

Medicaid Innovation Accelerator Program

Information Session: Maternal and Infant Health Initiative Value-Based Payment Technical Support for States

March 22, 2017

3:00 PM – 4:00 PM ET



Logistics for the Webinar

- All lines will be muted
- Please do not put your line on hold
- 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

Welcome!

- Tim Hill, Deputy Center Director,
Center for Medicaid and Children's Health Insurance
Program (CHIP) Services

IAP Team: MIHI Value-Based Payment

- Karen Llanos, Director, Medicaid IAP, Center for Medicaid and CHIP Services (CMCS)
- Lekisha Daniel-Robinson, Coordinator, Maternal and Infant Health Initiative, CMCS
- Contracting Team
 - IBM Watson Health: Whitney P. Witt
 - Partners
 - National Academy for State Health Policy: Karen VanLandeghem
 - Wakely: Prashant Nayak

Polling Question #1

What is your organizational affiliation?

1. State Medicaid/CHIP agency
2. State public health agency
3. Other state agency
4. Medical provider
5. Medical plan/medical managed care organization
6. National organization
7. Other

Webinar Agenda

- What is the Medicaid Innovation Accelerator Program (IAP)?
- Background on Maternal and Infant Health Initiative (MIHI)
- Overview of MIHI Value-Based Payment Technical Support Available to State Medicaid/CHIP Agencies
- How to Apply for Technical Support
- Next Steps

What is the Medicaid Innovation Accelerator Program (IAP)?

- Four-year commitment by Centers for Medicare & Medicaid Services to build state capacity and support ongoing innovation in Medicaid through targeted technical assistance*
- A Center for Medicare and Medicaid Innovation funded program that is led by and lives in the Center for Medicaid and CHIP Services

*IAP refers to “technical assistance” as “support,” “program support,” or “technical support.”

What is the Medicaid Innovation Accelerator Program (IAP)?

- Support states' and Health and Human Services' delivery system reform efforts
 - The end goal for IAP is to increase the number of states moving toward delivery system reform across program priorities
- Not a grant program; targeted technical assistance

How Do We Define Success Across IAP?

- IAP has increased states' capacity to make substantial improvements in:
 - Better care
 - Smarter spending
 - Healthier people
- IAP has built states' capacity in key program areas and in the following areas:
 - Data analytics
 - Quality measurement
 - Performance improvement
 - Value-based payment and financial simulations

Medicaid Delivery System Reform

PROGRAM AREAS

Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs

Promoting Community Integration Through Long-Term Services and Supports

Supporting Physical and Mental Health Integration

Reducing Substance Use Disorders

Functional Areas

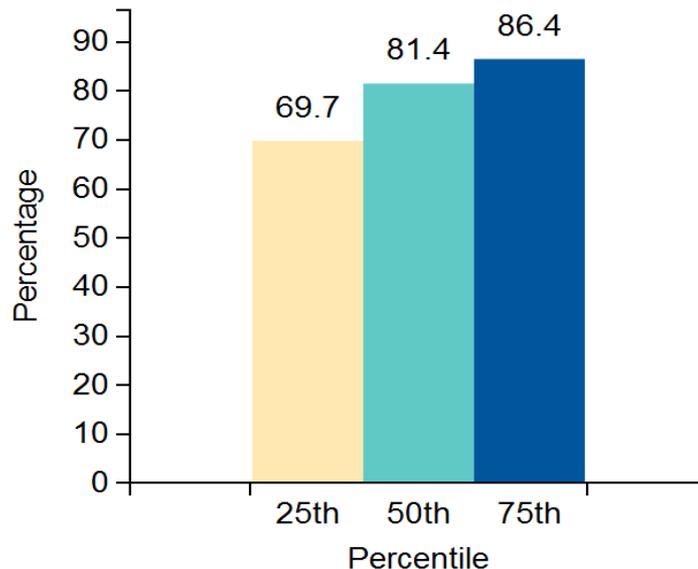
- Data Analytics
- Quality Measurement
- Performance Improvement
- Value-Based Payment and Financial Simulations

CMCS Maternal and Infant Health Initiative (MIHI)

Timeliness of Prenatal Care

Initiation of prenatal care during the first trimester of pregnancy facilitates a comprehensive assessment of a woman's health history, pregnancy risk, and health knowledge. Early screening and referrals for specialized care can prevent pregnancy complications resulting from pre-existing health conditions or promote access to recommended care. The measure indicates how often Medicaid/CHIP enrollees receive timely prenatal care.

Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2014 (n = 34 states)



A median of

81 percent of

pregnant women had a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment (34 states).

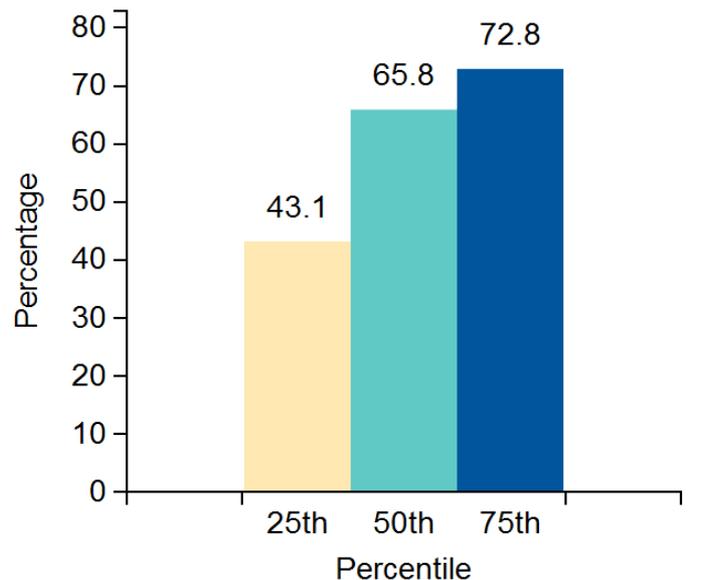
Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of deliveries of live births that received a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible population.

Frequency of Ongoing Prenatal Care

Ongoing prenatal care enables prenatal care providers to make periodic assessments of a woman's pregnancy risk and health status, perform recommended screenings and laboratory tests, and provide timely referrals for specialized care. Regular prenatal care enables providers to promote positive maternal and infant health outcomes. This measure assesses whether women had more than 80 percent of the expected prenatal care visits.

Percentage of Pregnant Women Receiving More Than 80 Percent of the Expected Number of Prenatal Care Visits, FFY 2014 (n = 27 states)



A median of

66 percent of

pregnant women had more than 80 percent of the expected number of prenatal visits (27 states).

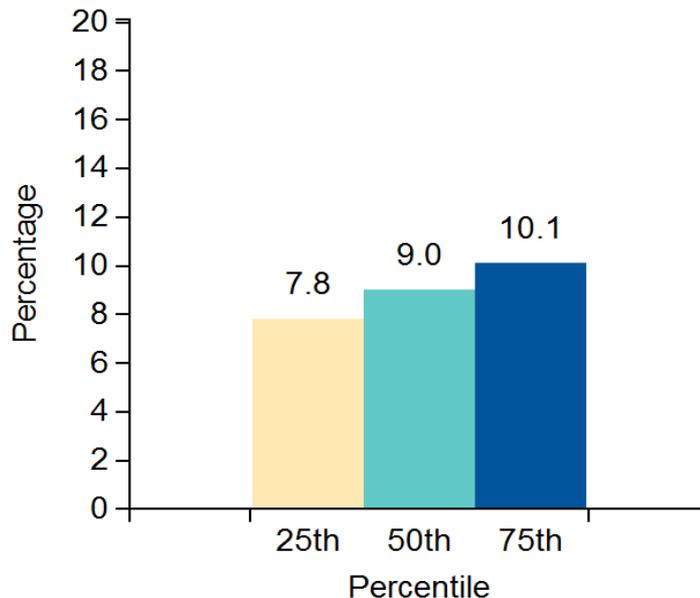
Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of deliveries that received more than 80 percent of the expected number of prenatal visits. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible population.

Live Births Weighing Less Than 2,500 Grams

An infant's birth weight is a common measure of infant and maternal health and well-being. Infants weighing less than 2,500 grams at birth may experience serious and costly health problems and developmental delays.

Percentage of Live Births Weighing Less than 2,500 Grams, FFY 2014 (n = 29 states)
[Lower rates are better]



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of live births that weighed less than 2,500 grams in the state during the reporting period. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible population.

