IAP | Medicaid Innovation Accelerator Program

Centers for Medicare & Medicaid Services
MATERNAL & INFANT HEALTH Initiative

Medicaid Innovation Accelerator Program

Utilizing Value-Based Payment to Incentivize Maternal and Infant Health Care Delivery Models

Thursday, May 17, 2018

2:00PM to 3:30PM Eastern Time

Webinar Logistics

- Audio is being streamed to device speakers (recommended)
- A phone line has also been set up. All lines will be muted:
  - Call-in number: 866-575-6535
  - Passcode: 796515
- To participate in a polling question, exit out of "full screen" mode
- Use the chat box on your screen to ask a question or leave a comment

Learning Objectives

- Identify payment models and contractual approaches that incentivize the use of innovative maternal and infant health (MIH) care delivery models within Medicaid and Children's Health Insurance Program (CHIP) populations.
- Outline considerations for incorporating care delivery models into state value-based payment (VBP) initiatives.
- Describe state Medicaid experiences, opportunities, and challenges when aligning MIH delivery models with VBP initiatives.

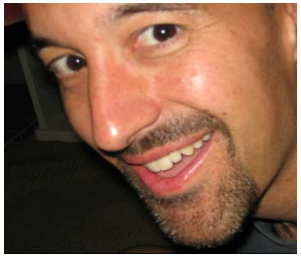
Agenda

- Overview of Medicaid Innovation Accelerator Program (IAP) and the Maternal and Infant Health Initiative (MIHI) VBP Technical Support
- Innovative MIH care delivery models
- Medicaid VBP Approaches in MIH
  - Questions
- State perspective: New York
- State perspective: Ohio
  - Questions

Today's Presenters

Crystal Tyler, PhD, MPH
Senior Research Leader
IBM Watson Health

Whitney Witt, PhD, MPH
Director, Center for Maternal and Child Health Research
IBM Watson Health



Thomas Flottemesch, PhD, MS
Senior Research Leader
IBM Watson Health

Today's Presenters

Douglas Fish, MD
Division of Program Development & Management
New York State Department of Health

Amy Jesaitis, MPH, RD
Division of Family Health
New York State Department of Health

Today's Presenters

Kara Miller
Section Chief, Care Management and Quality Improvement
Ohio Department of Medicaid

Mark Redding, MD
Quality Director and Co-Founder, Pathways Community HUB Institute
Director Community Care Coordination and Risk Reduction Research, Rebecca D. Considine Research Institute, Akron Children's Hospital

Overview of Medicaid IAP and MIHI VBP Technical Support

Whitney Witt

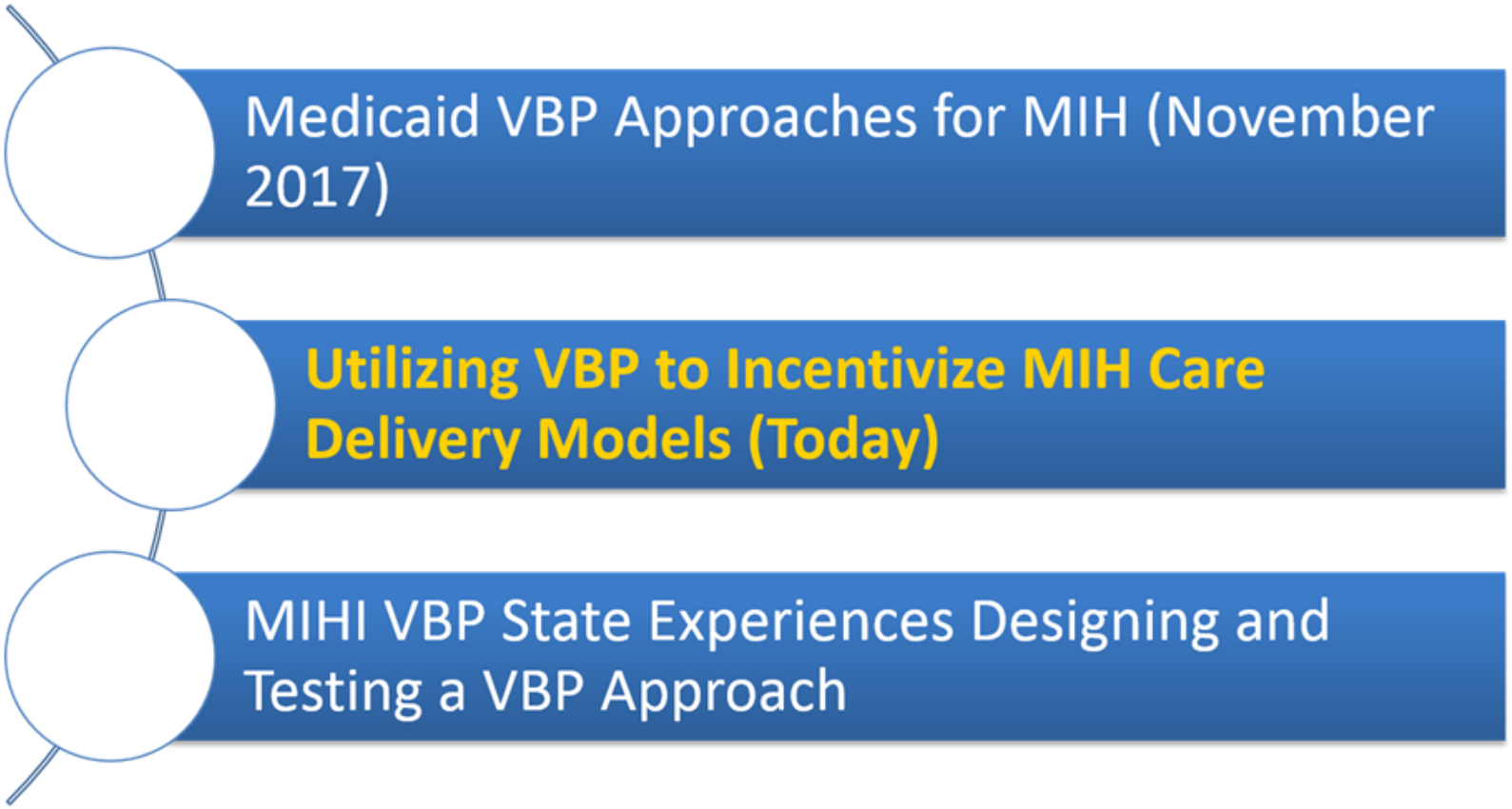
IBM Watson Health

Overview of Medicaid IAP

- Four year commitment by the Centers for Medicare & Medicaid Services (CMS) to build state capacity and support ongoing innovation in Medicaid through targeted technical support[1]
- A program funded by the Center for Medicare and Medicaid Innovation (CMMI) that is led by and lives in the Center for Medicaid and Children's Health Insurance Program (CHIP) Services (CMCS)
- Supports states' Medicaid delivery system reform efforts:
  - The IAP goal is to increase the number of states moving toward delivery system reform across program priorities
- Not a grant program; provides targeted technical support

[1] IAP refers to *technical support* as general support, program support, or technical assistance.

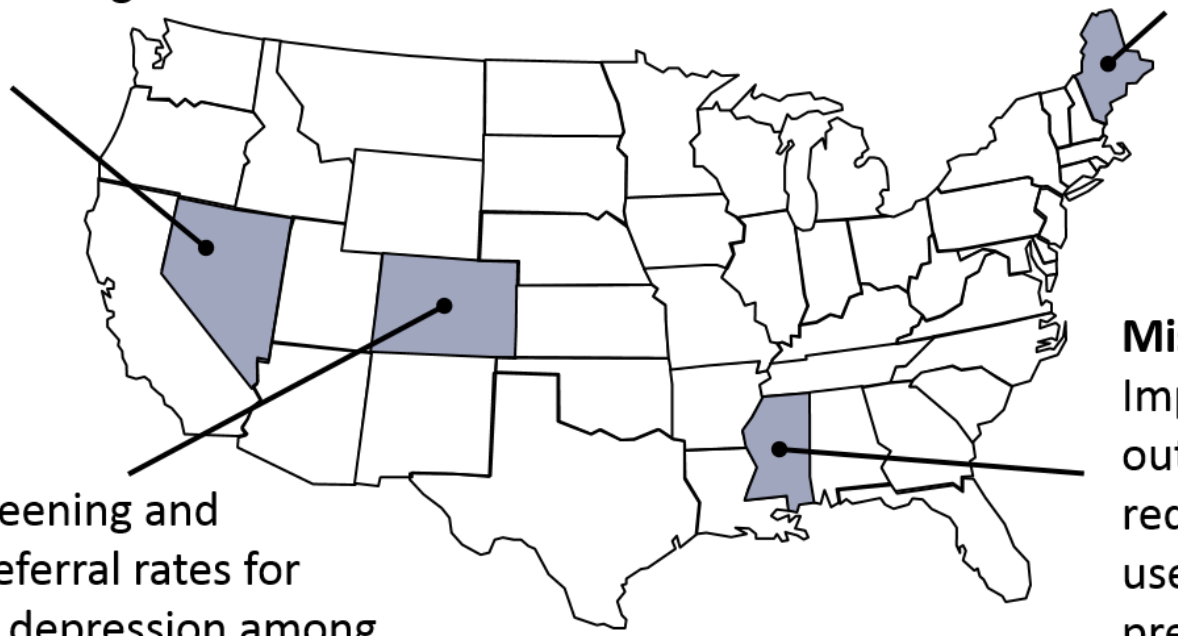
Medicaid IAP MIHI VBP National Webinar Series



Overview of MIHI VBP states

Nevada
Reduce the proportion of infants admitted to neonatal intensive care among the Medicaid population

Maine
Increase the proportion of mothers covered by Medicaid who are screened and receive medication assisted treatment (MAT) for opioid use disorders



Colorado
Increase screening and successful referral rates for postpartum depression among women covered by Medicaid

Mississippi
Improve birth outcomes by reducing tobacco use among pregnant women on Medicaid

MIH Care Delivery Models

Whitney Witt

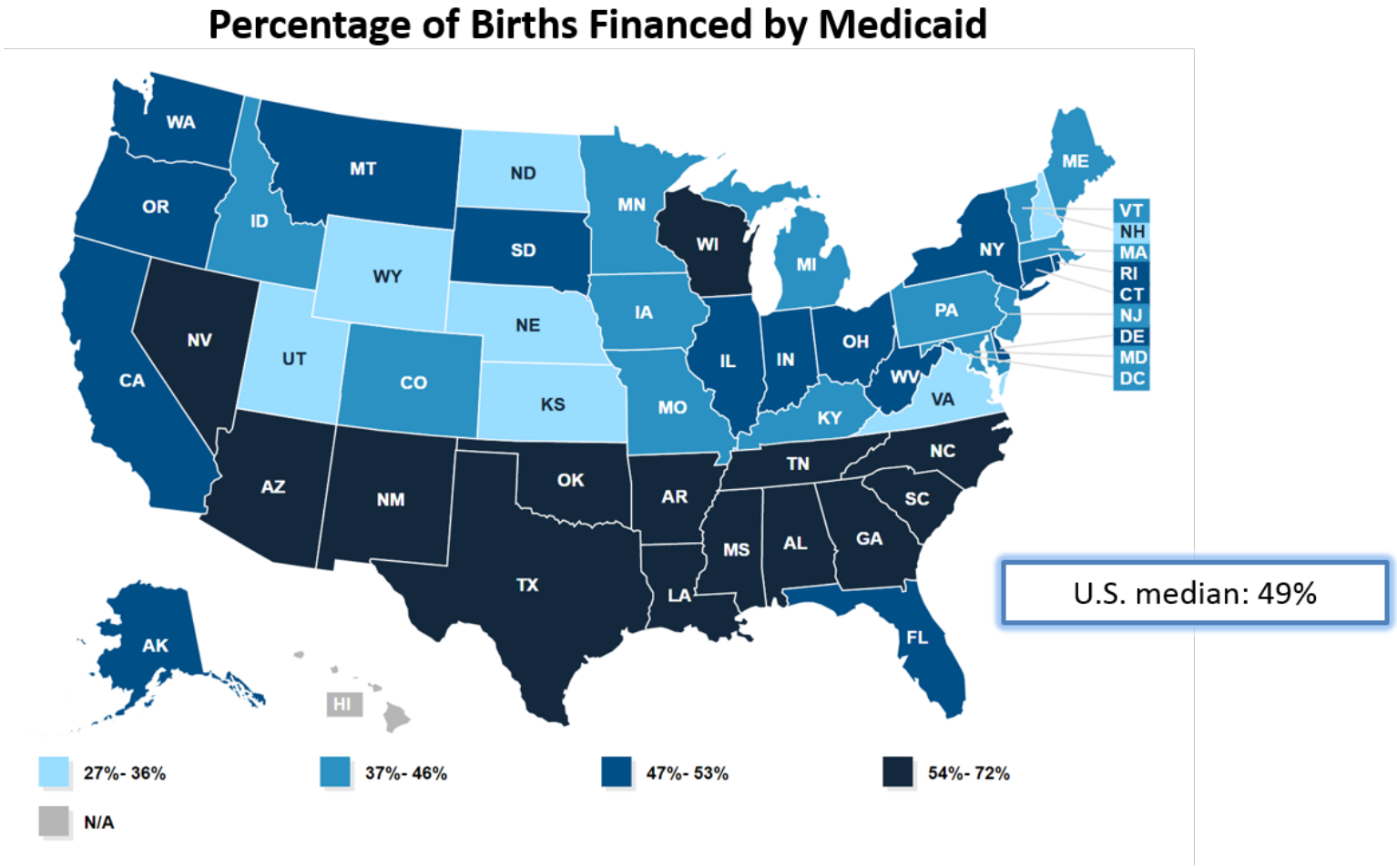
IBM Watson Health

Health Care Costs Associated With Adverse Birth Outcomes

- Adverse birth outcomes disproportionately affect Medicaid beneficiaries[1]
- Preterm birth is a leading cause of infant morbidity and mortality[2,3]
- Average health care utilization costs are higher for preterm births compared with uncomplicated deliveries[4]
- Preterm birth accounts for half of all pregnancy-related costs[5]
  - Costs are projected to top $32.3 billion in 2017[6]

