Department of Medicaid

Ohio Medicaid's Mom & Baby Bundle

Community Advisory Group Meeting

January 30, 2020

Agenda

- Welcome and Introductions

- Reporting and Outcome Metrics

- Risk Tiering and PRAF

- Relationship Building between CE and PE

Housekeeping

- We are broadcasting today's presentation via webinar and plan to record and post the recording.

- Slides are posted on the new Mom & Baby Bundle page on ODM's website.

   - https://medicaid.ohio.gov/INITIATIVES/Maternal-and-Infant-Support/Mom-Baby-Bundle

What we heard…

- Continued confusion around coordinating (medical) entities and the community partnering entities
- Operational challenges to contracting with community partnering entities to ensure patients aren't receiving duplication of services (one point of referral)
- Statewide approach – needing to address equity while also addressing unique community needs in a diverse state
- The state needs to be more specific about what the requirements are for cultural competency and how to better integrate that into practice – including the need for on-going updates based on lessons learned.
- Community partnering entities are the bridge to ensure women can meet outcomes to improve maternal and infant mortality.

Ohio Medicaid's Coordination of Clinical and Community-Based Supports and Resources
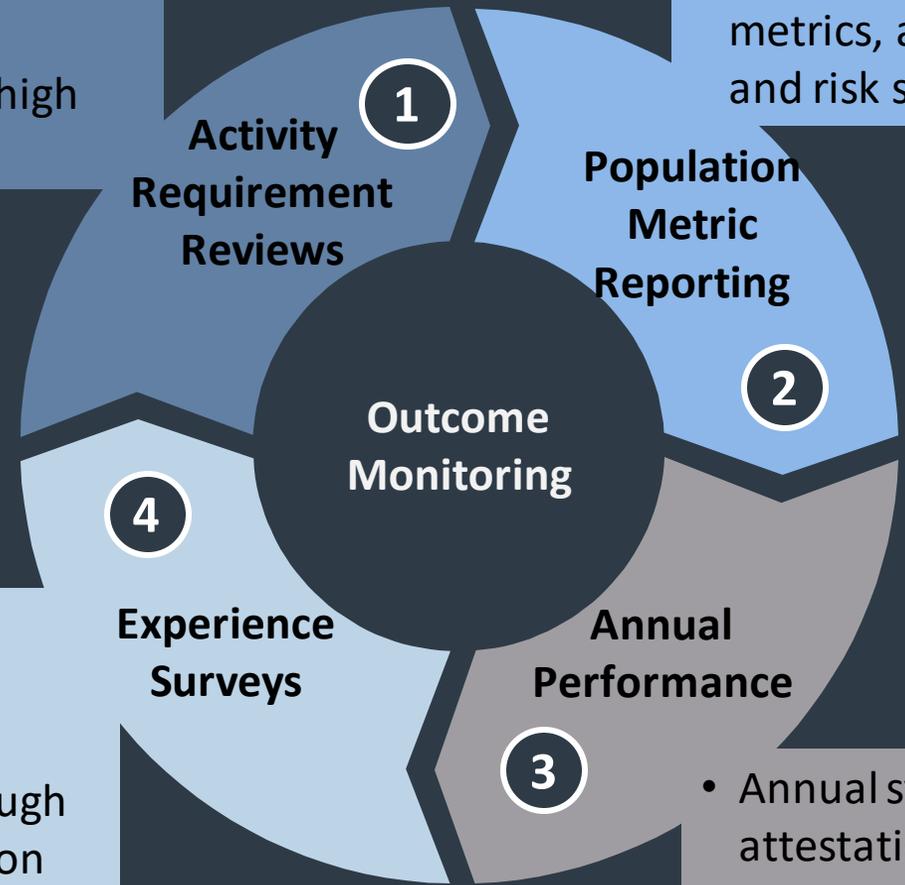
Mom & Baby Bundle creates strong incentives to integrate community-based and non-traditional services into the traditional healthcare system

