Indiana Pregnancy Promise Program **Data Journey**

Matthew Dukeshire

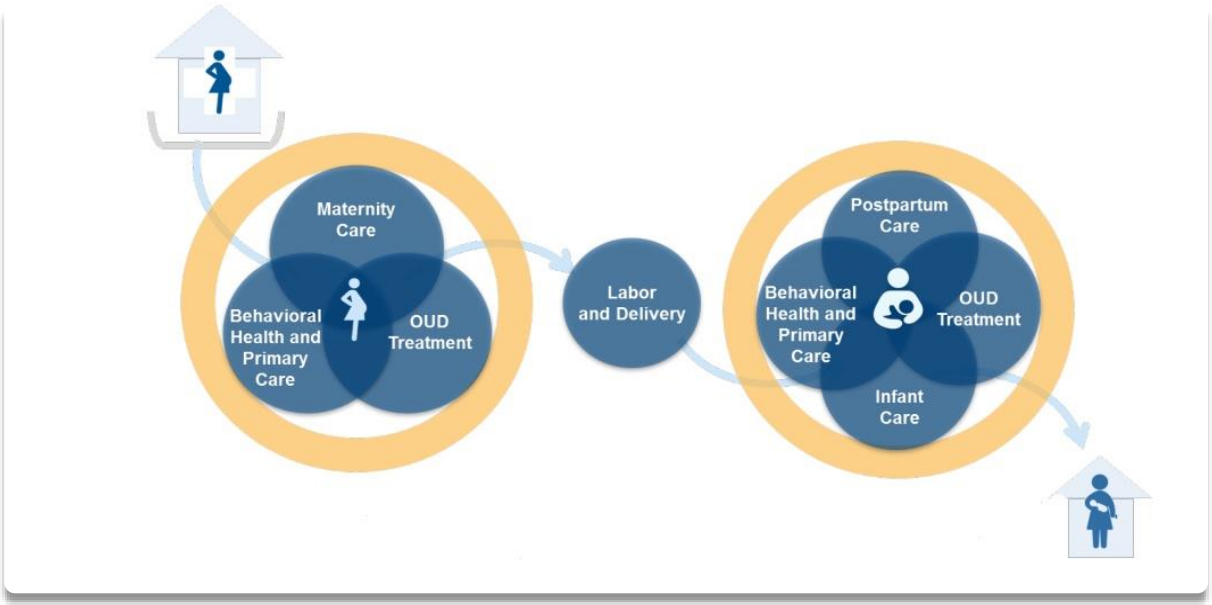
IPPP Lead Data Scientist

FSSA Data & Analytics

Program Background

- *This presentation has not been reviewed by CMS and only represents FSSA Data & Analytics' experience*

- Opioid Use Disorder (OUD) is increasing in Indiana and nationwide, especially among women, according to the CDC.
  - Substance use disorder was the most common contributing factor to maternal deaths, 2018-2021
- U.S. Centers for Medicare & Medicaid Services (CMS) Maternal Opioid Misuse (MOM) Model
  - **Aims to reduce maternal and infant mortality and achieve better health outcomes for mother and infant, in low-income mothers suffering from OUD**



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Indiana MOM Model

- Indiana is 1 of 10 awardee states of the MOM Model
  - Known as Indiana Pregnancy Promise Program (IPPP)
- Awardee States each designed their own proposal for the use of Model funds
  - Common strategies other states used to provide model services:
    - At a single health system or birthing hospital
    - At a recovery center
    - For a region of the state by partnering with managed care entities (ex. Anthem, MHS)
- Indiana proposed a state-wide, enhanced case-management model

Why does IPPP matter?

A newborn is diagnosed with NAS every 25 minutes

- OUD is a matter of life and death
- OUD + pregnancy
  - Both mom and infant at an even higher risk of death, negative health outcomes
- Low-income levels increase these risks
- There are many reasons such individuals may not seek help on their own
  - Stigma around OUD, especially during pregnancy
  - Fear of incarceration, losing custody
  - Lack of support structure
  - Mental health issues
  - Lack of social needs (transportation, fresh food, housing)
- **This is where Indiana Pregnancy Promise Program can make an impact**

Indiana Pregnancy Promise Program (IPPP)

- This is a free, voluntary program for pregnant Medicaid members who have current or past opioid use.
  - Mothers are eligible up to 90 days after delivery
  - Available **state-wide**
- Enrollees and their infants receive enhanced case management
  - Dyad approach: Case-managers try to be an overall advocate for the mom and their infant
- The goals of the Pregnancy Promise Program are to help participants:
  - Enter prenatal care
  - Access opioid treatment needed to achieve sustained recovery
  - Address other physical and mental health conditions
  - Identify health-related social needs and make appropriate referrals
  - Provide hope and set a strong foundation for the future

***** This program does not replace existing resources and services*****

Anthem

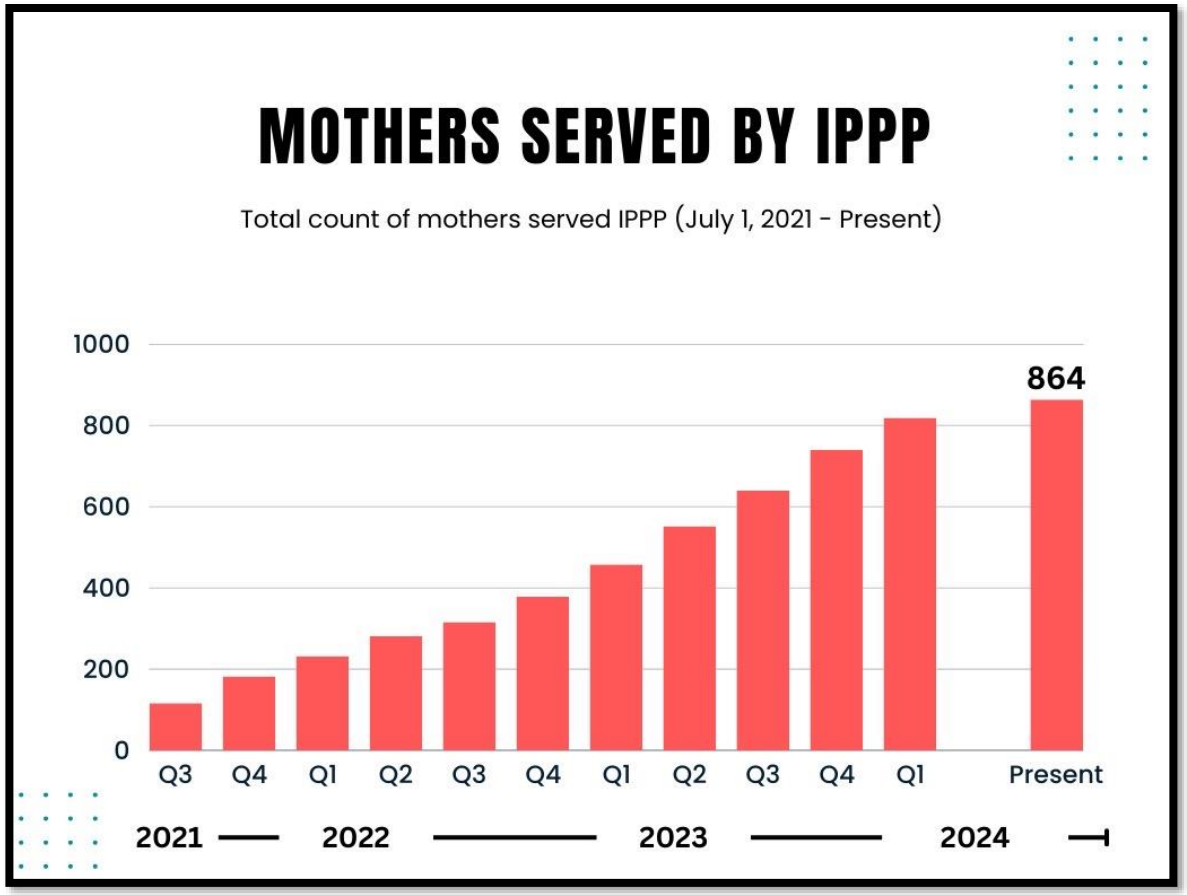
CareSource

MDwise
A McLaren Company

mhs

IPPP: Leader of MOM Model States

- Increasing enrollment
  - Accessible referral form
  - Extensive outreach to potential members
  - Provider events to increase awareness of IPPP
- High enrollment introduced many data challenges



