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. Discharge Planning Best Practices
6. Incentive Payment Allocation & Filing Professional Claim
7. CCO MOMS Champion Direct Contact
8. Next Steps

MS VBP Program Overview

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:

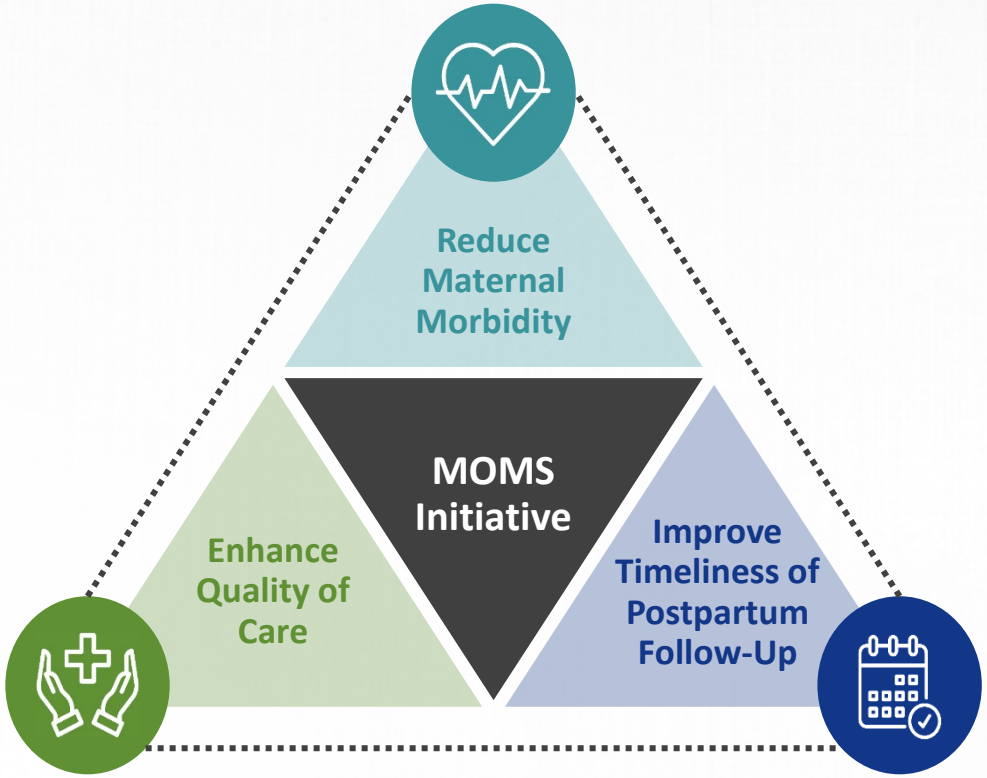
1. **Maternal Health**
   - Mississippi Outcomes for Maternal Safety (MOMS) Risk Assessment (Part A)
   - MOMS Postpartum Timely Follow-up (Part B)
   - Cesarean Birth (PC-02)
2. **Mental Health**
   - Antidepressant Medication Management: Continuation Phase Treatment (AMM-AD)
3. **Metabolic Health**
   - 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.

