Nemours Children's Health System

Early Childhood and Medicaid/CHIP: Opportunities for Partnering

BUILD Initiative

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Agenda for Today

- Why Medicaid/CHIP at the table?
- How do the Medicaid/CHIP programs work?
- Strategies for ECE experts to engage Medicaid/CHIP
- Examples of Medicaid/CHIP and ECE collaboration

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Nemours Integrated Child Health System

- Nemours is a non-profit organization dedicated to children's health & health care.
- Nemours offers pediatric clinical care, research, education, advocacy, and prevention programs. Nationally, the goal is to improve child health and wellbeing, leveraging clinical and population health expertise.
- Nemours operates Alfred I. duPont Hospital for Children and outpatient facilities in the Delaware Valley and a new state-of-the-art Children’s Hospital in Orlando and specialty care services in Northern/Central Florida.
- Nemours focuses on child health promotion and disease prevention to address root causes of health

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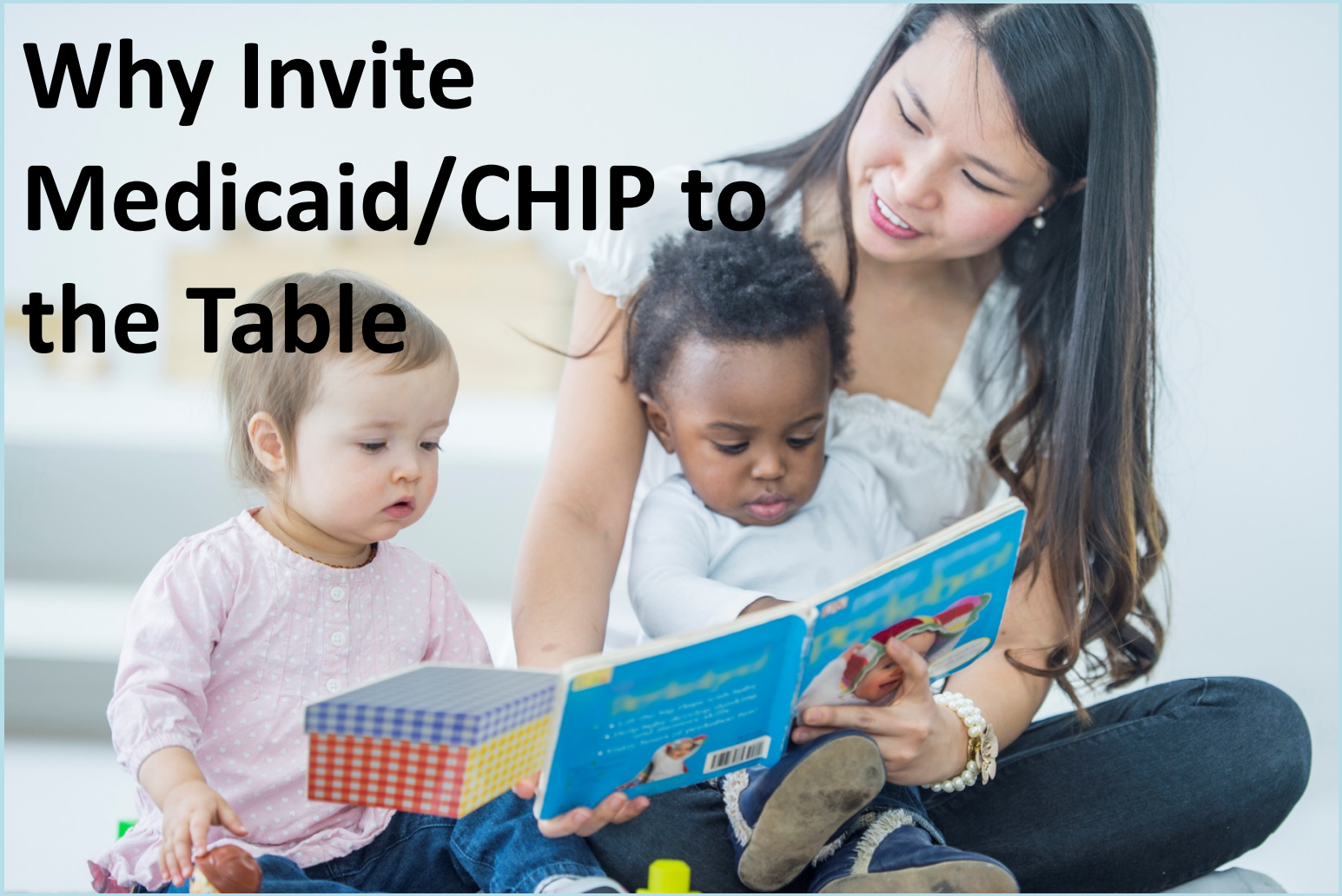
Why Invite Medicaid/CHIP to the Table



