

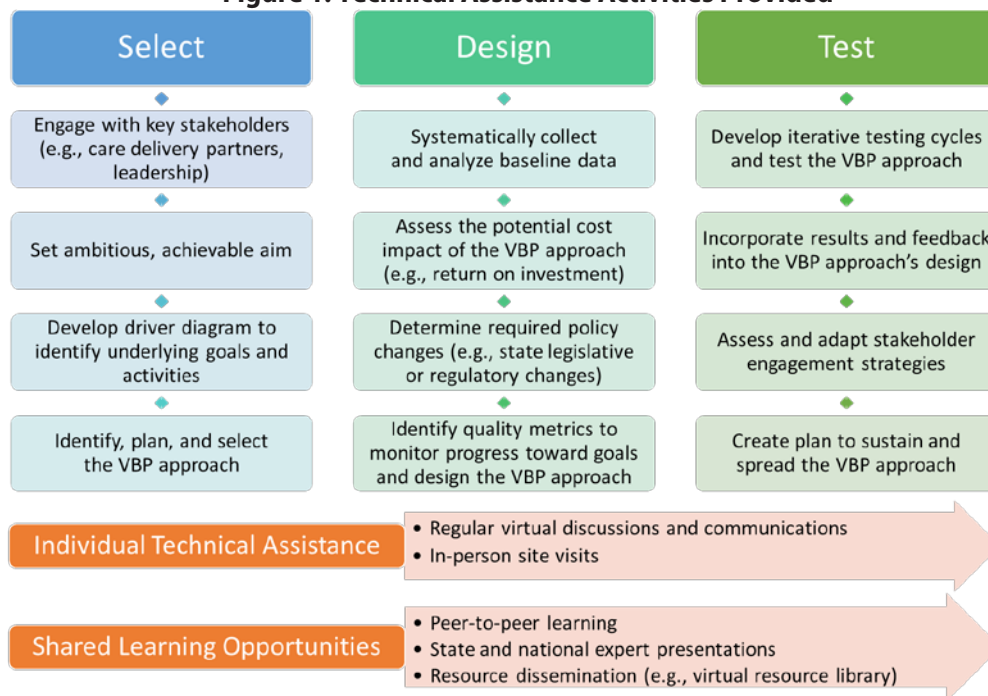
## Value-Based Payment in Maternal and Infant Health

The Centers for Medicare & Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) is a collaboration between the Center for Medicaid and Children’s Health Insurance Program (CHIP) Services and the Center for Medicare & Medicaid Innovation that is designed to build state capacity and support ongoing innovation in Medicaid. From March 2017 to June 2019, the IAP Maternal and Infant Health Initiative (MIHI) Value-Based Payment (VBP) technical assistance opportunity supported Medicaid agencies in Colorado, Maine, Mississippi, and Nevada with selecting, designing, and testing VBP approaches to sustain care delivery models that demonstrate improvement in maternal and infant health (MIH) outcomes. This technical assistance complements the broader MIHI, in which CMS works with states to explore program and policy opportunities to improve outcomes and reduce the cost of care for women and infants in Medicaid and CHIP. This fact sheet provides details on the IAP MIHI VBP technical assistance provided to participating states.

### Maternal and Infant Health Initiative Value-Based Payment Technical Assistance

IAP provided technical assistance to four participants—Colorado, Maine, Mississippi, and Nevada—to select, design, and test VBP approaches in MIH over two years. The participants received support through tailored coaching and peer-to-peer learning opportunities to lay a foundation for VBP implementation targeted to each state’s unique context. An IAP coach team consisting of experts in VBP, Medicaid policy, MIH, and performance improvement provided technical assistance to each participant (see Figure 1 for core technical assistance activities).

**Figure 1. Technical Assistance Activities Provided**



Abbreviation: VBP, value-based payment

## COLORADO

The Colorado Department of Health Care Policy and Financing (Colorado's Medicaid agency) collaborated with Colorado Community Health Alliance and Colorado Children's Healthcare Access Program (CCHAP) to identify a VBP approach to increase screenings and referrals for women with postpartum depression (PPD) in pediatric settings. The IAP coach team supported Colorado by (1) researching evidence-based components of PPD screening, referrals, and reimbursement strategies and (2) developing a tool to determine potential cost savings from increased PPD screenings and referrals incentivized through enhanced payments. Colorado's Department of Health Care Policy and Financing used this information to discuss its goals and target population internally and then with providers to leverage existing pay-for-performance (P4P) measures that promote behavioral health and prenatal care engagement in its Accountable Care Collaborative. The Department's partner, CCHAP, used this research to support development of a web-based PPD toolkit that will target pediatric practices. In addition to financial incentives, CCHAP intends to make the courses included in the PPD toolkit (currently under development) eligible for either continuing medical education (CME) credits or maintenance of certification (MOC) credits. Colorado Medicaid would then plan to promote the availability of these CME or MOC credits to providers who use the PPD toolkit to encourage them to become better equipped to screen and care for postpartum women and their children.

