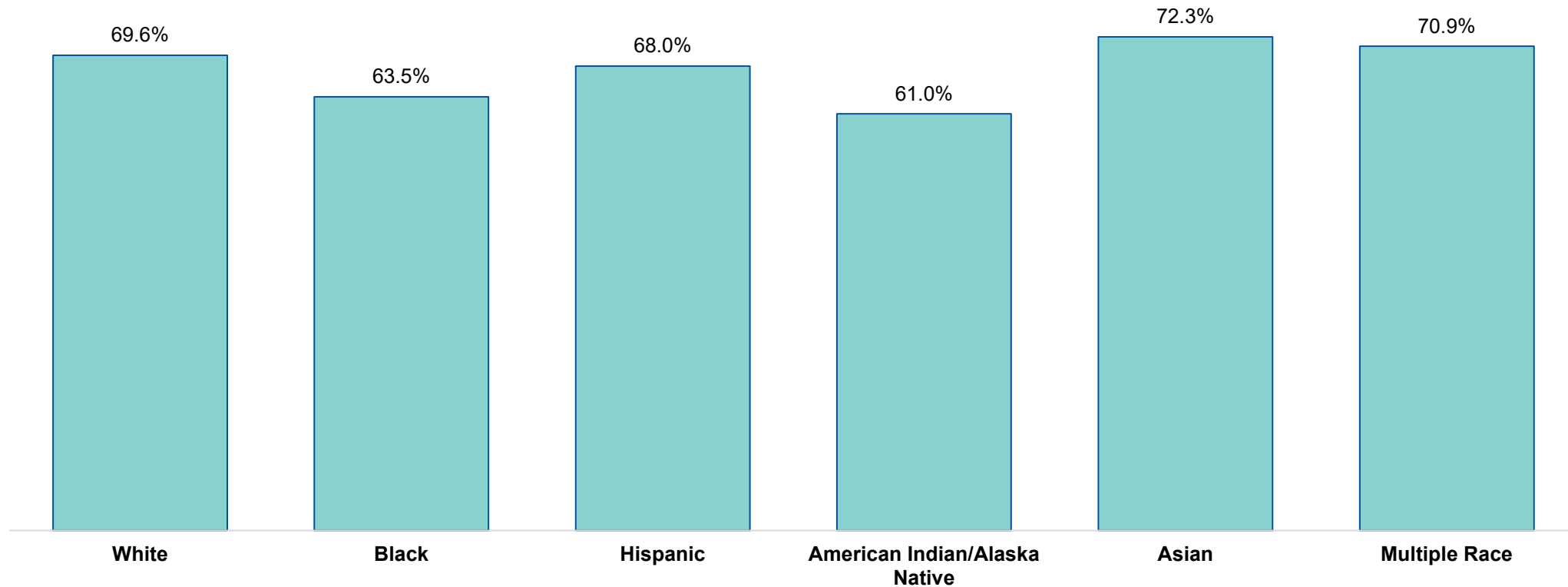
(n = 48 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
 Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



