Comprehensive Maternal Care (CMC): Pre-Invitation Webinar

August 31, 2022
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Why is ODM Creating CMC?
Governor DeWine’s Children’s Initiative

- Coordinate and align the state’s children’s programming
- Advance policy and innovation in children’s programming from birth to Kindergarten
- Provide support services for all children and their families
In communities with Medicaid-funded CBOs, women have expressed the following key barriers to improved health outcomes:

- Lack of Trust of the Health Care System
- Lack of Provider Empathy
- Lack of Effective Communication from Providers
- Lack of Social Supports
- Lack of Community Resources
- Lack of Medicaid Coverage of Alternative Providers and Services
What we heard...

“What we heard…

“Just be there for me; for my health and my baby’s health. Don’t be so judgmental and make me feel like I’m not a person...”
What we heard...

“...having to wait eight weeks to see a doctor, after I found out I was pregnant was really hard for me, especially after I lost a baby. I was scared that I was going to lose another one, and now they are telling me I have to wait eight weeks to see a doctor.”
...How we are attempting to change

A statewide initiative to address people’s concerns by developing a comprehensive Maternal and Infant Support Program

- Enhance access to services and supports
- Improve patient experience and outcomes
Ohio’s vision for CMC is to promote customized, high-quality, continuous and comprehensive equitable care

- Give women and their families the clinical and community supports they need to improve outcomes and reduce disparities, while helping them build a longitudinal trusting relationship within the health care system

- Deliver person-centered, customizable interventions to women and babies by creating a framework for providers and community partners to work together

✓ Improved maternal and infant outcomes
✓ Improved provider cultural competency
✓ Improved patient experience
✓ Improved cross-system collaboration
Why Would a Practice Join CMC?
Why Would a Practice Join CMC?

- Access to a peer-to-peer network
- Opportunities for best practice sharing
- Access to practice and patient data
  - Evaluations
  - Assessments
  - Quality Metrics
- Professionally contracted technical assistance
- Influence future program updates and design
- Funding to support and reward innovative population health strategies

Gain access to more and better resources to improve patient experience and patient care
Embracing population health activities can improve patient care

- Programmatic supports offered by CMC can provide options to practices to expand access to critical non-billable activities
- Examples include:
  - Hiring or contracting for staff, including community health workers, peer supporters, care connectors, or patient navigators
  - Upgrading EHR or HIE functionality to free up additional staff time and improve follow up care rates and retention in care
  - Purchase or administer screening tools for social determinants of health
  - Expand access to interpretive tools and services
  - Provide more robust health equity and community training to staff
Components of CMC Model

- CMC Enrollment
- Patient Attribution
- Population Health Activities
- Outcome Reporting and Monitoring
- Per Member Payments and Performance Incentives
Population Health Activities

- Risk Stratification
- Enhanced Access
- Patient Engagement
- Team Based Care Delivery
- Care Management
- Patient Experience
- Follow Up After Hospital Discharge
- Community Integration
- Population Health Management
CMC Attribution

Matching Patients to Practices

1. PRAF practice/member choice
2. Pregnancy-related claims
3. Primary care practice relationship or affiliation with OB/GYN practice
4. Geography
CMC Enrollment Criteria

• Be an eligible, active practice providing pregnancy related services

• Have a record of caring for pregnant and postpartum people with Medicaid coverage

• Attest to meeting program requirements
  » Health equity
  » Behavioral health
  » Administrative
<table>
<thead>
<tr>
<th>Eligible CMC Practice Types</th>
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<tbody>
<tr>
<td>Professional Medical Groups</td>
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<tr>
<td>Outpatient Hospital Groups</td>
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<tr>
<td>Federally Qualified Health Centers</td>
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<tr>
<td>Rural Health Clinics</td>
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<tr>
<td>Ambulatory Health Care Clinics</td>
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Per member per month payments

$15/$40

Bonus/incentive payments

$1M total
Per-Member Per-Month Payments (PMPMs) are payments made to Comprehensive Maternal Care entities to support CMC-specific population health activities for attributed patients.

 Payments are made quarterly for all non-excluded attributed patients.

 Payments are determined at the patient level based on the risk tier calculated for the patient.

 Based on preliminary data, patients are expected to be nearly evenly split between risk tiers, with slightly more patients in the standard tier.

 Average PMPM payment per patient is expected to be $25.

 • **Standard** pregnancy care tier: $15 PMPM
 • **Enhanced** pregnancy care tier: $40 PMPM
Incentive Payments

- Retrospective based on prior year’s performance
- Based on activities and measures that focus on health disparity reduction
  - Participation in Perinatal Quality Improvement Collaborative
  - Implementing patient safety practices or bundles
  - Integration and support of community partners
  - Incorporation of information from patient feedback processes
  - Top performance on key outcome metrics
- Up to $1 million total per year
Quality Incentive Payments are made annually to reward CMC-enrolled entities for actively participating in health disparity reduction activities.

Capped at one million dollars annually for CMC program.

Awarded after the program year.

Must pass quality metric thresholds and activity requirements to be eligible.