IPPP Data Challenges & Solutions

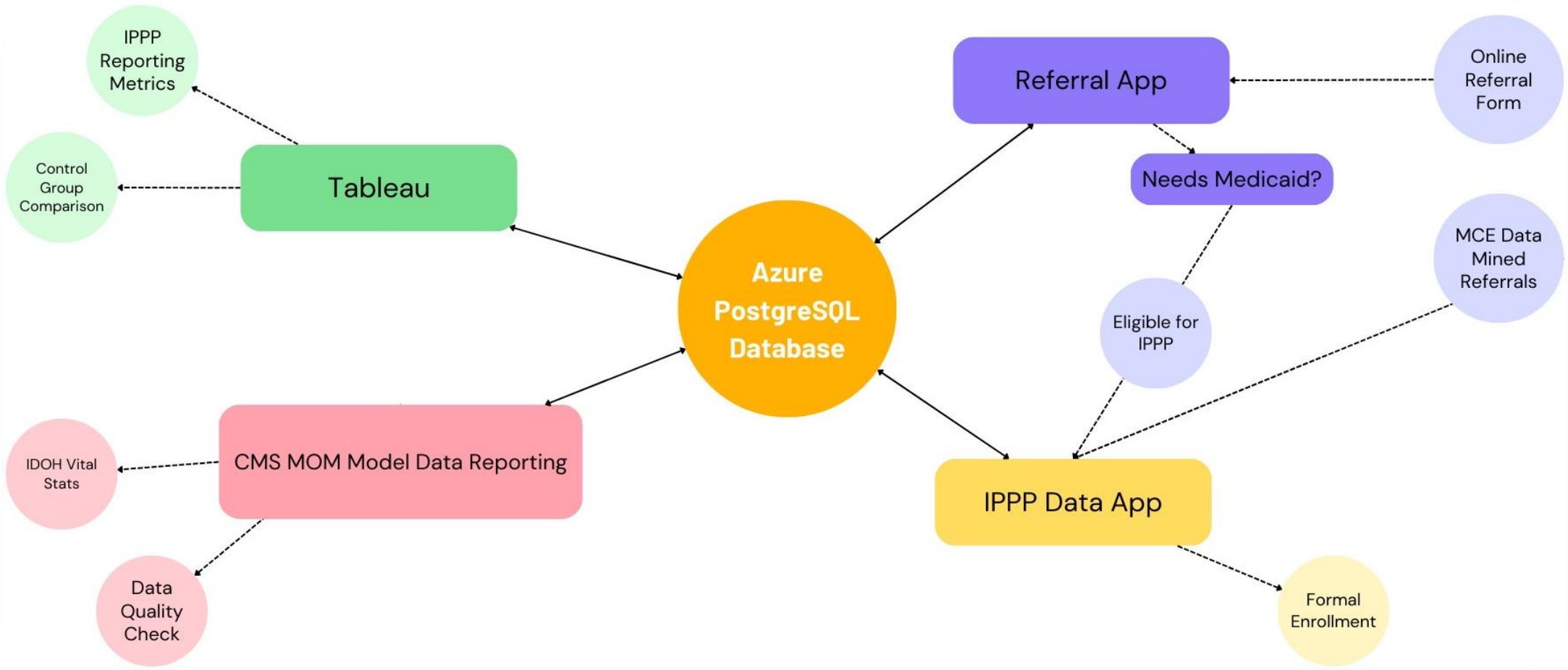
Challenges

- Referrals (public & internal)
- Secure data collection
- Secure storage of enrollee data
- Strict CMS reporting requirements
- Analysis & Visualization
  - Decision-making
  - Key performance metrics for reporting

Solutions

- Referral form on Indiana State website
- IPPP Data Apps
- Azure SQL database
- Semi-automated Federal Reporting
- Series of Tableau dashboards showing key metrics

IPPP Data Flow



Referrals

- Accessible State-wide
- Referral Sources:
  - Individual - Friends/family - Provider
  - MCE Data Mining

Routes to Referral

1. Through the IPPP website, you can refer **yourself**, **a friend or family member**, or refer **a patient if you're a provider**
   - Loaded into the referral app to ensure eligibility
   - Assist w/ Medicaid enrollment, if needed
2. Our MCE partners also perform data mining on Medicaid claims data to identify qualifying individuals

Method for Collecting, Editing, & Tracking Enrollee Data

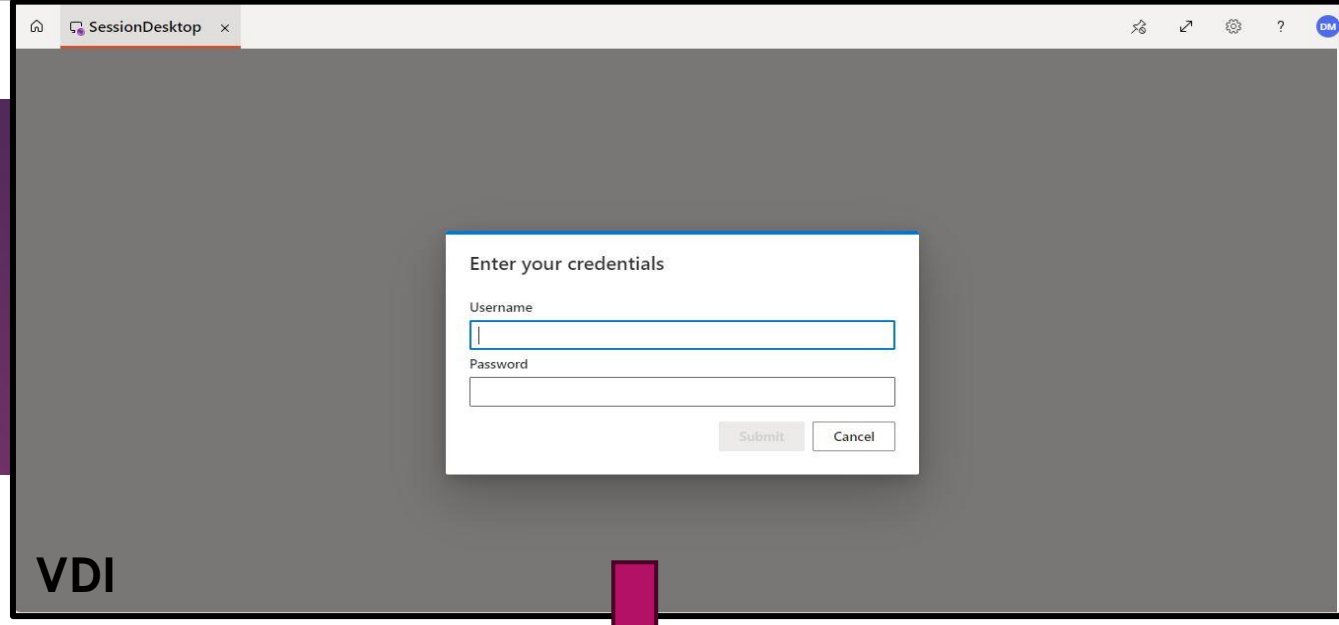
- Scalable & Efficient
- Accessible & Secure