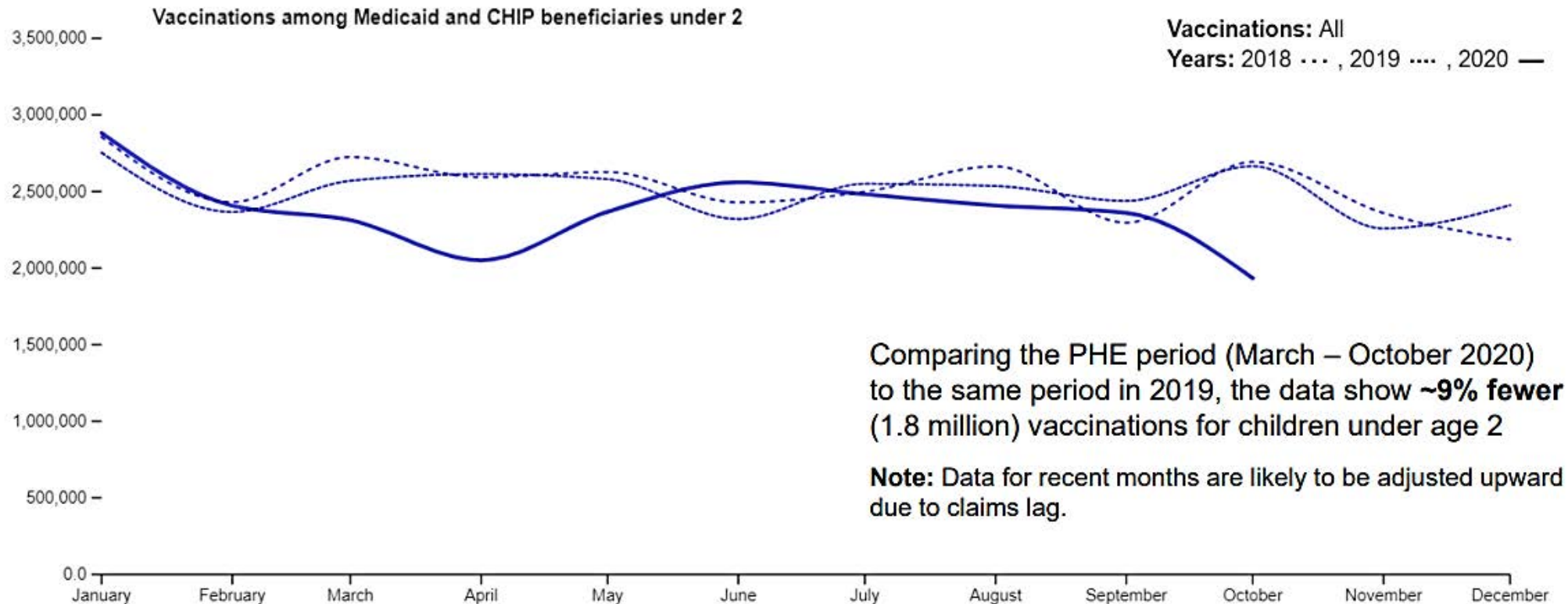
Percentage of Children in the United States with Combined 7-Vaccine Series Completed by 24 Months, by Race/Ethnicity, 2016-2018



Notes: The combined 7-vaccine series includes ≥ 4 doses of DTaP (diphtheria, tetanus toxoids, and acellular pertussis vaccine), ≥ 3 doses of poliovirus vaccine, ≥ 1 dose of measles-containing vaccine, the full series of Hib (Haemophilus influenzae type b conjugate vaccine), ≥ 3 doses of hepatitis B vaccine, ≥ 1 dose of varicella vaccine, and ≥ 4 doses of PCV (pneumococcal conjugate vaccine). Source: CDC. *Morbidity and Mortality Weekly Report*. Vaccination Coverage by Age 24 Months Among Children Born in 2015 and 2016 — National Immunization Survey-Child, United States, 2016–2018. Available at: <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6841e2-H.pdf>

Impact of the COVID-19 Public Health Emergency: Forgone Care

- Overall decline in preventive care for children under age 19. Decline in vaccinations specifically for children under age 2.



Comparing the PHE period (March – October 2020) to the same period in 2019, the data show **~9% fewer** (1.8 million) vaccinations for children under age 2

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Source: [Medicaid & CHIP and the COVID-19 Public Health Emergency: Preliminary Medicaid and CHIP Data Snapshot](#)

Equitable Access and Use of High-quality Well-child Visits: High-leverage Strategies

- **Align payment to support high quality well-child visits and reduce disparities**
- **Use data to drive improvements**
- **Cultivate cross-sector, provider, and beneficiary partnerships**
- **Leverage Quality Improvement tools**

Using Payment, Policy and Partnerships to Improve Infant Well-Child Care in Pennsylvania Medicaid

Commonwealth of Pennsylvania's
Office of Medical Assistance Programs
HealthChoices Medicaid Managed Care Program

David K. Kelley, M.D., M.P.A.