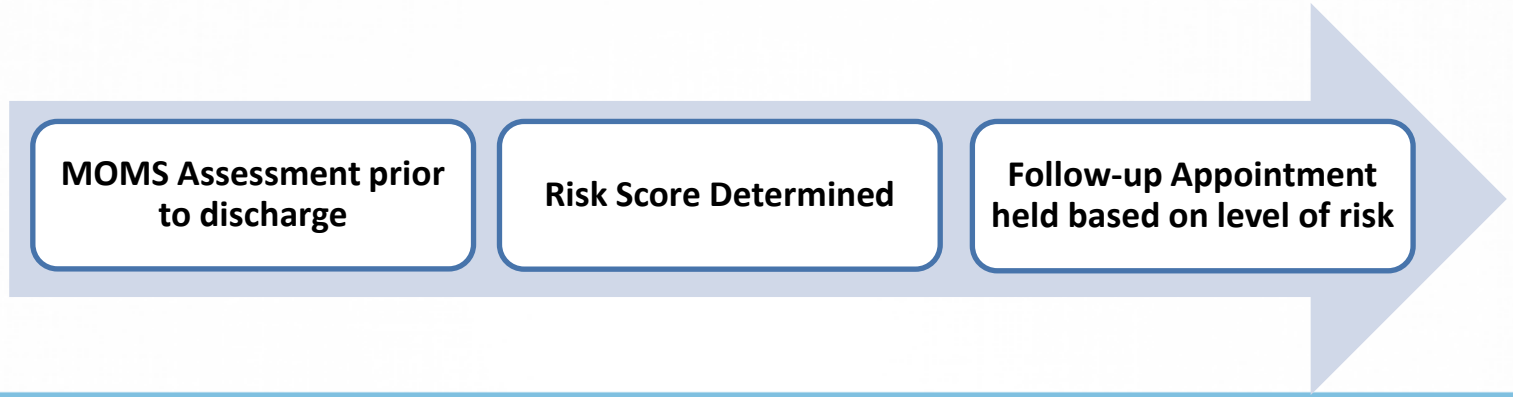


MOMS Overview

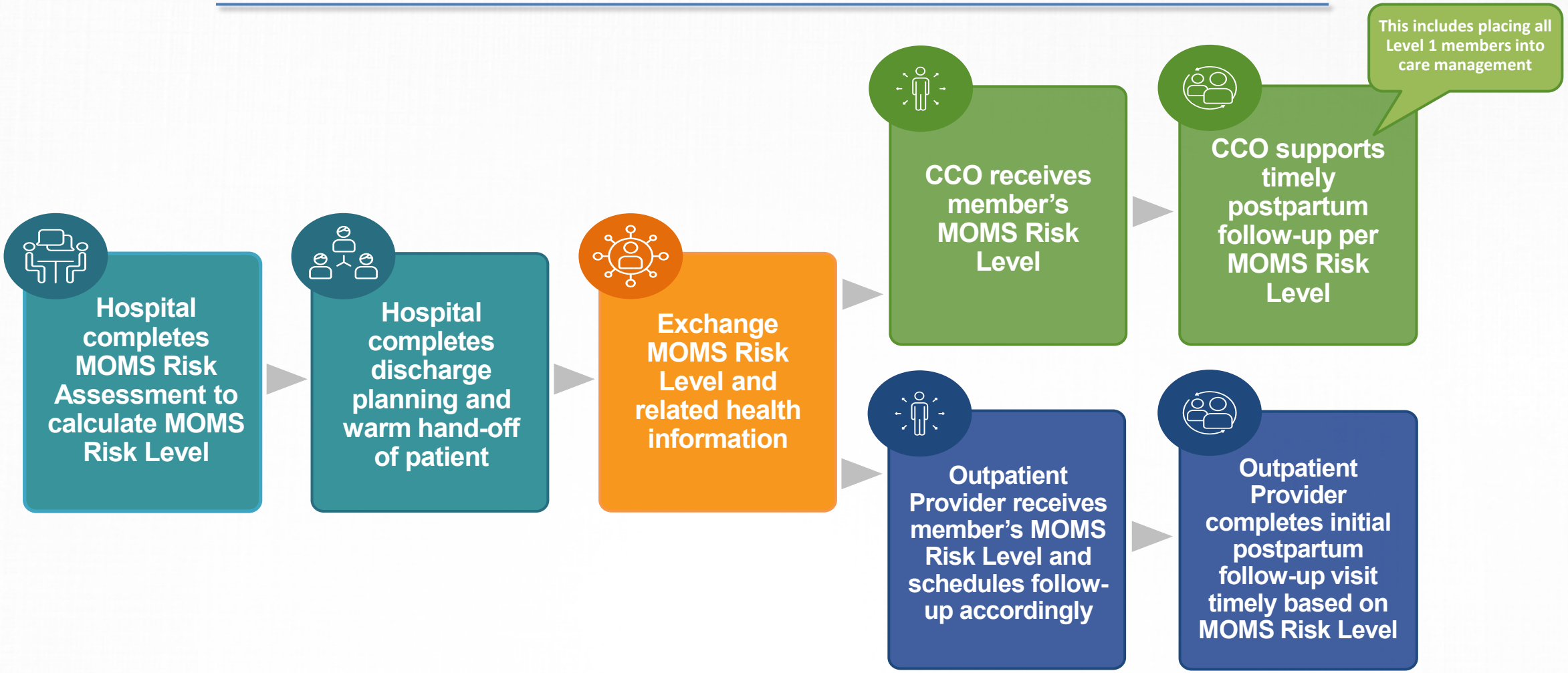
- The MOMS Assessment evaluates the SMM risk of the patient and will be completed by the time of discharge based on the real-time condition of the patient using factors that have been proven to contribute to SMM.