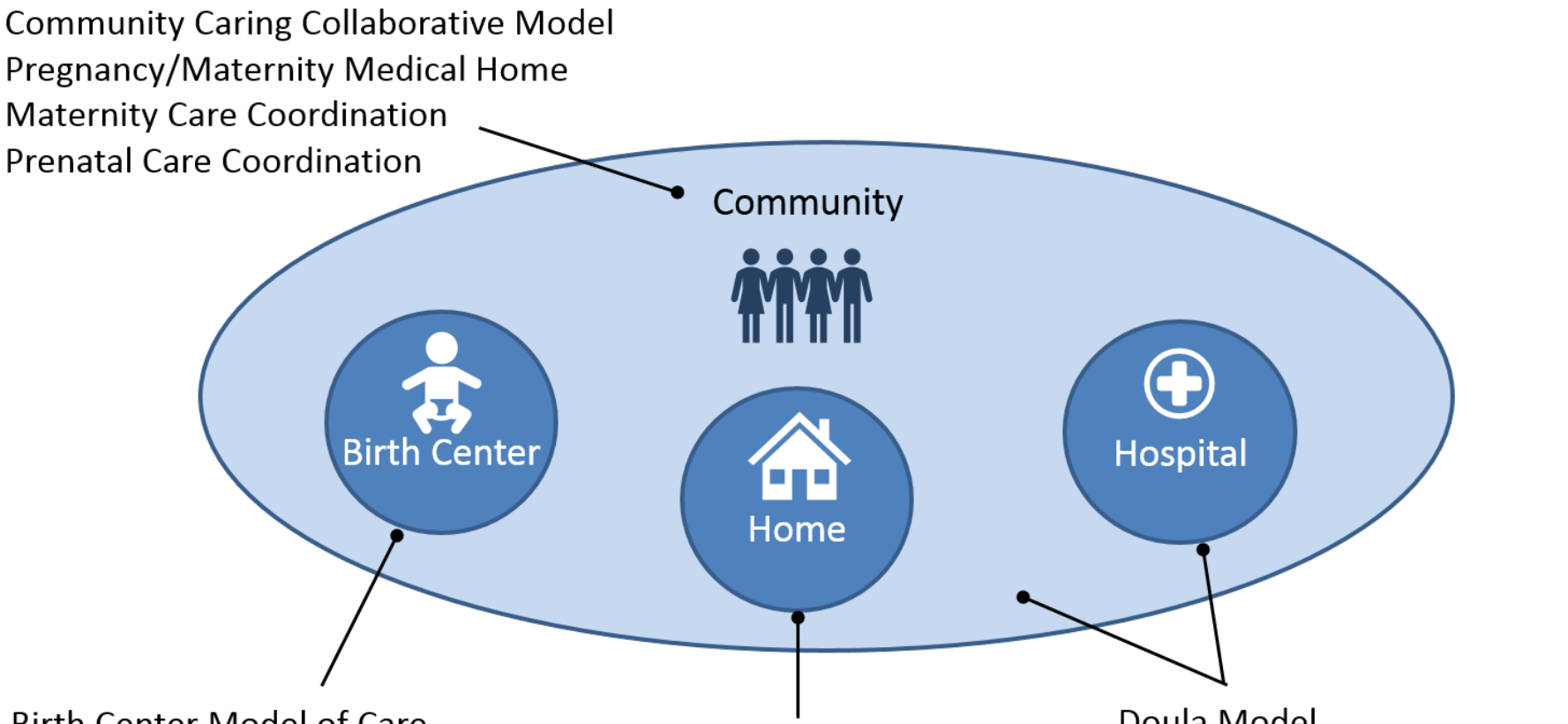
1. Mathews RJ, Driscoll AK. Trends in Infant Mortality in the United States, 2005–2014. National Center for Health Statistics Data Brief. No. 279. March 2017. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/databriefs/db279.pdf
2. Centers for Disease Control and Prevention. Preterm Birth. Updated June 26, 2017. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm
3. Institute of Medicine. Health Insurance Is a Family Matter. Washington, DC: The National Academies Press; 2002.
4. Kowlessar NM, Jiang HJ, Steiner C. Hospital Stays for Newborns, 2011. HCUP Statistical Brief #163. October 2013. Agency for Healthcare Research and Quality. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb163.jsp
5. Behrman RE, Butler AS, eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: National Academies Press; 2007.
6. March of Dimes. Premature Birth: The Financial Impact on Business. Published 2013. http://www.marchofdimes.org/materials/premature-birth-the-financial-impact-on-business.pdf

On Average, Medicaid Pays for Nearly Half of U.S. Births

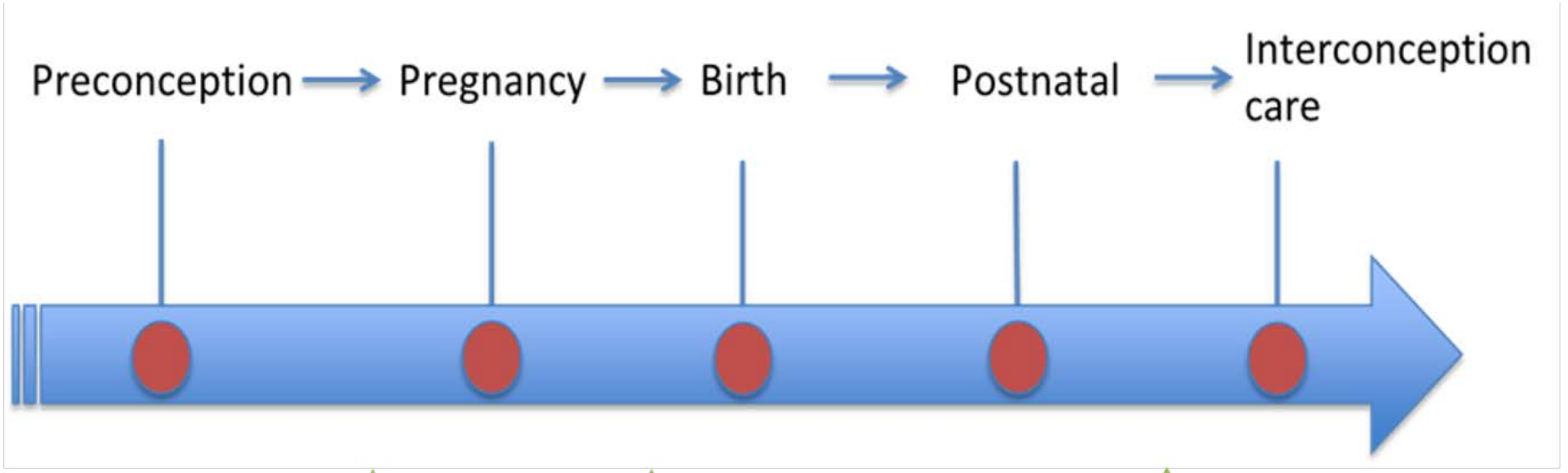


Smith VK, Gifford K, Ellis E, Edwards B, Rudowitz R, Hinton E, et al. Implementing Coverage and Payment Initiatives: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2016 and 2017. The Henry J. Kaiser Family Foundation; October 2016. https://www.kff.org/medicaid/report/implementing-coverage-and-payment-initiatives-results-from-a-50-state-medicaid-budget-survey-for-state-fiscal-years-2016-and-2017/

Example MIH Care Delivery Models



Improved MIH Outcomes Along the Perinatal Time Period



- Contraception Use
- Prenatal Care
- Breastfeeding initiation
- Severe maternal morbidity
- Cesarean sections
- Preterm birth
- Low birthweight
- Infant mortality
- Contraception Use
- Well-child visits
- Pregnancy spacing

Poll Question #1

How familiar are you with MIH care delivery models? (Please select one)

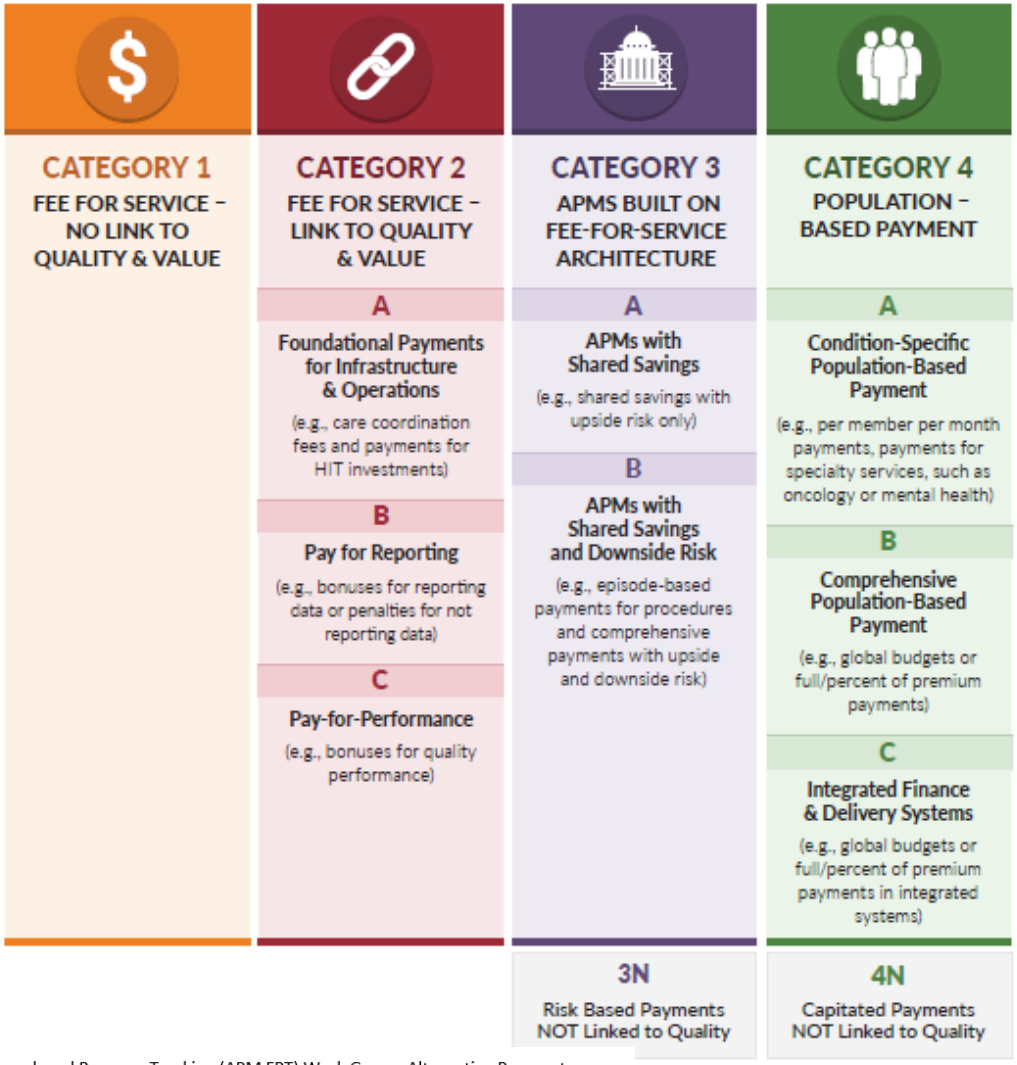
1. I have implemented an MIH care delivery model.
2. I am aware of care models to address MIH outcomes but have never implemented a model.
3. I am new to the term *MIH care delivery models.*

Payment Reform in Maternal and Infant Health

Thomas Flottemesch

IBM Watson Health

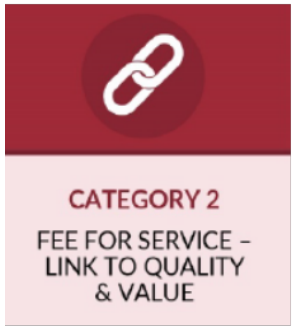
Health Care Payment Learning and Action Network Alternative Payment Model Framework



Source: Adapted from Alternative Payment Model Framework and Progress Tracking (APM FPT) Work Group. Alternative Payment Model Framework: Final White Paper. July 11, 2017; Figure 4. Accessed July 13, 2017.

