Medicaid Innovation Accelerator Program

Key Lessons Learned in Transitioning to Value-Based Payment to Improve Maternal and Infant Health Outcomes

Thursday, September 5, 2019

3:00 PM - 4:15 PM ET

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Learning Objectives

Throughout this webinar, participants will—

- learn about the steps that state Medicaid and Children's Health Insurance Program (CHIP) agencies have taken to select, design, and test a value-based payment (VBP) approach to support maternal and infant health (MIH)

- gain insight into key considerations required to develop, implement, and sustain VBP and contracting approaches for MIH

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Agenda

- Welcome and Introductions
- Introduction to the Medicaid Innovation Accelerator Program
- Overview of the Medicaid IAP Maternal and Infant Health Initiative VBP Technical Support Opportunity
- State Overviews of the VBP Journey
  - Maine
  - Mississippi
  - Pennsylvania
- Facilitated Q&A
- Wrap-Up and Resources

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Today's Presenters

Nicole Harlaar, PhD
Senior Research Leader, IAP MIHI VBP Lead
Center for Maternal and Child Health Research
IBM® Watson Health™

Kristen Zycherman
Maternal Infant Health Subject Matter Expert
Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)

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Today's Presenters

Michele Robison
Director, Division of Quality and Special Needs Coordination
Bureau of Managed Care Operations,
Pennsylvania Department of Human Services

Christy Lyle, RN, CPC
Nurse Office Director, Office of Clinical Support Services
Mississippi Division of Medicaid (DOM)

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Today's Presenters

Maryann Harakall
Senior Health Program Manager
Maine Center for Disease Control and Prevention (CDC)

Maya Cates-Carney
Value-Based Purchasing Data Integration and Policy Analyst
Office of MaineCare Services

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Overview of Medicaid IAP MIHI VBP Technical Support

Kristen Zycherman
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

Nicole Harlaar
Center for Maternal and Child Health Research
IBM Watson Health

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Medicaid IAP

- CMS is committed to building state capacity and supporting ongoing innovation in Medicaid through targeted technical support[1]

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

- IAP is not a grant program—it provides targeted technical support

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

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Medicaid IAP MIHI VBP Technical Support

Goal: Support state Medicaid and CHIP agencies in selecting, designing, and testing VBP or contracting approaches to improve MIH outcomes