**Colorado Contact:** Susanna Snyder, [susanna.snyder@state.co.us](mailto:susanna.snyder@state.co.us)

## MISSISSIPPI

The Mississippi Division of Medicaid (DOM) collaborated with its three coordinated care organizations (CCOs) to design a universal Notification of Pregnancy (NOP) form. The state's goals were to (1) implement the NOP form; (2) incentivize timely submission of the NOP form; (3) increase use of appropriate prenatal care; and (4) reduce preterm births and other poor obstetric outcomes. The IAP coach team and DOM discussed process and outcome metrics to evaluate whether earlier submission of the NOP form relates to improvements in birth outcomes. These metrics may include number of forms received, timing of receipt, and preterm birth rate. The IAP coach team supported conversations with DOM and its CCOs regarding plans for designing a P4P approach to encourage early submission of the NOP form. Under this approach, providers would receive an incentive payment scaled to the trimester in which they submit the NOP form, with the highest payment for first-trimester submissions and progressively lower payments for second- and third-trimester submissions. The IAP coach team provided technical assistance to the state on the NOP form's design as well as the creation of a tool to collect, track, and use data from the NOP form to inform whether pregnant women are receiving more timely prenatal care. Additionally, the IAP coach team created an actuarial workbook for estimating potential cost savings from the P4P arrangement on the basis of assumptions provided by DOM or garnered through research.

**Mississippi Contacts:** Christy Lyle, [christy.lyle@medicaid.ms.gov](mailto:christy.lyle@medicaid.ms.gov); Dr. Carlos Latorre, [carlos.latorre@medicaid.ms.gov](mailto:carlos.latorre@medicaid.ms.gov)

## MAINE

The Office of MaineCare Services (Maine's Medicaid agency) and the Maine Center for Disease Control and Prevention collaborated to increase screening rates for opioid use disorder (OUD) among pregnant women. The IAP coach team provided technical assistance to Maine in selecting and designing a VBP approach to achieve these goals. The state also introduced a reimbursement code for screening pregnant women for OUD. The intention of the new code is to increase the proportion of pregnant women covered by MaineCare who are screened for OUD and receive medication-assisted treatment during pregnancy. To promote awareness of the screening code among providers, Maine leveraged outreach conducted through the SnuggleME Project, an existing state initiative to create evidence-based resources for providers on screening pregnant women for substance use, intimate partner violence, and mental disorders.<sup>1</sup> When testing the VBP and examining billing of the screening code, the IAP coach team and Maine found low utilization among providers caring for pregnant women. Maine received assistance in developing mechanisms to gather feedback from providers on their knowledge and use of the screening code, including focus group guidance and a provider survey. The IAP coach team also created a menu of potential policy levers to encourage use of the screening code, including possible integration of the screening code into Maine's Health Home bundle of comprehensive services.

**Maine Contacts:** Maryann Harakall, [maryann.harakall@maine.gov](mailto:maryann.harakall@maine.gov); Maya Cates-Carney, [maya.cates-carney@maine.gov](mailto:maya.cates-carney@maine.gov)

## NEVADA

A key step for the Nevada Department of Health and Human Services (Nevada's Medicaid agency) in developing a framework for implementing VBP was to review potential care delivery sites for an MIH VBP pilot. Nevada is unique in that it operates a managed care delivery system in two counties and a fee-for-service delivery system in the rest of the state. Early in the technical assistance period, Nevada considered taking a dual approach for a proposed VBP structure to engage federally qualified health centers (FQHCs) as care delivery sites and managed care organizations to promote and incentivize VBP models for participating interconception and contraceptive care providers. The state identified an FQHC in Elko County that would be well suited to test the VBP pilot. The IAP coach team prepared a VBP options paper for Nevada and the FQHCs to consider. Nevada maintained an interest in implementing a managed care VBP and considered how contracting approaches might operate in those settings. The team also contemplated piloting reimbursement for over-the-counter pregnancy tests as a method for earlier identification of pregnant women. Additionally, the IAP coach team supported the state in developing a compendium of managed care programs that have implemented MIH VBPs and highlighted specific language from contracts and waivers used to achieve this integration. Nevada has shared the VBP options with its Managed Care Division for consideration to incorporate VBP in its upcoming procurement cycle.

**Nevada Contacts:** Rebecca Vernon-Ritter, [rebecca.vernon-ritter@dncfp.nv.gov](mailto:rebecca.vernon-ritter@dncfp.nv.gov); Steve Messinger, [smessinger@nvpc.org](mailto:smessinger@nvpc.org)

---

<sup>1</sup> Maine State Department of Health and Human Services. SnuggleME. <https://www.maine.gov/dhhs/SnuggleME/>



Additional information about this initiative and resources developed around technical assistance provided are available on the Medicaid IAP Value-Based Payment and Financial Simulations web page: <https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/value-based-payment/index.html>. Additional information on the MIHI is available on the Medicaid Maternal & Infant Health Improvement Initiatives web page: <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html>.