Women's Wellness Wheel ™
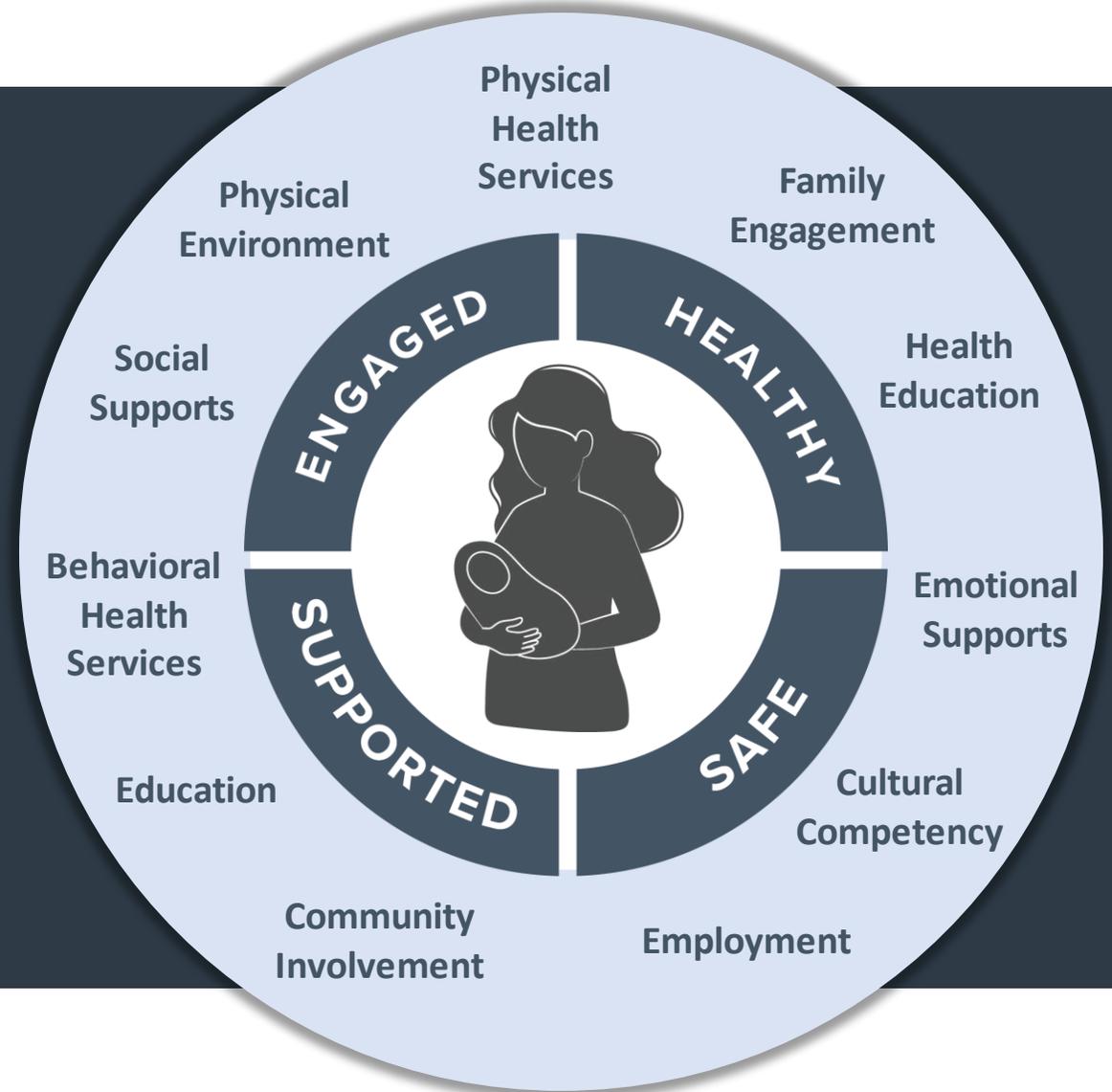
Outcome Metrics and Reporting

Activity Requirement Reviews

- Two types of reviews conducted annually
  - Desk Reviews (all practices)
  - On-Site Reviews (subset of random, high, and low performers based on desk reviews)
- Reviews are conducted by an external organization to ODM
- Looking for processes in place to implement activity requirements
  - e.g., what processes are the practices using to follow up with patients after a hospital visit?
    - How does the practice identify patients who had a hospital visit?
    - Who contacts the patient after the visit?
    - How is the information recorded in the patient record and at the population level?
    - How is the patient care plan updated or created if needed?

