

# VALUE-BASED PAYMENT FOR PEDIATRIC CARE: CCO SUCCESS CASE

## VBP supports a provider-driven care coordination model for children in foster care, boosting health outcomes and quality performance across three counties

### Intercommunity Health Network's Encompass model supports services that are difficult to finance through fee-for-service payment

Among CCO members, children in foster care are at heightened risk for gaps in care. Not only do children in state custody have higher-than-average medical, behavioral, and oral health needs, often the result of family trauma,[1] but changes in caregivers and foster placements can complicate provider efforts to manage care.

Dr. Carissa Cousins, a pediatrician, saw this first-hand in her dual roles at the ABC House, a children's advocacy center in Albany, and with Samaritan Health Services (SHS). SHS is a nonprofit network of hospitals and clinics serving approximately 70% of Intercommunity Health Network (IHN) members and is a parent company of the CCO.

"What I was seeing was children in care having gaps in care. For example, if they were referred to cardiology and the placement changed and the cardiologist didn't have the new placement information, the referral could possibly get dropped," she said. "Or, kids would not get their medical and dental assessments in a timely manner."

Dr. Cousins' response was to found Encompass, a program offering individualized care coordination for children in foster placements. But finding a sustainable funding model for the program presented another challenge, in large part because two of its three care coordinators lacked clinical credentials and couldn't bill for their services.

In this brief, we explore how IHN worked with SHS to create a value-based payment model to support the Encompass program, and how the strategy could be applied to support care coordination for other populations with complex needs.

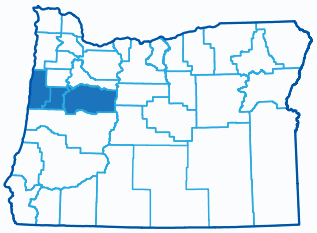
### KEY TAKEAWAYS

- **VBP models allow payment for care-coordination services** that are complicated to bill individually but offer crucial support to populations with high support needs.
- **Care coordination can increase system capacity** by reducing burdens on others in the system, such as providers and foster parents supporting children with complex needs.
- **Clinical champions play a key role** in designing, implementing, and troubleshooting successful VBP models.

OHSU *Center for* HEALTH SYSTEMS EFFECTIVENESS

## AT A GLANCE

### INTERCOMMUNITY HEALTH NETWORK ENCOMPASS MODEL



**Who's involved:** Samaritan Health System's Encompass care coordination program in Linn, Benton, and Lincoln counties

**LAN Category:** 4A, Condition-specific population-based payment

**Members included:** About 280 children each year

**Annual dollar value:** About $385,000

**Financial risk:** Per-member per-month payment for each child receiving services

**Quality component:** Encompass is accountable for meeting targets for five CCO incentive measures: Assessments of Children in ODHS Custody, Preventive Dental or Oral Health Services (Ages 1-5 and 6-14), and immunization metrics for children and adolescents. The program may earn additional quality bonuses.

**Social determinants of health and equity component:** Children identified as Black and American Indian/ Alaska Native are disproportionately represented among children in Oregon DHS custody.[4]

## Meeting needs of children in foster care: the Encompass model

In 2019, Dr. Cousins obtained pilot funding to start Encompass through an IHN delivery systems transformation award. Having studied national care coordination models for children in foster care, she brought these ideas to bear in designing the new program.

Encompass matches each IHN child in Oregon Department of Human Services (ODHS) custody with one of its three care coordinators. The coordinator stays with the child the entire time they remain in ODHS care, following them through changes in foster placements, providers, and moves within IHN's three counties. Coordinators are a central resource not tied to any specific provider or clinic and do much of their work remotely, although they may visit homes, provider sites, and the ABC House to meet with children and foster families (now called "resource" families; see box below). The program focuses on coordinating medical, dental, and mental health care and does not itself provide clinical services.

The coordinator's role includes tracking medical and dental assessments and immunizations, attending weekly care conferences, addressing needs such as furnishings, clothing, and physical therapy equipment, and coordinating services with caseworkers and resource families. The program has connections with each county's Juvenile Court Improvement Program (JCIP), Citizen Review Boards, Juvenile Department, Court Appointed Special Advocates for Children (CASA), and mental health providers. If a child leaves the IHN area, coordinators ensure that information about upcoming appointments and medical needs is shared with the caseworker so it can be provided to the new resource parents. Encompass also monitors children in foster care for emergency department visits and missed appointments and shares that information with the ODHS care team.

While Encompass quickly yielded wins for children and families, its financial model was an open question. What payment structure could keep the program sustainable long-term?

## Challenges of billing for care coordination

The situation faced by SHS is familiar to many programs providing care coordination and similar clinically adjacent services. For members with complex physical or behavioral health diagnoses, Medicaid supports fee-for-service billing for case management and care coordination activities through a group of CPT and HCPCS codes. However, the codes require

### WHAT IS A RESOURCE FAMILY?

In 2021, ODHS followed the U.S. Department of Health and Human Services in shifting from the term "foster family" to "resource family." Resource families include foster parents and kinship caregivers, as well as foster-to-adopt families.

*Source: Oregon Department of Human Services (2021) "Fact Sheet: What's in a Word".*

staff to be credentialed to provide services and place restrictions on sites where services can be delivered.