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

Maine
Increase the proportion of mothers covered by Medicaid who are screened and receive medication-assisted treatment (MAT) for opioid use disorder
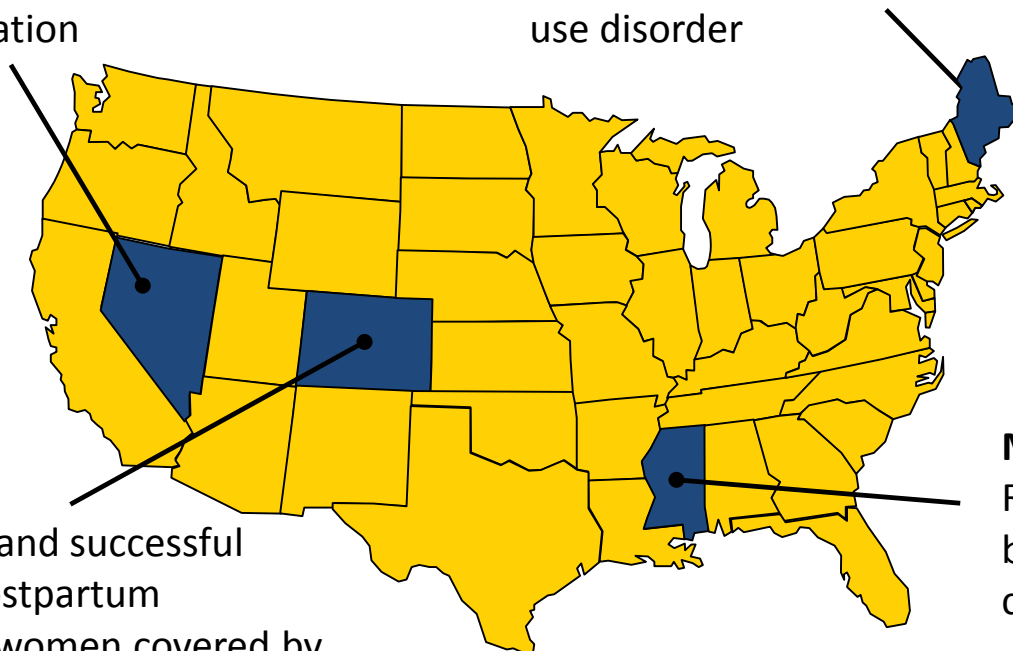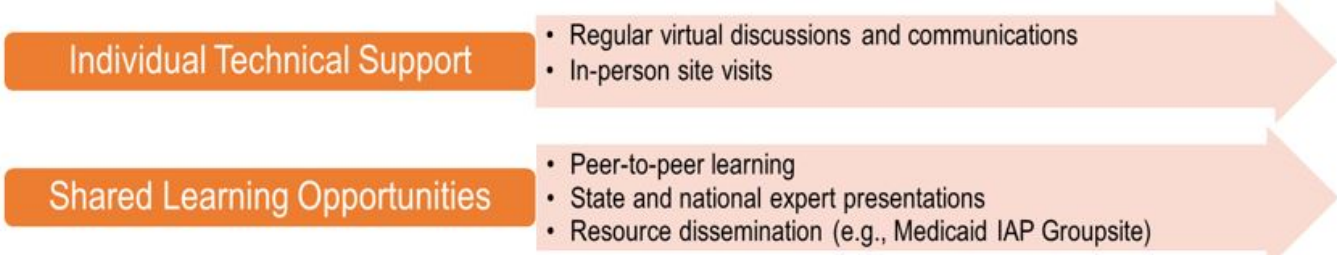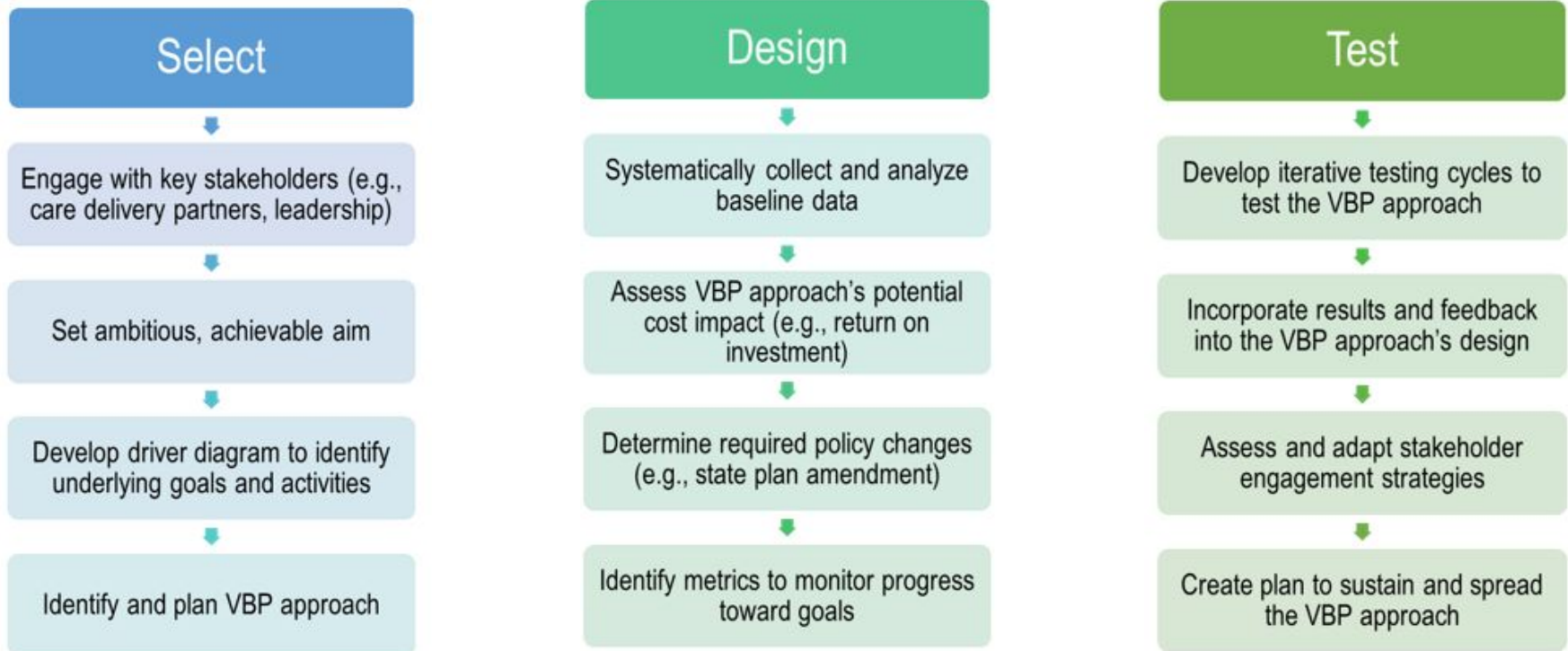
Colorado
Increase screening and successful referral rates for postpartum depression among women covered by Medicaid