c-dakelley@pa.gov

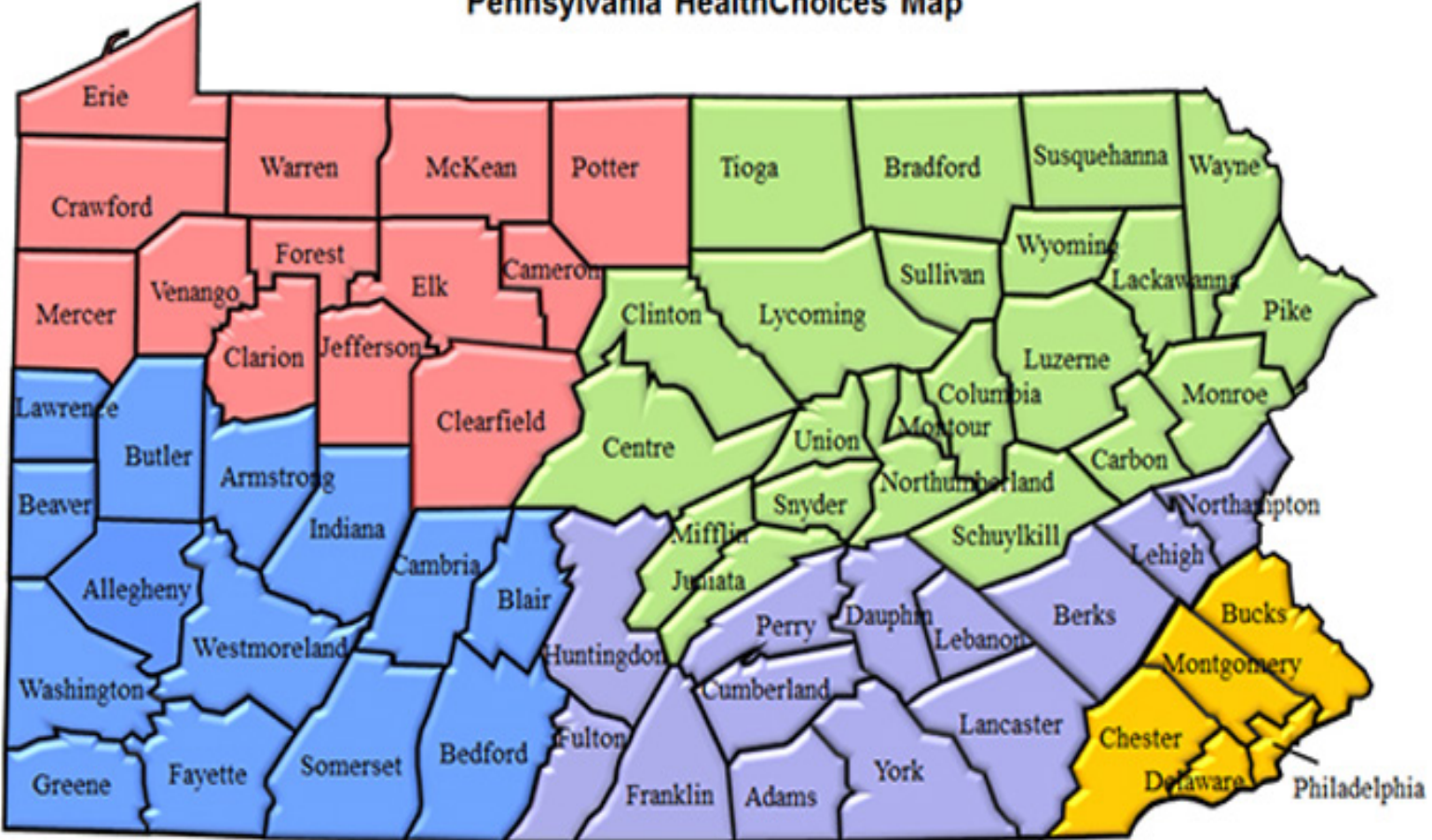
August 26, 2021

- Background
- Focus on infant care quality measures
- Managed Care Organization (MCO) incentives
- Provider incentives and partnerships
- Maternal Infant Home Visitation program
- Conclusions

- Pennsylvania Medical Assistance serves over 2.9 million individuals- **1.1 million children**, over 50,000 deliveries per year
- HealthChoices- mandatory managed care for **children under 21 (including dual eligibles)** and adults under 65 meeting Medical Assistance eligibility requirements
- Eight physical health Managed Care Organizations (MCOs) operate in up to five zones
- Each MCO must have a Special Needs Unit focused on participants with special needs
- Five behavioral health Manage Care Organizations carved out from eight physical health Manage Care Organizations
- Increasing focus on Value Based Purchasing (VBP) models

