Medicaid Innovation Accelerator Program

Insights and Key Considerations for Implementing Value-Based Payment in Children's Oral Health: Perspectives from Participating States

Tuesday, August 27, 2019

2:00 PM to 3:15 PM ET

Webinar Logistics

- Audio is being streamed to device speakers (recommended)

- A phone line also has been set up. All lines will be muted:
  - Call-in number: 800-581-5838
  - Passcode: 450017

- 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

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Learning Objectives

- Understand support provided to Medicaid Innovation Accelerator Program (IAP) Children's Oral Health Initiative (OHI) Value-Based Payment (VBP) Technical Support Opportunity participants

- Learn about participants' iterative processes used to select, design, and test their VBP and contracting approaches

- Gain insight into key considerations for implementing VBP children's oral health

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Agenda

- Introductions
- Overview of Medicaid IAP and the OHI VBP Technical Support
- Q & A
- *State Experience: District of Columbia*
- *State Experience: Michigan*
- *State Experience: New Hampshire*
- Q & A
- Key Takeaways

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Today's Presenters

William Olesiuk
Project Director
IBM® Watson Health™

Andrew Snyder
Health Insurance Specialist, Division of Quality and Health
Outcomes, Children and Adults Health Programs Group
Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)

Today's Presenters

Colleen Sonosky
Associate Director
Division of Children's Health Services
District of Columbia Department of Health Care Finance

Sandhya Swarnavel
Quality Analyst
Quality Improvement and Program Development
Bureau of Medicaid Care Management and Quality Assurance
Michigan Department of Health and Human Services

Sarah Finne
Dental Director
Office of Medicaid Services
New Hampshire Department of Health and Human Services

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Overview of Medicaid IAP and the OHI VBP Technical Support

Andrew Snyder

Health Insurance Specialist

CMS

William Olesiuk

Project Director

IBM Watson Health

Overview of Medicaid IAP

- A commitment by CMS to build state capacity and support ongoing innovation in Medicaid through targeted technical support

- The goal of IAP is to increase the number of states moving toward delivery system reform across program priorities

