

Strong Start: Partnerships Between States and Applicants

Webinar 2

Centers for Medicare and Medicaid Services

March 7, 2012



The Innovation Center

The purpose of the Center is to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and CHIP...while preserving or enhancing the quality of care furnished.

- **Our Charge:** Identify, Test, Evaluate, Scale
- **Resources:** \$10 billion funding for FY2011 through 2019
- **Opportunity to “scale up”:** The HHS Secretary has the authority to expand successful models to the national level

Measures of Success

Better health care: Improving patients' experience of care within the Institute of Medicine's 6 domains of quality: *Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.*

Better health: Keeping patients well so they can do what they want to do. Increasing the overall health of populations: addressing behavioral risk factors; focusing on preventive care.

Lower costs: Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries.

Partnership between Innovation Center and Center for Medicaid and CHIP Services

- The Center for Medicaid and CHIP Services provides health coverage for nearly 60 million Americans and finances about two of every five births in this country
- Strong Start is a collaboration between the Innovation Center and CMCS

Strong Start Initiative: Two Efforts to Improve Birth Outcomes

This one “*Strong Start*” initiative has two different but related strategies:

1. Reducing Early Elective Deliveries

A test of a nationwide public-private **partnership and awareness campaign** to spread the adoption of best practices that can reduce the rate of early elective deliveries before 39 weeks for all populations

2. Delivering Enhanced Prenatal Care

A **funding opportunity** for providers, States and other applicants to test the effectiveness of specific enhanced prenatal care approaches to reduce pre-term births in women covered by Medicaid

Strategy 1:

Reducing Early Elective Deliveries

Our effort to safely **reduce early elective deliveries** will include 3 primary activities.

1. Implementing a quality improvement platform through Partnership for Patients to share best practices, and provide technical assistance to hospitals in implementing and adapting the practices and report data.
2. Creating support for change with a broad-based campaign to engage providers, patients, and the public, working with organizations such as the March of Dimes and ACOG.
3. Supporting efforts to collect performance data, measure success, and promote transparency and continuous improvement.

Building on Existing Efforts: Reducing Early Elective Deliveries

- We would like to thank and congratulate the States for all the work that is already happening at the State level to reduce early elective deliveries
- We are eager to work with States and other key partners
- Future webinar to engage deeper on reducing early elective deliveries

Prematurity: The Challenge

- 1 in 8 babies are born prematurely in the United States, resulting in increased risk of severe health problems and lifelong disabilities
- Medicaid currently finances approximately 40% of all births in the United States
- Compared to women with private insurance, women enrolled in Medicaid
 - Are more likely to have multiple risk factors for adverse birth outcomes
 - Have higher rates of complications, poor outcomes, and preterm birth

Strategy 2: Delivering Enhanced Prenatal Care

Cooperative Agreement funding opportunity:

- For providers, states, managed care organizations, and conveners
- To test evidence-based approaches to delivering enhanced prenatal care that can improve health outcomes and reduce costs for mothers and infants in Medicaid

Three Approaches to Evidence-based Enhanced Prenatal Care

One model: “Enhanced Prenatal Care”

Three approaches:

1. Enhanced Prenatal Care through Centering/Group Care
2. Enhanced Prenatal Care at Birth Centers
3. Enhanced Prenatal Care at Maternity Care Homes

Eligible Applicants

1. State Medicaid agencies
 2. Providers of obstetric care (provider groups and/or affiliated providers and facilities)
 3. Managed care organizations (MCOs)
 4. Conveners in partnership with other applicants. The convener may be a direct applicant, or may convene and support other organizations to become applicants
- Non-provider applicants must partner with providers and States
 - Non-State applicants must partner with States and providers

The Role of States

- The active participation of States is essential for this strategy to be successful in improving care, improving health, and reducing costs
- Non-State applicants (providers, MCO's, or conveners) must obtain an agreement with the State to support a non-State applicant
 - **State agreement letters are NOT required for the letters of intent (LOI)**

Non-State Applicants Must Obtain an Agreement From Appropriate State Agencies

- States agree to various data activities including:
 - Verify Medicaid status
 - Provide Medicaid program data necessary for evaluation
 - Link Medicaid data to vital statistics data
- States are encouraged to report State level data on Medicaid maternity core set of quality measures

Non-State Applicants Must Obtain an Agreement From Appropriate State Agencies

- As part of an applicant's proposal, the State will need to attest to a description of Medicaid-covered services in the State Plan
- State agrees to ensure no double payment for overlapping services delivered by separate programs (i.e. "crossover services provided by Medicaid, Title V or other State programs)
 - Providers are also responsible for ensuring no Federal double payment for overlapping services
- State may not supplant existing support

Additional Ways for States to be Involved

1. State can be an applicant
2. State can facilitate collaboration

1. State May be an Applicant

- State must provide agreement letter on various data activities
- State must ensure there is no double payment for services
- State must ensure there is no supplanting existing support
- State applicant must also demonstrate a relationship with providers, MCOs, or conveners in order to ensure a linkage to the enhanced prenatal care services being delivered
- Any other responsibilities as outlined in FOA

2. State Can Facilitate Collaboration

- Can help gather interested parties in the State without themselves being the applicant
- Multistate collaboration
 - non-State applicants can also compile an application across State lines so long as every participating State provides the data activities letter
- States can also partner with other payors, including their State employees

How Will CMS Support States in Strategy 2?

- Funder as part of this Strong Start initiative
- Outreach and communications to States
- Promote alignment of efforts

Next Steps

- All questions submitted to StrongStart@cms.hhs.gov are being compiled into a comprehensive FAQ
- FAQ will be updated and posted to the Innovation Center website at <http://www.innovation.cms.gov>
- Additional webinars will be scheduled

Questions?

Additional information is available on our website:

<http://innovation.cms.gov/>

For further questions, please email:

StrongStart@cms.hhs.gov