Value Based Purchasing				
MCO Contract Year	Year 1	Year 2	Year 3	Year 4
VBP Requirement	7.5%	15%	30%	50%
Value Based Purchasing Models				
1. Pay for Performance	7.5% may be from any combination of models 1, 2, 3, 4 or 5	At least 50% of the 15% must be from any combination of models 2, 3, 4 or 5	At least 50% of the 30% must be from any combination of 3, 4 or 5	At least 50% of the 50% must be from any combination of models 3, 4 or 5
2. Patient Centered Medical Home				
3. Shared Savings				
4. Bundled Payments				
5. Full Risk / Accountable Care Organizations				

Pennsylvania HealthChoices Map



- Focus on infant care-
 - Well child visits in the first 15 months of life (WCV-15)- **73.4%***, 71.6%, 69.9%,
 - Lead screening- **83.6%***, 81.6%, 80.3%,
 - Developmental screening- **61.0%***, 57.1%, 55.6%,
 - Annual dental visit- **65.8%***, 63.9%, 63.0%,
 - Three-year trend 2018 to **2020** shows significant improvement.
 - * equals 2020 result

- Focus on infant care-
 - WVC-15, Lead screening, Developmental screening, Annual dental visits
- MCO incentives
 - 2% of capitation revenue split between 12 measures
 - NCQA Benchmark payments (1%), Incremental improvement (1%) payments
 - Penalty if not reaching NCQA 50th percentile
 - Perinatal infant bundle- prenatal care, postpartum care and WCV-15 bonus if NCQA 75th or 90th percentile for all three measures
 - WCV15 Equity payment based in incremental improvement

- Provider incentives mirror MCO incentive program- WCV-15, Lead screening, Developmental screening, Dental visits
- New maternity care bundle incentive program
 - Includes rewarding obstetricians to coordinate WCV-15 care with pediatric providers
 - Requires and rewards for screening of moms for social determinates of health (SDoH)
- MCOs annually assess programs and submit revisions
- Participant incentives

- Perinatal Quality collaborative
 - Over 60 high volume Obstetrical and NICU health system providers statewide
 - Concentration on screening/treatment of pregnant women with opioid use disorder, treatment of substance exposed infants, and reducing maternal/infant mortality
 - Focus on WCV-15 quality measures especially for high-risk infants
- Patient Centered Medical Homes (PCMHs)
 - Over 1,000 practices
 - Focused and incented on infant quality measures
 - Requires annual screening for SDoH
- Maternal Infant Home Visitation Program
 - Implemented in 2021 with community-based providers through MCO contract

- The objective of the Home Visiting program is to **improve maternal and infant health outcomes** and reduce maternal and infant morbidity and mortality, especially in individuals identified to be at risk
- Home visits available for:
 - First-time parents/caregivers
 - Parents/caregivers of infants who have been identified as having additional risk factors which may include social, clinical, racial, economic or environmental factors
 - Any parent/caregiver who requests home visiting
- Services must be available from the prenatal period through the child's **first 18 months of life**

- Home Visiting programs will include **licensed and/or non-licensed staff** with an emphasis on expanding the use of non-licensed providers
 - Home visitors must meet the requirements of nationally recognized home visiting programs. Home visitors must be provided initial and ongoing training, supervision and professional development. High quality supervision, including reflective supervision, must be implemented for all home visitors
 - The home visitor must have **knowledge about resources in the family's community** and be able to link the family to needed services and local health care organizations

- Maternal and **Infant Health** promotion and prevention.
- Parent/caregiver education and support.
- **Healthy child development.**
- **Child safety** (Infant sleep safety, car seat safety, crib and changing table safety, environmental lead, accident prevention, environmental safety).
- Reducing disparities in **perinatal health.**
- Increasing screenings and referrals to community resources for SDOH (food insecurity, health care access/affordability, housing, education transportation, **childcare**, employment, utilities, clothing, financial strain).
- Identification and mitigation of social determinants of health (SDOH).
- Prevention of intimate partner violence.

- Strengthening family economic self-sufficiency
- Increasing screenings for Maternal/Caregiver depression and anxiety
- Increasing screenings for substance use disorder (SUD)
- Increasing follow up care on positive postpartum depression screenings and/or other behavioral healthcare needs
- **Increasing rates of well-child visits and follow up on Early and Periodic Screening, Diagnostic and Treatment (EPSDT) appointments**
- **Increasing plans of safe care for all infants born affected by substance abuse, NAS and FASD.**

- Use MCO contracts to drive quality improvement for infants
 - MCO, provider, participant incentives,
 - Align incentives.
- Establish health provider and community-based programs
 - Perinatal Quality Collaborative,
 - PCMHs,
 - Maternal Infant Home Visitation Program.
- Improve quality with a focus on equity and social determinants of health.
- Evaluate performance of programs.