Why Invite Medicaid/CHIP to be a Partner

- Serve many of the same low-income children as the ECE sector.
  - Enrolls 45% of children under age 5 Almost half of all births are covered by Medicaid
  - Children constitute half of Medicaid's enrollees.
  - Medicaid covers services that link beneficiaries to social services (SNAP, child care, legal assistance, etc.)

- Core mission is providing health coverage but partnering ensures scarce health and ECE resources are coordinated.

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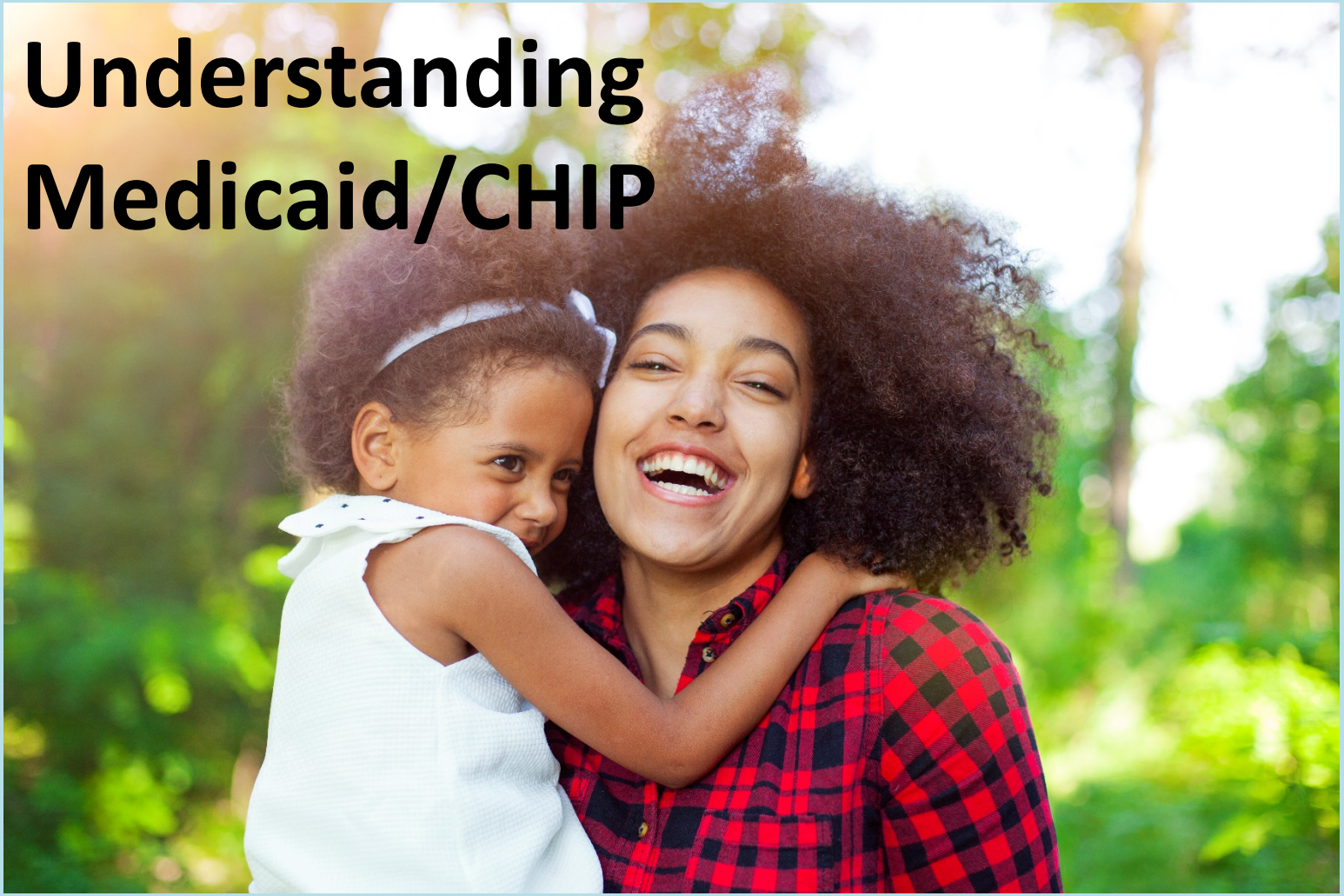
Understanding Medicaid/CHIP



