IAP | Medicaid Innovation Accelerator Program

Centers for Medicare & Medicaid Services MATERNAL & INFANT HEALTH Initiative

Maternal and Infant Health Care Delivery Models and Value-Based Payment Approaches: Key Findings From an Environmental Scan

Maternal and Infant Health Initiative Value-Based Payment Technical Support

In July 2014, CMS launched a collaborative initiative between the Center for Medicaid and CHIP Services and the Center for Medicare & Medicaid Innovation called the Medicaid Innovation Accelerator Program (IAP). The goals of IAP are to improve health and health care for Medicaid beneficiaries and to reduce associated costs by supporting states in their ongoing payment and delivery system reforms through targeted technical support. In March 2017, IAP launched the Maternal and Infant Health Initiative Value-Based Payment (VBP) technical support opportunity for Medicaid/CHIP agencies. Through this initiative, states can select, design, and test VBP approaches to sustain care delivery models that demonstrate improvement in maternal and infant health outcomes. The IAP initiative complements CMS's existing Maternal and Infant Health Initiative, which works with states to explore program and policy opportunities to improve outcomes and reduce the cost of care for women and infants in Medicaid and CHIP.

Examples of MIHI VBP technical support:

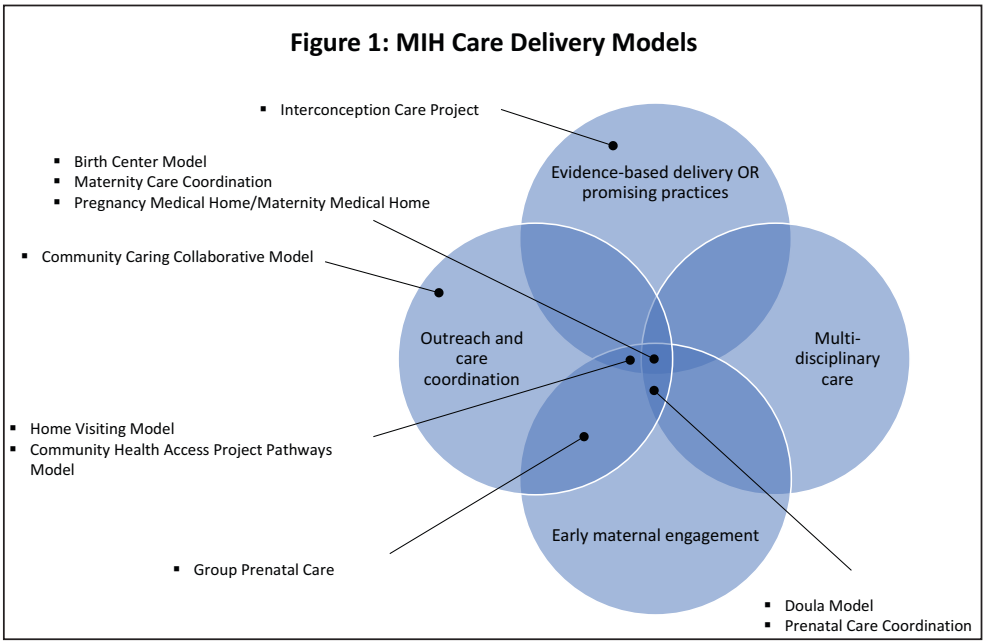
- Implementing VBP reform for addressing perinatal behavioral health conditions (e.g., opioid use disorder)
- VBP reform for contraceptive care and health risk assessment to improve obstetric outcomes

Two environmental scans were conducted in the fall of 2016 to identify care delivery models and payment approaches in maternal and infant health (MIH). The scans focused on models that could be applied to the Medicaid and Children's Health Insurance Program (CHIP) populations, and included evidence from peer-reviewed studies, grey literature, and 13 key-informant interviews with state Medicaid program administrators, health care service providers, researchers, and professional association leaders.

Care Delivery Model Examples

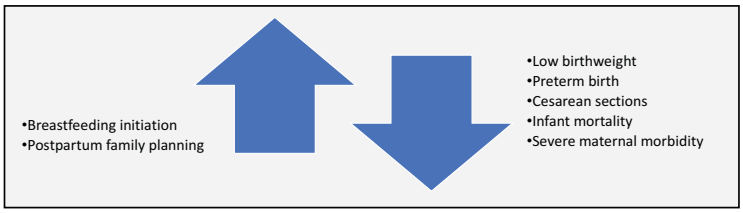
The scans identified 10 MIH care delivery models (additional information about the models can be found here: https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/value-based-payment/index.html). The care delivery models highlighted in the scan are expected to have demonstrated success in improving MIH. However, these examples should not be considered an exhaustive list of care delivery models. Figure 1 categorizes the primary strategies of the 10 identified MIH care delivery models.

Figure 1: MIH Care Delivery Models



- Primary strategies highlighted in the scan include: (1) providing evidence-based health care delivery or using promising practices,[a,h,i,n,o,p,r,s] (2) providing multidisciplinary care (i.e., care provided by a team of experts working together, such as physicians, nurses, and community health workers), [b,c,u] (3) promoting early maternal engagement, [a,b,c,h,i,m,n,o,p,s,u] and (4) increasing outreach and care coordination.[b,c,h,i,m,n,o,p,s,t,u] The majority of models highlighted use more than one strategy.