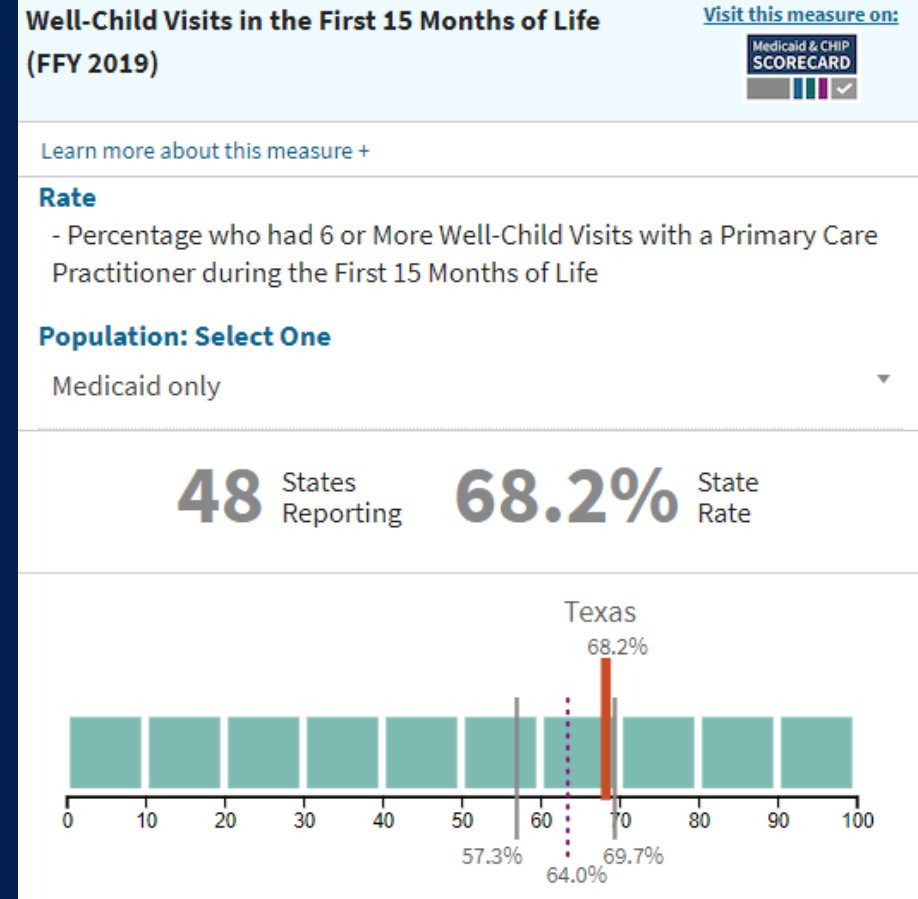
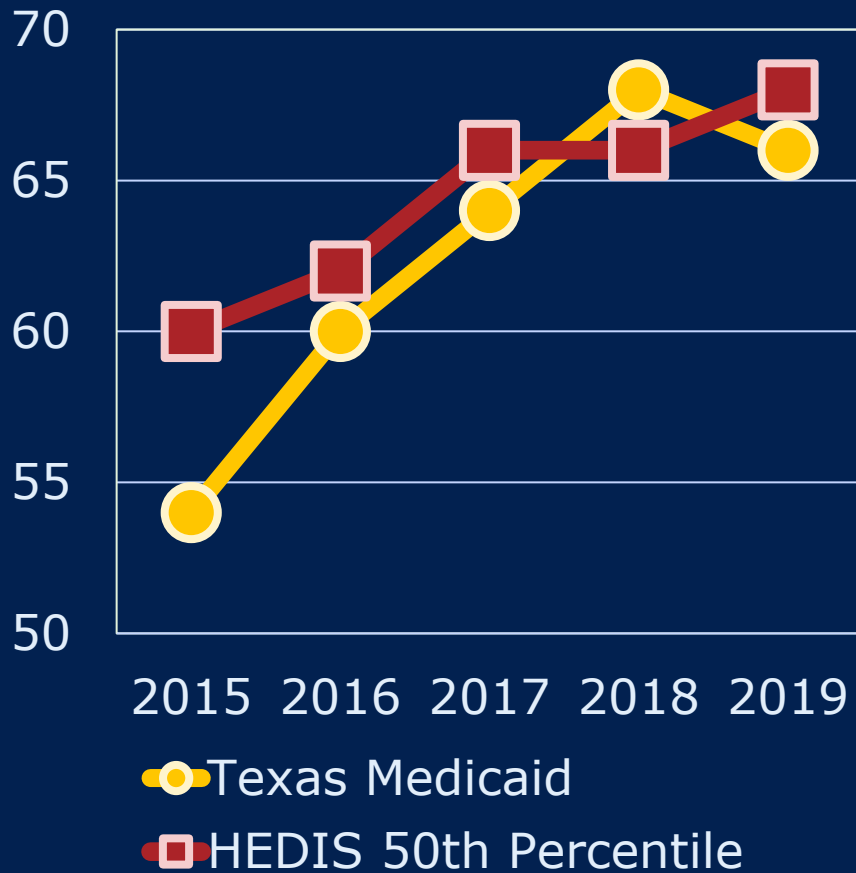