Medicaid/CHIP Basics for ECE Sector

- Entitlement program for low-income children.
- Operated by DHHS.
- State Medicaid/CHIP receive funding from federal government to match state funds.
- State Medicaid/CHIP programs and match levels vary.
- Required benefits for children include Early and Periodic Screening, Diagnostic and Treatment (EPSDT) which covers preventative care and any medically necessary service.

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State Flexibility and Role of Managed Care

- States have a lot of flexibility in shaping Medicaid/CHIP program.
- States increasingly rely on managed care organizations (MCOs).
  - 68% of children are enrolled in MCOs
  - MCOs cover the costs of health care services in exchange for fixed per child fee
  - If health care costs are less than per child fee, MCO keeps difference
- Flexibility & incentive to cover services not mandated by federal Medicaid/CHIP program.
- Flexibility to cover non-medical benefits and services by non-medical professions but states are just recognizing this flexibility.

Factors Impacting Variability of State Medicaid/CHIP Programs

- State budgets
  - Medicaid/CHIP accounts for average of 20% of state general fund.
  - Cost of benefits, and state budget, impact decisions on to benefits offer.
  - Federal government requires that once a population or service is added, it cannot easily be eliminated.
  - Cost savings from health prevention initiatives typically not realized until a later budget cycle or during next governor's term.

Factors Impacting Variability of State Medicaid/CHIP Programs (cont.)

- State Priority Setting
  - Variation in state Medicaid/CHIP programs due to how states identify priority health needs.
  - States often prioritize populations such as children though they make up a small portion of total Medicaid costs.
  - Some states prioritize drivers of high health care costs.
    - E.g. long-term care, complex diseases, etc.
  - State advocacy groups can also elevate issues for state action.

Factors Impacting Variability of State Medicaid/CHIP Programs (cont.)

- Supply and Demand
  - States must be aware of factors increasing demand for Medicaid/CHIP (e.g. poverty level, unemployment rates, etc.).
  - State Medicaid/CHIP costs can surge if demand increases.
  - A state may resist expanding services if not enough qualified providers are available.

Expanding the Clinical Model: Promoting Health and Prevention

Traditional Medical Model		Expanded Approach
Rigid adherence to biomedical view of health	→	Incorporate a multifaceted view of health
Focused primarily on acute episodic illness	→	Chronic disease prevention and management
Focus on Individuals	→	Focus on communities/populations
Cure as uncompromised goal	→	Prevention as a primary goal
Focus on disease	→	Focus on health

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Pathways through Medicaid to Prevention (2016)

- **Goal**: Explore and promote the use of existing Medicaid authority to support prevention.

- **Process**: Nemours conducted an environmental scan and developed a toolkit for states.

- **Toolkit** includes:
  - A Roadmap of Medicaid Prevention Pathways and planning tools for states
  - A White Paper synthesizing the accelerators, barriers, and lessons learned
  - 3 case studies that profile:
    - MCO considerations for covering population-level prevention (Nationwide Children's Hospital)
    - State considerations for covering upstream and population-level prevention (Washington State)
    - Medicaid and Public Health Partnership aimed at health system transformation (Oregon)

- Toolkit is available at: **http://movinghealthcareupstream.org/innovations/pathways-through-medicaid-to-prevention**