Figure 2. MIH Outcomes Associated with Use of One or More Care Delivery Models



- The promising care delivery models fall along a continuum across the life course. A majority of the models provide prenatal care, and several models also include postnatal and interconception care. Few models cover the preconception period, although poor preconception health is strongly associated with adverse birth outcomes and can be managed prior to pregnancy.
- Over half of the models are well established and have been implemented in multiple locations, care settings, and patient populations.
- Figure 2 provides results associated with the use of the models.[a,b,c, d,e, f,g,h,i,j,k,l,o,q]

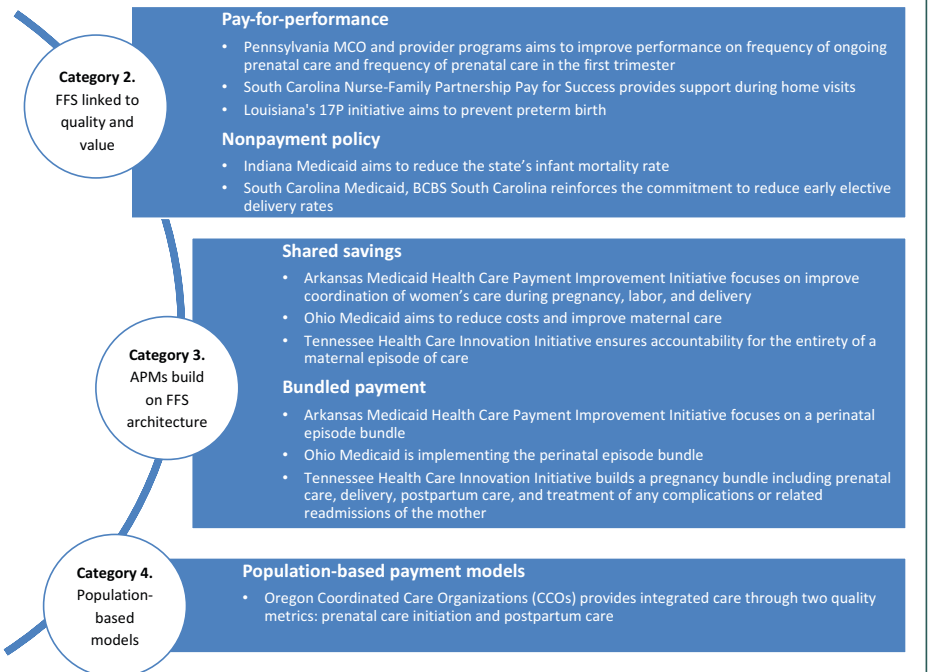
Key Considerations for Implementing Care Delivery Models

- Some of the models identified may need to be adapted to consider culturally sensitive and responsive practices to address specific cultural needs and preferences.
- Long-term sustainability is associated with buy-in from all relevant stakeholders including clinicians, other providers of care, delivery systems, and health plans in both managed care and fee-for-service contract settings.
- Performance metrics related to patient-centered reported outcomes may support greater accountability to patients and their experiences.

Payment Approach Examples

According to the Health Care Payment Learning & Action Network's Alternative Payment Model (APM) framework[1], there are four categories of APMs. Each successive category in the APM framework represents a more integrated VBP approach. Figure 3 provides examples of different payment models and contractual approaches in MIH care. These examples should not be considered an exhaustive list.

Figure 3. Examples of MIH Alternative Payment Approaches



Note: BCBS: Blue Cross Blue Shield; MCO: managed care organization; 17P: 17-alpha-hydroxyprogesterone caproate.

Definitions of Value-Based Payment Approaches

- A pay-for-performance (P4P) approach rewards providers, facilities, or health plans if they meet predetermined benchmarks of health care quality, performance, and/or efficiency.
- Nonpayment refers to a policy of not paying for certain health services that may contribute to an adverse health outcome. This approach represents a variation on P4P in which payment is reduced by 100 percent for selected services.
- Bundled payments represent a single payment to providers, facilities, or both for all services to treat a given condition over a predefined episode of care.
- A shared savings arrangement gives providers an opportunity for extra income and, in some cases, also may have the risk of a penalty based on their spending relative to targeted amounts.
- Population-based payment models, also referred to as global payment or total cost of care payment models, incentivize and reward health care providers for delivering high-quality, well-coordinated, person-centered care within a defined budget.

[1]Alternative Payment Model Framework and Progress Tracking (APM FPT) Work Group. Alternative Payment Model (APM) Framework White Paper Refreshed 2017. https://hcp-lan.org/groups/apm-refresh-white-paper/

Key Considerations for Implementing VBP in Maternal and Infant Health

- Key informants from the environmental scan noted the importance of the following factors to promote the sustainability and spread of new payment and contractual approaches:
  - Selecting relevant quality measures that can be obtained from available infrastructure
  - Considering patient centeredness and patient satisfaction as important components of measuring quality
  - Engaging providers and assisting with the dissemination of best practices
  - Improving data systems to reduce burden of reporting
  - Attributing patients to providers accurately
  - Developing a standard, validated risk-adjustment methodology that takes into account that paying providers on the basis of quality measures may disadvantage those who have a disproportionately large share of patients with greater treatment needs, such as those with multiple chronic conditions

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Additional information about this initiative is available on the Medicaid IAP Value-Based Payment and Financial Simulations webpage: https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-functional-areas/value-based-payment/index.html.