A median of

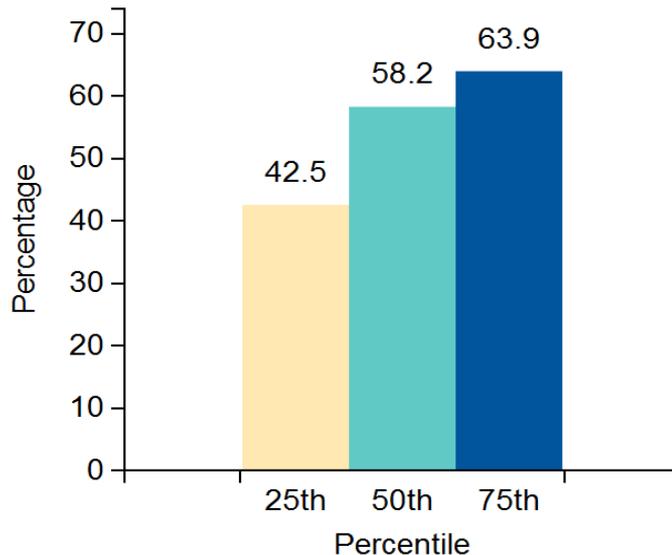
9 percent of live

births financed by Medicaid or CHIP weighed less than 2,500 grams (29 states).

Postpartum Care Rate

Postpartum visits provide an opportunity to assess women’s physical recovery from pregnancy and childbirth, and to address chronic health conditions, mental health status, and family planning. They also provide an opportunity for counseling on nutrition and breastfeeding and other preventive health issues.

Percentage of Women Delivering a Live Birth with a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2014 (n = 34 states)



A median of

58 percent of

women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (34 states).

Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

MIHI: Background

- Launched July 2014 with the goal of assisting states in exploring program and policy opportunities that improve outcomes and reduce the cost of care for women and infants in Medicaid and CHIP.
 - Builds on the work of an Expert Panel that identified strategies CMS and states could undertake to improve maternal and infant outcomes in Medicaid/CHIP
 - Supports states to improve measurement, engage providers and beneficiaries, and identify quality improvement opportunities
 - Assists states to improve performance on states' maternal and infant health goals and on the [Core Set of Maternity Measures for Medicaid and CHIP](#)

