IAP Medicaid Innovation Accelerator Program

Centers for Medicare & Medicaid Services MATERNAL & INFANT HEALTH Initiative

Medicaid Innovation Accelerator Program

Medicaid Value-Based Payment Approaches for Maternal and Infant Health

November 2, 2017

2:00 PM–3:00 PM ET

Webinar Logistics

- Audio is being streamed to device speakers (recommended)
- A phone line has also been set up. All lines will be muted:
  - Toll Call-in Number: 1-857-232-0156
  - Conference Code: 574875
- Use the Q&A Widget Q&A on your screen to ask a question or leave a comment
- Provide feedback using the survey widget 

Learning Objectives

- Elaborate on the potential impact of payment reform on maternal and infant health outcomes
- Describe Value-Based Payment (VBP) approaches that states can implement to improve maternal and infant health outcomes and care quality indicators
- Provide state perspectives on the use of Medicaid VBP approaches in the maternal and infant health field

Agenda

- Introduce Presenters
- Overview of Medicaid Innovation Accelerator Program (IAP) and VBP Webinar Series
- Importance of Payment Reform in Maternal and Infant Health
- Overview of Medicaid VBP Approaches in Maternal and Infant Health
- Questions
- State Perspectives
  - Louisiana
  - Arkansas
- Questions

Today's Presenters

Katherine Griffith
Senior Advisor
Medicaid Innovation Accelerator Program

Crystal Tyler, PhD
Senior Research Leader
IBM Watson Health

Mark Smith, PhD
Senior Director
IBM Watson Health

Today's Presenters

Pooja K. Mehta, MD MSHP FACOG
Director of Women's and Maternal Health Policy
Louisiana State University Health Sciences Center
Louisiana Department of Health

William Golden, MD
Professor of Medicine and Public Health
Arkansas Division of Medical Services

Overview of Medicaid IAP and VBP Webinar Series

Katherine Griffith

Medicaid Innovation Accelerator Program

IAP Medicaid Innovation Accelerator Program

Medicaid IAP

- 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.

VBP Webinar Series

- Medicaid VBP Approaches and Key Design Considerations
- Medicaid VBP Approaches for Children's Oral Health
- Medicaid VBP Approaches for Substance Use Disorders
- **Medicaid VBP Approaches for Maternal and Infant Health**

Importance of Payment Reform in Maternal and Infant Health

Crystal Tyler

IBM Watson Health

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Poll Question

How would you describe your familiarity with VBP? (Select all that apply)

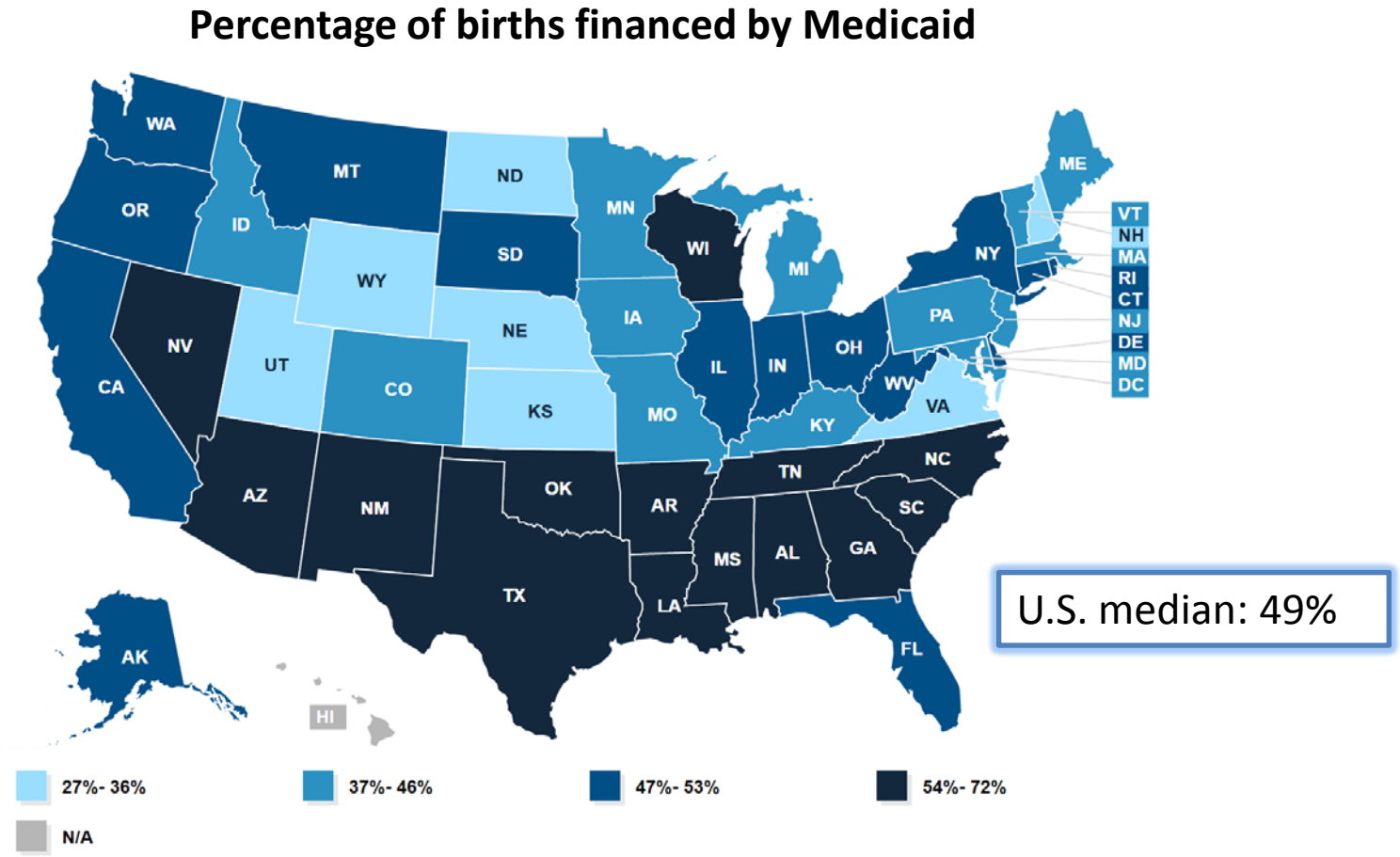
1. I am well-versed in VBP approaches.
2. I am aware of VBP approaches but don't consider myself an expert.
3. I am new to the term *VBP*.
4. I participated in one of the previous three Medicaid IAP VBP webinars in October: *VBP Approaches and Key Design Considerations, VBP Approaches in Children's Oral Health,* or *VBP Approaches in Substance Use Disorders.*

Health Care Costs Associated with Adverse Birth Outcomes

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

1. Mathews RJ, Driscoll AK. Trends in infant mortality in the United States, 2005–2014. NCHS Data Brief. No. 279. March 2017. 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. https://www.nap.edu/catalog/10503/health-insurance-is-a-family-matter
4. Kowlessar NM, Jiang HJ, Steiner C. Hospital Stays for Newborns, 2011. HCUP Statistical Brief #163. Rockville, MD: Agency for Healthcare Research and Quality; October 2013. 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. https://www.ncbi.nlm.nih.gov/books/NBK11362/pdf/Bookshelf_NBK11362.pdf
6 March of Dimes Premature Birth: The Financial Impact on Business. 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/

