

New York / North Carolina Conversation about Medicaid Managed Care and Children

Presented by
Schuyler Center for Analysis and Advocacy
United Hospital Fund
NYS Department of Health Medicaid
The Children's Agenda



April 20, 2018

Objective:

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- Participants understand NYS Medicaid's system reform, especially with regard to value-based payment, social determinants of health, and children and families
- Participants understand special role that NYS Medicaid plays for our youngest children and how recent efforts are trying to leverage that to achieve better outcomes across sectors and lifespan.

Welcome/Opening

Michelle Hughes, *Executive Director, NC Child*

Kate Breslin, *President & CEO,
Schuyler Center for Analysis and Advocacy*





Background about Medicaid managed care and children in NYS

*Chad Shearer, Vice President for Policy
Director, Medicaid Institute,
United Hospital Fund*

Context—Children in NY Medicaid

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- Medicaid covers 43% of all children under age 21 in New York State
- Children account for 37% of all NYS Medicaid Enrollees
- Most, but not all, children are in managed care
- VBP only applies to children in managed care

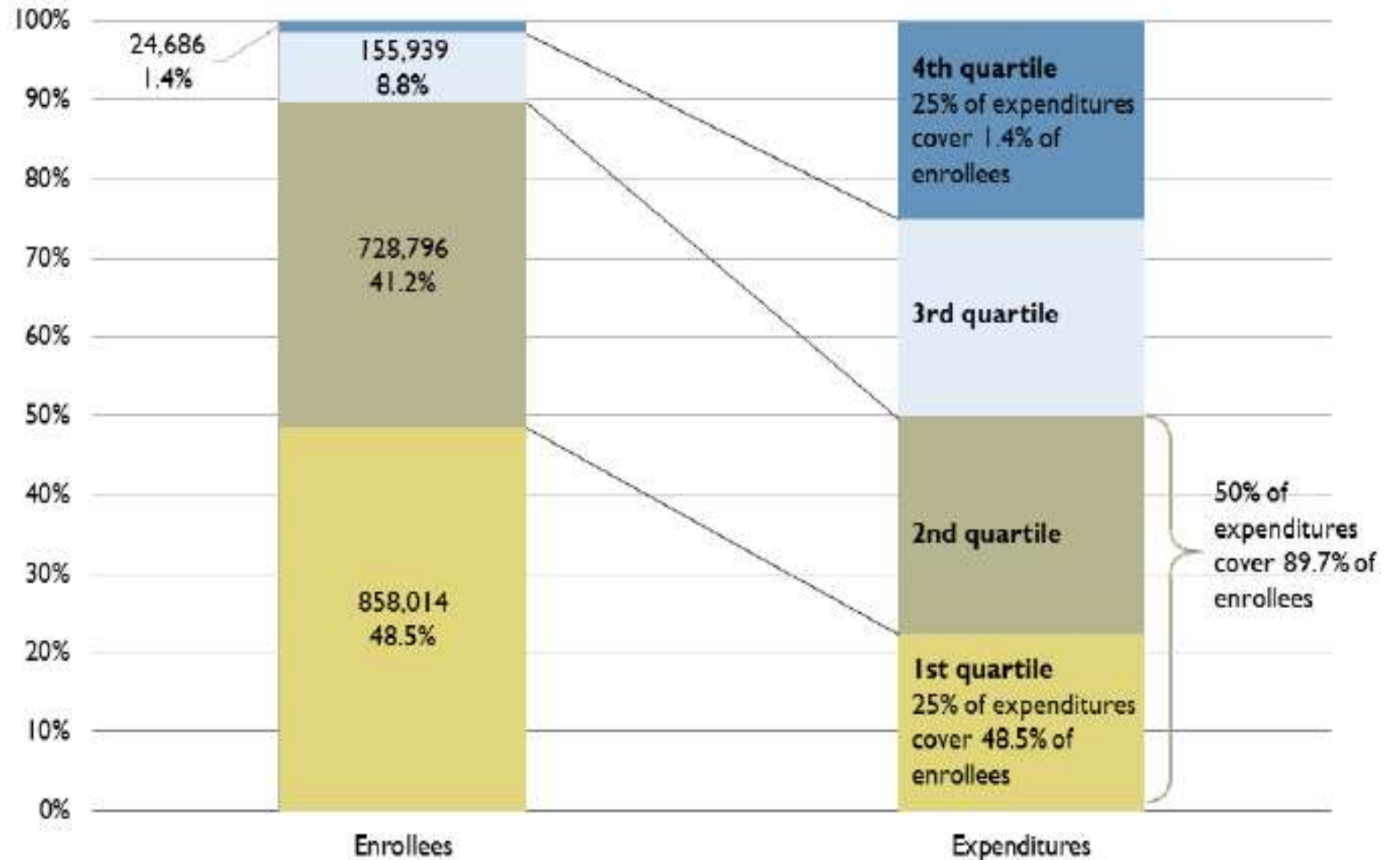
Enrollment Aug 2017	2,259,071
Managed Care	2,037,665
Fee For Service	221,406
Age Breakdown	Under age 1 – 6%
	1-4 – 22%
	5-9 – 26%
	10-13 – 18%
	14-17 – 17%
	18-20 – 11%

