



## VBP Incentive Payment Program

# Mississippi Outcomes for Maternal Safety (MOMS) Initiative



# Meeting Agenda

1. Introductions
2. Overview of the MS Division of Medicaid VBP Program
3. MOMS Initiative Overview
4. MOMS Risk Assessment
5. ADT
6. Discharge Planning Best Practices
7. Incentive Payment Allocation
8. CCO MOMS Champion Direct Contact
9. Next Steps

# MS VBP Program Overview

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**Program Launch:** July 1, 2024

**Objective:** Incentivize high value care to improve health outcomes and quality for beneficiaries.

**Incentives:** Will be shared by CCOs with hospitals and providers.

**Program Focus Areas:**

**1. Maternal Health**

- Mississippi Outcomes for Maternal Safety (MOMS) Risk Assessment (Part A)
- MOMS Postpartum Timely Follow-up (Part B)
- Cesarean Birth (PC-02)

**2. Mental Health**

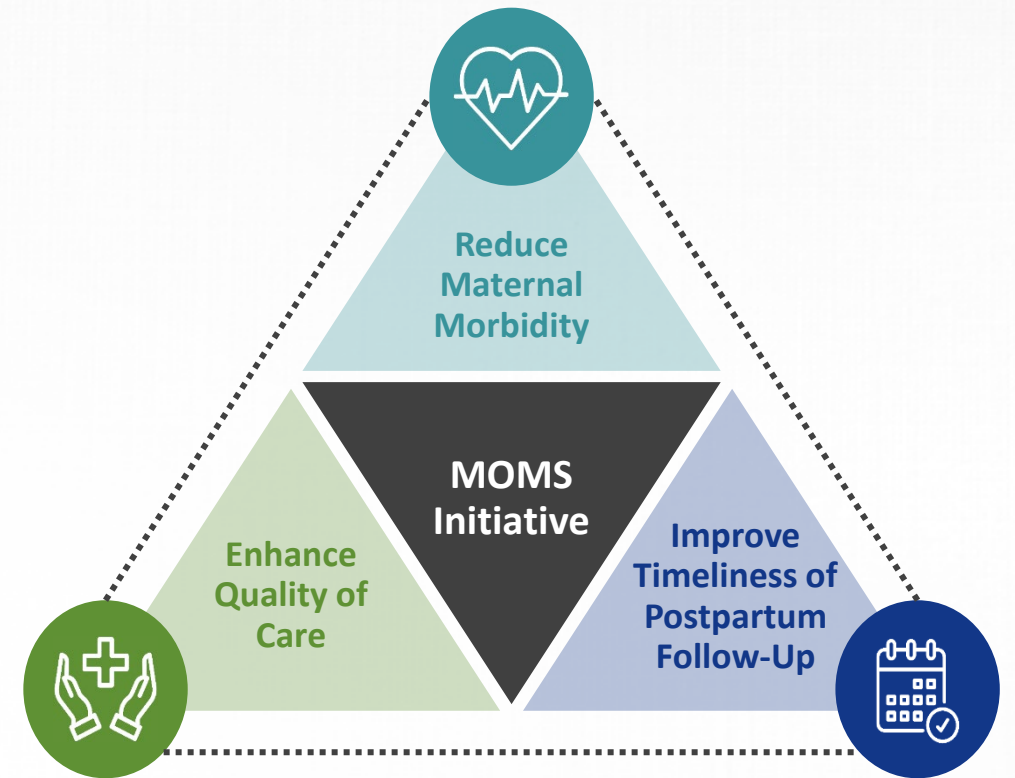
- Antidepressant Medication Management: Continuation Phase Treatment (AMM-AD)

**3. Metabolic Health**

- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)

# MOMS Initiative Overview

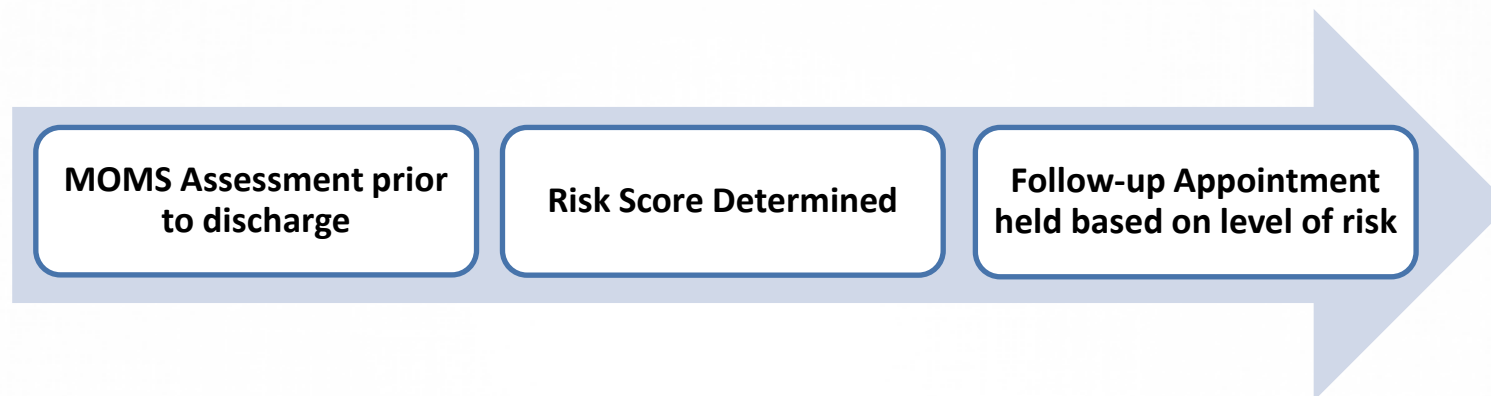
- **Severe Maternal Morbidity (SMM)** includes the unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health. SMM has been increasing in prevalence and, in addition to poor health outcomes for women, cause increased medical costs.
- Mississippi's maternal morbidity rate is the highest in the nation.
- The **Mississippi Outcomes for Maternal Safety (MOMS) Initiative** aims to reduce SMM, improve quality of care and provide expectations for timing of outpatient follow-up.