IAP Medicaid Innovation Accelerator Program

Examples of VBP Models in MIH



Payment approach	Example	Goal
Pay-for-performance	Louisiana's 17P initiative	Prevent preterm birth
Nonpayment policy	South Carolina's nonpayment policy	Reduce early elective cesarean sections
Shared savings	Tennessee Health Care Innovation Initiative	Provide high-quality care during the perinatal period
Bundled payment	Ohio perinatal bundle	Improve pregnancy outcomes
Population-based payment models	Oregon global payments	Provide integrated prenatal and postpartum care

Considerations for Implementing VBP

- Patient population of focus
- Services included in the VBP approach
- **Measurement, measures and Health Information Technology (HIT) capacity**
- Attribution of patients
- Benchmarking
- Risk adjustment
- **Current Medicaid contracts and care arrangements**
- **Broader healthcare environment**

Measures, Measurement, and HIT Capacity

- VBP is based upon linking performance and payment
- Key factors to consider:
  - Relevant and reproducible measures
    - Are attributable to the level targeted by the VBP initiative
    - Track process (immediate) and outcome (long-term) change
    - Are seen as changeable by those incentivized by the VBP initiative
  - Timeliness of reporting
    - Accessing data: claims, electronic health records, and a health information exchange system
    - Providing performance feedback in an actionable manner
  - HIT capacity and parallel initiatives
    - Current level of data capture and reporting
    - Ability to develop and create new reports

Current Medicaid Contracts and Care Arrangements

- Any VBP initiation must work in conjunction with other Medicaid contracts and care arrangements
- Key factors to consider:
  - Current Medicaid structure
    - Payment schedule (e.g., fee for service, managed care)
    - Existing withholds, gain sharing
    - Attribution and enrollment rules
  - Other state initiatives
    - Will this initiative introduce a new structure?
    - Will this initiative parallel an existing arrangement?
  - Alignment with overall state goals

Broader Healthcare Environment

- A VBP arrangement must align with other initiatives facing providers
- Key factors to consider:
  - Private payer initiatives
    - Potential for coordinating or aligning efforts with the variety of private-led VBP and value-based care initiatives that currently are underway
  - Community-based organizations and initiatives
    - Opportunities for provider partnerships
  - Shortcomings of the current system
    - What and where are the targeted aspects of care?

Poll Question #2

How would you describe your familiarity with VBP approaches? (Please select one)

1. I am well-versed in VBP approaches.
2. I am aware of VBP approaches, but don't consider myself an expert.
3. I am new to the term *VBP.*

Questions or Comments?

State Perspectives:

- New York
- Ohio

NEW YORK STATE | Department of Health | Medicaid Redesign Team

New York State's Home Visiting Models in the Delivery System Reform Incentive Payment and VBP Programs

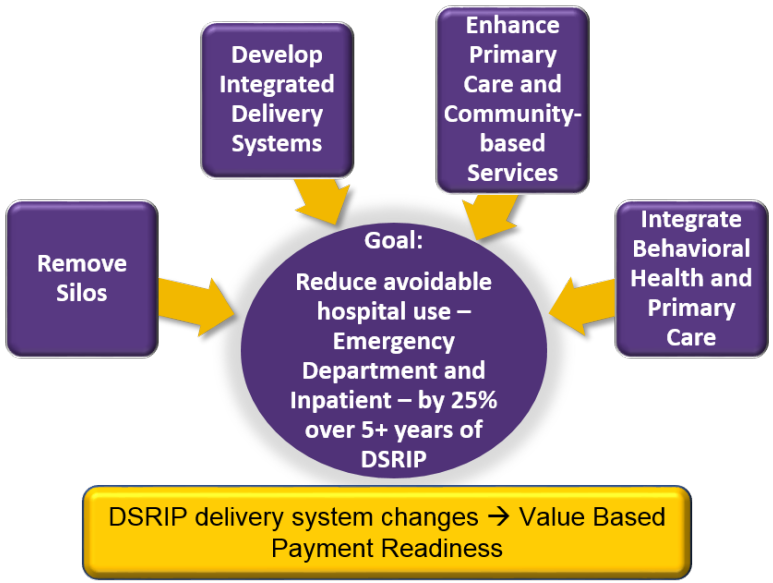
Douglas Fish, MD

Amy Jesaitis, MPH, RD

New York State Department of Health

May 2018

Delivery System Reform Incentive Payment (DSRIP) Program Objectives



- DSRIP Program was built on the CMS and State goals in the Triple Aim:
  - Improving quality of care
  - Improving health
  - Reducing costs

- 25 Performing Provider Systems (PPS) were recognized by New York to lead Medicaid's health care transformation efforts

Source: New York State Department of Health. Delivery System Reform Incentive Payment (DSRIP Program. Revised March 2018. https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

DSRIP Program Perinatal Care Project (3.f.i) Core Component Interventions

1. Implement an evidence-based home visiting model for pregnant, high-risk mothers, including high-risk, first-time mothers. (2 PPS selected)

2. Establish a care/referral community network based on a regional center of excellence for high-risk pregnancies and infants. (No PPS selected)

3. Implement a community health worker program on the model of the Maternal and Infant Community Health Collaboratives Program (3 PPS selected)

DSRIP Program's Project Toolkit

DSRIP Program Perinatal Care Project's Home Visiting Models

New York State Department of Health
Maternal and Infant Health Community Health Collaboratives

Project Associated Measures

Perinatal Measures (Pay-for-Performance in Years 4 and 5)
Low Birth Weight
Well Care Visits in the First 15 months
Timeliness of Prenatal Care
Timeliness of Postpartum Visits
Frequency of Ongoing Prenatal Care (retired in 2018 by measure steward)
Lead Screening in Children
Early Elective Deliveries
Childhood Immunization Status by Age 2

DSRIP Program's Measure Specification and Reporting Manual

Integrating Initiatives

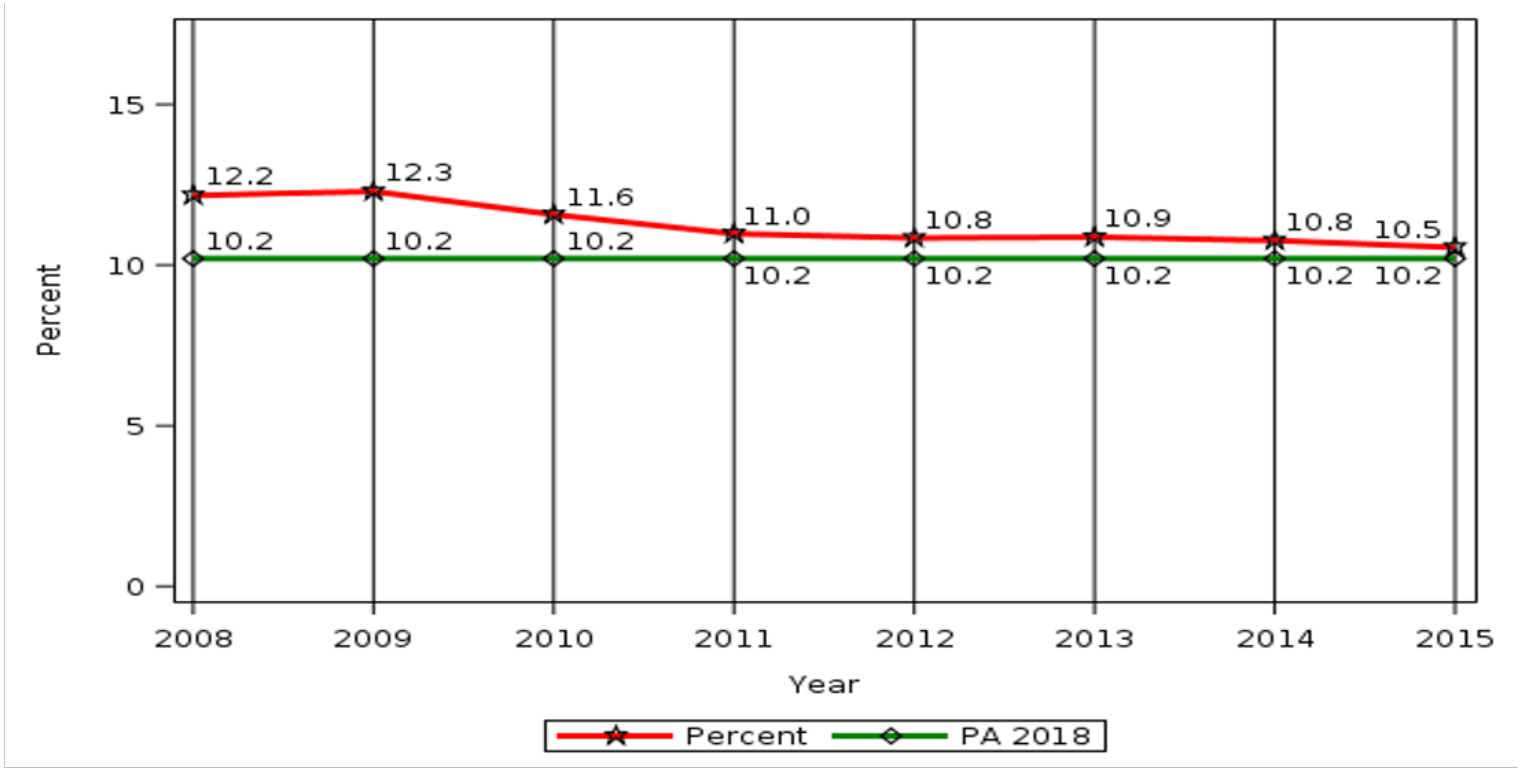
Prevention Agenda 2013 – 2018:

New York State's (NYS) Health Improvement Plan

Related Indicators:

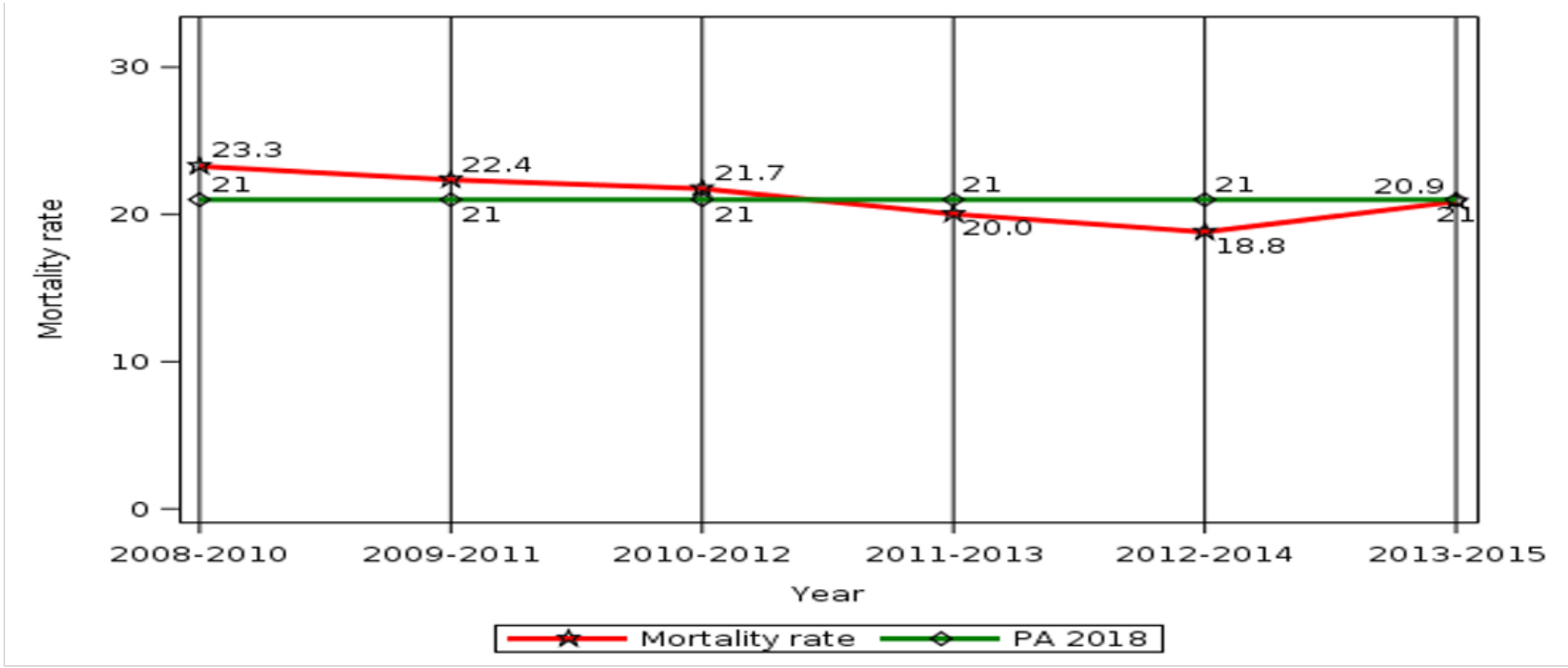
- Premature births
- Maternal mortality
- Well child visits

NYS - Percentage of Preterm Births



Abbreviation: PA, prevention agenda.
Source: Vital records data as of May 2017.