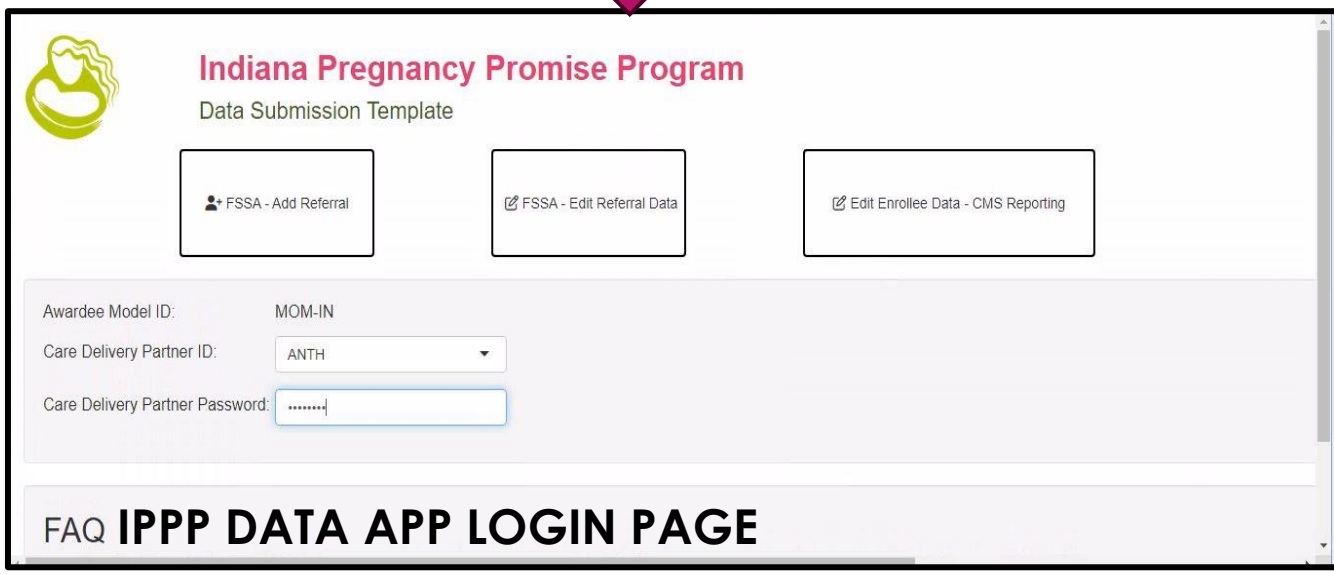
❖ *For the testing period, IPPP used static excel sheets that were passed between MCEs and FSSA to collect, store enrollee data*

IPPP Data App

- Used by case-managers to collect data on enrollees
  - Developed by FSSA Data & Analytics
  - Accessible across the state through secure virtual machines in the Protected Zone (PZ)
- IPPP Data App:
  - Highly secure - requires both FSSA login and app login
  - R-shiny, Kubernetes, Azure SQL Database
  - Scalable, reliable, and fast
  - Confidential – each MCE gets their own login
- **Purpose**: Streamline MCE data collection and documentation to allow IPPP case-managers more time to focus on our members and achieve the best possible health outcomes

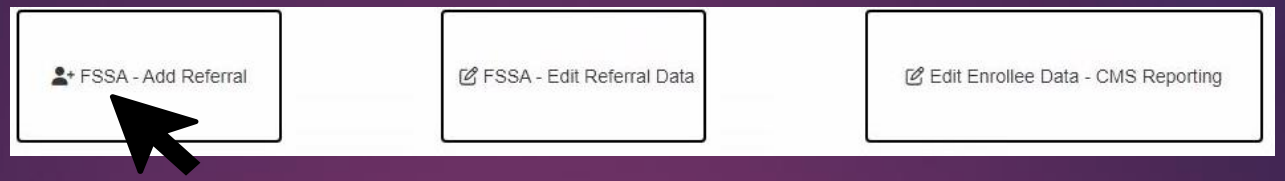
IPPP Data App Login



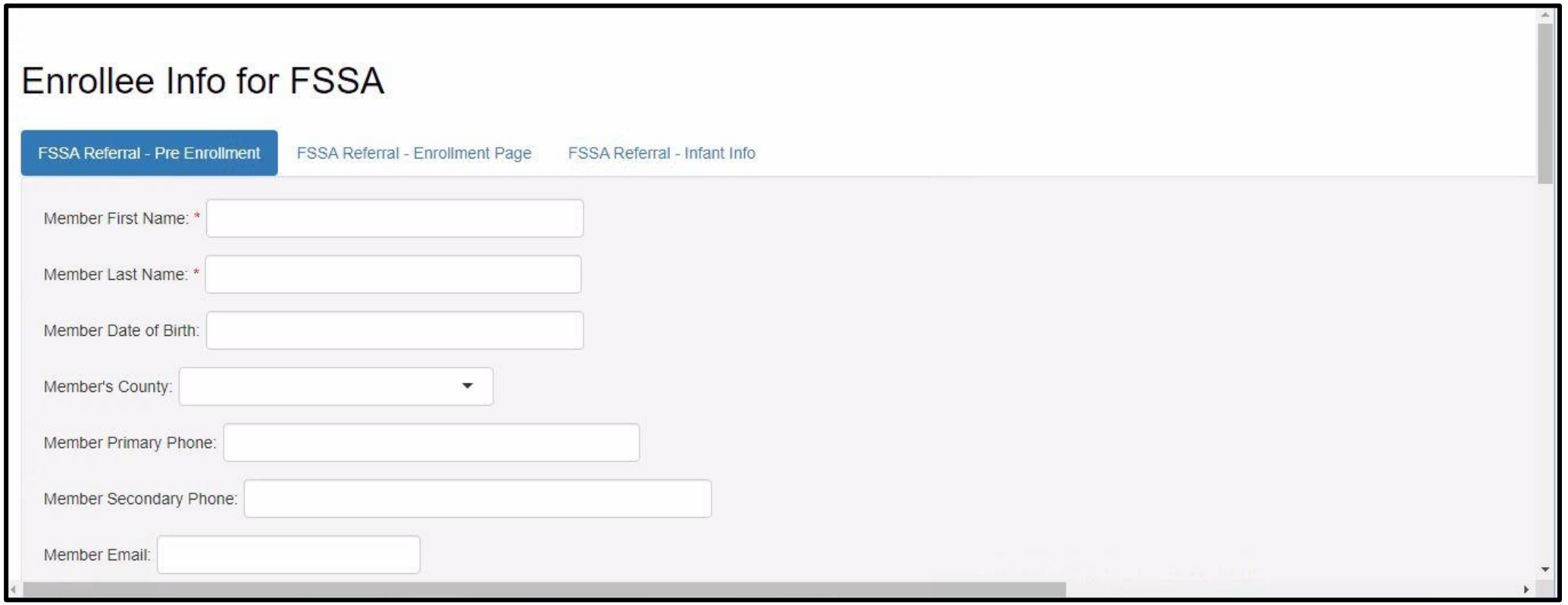


- The IPPP Data app is highly secure, requiring two separate passwords:
  - FSSA account for VDI login (2-factor authentication)
  - MCE specific App password