- Not a grant program; provides targeted technical support

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Overview of Medicaid IAP OHI VBP States
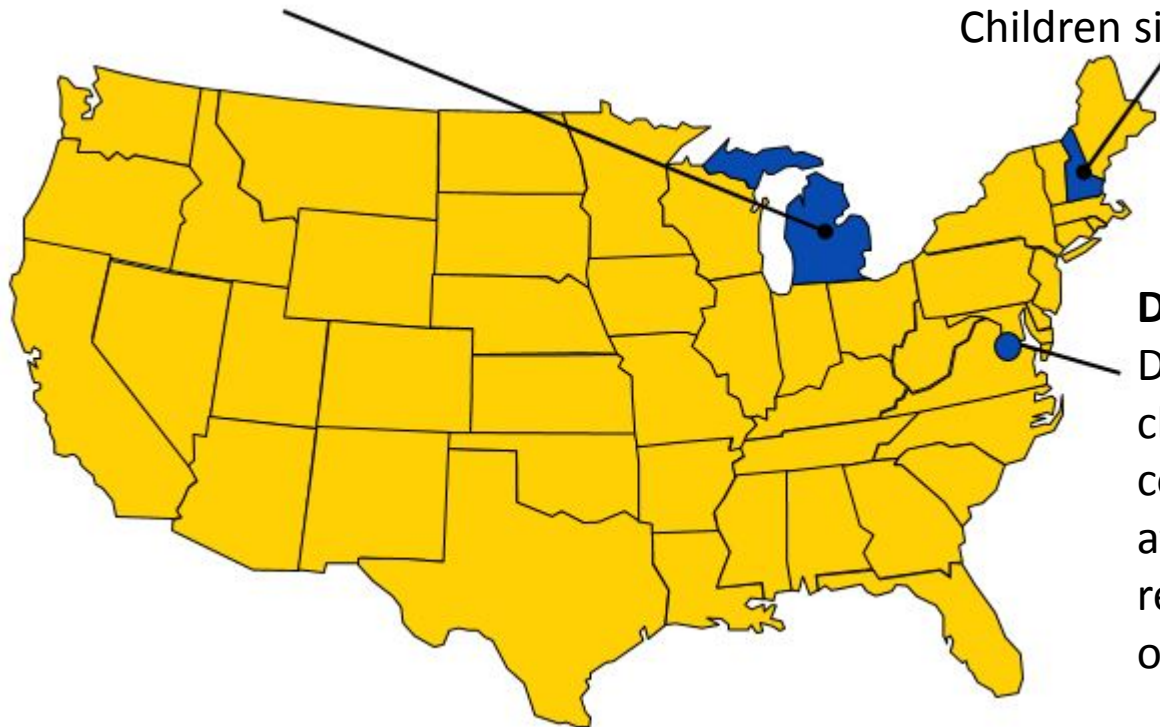
Michigan
Increase the proportion of Medicaid-enrolled children with preventive oral health care utilization
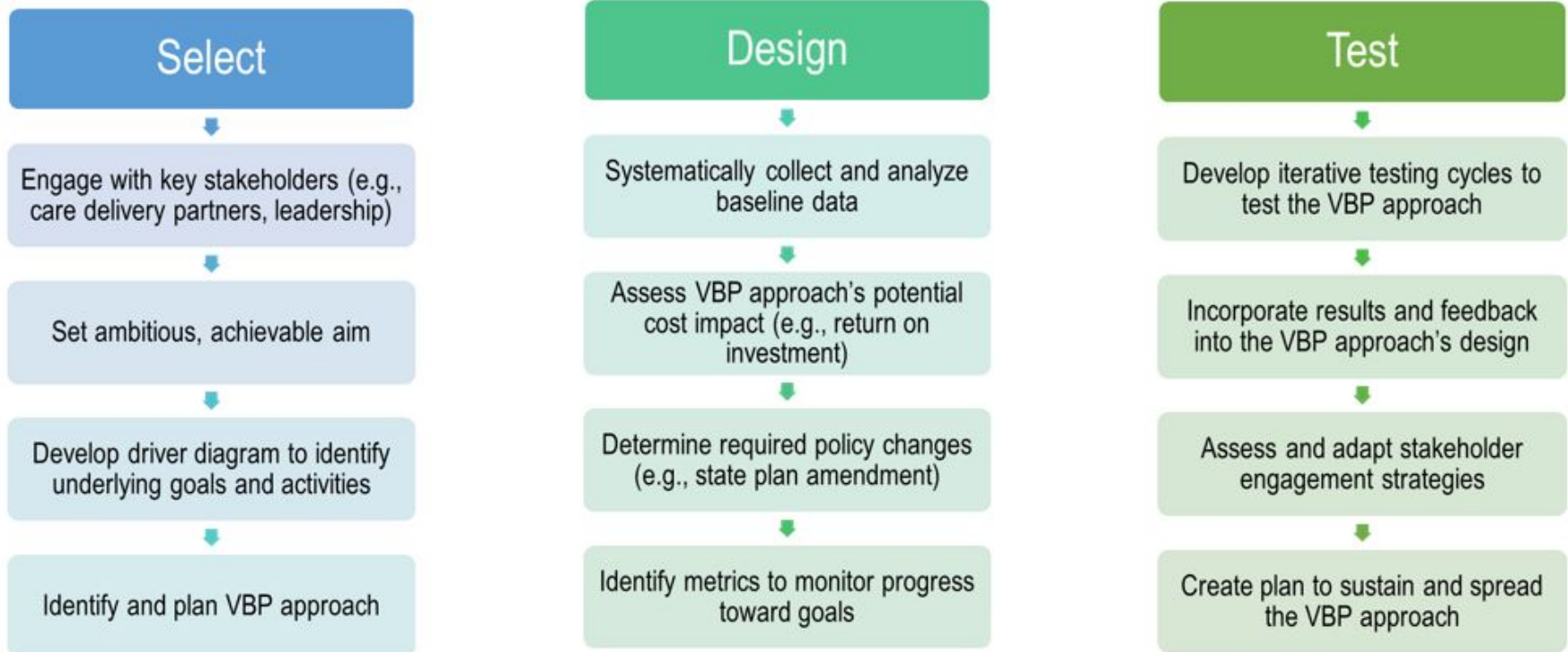
New Hampshire
Decrease caries experience among children under 5 years of age treated at two Women, Infants, and Children sites