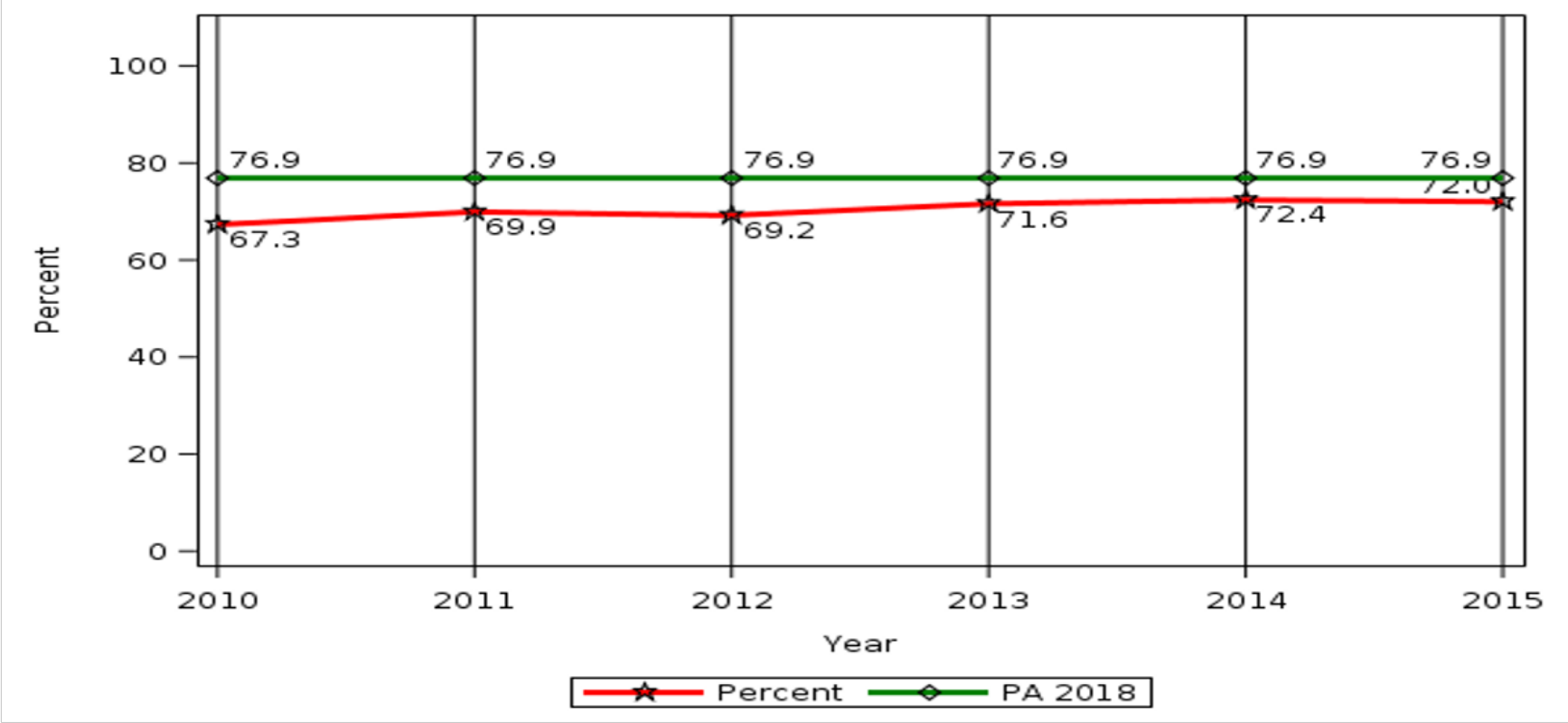
NYS - Maternal mortality rate per 100,000 births



Abbreviation: PA, prevention agenda.

Source: Vital records data as of May 2017.

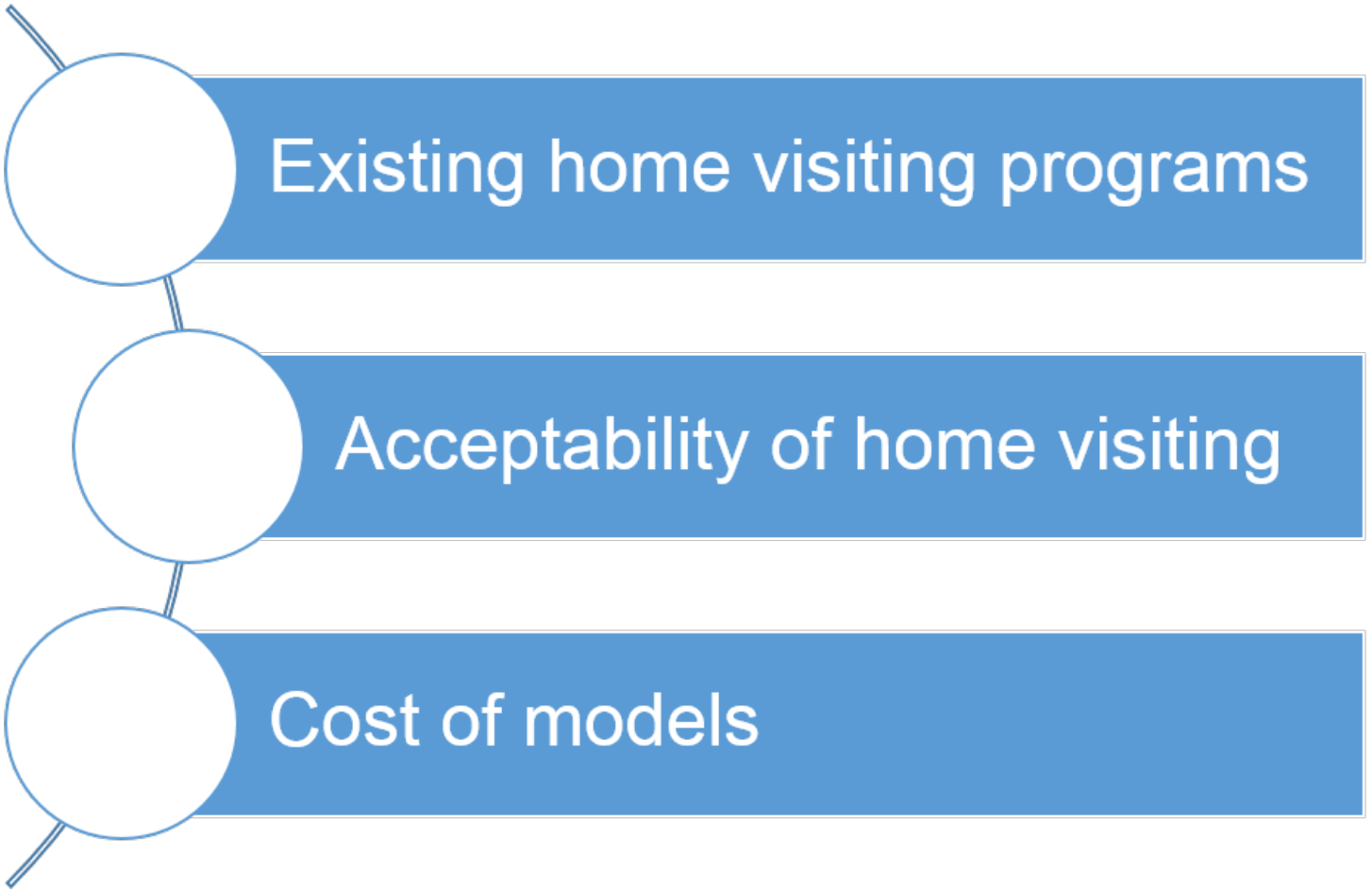
NYS - Percentage of children who had the recommended number of well child visits in government-sponsored insurance programs



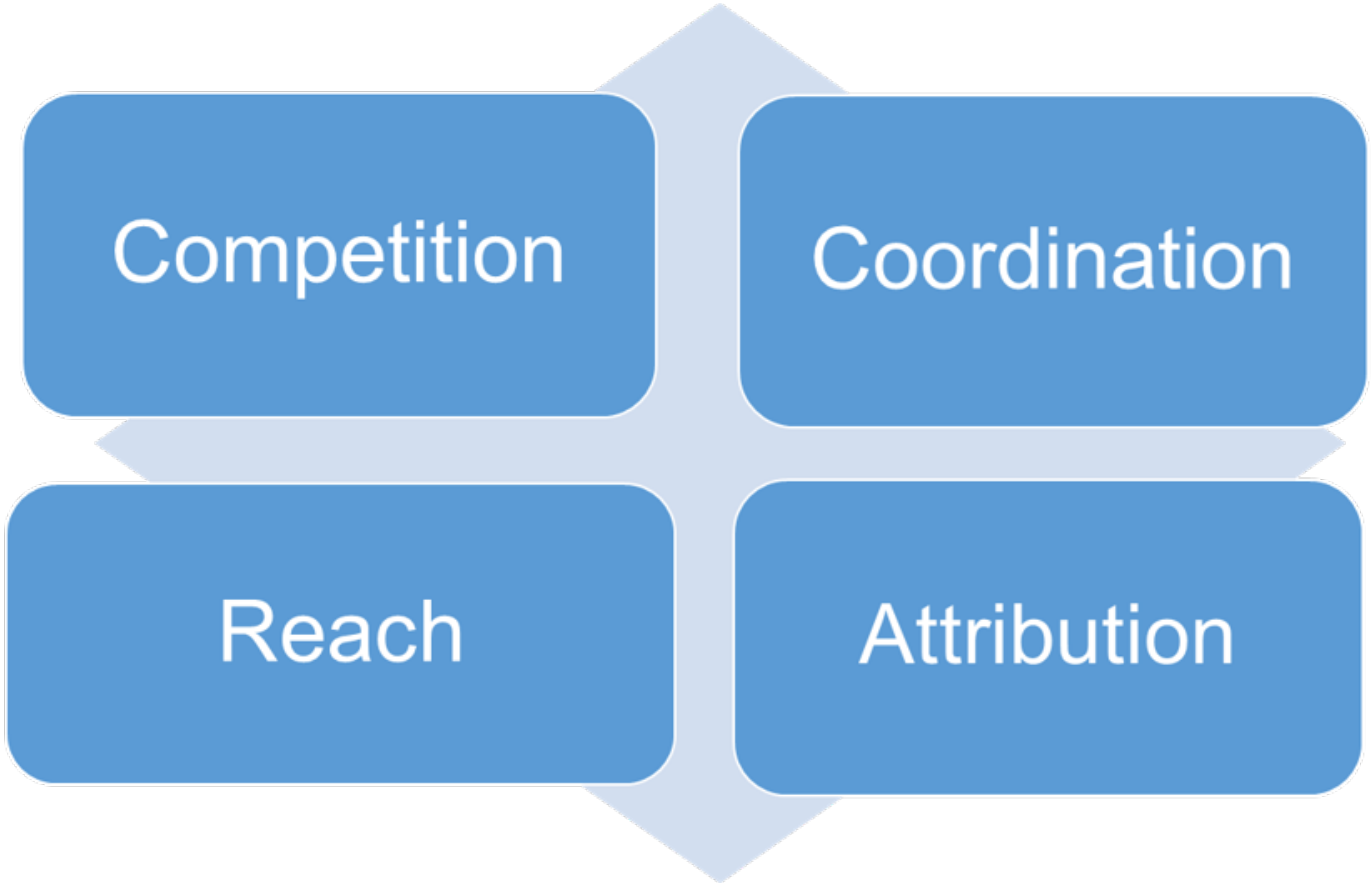
Abbreviation: PA, prevention agenda.

