



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Working with Managed Care Plans to Improve Quality in Medicaid and CHIP: Lessons from the Infant Well-Child Affinity Group

April 8th, 2024, 1:00 pm EST

CMS 2024
Quality
Conference
Resilient and Ready Together

Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities



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AGENDA

- Overview of Infant Well-Child Affinity Group
 - Presented by Susan Ruiz, CMS
- Texas' Approach to Partnering with Managed Care Organizations
 - Presented by Emily Rocha, Texas HHSC
- Addressing Health Disparities at the Community Level
 - Presented by Crystal O'Reilly, Cook Children's Health Plan



Creating an Optimal
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The CMS Infant Well-Child Visit Affinity Group

Susan Ruiz, CMCS

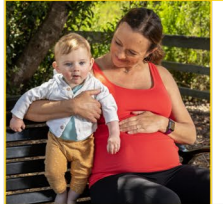


COMMUNITIES

FAMILIES



INDIVIDUALS



RESILIENT



READY

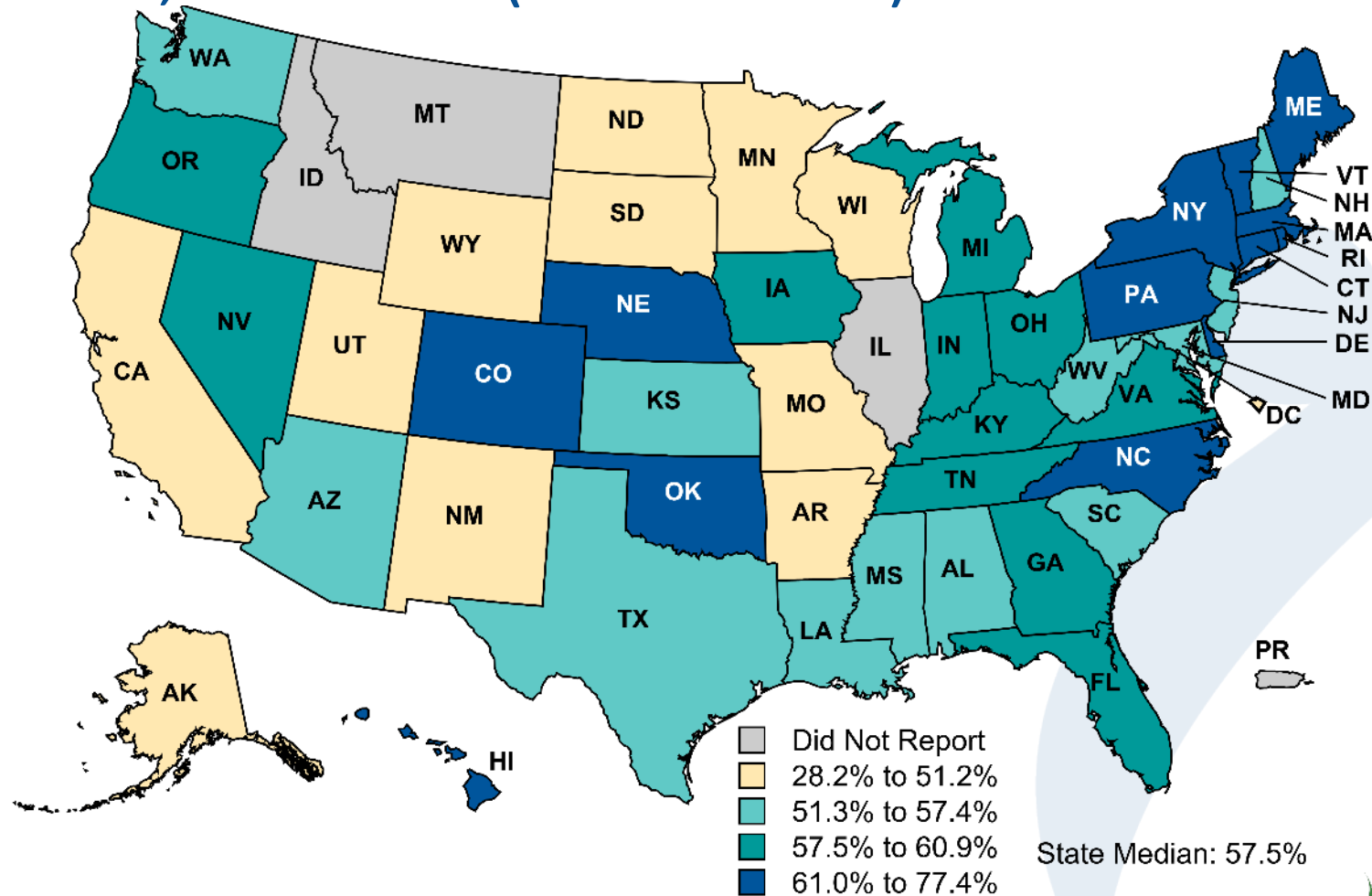


Why Focus on Infant Well-Child Care?