Sources: New York State Medicaid Program Enrollment by Month – Health Data NY;
Census Bureau American Fact Finder ACS Demographic and Housing Estimates;
United Hospital Fund Understanding Medicaid Utilization for Children in New York State.

Population Segmentation by Expenditure Quartiles

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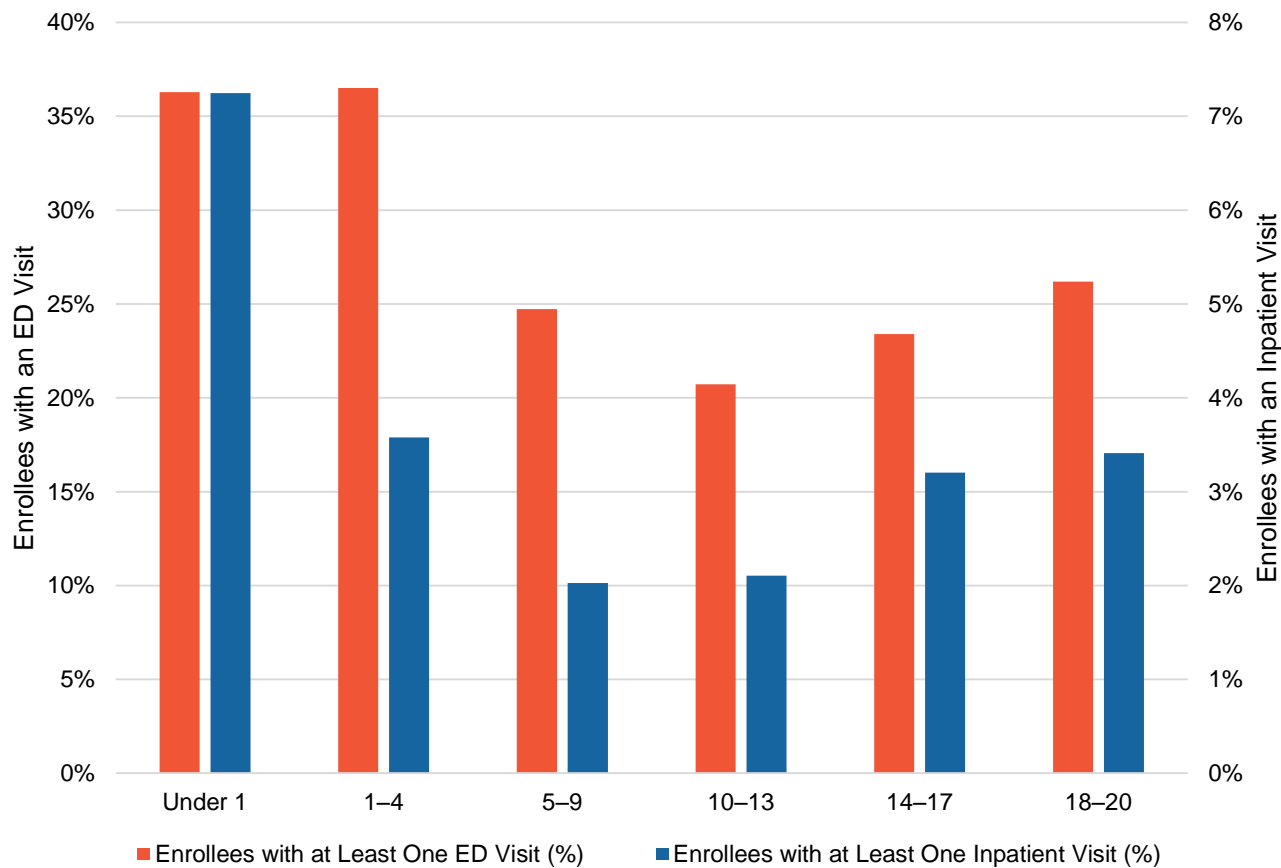
- 90% of Children averaged only \$2400 annual expenditure in 2014
- High-cost children have a range of conditions (e.g., DD, BH, complex chronic conditions)
- Not all high-cost in one year remain high-cost next year