$8000 per point per CMC entity, up to three points, with one point each awarded for:

- Participation in Perinatal Quality Improvement Collaborative OR implementing patient safety practices or bundles;
- Integration and support of community partners; and
- Integration of information from patient feedback processes.
ODM OB/GYN Practice

- 352 Patients attributed Q1 2023
  - 202 in Standard care tier
  - 100 in Enhanced care tier
- If same attribution over next three quarters
- Adding in Quality Incentive Payments
  - One point for implementing AIM bundle
  - One point for integrating HUB referrals

Example Calculations:

Q1 2023 PMPM Payment:
(202 * $15) + (100 * $40) = $7030

Annual PMPMs for 2023:
($7030 * 4) = $28,120

Quality Incentive:
$8000 x 2 points = $16,000

Annual Payment for 2023
$28,120 PMPMs + $16,000 QIP = $44,120
Proposed Measures for Payment

- Postpartum Care
- HIV Screening
- Hepatitis B Screening
- Tdap Vaccination
- Tobacco Cessation
- Primary Care Visits for Mother
# Reporting Measures

- Prenatal Visits by Nine Weeks Gestation
- Breastfeeding Rates
- Preterm Birth Rates
- Percentage of Low Birthweight Births
- NTSV Cesarean Birth Rate
- Dental Visit
- Infant Well Care Visits
- Flu Vaccinations
- Maternal Depression Screenings
- WIC Enrollment
- High Risk Composite
  - Behavioral Health Services
  - Preterm Birth Interventions
  - New Opioid Fill Rate
  - Substance Use Disorder Treatment
Enrollment
Program Enrollment Timeline

- September 2022: Invitations emailed
- October 2022: Enrollment window
- December 2022: Welcome webinar
- January 2023: Program starts
CMC Enrollment Eligibility

• 150 patients attributed using Medicaid claims data at a TIN level

• All individual Medicaid IDs on invitation must enroll

• Exclusions
  » Dual eligible (Medicare coverage)
  » People with third party liability
  » People on OhioRISE
  » People with limited benefits
How to Receive an Invitation

- This year invitations will be sent via email
- Contact information will be pulled from the MITS Secure Provider Portal
- The service location email address for each Medicaid ID will be used
  » Ensure all demographic information is up-to-date prior to September 1st

*Training video for step-by-step instructions can be found online at [https://medicaid.ohio.gov/resources-for-providers/billing/training/training](https://medicaid.ohio.gov/resources-for-providers/billing/training/training)
Where and How to Enroll

Enrollment will take place in the Provider Network Management Module

Only the Medicaid IDs that received an invitation will have the ability to enroll

Select the appropriate provider file(s) and click on CMC enrollment

Complete a few simple steps and submit the enrollment application – create a CMC contact and attesting to the program requirements

Once your enrollment application is processed, a Welcome Letter will be generated and found in your enrollment correspondence
PNM Pre-Registration Period: Top 3 Things to Know

1. NEW PORTAL OCTOBER 1
   Beginning October 1, the Ohio Department of Medicaid will require all Ohio Medicaid Providers to use an OH|ID to log in and complete key administrative tasks and processes in the new PNM Module.

2. SINGLE SIGN-ON
   OH|ID is a secure way to interact with State of Ohio agencies online. Over 2 million people use it to submit forms, file reports, and access apps – all with one account.

3. PRE-REGISTRATION PERIOD
   To prevent disruptions to care or administrative tasks, there will be a 6-week Pre-Registration period where Providers can create an OH|ID for their Provider portal ahead of the launch.

KEY DATES

Pre-Registration Period: August 15 - September 23
PNM Module Launch: October 1
• Access the PNM Pre-Registration tool directly
https://pnm-preregistration.omes.maximus.com/?utm_medium=email&utm_source=govdelivery

• Access the tool via the PNM & Credentialing page

• For providers who have already created an OH|ID, pre-registration will only take a few minutes
What if You Don’t Have an OH|ID Yet?

- Go to myohio.gov
- Fill in the appropriate fields with user information and create account
- An email confirmation will be sent following registration
- Once you have logged in, please fill in the required fields with the correct security information and address any error messages that appear if you complete the security questions unsuccessfully

The PNM Pre-Registration tool will automatically redirect you to the OH|ID account creation site, but you can also create an OH|ID in just a few minutes using the steps above.
Maternal and Infant Support

The Ohio Department of Medicaid (ODM) is the largest maternity care payer in Ohio.

As Ohio’s largest payer of births, one of the goals of the Ohio Department of Medicaid (ODM) is to reduce and eliminate racial disparities in maternal and infant outcomes and to reduce infant mortality. To that end, ODM is implementing a Maternal and Infant Support Program that will focus on providing services and strategies that are designed to advance these goals. Today, Ohio ranks near the bottom of the nation for its rate of infant mortality. Our state also faces significant racial disparities in neonatal outcomes, as supported by the most recent Ohio Department of Health statistics on maternal and infant births. ODM values health equity and is determined to address and eliminate health
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