# MOMS Overview

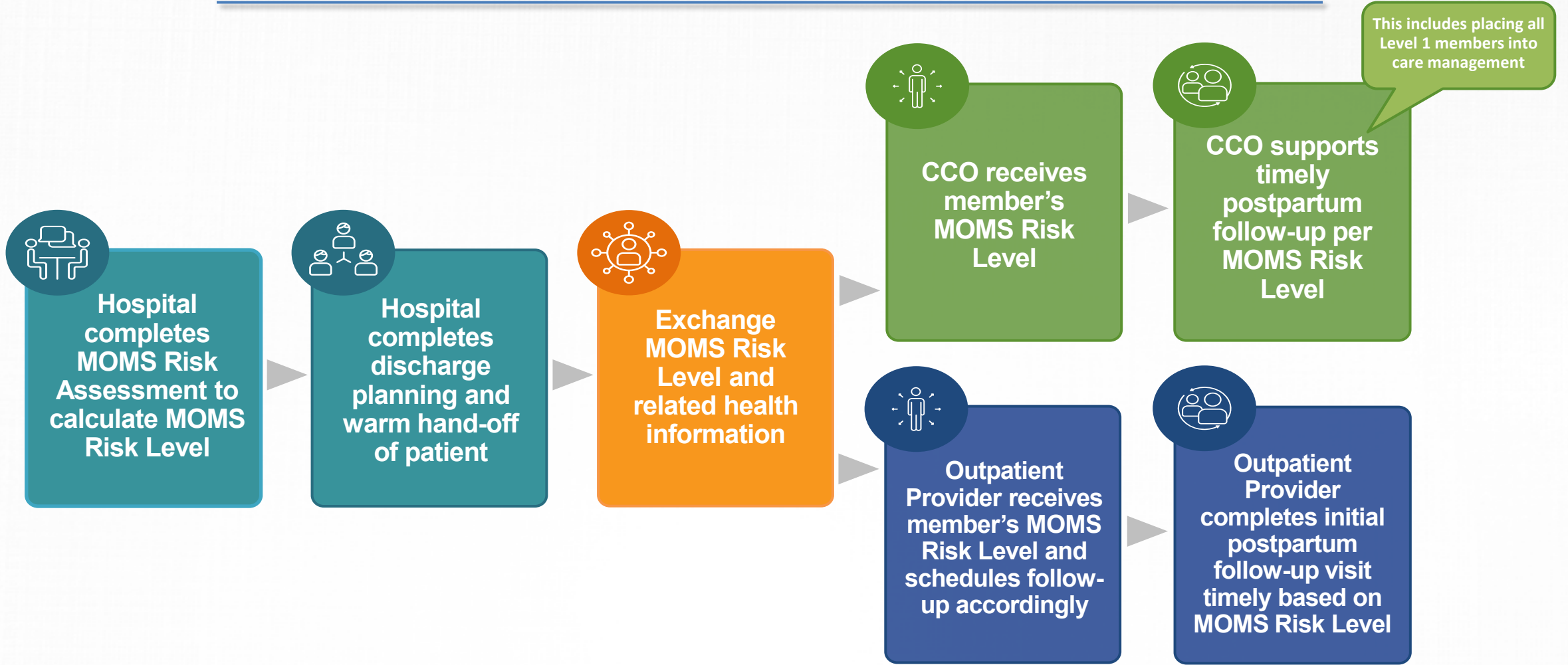
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- The MOMS Assessment evaluates the SMM risk of the patient and will be completed by the time of discharge based on the real-time condition of the patient using factors that have been proven to contribute to SMM.
- The MOMS Assessment will result in a numerical score depending on whether the patient qualifies for a variety of SMM markers.
- Based on the score, the patient will be assigned a MOMS risk level ranging from Level 1 to Level 3, which will determine the timing of their initial postpartum follow-up visit.





# MOMS Overview: Process Flow



# MOMS Overview: Performance Measures

Performance of the MOMs Initiative will be evaluated in two parts:

## Part A: MOMS Assessment Completion

### **Part A (*Hospital Performance*): MOMS Assessment Completion-**

Number of qualified patients for whom a completed assessment was conducted, and score was assigned at discharge following delivery.

## Part B: Timely Postpartum Follow-up

### **Part B (*Postpartum Care Clinicians Performance*): Timely Postpartum Follow-up –**

Number of qualified patients that completed their initial postpartum follow-up visit within the requisite time frame based on their assigned MOMS score.

# MOMS Overview: Reporting and HIE

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## Part A Reporting Guidance:

The MOMS Assessment completion will be captured by CCOs and DOM via reporting from the Health Information Exchange (HIE).

- Timely sharing of the MOMs Risk Level with the applicable outpatient provider is critical for all members, particularly those assessed at Level 1.
- The options for health information exchange are contingent upon the technological infrastructure utilized by hospitals and outpatient providers.
- HIE connectivity for hospitals is expected to be effective as of December 2024

During the initial program years, as hospitals and outpatient providers establish connections to the HIE, there is a possibility that alternative approaches beyond the HIE may be utilized for MOMS risk score transmission. In such cases, CCOs will track alternative methods of MOMS risk score transmission to ensure data completeness.