Source: NYSDOH Office of Quality & Patient Safety data as of December 2016

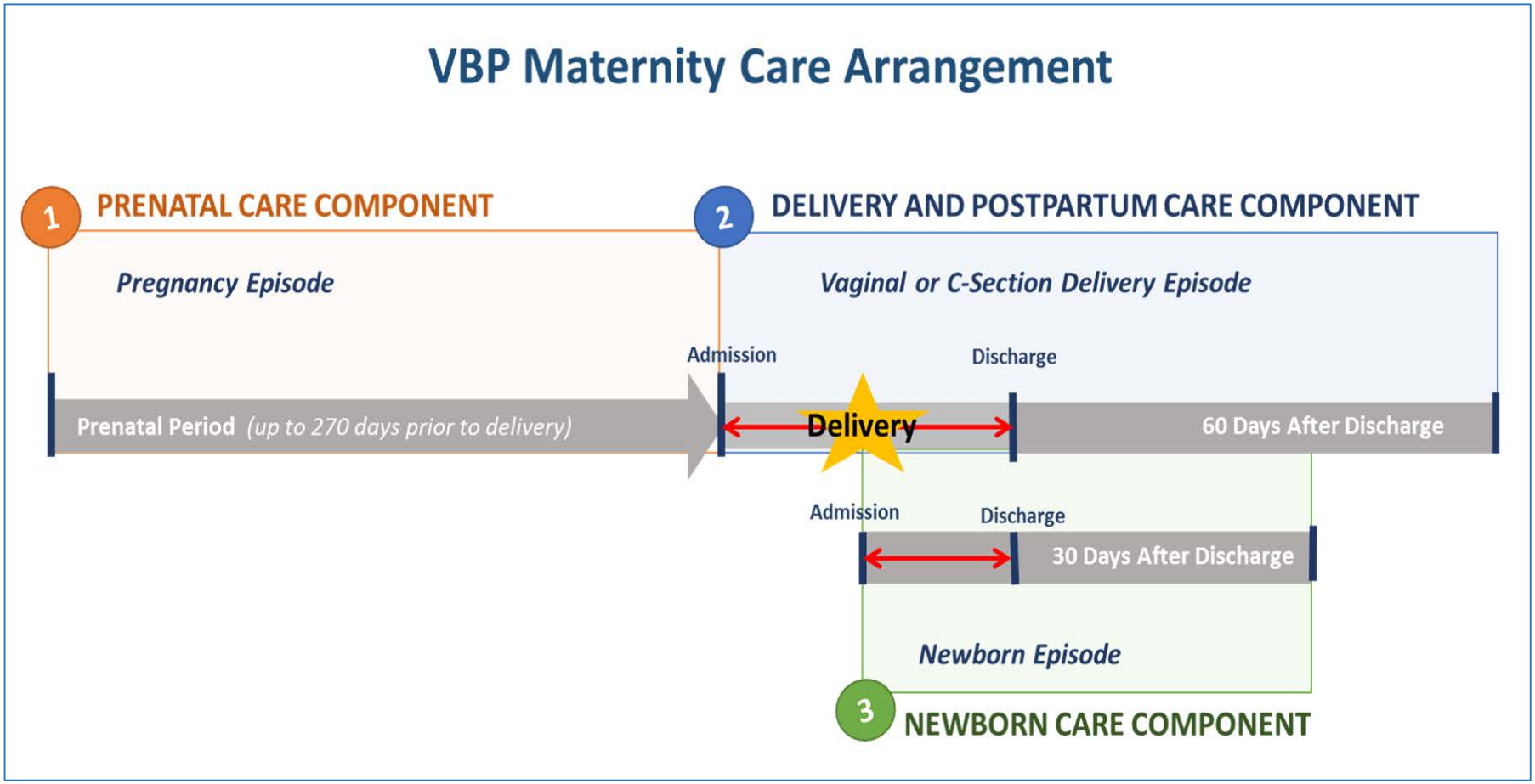
Considerations for Adding Home Visiting



Challenges/Lessons Learned



New York State's Value Based Payment Maternity Care Arrangement



The VBP Maternity Care Arrangement has three components:

1) Prenatal care
2) Delivery and postpartum care
3) Newborn care

Managed Care Organization and Provider can Choose Different Levels of VBP

In addition to choosing which integrated services to focus on, the Managed Care Organizations and contractors/providers can choose different levels of Value Based Payments.

Level 0 VBP*	Level 1 VBP Retrospective Reconciliation	Level 2 VBP Retrospective Reconciliation	Level 3 VBP Prospective[a]
FFS with bonus and/or withhold based on quality scores	FFS with upside-only shared savings available **when outcome scores are sufficient**	FFS with risk sharing (upside available **when outcome scores are sufficient**)	Prospective capitation PMPM or Bundle (**with outcome-based component**)
FFS payments	FFS payments	FFS payments	Prospective total budget payments
No risk sharing	↑ Upside Only	↑ Upside & ↓Downside Risk	↑ Upside & ↓Downside Risk

Abbreviations: FFS, fee for service; PMPM, per member per month.
[a] Feasible after experience with Level 2; requires mature contractors.

Source: New York State Department of Health Medicaid Redesign Team. A Path Towards Value Based Payment, New York State Roadmap for Medicaid Payment Reform. June 2016 updated version approved by CMS March 2017

2018 VBP Maternity Care Arrangements Quality Measure Set

Measure Name	Measure Steward	NQF Measure Identifier	Classification	Rationale for Change
Contraceptive Care – Postpartum Women	United States Office of Population Affairs	2902	P4R	
C-Section for Nulliparous Singleton Term Vertex (NSTV)	The Joint Commission	0471	P4R	
Frequency of Ongoing Prenatal Care	NCQA	1391	Removed from Measure Set	Measure retired by NCQA
Incidence of Episiotomy [% of Vaginal Deliveries With Episiotomy]	Christiana Care Health System	0470	P4R	
Low Birth Weight [Live births weighing less than 2,500 grams (preterm v. full term)]	AHRQ	0278	P4R	
Percentage of Babies Who Were Exclusively Fed with Breast Milk During Stay	TJC	0480	P4R	
Percentage of Preterm Births	NYS	Not endorsed	P4R	
Prenatal & Postpartum Care —Timeliness of Prenatal Care & Postpartum Visits	NCQA	1517 (lost NQF endorsement)	P4P	
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS	0418	P4R	

Measure is also part of TCGP/ IPC Measure Set
Red: *Indicates measure change from 2017*
Purple: *Pay-for-Performance (P4P) measure*
Acronyms: *NCQA: National Committee for Quality Assurance, AHRQ: Agency for Healthcare Research and Quality, TJC: The Joint Commission, NYS: New York State, CMS: Centers for Medicare and Medicaid Services, NQF: National Quality Forum, P4R: Pay-for-Reporting*

Take-Home Messages

DSRIP

- Small sample
- Results not yet available
- Integration important

VBP

- Path to sustain gains from DSRIP is VBP program
- Working to address provider concerns with VBP Maternity Care arrangement
- Align quality measures with other payers, e.g. Medicare and Commercial

Take-Home Messages

- DSRIP Measure Specification and Reporting Manual is published for Measurement Year 4
- VBP Quality Measure Sets are published for Measurement Year 2018 (Please expand “VBP Quality Measures”)
- VBP Measure Specification and Reporting Manual is published for Measurement Year 2017 (Please expand “VBP Quality Measures”)

Please send questions and feedback to—

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Ohio Medicaid's Transformational Quality Strategy and the Pathways Community HUB Model

Kara Miller

Ohio Department of Medicaid

Mark Redding, MD

Pathways Community HUB Institute

Ohio Medicaid's Transformational Quality Strategy

Better Health Outcomes Through Innovation

Focus Populations	Design & Implement "Pay for Value"	Desired Health Improvements: Health Equity
Healthy Children & Adults	Episodes of Care	Preventative Screenings
Women's Health	Patient - Centered Medical Homes	Improved pre-term birth & infant mortality rates
Behavioral Health	Social Determinants of Health	Integrated Behavioral & Physical Health Care Appropriate Prescribing
Chronic Conditions	Community Engagement Actionable Data	Well Managed Asthma, Diabetes & Hypertension

SPECIAL INITIATIVES

Infant Mortality Reduction
Opioid Abuse Prevention and Treatment
Behavioral Health Redesign

Ohio | Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

Ohio's 2017-2019 State Health Improvement Plan (SHIP)

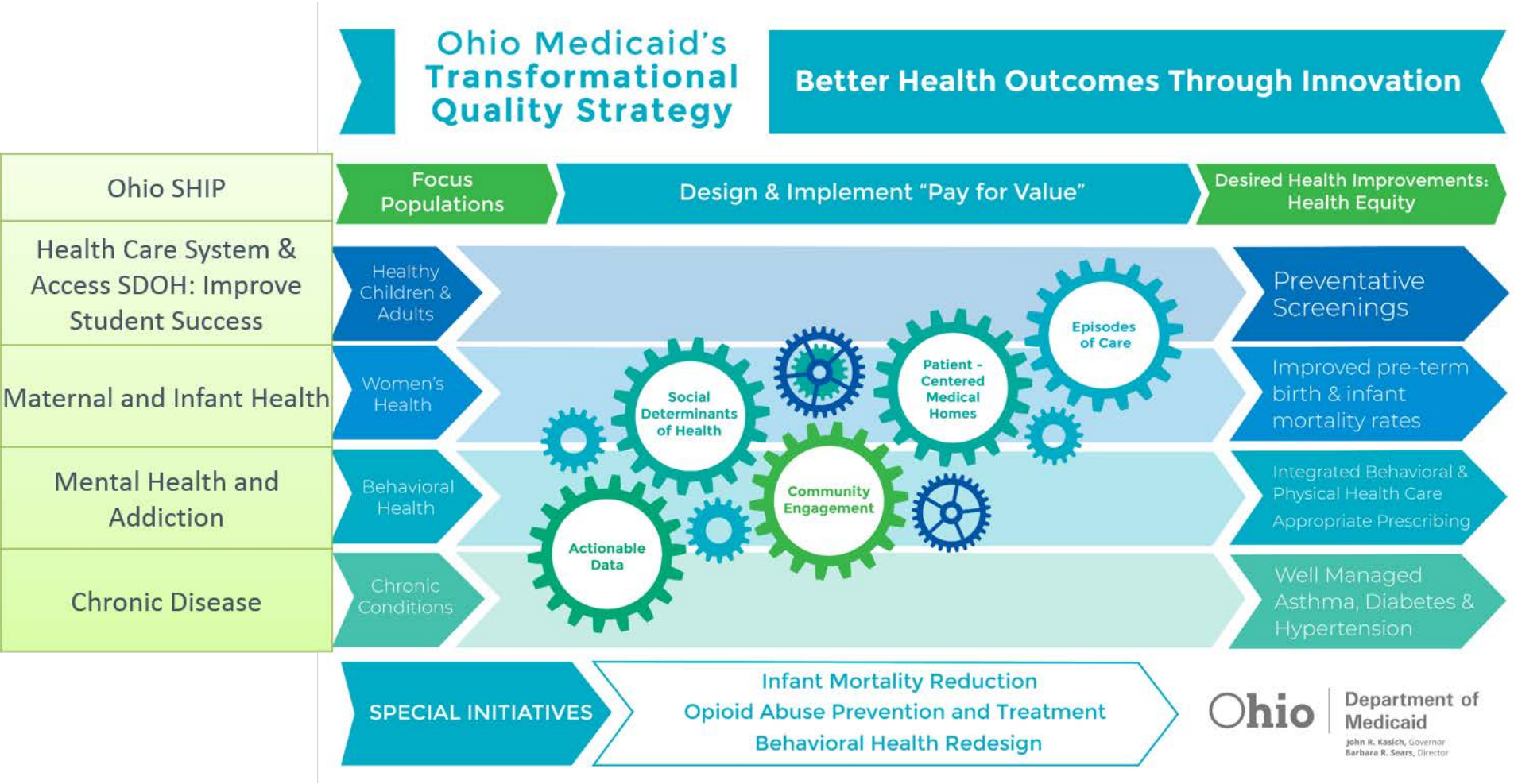
3 priority topics

Mental health and addiction	Chronic disease	Maternal and infant health

10 priority outcomes

Mental health and addiction	Chronic disease	Maternal and infant health
⬇ Depression	⬇ Heart disease	⬇ Preterm births
⬇ Suicide	⬇ Diabetes	⬇ Low birth weight
⬇ Drug dependency/ abuse	⬇ Child asthma	⬇ Infant mortality
⬇ Drug overdose deaths		

Equity: Priority populations for each outcome above


Ohio Medicaid's Transformational Quality Strategy
Better Health Outcomes Through Innovation
Ohio SHIP
Health Care System & Access SDOH: Improve Student Success
Maternal and Infant Health
Mental Health and Addiction
Chronic Disease
Focus Populations
Design & Implement "Pay for Value"
Desired Health Improvements: Health Equity
Healthy Children & Adults
Women's Health
Behavioral Health
Chronic Conditions
Social Determinants of Health
Patient - Centered Medical Homes
Episodes of Care
Community Engagement
Actionable Data
Preventative Screenings
Improved pre-term birth & infant mortality rates
Integrated Behavioral & Physical Health Care
Appropriate Prescribing
Well Managed Asthma, Diabetes & Hypertension
SPECIAL INITIATIVES
Infant Mortality Reduction
Opioid Abuse Prevention and Treatment
Behavioral Health Redesign
Ohio | Department of Medicaid
John R. Kasich, Governor
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Ohio Medicaid Managed Care:

- Nearly 90% of Ohio Medicaid recipients are enrolled in a Managed Care Plan (MCP).
- Full risk managed care model is the primary delivery system
- Per-member-per-month payment to the MCPs.
- Accountability strategy that rewards MCPs by measuring their impact on population health outcomes.