■ Well-child visits

- Improve children's health
- Support caregiver behavior to promote health and prevent injury and harm.
- Provide essential health services for infants
 - ▲ History and physical examination, immunizations, vision and hearing screening, developmental and behavioral assessment, oral health risk assessment, social assessment, care coordination
- Provide essential health services for caregivers
 - ▲ Education
 - ▲ Depression screening

Geographic Variation in the Percentage of Children Enrolled in Medicaid or CHIP Receiving 6 or More Well-Child Visits in the First 15 Months of Life, FFY 2022 (n=48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Overview of the Infant-Well Child Visit Affinity Group

- Part of the Quality Improvement (QI) Technical Assistance Program
- Supported Medicaid and CHIP programs and their partners in 6 states in designing and implementing data-driven QI projects
 - Teams met from December 2021 to December 2023
 - Participating states included California, Missouri, North Carolina, South Dakota, Texas, and Virginia
- Tested interventions such as enrollment improvements, provider education, scheduling assistance, member outreach, member incentives, and enhanced care coordination and case management
 - Texas and North Carolina formed learning collaboratives with their managed care plans

CMS Resources for States and their QI Partners (1 of 2)

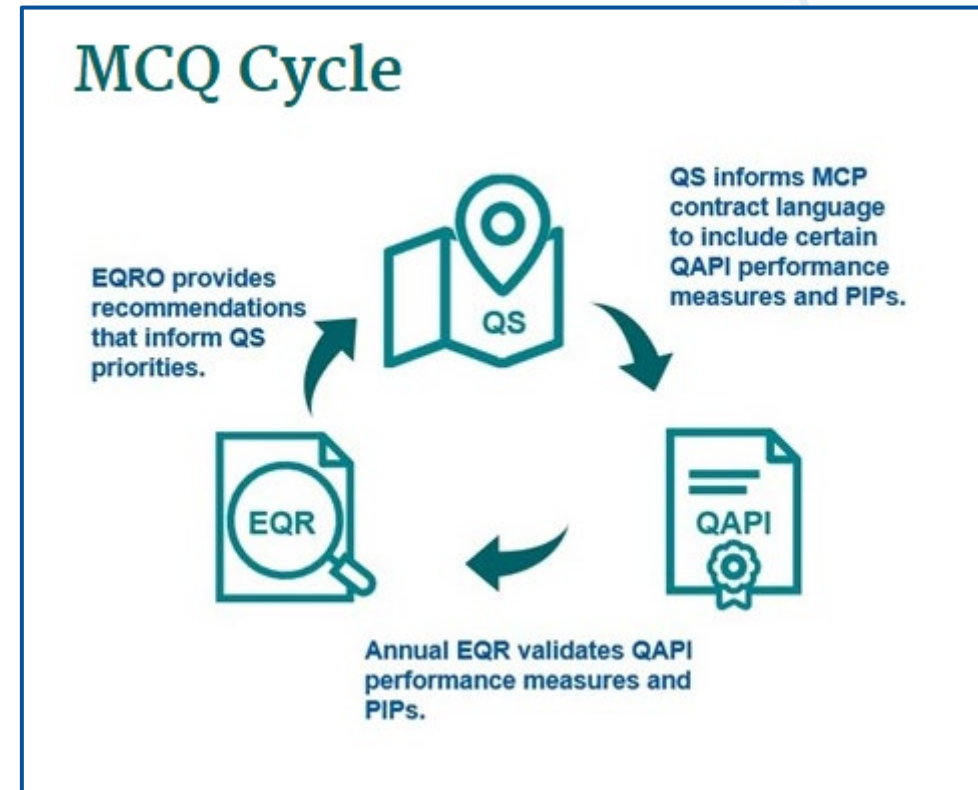
- Resources include QI tools to develop and implement QI projects
 - Driver diagram with evidence-based change ideas
 - Recommended measures for QI
 - “Getting Started with QI” short videos
 - Highlights from the 7 recent affinity groups
 - Previously presented topical webinars
 - State stories on Medicaid and CHIP QI projects
- Topics currently available on the [QI Initiatives](#) website
 - Improving Infant Well-Child Visits, 0-15 months
 - Improving Asthma Medicaid Management
 - Improving Postpartum Care
 - Improving Fluoride Varnish in Primary Care
 - Improving Timely Health Care for Children and Youth in Foster Care
 - Improving Behavioral Health Follow-up Care
 - Tobacco Cessation Strategies
 - Using Managed Care Tools for Quality Improvement (see also next slide)