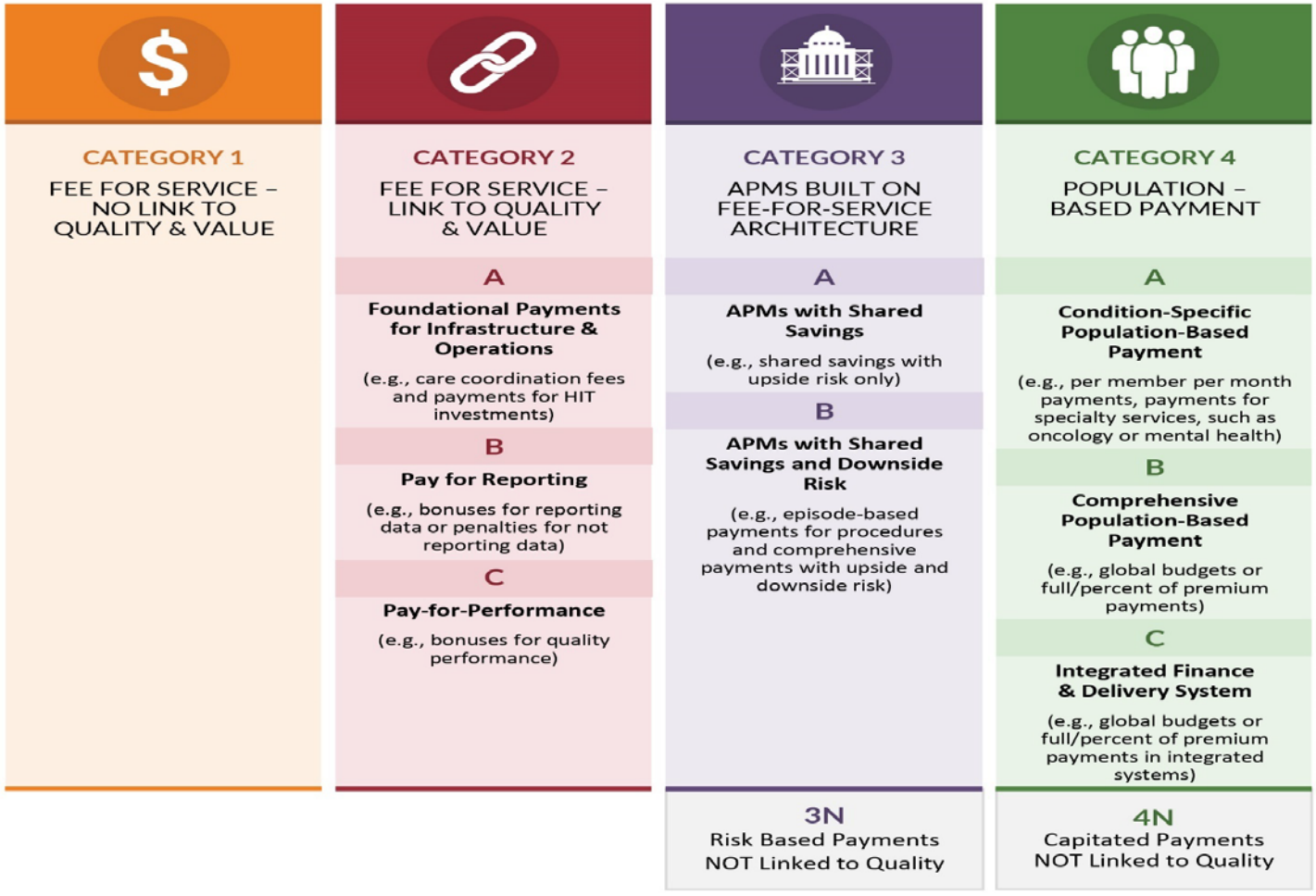
Medicaid VBP Approaches in Maternal and Infant Health

Mark Smith

IBM Watson Health

IAP Medicaid Innovation Accelerator Program

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.

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Key VBP Foundational Design Elements

- Patient population of focus
- Services included in the VBP approach
- Financial performance measurement and benchmarking
- Quality performance measurement and alignment
- Attribution of patients
- Risk adjustment
- Data sharing

Examples of VBP Models in Maternal and Infant Health

State	LAN Framework Category	VBP Model	Targeted Outcome or Delivery Model
South Carolina	--	Nonpayment Policy	Early elective deliveries
South Carolina	2	Pay-for-Performance Success	Nurse-Family Partnership home visiting program
Louisiana	**2**	**Pay-for-Performance Success**	**17P injectable progesterone to prevent preterm births**
Arkansas	**2**	**Pay-for-Performance Success**	**Early elective deliveries Breastfeeding Low risk cesarean sections**
Arkansas	**4**	**Bundled Payment**	**Perinatal bundle**
Ohio	4	Bundled Payment	Perinatal bundle
Oregon	4	Population-Based Payment Models	Prenatal care initiation postpartum care

Questions or Comments?

State Perspectives:

- Louisiana
- Arkansas

Louisiana's Pay-for-Performance Strategy: A State Perspective of Progesterone Initiation for Prevention of Preterm Birth

Pooja K. Mehta

Louisiana State University Health Sciences Center

Louisiana Department of Health

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Toward VBP for Population Health

Health of a Population

Experience of Care

Per Capita Cost

The *Triple* Aim

Toward VBP for Population Health

- Shift toward VBP during the following:
  - Medicaid expansion
  - Managed care organization (MCO) contract extension
  - Commitment to broader payment and system transformation
- Quality strategy included shared targets for population health improvement
- Approach aligns financial incentives for plans and providers
- Current 2% withhold of monthly capitation rate from incentive to contract compliance during CY15 to CY17 transition to “earn back” for MCO performance on quality measures and advance VBP during CY18 to CY19

Evolving Approach to Value Based Payment Contracting

1% Withhold for Quality and Health Outcome Improvement

- Monetary penalty for failure to meet **CY17** quality measure targets ($250,000)
- Target defined for quality measures in CY 18
- Replace “money measure” penalty with full earnback of withhold for attainment of stretch goal targets and partial earnback for material improvement over baseline

1% Withhold for Increase in VBP Model Use

- Adds withhold earnback for development and submission of strategic plan to increase VBP use over time
  - Including baseline measure of APM use in CY17
- Adds withhold earnback for meeting implementation milestones of strategic plan in CYs18 and 19
  - Including increased VBP use over CY17 baseline

Louisiana Department of Health retains any unearned withhold amounts

Selection of Measures for Quality Strategy

- Nine incentive measures in current contract
- Revised quality strategy in extension with broad input from external stakeholders
  - Regional town hall meetings throughout state
  - Medicaid Quality Committee/Subcommittee meetings
  - Industry-specific meetings with Louisiana Primary Care Association, Louisiana Hospital Association, Louisiana State Medical Society, Medicine Louisiana, and American Academy of Pediatrics
  - Louisiana Department of Health website public comment