# MOMS Overview: Assessment Form

**MISSISSIPPI DIVISION OF  
MEDICAID**

**Mississippi Outcomes for Maternal Safety (MOMS) Risk Level Calculation**

*Auto-populated based on MOMS Assessment tab*

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Maternal Patient Information

<b>Patient Name:</b>	Jane Doe
<b>Date of Birth:</b>	11/17/1989
<b>Medicaid ID (if applicable):</b>	123456789
<b>Delivery Date:</b>	4/10/2024
<b>Discharge Date:</b>	4/13/2024

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MOMS Assessment Results Summary <sup>A</sup>

Category	# of Markers by Category	Weight by Category	Weighted MOMS Score <sup>B</sup>
Number of Markers in Severe Risk Category	0	3	0
Number of Markers in High Risk Category	0	2	0
Number of Markers in Moderate Risk Category	1	1	1
<b>Final Weighted MOMS Score (determines MOMS Risk Level)</b>			<b>1</b>

**MOMS Risk Level**

2

**Follow-up visit within**

10 calendar days, by:

4/23/2024

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MOMS Assessment Results Details

Category	Severe Maternal Morbidity (SMM) Marker Title	Risk Category	Patient Result
Patient Information	Race: Black	Moderate	1

# MOMS Assessment Overview

- The MOMS assessment evaluates the SMM risk of the patient and is completed by the time of discharge.
- SMM has been increasing in prevalence and, in addition to poor health outcomes for women, cause increased medical costs.
- Mississippi’s maternal morbidity rate is one of the highest in the nation.
- Maternal health is one of DOM’s primary focus areas for the Value-Based Payment Incentive Program (MSDOM VBP). Key components of this program include:
  - MOMS Assessment
  - Risk Level Identification
  - Risk Guided Post Partum Follow-up

Maternal Clinical Conditions and Complications <i>(check all that apply)</i>	
<input type="checkbox"/> Amniotic Fluid Embolism	<input type="checkbox"/> Infection/Sepsis
<input type="checkbox"/> Anesthesia Complications	<input type="checkbox"/> Injury
<input type="checkbox"/> Asthma	<input type="checkbox"/> Multiple gestation
<b>Cardiac Diseases:</b>	<input type="checkbox"/> Placenta previa
<input type="checkbox"/> Cardiac valvular disease	<input type="checkbox"/> Placental abruption
<input type="checkbox"/> Cardiomyopathy	<input type="checkbox"/> Preexisting diabetes mellitus
<input type="checkbox"/> Chronic congestive heart failure	<input type="checkbox"/> Previous cesarean birth
<input type="checkbox"/> Congenital heart disease	<input type="checkbox"/> Pulmonary Disease
<input type="checkbox"/> Cerebrovascular accident	<b>Renal Disease:</b>
<input type="checkbox"/> HELLP Syndrome	<input type="checkbox"/> Chronic renal disease
<input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Pregnancy-related renal disease
<input type="checkbox"/> Human immunodeficiency virus	<input type="checkbox"/> Sickle cell disease
<b>Hypertensive Diseases:</b>	<input type="checkbox"/> Surgical, Bladder, and Bowel Complications
<input type="checkbox"/> Preexisting hypertension	<input type="checkbox"/> Systemic lupus erythematosus
<input type="checkbox"/> Gestational hypertension	<input type="checkbox"/> Thrombotic Embolism
<input type="checkbox"/> Mild to moderate preeclampsia	Other Other conditions/complications that put the patient at a higher risk for negative outcomes
<input type="checkbox"/> Severe preeclampsia	
<input type="checkbox"/> Unspecified preeclampsia	<input type="checkbox"/> <i>Other relevant clinical diagnosis (enter here)</i>

Maternal Behavioral Health <i>(check all that apply)</i>	
<b>Mental Health:</b>	<b>Substance Use:</b>
<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> Current substance use disorder
<input type="checkbox"/> Edinburg Post Partum Scale score >= 12	<input type="checkbox"/> History of substance abuse
<input type="checkbox"/> Edinburg Post Partum Scale score between 9-11	<input type="checkbox"/> Current alcohol use disorder
<input type="checkbox"/> Major mental health diagnosis (untreated/uncontrolled)	<input type="checkbox"/> History of alcohol abuse
<input type="checkbox"/> Major mental health diagnosis (treated/controlled)	Other Other behavioral health diagnosis that put the patient at a higher risk for negative outcomes
	<input type="checkbox"/> <i>Other relevant behavioral health diagnosis (enter here)</i>

Maternal Social and Environmental Needs <i>(check all that apply)</i>	
<input type="checkbox"/> Food insecurity	<input type="checkbox"/> Imprisonment and other incarceration
<input type="checkbox"/> Housing instability	<input type="checkbox"/> Interpersonal safety (violence screening)
<input type="checkbox"/> Transportation insecurity	Other: Other social needs that put the patient at a higher risk for negative outcomes (list below)
<input type="checkbox"/> Utility difficulties	
<input type="checkbox"/> Problems related to employment and unemployment	<input type="checkbox"/> <i>Other health-related social need (HFSN) #1 (enter here)</i>
<input type="checkbox"/> Social isolation	<input type="checkbox"/> <i>Other HFSN #2 (enter here)</i>