Source: United Hospital Fund Understanding Medicaid Utilization for Children in New York State.

Utilization for Children Varies by Many Factors

CE Children with at Least One Inpatient or ED Visit by Age Group, 2014



- Children have high utilization in the early years, especially primary care and hospitalizations for asthma and gastroenteritis
- In the teen years utilization rises mostly due to behavioral health conditions
- Primary care utilization decreases with age

Source: United Hospital Fund Understanding Medicaid Utilization for Children in New York State.

Children Are Not Just Small Adults

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- Average expenditure per child \$6,900 less than for average adult
- Children use much less inpatient care, and have shorter stays than adults
- Diagnoses driving emergency and inpatient utilization differ greatly

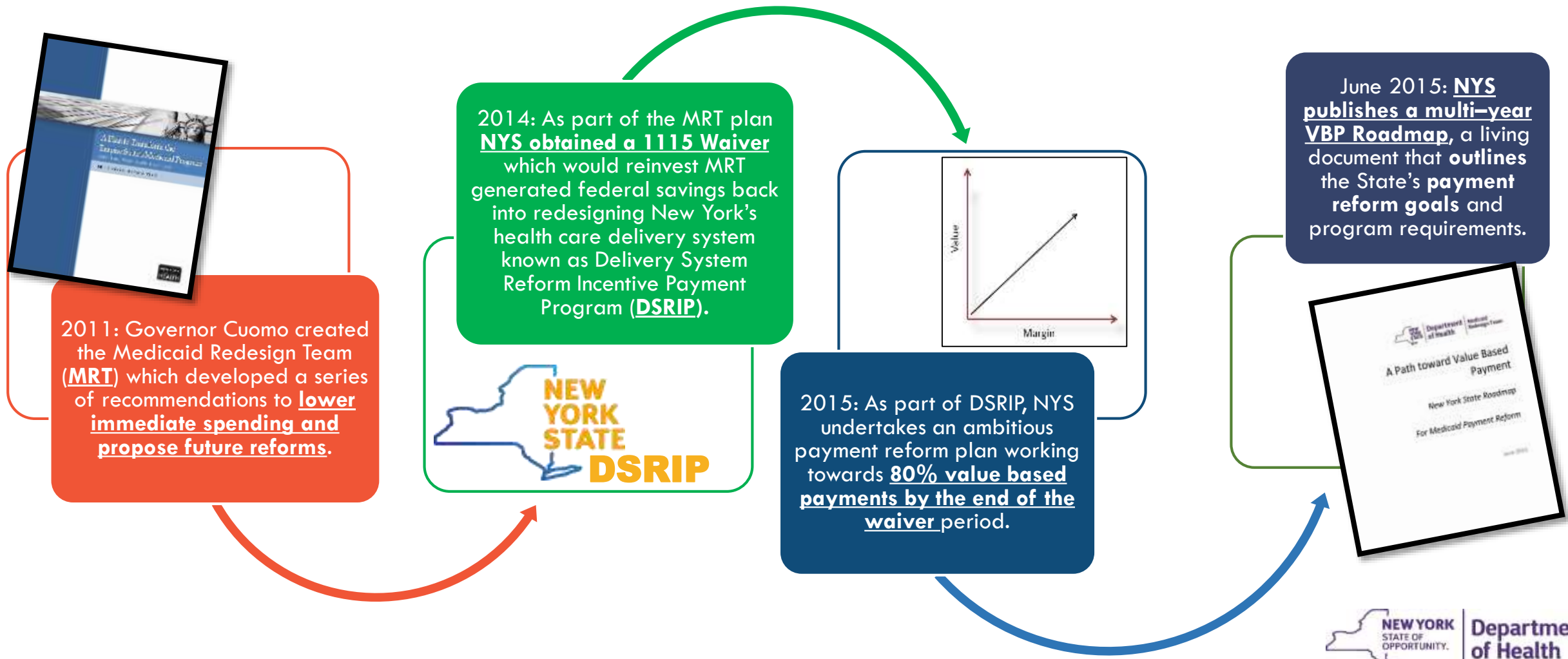
2014*	Children	Adults
Expenditures	\$7.52 Billion	\$23.8 Billion
Enrollees w/ Inpatient Visit	5.8%	12.3%
Length of Stay	5.32 days	8.17 days
Emergency Visits / 1,000 Enrollees	487	648