District of Columbia
Decrease the proportion of children under 6 years of age covered by Medicaid who are at high risk for caries and referred for treatment in the operating room

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Technical Support Structure

Select
- Engage with key stakeholders (e.g., care delivery partners, leadership)
- Set ambitious, achievable aim
- Develop driver diagram to identify underlying goals and activities
- Identify and plan VBP approach

Design
- Systematically collect and analyze baseline data
- Assess VBP approach's potential cost impact (e.g., return on investment)
- Determine required policy changes (e.g., state plan amendment)
- Identify metrics to monitor progress toward goals

Test
- Develop iterative testing cycles to test the VBP approach
- Incorporate results and feedback into the VBP approach's design
- Assess and adapt stakeholder engagement strategies
- Create plan to sustain and spread the VBP approach

Individual Technical Support
- Regular virtual discussions and communications
- In-person site visits

Shared Learning Opportunities
- Peer-to-peer learning
- State and national expert presentations
- Resource dissemination (e.g., Medicaid IAP Groupsite)

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Overarching Lessons Learned

- VBP implementation is an iterative process that requires consistent evaluation

- A well-established data infrastructure facilitates appropriate benchmarking and measurement of the VBP impact

- Engagement across policymakers, payers, and clinicians is critical to VBP success

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Medicaid IAP OHI VBP National Webinar Series

Medicaid VBP Approaches for Children's Oral Health (October 2017)

VBP and Contracting Approaches for Caries Management: Implications for State Medicaid Programs (August 2018)

Insights and Key Considerations for Implementing VBP in Children's Oral Health (Today)

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Medicaid IAP OHI VBP Fact Sheets and Resource Guides

Children's Oral Health Care Delivery Models and VBP Approaches: Key Findings From an Environmental Scan

Determining Children's Oral Health Costs at an Alternative Care Delivery Site **(under development)**

Determining Baseline Data for VBP in Children's Oral Health **(under development)**

Care Coordination and Data Sharing in Children's Oral Health **(under development)**

State Summaries: Lessons Learned and Sustaining the Gains for VBP in Children's Oral Health **(under development)**

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Poll Question

Where are you currently in the design and implementation process of a VBP approach (select all that apply)?

1. We are selecting a VBP approach
2. We are designing a VBP approach
3. We are testing a VBP approach
4. We are implementing a VBP approach
5. We are sustaining a VBP approach
6. We are not currently considering a VBP approach but are interested
7. I am not part of an organization involved in implementing a VBP approach

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Questions or Comments?

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VBP in Children's Oral Health: A Perspective From the District of Columbia

Colleen Sonosky

Associate Director

Division of Children's Health Services

District of Columbia

Department of Health Care Finance

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Project Background:
Target Population and Partners

- Nearly all children in the District of Columbia have health insurance, and Medicaid is the primary insurer

- For this technical support opportunity, a Medicaid agency, a managed care organization (MCO), and a large oral health care provider came together to improve dental health outcomes for Medicaid-enrolled children

Project Background: Goal and Drivers

- **Goal:** Within 5 years, decrease the number of children in the District of Columbia under 6 years old and enrolled in Medicaid who are at high risk for caries and are referred for treatment in the operating room (OR) by using appropriate caries management services

- **Primary driver:** Encourage MCO participation and incentivize the new care delivery model

- **Secondary driver:** Develop an evidence-based oral health VBP model that incentivizes appropriate service provision to prevent OR treatment

Project Background: VBP Approach

- The aim was to develop a pay-for-performance approach to incentivize Children's National (CN) to provide additional preventive dental visits, case management, and care coordination to the population of children aged 0–5 years

- MCO will reimburse for additional procedure codes to aid care delivery

  - Additional codes include oral health intervention, additional exams, fluoride varnish, and case management codes

- **Next steps:** implementation of a shared savings model

VBP Processes: District of Columbia

- Developed a District-specific caries risk assessment (CRA) tool

- Confirmed CN's use of CRA procedure codes before claim submission

- Worked with MCO dental benefit managers to correctly process CRA claims for Medicaid Management Information System (MMIS) upload

