Information Session:
Children’s Oral Health Initiative
Value-Based Payment
Technical Support for States

March 8, 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
- During moderated Q&A, you can also ask questions verbally
  - Please press *1 on your telephone keypad to ask a question verbally
Welcome!

• Tim Hill, Deputy Center Director, Center for Medicaid and Children’s Health Insurance Program (CHIP) Services
IAP Team for OHI Value-Based Payment

• Karen Llanos, Director, Medicaid IAP, CMCS
• Laurie Norris, Senior Policy Advisor for Oral Health, CMCS
• Contracting Team
  – IBM Watson Health: Whitney P. Witt
  – Partners:
    • National Academy for State Health Policy (NASHP): Karen VanLandeghem
    • Children’s Dental Health Project: Meg Booth, Colin Reusch
    • 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. Dental or medical provider
5. Dental plan/dental managed care organization
6. Medical plan/medical managed care organization
7. National organization
8. Other
Webinar Agenda

• What is the Medicaid Innovation Accelerator Program?
• Background on Children’s Oral Health Initiative (OHI)
• Overview of OHI Value-Based Payment Technical Support Available to State Medicaid Agencies
• How to Apply for Technical Support
• Next Steps
What is the Medicaid Innovation Accelerator Program (IAP)?

- Four-year commitment by the Centers for Medicare & Medicaid Services (CMS) to build state capacity and support ongoing innovation in Medicaid through targeted technical assistance*

- A Center for Medicare and Medicaid Innovation (CMMI)-funded program that is led by and lives in the Center for Medicaid and CHIP Services (CMCS)

*IAP refers to “technical assistance” as “support,” “program support,” or “technical support.”
What is the Medicaid Innovation Accelerator Program (IAP)?

• Support states’ Medicaid delivery system reform efforts
  – The end goal for IAP is to increase the number of states moving towards delivery system reform across program priorities

• Not a grant program; targeted technical assistance
How Do We Define Success Across IAP?

• Participation in IAP has led to increased delivery system reform in the IAP program priority areas/populations

• IAP has increased states’ capacity to make substantial improvements in:
  – Better care
  – Smarter spending
  – Healthier people

• IAP has built states’ capacity in the following areas:
  – Data analytics
  – Quality measurement
  – Performance improvement
  – Value-Based Payment and financial simulations
Medicaid Delivery System Reform

Program Areas

1. Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
2. Promoting Community Integration Through Long-Term Services and Supports
3. Supporting Physical and Mental Health Integration
4. Reducing Substance Use Disorders

Functional Areas

- Data Analytics
- Quality Measurement
- Performance Improvement
- Value-Based Payment and Financial Simulations
CMS Children’s Oral Health Initiative (OHI)
Steady Progress on Children’s Oral Health

Proportion of Children, Age 1-20, Enrolled in Medicaid for at Least 90 Days Who Received Dental Services
FFY 2000 – FFY 2015

Source: FFY 2000-2015 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c
Note: Data reflect updates as of 10/2/15.
Data for OH were excluded in the calculation of the percentages for FFY 2011 through FFY 2015.
Children’s Oral Health Initiative

- **Aim:** Increase by 10 percentage points the proportion of children receiving a preventive dental service
- **National Goal:**
  - FFY 11 Baseline = 42%
  - FFY 15 Progress = 46%
  - FFY 18 Goal = 52%
- Each state has its own baseline and goal.
Gaps in Access to Care Are Disappearing

By race/ethnicity:

<table>
<thead>
<tr>
<th>Child had a dental visit within the previous year: 2000 and 2014</th>
<th>2000</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic children</td>
<td>56.8%</td>
<td>78.2%</td>
</tr>
<tr>
<td>Black children</td>
<td>67.2%</td>
<td>79.3%</td>
</tr>
<tr>
<td>White children</td>
<td>74.9%</td>
<td>80.5%</td>
</tr>
</tbody>
</table>


By source of insurance:

In 2012, after adjusting for demographic and parent characteristics, there was no difference between public and private insurance as to parent-reported use of dental care by children.