MIHI: Strategies and Activities

Strategies

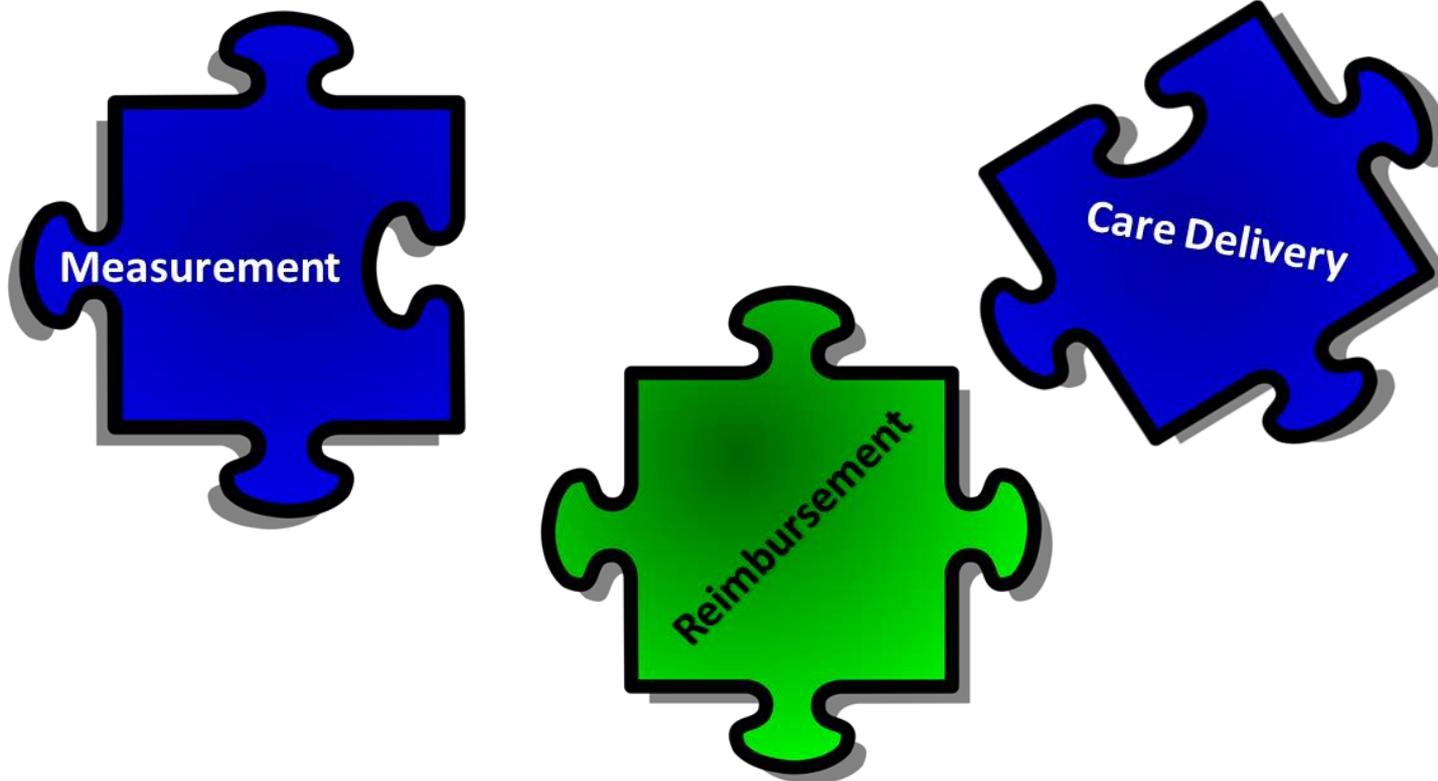
1. Engage states, providers, and beneficiaries
2. Leverage federal partnerships
3. Provide technical assistance
4. Measure quality and improve performance



Activities

1. Improving Postpartum Care Action Learning Series
2. Measuring Contraceptive Access
3. Mobile Messaging Pilot
4. Exploring Program and Policy Options

Improving Perinatal Outcomes



Overview of IAP MIHI Value-Based Payment Technical Support for State Medicaid/CHIP Agencies

MIHI Value-Based Payment Technical Support Goal

- Support up to seven state Medicaid/CHIP agencies to **select, design, and test** Value-Based Payment (VBP) approaches that improve maternal and infant health outcomes, such as:
 - Increased access to prenatal, postpartum, and interconception care
 - Improved perinatal health outcomes
 - Improved prenatal, postpartum, and interconception care utilization
 - Improved patient experience and satisfaction
- **VBP definition:** Payment models that range from rewarding for performance in Fee-For-Service to capitation, including alternative payment models and comprehensive population-based payments

The Foundation: Care Delivery Models That Are Improving Maternal and Infant Health

- Provider groups, perinatal quality collaboratives, and state working groups have invested time and resources to develop, test, and improve the delivery of maternity care. However, Medicaid payment does not always align to sustain these models of care.

MIHI Value-Based Payment Technical Support Opportunity

- Each state participating in this project will be expected to partner with any of the following:
 - A provider group(s)
 - Perinatal quality collaborative
 - State working group/organization
- Selected partner(s) need to have implemented care delivery models and demonstrated improvements in the outcomes of the maternity population it serves.
- IAP will support states to build on that model's foundation, by assisting states with selection, designing, and testing a VBP approach aligned with sustaining the model(s).

Examples of Care Delivery Models

Example Models:

Birthing Center Model	Home Visiting Model
Community Caring Collaborative Model	Interconception Care
Community Health Access Project Pathways Model	Maternity Care Coordination
Doula Model	Pregnancy Medical Home/ Maternity Medical Home
Group Prenatal Care	Prenatal Care Coordination

Examples of care delivery models identified through an environmental scan are provided in the Program Overview.