Potential Quality Metrics

LINKED TO PAYMENT - DRAFT
C-Section Rate
Primary Care Visits for Mom and Baby
Follow-up Visits
High Risk Composite
• Behavioral Services
• Progesterone Administration
• New Opioids Fill Rate
• SUD Treatment
HIV Screening

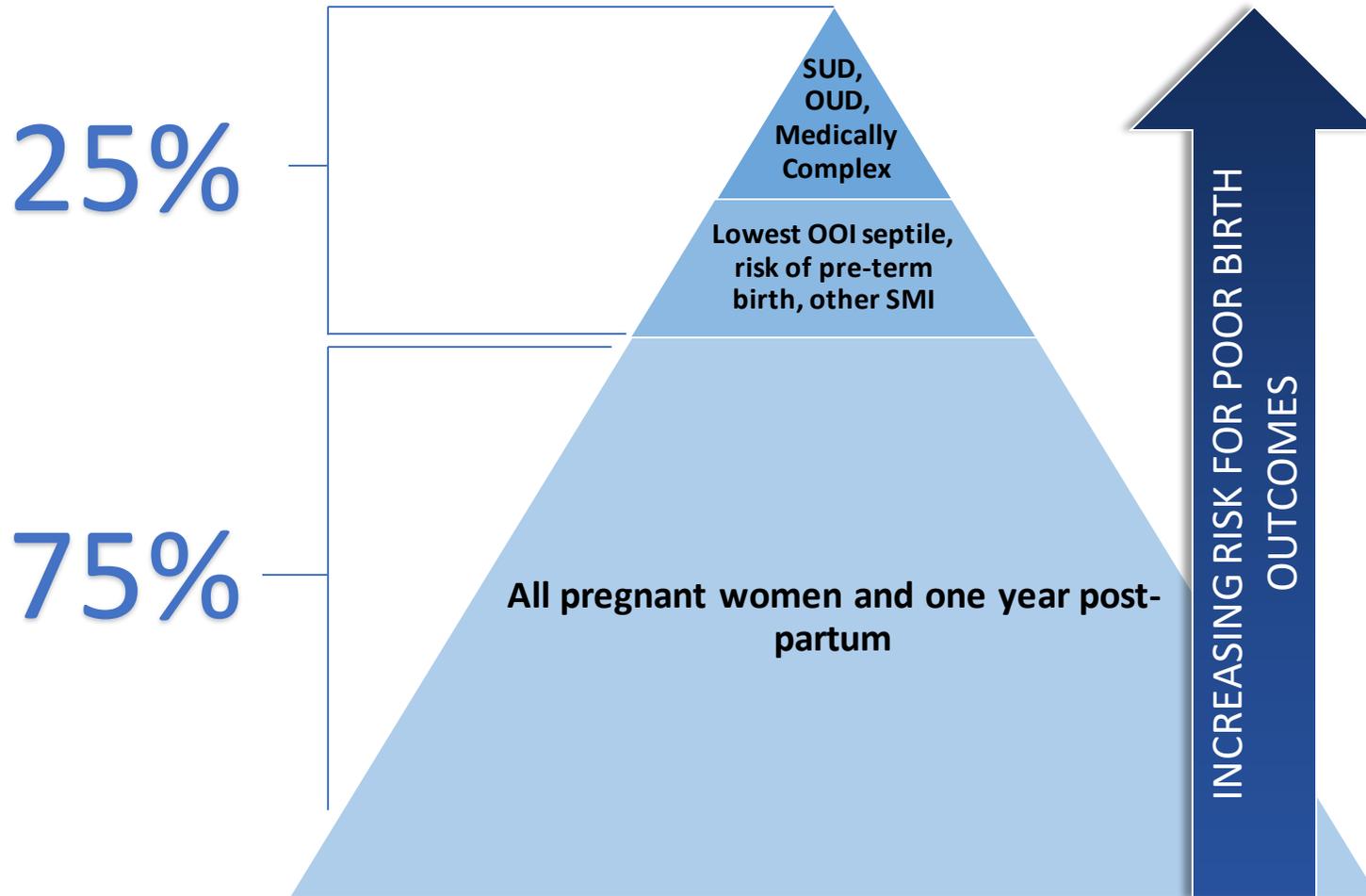| INFORMATION ONLY - DRAFT |
| --- |
| Breastfeeding at discharge |
| Breastfeeding at 6 months |
| Depression Screening |
| Enrolled in Evidence-Based Home Visiting |
| Enrolled in WIC |
| Hepatitis B screening |
| Low-birth Weight |
| Pre-term Birth |
| Community-Based Supports |
| Tdap and Flu Vaccine |
| Tobacco Cessation |