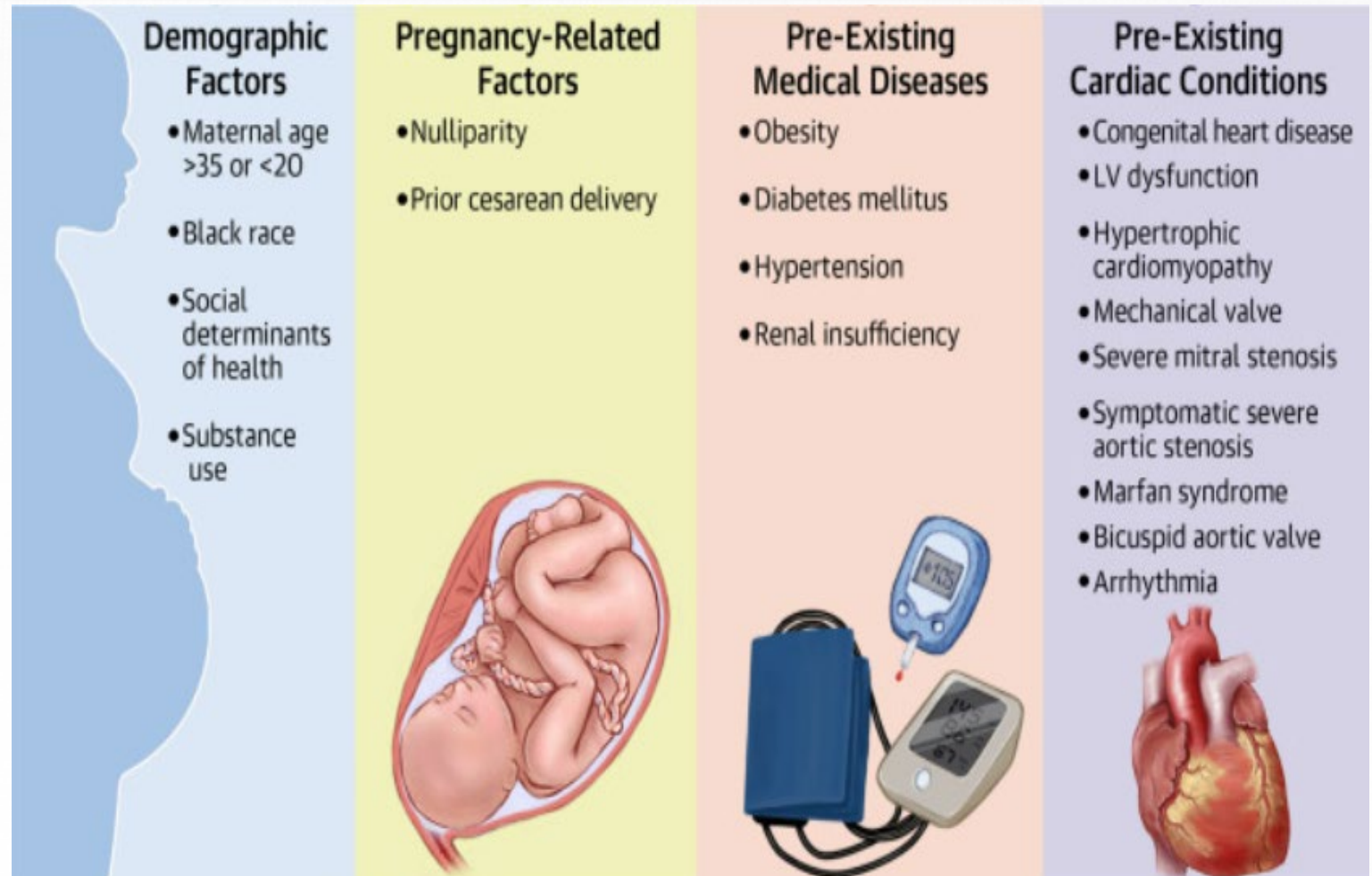
  

Infant Information <i>(check all that apply)</i>	
<input type="checkbox"/> Non-live birth	<input type="checkbox"/> Infant weight is less than 2,500 g (5.5 lb) at birth
<input checked="" type="checkbox"/> Infant admitted to Neonatal Intensive Care Unit (NICU)	<input checked="" type="checkbox"/> Infant weight is more than 4 kg (8.8 lb) at birth

# Severe Maternal Morbidity Markers

The MOMS Assessment Form calculates a risk score based on:

- Clinical conditions and complications
- Behavioral Health conditions
- Substance Use conditions
- Social and environmental factors
- Post-delivery infant health outcomes