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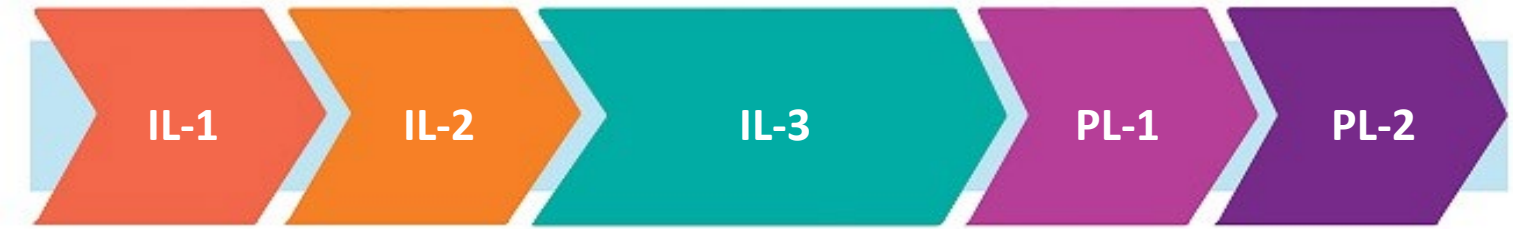
Phase I: Roadmap

- Goal: provide options for states that are considering using Medicaid to support prevention for chronic disease, including obesity prevention
  - Uses 40 on-the-ground examples from 23 states plus hypothetical examples of what we believe is permissible under current Medicaid and CHIP authority, about half focus on childhood obesity prevention
  - Progression of intervention strategies along a continuum moving from individual level (IL) to population level (PL)
  - When possible the examples reference or link to the Medicaid authority used (e.g., CMS-approved SPAs and waivers, and other background materials)



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Medicaid Payment Strategies Project (2017)

- **Goal:** Test and share Medicaid approaches to financing upstream prevention and addressing social determinants of health
  - 9-month grant from AcademyHealth
- **Process:** Provide technical assistance to help three states (MD, OR, WA) explore possible pathways to Medicaid payment for prevention strategies
- **Deliverables (**available at: https://www.movinghealthcareupstream.org/medicaid-payment-strategies-for-financing-upstream-prevention/**) :**
  - An in-person meeting of the 3 states to share lessons learned
  - Policy/Issue Briefs
    - **Issue Brief #1: Making The Case for Prevention: Why Accountable Communities of Health Should Pursue Domain 3D Disease Prevention Projects**
    - **Issue Brief #2: Implementing Community Care Coordination in Medicaid: How to Leverage Existing Authorities and Shift to Value Based Purchasing**
    - **Issue Brief #3: Medicaid and Head Start: Opportunities to Collaborate and Pay for Upstream Prevention**
    - **Issue Brief #4: Profile of an Initiative to Embed Medicaid Dietitian Services in Head Start Settings**
    - **Issue Brief #5: Community Care Coordination Systems: Connecting Patients to Community Services**
    - **Issue Brief #6: Supporting ACH Chronic Disease Prevention Transformation Projects: Integrating Community Health Workers into Domain 3D Projects — Program and Financing Implications**

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Strategies for Partnership between Medicaid/CHIP and ECE sector

Strategies for Partnerships Between Medicaid/CHIP and ECE Sector

1. Identify a high-level champion within the state Medicaid/CHIP agency who believes in improving child outcomes with the ECE Sector.
2. Understand current state Medicaid/CHIP priorities and initiatives.
3. Make the case for partnership by emphasizing shared goals and shared populations.
4. Understand the structure of a state's unique Medicaid/CHIP program.
5. Jointly identify and pilot a small initiative connected to the partnership goal.

Upcoming release "Early Childhood and Medicaid: Opportunities for Partnering" at https://www.movinghealthcareupstream.org/health-care-community-partnerships/

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Identify High-level Champion

- Engagement of state Medicaid Director facilitates decisionmaking.
- Head Start State Collaboration office can help negotiate partnerships.
- Instead of approaching stakeholder for funding, establish relationships based on shared concerns.
- Connect your initiative and goals to partner's priorities to move mutual agendas forward.

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Understand Current Priorities and Initiatives

- Explore ECE strategies that can be built into existing Medicaid/CHIP initiatives.
  - E.g. add ECE strategies to existing waiver instead of pursuing new waiver.

- Examine Medicaid/CHIP data and understand health landscape to determine how to shift focus to young children.