Quality Metric Reporting

- Providers get quarterly and annual reports to assess program performance and compare to comparable practices

- Helps identify opportunities for improvement at a population health level and highlight practice strengths for best practice sharing

Patient Experience Assessment

- Combination of practice self-monitoring and external surveys/focus groups conducted by a third party

- Do women feel safe, heard, cared about, and involved in their own care and health?

- What does the practice do well and what opportunities for improvement exist in regard to interacting with the patient population?

Risk Tiering and PRAF

Medicaid covers 52% of Ohio's Births
(that's almost 70,000 births each year)

25%

75%

SUD, OUD, Medically Complex

Lowest OOI septile, risk of pre-term birth, other SMI

All pregnant women and one year post-partum

INCREASING RISK FOR POOR BIRTH OUTCOMES

- All pregnant and postpartum women in the Medicaid program should be offered the opportunity to receive integrated, culturally competent, longitudinal care from a team of providers and community partners they trust

- All pregnant and postpartum women will be "risk stratified" to determine the level of extra intervention they may need to have the best experience and outcomes
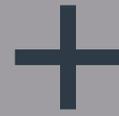
Pregnancy Risk Assessment Form (PRAF)
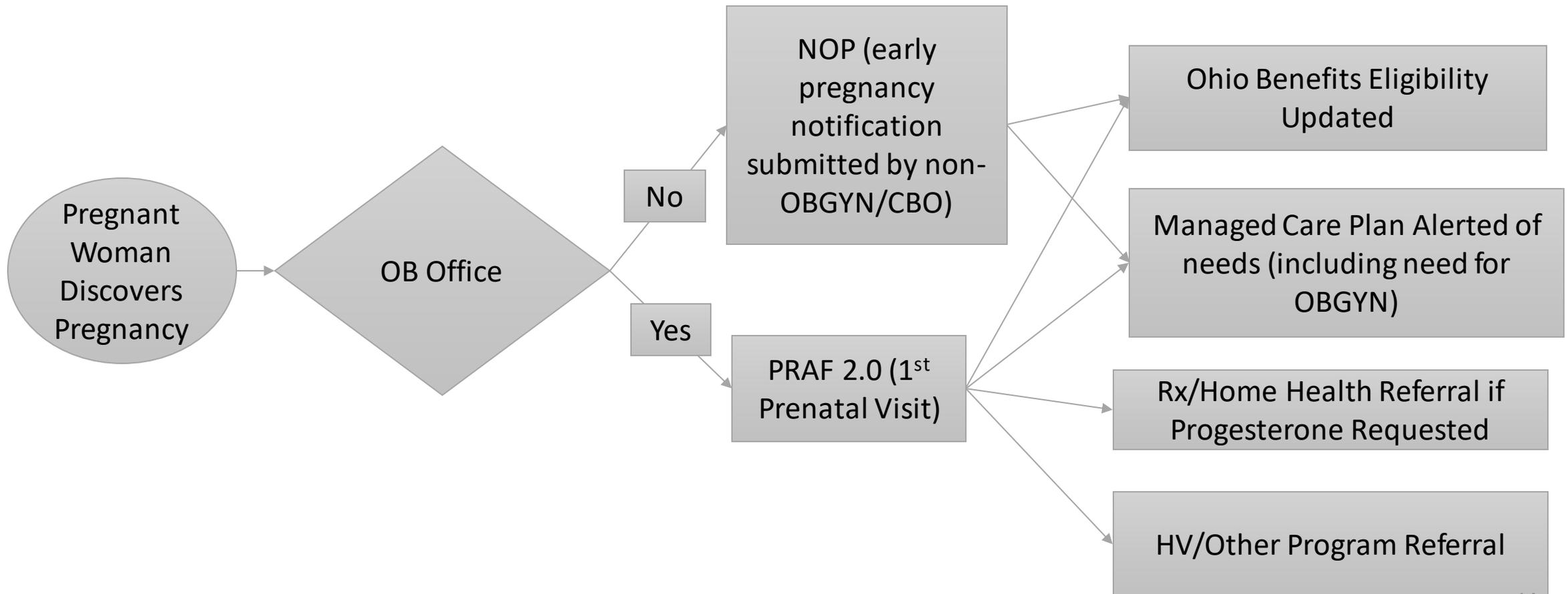
Relationship Building between CE and PE