- 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 B: Timely Postpartum Follow-up
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 (*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

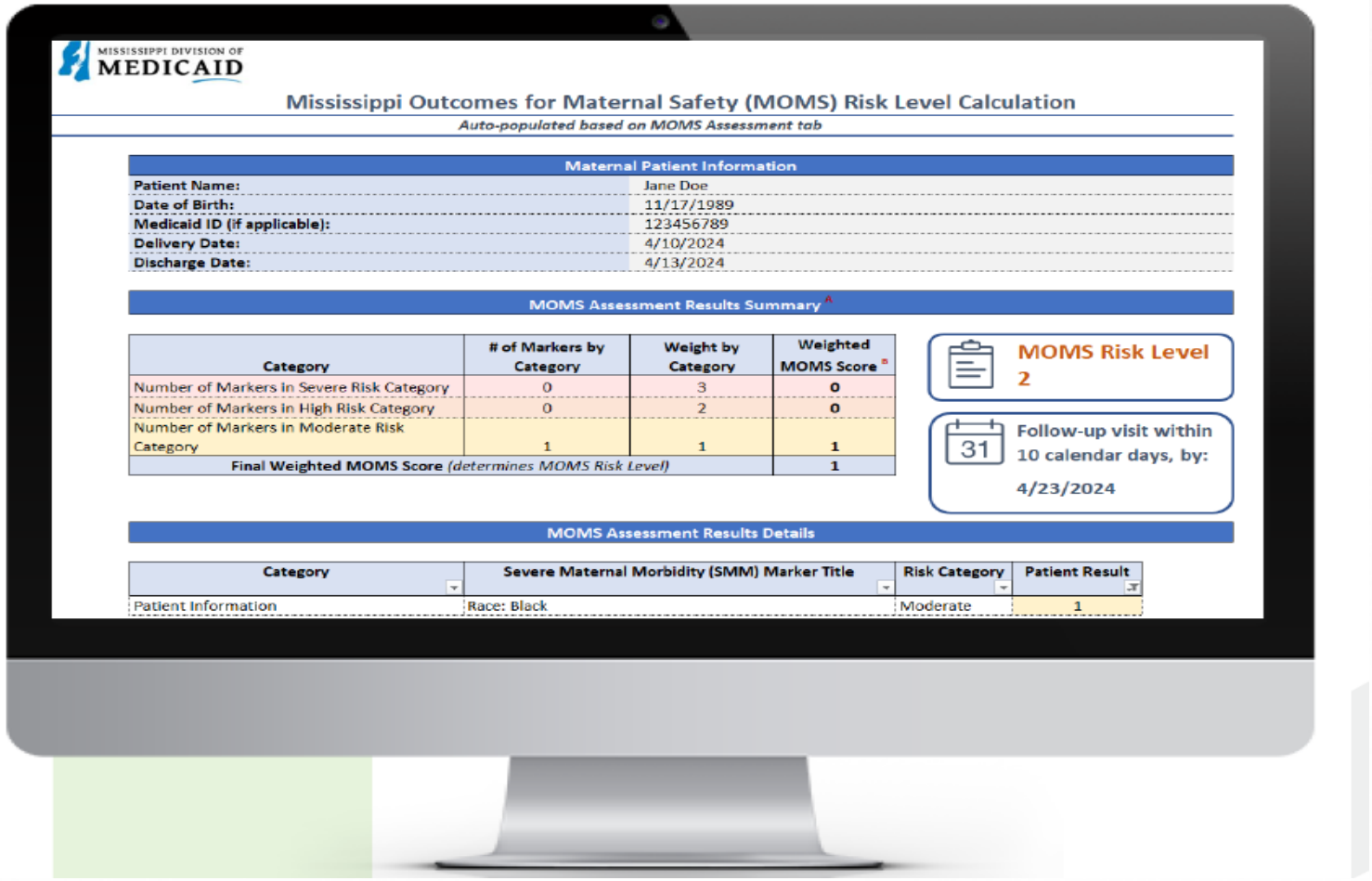
Part B Reporting Guidance:

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
- ADT transfer of the MOMS risk score via the statewide HIE (IntelliTrue) allows both CCOs and outpatient providers access to the risk score.

During the initial program years, as hospitals and outpatient providers establish connections to the HIE, 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

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

MOMS Assessment Results Summary [A]

Category	# of Markers by Category	Weight by Category	Weighted MOMS Score [B]
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**
Final Weighted MOMS Score *(determines MOMS Risk Level)*			**1**

MOMS Risk Level 2

31 **Follow-up visit within 10 calendar days, by: 4/23/2024**

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 *(check all that apply)*

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

Maternal Behavioral Health *(check all that apply)*

Mental Health:	**Substance Use:**
☐ Suicidal ideation	☐ Current substance use disorder
☐ Edinburg Post Partum Scale score >= 12	☐ History of substance abuse
☐ Edinburg Post Partum Scale score between 9-11	☐ Current alcohol use disorder
☐ Major mental health diagnosis (untreated/uncontrolled)	☐ History of alcohol abuse
☐ Major mental health diagnosis (treated/controlled)	Other Other behavioral health diagnosis that put the patient at a higher risk for negative outcomes
	☐ *Other relevant behavioral health diagnosis (enter here)*