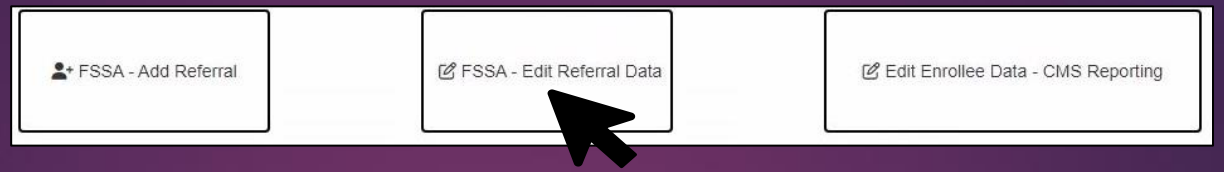
Add Referral



- MCE data mining referrals



Point of Formal Enrollment



Enrollee Info for FSSA

FSSA Referral - Pre Enrollment | **FSSA Referral - Enrollment Page** | FSSA Referral - Infant Info

Assigned Case Manager Name:

Date Consent Signed: 2021-12-28

Model Enrollee ID: MOM-IN-ANTH-0001

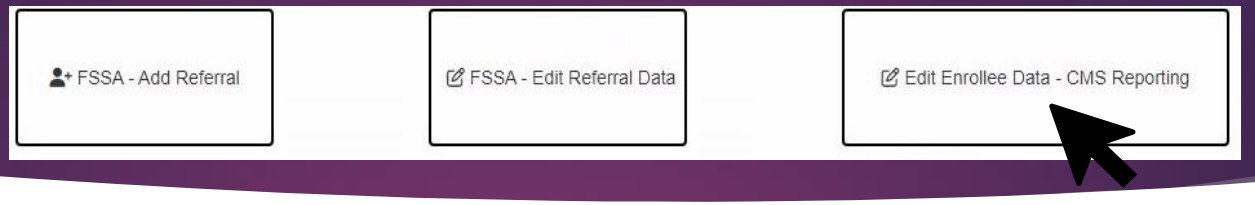
IPPP screenings completed within 7 days of consent? No

IPPP late screenings reason: Member unable to be reached

5P Date Completed:

Has care plan been completed for the given enrollee? * (•) Yes ( ) No

Enrollee Info



Model Enrollee

Intake and Enrollment Information | Health History | Prior Pregnancies | Encounters, Screenings, and Pregnancy Outcomes | Delivery Information | Outreach and Model Exit Information

The information in this section should be collected at Model intake whenever possible. An * indicates the field is required

Model Enrollee ID: * MOM-IN-ANTH-0001 *Format must follow MOM-ST-ABCD-### (where MOM_ST_ABCD = your CPD ID; #### is a unique 4-digit number)*

Medicaid ID: *

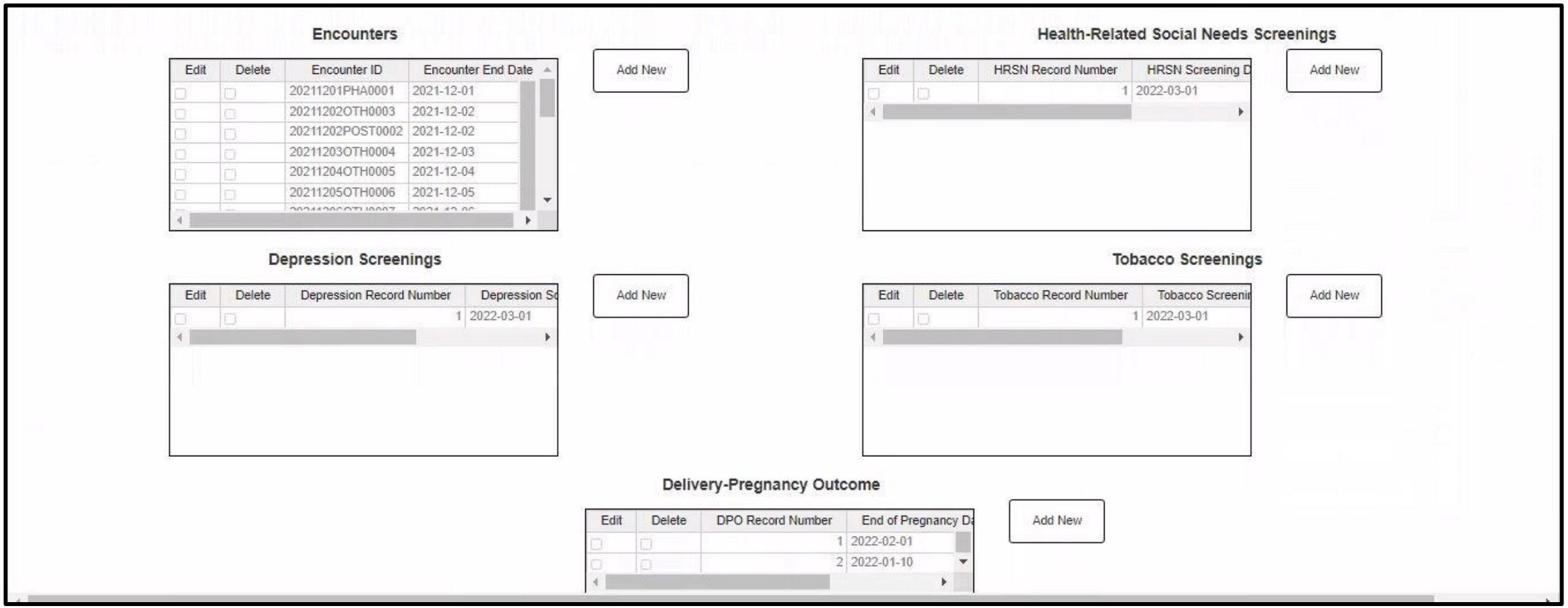
Date of Birth: * 1904-01-01 *Enter dates in YYYY-MM-DD format*

Gender: * Female

Did the beneficiary have health insurance before they became pregnant (with this pregnancy)? Yes, Medicaid

Does the beneficiary have a high school diploma or GED (at intake)? Yes

Encounters


Encounters
Edit
Delete
Encounter ID
Encounter End Date
20211201PHA0001
2021-12-01
20211202OTH0003
2021-12-02
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2021-12-02
20211203OTH0004
2021-12-03
20211204OTH0005
2021-12-04
20211205OTH0006
2021-12-05
Add New
Health-Related Social Needs Screenings
Edit
Delete
HRSN Record Number
HRSN Screening D
1
2022-03-01
Add New
Depression Screenings
Edit
Delete
Depression Record Number
Depression Sc
1
2022-03-01
Add New
Tobacco Screenings
Edit
Delete
Tobacco Record Number
Tobacco Screenir
1
2022-03-01
Add New
Delivery-Pregnancy Outcome
Edit
Delete
DPO Record Number
End of Pregnancy Da
1
2022-02-01
2
2022-01-10
Add New

Delivery Encounters

Pregnancy Outcome Information

The information in this section should be filled for each beneficiary whenever her pregnancy ends regardless of pregnancy outcomes. In the case of multiple live births, each infant should have its own unique record.