Coordinating Entities (CEs) ➕ Partnering Entities (PEs)

CRITERIA:

- Current Medicaid providers of prenatal & postpartum care
- Sufficient capacity to coordinate holistic patient needs
- Opportunity for systematic improvement in better patient approaches and outcomes
- Ability to exchange and use electronic data from variety of sources

ELIGIBLE PROVIDERS:
- ✓ OB/GYNs practices
- ✓ FQHCs/RHCs
- ✓ Local Health Districts
- ✓ Hospital-based practices

CRITERIA:

- Trusted by women
- Proven improvement in patient engagement and support
- Ability to customize care for women, babies and their families
- Opportunities to coordinate non-medical care to optimize patient outcomes

EXAMPLE ENTITIES:
- ✓ Doulas
- ✓ Paralegals
- ✓ Community health workers
- ✓ Peer Supporters
- ✓ Lactation consultants
- ✓ Home Visitors
- ✓ Navigators
- ✓ Pathways Community HUBs
- ✓ Public health nurses
- ✓ Other community supports

What are the requirements to receive and maintain CE status?

To become a CE, you must:

- Be a current Medicaid provider: Professional Medical Group, Hospital, FQHC/RHC, or Clinic
- Serve a minimum number of attributed Medicaid women under same tax ID
- Submit an application and attestation to the Ohio Department of Medicaid

To be approved as a CE, you must attest to meet the following by enrollment:

- Demonstrate commitment to physical and behavioral health integration
- Assure completion of cultural competency training requirements
- Establish (or adapt) a patient and family advisory council
- Participate in learning activities
- Review reports provided by ODM
- Have the following on staff/contract: a practitioner with prescribing authority, a RN/LPN, and a case manager
- Perform activity requirements
- Have contracts / arrangements with partnering entities to assist with meeting activity requirements
- Use an EHR; have ability to share & use electronic data with multiple sources

More?

- What would you want to be doing differently tomorrow with these new dollars?

- What is the number one outcome you want to see improvement on? What needle are we moving?

- How can we hold each other accountable to ensure we are meeting those outcomes?

Next Steps and Timeline

Next Steps

- **Timeline: Mom & Baby Bundle is expected to begin by the end of 2020**
- There will be many more opportunities to provide input into the design:
  - A follow up survey was sent to all participants in the Jan. 9 meeting to solicit additional feedback
  - Draft rule will be posted to Mom & Baby Bundle webpage for informal review
- ODM will hold additional stakeholder engagement regarding other components of the Maternal and Infant Support Program
  - Nurse home visiting
  - Mom / baby dyad
- Please sign up for our email list on the Mom & Baby webpage

Thank you

For more information, contact:

MISP@medicaid.ohio.gov