- Engage with Medicaid/CHIP to ensure their childhood quality measures and data collection reflect shared goals on overall child wellbeing.

Emphasize Shared Goals and Populations

- Help Medicaid/CHIP leaders understand performance standards and federal requirements across sectors.
  - E.g. home visiting programs ensure children receive immunizations and well-care visits, also a goal of Medicaid/CHIP.

- ECE programs can rely more on MCO case management services to serve children with complex medical conditions.

- A priority of collaboration at the gubernatorial or legislative leardership level facilitates partnership.

Understand Structure State's Medicaid/CHIP program

- Learn the degree to which state relies on MCOs vs. fee-for-service.
- Determine what relevant authorities state has in place.
  - E.g. waiver to allow flexibility on using non-traditional providers like community health workers.
- Find out what populations and services fall under managed care to determine need to partner with MCOs.
- Discover process and timing to add requirements to state contracts with MCOs that may incorporate new initiatives.
- Learn what incentives exist for MCOs to voluntarily add services.
- Find out how well Medicaid/CHIP program or MCOs are meeting annual performance targets and whether ECE sector can help.

Jointly Pilot Small Initiative Connected to partnership goal

- Define need to address and how it interacts with Medicaid/CHIP and ECE sectors.
- Set goals and objectives to drive cross-sector efforts.
- Clarify roles of different partners by selecting lead entity for planning, and determine what services Medicaid/CHIP can pay for, and other partners must pay for.

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Nemours Projects

Medicaid/CHIP and Early Care and Education Collaboration and State projects (2018)

- **Goal**: Increase collaboration across health and early care and education to advance upstream prevention.
- **Process**: Nemours will provide technical assistance to several states, DC, MD, and WA, as they develop or implement projects in early learning settings using Medicaid/CHIP funding.
- **Deliverables**:
  - Develop a "how to" brief based on learnings from TA provided to these states
  - Produce a policy paper translating the Phase 1 Roadmap and other materials to be used by ECE providers
  - Explore opportunities to use outcomes-based financing for upstream prevention in the Medicaid/CHIP population

For more on Medicaid financing health prevention, see https://www.movinghealthcareupstream.org/medicaid-payment-strategies-for-financing-upstream-prevention/

Washington, DC Project

- **Goal:** Increase rates of early childhood developmental screening, including mental health screening, and improve coordination of multiple systems serving children on Medicaid/CHIP
  - Improve coordination between ECE providers, primary care providers, and Medicaid/CHIP program and its MCOs to address possible duplication or gaps in developmental screening of young children
- **Process:** Provide technical assistance to help DC
  - Assess whether developmental screenings at ECE centers meet standards for EPSDT benefit
  - Identify and eliminate duplicative screening efforts
  - Develop workflows to share information on screenings between ECE providers, primary care providers, and Medicaid/CHIP
- **Deliverable:** Share learnings and materials from technical assistance in a "How To Guide"