Mississippi
Reduce the preterm birth rate of women covered by Medicaid

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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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Accomplishments and Highlights

Nevada
Considering the addition of VBP into its upcoming managed care organization (MCO) procurement process

Maine
Introduced billing code for opioid use disorder (OUD) screening; assessing provider awareness of code

Colorado
Developing a toolkit on postpartum depression screening for pediatric providers, including information on VBP

Mississippi
Developing a universal notification of pregnancy form and considering a Pay-for-Performance (P4P) approach to incentivize earlier prenatal care

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Lessons Learned for State Medicaid Agencies

- State and operational capacity can affect how quickly state Medicaid agencies in partnership with policymakers, payers, patients, and providers can implement VBP in MIH. Important factors include—

  - Highly involved VBP project champion at the state Medicaid agency who is supported by leadership

  - Understanding of relevant policies and regulations related to payment reform during the design phase of a VBP approach

  - Access to reliable and timely data that provide insight on outcomes related to the selected payment approach

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Lessons Learned for State Medicaid Agencies (cont'd)

- Engagement across state Medicaid agencies and other key stakeholders is critical to design, test, and implement VBP approaches to meet the needs of diverse populations (e.g., geographically isolated areas)

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Medicaid IAP MHI VBP Fact Sheets and Resource Guides

Tying VBP Approaches to Innovative Maternal and Infant Health Care Delivery Models *(under development)*

Transitioning to VBP Approaches to Improve Maternal and Infant Health Care Outcomes *(under development)*

Using Care Delivery Reform and VBP Approaches to Facilitate Maternal and Infant Health Care Coordination *(under development)*

State Summaries: Lessons Learned and Sustaining the Gains for VBP in Maternal and Infant Health *(under development)*

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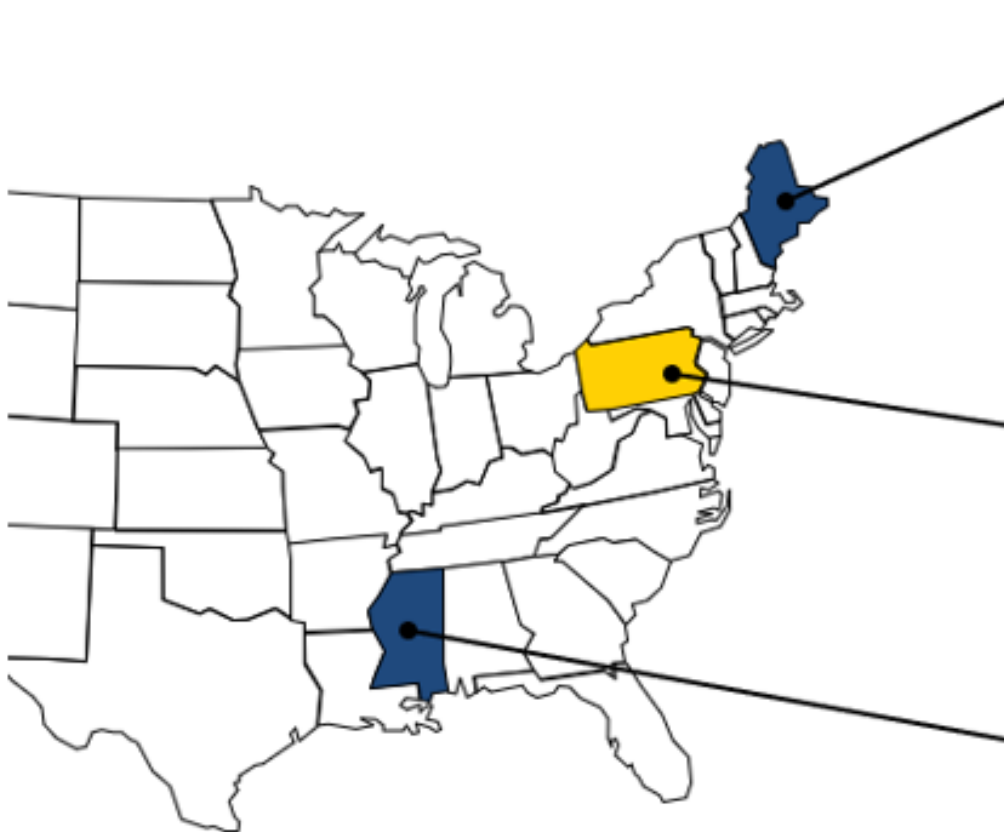
Medicaid IAP MIHI VBP National Webinar Series