These requirements can make it challenging for providers to bill for services delivered outside of clinical settings or by workers who lack the specified credentials but are otherwise well-suited to support members. These can include services provided by peers, community health workers, and other kinds of traditional health workers, as well as other care coordinators outside of clinical settings. Care coordination may also involve non-billable activities like maintaining records, attending meetings, or arranging health-related services. As a result, care coordination programs may be funded through grants and face sustainability challenges.[2]

For children in foster care served by IHN, clinic-based care coordinators could remind families about appointments. But if a child changed placements and phone numbers, a system-wide program like Encompass needed to step in and reestablish connections. And while one Encompass care coordinator was a registered nurse and could bill for some services, the other two had valuable experience but no clinical credentials.

**"The important part to realize is that fee for service breaks down in these types of situations. It wasn't covering the costs...**

**This [VBP] just gave the funds to centralize it and let Dr. Cousins and the Encompass program do what they need to do to case-manage these kids."**

- Trent Began, IHN Director of Financial Operations

### Solution: a monthly case-rate model

Wanting to sustain the Encompass program's success, IHN worked with Dr. Cousins to create a VBP arrangement that supports its care model. The arrangement uses a per-child monthly payment for all necessary care coordination services.

Trent Began, IHN's director of finance, said the CCO recognized that a value-based model would best support the program's cross-provider activities. "Fee for service breaks down in these types of situations," he noted. "This just gave the funds to centralize it and let Dr. Cousins and the Encompass program do what they need to do to case-manage these kids."

To determine a per-member per-month rate, the CCO used the Department of Medical Assistance Program's fee schedule and estimated the fee-based value of services the program was providing, if all providers were billing. "What we did is just said, 'Here's what it might've looked like if everyone was billing as appropriate,'" he said. Following this calculation, IHN set the rate at $150 per month per child.

To measure care volume, the Encompass team tracks each client "touch," typically about 1,000 per month in total. Recording touches was cumbersome in the program's old software, but now a new Epic platform does it with a single click. The health record also pools clinical data from all three counties.

Encompass is accountable for hitting OHA improvement targets for childhood wellness visits, immunization measures, and Assessments for Children in DHS Custody, all of which are CCO incentive measures. The program is also part of IHN's performance incentive pool.

## Payoffs for participants

According to IHN, quality measures for children served by Encompass met the state's growth targets for all five of the model's metrics in 2022. Scores compare favorably with those of the overall SHS pediatric population, and in 2021 IHN ranked second overall among CCOs on the Assessments for Children in DHS Custody measure.[3]

**"We had one resource parent that said, "Oh my gosh, I'd take any kid if I had this team."**

-Dr. Carissa Cousins, Encompass founder

Beyond metrics, the model has eased burdens on others involved in caring for children in foster care, enhancing the system's capacity to meet demands. "We get feedback back all the time from resource parents, case workers, and medical providers [saying] 'This is so helpful,'" Dr. Cousins said. "We had one that said, "Oh my gosh, I'd take any kid if I had this team."

To address the persistent struggle of tracking children through changing foster placements, SHS is hoping to pilot a program called IDENTITY[5] that would link data from ODHS with electronic health records, updating placement information to facilitate continuity of care. Encompass is also engaged with an ODHS Health & Wellness initiative to build a broader foster care coordination network around the state.

## Expanding the model to other areas

Building on the success of the Encompass program, IHN and SHS are collaborating on a primary-care care coordination model to enhance initiation and engagement for substance use disorder treatment. The program, however, has yet to take off as strongly as Encompass. Miranda Miller, SHS director of value based performance, pointed to the critical role that a clinical champion such as Dr. Cousins plays in driving the success of a new model by helping to troubleshoot the inevitable hiccups with staffing and logistics. But in an already busy system, energy for change can be hard to find.

"Everyone is so tied up in other things," Miller said. "It's really hard to carve time out and find individuals that actually have that ability to do that."

## Implications

CCO members with complex medical, social or cultural needs can benefit from services that are difficult to bill on a fee-for-service basis, either because they are not covered services (such as travelling to community sites), or because they are delivered outside clinical settings.

If provider or community-based leadership is in place, VBP models like the one developed for Encompass offer CCOs a payment structure to sustain these services and enhance patient-centered care.

## References


1 Szilagyi MA, Rosen DS, Rubin D, et al. Health Care Issues for Children and Adolescents in Foster Care and Kinship Care. *Pediatrics* (2015) 136 (4): e1131–e1140.

2 https://www.oregon.gov/oha/EI/THW%20Documents/FINAL-Payment-Models-Grid-by-Worker-Type-with-Disclaimer-9.25.19.pdf. Accessed April 5, 2023.

3 https://visual-data.dhsoha.state.or.us/t/OHA/views/CCOPerformanceMetrics/performance?%3Aembed=y&%3AisGuestRedirectFromVizportal=y

4 https://www.oregon.gov/dhs/CHILDREN/CHILD-ABUSE/Documents/2021-cw-data-book.pdf

5 Greiner MV, Beal SJ, Dexheimer JW, Divekar P, Patel V, Hall ES. Improving Information Sharing for Youth in Foster Care. Pediatrics. 2019 Aug;144(2):e20190580. doi: 10.1542/peds.2019-0580. PMID: 31363072; PMCID: PMC6702031.



**CENTER FOR HEALTH SYSTEMS EFFECTIVENESS**

This brief is a component of the Oregon Health Authority's Value Based Payment Roadmap evaluation.

Cite as: Center for Health Systems Effectiveness. Value-based payment for pediatric care: CCO success case. Portland (OR): Center for Health Systems Effectiveness, Oregon Health & Science University; 2023.

We would like to thank Trent Began from Intercommunity Health Network CCO and Dr. Carissa Cousins and Miranda Miller from Samaritan Health Services for their participation in interviews.



**www.ohsu.edu/chse** | **CHSE-info@ohsu.edu** | **@OHSU_CHSE**