End of Pregnancy Date: *

In the case of multiple infants born on different calendar dates to the same mother (i.e. before and after midnight), use the later of the two dates across all records associated with that beneficiary

Pregnancy Outcome: *

Gestational age (for live born and still born infants): *weeks*

Birth weight (for live born and still born infants): *grams*

Infant Information

The information in this section should be filled out whenever a beneficiary's pregnancy outcome is a live birth. In the case of multiple live births, each infant should have its own unique record.

Infant ID:

Infant date of birth:

Infant total hospital length of stay post-delivery: *days*

Neonatal Intensive Care Unit (NICU) length of stay: *days*

(If the infant was in the NICU, during the same hospital stay as the delivery, then enter the number of days the infant remained in the NICU. Enter 0 if the infant was not admitted to

Technical Support for Data Collection

- Wide-range of data is collected, including:
  - Demographics
  - Outreach dates
  - Health screening results/dates (depression, prenatal, postpartum)
  - Treatment methods (OUD, contraception)
  - All doctor, hospital encounters
  - Various health metrics for both mothers and infants

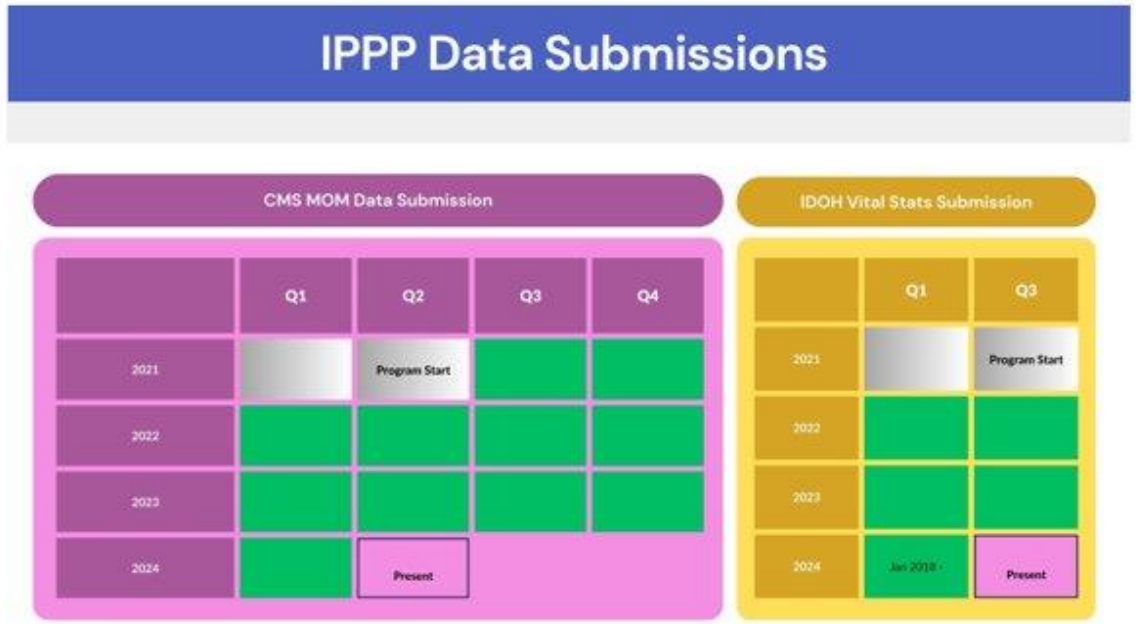
- Case-managers receive technical support from FSSA D&A
  - Multi-disciplinary team provide advice on how to document edge-case scenarios (Ex. Twin-births, incarcerated out of state)
    - Data science, social work, Medicaid services, pregnancy

Federal Reporting

- Up-to-date Enrollee data
- Bi-annual IDOH Vital Stats data

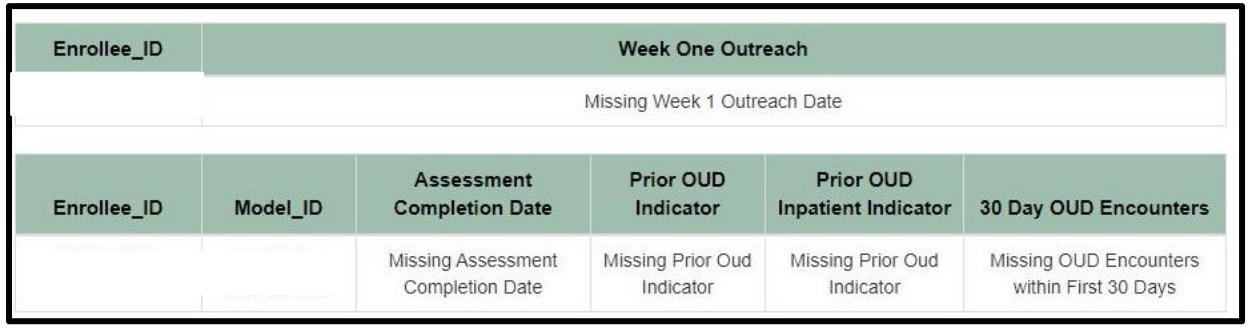
Data for Federal Reporting to CMS

- IPPP is required to submit up-to-date program data quarterly
  - 9 files for each MCE, submitted separately
- A framework to automate preparation of submission files was built
- Files are submitted to the CMS MOM Gateway
  - submission accepted once they pass intense data quality checks
  - Only manual step
- IPPP has never missed a data submission
  - CMS MOM Data
  - IDOH Vital Stats data (bi-annually)



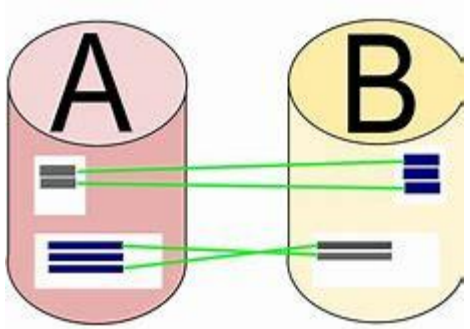
Keys to Success in Federal Reporting

- **What has allowed IPPP to meet all reporting period deadlines and submit consistent, high-quality data that passes CMS quality checks?**
  - Validation at data entry: The IPPP data app itself contains many validation checks that ensure data is entered correctly.
  - Missing Data Report: Many data quality issues relate to missing data, not just incorrect data. To resolve this, we send out a monthly missing data report to each MCE that scans all enrollee data and identifies any missing required fields.
- Prevents end-of-quarter fire drill
- Iterative process



Record Linkage

- Linking IPPP members with IDOH Data
  - FSSA D&A receives data from IDOH on all fetal, infant, and maternal deaths
  - Allows us to calculate infant & maternal death rates
  - Requirement to submit all linked IDOH-Medicaid data to CMS
- Linking IPPP members with Medicaid claims data
  - IPPP members already enrolled in Medicaid
  - Allows for us to pull additional metrics for analysis (well-child visits, ER visits, past claims, etc.)
  - Provides the framework for a comparison analysis (**in-progress**)
    - Identify 'control group' of qualifying Medicaid members not enrolled in IPPP
    - Compare health outcomes of IPPP to control group