Maryland Project

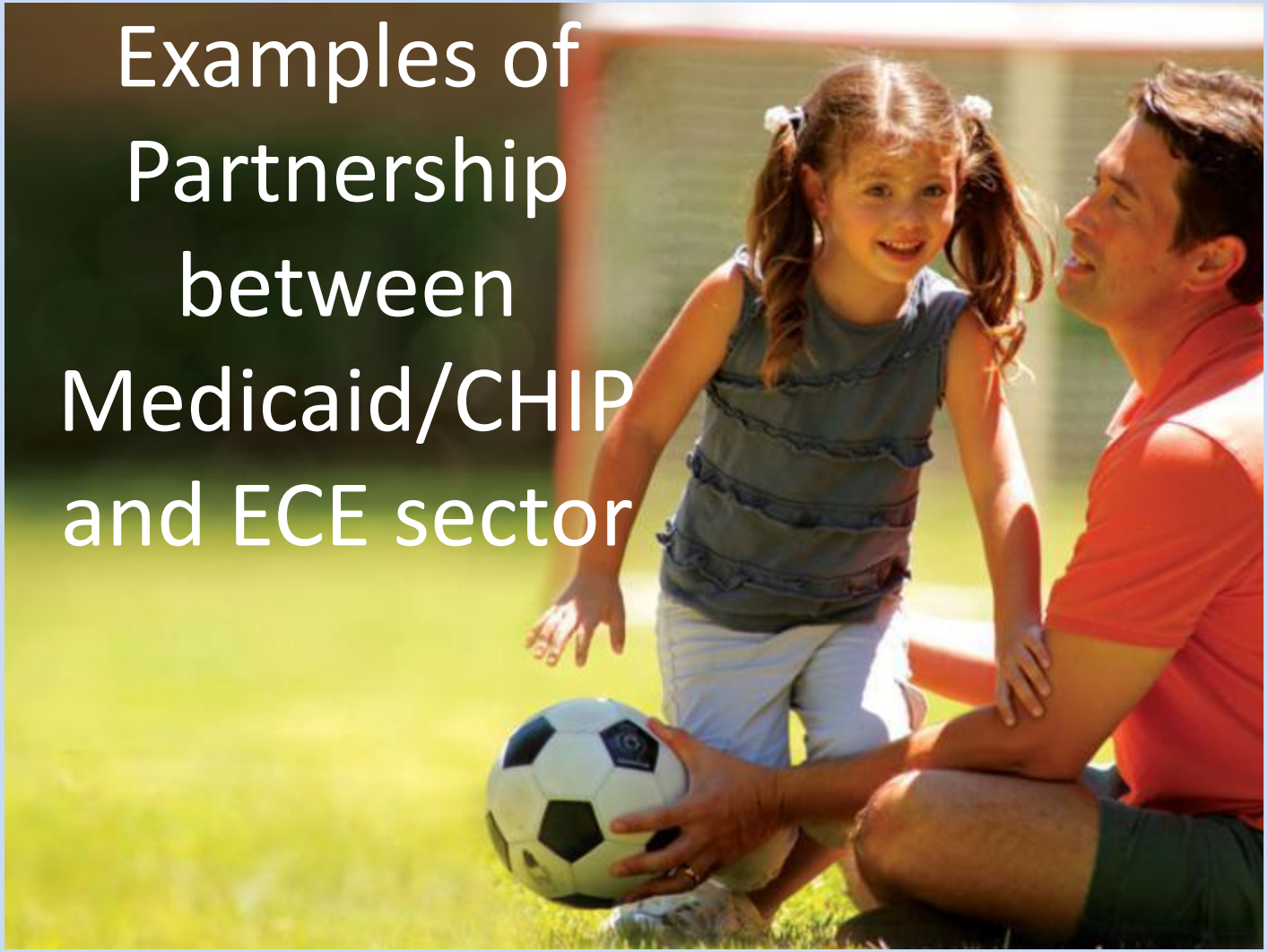
- **Goal:** Support implementation of childhood obesity prevention pilot in Head Start
  - Embedding a dietician in a Head Start center to bill for services provided to Medicaid/CHIP enrollees through individual assessment and group nutritional counseling
- **Process:** Provide technical assistance to help Maryland
  - Create guidance for dietitians to complete provider enrollment with Medicaid/CHIP and credentialing with MCOs
  - Work with dietitians to ensure they use standardized assessment tools acceptable to MCOs
  - Support the dietitian, the Head Start, the MCO, and the Maryland Medicaid/CHIP agency to launch the pilot program
- **Deliverable:** Share learnings and materials from technical assistance in a "How To Guide"

Pilot project currently on hold

Washington State Project

- **Goal:** Improve well child visit rates for three- to six-year olds
- **Process:** Provide technical assistance to help Washington:
  - Identify whether preventative and developmental screenings at Head Start centers meet standards for EPSDT benefit
  - Create workflow to share screening results between Head Start centers, primary care providers, and Medicaid/CHIP
  - Determine how the results of screens performed at Head Start can be provided to children's MCOs, so that MCOs can help to ensure children get needed follow-up services
- **Deliverable:** Share learnings and materials from technical assistance in a "How To Guide"