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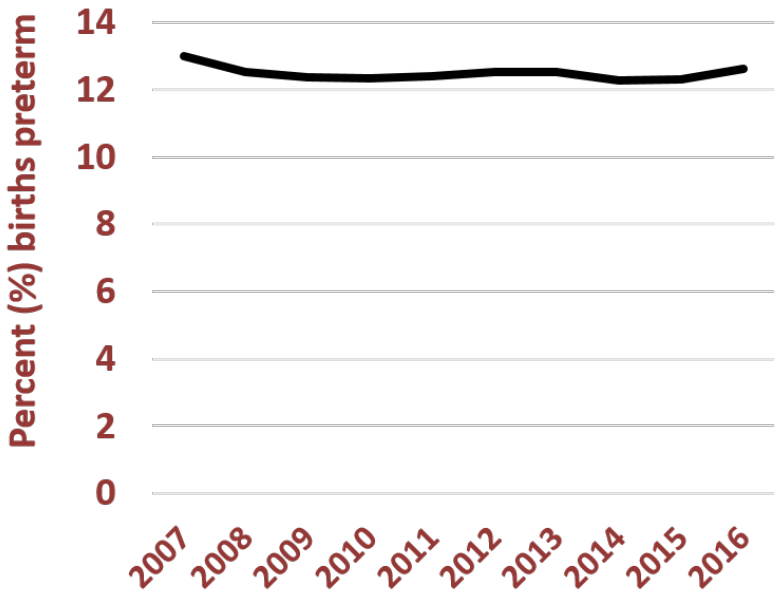
Selection of Measures for Quality Strategy

- New contract: 17 incentivized measures, including initiation of injectable progesterone (17-P) for recurrent preterm birth prevention
- Why 17-P?

Incentive-Based Performance Measures						
#01 (PTB) $$	Initiation of Injectable Progesterone for Preterm Birth Prevention	The percentage of women 15-45 years of age with evidence of a previous preterm singleton birth event (24-36 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th week of gestation for deliveries during the measurement year	State-Section V	None	Children's and Maternal Health	Perinatal and Reproductive Health

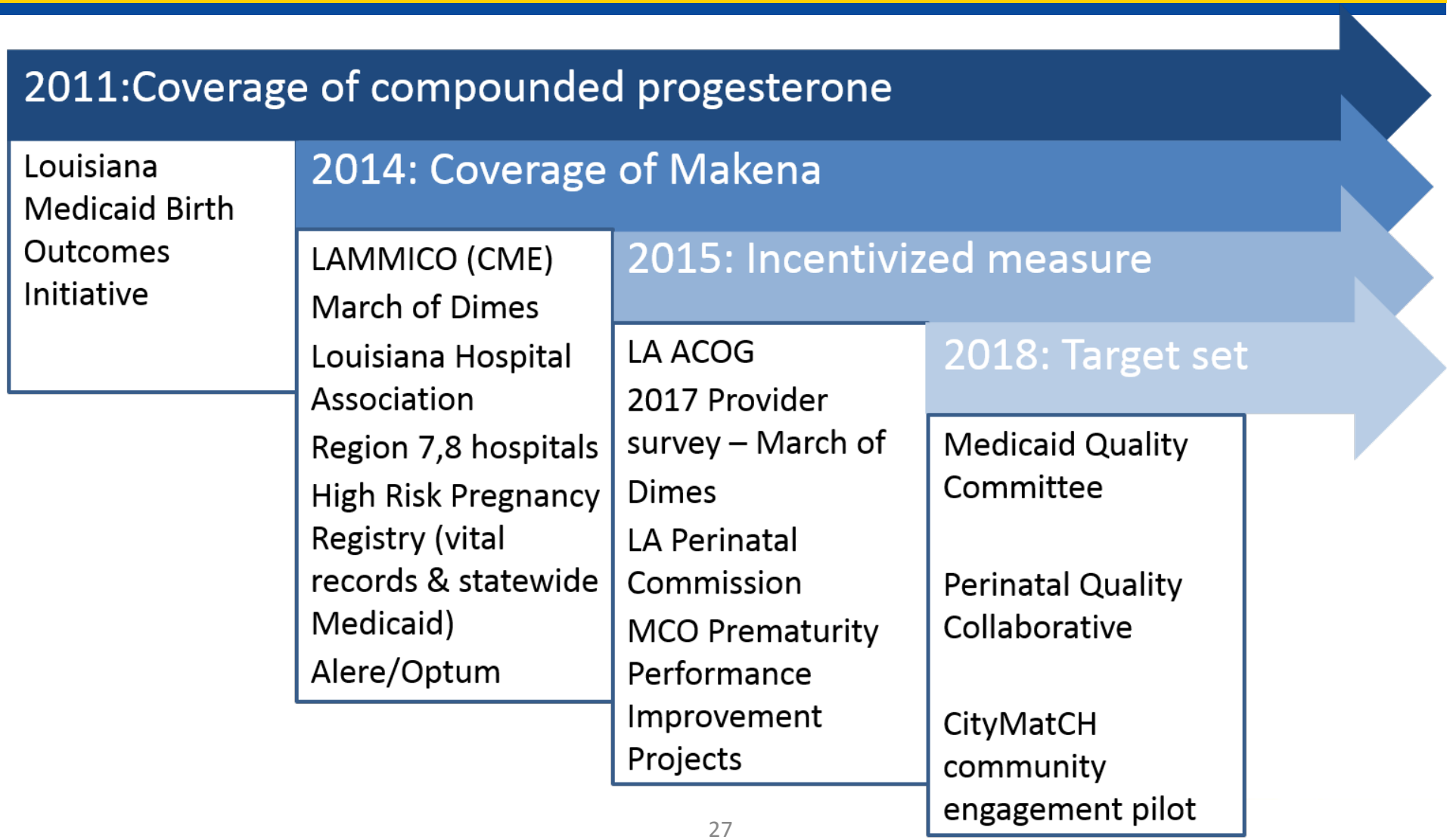
Why 17-hydroxyprogesterone (17-P)?

- More than half of infant mortality occurs in babies born at <32 weeks
- LA ranks among the worst in the nation for preterm birth outcomes and infant mortality
- Pronounced geographic and racial disparities
- 17-P: one of few evidence-based interventions for preterm birth prevention
  - 33% reduction in those with a prior spontaneous preterm birth (weekly admin 16–36w)



Data source: Louisiana Vital Records, courtesy Lyn Kieltyka

Stakeholder Engagement



VBP Core Components: Selection of a Target Population

- Women currently pregnant with a prior spontaneous preterm birth
  - Singleton birth less than 37 weeks gestation
  - Twin birth less than 32 weeks gestation
  - Birth at least 23 weeks gestation
  - Maternal age from 11 to 50 years

VBP Core Components: Selection of a Target Population

- Vital record information on gestational age and plurality matched with all women and children ever enrolled in Medicaid via agreement between Medicaid and Office of Public Health
- Registry provided to Medicaid fiscal intermediary who parses list according to plan enrollment and distributes sub-registry to managed care organizations
- Providers give a “Notice of Pregnancy” with screening assessment to plans that use claims and Registry to determine eligibility for progesterone prophylaxis