Maternal Social and Environmental Needs *(check all that apply)*

☐ Food insecurity	☐ Imprisonment and other incarceration
☐ Housing instability	☐ Interpersonal safety (violence screening)
☐ Transportation insecurity	Other: Other social needs that put the patient at a higher risk for negative outcomes (list below)
☐ Utility difficulties	
☐ Problems related to employment and unemployment	☐ *Other health-related social need (HRSN) #1 (enter here)*
☐ Social isolation	☐ *Other HRSN #2 (enter here)*

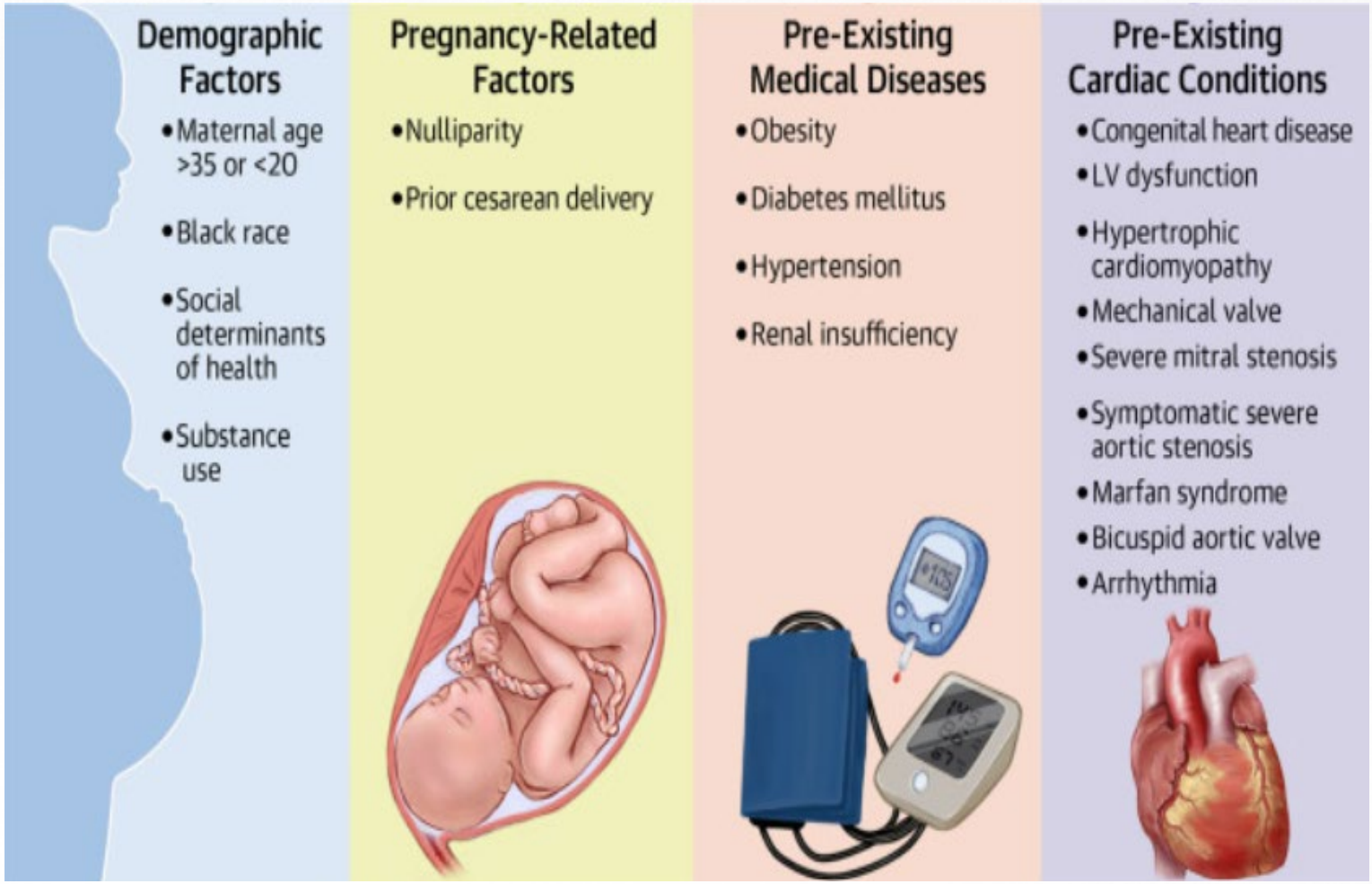
Infant Information *(check all that apply)*

☐ Non-live birth	☐ Infant weight is less than 2,500 g (5.5 lb) at birth
☑ Infant admitted to Neonatal Intensive Care Unit (NI	☑ 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