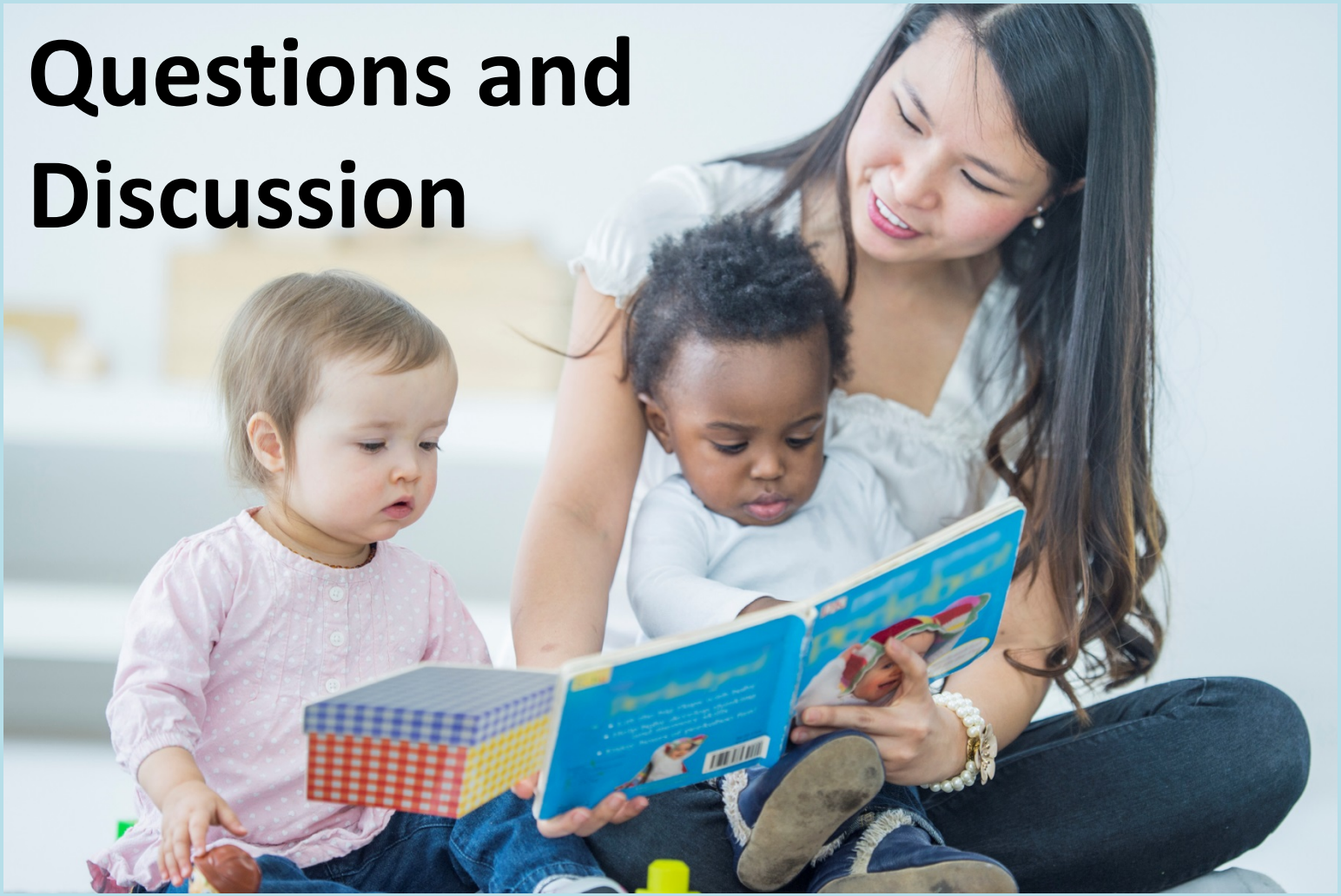
Examples of Partnership between Medicaid/CHIP and ECE sector



Partnering in Action

- **Minnesota's Interagency Developmental Screening Task Force**
  - Identified standard screening instruments for ECE providers to use to facilitate physician acceptance of results.
  - Resource for quality improvement projects such as efforts to improve referral links between clinics and ECE sector.
- **Healthy Beginnings (Atlanta)**
  - Initiative integrates ECE and health services for low-income infants and toddlers.
  - Nurse health navigators help families access services, coordinate care, and train teachers on adapting teaching to child health needs.
- **Vermont**
  - Physicians help train ECE providers to conduct screenings which could be paid for by Medicaid.
  - Training and use of agreed upon screening tools result in physicians accepting screening results and incorporating them into medical record.

Questions and Discussion



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