Polling Question #2

Which type of care delivery models existing in your state are you interested in sustaining through this opportunity? (You may select more than one)

1. Birthing Center	7. Interconception Care
2. Community Caring Collaborative	8. Maternity Care Coordination
3. Community Health Access Project Pathways	9. Pregnancy Medical Home/Maternity Medical Home
4. Doula Care	10. Prenatal Care Coordination
5. Group Prenatal Care	11. Other
6. Home Visiting	

Webinar Questions or Comments?

- **Written:** Use the chat box to send in your written question.

Overview of Technical Support

- Selected states will receive support to—
 - **Set goals** for the project
 - **Select** a VBP approach by exploring in detail the state’s maternal and infant health goals, objectives, and technical support needs
 - **Design** a Medicaid/CHIP maternal and infant health VBP approach
 - **Test** the selected maternal and infant health VBP approach in Medicaid/CHIP with the provider group(s), organization, and/or collaborative partner
 - **Conduct financial simulations** during the design and testing phases

Examples of Approaches That Can Be Used to Drive Value-Based Payment

- Shared savings and risk models
- Bundled payments and episodes of care
- Pay-for-performance
- Population-based payment
- Managed care contracting
- Perinatal regionalization

Additional Optional Support for States

- States also may choose to partner with the **same** provider group(s), organization, and/or collaborative in their state for additional IAP support.
- Additional support entails assistance with selecting, designing, and testing a VBP approach related to improving maternal and infant health that **is not** associated with a particular care delivery model.
 - For example, defining blended payment rates to incentivize vaginal over elective cesarean delivery; non-payment policies; etc.

How Could Participating in This Opportunity Benefit Your State?

- Individualized support to select, design, and test VBP approaches
- Better understanding of how VBP-focused financing can shift maternal and infant health care toward better patient experience, improved outcomes, and lower per capita costs
- Virtual peer-to-peer support for sharing implementation lessons
- Move more payments to be based on value and quality

Related CMS Initiatives

- Participation in the IAP initiative can be complementary to states engaged in:
 - Health Care Payment Learning and Action Network Maternity Multi-Stakeholder Action Collaborative
 - State Innovation Model
 - MIHI Action Learning Series
- States are encouraged to participate in multiple activities

Polling Question #3

(State Medicaid/CHIP Participants Only)

Which type of VBP approaches and related activities are you most interested in designing and testing? (You may select more than one.)

1. Shared savings and risk models
2. Bundled payments and episodes of care
3. Pay-for-performance approaches
4. Use of contractual or other vehicles
5. Financial incentives for perinatal regionalization
6. Population-based payment approaches
7. Other
8. Not sure

Technical Support Team

Each state team will have access to the following:

- An IAP MIHI VBP lead (single point of contact for state)
- A Medicaid policy expert
- A maternal and infant health subject-matter expert
- A data management expert
- An actuarial expert
- A financial simulation expert
- A health information technology/health information exchange expert

Technical Support Timeline

Component	Timeframe	State Participation
State selection of up to seven states and initial expectation discussions	June 2017	Rolling state office hours
Kick-off and strategic planning for selected states	Once selected	Regular strategic planning meetings
Individualized program support with assigned IAP MIHI VBP lead and team of technical support experts	July 2017 to April 2018	Regular communication with IAP; provision of tools/materials; conference calls, as needed
Optional peer-to-peer affinity groups	Ongoing	State input on periodic discussion topics

How to Apply for Technical Support

How to Apply: Expression of Interest

- Expression of Interest Form:
 - [Value-Based Payment and Financial Simulations](#)



**Maternal and Infant Health Initiative (MIHI) Value-Based Payment Technical Support
Expression of Interest Form**

Please complete this Expression of Interest form to be considered for the MIHI Value-Based Payment Technical Support opportunity. The information provided on this form will enable the Medicaid Innovation Accelerator Program (IAP) to evaluate each state's (a) ability to partner with at least one provider group, organization, or collaborative in their state, (b) state readiness, and (c) level of commitment to advancing Maternal and Infant Health Value-Based Payment. Details of these three selection criteria are provided in the Program Overview.