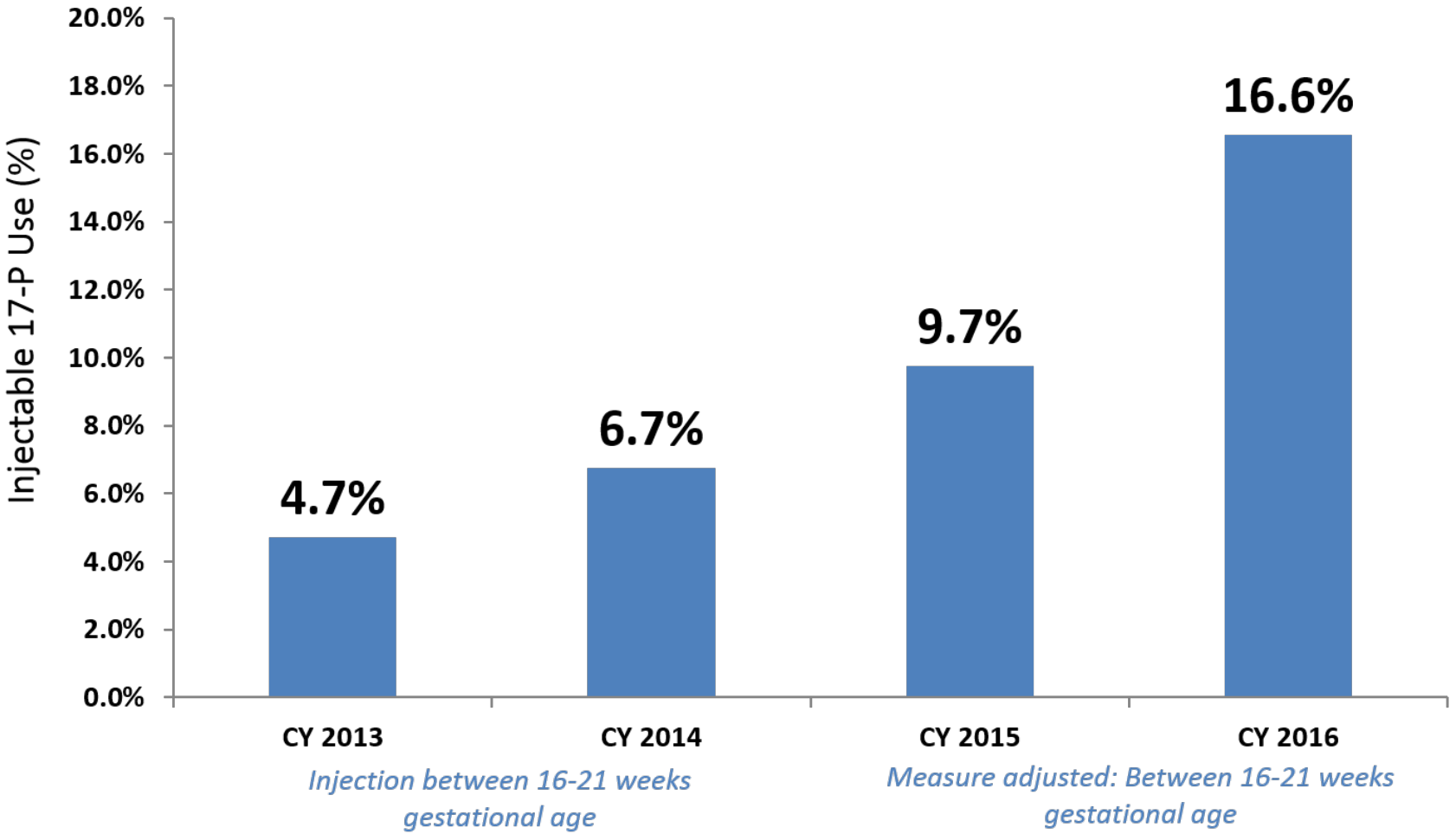
VBP Core Components: Financial Benchmarking

- Financial benchmarking
  - MCOs report their Quality Performance Measures to the National Committee for Quality Assurance (NCQA)
  - Measures validated by External Quality Review Organization Current Contract
  - Based on an MCO's Performance Measure outcomes, a maximum $250,000 per measure is withheld from payment if specified performance measures fall below DHH's established benchmarks for improvement

VBP Core Components: Evaluation Data

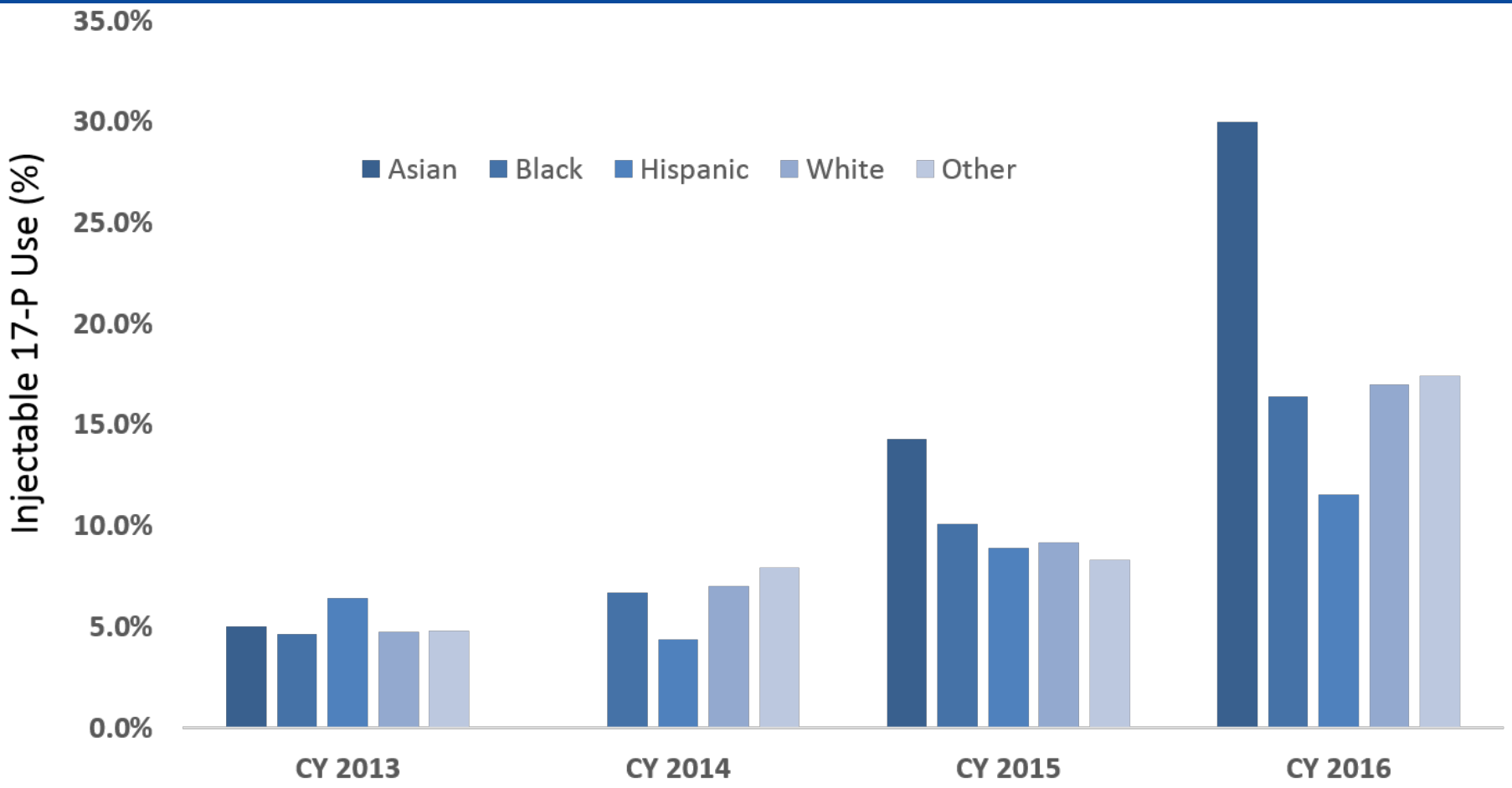
- Data sharing between Office of Public Health and Medicaid to identify target population
- Primary data from MCOs shared in plan Performance Improvement Project submit performance measures to NCQA (validated by External Quality Review Organization)
- Global evaluation data from Medicaid fee-for-service claims