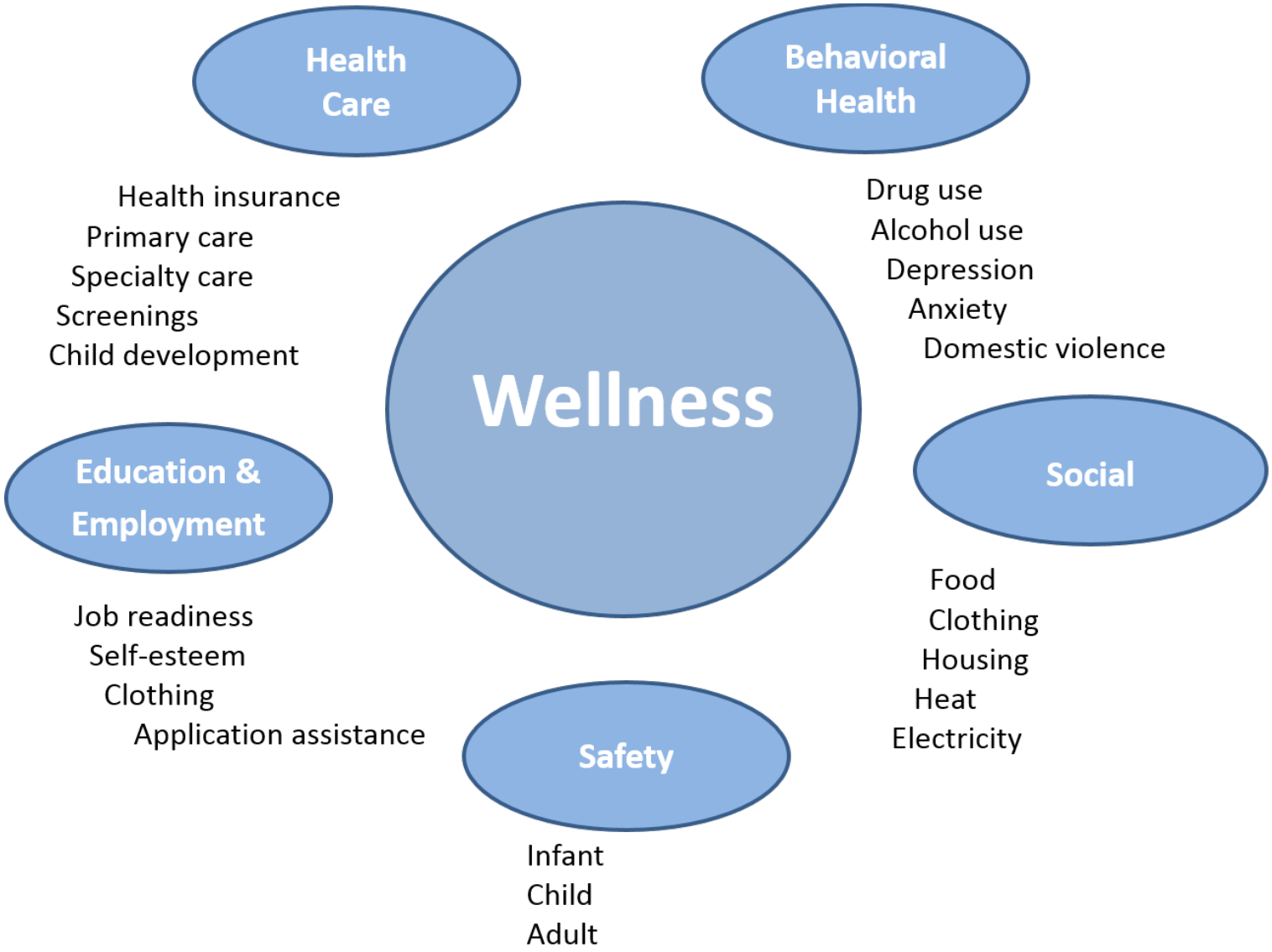
Medicaid MCP Incentives - Indices & Measures

Aligns with:

1. Medicaid Managed Care (MMC) Contract Measures
2. Comprehensive Primary Care (CPC) Quality Metrics
3. 2018 Pay-for-Performance (P4P) (MY 2017)

Ohio SHIP	Medicaid Pop Stream/Index	Incentive	Measure	MMC Contract MY 2018	CPC Quality Metric
Chronic Disease	Healthy Children	Quality Withhold	Well Child Visits, 1st 15 months of life	Y	Y
			Well Child Visits in 3-6 years of life	Y	Y
			Adolescent Well-Care Visits	Y	Y
			BMI Percentile Documentation Children/Adolescents:	Y	Y
Mental Health and Addiction	Behavioral Health	Quality Withhold	Follow-up After Hospitalization for Mental Illness	Y	Y
			Initiation of AOD Dependence Treatment	Y	Y
			Psychosocial Care for Children on Antipsychotics	Y	-
			Multiple Concurrent Antipsychotics in Children	Y	-
Chronic Disease	Chronic Condition: Cardio-vascular	Quality Withhold	Controlling High Blood Pressure	Y	Y
			Statin Therapy for Patients with Cardiovascular Disease	Y	Y
			Adult BMI Assessment	Y	Y
			Annual Monitoring for Patients on Persistent Meds	Y	-
Chronic Disease	Chronic Condition: Diabetes	Quality Withhold	Blood Pressure Control (<140/90 mm Hg)	Y	-
			Eye Exam	Y	Y
			HbA1c poor control (>9.0%)	Y	Y
			HbA1c testing	Y	Y
Maternal and Infant Health	Women's Health	Quality-Based Assignments	Breast Cancer Screening	Y	Y
			Cervical Cancer Screening	Y	Y
			Timeliness of Prenatal Care	Y	Y
			Postpartum Care Visit	Y	Y
			Percent of Live Births < 2,500 grams	Y	Y