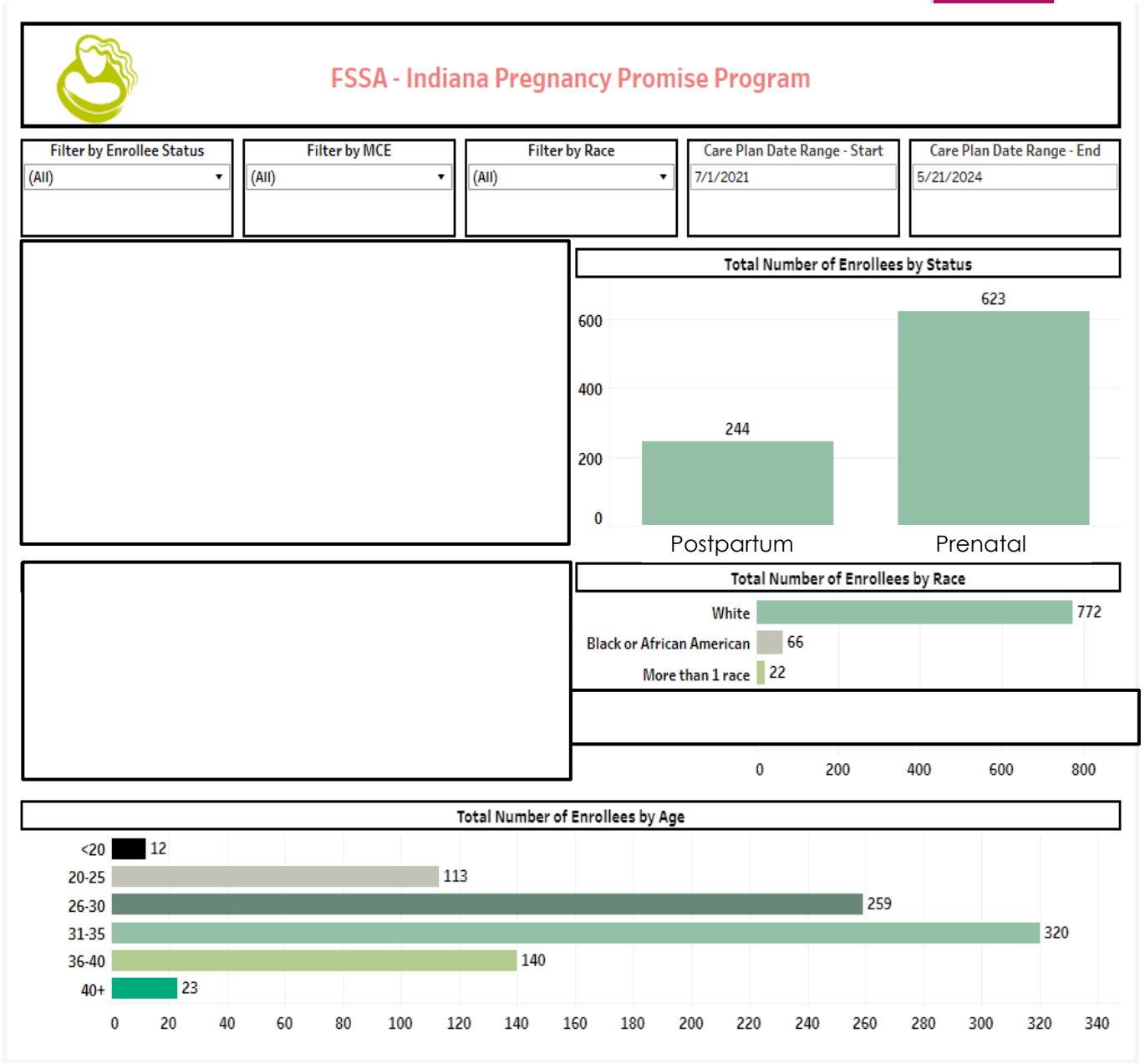


Data Analysis & Visualization

- Highlight Areas For Improvement Or Points Of Success
- Display Live Metrics Used For Reporting, Tracking, Decision Making