The screenshot shows the Medicaid.gov website. The header includes the Medicaid.gov logo with the tagline 'Keeping America Healthy', a search bar, and a link to 'FAQs'. The navigation menu contains: Federal Policy Guidance, Resources for States, Medicaid, CHIP, Basic Health Program, State Overviews, and About Us. The breadcrumb trail is: Home > Medicaid > Quality of Care > Improvement Initiatives > Well-Child Care. The left sidebar, titled 'Improvement Initiatives', lists: Maternal & Infant Health, Foster Care, Well-Child Care (highlighted), Oral Health, Asthma, Reducing Obesity, Behavioral Health, Tobacco Cessation, Vaccines, Health Disparities, Care Transitions, and Patient Safety. The main content area is titled 'Well-Child Care' and features an article 'Improving Infant Well-Child Visits'. The article text states: 'High-quality well-child visits can improve children's health, support caregivers' behaviors to promote their children's health, and prevent injury and harm. The American Academy of Pediatrics and Bright Futures recommend nine well-care visits by the time children turn 15 months of age. These visits should include a family-centered health history, physical examination, immunizations, vision and hearing screening, developmental and behavioral assessment, an oral health risk assessment, a social assessment, maternal depression screening, parenting education on a wide range of topics, and care coordination as needed. When children receive the recommended number of high-quality visits, they are more likely to be up-to-date on immunizations, have developmental concerns recognized early, and are less likely to visit the emergency department. However, many infants do not receive the recommended number of infant well-child visits. The Centers for Medicare & Medicaid Services (CMS) offers quality improvement (QI) technical assistance (TA) to help states increase the attendance and quality of well-child visits for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries ages 0 to 15 months.' Two numbered points are listed: 1. QI TA resources, to help state Medicaid and CHIP staff and their QI partners get started improving the use of infant well-child visits for their beneficiaries; 2. Improving Infant Well-Child Visit learning collaborative resources, to share different approaches to improving well-child visit care and state examples.

CMS Resources for States and their QI Partners (2 of 2)

- Managed Care Quality Improvement website with resources on using Medicaid and CHIP managed care quality (MCQ) oversight activities for QI, including
 - State Quality Strategy (QS)
 - Manage Care Quality Assessment and Performance Improvement plan (QAPI)
 - External Quality Review (EQR)



Managed Care Plan (MCP)

Medicaid and CHIP QI Open School and Office Hours

MAC QI Open School courses will help QI staff develop, strengthen, and use QI skills, including,

- Understanding and applying the Model for Improvement
 - How to craft an effective aim statement
 - How to choose and use measures for QI
 - Using PDSA cycles to develop strong programs and policies
- Access to the Institute for Healthcare Improvement's extensive resource library

MAC QI Office Hours

- Offered multiple times every month with an Improvement Advisor and/or with a Division of Quality and Health Outcomes, Center for Medicaid and CHIP Service staff
- There is no need to sign-up in advance
- Bring your QI questions

For questions, email
MACQualityImprovement@mathematica-mpr.com

Additional QI Technical Assistance

For QI TA questions, email
MedicaidCHIPQI@cms.hhs.gov



Texas' Approach to Partnering with Managed Care Organizations

Emily Stauffer Rocha, MBA, MSN, RN, NE-BC, CHCQM

Director of Clinical Innovation, Texas Health and Human Services Commission



Get to Know Texas Medicaid

~5.9 million individuals enrolled in Texas Medicaid and CHIP programs

Approximately half of the state's children are Medicaid or CHIP beneficiaries

Over 95% of Texas Medicaid beneficiaries are enrolled in managed care

17 managed care organizations



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*As of April 2023

Why did Texas join the affinity group?