Medicaid VBP Approaches for MIH (June 2017)

Using VBP to Incentivize MIH
Care Delivery Models (May 2018)

Key Lessons Learned in Transitioning to Value-Based Payment to Improve Maternal and Infant Health Outcomes (Today)

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Today's Webinar

Maine

- Maryann Harakall
- Maya Cates-Carney

Pennsylvania

- Michelle Robison

Mississippi

- Christy Lyle

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Poll Question

Where are you currently in the design and implementation phase 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

To participate, select your answer on the poll and then click "Submit."

Maine's Overview of the VBP Journey in MIH

Maryann Harakall
Maine Center for Disease Control and Prevention

Maya Cates-Carney
Office of MaineCare Services

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Aim Statement

- Increase the proportion of mothers covered by MaineCare who are screened for Opioid Use Disorder (OUD) and if positively screened, receive medication-assisted treatment (MAT) during pregnancy for an OUD by five percent within two years (2.5 percent by the end of the first year)

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Primary Drivers

1. Use VBP to incent increased reporting of screening for OUD during prenatal visits and increased utilization of MAT services

2. Raise provider awareness of MAT for pregnant women with an OUD

3. Continue to ensure access to treatment for pregnant women with an OUD

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VBP Approach

- Open screening code for OUDs

- Provide payment for provider use of the code for MaineCare members

- Report on use of the code publicly
  - The focus of the approach ultimately shifted slightly because of lessons learned and other OUD efforts

Greatest Accomplishments

- Opening the screening code for use with screening tools identified within SnuggleME

  – SnuggleME is an existing state initiative to create evidence-based resources for providers on screening pregnant women for substance use, intimate partner violence, and mental disorders.

  – Dissemination of SnuggleME became an avenue for promoting the screening code

- Inclusion of an OUD screening quality measure in the Accountable Communities program

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Lessons Learned

- Building solid relationships between the Title V and the state Medicaid agency has created opportunities for further collaboration between the two agencies

- When the project does not go as planned, pause and reevaluate the project goal to make adjustments

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Future Work

Plans for designing, testing, or implementing Maine's VBP approach:

- Implement additional prevention activities

- Engage in collaborative cross-agency projects through cooperative agreements, i.e., Maternal Opioid Misuse model

- Promote use of the OUD screening code among providers

- Leverage support from community partners and involvement in Maine Department of Health and Human Services-wide initiatives to continue focusing on improved care for this population

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Mississippi's Overview of the VBP Journey in MIH

Christy Lyle
Office of Clinical Support Services
Mississippi Division of Medicaid

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Aim Statement

- Reduce the preterm birth rate and improve appropriate birth spacing (i.e., two- to five-year range) among women covered by Medicaid in Mississippi

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Primary Drivers

1. Increase the frequency of first- and second- trimester prenatal visits for pregnant women who: (1) are enrolled in Medicaid at the time of pregnancy and (2) become eligible as a result of their pregnancy

2. Implement strategies to address the clinical drivers of preterm birth

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VBP Approach

- Roll out the universal notification of pregnancy (NOP) form with a provider incentive payment to encourage timely submission

- Under this approach, providers would receive a scaled incentive payment to the trimester in which they submit the NOP form with the highest reimbursement in the first trimester and progressively lower payments in the second and third trimesters

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Greatest Accomplishments

- Finalized the universal NOP form

- Successfully collaborated with coordinated care organizations (CCOs) to develop the universal NOP form and begin designing the incentive payment

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Lessons Learned

- Early communication with key stakeholders (e.g., elected officials, CCOs, etc.) is important to establish a common agenda and understanding of the work needed to surpass legal and data-related barriers

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Future Work

- Identify process and outcome measures of interest per CCO-reported baseline data on NOP submission rates across trimesters

- Design and implement the provider incentive payment and develop a sustainability plan

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Questions?