Initiation of Injectable 17-P: 2013-2016



Statewide Medicaid 17-P Initiation Rate (MCOs + FFS)
Courtesy ULM Data analytics team

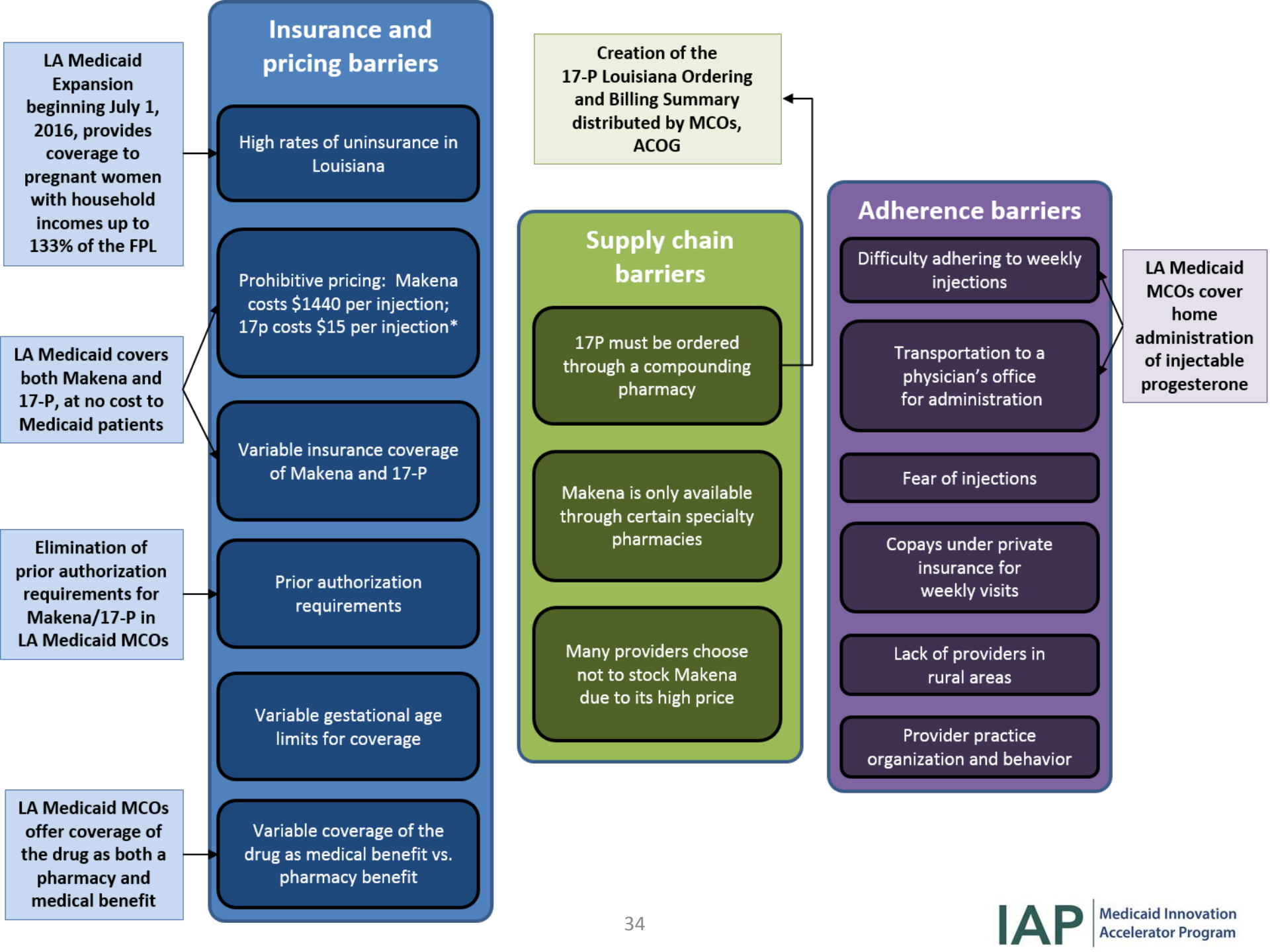
Racial/Ethnic Differences in Initiation of Injectable 17-P: 2013-2016



Injection between 16-21 weeks gestational age

Measure adjusted: Between 16-21 weeks gestational age

Statewide Medicaid 17-P Initiation Rate (MCOs + FFS)
Courtesy ULM Data analytics team


Insurance and pricing barriers
LA Medicaid Expansion beginning July 1, 2016, provides coverage to pregnant women with household incomes up to 133% of the FPL
High rates of uninsurance in Louisiana
Prohibitive pricing: Makena costs $1440 per injection; 17p costs $15 per injection*
LA Medicaid covers both Makena and 17-P, at no cost to Medicaid patients
Variable insurance coverage of Makena and 17-P
Elimination of prior authorization requirements for Makena/17-P in LA Medicaid MCOs
Prior authorization requirements
Variable gestational age limits for coverage
LA Medicaid MCOs offer coverage of the drug as both a pharmacy and medical benefit
Variable coverage of the drug as medical benefit vs. pharmacy benefit
Creation of the 17-P Louisiana Ordering and Billing Summary distributed by MCOs, ACOG
Supply chain barriers
17P must be ordered through a compounding pharmacy
Makena is only available through certain specialty pharmacies
Many providers choose not to stock Makena due to its high price
Adherence barriers
Difficulty adhering to weekly injections
Transportation to a physician's office for administration
Fear of injections
Copays under private insurance for weekly visits
Lack of providers in rural areas
Provider practice organization and behavior
LA Medicaid MCOs cover home administration of injectable progesterone

Next Steps

- Increase/improve communication with providers, patients, and MCOs for more effective barrier analysis and improvement cycles
- Align and synergize redundant efforts on improvement
- Understand best practices from other states and practices
- Continue shift from monitoring to incentivizing measures and pay for performance – opportunity in new MCO RFP in 2 years
- Move from process evaluation of progesterone initiation to outcome evaluation of preterm birth and low birthweight rates
- Engagement with Perinatal Quality Collaborative for provider and practice transformation

Thank You!