- Nationally, the Medicaid average well-child visit rate is about 20% below private payors (PPO, HMO plans)
- And in Texas...
 - 58.28% of infants received six or more well-child visits in the first 15 months of life (W30, Rate 1)
 - Rates varied by service area – 48.05% to 70.55%
 - Historically unable to stratify rates by demographic factors

*Data for CY2019

Keeping our eye on the goal...

- Texas Medicaid & CHIP Services intends to improve the quality, equitable use, and rate of well-child visits for infants 0-15 months via populations identified by participating Managed Care Organizations (MCOs) by October 2022. Improvements in the selected population will be aimed at either:
 1. Reducing disparities or
 2. Increasing the number of complete check-ups.

“The Texas Method”



Host MCO informational call



Select partner MCOs



Meet monthly with MCOs for 1:1 technical assistance calls

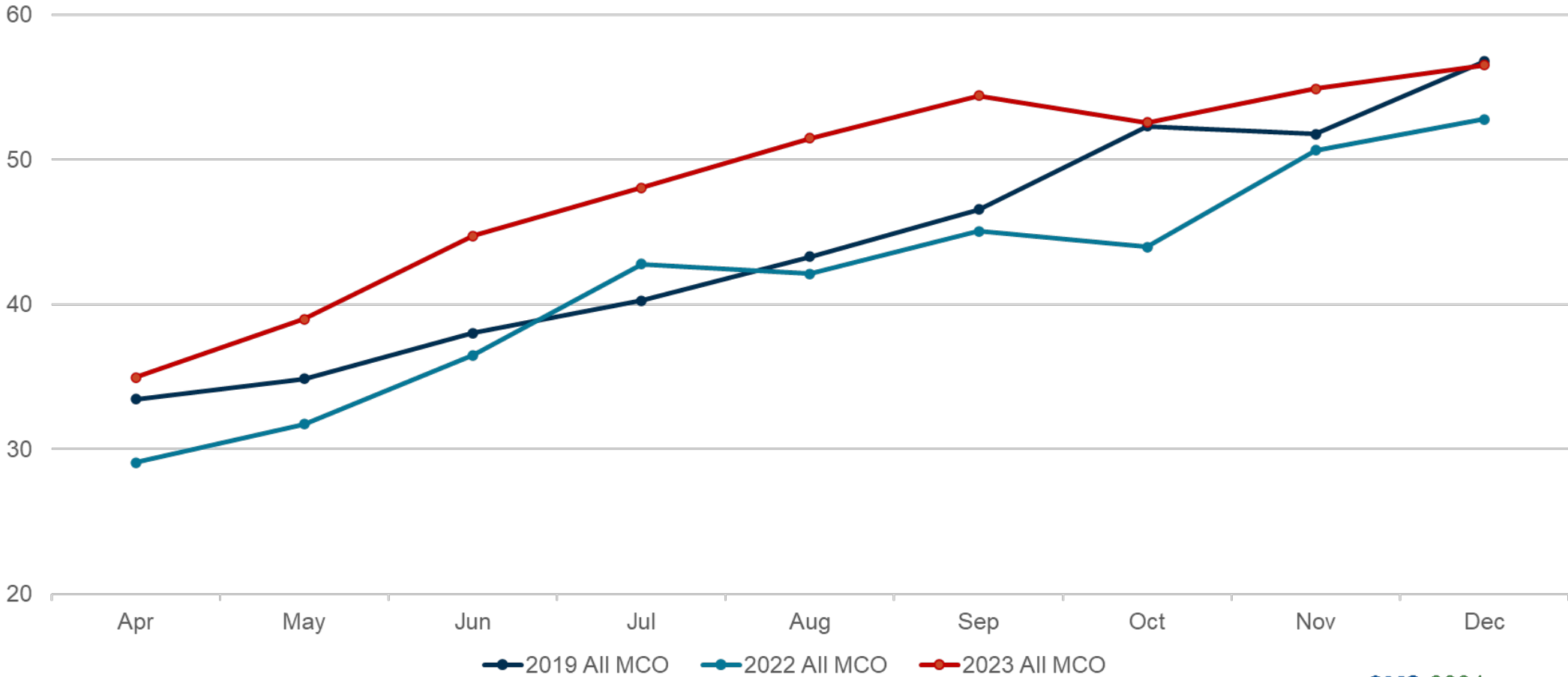


Encourage sharing and learning at bi-annual Learning Sessions with all MCO partners



Obtain feedback from CMS and Mathematica and other states

The results are in!