A healthcare professional in a blue uniform and glasses is examining a baby lying on a table. A woman with long dark hair is sitting on the left, watching the professional. The background is a clinical setting with medical equipment.

Delivery system reform (DSRIP and VBP) in NYS

*Kalin Scott, Project Manager, Medicaid Redesign Team
NYS Department of Health*

New York State Medicaid Transformation Since 2011



VBP Transformation: Overall Goals and Timeline

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Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.

VBP Pilots

New York State (NYS) Payment Reform

Towards 80-90% of Value Based Payments to Providers

Today

2017

2018

2019

2020

April 2017

April 2018

April 2019

April 2020

Performing Provider Systems (PPS) requested to submit growth plan outlining path to 80-90% VBP

≥ 10% of total Managed Care Organization (MCO) expenditure in Level 1 VBP or above

≥ 50% of total MCO expenditure in Level 1 VBP or above.
≥ 15% of total payments contracted in Level 2 or higher *

80-90% of total MCO expenditure in Level 1 VBP or above
≥ 35% of total payments contracted in Level 2 or higher *

* For goals relating to VBP level 2 and higher, calculation excludes partial capitation plans such as MLTC from this minimum target.



VBP for children North Star Framework and principles

Suzanne Brundage




Director, Children's Health Initiative, United Hospital Fund

North Star Framework

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1. For general child population, value will be driven by emphasizing quality and long-term outcomes, not cost-cutting in areas where investment may already be insufficient
2. Need clear child-focused goals and outcomes to drive payment and delivery system reform

United Hospital Fund Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age




	Preterm to 1 Month	1 Month to 1 Year	1 Year to 5 Years
	Overarching "North Star" Goals		
	Optimal birth outcomes for mother and child	Optimal physical health and a secure attachment with a primary caregiver	Optimal physical health and developmentally on track at school entry
	Key Indicators		
	<ul style="list-style-type: none"> • Birthweight <2500 grams • Preterm births • Severe maternal morbidity 	<ul style="list-style-type: none"> • On-target developmental and social-emotional screens • Reported cases of abuse and neglect 	<ul style="list-style-type: none"> • On-target developmental and social-emotional screens • ED visits for unintentional injury • Expulsions/suspensions • Kindergarten readiness using standardized tool (aspirational) • Reported cases of abuse and neglect
	High-Value, Often Underutilized Primary Care Strategies		
	<p>Early and regular prenatal care visits including:</p> <ul style="list-style-type: none"> • Birth spacing/contraceptive use counseling • Breastfeeding encouragement • Care transition plan for use by obstetrician, newborn nursery and primary care doctor • Screening/treatment for preterm birth risks and tobacco/substance use <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • Adverse Childhood Experiences (ACEs) • Social determinants of health • Domestic violence/personal safety • Maternal depression <p>Enhancing parental skills through evidence-based education/home visitation programs</p> <p>Seamless information exchange between women's health and child health providers</p>	<p>Regular well-child visits including:</p> <ul style="list-style-type: none"> • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early intervention referral <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • ACEs • Social determinants of health • Domestic violence/personal safety • Maternal depression <p>Enhancing parental skills through evidence-based education/home visitation programs</p> <p>Seamless information exchange between women's health and child health providers (when mother is primary caregiver of child)</p>	<p>Regular well-child visits including:</p> <ul style="list-style-type: none"> • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early intervention referral • Dental screening/treatment • Eye and hearing examination/referral • Vaccinations <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • ACEs • Social determinants of health <p>Enhancing parental skills through evidence-based educational programs</p> <p>Management/treatment of chronic conditions</p>

North Star Framework (cont.)