- Acknowledgements
  - Jen Steele
  - Larry Humble, Eddie Myers
  - Piia Hanson

- Reference articles

  - Batra P, Hernandez Gray AA, Moore JE. Preventing Preterm Birth: Access to Progesterone in Medicaid Managed Care. Institute for Medicaid Innovation; January 2017. http://www.medicaidinnovation.org/_images/content/Preventing_Preterm_Birth.pdf
  - Iams JD, Applegate MS, Marcotte MP, Rome M, Krew MA, Bailit JL, et al. A statewide progestogen promotion program in Ohio. Obstet Gynecol. 2017;129(2):337-346.

Arkansas: VBP for Maternal and Infant Health Care

William Golden MD MACP

Arkansas Division of Medical Services

IAP Medicaid Innovation Accelerator Program

Arkansas Health Care System

- 100% Primary Care Case Management (PCCM)
  - No managed care
- Patients choose or are assigned to a primary care provider
- Prior to Affordable Care Act expansions, Medicaid paid for 65% of pregnancies
- Medicaid covers 65% of pediatric care costs

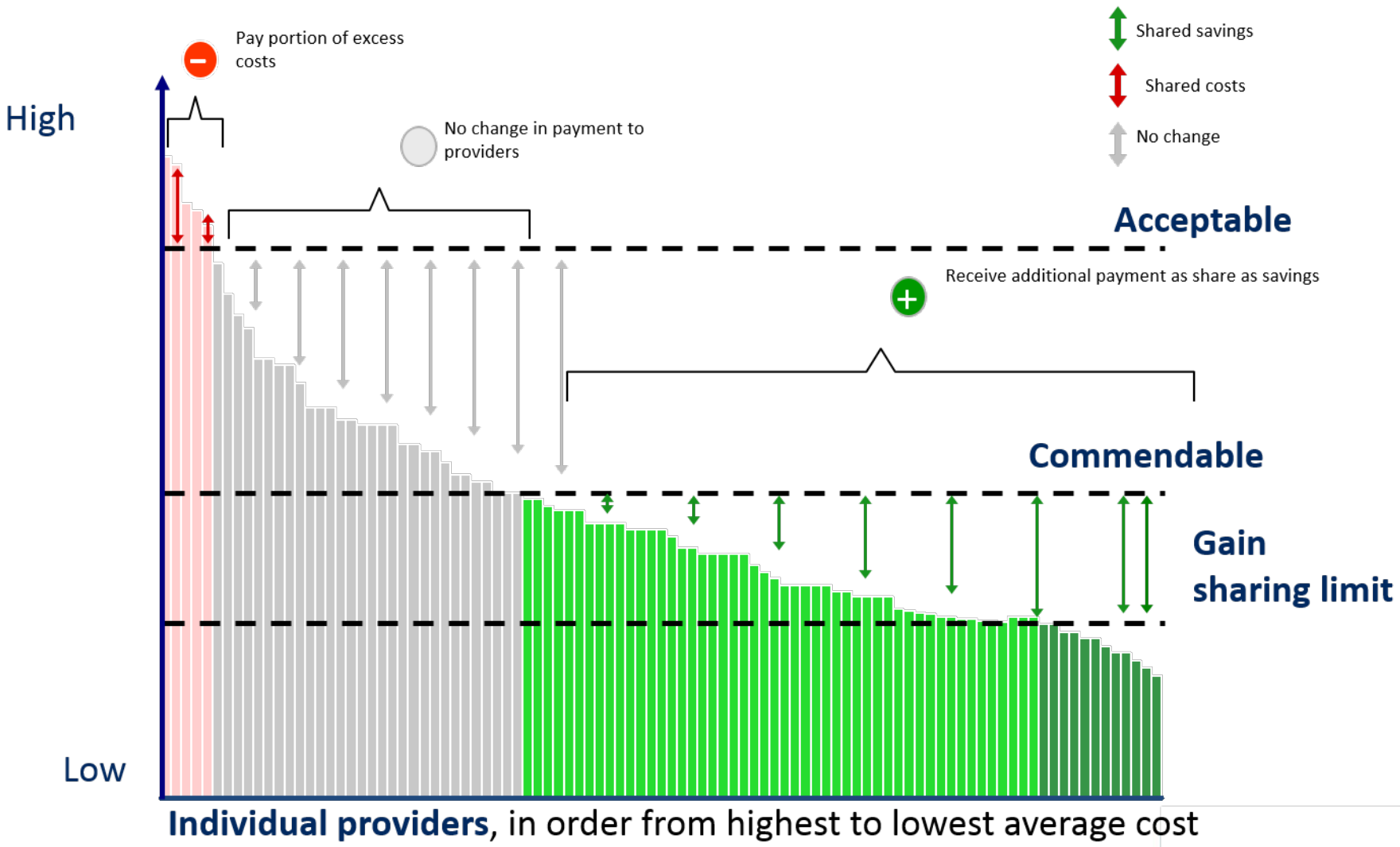
Impetus to Change Health Care Delivery Model

- Desire to explore new incentives to shape health care delivery
  - Reward outcomes, effectiveness, and quality
- Health care systems contend with service demand amid limited resources
  - Taxes vs. premiums vs. co-pays vs. access limitations
- Need for greater financial stewardship
  - Includes providers, payers, patients, and policymakers