“What is not measured, cannot be improved.*”

- Data collection is key!
- Use both standardized and project-specific measures
- Examples of metrics
 - Well-child visit rate
 - Immunization rate
 - Lead screening compliance
 - Average visit rate
- Tip: Use a denominator that includes only members whose birthday is in that month



*Quote: William Thomson Kelvin

Best Practices & Lessons Learned



- Interventions can be done by partnering with provider offices or by the MCO
- Communication methods vary in effectiveness by community – phone outreach vs mailed communication; can do tiered outreach
- Assess member populations and watch for differences in urban vs. rural for different needs
- Address common barriers to care quickly
- Increases in community spread of infectious diseases will temporarily impact well-child visits
- Value-Added Services (VAS) may not be known by providers
- Be flexible and ready for change!



Addressing Health Disparities at the Community Level

Crystal M. O'Reilly, BSN, RN

AVP, Quality & Care Management Affairs, Cook Children's Health Plan

Cook Children's Health Plan: Quick Facts

- Community-based Medicaid and CHIP Managed Care Organization
- Part of integrated delivery system, which consists of two pediatric hospitals, 40 pediatric primary care clinics, more than 60 specialty clinics, a home health company, and others.
- Serve six county area; based in Fort Worth, TX
- Child poverty level 14%; Black, non-Hispanic children with higher likelihood of poverty
- Total Membership 118,000 – 37% reduction from prior year due to end of Public Health Emergency
- Predominantly serve children (95%) and roughly 10,000 pregnant Members per year



Infant Well Child Collaborative (Year 1)

- **Aim Statement:** Cook Children’s Health Plan intends to improve the rate of well-child visits in the first 15 months of life for Black, non-Hispanic children ages 0 – 15 months residing in Tarrant County, Texas in the STAR line of business by 4.9% (from 44.3% to 49.2%) in the target population by December 31, 2022.
- **Project:**
 - Rapid PDSA cycles (every two weeks) with layered interventions for both Members and providers.
 - Focus on zip codes with disparate infant well-child rates for Black, non-Hispanic Members

Year 1: Population

Population: Black, non-Hispanic infants birth to 15 months with less than 6 well-child visits in eight zip codes (n = 18 – 80 per PDSA cycle).

- At midpoint Year 1, changed to those infants who did not have a well-child visit scheduled, in addition to all other criteria.
- Children in the eight zip codes typically go to Cook Children's Neighborhood Clinics due to lack of other access.



Year 1: Interventions and Outcomes

■ Interventions:

- Completed nine PDSA cycles from May 2022 through December 2022.
- Telephonic outreach, up to three attempts
- Written outreach, via Postal Service mail, for unreached Members
- Direct scheduling with Neighborhood Clinics via Epic (shared health record)
- Provider meetings and direct access to Office Managers

- **Outcomes:** The rate of Black, non-Hispanic infants who attended six or more well-child visits by 15 months of life increased by 2%, which was statistically significant ($p < 0.001$)

Infant Well-Child Visits (Year 2)

- Maintained same interventions as Year 1 for the STAR population
- **Population:** Black, non-Hispanic infants with less than six well-child visits in the STAR Kids line of business. These children typically have increased medical needs
- **Interventions and Outcomes:**
 - ▲ Two full investigations of STAR Kids eligible population to determine ability to improve rates. Very small cohorts (n<10) with NICU stay average of 118.8 days overall. All medically complex; all on a STAR plan prior for range of 54 – 297 days.
 - ▲ Named Service Coordinators contacted 3 Members able to make catch-up appointment. One attended visit, other 2 with 55% and 63% no-show rates and CPS involvement.

Year 2

■ Milestones:

- Sustained improvement in STAR population
- Full understanding of inherent challenge in STAR Kids population
- Budgeted staff to centralize this and other QI prevention-related efforts

■ Big Wins:

- Reached sustainability phase for Year 1 project
- Infant well-child rate increase of over 5% 2021 – 2023 for Year 1 population

■ Next Steps:

- Enhance SSI applications for NICU infants
- Work with NCQA to develop NCQA exclusion for the W30 measure
- Move education and advocacy into the pregnancy space



Thank you!