VBP Processes: District of Columbia

- Created cost savings worksheet for MCO use to determine the incentive payment

- Appraised cost of care, projected savings, and determined best practices to ensure children's access to care and promote education

Sustaining the Gains

- Establish data collection infrastructure to support transitioning to a more advanced VBP approach

- Assess provider capacity to affect the target population

- Consider additional partners for preventive dental care visits and maintenance

- Document the extreme cost of care associated with OR treatment

- Develop a framework to assist CN's care delivery with the possibility of additional codes for MCO reimbursement

Sustaining the Gains

- Provide evidence base for decision-making officials at DC Medicaid and other DC Medicaid MCOs
- Eventually move to an at-risk incentive payment model
- Leverage ongoing activities with partner organizations

Words of Wisdom for Other States

- Do not give up; keep trying and keep communication across all parties who are open

- It is **not easy to** change a paradigm of care and the way care has always been delivered

VBP in Children's Oral Health: A Perspective From Michigan

Dr. Sandhya Swarnavel

Quality Analyst

Michigan Department of Health and Human Services

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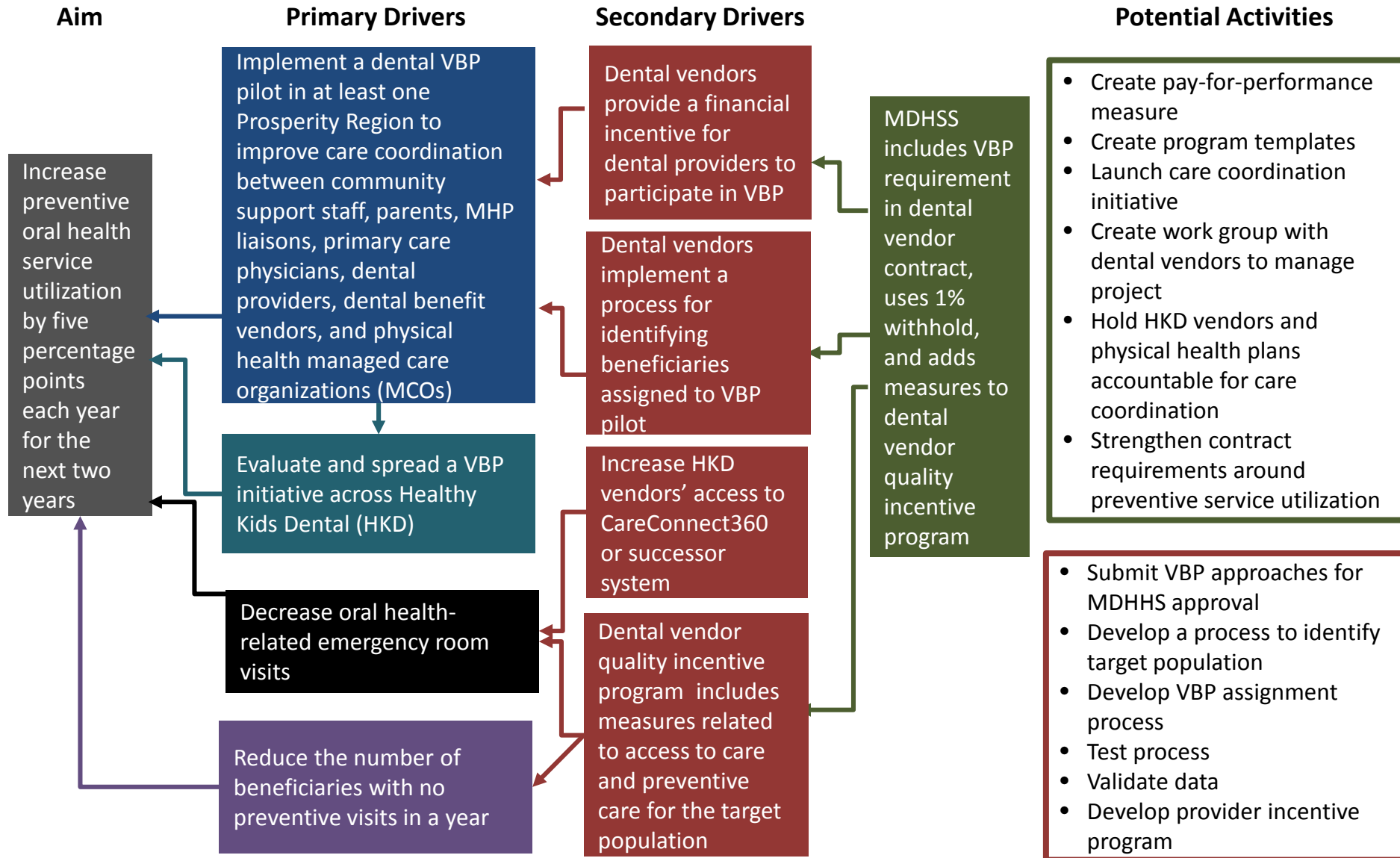# Project Background: Goal and Target Population