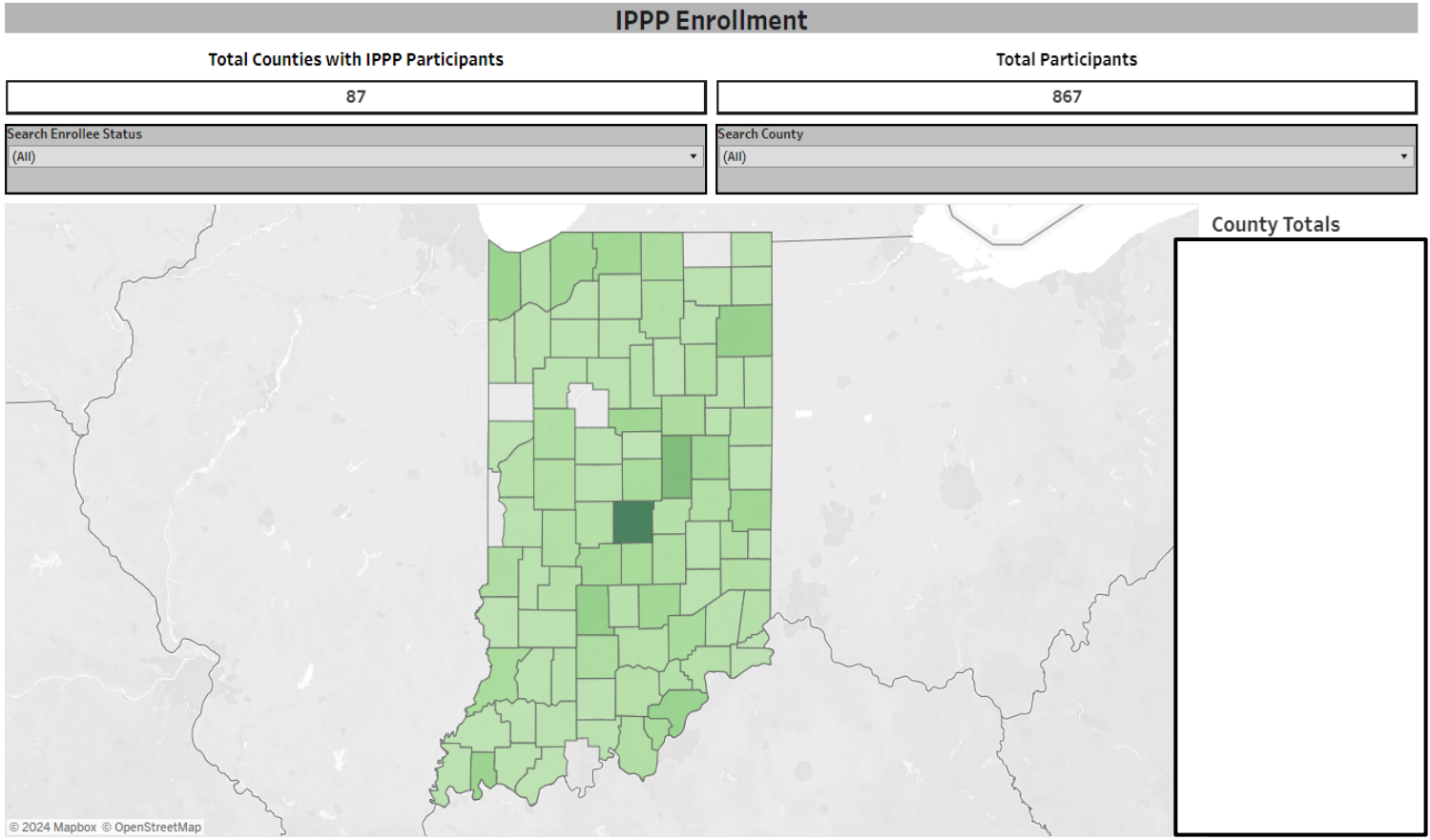
Enrollment Dashboard

- ✓ Focus outreach on minority populations



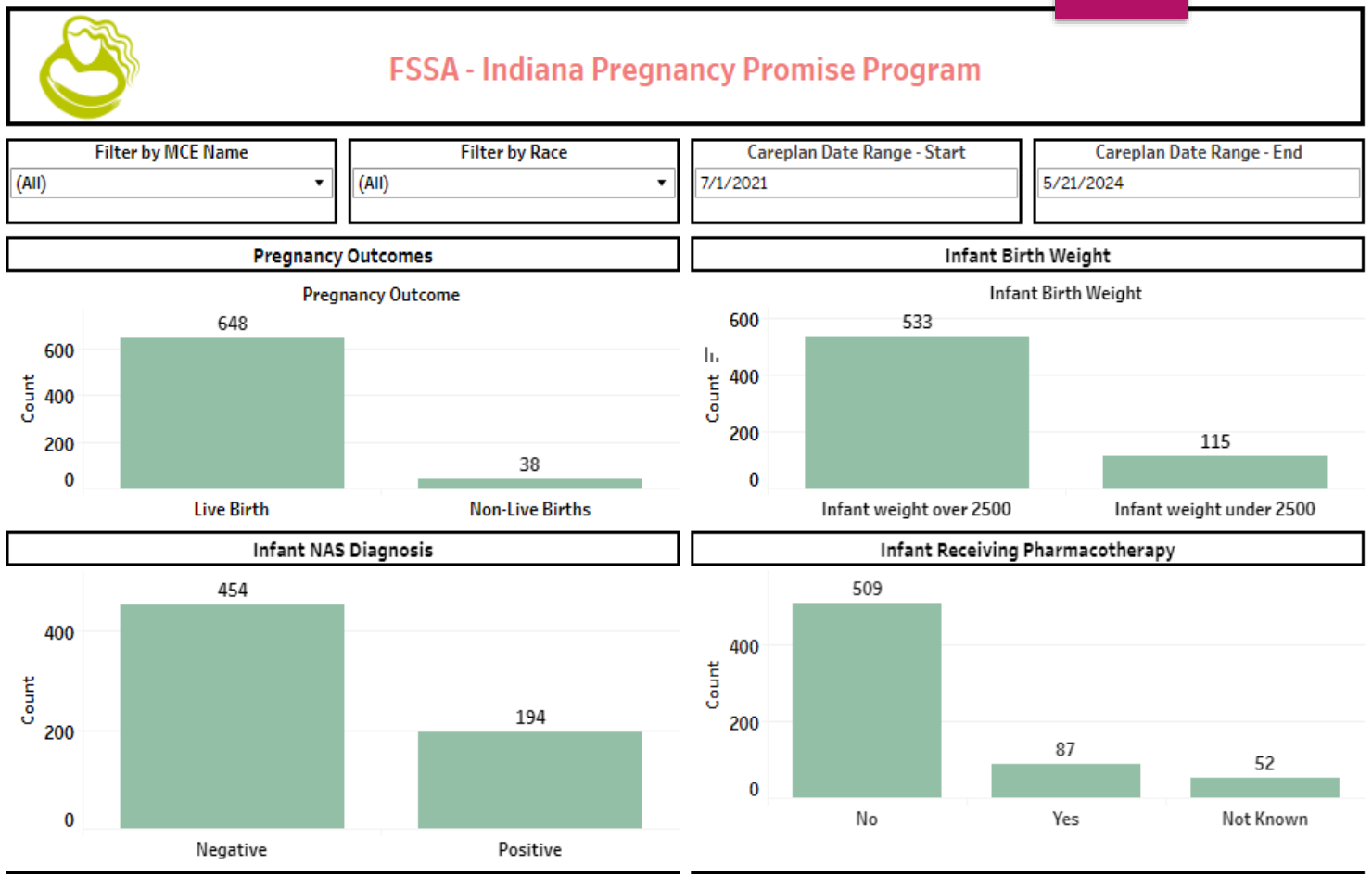
Enrollment Map

- ✓ Identify counties/regions to focus outreach



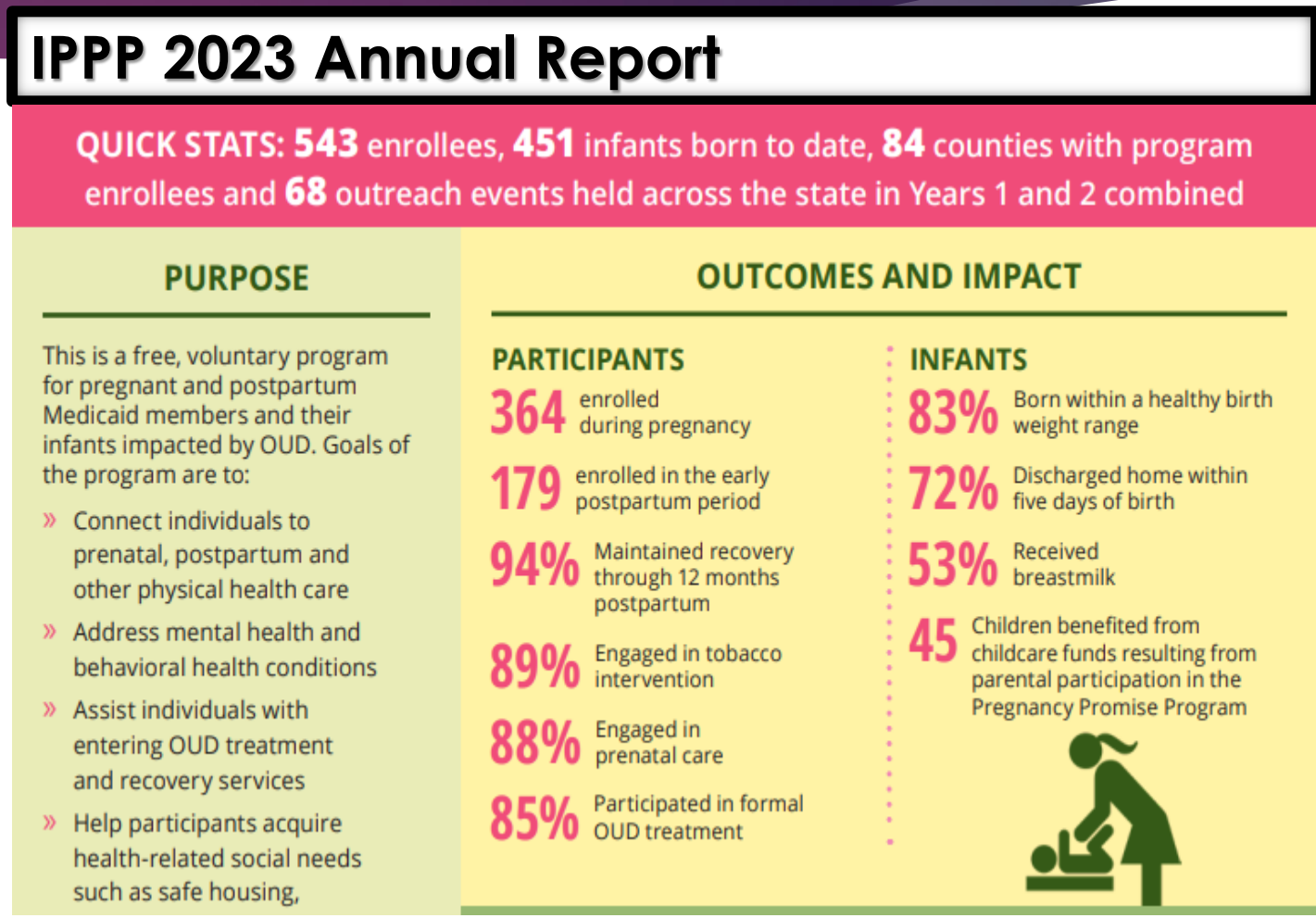
Infant Dashboard

- ✓ Track infant health metrics



Impact of IPPP Dashboards

- IPPP Dashboards are used by many stakeholders:
  - IPPP leadership – quarterly CMS progress reports, public annual reports
    - 364 Enrolled before birth
    - 94% maintained recovery through 12-months postpartum
    - 83% infants born with health weight
  - IPPP steering committee - decision making, process improvements
  - Case-managers - monitor enrollee data



IPPP 2023 Annual Report

QUICK STATS: 543 enrollees, **451** infants born to date, **84** counties with program enrollees and **68** outreach events held across the state in Years 1 and 2 combined

PURPOSE

This is a free, voluntary program for pregnant and postpartum Medicaid members and their infants impacted by OUD. Goals of the program are to:

- Connect individuals to prenatal, postpartum and other physical health care
- Address mental health and behavioral health conditions
- Assist individuals with entering OUD treatment and recovery services
- Help participants acquire health-related social needs such as safe housing,

OUTCOMES AND IMPACT

PARTICIPANTS

364 enrolled during pregnancy

179 enrolled in the early postpartum period

94% Maintained recovery through 12 months postpartum

89% Engaged in tobacco intervention

88% Engaged in prenatal care

85% Participated in formal OUD treatment

INFANTS

83% Born within a healthy birth weight range

72% Discharged home within five days of birth

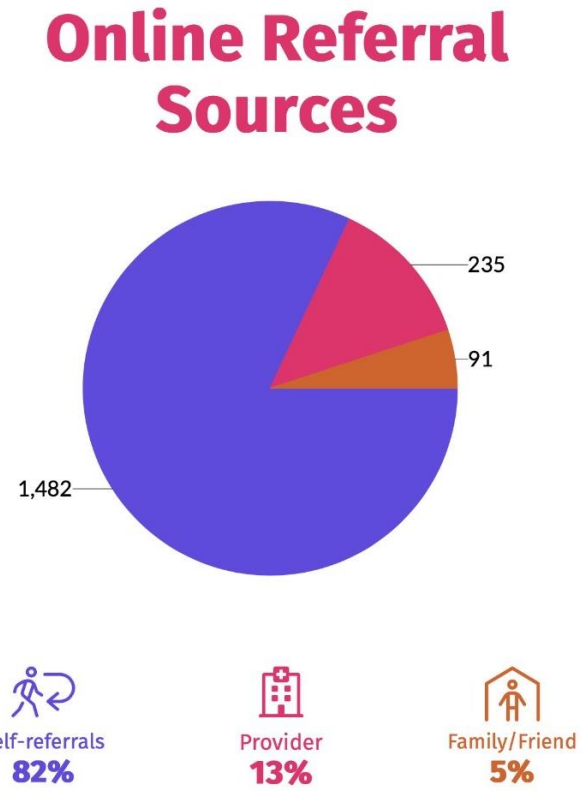
53% Received breastmilk

45 Children benefited from childcare funds resulting from parental participation in the Pregnancy Promise Program

Persistent Outreach in IPPP

- Analyzing the success of IPPP referral outreach
  - Both website referrals, and MCE data mining referrals
  - Referrals reached:
    - If a member declines enrollment, or they are not eligible, they are still counted as "reached"
- % IPPP Referrals Reached = **81%**
  - Success can be attributed to the persistence of case-managers in attempting to contact referred individuals
    - "***A Pregnancy Promise case manager finally reached a potential enrollee on the 13th try. Member was initially hesitant, but by the end of the call, the case manager was able to build trust, start to break down some "walls" and began the enrollment process with the individual.*** "

      – IPPP MCE Partner



Data Sharing is Critical to Delivering Improved Services

- IPPP has a data sharing agreement with Office of Early Childhood & Out-of-School Learning (OECOSL)
