Model Overview

Center for Medicare and Medicaid Innovation Centers for Medicare & Medicaid Services (CMS)



Agenda

- CMS Innovation Center
- Background and Opportunity
- MOM Model Goals and Design
- Timeline and Next Steps



CMS Innovation Center



The CMS Innovation Center Statute

"The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles."



- 1. Quality improves; cost neutral
- 2. Quality neutral; cost reduced
- 3. Quality improves; cost reduced (best case)

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking.



Maternal Opioid Misuse in Medicaid



Impacts of Maternal Substance Use



- Maternal mortality
- Poor obstetric outcomes
- Malnourishment
- Interpersonal violence
- Other health-related social needs



- Preterm birth
- Low birth weight
- A collection of withdrawal symptoms called neonatal abstinence syndrome (NAS)



Costs to Medicaid

Medicaid pays the largest portion of hospital charges for maternal substance use, as well as a majority of the \$1.5 billion annual cost of NAS.



Key Barriers to Quality Care



Limited Access

Many women with OUD lack access to comprehensive services during pregnancy and the postpartum period



Fragmented Care

Even with covered services, providers and systems caring for this population rarely integrate or coordinate effectively



Provider Capacity

Available providers are lacking to treat pregnant and postpartum women with OUD covered by Medicaid



MOM Model



Model Goals

01

Improve quality of care and reduce costs for pregnant and postpartum women with OUD and their infants

02

Expand access to treatment, servicedelivery capacity, and infrastructure based on state-specific needs

03

Create sustainable coverage and payment strategies that support ongoing coordination and integration of care



Model Interventions

01

Support the delivery of coordinated and integrated physical health care, behavioral health care, and critical wraparound services

02

Leverage the use of existing Medicaid flexibility to support sustainable care for the model population

03

Invest in institutional and organizational capacity to address key challenges in the provision of coordinated and integrated care



Awardee and Awardee Partner(s)

The Innovation Center will issue awards directly to state Medicaid agencies, which will implement the model with one or more "care-delivery partners."







Coordinated and Integrated Care

Physical Health

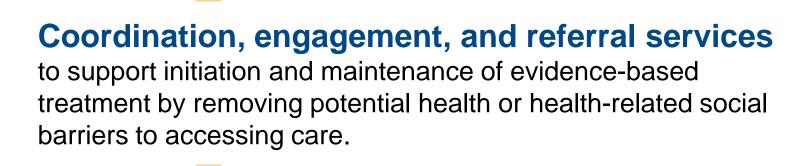
Medication assisted treatment (MAT) for OUD, maternity care, and relevant primary care services

Behavioral Health

Mental health services, group therapy, and other appropriate therapies beyond MAT

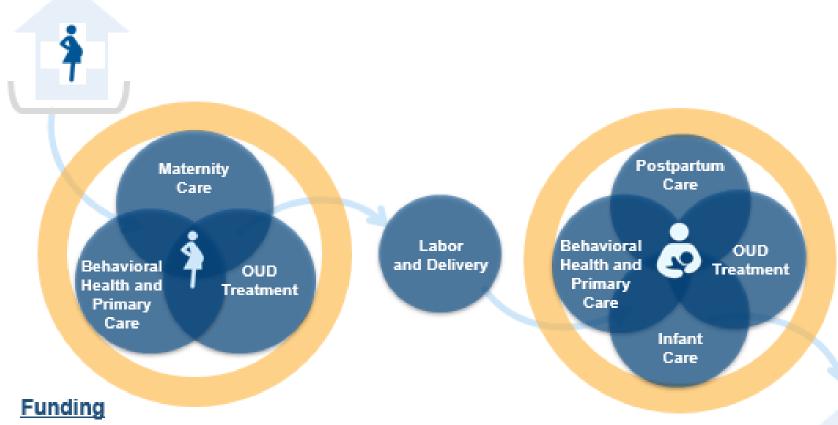


Wraparound Services

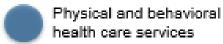




Care-Delivery Structure and Funding



Billed as usual to Medicaid



Patient intake, assessment, and treatment planning



Funded by the Innovation Center in Year 2, State adopts payments in Year 3

Coordination, engagement, and referral services.





Five-Year Model with Three Distinct Periods

Pre-Implementation (Year 1)

Transition (Year 2)

Full Implementation (Years 3-5)

Grant Funding Opportunities

Year 1

Implementation

Year 2

- Implementation
- Transition

Years 3-5

- Implementation
- Milestone



Next Steps



Timeline

Early 2019 Release Notice of Funding Opportunity (NOFO)

Fall 2019 | Award cooperative agreements



How to Prepare

- Identify state and local priorities
- Seek opportunities for partnership
- Stay tuned for NOFO release



Resources and Contact Info

Email: MOMmodel@cms.hhs.gov

Visit link: MOM Model Website