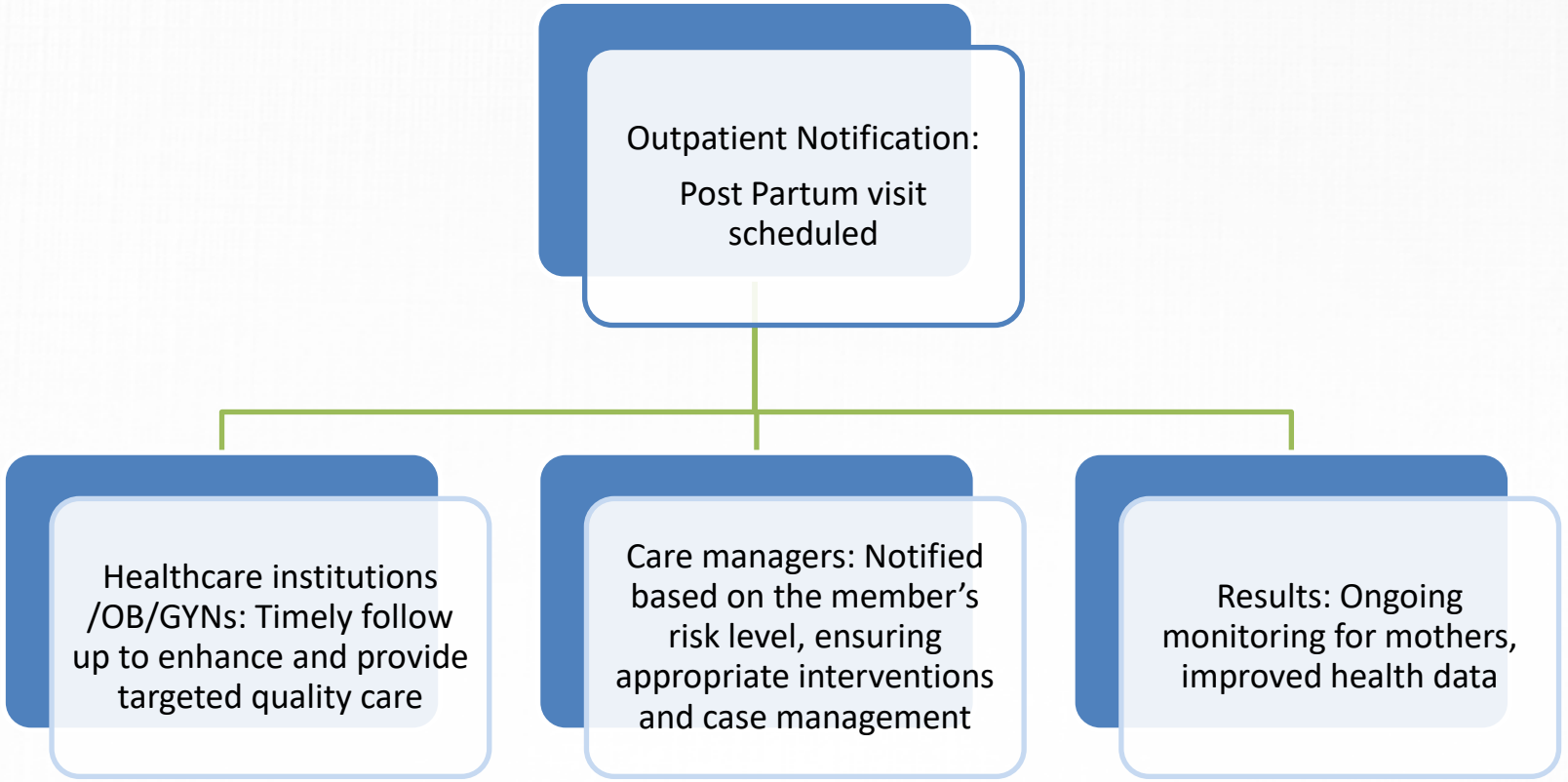


MOMS Risk Levels

Outpatient providers will see patients; scheduled by the hospital based on the member's risk levels. The Risk Level 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.