Risk Factors



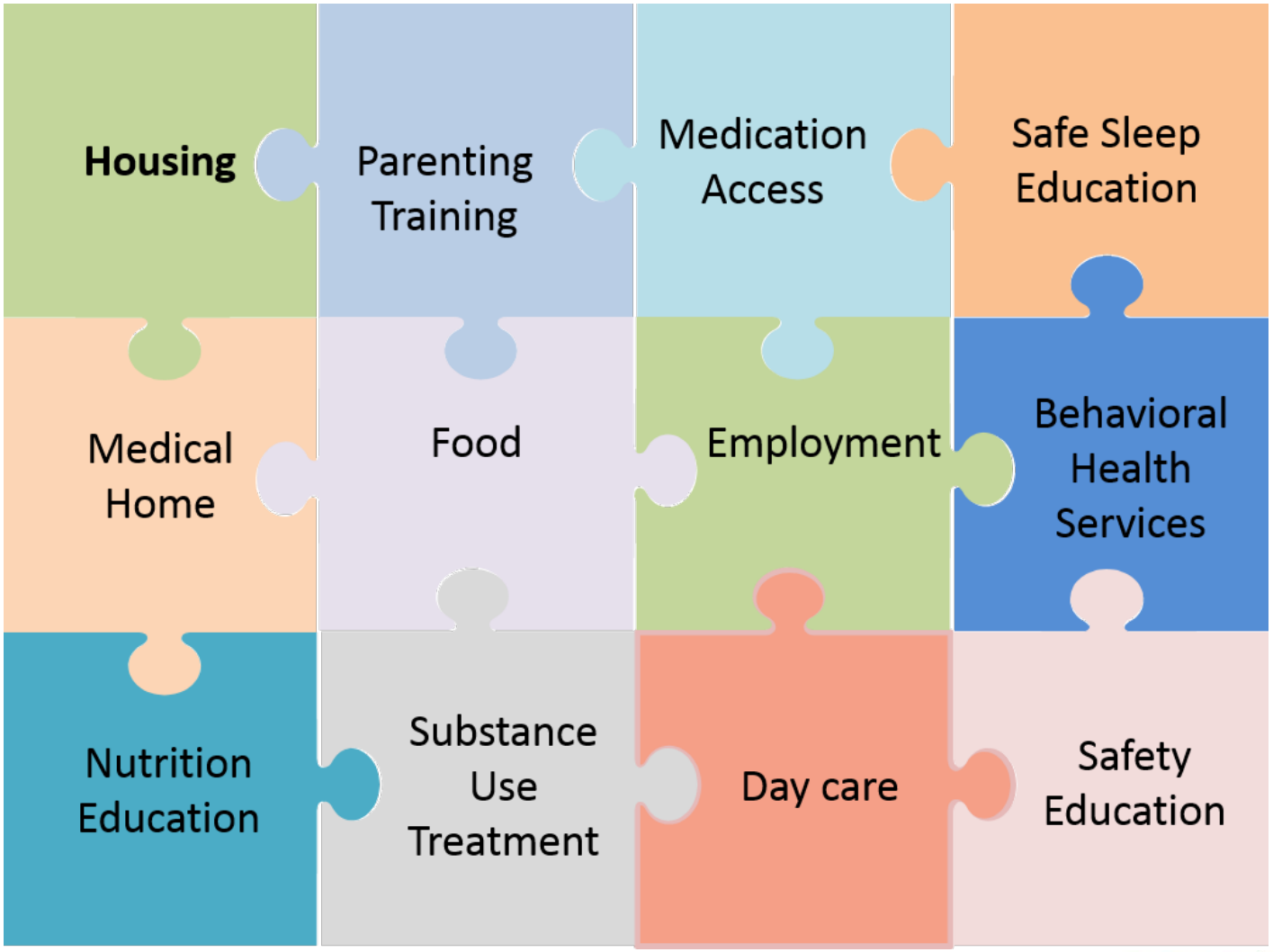
Risk Factor Characteristics

Immediate – smoking, chronic disease, homelessness

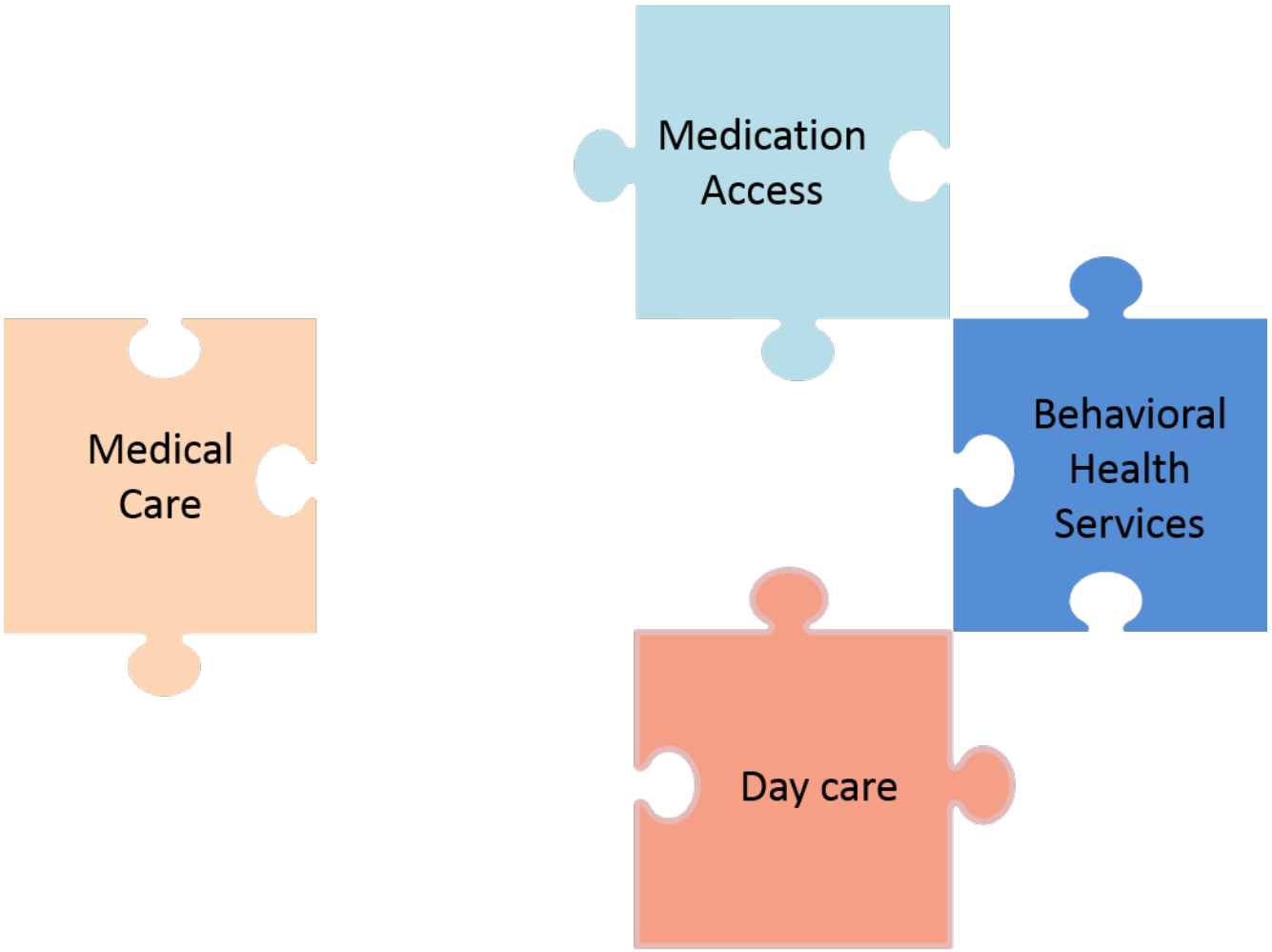
Preventive – early child obesity prevention, evidence-based parenting

Interlocking and interdependent – an at-risk expectant mother with homelessness, depression, and no access to medical care must have all three factors addressed. Addressing one factor may not change the outcome.

Health, Social and Behavioral Risk Factors Addressed to Achieve Wellness



Health and Social Service System Fragmented Siloed Approach



Premise for Improving Outcomes

- Pay-for-value strategies can drive financing towards improved outcomes that result from multiple components
  - Improved birth outcomes
  - Chronic disease control
  - Improved school performance
  - Employment success
- How can health and social service funding purchase work products that produce better outcomes?
- Modifiable risk factors and their mitigation represent critical underlying product with greatest evidence for improving outcomes
- Outcomes and cost of care improve when a comprehensive approach is utilized to identify and mitigate risk across medical, social and behavioral health domains

Outcome-Focused System

Two Basic Categories of Health and Social Service

Care Coordination – To identify risk factors and coordinate connection to an intervention

Direct Service – Provide an intervention that has been proven to address the risk factor

Today's System
"Typical" At-Risk Family

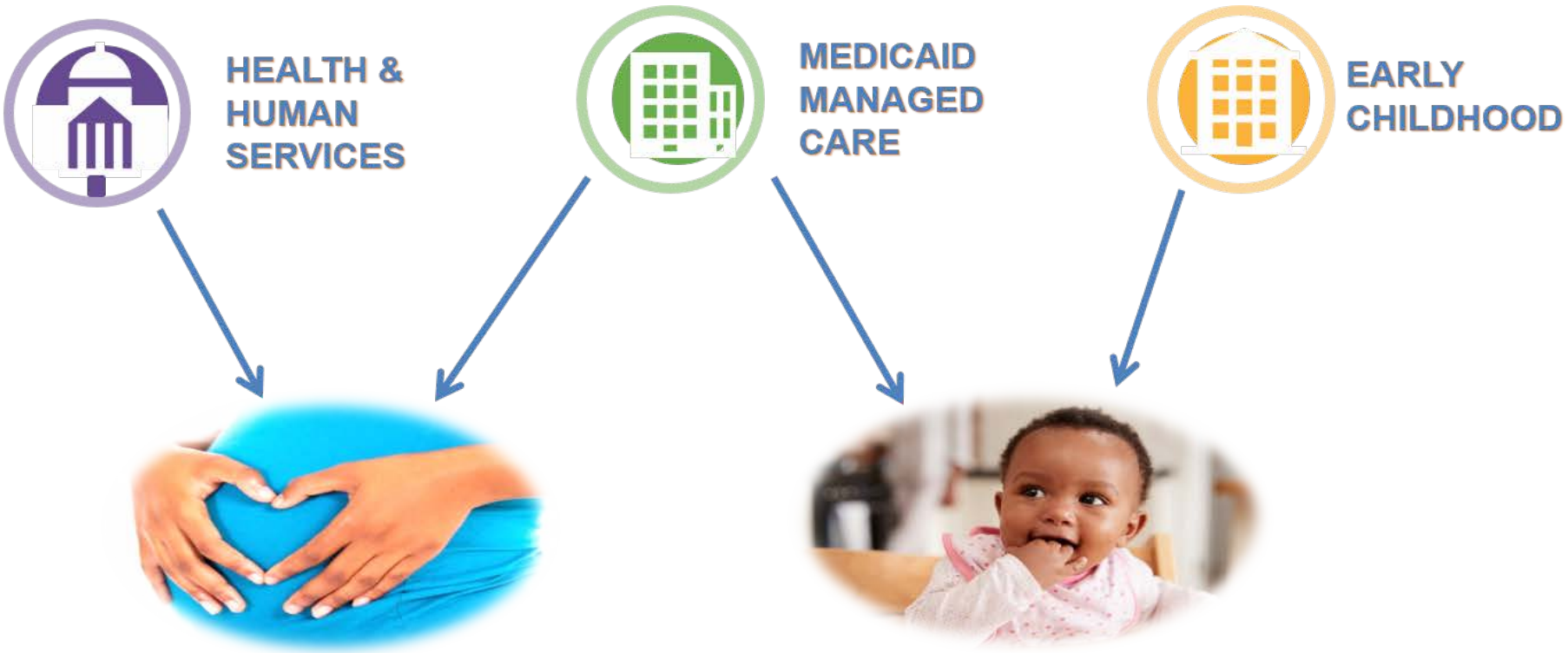
Marisol, 21

- Is pregnant
- Lost her job
- No housing
- No transportation
- May be depressed

Angelina, 16 months

- Needs medical home
- Is behind on immunizations
- Is behind on well visits
- May have developmental concerns

Care Coordination Service Approach



- Multiple agencies involved – limited direct interaction with family
- Limited communication across agencies
- Minimal tracking of identified and addressed risk factors
- Little or no financial accountability for the achievement of work products with evidence for improving outcomes (reduced risk)

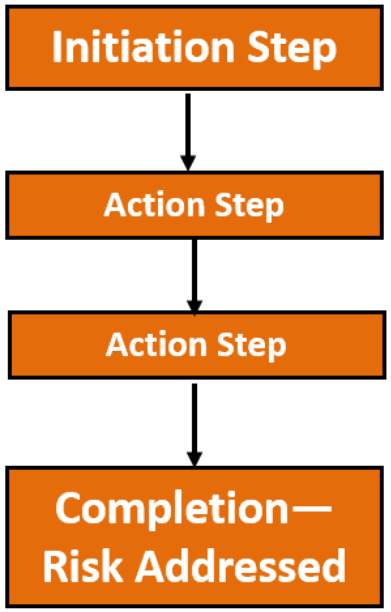
Pathways Community HUB Model

Find → Treat → Measure

1. Engage Client and Assess Risk

Question	Yes	No
Do you need a prenatal care provider?	✔	
Do you need health insurance?		✔
Do you smoke cigarettes?		✔
Do you need food or clothing?	✔	

2. Assign Pathways



3. Track Completed Pathways—Risk Addressed

No. of Risk Factors Addressed by Community Health Worker (CHW)			
Name	**Medical Home**	**Pregnancy**	**Social Service**
CHW A	5	2	10
CHW B	1	3	4
CHW C	9	15	18

No. of Risk Factors Addressed by Agency			
Site	**Medical Home**	**Pregnancy**	**Social Service**
Agency A	50	25	22
Agency B	64	17	35
Agency C	40	32	19

Medical Home Pathway

Identify risk factor

Initiation

Client needs an ongoing source of prenatal care

Date_____

Identify and overcome barriers

Determine and record client's payer source:

- ❑ Medicaid
- ❑ Medicare
- ❑ Private Insurance
- ❑ Self Pay
- ❑ Other_____

1. Identify provider _____
2. Assist client in scheduling appointment
   Date_____
3. Document education pathways as appropriate

Outcome

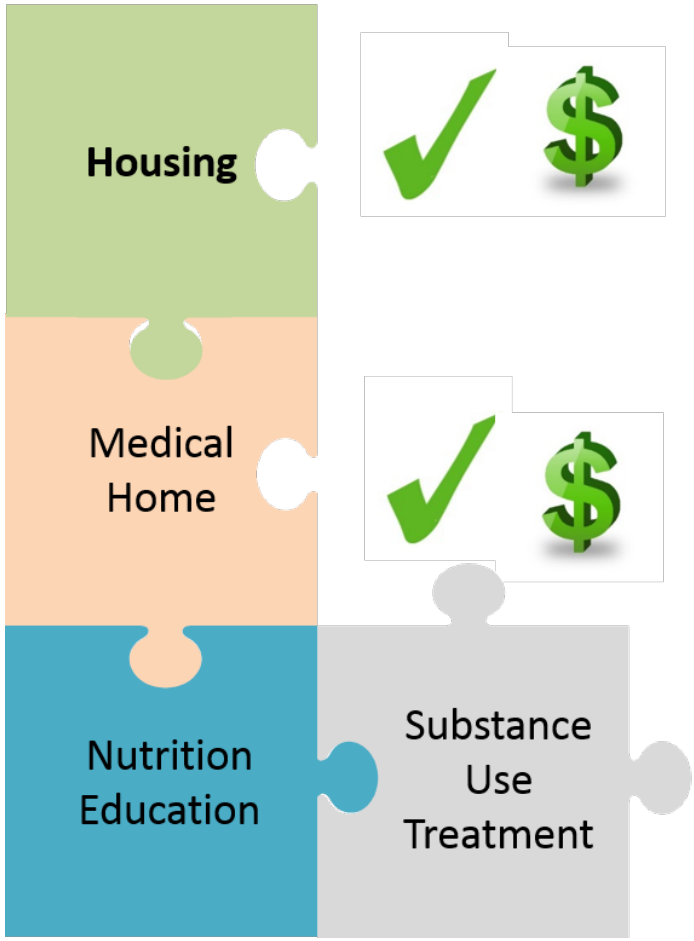
Confirm risk factor addressed

Completion

Confirm that appointment was kept

Date_____

Payment is tied to each factor of risk as it is addressed



Comprehensive – Pay for Performance

Health Care

Health Insurance
Primary Care
Specialty Care
Screenings
Child development

Behavioral Health

Drug Use
Alcohol Use
Depression
Anxiety
Domestic Violence

Education Employment

Job Readiness
Self Esteem
Clothing
Application Assist

Social

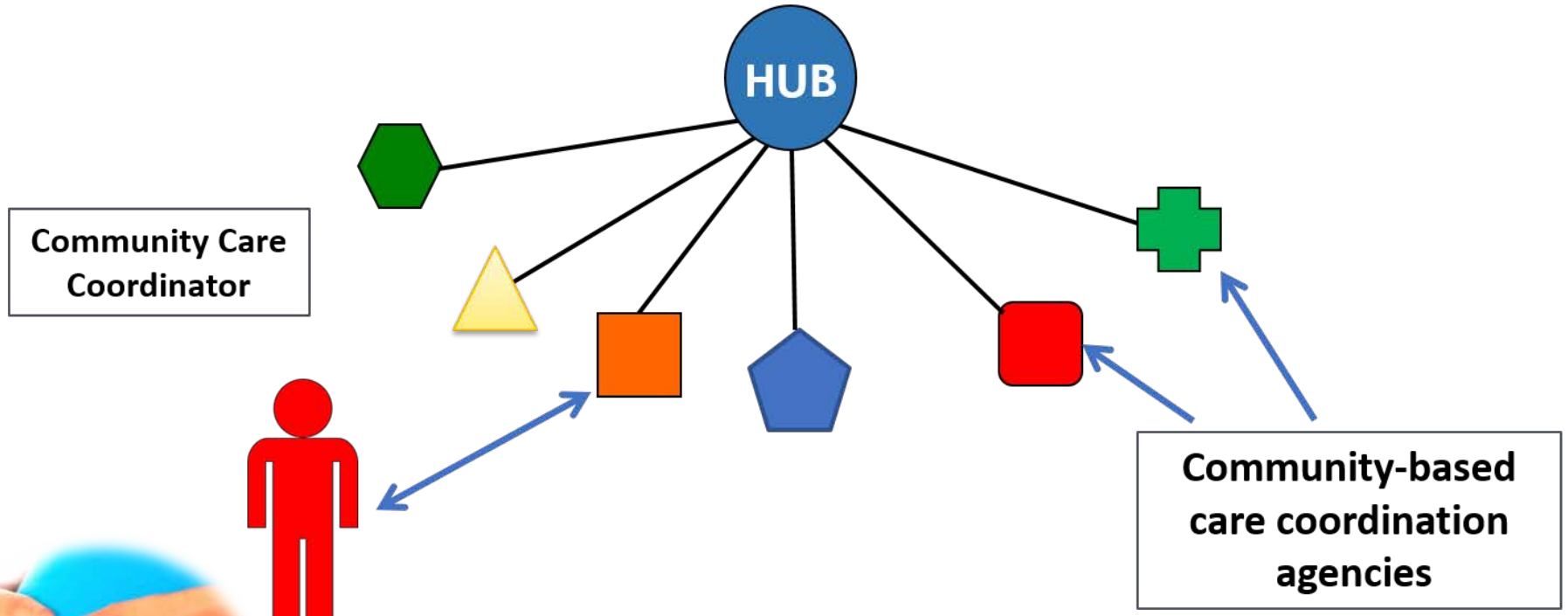
Food
Clothing
Housing
Heat
Electricity etc.