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Using Payment, Policy and Partnerships to Improve Infant Well-Child Care in Texas

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Six or more well-child visits in the first 15 months of life



Additional Quality Indicators



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Developmental Screening in the First Three Years of Life: Ages 0 to 3 (FFY 2019)

[Learn more about this measure +](#)

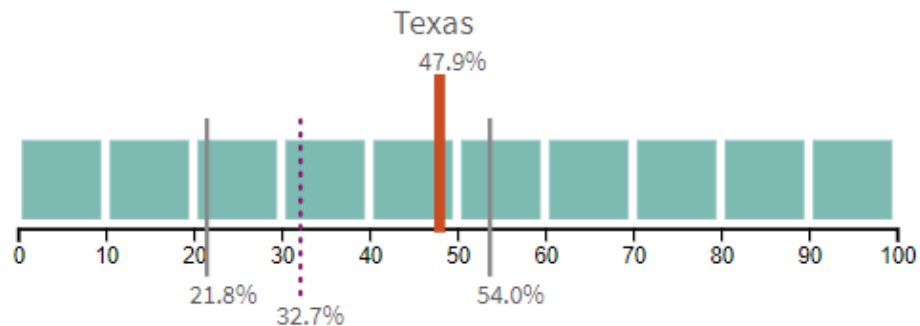
Rate

- Percentage Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool: Ages 0 to 3

Population: Select One

Medicaid only

28 States Reporting **47.9%** State Rate



Childhood Immunization Status: Age 2 (FFY 2019)

[Learn more about this measure +](#)

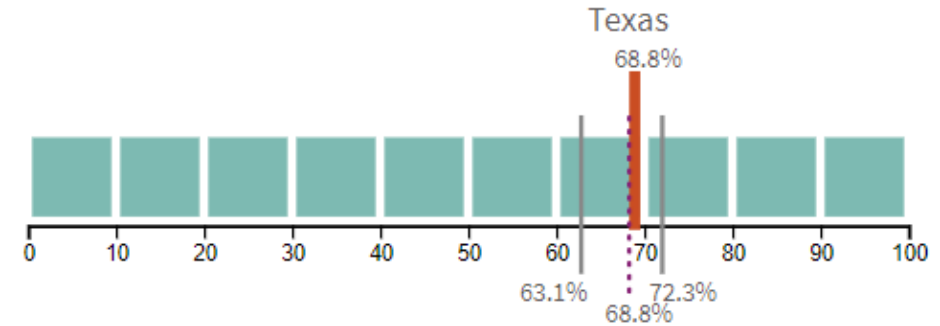
Rate: Select One

- Percentage Up-to-Date on Immunizations (Combination 3) by th...