But Gaps in Oral Health Status Remain

By race/ethnicity:

<table>
<thead>
<tr>
<th>Percent of children ages 5 to 9 with untreated tooth decay¹</th>
<th>1999-2002</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic children</td>
<td>34.5%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Black children</td>
<td>30%</td>
<td>24%</td>
</tr>
<tr>
<td>White children</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>AI/AN children, ages 2 to 5</td>
<td>1999</td>
<td>2014</td>
</tr>
<tr>
<td>AI/AN children, ages 2 to 5</td>
<td>68%²</td>
<td>41%³</td>
</tr>
</tbody>
</table>

By household income:

<table>
<thead>
<tr>
<th>Percent of children ages 5 to 9 with untreated tooth decay</th>
<th>1999-2002</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100% FPL</td>
<td>32.5%</td>
<td>25%</td>
</tr>
<tr>
<td>100%-199% FPL</td>
<td>30%</td>
<td>21.5%</td>
</tr>
<tr>
<td>200%-399% FPL</td>
<td>17.5%</td>
<td>15%</td>
</tr>
<tr>
<td>400%+ FPL</td>
<td>9.5%</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Sources: ¹ADA Health Policy Institute, presentation at the National Child Health Policy Conference, February 2016; ²Indian Health Service, Early Childhood Caries Collaborative webpage;

Source: ADA Health Policy Institute, presentation at the National Child Health Policy Conference, February 2016.
Overview of IAP OHI Value-Based Payment Technical Support for State Medicaid/CHIP Agencies
Children’s OHI Value-Based Payment Technical Support Goal

• Support state Medicaid/CHIP agencies to **select**, **design** and **test** Value-Based Payment (VBP) approaches in order to sustain innovative children’s oral health care delivery models that are showing results.

• 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.
How Could Participating in This Opportunity Benefit Your State?

- Build capacity in your agency for developing and implementing VBP approaches
- Move more Medicaid payments from Fee-For-Service to being based on value and quality
- Increase delivery of evidence-based preventive dental services to children in your state, boosting performance on your OHI goal
- Receive expert policy guidance tailored to your state’s unique circumstances
- Access technical support resources and peer-to-peer learning
The Foundation: A Care Delivery Model That is Improving Oral Health

• Dedicated clinicians have invested time and resources to develop, test and improve the delivery of oral health care to children. However, Medicaid payment is not aligned so the sustainability of those improvements is in jeopardy.

• Each state participating in this project will be expected to partner with a care delivery model that has demonstrated improvements to the oral health of children it serves.

• IAP will support states to build on that foundation, to select, design and test a VBP approach aligned with sustaining the model and eventually spreading it to more sites.
Examples of care delivery models identified through an environmental scan are provided in the Appendix to the Program Overview.
Polling Question #2

Are you aware of a care delivery model located in your state that is improving children’s oral health?

1. Yes
2. No
3. Not sure
Webinar Questions or Comments?

- **Written**: Use the chat box to send in your written question.
Overview of Technical Support

• **Set goals** for the project.

• **Select** a VBP approach by exploring in detail the state’s children’s oral health VBP goals and objectives and understanding the partner care delivery model.

• **Design** a Medicaid/CHIP children’s oral health VBP approach appropriate for the state and the partner care delivery model.

• **Test** the selected and designed children’s oral health VBP approach with the partner care delivery model site or sites.

• **Develop and run** financial simulations as needed throughout.
Examples of VBP Approaches

• The IAP team will assist participating states to select, design and test one of these VBP approaches in relation to the care delivery model site with which the state is partnering.