- **Partners:**
  - Michigan Department of Health and Human Services: Managed Care, Health Policy, and Actuarial Departments
  - Healthy Kids Dental (HKD) vendors
- **Goal:** To improve preventive dental care among Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) children in the HKD program
- **Target population:** Children aged 0 to 20 years

Project Background: VBP Approach

- **Select:** Members of the EPSDT population who: (1) do not use preventive care and (2) are ED utilizers

- **Design:** Two-pronged approach: outreach to both those who do not use preventive care and those who are ED utilizers

- **Test:**
  - Iterative testing
  - Shadow monitoring
  - Measures and benchmarking

Aim

Aim	Primary Drivers	Secondary Drivers		Potential Activities

Increase preventive oral health service utilization by five percentage points each year for the next two years

Implement a dental VBP pilot in at least one Prosperity Region to improve care coordination between community support staff, parents, MHP liaisons, primary care physicians, dental providers, dental benefit vendors, and physical health managed care organizations (MCOs)

Evaluate and spread a VBP initiative across Healthy Kids Dental (HKD)

Decrease oral health-related emergency room visits

Reduce the number of beneficiaries with no preventive visits in a year

Dental vendors provide a financial incentive for dental providers to participate in VBP

Dental vendors implement a process for identifying beneficiaries assigned to VBP pilot

Increase HKD vendors' access to CareConnect360 or successor system

Dental vendor quality incentive program includes measures related to access to care and preventive care for the target population

MDHSS includes VBP requirement in dental vendor contract, uses 1% withhold, and adds measures to dental vendor quality incentive program

- Create pay-for-performance measure
- Create program templates
- Launch care coordination initiative
- Create work group with dental vendors to manage project
- Hold HKD vendors and physical health plans accountable for care coordination
- Strengthen contract requirements around preventive service utilization

- Submit VBP approaches for MDHHS approval
- Develop a process to identify target population
- Develop VBP assignment process
- Test process
- Validate data
- Develop provider incentive program

Michigan Department of Health and Human Services (MDHSS)

Role of dental vendors

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VBP Processes: Michigan

- **Metric identification:**
  - In-depth data analysis of utilization stratified by age, region, county, provider, and other relevant factors
    - Results guided selection of project aim
  - Incorporation of contract language suggested by the Medicaid IAP team
- **Overarching challenges:**
  - Access to information systems

Sustaining the Gains

- Shadow monitoring
  - Determining performance metrics
  - Monitoring performance without consequences
  - Using results to establish baselines
- Iterative testing of performance measures
- Inclusion of 0.5 percent withhold for next fiscal year's HKD contract

Words of Wisdom for Other States

- Do not be afraid to drill down your data; use internal support (e.g., actuarial department) to extract data

- Take the chance to participate in a quality improvement initiative that provides targeted support around VBP, and use these resources for your program

- Use publicly available technical support and other resources to design components of your program, including selecting performance metrics, establishing baselines, and crafting contract language

VBP in Children's Oral Health: A Perspective From New Hampshire

Dr. Sarah Finne

Dental Director

New Hampshire Department of Health and Human Services

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Project Background: Partners