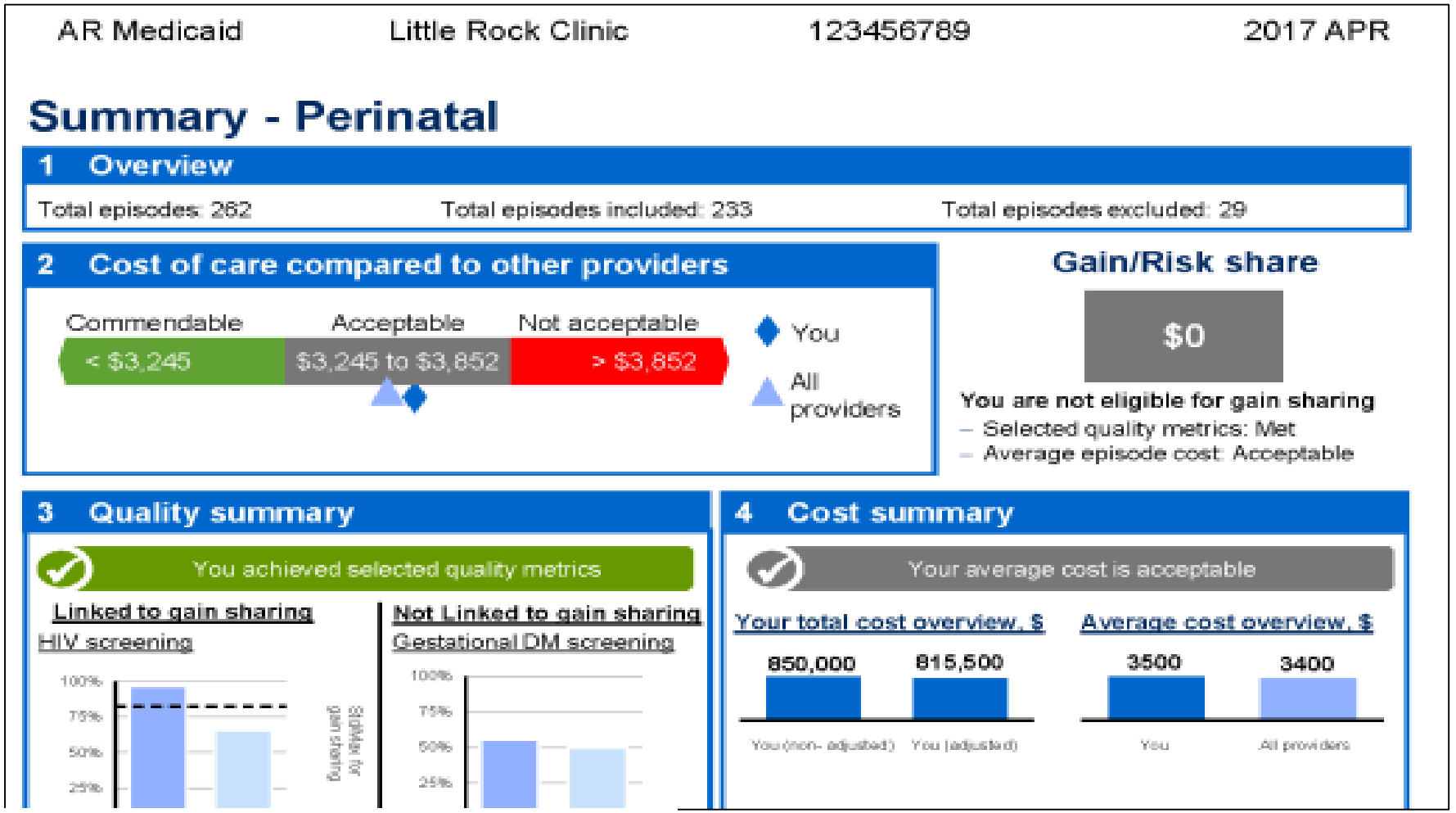
Arkansas VBP Approaches

- Pay-for-performance [P4P] (2007 – present)
  - Includes early elective deliveries, breastfeeding, low-risk cesarean sections, timely submission of newborn screens
- Episodes of care (2012 – present)
  - Includes all medical services with a pregnancy-related diagnosis code
  - Triggered by a live birth on a facility claim
  - Episode begins 40 weeks prior to delivery and ends 60 days after delivery
- Patient-centered medical homes (2014 – present)
  - Includes pediatric medical homes

Providers Who Meet Quality Standards and Have Average Costs Below the Commendable Threshold Share in Savings

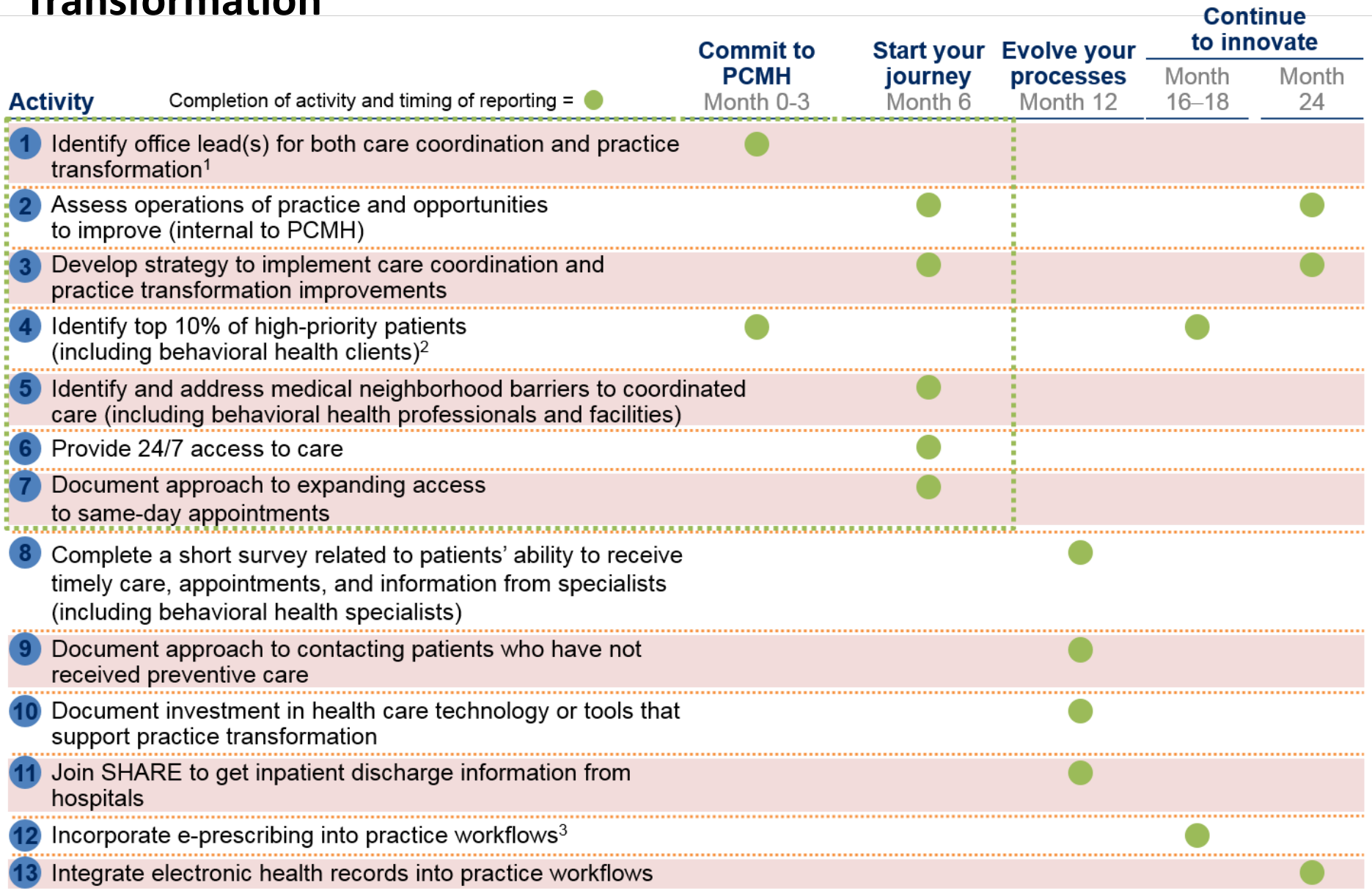


Principal Accountable Provider Report Guide



Source: Adapted from Arkansas Department of Human Services. Episodes of Care: PAP Report Guide. May, 2017. Accessed October 9, 2017.

