Stakeholder Engagement Opportunities for Comprehensive Maternal Care

• Please ask questions at any point using the questions feature
• Speakers will highlight key points during today’s presentation on which ODM is seeking feedback
• Time at the end of the slide deck will be dedicated to additional thoughts and questions
• Questions and feedback can be submitted in writing after the discussion today to MISP@medicaid.ohio.gov
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
...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
Maternal Infant Support Program (MISP) Umbrella

Phase 1
- PRAF/ROP Reimbursement updates
- Infant Mortality grants to OEI communities

Phase 2
- Group Pregnancy Education services
- Lactation consulting specialty
- Nurse Home Visiting Medicaid reimbursement

Phase 3
- Comprehensive Maternal Care (CMC) program
- 12 months postpartum eligibility

Phase 4
- Mom and Baby dyad providers and services
- Doula services
- Welcome home nurses and providers
## Maternal and Infant Support Program Timeline

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<td>Lactation Counseling</td>
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<td>12 Mo. Post-Partum Eligibility</td>
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**Comprehensive Maternal Care**
- Go Live TBD

**Next Up:**
- Doula Services
- Mom/Baby Dyad
- Welcome Home Visits

**Additional Providers TBD**
Purposes of the CMC Clinical Advisory Group

» Offer specific advice, expert opinions and suggestions regarding the CMC program framework
» Provide clinical and programmatic input on key components of the CMC model – ex) attribution, activity requirements, performance metrics
» Review rule development and changes
» Provide critical technical feedback regarding CMC development and initial implementation activities

MEMBERS SELECTED FOR THE CLINICAL ADVISORY GROUP REPRESENT

- Diverse range of expertise and experience
- Trusted community partners
- Associations and providers of services
- Clinicians with lived experience
- Ohio’s geography
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
Patient Journey

Continuous Eligibility

Patient Identification

“No Wrong Door”
- Notification of Pregnancy or PRAF
- OBs, Hospitals, FQHCs, Emergency Department, PCPs, etc.

Risk Tiering and Attribution

- Completed by ODM
- Algorithm defined by state based on claims, vital stats, PRAF data, etc.
- Determine risk tiering for each woman
- Attribute to provider based on algorithm defined by the state

Planning and Engagement

- Informed Consent
- PRAF completed, if applicable
- Provider identifies MISP options based on patient risk assessment and provides choice to woman
- Linkage to selected partnering entities
- Can be performed at any prenatal appointment

Team-Based Care

- Provider coordinates ongoing health care and community supports
- Uses a family-centered approach to deliver customized interventions to the patient and her family
- Routine, planned multidirectional communication with the team, including the patient, OB, PCP, and pediatrician

Prenatal Care

Postpartum Care

Routine Source of Primary Care
Alignment to ACOG Perinatal Care Guidelines

- Ensure access to services
- Identify risks early
- Provide linkage to the appropriate level of care
- Ensure adherence, continuity, and comprehensiveness of care
- Promote efficient use of resources

https://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx
Transforming Practice Culture
Comprehensive Maternal Care Program
Alternative Payment Model

Designed to encourage and finance transformation, fund new care and operations and reward value

Prioritize outcomes over process

By funding population health activities, providers focus can be on meeting each patient’s specific needs

Minimize provider burden

No complicated billing system to master or additional data submission

Aligning care

Create incentives to integrate care across systems and settings
Components of CMC Model

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

• 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
Eligible CMC Practice Types

- Professional Medical Groups
- Outpatient Hospital Groups
- Federally Qualified Health Centers
- Rural Health Clinics
- Ambulatory Health Care Clinics
Patient 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
# Population Health Activities for CMC

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<tr>
<th>Risk Stratification</th>
<th>Enhanced Access</th>
<th>Patient Engagement</th>
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<td>Team Based Care Delivery</td>
<td>Care Management</td>
<td>Patient Experience</td>
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<td>Follow Up After Hospital Discharge</td>
<td>Community Integration</td>
<td>Population Health Management</td>
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Proposed Measures for Payment

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

- 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
Alternative Payment Model Structure

- Per member per month payments (disbursed quarterly)
- Bonus/incentive payments
<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What are PMPMs?</td>
<td>Payments made quarterly from ODM/MCOs to CMC practices</td>
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<tr>
<td>What are PMPMs for?</td>
<td>Payments are to support CMC practices in conducting CMC program activities</td>
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<tr>
<td>Who can receive PMPMs?</td>
<td>All CMC enrolled participating practices</td>
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<tr>
<td>How are PMPMs allocated?</td>
<td>Risk-tiered payments are made for every non-excluded attributed patient</td>
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## Risk Tiering

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<thead>
<tr>
<th>Routine Care</th>
<th>Enhanced Care</th>
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<td>• No or well-controlled chronic conditions</td>
<td>• Medically complex diagnoses</td>
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<td>• Resides in an area with community resources</td>
<td>• Behavioral health considerations</td>
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<tr>
<td>• No known risk of pre-term birth</td>
<td>• Geographic access challenges</td>
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<tr>
<td></td>
<td>• Risk of pre-term birth</td>
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Annual 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
How can you stay involved?

• Send feedback to MISP@medicaid.ohio.gov
• Sign up for our MISP Listserv at https://medicaid.ohio.gov/home/govdelivery-subscribe
• Look for opportunities to comment on draft rule in June/July
• Future webinars closer to CMC go-live