- Shared savings and shared risk methodologies
- Bundled payments and episodes of care
- Pay-for-performance (P4P) approaches
- Inclusion of children’s dental services in global payment models
- Use of contractual or other vehicles to advance implementation
Polling Question #3
(State Medicaid/CHIP Representatives Only)

Which type of VBP approach do you think you might be interested in developing/implementing?
(you may select more than one)

1. Shared savings and shared risk methodologies
2. Bundled payments & episodes of care
3. Pay-for-performance (P4P) models
4. Plan-Level performance measures
5. Inclusion of children’s dental services in global payment models
6. Use of contractual or other vehicles to advance implementation
Technical Support Team

Each state team will have access to:

– An IAP OHI VBP lead (single point of contact for state)
– A Medicaid policy expert
– A children’s oral health subject-matter expert
– A data management expert
– An actuarial expert
– A financial simulation expert
– A health HIT/HIE expert
# Technical Support Timeline

<table>
<thead>
<tr>
<th>Component</th>
<th>Timeframe</th>
<th>State Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>State selection and initial expectation discussions</td>
<td>June 2017</td>
<td>State office hours</td>
</tr>
<tr>
<td>Kick-off and strategic planning for selected states</td>
<td>Once selected</td>
<td>Regular strategic planning meetings</td>
</tr>
<tr>
<td>Individualized program support with assigned IAP OHI VBP lead and team of technical support experts</td>
<td>July 2017 - April 2018</td>
<td>Regular correspondence about support provided and using assistance tools/materials. One-hour calls, monthly or more frequently, as needed</td>
</tr>
<tr>
<td>Peer-to-peer affinity groups</td>
<td>Ongoing</td>
<td>Periodic topic development with state input</td>
</tr>
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How to Apply for Technical Support
How to Apply: Expression of Interest

Expression of Interest Form:

Due: April 12, 2017
Email form to: MedicaidIAP@cms.hhs.gov

Children’s Oral Health Initiative (OHI) Value-Based Payment Technical Support

Expression of Interest Form

Please complete this Expression of Interest form to be considered for the OHI Value-Based Payment Technical Support opportunity. The information you provide on this form will enable the Medicaid Innovation Accelerator Program (IAP) to evaluate the Medicaid/CHIP agency’s (a) ability to partner with a care delivery model site already established in its state, (b) level of readiness to participate in this IAP opportunity, and (c) level of commitment to advancing Medicaid/CHIP Value-Based Payment in children’s oral health. Details of these three selection criteria are provided in the Program Overview.
Expression of Interest:
Care Delivery Model Requirements

• Each state is required to partner with a care delivery model site in their state that has demonstrated improvements in children’s oral health, such as:
  – improvement in caries risk status
  – reduction in rate of new caries
  – reduction in the need for referrals to the operating room for restorations performed under general anesthesia

• A letter of commitment from the partner care delivery model is required.

• To learn more about the examples of care delivery models listed in the Program Overview Appendix, contact Laurie Norris laurie.norris@cms.hhs.gov.
State Selection Factors

• Ability to partner with a care delivery model site in the state that has a track record of improving children’s oral health
  – Must submit letter of commitment from the model with the Expression of Interest form

• 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

• 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
Key Dates

April 2017
- Expression of Interest Form and Attachments Due to CMS on April 12

April/May 2017
- CMS Conducts 1:1 Calls with Interested States

June 2017
- IAP OHI VBP Kick-Off Webinar with Participating States

June/July 2017
- Technical Support Begins
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 get started.
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 my state will not be interested in applying to participate.
5. Unsure.
Next Steps

• Visit IAP’s Medicaid.gov webpage for more information, including the Program Overview and Expression of Interest Form

• Email Laurie Norris with questions at laurie.norris@cms.hhs.gov and include subject line “Children’s Oral Health VBP”
Webinar Questions or Comments?

- **Written**: Use the chat box to send in your written question.
- **Verbal**: Press *1 on your telephone keypad to ask a question verbally.
Thank You!

Thank you for joining today’s webinar.

Please take a moment to complete a short feedback survey.