# MOMS Risk Levels

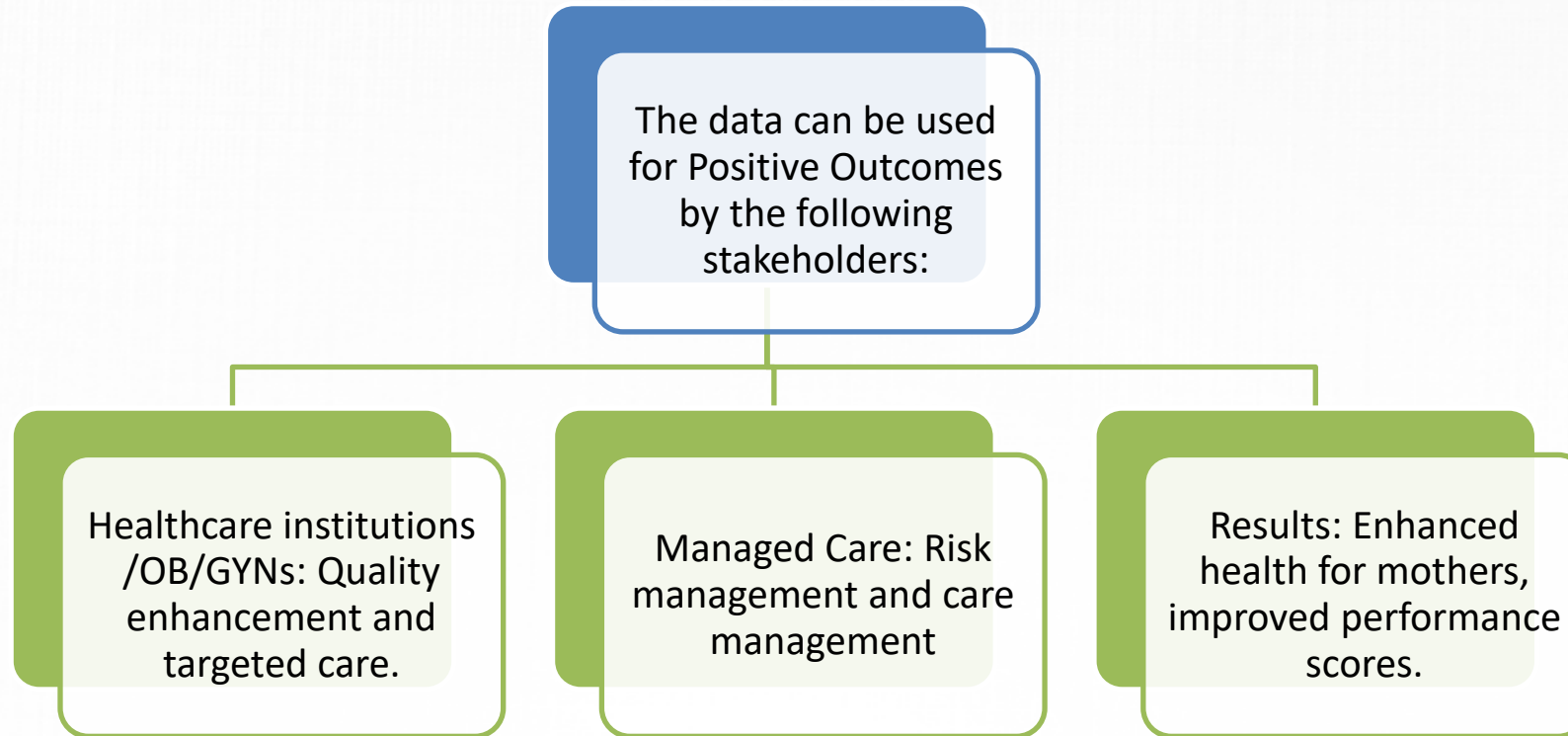
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Risk levels determine the urgency of the patient's initial postpartum follow-up visit.

- Level 1 patients must be seen *within 5 calendar days* post discharge.
- Level 2 patients *within 10 calendar days* post discharge.
- Level 3 patients *within 30 calendar days* post discharge.



# Sharing the MOMS Risk Level



The MOMS Risk Level calculated is entered into the HL7 ADT message and transmitted to the outpatient clinic and used to facilitate scheduling the initial post-partum follow-up visit within the requisite time frame provided.



# MOMS Risk Score Transfer: ADT Requirements

# HL7 ADT Required MOMS Risk Score Location

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The OBX segment of the ADT is specifically intended to transmit Observations/Results. The required methodology is to populate the OBX segment in the following way:

- The name of the assessment evaluation, “MOMS Risk Level” would be entered in OBX.3 (Observation Identifier Text).
- The numerical score would populate OBX.5, either “1”, “2” or “3.”
- OBX.2 would be hard-coded and set to “NM” for ‘Numeric’.
- OBX.11 (Observation Result Status) is a required field and should be hard-coded as “F” (Final Results).
- OBX.14 would reflect the date and time of the discharge.