Post Partum Workflow

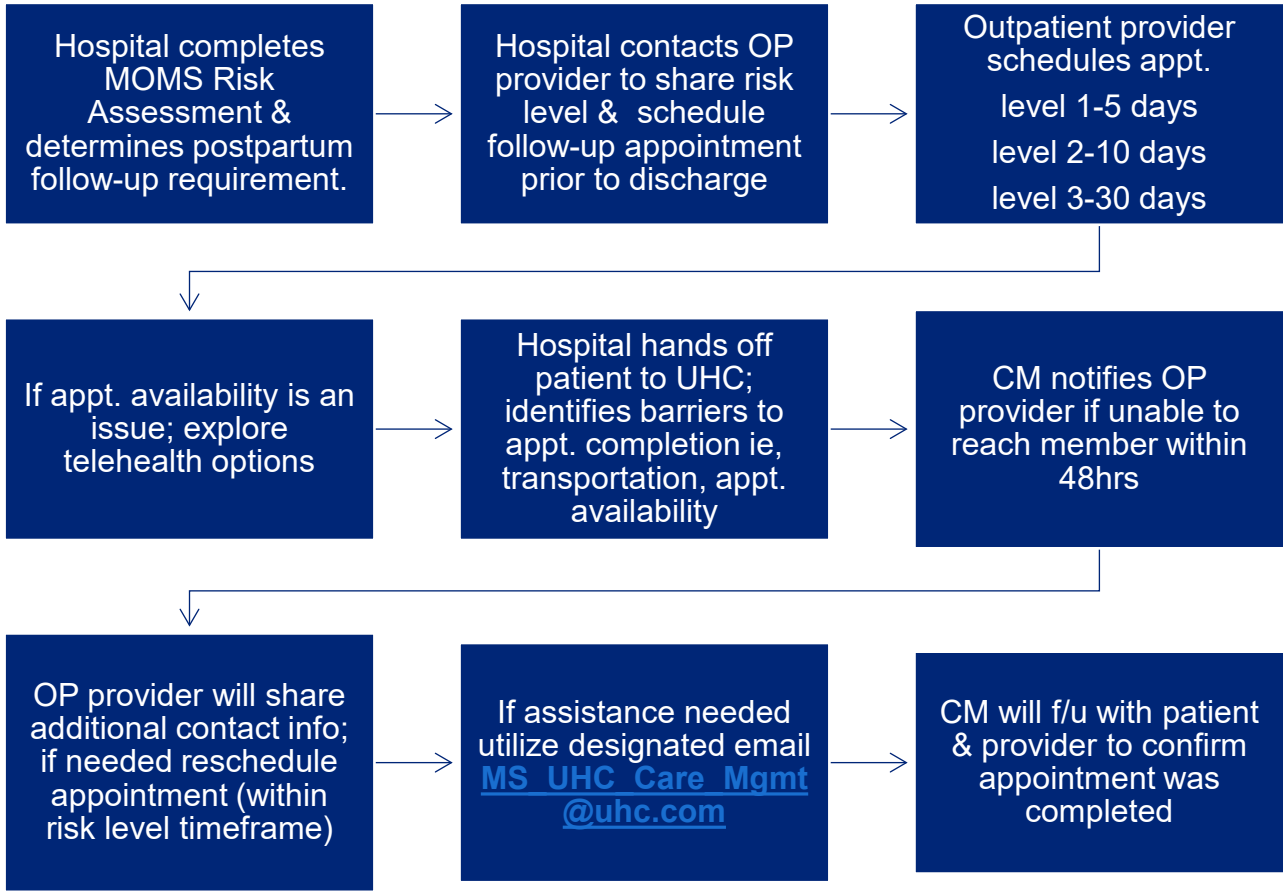


This workflow ensures that maternal risk assessments are accurately captured and used to guide the appropriate level of care, reducing the risk of maternal complications and improving health outcomes for mothers in Mississippi.

Discharge Planning

United Healthcare

Discharge Planning-Outpatient Provider



Designated mailbox

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

Outpatient providers linked to a facility may explore capabilities to receive and view completed assessments via shared EHR

Discharge Planning-UnitedHealthcare

UHC DC coordinator will confirm risk level, appt. status and patient contact number received from hospital

→

Level 1 & 2 patients assigned to case manager (CM)

→

CM will attempt patient outreach within 24 hrs.

→

If patient is unable to reach (UTR), 3 calls will be attempted within 48 hrs. If patient remains UTR, provider will be notified

↓

CM completes clinical assessment and SDOH assessment; priority discussion on MOMs risk level and follow-up appointment

→

CM will assist with appointment scheduling issues and transportation

→

Provide resources for any identified needs (diaper banks, breast-feeding support, tobacco cessation, parenting classes etc.)