  - Share all CCDF referrals of members – childcare assistance
  - Works to ensure referrals are followed up on in a timely manner
    - "***A case manager engaged a member in December 2023 with the goal to help with housing for the member and toddler. The case manager and member utilized the Pregnancy Promise Program childcare incentive, which got approved. The member was able to obtain full-time employment. The case manager also linked the member to a home visiting program and was able to link the member to housing. The member is due with her baby in May 2024.***"

      – IPPP MCE Partner
- Data sharing with OMPP helped prevent enrollees from losing Medicaid coverage during the Public Health Emergency Unwinding

Evaluation of Data Solutions

Voted as "The Most Innovative Data Strategy of all MOM Model Awardees" by CMS

IPPP dashboards drive programmatic change and benefit our enrollees

Public referral form makes IPPP accessible

IPPP Data App streamlines collection of enrollee data

IPPP has never missed a CMS data submission

Sustainability Plan

- CMS MOM Model funds can be used through 2025
- IPPP not only plans to sustain its' services, but expand eligibility to pregnant members on Medicaid with a history of **Substance Use Disorder (SUD)**
  - Additional funding streams

- **<u>The expansion of the program presents additional data challenges:</u>**
  1. Estimated to increase eligible population by 4-5 times
  2. Streamline, or reduce, data entry for case-managers, who will have a much higher case-load
  3. Restructuring the data app, dashboards for different reporting requirements

Referral Information

To make a referral for yourself or someone you know:

Visit: www.PregnancyPromise.in.gov

Email: PregnancyPromise@fssa.in.gov

Call: 317-234-5336 or toll-free 888-467-2717

Indiana Pregnancy Promise Program

What are the Pregnancy Promise Program benefits?

- **Connection:** Participants in the Pregnancy Promise Program will be matched with a case manager. Case managers will offer confidential support during enrollment to be sure parents and infants receive the care and resources they need during and after pregnancy to be healthy and well.
- **Coordination:** Pregnancy Promise Program case managers will work with participants and their team of doctors and providers to coordinate care and identify community resources for families.
- **Prevention:** By connecting pregnant individuals with health care and treatment as early as possible, the Pregnancy Promise Program aims to reduce and prevent the negative impacts of opioid use to the parent and child.

To make a referral for yourself or someone you know, visit www.PregnancyPromise.in.gov, email PregnancyPromise@fssa.in.gov, call 317-234-5336 or call toll-free 888-467-2717.

Questions?