## Example OBX ADT Segment:

```
OBX|1|NM|MOMS Risk Level||1|||||F|||20240506095950
```

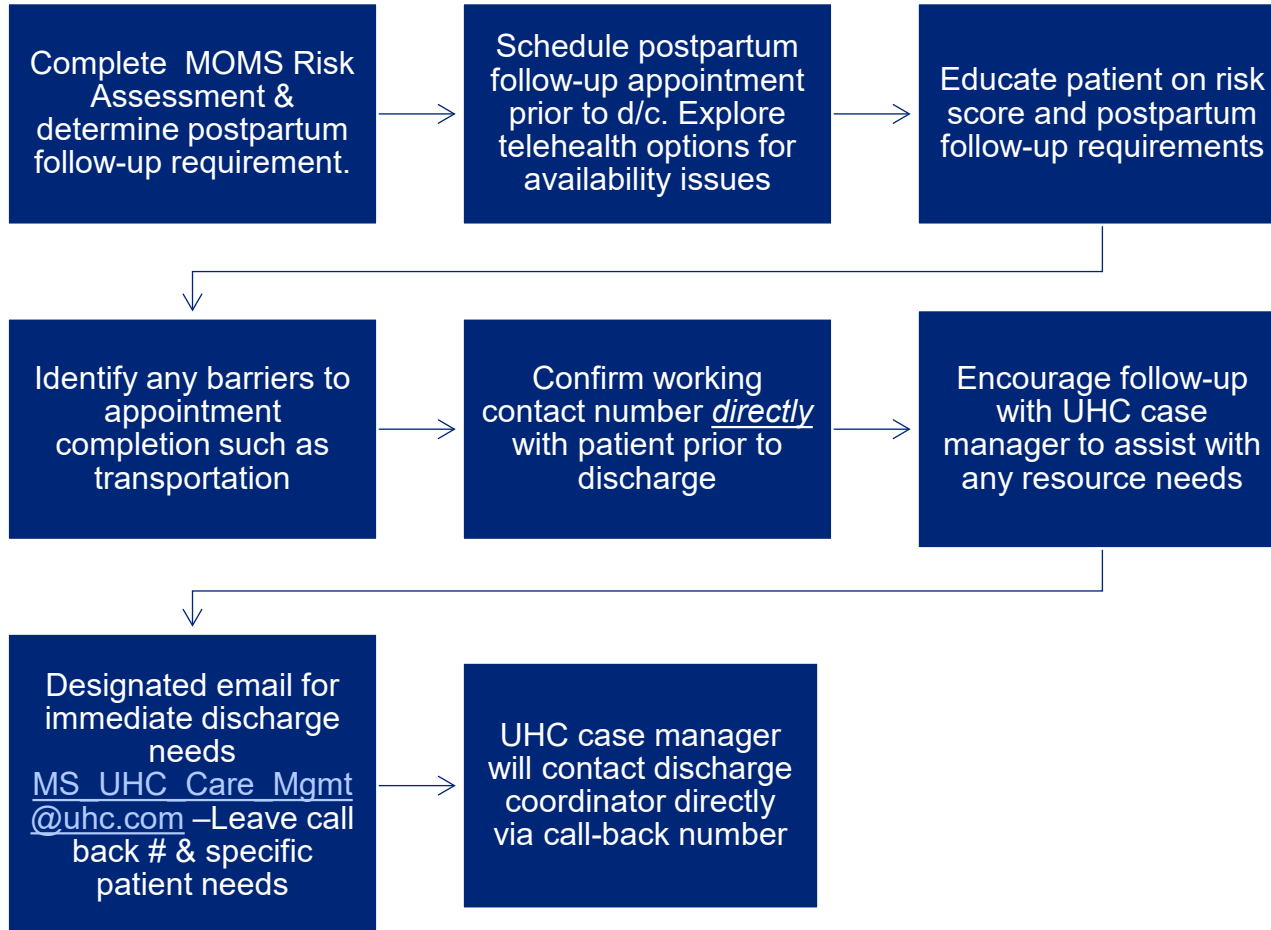
Link to documentation on the HL7 V2 standard - [HL7 Standards Product Brief - HL7 Messaging Standard Version 2.5.1 | HL7 International](#)



# Discharge Planning

United  
Healthcare

# Discharge Planning- Hospital



## Designated mailbox

[MS UHC Care Mgmt@uhc.com](mailto:MS_UHC_Care_Mgmt@uhc.com)



## MTM- Link Mobile App

<https://www.mtm-inc.net/an-easier-way-to-manage-your-rides-is-here-the-mtm-link-member-mobile-app/>