Population: Select One

Medicaid only

43 States Reporting **68.8%** State Rate





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Initiatives to support infant well- child visit use and quality

Performance Improvement Projects 2017 and 2018

- In 2017 there were 20 PIPs across 10 MCOs with the goal of improving rates of W15.
 - Four PIPs demonstrated sustained improvement
 - Successful interventions included:
 - ✓ Provider and member education
 - ✓ Home health care coordinator outreach after delivery
 - ✓ New mom kit (diaper bag, baby items, resources)
 - ✓ Breastfeeding support and home wellness visits after delivery
 - ✓ Provider surveys and focus groups



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Medical Pay-for-Quality Program

- W15 at-risk in STAR in 2018 and 2019
 - MCOs could earn or lose up to 0.75% of their capitation depending on their performance on this measure
- 12 out of 16 MCOs improved on this measure in 2018
- 8 out of 16 MCOs improved on this measure in 2019



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MCO Report Cards

- Report Cards since 2014
- 62 unique report cards
- Report card ratings used for value-based enrollment beginning in 2020



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AUSTIN AREA
View this report card online: [texasrhs.org/PlanReportCards](https://www.texasrhs.org/PlanReportCards)

Release Date: April 2021
Texas Service Area

Report card for STAR health plans for children

How do the health plans measure up?

Health plans in your area

Blue Cross and Blue Shield of Texas	(888) 65
Dell Children's Health Plan	(888) 59
Superior HealthPlan	(800) 78

To learn more about each health plan's performance...

HEALTH PLAN PERFORMANCE

Ratings are based on a scale of one to five stars. Fewer stars mean the health plan has lower performance than other health plans, but this does not always mean bad performance.

★★★★★ Highest Performance in STAR
★★★★☆
★★★☆☆
★★☆☆☆ Lowest Performance in STAR

	Blue Cross and Blue Shield of Texas	Dell Children's Health Plan	Superior HealthPlan
Overall Health Plan Quality	★★	★★★★★	★★★★★
Experience of Care	★★	★★★★	★★★
Children get appointments as soon as needed	★★	★★★	★★★
Doctors listen carefully, explain clearly and spend enough time with people	★★	★★★	★★★
Parents give high ratings to their child's personal doctor	★★★	★★★	★★★
Parents give high ratings to the health plan	★★★	★★★	★★★
Staying healthy	★★★	★★★★★	★★★★★
Babies get regular checkups	★★★	★★★★	★★★★
Children and teens get regular checkups	★★★	★★★★	★★★★
Children and teens get their vaccines	★★★	★★★★★	★★★★
Common Chronic Conditions	★★★	★★★	★★★★
Children get medicine for asthma	★★★★	★★★★★	★★★★
Children see the doctor for ADHD (Attention Deficit Hyperactivity Disorder)	★★	★	★★★★

If a plan shows "No rating": this is not a bad rating. At the time of the study, the plan either: (1) was new to the area or (2) did not have enough information to rate.

Enhanced Public Reporting

- Use of web portal to access and track quality data
- Stratification on administrative measures by service area, sex, race, and health status



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A screenshot of the THLC Portal website. The page has a white background with a blue header. The main heading is "Welcome to the THLC Portal". Below this, there is a paragraph of text and three buttons: "Resources", "Contact Us", and "User Guide". The main content area is titled "Explore Healthcare Quality Measures" and is divided into three sections: "Measures", "Potentially Preventable Events", and "Dashboards". The "Measures" section includes icons for Medical, Downloader, Dental, CMS, and Surveys. The "Potentially Preventable Events" section includes icons for PPE, PPA, PPR, PPV, PFC, and PFR. The "Dashboards" section includes icons for HHSC and F4Q.

Resources

Texas Healthcare Learning Collaborative Portal

<https://thlcportal.com/home>

Texas HHS Medicaid and CHIP Quality and Efficiency improvement Webpage

<https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement>



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Thank you

Denbigh Shelton

Denbigh.Shelton@hhs.Texas.gov

Questions

Jodi Anthony, Mathematica

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Q&A

All (0)

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Send

Announcements and Next Steps

Alyssa Bosold, Mathematica

Medicaid.gov Well-Child Care Landing Page

Visit the Medicaid.gov Well-Child Care landing page for information about the Infant Well-Child Visit Learning Collaborative's upcoming webinars and affinity group.