→

CM will confirm completion of postpartum follow-up appointment

↓

All level 1 will be enrolled in extended postpartum case management for up to 1 yr after delivery

Best Practice

- **Optimizing Scheduling Availability:** Implement flexible scheduling options to accommodate varying patient needs and provider availability.
- **Use of Technology:** Utilize scheduling software and electronic health records (EHR) to streamline the scheduling process and reduce administrative burden.
- **Document Follow-Up Visits:** Accurately document all follow-up visits, including the use of the TS modifier, to ensure these visits are captured in the administrative claims data.
- **Monitor Compliance:** Regularly review compliance with the MOMS Program requirements, including the timely scheduling and completion of follow-up visits based on the patient's risk level.
- **Additionally:** Expectation is postpartum visit should review all identified SMM markers with patient

Post Partum Discharge Planning

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

i. MOMS Risk Assessment is completed before discharge, identifying the maternal risk level.

ii. Ensure efficient warm handoff to post-partum support teams (community-based post-partum care clinicians, nurse navigators, Care Managers) .

iii. Postpartum care plan is created and reviewed by the care management team, including member's follow up appointments and social supports.

iv. Discharge education is provided by care management team to make sure appointments are attended for postpartum appointment to be achieved.

v. Member's health outcomes will be monitored for improved delivery in care.

vi. Care managers will collaborate with community-based organizations to address SDOH barriers that may affect postpartum care.

Connecting with Care Management

- Care Managers/Transition of Care (CM/TOC) Coaches connect with outpatient provider's staff for the most successful collaboration of postpartum care.
- Outpatient provider team may direct dial the assigned Care Manager to address barriers or contact Care Management team via Provider Service Line by choosing the Care Management option.
- Outpatient providers can locate the Care Manager's info in the Availity Care Coordination Portlet.
- Outpatient provider can direct message questions to Care Management using our secure email: **MHMS_CM_Referrals@MolinaHealthcare.com**

Postpartum referrals are recommended for Level 1 Members:

- ❑ When outpatient provider unable to schedule the post-partum follow-up within the MOMs risk level.
- ❑ The member/patient has significant social risk factors that could impact timely post-partum follow-up.
- ❑ When the member is a no show.
- ❑ The member/patient has significant medical /behavioral conditions and gaps in care.

Outpatient Provider Best Practices

i. To improve quality of care start discharge education before delivery.

ii. Review/Inquire MOMs Risk Level prior to scheduling postpartum visit.

iii. Consider reserved time slots for patients with Risk Level 1.

iv. Consider option for Telehealth and/or Nurse Practitioner appointment.

v. Use appointment reminders as systems allow to limit no-shows.

vi. Review assessment indicated medical, mental and social needs with the patient; make appropriate referrals and provide follow-up.

vii. Provide education on post-partum risks/complications.

viii. Consult/refer to specialty providers for follow up as needed.

Scheduling Guidelines:

- ❑ Risk Level 1: 5 Days
- ❑ Risk Level 2: 10 Days
- ❑ Risk Level 3: 30 Days

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 additional contact information

Care Management
Warm Hand-Off Approach

- 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

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.*

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

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

- 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

Filing a Professional Claim

- The health plan must be able to identify the date when postpartum care was rendered because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, claims on the postpartum date of service are needed.

- The Postpartum Visits will be identified by using administrative claims coded with 99211–99215, 59430, or 99501 with a TS modifier for the date of service the postpartum visit took place.
  - The TS modifier is used to signify the postpartum visit.

- Services may be provided via Office visit, Home visits, Telehealth, or Virtual visit.