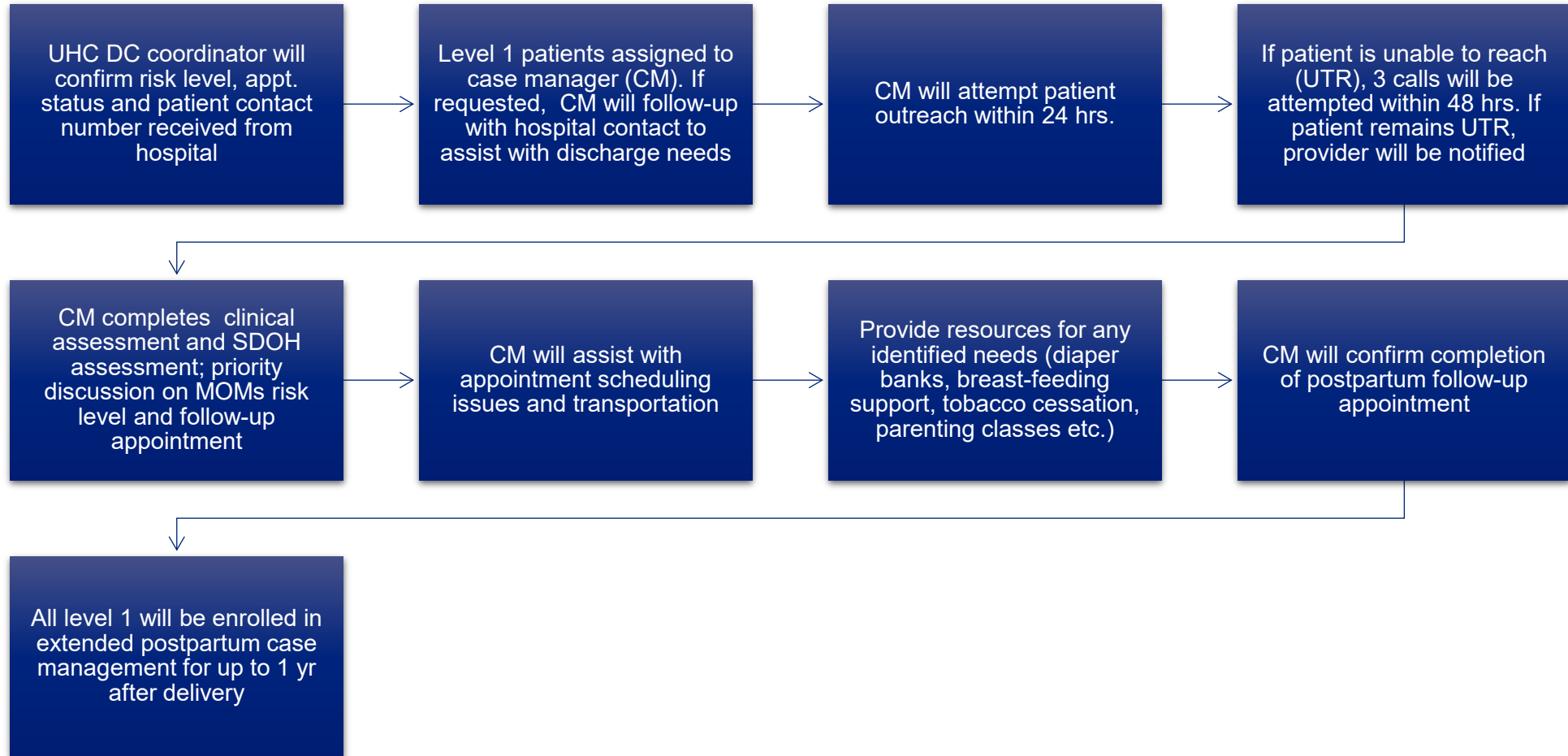


**Patients can download the MTM app and setup transportation**

***\*MTM -3- day advanced notice required***



# Discharge Planning-UnitedHealthcare





## Discharge Planning Best Practices

Discharge planning can be improved by making the process more streamlined through the following ways:

- i. Incorporating assessments into scheduled hospital workflows
- ii. Scheduling post-partum and pediatric follow-up appointments *before* discharge
- iii. Provide comprehensive education on post-partum care and the importance of follow-up according to the patient's MOMS level
- iv. Assess resources needs and provide referrals as needed *before* discharge
- v. Ensure efficient warm handoff to post-partum support teams (i.e. post-partum care clinicians, nurse navigators, Care Managers)

## Connecting with Care Management

- Care Managers/Transition of Care (CM/TOC) Coaches outreach hospital discharge planners for the most successful collaboration of post-discharge care.
- Hospital discharge planners may direct dial the assigned Care Manager when barriers arise or contact us via Provider Service Line by choosing the Care Management option.
- If assignment is unknown, hospital discharge planners can locate the Care Manager info in the Availity Care Coordination Portlet.
- Hospital staff can direct message questions and referrals to Care Management using our secure email: [MHMS\\_CM\\_Referrals@MolinaHealthcare.com](mailto:MHMS_CM_Referrals@MolinaHealthcare.com)

Warm handoff are recommended for Level 1 Members and:

- When hospital staff encounter barriers with scheduling the post-partum follow-up *within* the risk level timeframe.
- The member/patient has significant social risk factors that could impact timely post-partum follow-up.
- Hospital discharge planners encountering barriers referring patients to community-based resources.
- Hospital discharge planners needs to alert and/or refer a member to Care Management.

# Care Management MOMS Strategy

## Care Management Support

- Will review the risk score received from discharge facility
- Will prioritize level 1 risk scores and make outreach to members
- Will collaborate with providers to ensure members are scheduled postpartum visit appointments based on their risk score:
  - Level 1 5 calendar days
  - Level 2 10 calendar days
  - Level 3 30 calendar days
- Will work with members to offer postpartum support, assistance including but not limited to scheduling **Transportation**, **SDOH** and **Resource needs**, and help members reach optimal perinatal health

# Care Management

## Warm Hand-Off Approach

- Why is the MOMS Assessment Risk Score Warm Hand-Off Important
  - Ensures continuity of care for members
  - Fosters collaboration among healthcare team members
  - Engages members and encourages them to ask questions
  - Allows members to clarify information exchanged
  - Helps build positive relationships
- CCOs will have dedicated staff in place to receive warm hand-offs from hospitals. Hospitals will be able to call into the CCO and be connected to the care management department
- CCOs will conduct warm hand-offs to outpatient providers to ensure that timely postpartum appointments are scheduled
- Please see the Magnolia Health Contact slide for contact information

# Overview of MOMS Responsibilities



# MOMS Initiative Responsibilities

## Hospital Responsibilities

- MOMS Assessment completion.
- Discharge planning and warm hand-off.
- Transfer of MOMS risk level to outpatient provider and CCO.
- Performance monitoring and improvement.

## Outpatient Provider Responsibilities

- Receive MOMS Assessment results.
- Schedule timely follow-up appointments.
- Support patients to increase appointment completion.
- Performance monitoring and improvement.

## MOMS Initiative Collaborative Approach

## CCO Responsibilities

- MOMS Implementation Plan.
- Collaboratively train relevant stakeholders.
- Support hospitals and providers through implementation and ongoing operations.
- Performance monitoring and improvement.
- Incentive payment sharing.

## DOM Responsibilities

- Stakeholder engagement.
- Clear and timely communication.
- Performance evaluation and payment.
- Continuous improvement.