<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html>

Well-Child Care Landing Page Contents

- **Recording and transcript of this webinar**
- **Registration for upcoming webinars**
 - September 10, 2:30-3:30 PM ET
 - Improving Quality and Utilization of Infant Well-Child Visits
 - September 22, 1:00-2:00 PM ET
 - Models of Care that Drive Improvement in Infant Well-Child Visits
 - September 27, 3:00-4:00 PM ET
 - Affinity Group Information Session
- **Infant Well-Child Visit Affinity Group Fact Sheet**
- **Infant Well-Child Visit Affinity Group EOI Form**
 - EOI forms are due September 30 at 8:00 PM ET

<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html>

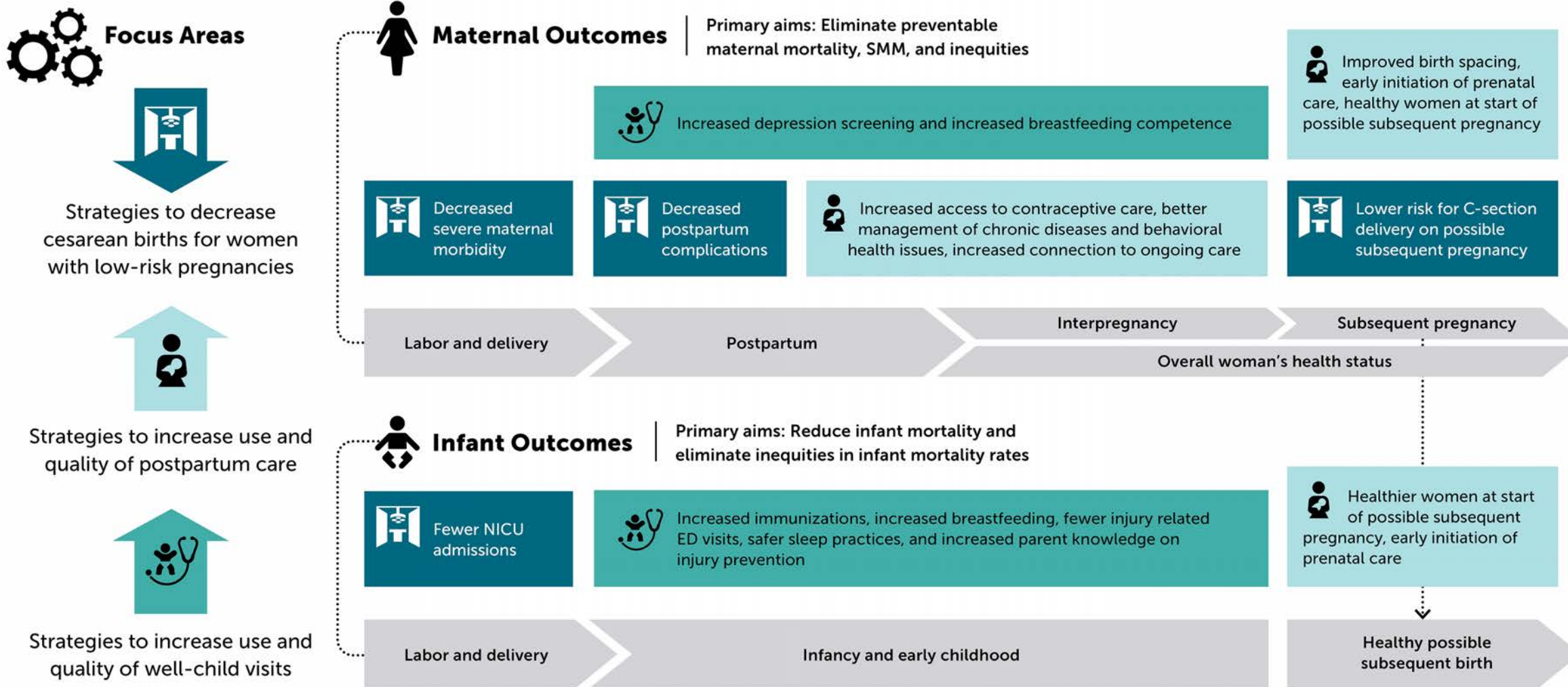
Thank you for participating!

- Please **complete the evaluation** as you exit the webinar
- If you have any **questions**, or we didn't have time to get to your question, **please email** MACQualityImprovement@mathematica-mpr.com



Appendix

Focus Areas to Improve Maternal and Infant Health Quality



C-section = cesarean section; ED = emergency department; NICU = neonatal intensive care unit; SMM = severe maternal morbidity