- Please use the Q&A function to submit any questions you have for our first two presenters.

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Pennsylvania's Overview of the VBP Journey in MIH

Michele Robison, RN, MSN
Bureau of Managed Care Operations
Pennsylvania Department of Human Services

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Overview

- The HealthChoices program is Pennsylvania's mandatory Medicaid managed care program that—

  - Operates in all counties across five zones: Southeast, Southwest, Lehigh/Capital, Northeast, and Northwest

  - Approximately 2.8 million enrollees as of February 2019

- Nine Managed Care Organizations

Overview (cont.)

- MCO P4P program implemented in July 2005
  - Consists of subset of Healthcare Effectiveness Data and Information Set (HEDIS) measures and Pennsylvania-specific performance measures (PAPMs)
  - MCOs can earn an incentive payout by meeting benchmarks and achieving incremental improvements

- Provider P4P program HEDIS measures and PAPMs similar to those in the MCO P4P program
  - Providers are able to earn incentive payments for closing gaps in care for their patient panel

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Designing the VBP Approach

- Overarching goal is to align measures and payments with quality, access, and efficiency

- Specifically for MIH, goal is to increase early identification of pregnant women to promote healthy birth outcomes for both moms and babies

- Focus on—
  - Prenatal care in the first trimester (HEDIS)
  - Postpartum care (HEDIS)
  - Six or more well-child visits in the first 15 months (HEDIS)
  - Frequency of prenatal care (PAPM)

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Barriers and Challenges

- Initially, MCO P4P program was complex
  - Consisted of core and sustaining measures
  - Goals were set for each Physical Health (PH) MCO and measured on previous year's performance

- To resolve—
  - Organized MCO P4P Summit with all PH-MCOs
  - Simplified measures—HEDIS and PAPMs
  - Used National Committee for Quality Assurance benchmarks to measure performance
  - Implemented offsets to discourage poor performance

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Barriers and Challenges (cont.)

- Provider P4P had minimal direction
  - Each PH-MCO implemented different programs with different measures

- To resolve—
  - Defined standardized quality measures
  - Aligned provider P4P measures with MCO P4P measures
  - Included PH-MCOs in designing a specific dentist measure

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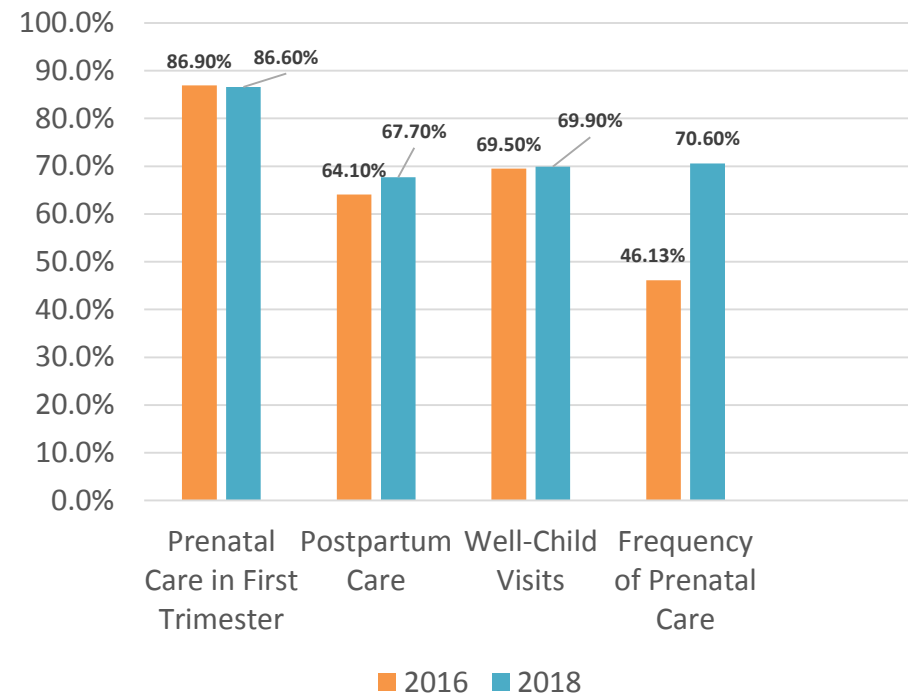
Greatest Accomplishments