- Partnership between—
  - New Hampshire Department of Health and Human Services (DHHS) Dental Medicaid
  - New Hampshire Division of Public Health Services (DPHS) Oral Health Program
  - WIC – Concord and Keene locations

Project Background: Care Delivery Model

- Codelivery of WIC and oral health services
- Certified public health dental hygienists and dental assistant oral health team
- Evidence-based preventive services provided at 3-month intervals
  - Toothbrush prophylaxis
  - Fluoride varnish
  - Sealants
  - Silver diamine fluoride (beginning in 2016)
  - Interim therapeutic restorations
  - Oral health instruction, risk indicators

Project Background: Goal and Target Population

- Decrease caries experience by 10 percent among children aged 0–5 years who attend two WIC clinics in New Hampshire while delivering services in a financially sustainable model for the WIC agency and New Hampshire Medicaid

Project Background: Driver Diagram Development

- Investment of time at this stage critical to project development

- Multiple revisions to properly define primary and secondary drivers

- Long discussions to develop consensus

Project Background: VBP Approach

- **Selection**: Use primary and secondary drivers to select what to measure
  - Process measures—efficiency of activities
  - Outcomes measures—strategies to achieve the desired result
  - Balancing measures—unintended consequences if changes are made to the project strategy

Project Background: VBP Approach

- **Design**: Choose data elements to support each measure
- Iterative testing plans
  - Frequency
  - Data source
  - Analysis
  - Revision, if needed

VBP Processes: New Hampshire Time-Driven Activity-Based Costing

- Essential to model costs in a nontraditional oral health care delivery setting

- Includes—

  - Estimation of procedure times

  - Assumptions of labor costs

  - Assumptions of supply costs

  - Population of spreadsheet to calculate time-driven activity-based cost, which leads to bundled rate

VBP Processes: New Hampshire Model Modifications

- Data pulls that feed into the costing calculation led to—

  - Changes in estimates and assumptions made for administrative time, labor rates, and utilization

  - Refinement of the bundled rate to ensure sustainability for both the program and New Hampshire Medicaid

VBP Processes: New Hampshire Incorporate Care Delivery Partner Needs

- Clinics 1 day/week

- Oral health visits "on demand"

- Oral health visits scheduled in advance

- Creative use of available clinic space and administrative systems

- Overarching challenges:

  - A need to merge data from multiple systems

  - Staffing changes

  - Patient flow affected by multiple factors (controllable and uncontrollable)

  - Challenges affect the time-driven activity-based costing calculation

Sustaining the Gains

- Evaluate budget impact of adding the VBP approach to the New Hampshire Medicaid fee schedule
  - Patients aged 0 to 5 years
  - Patients aged 0 to 21 years
- Determine Medicaid authorities or state plan amendments needed to pilot the VBP approach
- Develop timeline for VBP launch

Words of Wisdom for Other States

- All the partners in the VBP or contracting approach need to—
  - Fully invest in the process
  - Have a shared vision and goals
  - Agree on selected measures

Questions or Comments?

Key Takeaways for Today's Webinar

- Ensure a solid understanding of your population's oral health needs through data collection and analysis

- Dedicate efforts to pilot your VBP approach and evaluate and modify as needed to achieve your children's oral health goals

Key Takeaways for Today's Webinar

- Promote consistent engagement with key stakeholders (e.g., oral health care providers, payers, policymakers) throughout VBP implementation

- Connect with external entities to acquire support and resources for your VBP efforts in children's oral health (including CMS and its subject matter experts)

Medicaid IAP VBP Webinar Series and Other Available Resources

Please take the opportunity to review materials developed for this technical support opportunity:

- National Learning Webinars:

  - [Medicaid Value-Based Payment Approaches for Children's Oral Health](#)

  - [Value-Based Payment and Contracting Approaches for Caries Management: Implications for State Medicaid Programs](#)

- Fact Sheet:

  - [Children's Oral Health Care Delivery Models and Value-Based Payment Approaches: Key Findings From an Environmental Scan](#)

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A Special Thank You

Thank you to the Medicaid IAP OHI VBP participants for your collective passion for improving children's oral health and dedication to moving this work forward!

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Thank You for Joining Today's Webinar!

Please take a moment to complete
a short feedback survey.

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