- 3. Adoption of outcomes across child-serving sectors will yield better outcomes
- 4. Primary care can drive change, especially in earliest years of life
- 5. Brain science tells us social determinants and family systems must be included



Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age

6 Years to 10 Years	11 Years to 14 Years	15 Years to 21 Years
 Overarching "North Star" Goals		
Staying healthy and strengthening social, emotional and intellectual skills	Staying healthy and coping effectively with challenges of early adolescence	Staying healthy and able to succeed in the world of work, school, and other adult responsibilities
 Key Indicators		
<ul style="list-style-type: none"> • Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Grade progression • Standard 3rd-grade reading scores 	<ul style="list-style-type: none"> • Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use 	<ul style="list-style-type: none"> • Algebra 1 Regent passing • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use • Cohort graduation • Post-secondary enrollment • Pregnancy, ages 15-17
 High-Value, Often Underutilized Primary Care Strategies		
Regular well-child visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Dental screening/treatment Co-located/integrated behavioral health services	Regular adolescent visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations Co-located/integrated behavioral health services	Regular adolescent visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations Co-located/integrated behavioral health services
Screening/referrals for: <ul style="list-style-type: none"> • ACEs • Social determinants of health • Behavioral health risks Enhancing parental skills through evidence-based educational programs	Screening/counseling/referrals for: <ul style="list-style-type: none"> • ACEs • Social determinants of health • Behavioral health risks Enhancing parental skills through evidence-based educational programs	Screening/counseling/referrals for: <ul style="list-style-type: none"> • ACEs • Social determinants of health • Behavioral health risks Management/treatment of chronic conditions
Management/treatment of chronic conditions	Management/treatment of chronic conditions	Management/treatment of chronic conditions

A photograph of two young children, a Black girl on the left and a white boy on the right, both smiling. The girl is wearing a striped shirt, and the boy is wearing a white t-shirt. The background is plain white.

**Special role that Medicaid plays for our
youngest children and cross-sector nature of
outcomes and need for engagement**

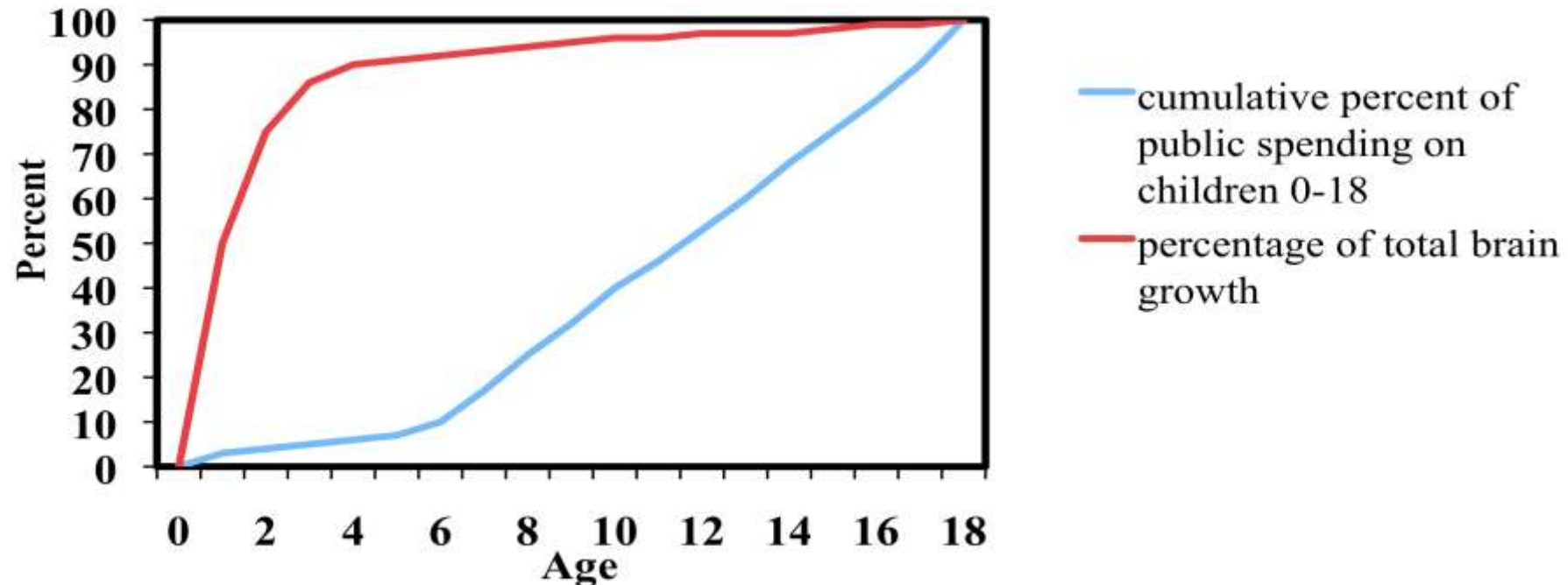
Jeff Kaczorowski, M.D., Senior Advisor, The Children's Agenda