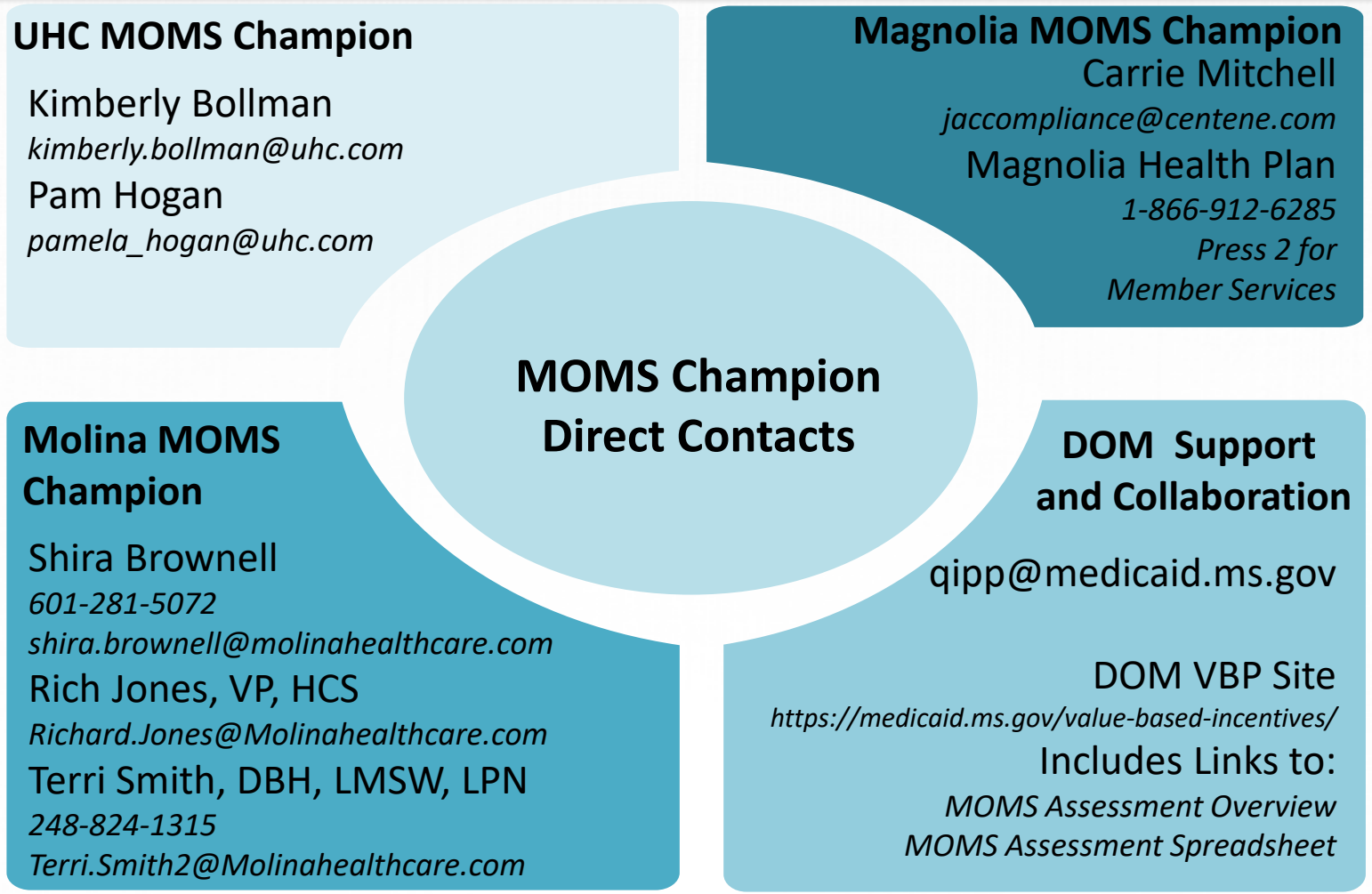
Filing a Professional Claim

- To submit a claim outside a bundled payment, the clinic should file a $0.00 claim with the TS modifier for the date of the postpartum visit.
- This is performed the same way a claim for payment is conducted.
- If multiple postpartum visits occur within the allotted timeframe, a $0.00 claim with a TS modifier should be sent for each postpartum visit.
- Please make sure your clearinghouse is pushing these $0.00 claims through to the health plan.
- Under a bundled arrangement, the CCO may deny the postpartum claim, it will still be recorded and counted towards the MOMS incentive.

Timeframes for Payment Processing:

- Incentive payments will be distributed as a lump sum through the CCOs at the end of the measurement period, which began July 2024 and runs through June 2025
- The MOMs incentive will be paid out at the billing provider level.
- Providers can expect periodic reporting and quarterly tracking to monitor their participation and performance in the program.

MOMS Champions



Molina Healthcare of MS Care Management Contacts

MHMS_CM_Referrals@MolinaHealthcare.com

MOMS Program Contacts

Terri Smith, DBH, LMSW, LPN
Program Manager, HCS Care Management
248-824-1315
Terri.Smith2@Molinahealthcare.com

Shira Brownell, AVP, HCS *(MOMS Champion)*
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Shira.Brownell@Molinahealthcare.com

Rich Jones, VP, HCS
Richard.Jones@Molinahealthcare.com

Candy Williard, Director of Provider Relations
Candy.Williard@Molinahealthcare.com

Additional Care Management Contacts

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Demetria.Young@Molinahealthcare.com

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Karen Atkinson, Director, HCS Care Management
Karen.Atkinson@Molinahealthcare.com

MOMS Additional Contacts

MS_UHC_Care_Mgmt@uhc.com

Case Management Contacts

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Lesa McGillivray
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How to Contact Magnolia Health Plan

1-866-912-6285, select 2 for Member Services

MHPMaternalHealth@centene.com

Bridget Jordan, BSN, RN, CCM
OB Team Supervisor
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601-383-8418

Carrie Mitchell, BSN, RN, MBA, CCM, CPQH
VP Quality Improvement (MOMS Champion)
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Sr. Manager, Operations
kball@centene.com

MOMS Feedback Survey Link

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 March 31st

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.

Outpatient Webinar Survey Link

Next Steps

We encourage hospitals and outpatient providers to:

- Click on the Training Poll/Survey Link and complete.
- Begin familiarizing teams with the MOMS Risk Scores and scheduling criteria, ideally creating plans to optimize scheduling availability.
- Plan to establish HIE connectivity and implement ADT messaging systems to receive MOMS Risk Scores.
- A recording of todays 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