Safety

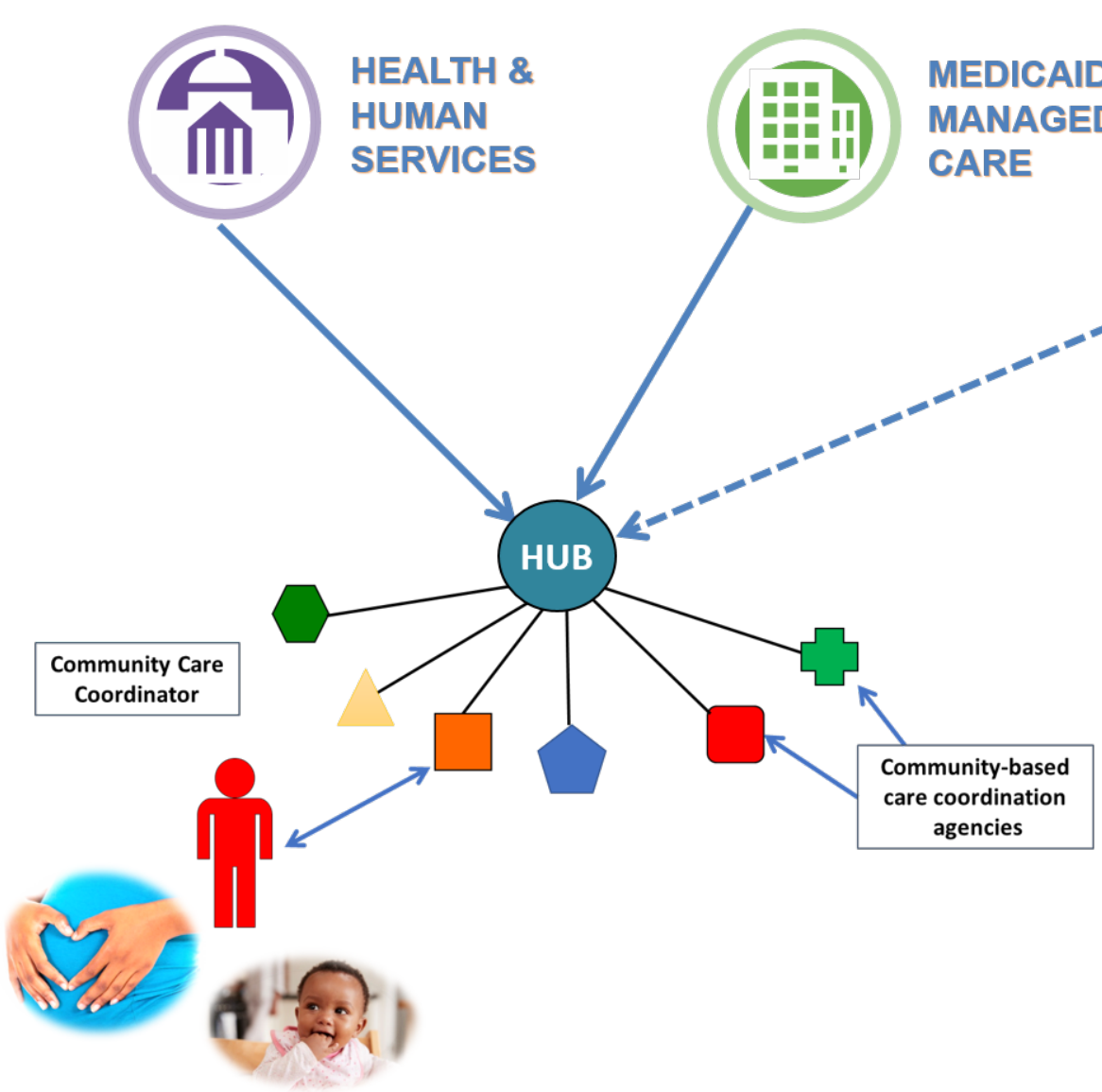
Infant
Childhood
Adult

Community HUB

One care coordinator for the entire family



Community HUB and Funders



Large health and social initiatives can contract and collaborate with community-based organizations via their local Community HUB

20 Core Pathways

- Adult Education
- Employment
- Health Insurance
- Housing
- Medical Home
- Medical Referral
- Medication Assessment
- Medication Management
- Smoking Cessation
- Social Service Referral
- Behavioral Referral
- Developmental Screening
- Developmental Referral
- Education
- Family Planning
- Immunization Screening
- Immunization Referral
- Lead Screening
- Pregnancy Services
- Postpartum Services

Risk Reduction Reports Now Live in 6 Ohio HUBs

Sample represents 1 HUB for brief period of data

Pathways	No. Found	No. Addressed	No. Not Addressed	Average Time Days	Cost per Addressed $25-$250
Medical Home	55	44	11	10	
Medical Referral	272	227	45	27	
Medication Assessment	49	41	8	13	
Pregnancy	85	71	14	101	
Family Planning	54	42	12	75	
Post Partum	58	48	10	49	
Social Service Referral	276	201	75	19	
Food	45	43	2	5	
Clothing	28	22	6	4	
Legal Assistance	52	25	27	42	
Housing	17	4	13	63	
Behavioral Health	35	14	21	58	
Smoking Cessation	29	3	26	112	

Example Pathway System Billing

Category	Risk Factor Addressed	Normal Risk Billing No.	High Risk Billing No.	Modifier
Checklists				
Pregnancy	Completed at each face-to-face encounter	G9005	G9010	R
Pediatric	Completed at each face-to-face encounter (home visits minimum one time per month)	G9005	G9003	P
Pathways				
Behavioral Health	Kept three scheduled behavioral health appointments	G9002	G9009	RB
Education	Delivered educational module	G9002	G9009	RE
Family Planning	Discussed long-acting, reversible contraceptive or permanent method	G9002	G9009	G1
Family Planning	Discussed all other family planning methods	G9002	G9009	G2
Housing	Residing in affordable and suitable housing for 2 months	G9002	G9009	RI

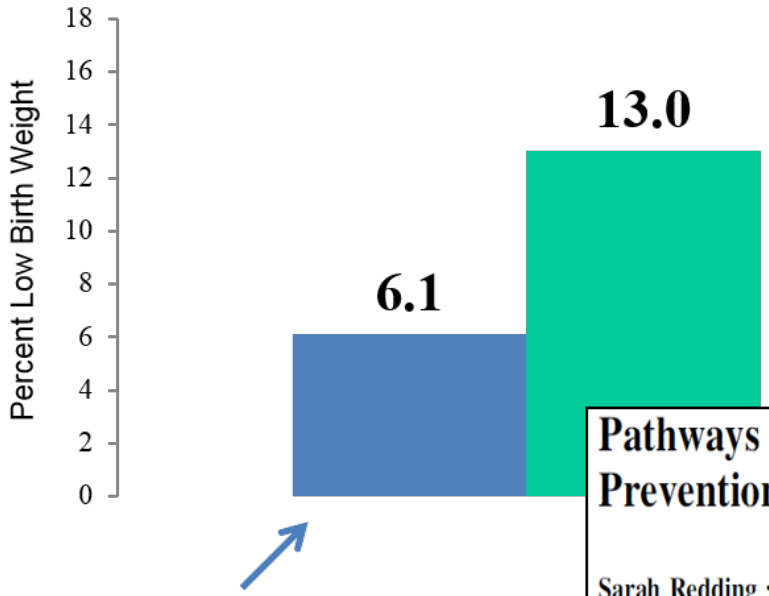
Funding for Pathways Community HUBs

- Funding sources for HUBs include MMCs, Department of Health, social services, addiction services, grants, community benefit (hospitals), local donations
- Reimburse HUB sites on a Pay-for-Success arrangement tied to *completion* of core pathways including comprehensive risk assessments and mitigation of specific risk factors spanning:
    - General health and wellbeing
    - Behavioral health
    - Social determinants of health (e.g., housing)
- HUBs distribute payment to the Community Based Organizations

Risk Identification and Reduction Outcome Focused System

- Results for adults and children
  - Improved birth outcomes
  - Decreased cost of care
  - Reduced emergency room utilization
  - Greater access to preventive services
  - Increased enrollment in education
  - Increased employment

Published Study Results



Pathway intervention over 4 years

Cost Savings: $3.36 for every $1 spent in the 1st year of life; $5.59 long-term for every $1 spent

Pathways Community Care Coordination in Low Birth Weight Prevention

Sarah Redding · Elizabeth Conrey · Kyle Porter · John Paulson · Karen Hughes · Mark Redding

Abstract The evidence is limited on the effectiveness of home visiting care coordination in addressing poor birth outcome, including low birth weight (LBW). The Community Health Access Project (CHAP) utilizes community health workers (CHWs) to identify women at risk of having poor birth outcomes, connect them to health and social

Women participating in CHAP and having a live birth in 2001 through 2004 constituted the intervention group. Using birth certificate records, each CHAP birth was matched through propensity score to a control birth from the same census tract and year. Logistic regression was used to examine the association of CHAP participation

Source: Redding, S., Conrey, E., Porter, K., Paulson, J., Hughes, K., & Redding, M. (2015). Pathways Community Care Coordination in Low Birth Weight Prevention. Maternal and Child Health Journal, 19(3), 643–650. http://doi.org/10.1007/s10995-014-1554-4

HUB Outcome Payment Distinction from Other Financial Models

- HEDIS Measures
  - Focus on medical factors which represent a smaller part of the risk burden
  - Use a percentage (2-3%) based accountability method which places a very small amount of financial accountability per person/risk factor on assuring risk is addressed
- Fee-for-service
  - Medical focus without uniform requirement of addressing outcome
- Pay-for-Value Based on Achieved Cost Savings
  - Drives financial efficiencies with and without quality focus
  - Does not always drive improved outcomes
  - Actuarial adjustments in response to cost savings reduce income
- HUB model of Payment
  - Ties payment to each confirmed risk mitigation across medial, social, and behavioral health domain
  - At least 50% of dollars must be tied to confirmed risk mitigation

Foundational Components

- Community Relationships
  - Strong supportive relationships and related education are proven to be critical in changing behavior
  - Engaging communities and community health workers brings key strengths to support behavioral change, reduced risk, and improved outcomes
- Accountability
  - Assuring payment drives the critical micro and macro levels of the system to produce outcomes that can be transformative

Thank You

For more information on the Community Pathways HUBs please refer to the Resource List accompanying this webinar

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Questions or Comments?

Key Presentation Takeaways

- MIH care delivery models can be implemented in various care settings and integrated into state VBP initiatives
- There is a lot to consider when implementing a VBP that supports a MIH care model, including:
  - Measurement, measures and HIT capacity
  - Current Medicaid contracts and care arrangements
  - Broader healthcare environment
  - Stakeholder engagement
  - Strong supportive relationships and related education are critical in changing behavior
- Assuring payment drives the micro and macro level systems to produce outcomes that can be transformative

Thank You for Joining Today's Webinar!

Please take a moment to complete a short feedback survey.

Webinar slides and other related resources are available on Medicaid.gov at this link: https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/value-based-payment/index.html