Practice Support Payment Tracking Activity Provides a Framework for Transformation



1 - At enrollment; 2 - Three months after the start of each performance period; 3 - At 18 months

Stakeholder Engagement

Governor's Office: establish vision, recruit payers

Department of Human Services: host meetings, develop VBP Framework

Legislature: approve regulations

Contractors: conduct outreach activities, data management

Private Insurers: develop internal programs

Clinical Leaders: acceptance of need for change

Professional Societies: cautious support and engagement

Creation of Learning Systems – Data/Feedback/Revisions

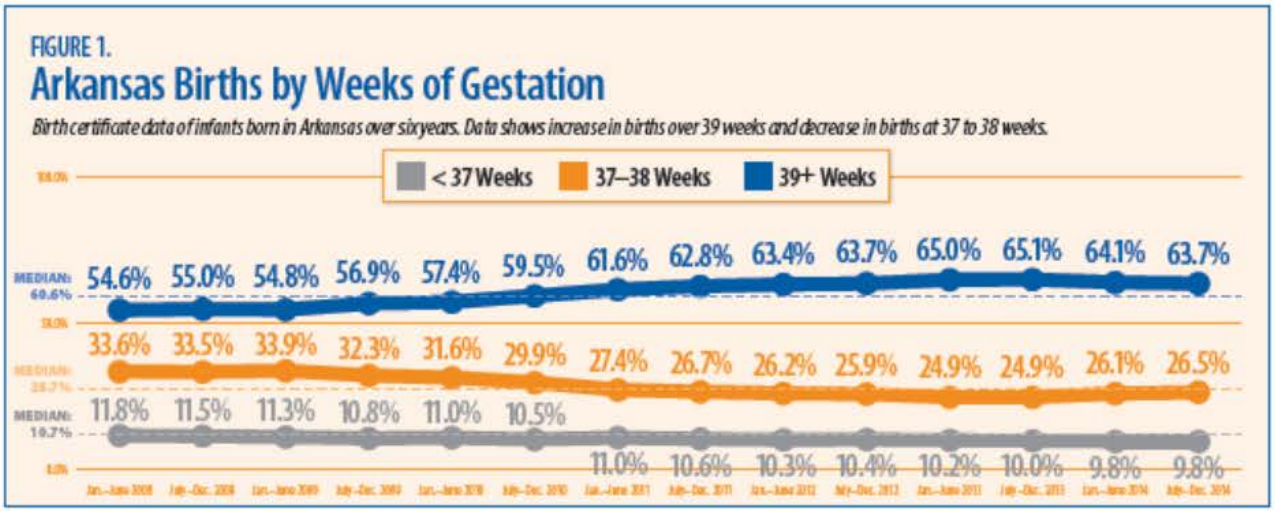
Data Capacity

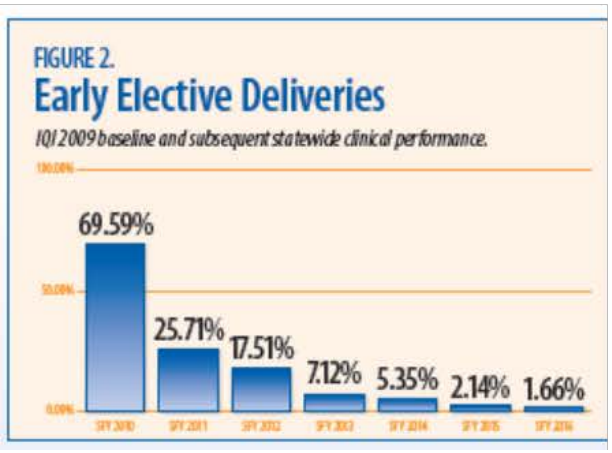
- Arkansas Medicaid has a robust data warehouse
- Claims data drives program development
  - Document practice variations
  - National and homegrown measures
- P4P program requires hospital abstraction
  - Vendor validates self-reported data
- Episodes of care and patient-centered medical homes
  - Claims data, Internet portal, quarterly reports, custom Microsoft® Excel reports

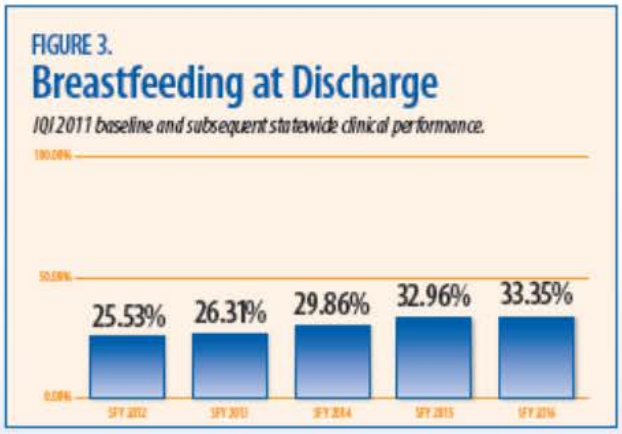
Arkansas Progress to Date

- Engine has processed 2.0 billion claims
- 4.8 million episodes (before exclusions)
- 39,000 episode of care reports
  - 18,600 episode of care level payment or performance reports
  - 4,000 episode of care level reconciliation reports
  - 2,450 distinct principal accountable provider
- 4,000 patient centered medical home reports

Arkansas Outcome Data







Lessons Learned

- Big data
  - Analytics are essential – but a demanding garden
  - Real time data vs. claims data
  - Systems data vs. patient journey
  - Missing data, moving patients, metrics
- When do you get “there”?
  - Concept, outreach, implementation, reconciliation
  - Until payments are finalized, you’re in transit
- National payers/self-insured partnerships

Challenges and Mitigation Strategies

- Medicaid and per diem reimbursement
  - Economic ceiling for episodes
- Electronic health record limitations
  - Key rate limiting step in 2017
- Practice style snapshots
  - Value to provider
  - Value to patient-centered medical homes

Special Considerations When Implementing a VBP Approach

- Accountability for patient journey
  - Niche populations and the social determinants of health
- Future metrics = stewardship
  - Total cost of care, outcome, patient satisfaction
  - Role of the medical neighborhood
- Financial incentives + timely and valid data

Key Presentation Takeaways

- State Medicaid agencies are implementing VBP approaches to address maternal and infant health outcomes
- Lessons learned include the following:
  - Get buy-in first (from providers, managed care organizations, etc.)
  - Share best practices wherever possible
  - Remove unnecessary barriers
  - Establish coverage options for maternal and infant health services
  - Reimburse services for different provider types
  - Ensure that measurement tools are timely and accurate
  - Link provider performance to additional payments and withholds
  - Start small and build up to scale
  - Sustain political attention
  - Take accountability for the patient journey
- VBP stands to improve quality of care/patient experience, improve access, and reduce costs in maternal and infant health

Questions or Comments?

VBP Resource List

- Resource list includes general information and additional case studies on VBP and maternal and infant health
  - VBP overview
  - Bundled payment
  - Nonpayment policy
  - Pay for performance
  - Shared savings models
  - Population-based models
- Resource list and slide deck will be sent out to participants after the presentation.

Medicaid IAP VBP Webinar Series Materials Available Soon

We hope you take the opportunity to review materials from the following Medicaid IAP VBP webinars, which will provide more information about Medicaid VBP approaches:

- Medicaid VBP Approaches and Key Design Considerations
  - Materials available here
- Medicaid VBP Approaches for Children's Oral Health and Medicaid Value-Based Payment Approaches for Maternal and Infant Health
  - Materials available here soon
- Medicaid VBP Approaches for Substance Use Disorders
  - Materials available here soon.

Thank You for Joining Today's Webinar!

Please take a moment to complete a short feedback survey.