- Overall PH-MCO performance has improved, resulting in increased quality of care provided to HealthChoices beneficiaries

- Focus on ensuring care from the time of conception through adolescence

Outcomes

- Increased performance by PH-MCOs and on process measures = positive outcomes

- Between 2016 and 2018:
  - Prenatal care in the first trimester remained flat
  - Postpartum care increased
  - Children covered by Medicaid who had six or more well-child visits in the first 16 months of life increased
  - Frequency of prenatal care increased

MIH Performance Outcomes for PH-MCO's in Pennsylvania

Bar chart comparing 2016 and 2018:
- Prenatal Care in First Trimester: 86.90% (2016), 86.60% (2018)
- Postpartum Care: 64.10% (2016), 67.70% (2018)
- Well-Child Visits: 69.50% (2016), 69.90% (2018)
- Frequency of Prenatal Care: 46.13% (2016), 70.60% (2018)

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Lessons Learned

- Keep it simple

- Provide guidance to MCO's while at the same time allowing some flexibility

- Include MCOs in the selection of measures and development

- Allow for feedback from MCOs, stakeholders, etc.

- Monitor ongoing progress to ensure acceptance and value of the program

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Future Work

- Bundling Measures
    - Perinatal and Infant Bundle
    - Child and Adolescent Well-Care Bundle

- Raising the benchmark for payout

- Expanding to include additional quality measures

Panel Discussion:
Key Lessons Learned in Transitioning to VBP to Improve MIH Outcomes

Facilitated by:

Nicole Harlaar
Center for Maternal and Child Health Research
IBM Watson Health

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Panel Discussion Topics

Today's panel discussion will cover the following topics as they relate to VBP approaches in MIH:

- Goal setting

- Data assessment, analysis, and use

- Measure selection

- VBP selection and design

- Managed care contracting

- Alignment with current state initiatives

- Structural or legislative supports

Panel Discussion Topics (cont'd)

- Cross-department collaborations
- Iterative testing and performance improvement strategies
- Medicaid authorities or waivers
- Health information technology value and impact (return on investment)
- Lessons learned
- Recommendations

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Join the Discussion!

Please submit your questions for today's call using the Q&A feature on Webex

- Under the Q&A section on the right-hand panel, enter your questions for the panelists into the chat box and click **Submit**

- Q&A moderators will collect and share questions with the panelists, who will respond to questions during the panel discussion

- If multiple questions have the same overarching theme, the moderator will combine these into one question for the panelists

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Panel Discussion: Transitioning to VBP to Improve MIH Outcomes

Maryann Harakall
Maine CDC

Maya Cates-Carney
Office of MaineCare Services

Christy Lyle, RN, CPC
Mississippi DOM

Michele Robison
Pennsylvania Department of Human Services

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Questions or Comments?

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Key Takeaways

- Leverage existing care delivery models to integrate VBP approaches that are compatible with the amount of risk providers are willing to assume.

- Conduct small-scale pilot testing with selected care delivery sites and refine VBP approaches before expanding.

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Key Takeaways

- Assess provider capacity, community needs, and the existing care delivery system context when transitioning to more complex VBP approaches.

- Collaborate with key stakeholders (e.g., payers, clinicians, patients) to foster strong commitments to shifting care delivery processes.

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Medicaid IAP MIHI VBP Webinar Series and Other Resources Available

We hope you take the opportunity to review the IAP MIHI VBP materials on Medicaid.gov

- [Medicaid Value-Based Payment Approaches for Maternal and Infant Health National Learning Webinar](#)

- [Utilizing Value-Based Payment to Incentivize Maternal and Infant Health Care Delivery Models National Learning Webinar](#)

- Resource List: Key Lessons in Transitioning to Value-Based Payment to Improve Maternal and Infant Health Outcomes

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A Special Thank You!

Thank you to the participating Medicaid IAP MIHI VBP state teams for your collective passion for improving MIH outcomes and dedication to moving this work forward!

Thank You for Joining Today's Webinar!

Please take a moment to complete
a short feedback survey following the webinar.

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