# Incentive Allocation

# Incentive Payment Allocation

## Hospital

- **\$250** Incentive
  - For each MOMS Assessment that is sent timely to the Health Plan
  - MOMS Assessment Risk Score is preferred to be sent via HIE

- Annual Measurement Year for the MOMS Assessment is based on the State Fiscal Year (July1 – June 30)
- Annual incentive payment to be paid by the health plan at the end of the measurement year following final calculation and approval by the Division of Medicaid

## Outpatient provider

- **\$250** Incentive
  - For each Postpartum Visit completed within the MOMS Assessment risk score timeframe
  - The Postpartum Visit must be filed on a claim

# MOMS Champions

## UHC MOMS Champion

Kimberly Bollman  
*kimberly.bollman@uhc.com*  
Pam Hogan  
*pamela\_hogan@uhc.com*

## Magnolia MOMS Champion

Carrie Mitchell  
*jaccompliance@centene.com*  
Magnolia Health Plan  
1-866-912-6285  
Press 2 for  
Member Services

## MOMS Champion Direct Contacts

## Molina MOMS Champion

Shira Brownell  
601-281-5072  
*shira.brownell@molinahealthcare.com*  
Rich Jones, VP, HCS  
*Richard.Jones@Molinahealthcare.com*  
Terri Smith, DBH, LMSW, LPN  
248-824-1315  
*Terri.Smith2@Molinahealthcare.com*

## DOM Support and Collaboration

*qipp@medicaid.ms.gov*

## DOM VBP Site

*<https://medicaid.ms.gov/value-based-incentives/>*

## Includes Links to:

*MOMS Assessment Overview*  
*MOMS Assessment Spreadsheet*

# How to Contact Magnolia Health Plan



## **Magnolia Health Plan** **1-866-912-6285, select 2 for Member Services**

**Bridget Jordan, BSN, RN, CCM**  
OB Team Supervisor  
[brjordan@centene.com](mailto:brjordan@centene.com)  
601-383-8418

**Carrie Mitchell, BSN, RN, MBA, CCM, CPQH**  
VP Quality Improvement (MOMS Champion)  
[car Mitchell@centene.com](mailto:car Mitchell@centene.com)

**Christie Moody, BSN, RN**  
Director, Care Management  
[chmoody@centene.com](mailto:chmoody@centene.com)

**Allyson McDonnieal, BSN, RN, CCM**  
Sr. Manager, BH/Foster Care  
[amcdonnieal@centene.com](mailto:amcdonnieal@centene.com)

**Kimberly Ball, BSN, RN, CCM**  
Sr. Manager, Operations  
[kball@centene.com](mailto:kball@centene.com)

# Molina Healthcare of MS Care Management Contacts

## MOMS Program Contacts

**Terri Smith, DBH, LMSW, LPN**  
Program Manager, HCS Care Management  
248-824-1315  
[Terri.Smith2@Molinahealthcare.com](mailto:Terri.Smith2@Molinahealthcare.com)

**Shira Brownell, AVP, HCS (*MOMS Champion*)**  
601-281-5072  
[Shira.Brownell@Molinahealthcare.com](mailto:Shira.Brownell@Molinahealthcare.com)

**Rich Jones, VP, HCS**  
[Richard.Jones@Molinahealthcare.com](mailto:Richard.Jones@Molinahealthcare.com)

## Additional Care Management Contacts

**Demetria Young, MPH, BSN, RN, CCM**  
Manager, HCS Care Management (HROB CM)  
601-647-9085  
[Demetria.Young@Molinahealthcare.com](mailto:Demetria.Young@Molinahealthcare.com)

**Shamekias Lampkin, MS, LPC-S, BC-TMH**  
Manager, HCS (Behavioral Health)  
601-281-5561  
[Shamekias.Lampkin@Molinahealthcare.com](mailto:Shamekias.Lampkin@Molinahealthcare.com)

**Karen Atkinson, Director, HCS Care Management**  
[Karen.Atkinson@Molinahealthcare.com](mailto:Karen.Atkinson@Molinahealthcare.com)



# MOMS Additional Contacts

## Case Management Contacts

### **Pamela Hogan RN,BSN,CCM**

Program Manager, Maternal Child Health

651- 414- 8972

[pamela\\_hogan@uhc.com](mailto:pamela_hogan@uhc.com)

### **Kimberly Bollman RN**

Health Services Director

[kimberly.bollman@uhc.com](mailto:kimberly.bollman@uhc.com)

### **Dr. Dana Carbo Bryant**

Senior Medical Director

[dana.carbo-bryant@uhc.com](mailto:dana.carbo-bryant@uhc.com)

## Additional Program Contacts

### **Cara Roberson**

Director of Clinical Quality

[cara\\_roberson@uhc.com](mailto:cara_roberson@uhc.com)

### **Stephanie Bullock**

Manager, Provider Relations and Service Advocacy

Provider Engagement and Experience

[stephanie\\_bullock@uhc.com](mailto:stephanie_bullock@uhc.com)

### **Lesla McGillivray**

Assc. Director Behavioral Health

[lesa\\_mcgillivray@uhc.com](mailto:lesa_mcgillivray@uhc.com)



# MOMS Feedback Survey Link

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Your feedback is essential to support the seamless implementation of the program. This survey is designed to gather your insights regarding the training webinar and your hospital's next steps.

- The survey is comprised of 5 questions designed to be completed in less than 10 minutes.
- This survey link will remain open through February 28<sup>th</sup>

If you have any questions or require assistance while completing the survey, please contact David Paradiso, Senior Manager with Myers and Stauffer at: [dparadiso@mslc.com](mailto:dparadiso@mslc.com).

[https://mslc.qualtrics.com/jfe/form/SV\\_egl0sd8JsYl1vjo](https://mslc.qualtrics.com/jfe/form/SV_egl0sd8JsYl1vjo)

# Next Steps

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**We encourage hospitals and outpatient providers to:**

- Click on the Training Poll/Survey Link and complete.
- Begin familiarizing teams with the MOMS scoring criteria and postpartum follow-up protocols.
- Prepare to integrate the MOMS Assessment into your EMR system and MOMS Risk Score into the ADT exchange for streamlined communication.
- A recording of today's training and slides will be posted on the DOM VBP webpage <https://medicaid.ms.gov/value-based-incentives/>.

**Thank you for your commitment to advancing maternal health in Mississippi**