Expressions of Interest due April 27, 2017
Send to: MedicaidIAP@CMS.HHS.gov

Expression of Interest: Care Delivery Model Requirements

- Each state is required to partner with a provider group(s), perinatal quality collaborative, and/or state working group/organization that is implementing a care delivery model(s) in their state that has demonstrated improvements in maternal and infant health, such as the following:
 - Increased access to prenatal, postpartum, and interconception care
 - Improved perinatal health outcomes
 - Improved prenatal, postpartum, and interconception care utilization
 - Improved patient experience/satisfaction
- Report relevant [Core Set of Maternity Measures for Medicaid and CHIP](#)

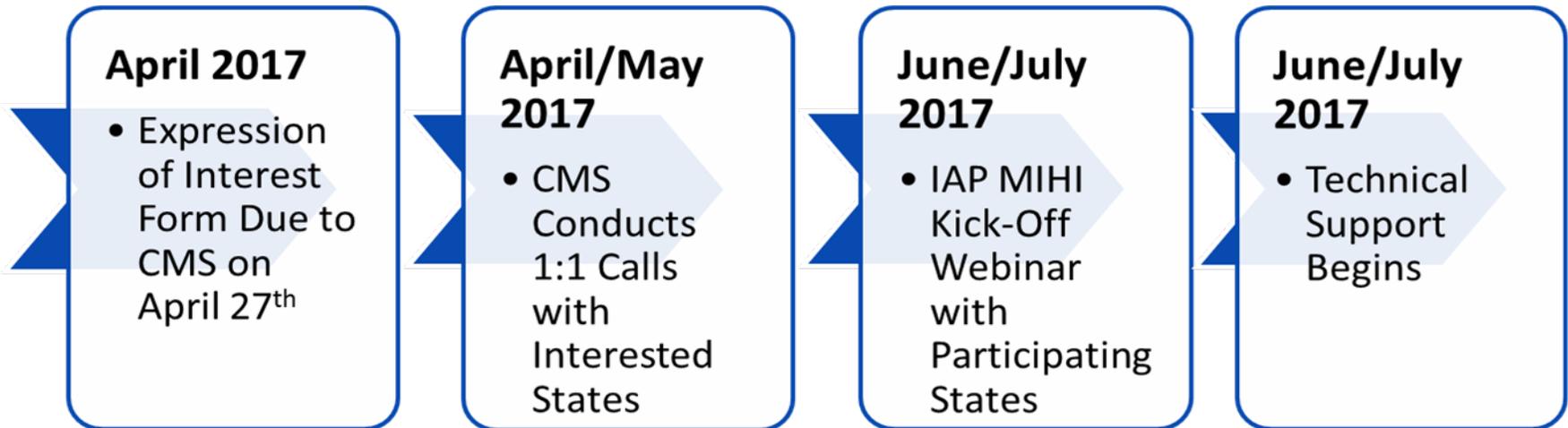
State Selection Factors

- Commitment
 - Commitment from State Medicaid/CHIP Director
 - Designation of State Medicaid/CHIP IAP Team Lead
 - Assurance that team members will have sufficient time and resources for this effort
- Ability to partner with a provider group(s), organization, and/or collaborative in their state that is implementing a care delivery model(s) that has demonstrated improvements
 - Must submit letter of commitment from the partners
 - For states that also choose to test VBP approaches not associated with a care delivery model, IAP will review the Expression of Interest to identify a stated commitment to this particular activity.

State Selection Factors

- Readiness
 - Ability to clearly articulate VBP goals and technical support needs
 - Capacity to begin work shortly after selection
 - Ability to implement or amend Medicaid/CHIP authorities

Key Dates



Polling Question #4

(State Medicaid/CHIP Representatives Only)

How are you feeling about this technical support opportunity as we near the end of this webinar?

1. I am excited about my state participating and can't wait to apply.
2. I would like my state to participate but am not sure yet whether my state has the resources to participate.
3. I need more information in order to know whether my state will be interested in applying to participate.
4. I am relatively sure that my state will not be interested in applying to participate.
5. Unsure

Next Steps

- Visit IAP's [Medicaid.gov](https://www.Medicaid.gov) webpage for more information, including the Program Overview and Expression of Interest Form
- Email Lekisha Daniel-Robinson with questions at Lekisha.Daniel-Robinson@cms.hhs.gov
 - Include subject line “Maternal and Infant Health Initiative VBP”

Webinar Questions or Comments?

- Use the chat box to send in your written questions/comments

Thank You!

Thank you for joining today's webinar.

Please take a moment to complete a short feedback survey.