Kate Breslin, President & CEO, Schuyler Center

Early Childhood: the most important years are the most publicly under-funded

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Rand: Brain growth versus public expenditures on children ages 0-18.



90% of public expenditures are after age 5, after up to 90% of brain development has occurred. *New York Times*: In 2008, federal & state govts spent more than \$10,000 per K-12 child per year. By contrast, 3-5 year-olds = \$5,000, and children 0-3 = \$300/year.

Medicaid Matters

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- Pregnant women depend on Medicaid. 51% of all births are covered by Medicaid
- Children rely on Medicaid. 48% of New York's children 0-18 are covered by Medicaid
- Children in their first 1,000 days of life depend on Medicaid. 59% of children 0-3 in NYS are covered by Medicaid

Opportunities

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- Pediatricians and family physicians play an important role in the early years. Over 90% of young children are seen by a primary care physician at least once per year. (<https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-child-sec-rept.pdf>)
- Health care system has unique opportunity for early identification and connection of families to resources to strengthen health, education, child welfare, family economic security, and other outcomes.

Social Determinants of Health

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- NYS Medicaid recognizes the outsized role that SDH play in health outcomes and now requires that health care providers and payers address at least one social determinant of health when they enter into certain value-based payment arrangements.

First 1,000 Days on Medicaid principles, recommendations, and next steps/implementation

Suzanne Brundage, United Hospital Fund

Kalin Scott, NYS Department of Health



Overarching Charge & Principles

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Develop a 10-point plan for how Medicaid can improve health/development of children ages 0 to 3 that is:

- **Affordable** – Reasonable cost to state Medicaid
- **Cross-sector** – Collaboration beyond health care
- **Feasible** – Able to be implemented in near term through Medicaid levers
- **Evidence-based** – Proposed interventions or approaches are backed by strong evidence
- **High Impact** – Likely to improve children's "North Star" goals, reduce disparities, and encourage systems change

First 1,000 Days on Medicaid: 10-Point Plan

Final Rank	Proposal Description
1	Proposal 17 - Braided Funding for Early Childhood Mental Health Consultations
2	Proposal 10 - Statewide Home Visiting
3	Proposal 1 - Create a Preventive Pediatric Clinical Advisory Group
4	Proposal 4 - Expand Centering Pregnancy
5	Proposal 2 - Promote Early Literacy through Local Strategies
6	Proposal 14 - Require Managed Care Plans to have a Kids Quality Agenda
7	Proposal 5 - New York State Developmental Inventory Upon Kindergarten Entry
8	Proposal 20 - Pilot and Evaluate Peer Family Navigators in Multiple Settings
9	Proposal 18 - Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy
10	Proposal 16 - Data System Development for Cross-Sector Referrals

Discussion

Michelle Hughes, *NC Child*
Kate Breslin, *Schuyler Center*

