



# Vermont Uses an Accountable Care Organization Model to Prioritize Developmental Screenings during Well-Child Visits

Megan Lent and Carrie Hanlon

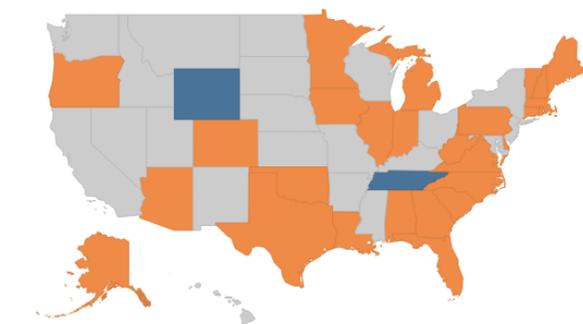
## Introduction

Without early identification and treatment of developmental delays, children may face long-lasting and costly consequences. States have a variety of strategies they can use to track and incentivize developmental screening for children covered by Medicaid and the Children's Health Insurance Program (CHIP). Vermont has invested in young children's healthy development by developing an infrastructure to facilitate sharing developmental screening results across health care and community settings and a statewide system to improve access to resources and services.<sup>1,2</sup> To build on these efforts and to identify children with Medicaid coverage who may be in need of services, Vermont has also sought to incentivize developmental screening through an accountable care organization (ACO) model.

Developmental screening can lead to early intervention during a child's first years – a critical time in children's development.<sup>3,4</sup> The American Academy of Pediatrics' Bright Futures schedule recommends developmental screening using standardized tools during 9-month, 18-month, and 2 ½-year well-child visits, as well as at other times when concerns are identified.<sup>5</sup>

The US Centers for Medicare & Medicaid Services' (CMS) Core Set of Children's Health Care Quality Measures, a set of physical, mental, and oral health measures that state Medicaid and CHIP programs voluntarily report to CMS,<sup>6,7</sup> also include developmental screening during the first three years of life. In 2017, 27 states reported the developmental screening measure to CMS – the highest number of states to report the measure in any fiscal year (Figures 1 and 2).<sup>8</sup> States that track developmental screening by Medicaid providers can use this data to improve screening rates and connect children to appropriate follow-up services. States also can incentivize improvement in developmental screening rates through payment and delivery reform, which is the approach used by Vermont's Medicaid Next Generation Model ACO. With a growing number of states reporting the developmental screening measure to CMS and new federal initiatives promoting value-based payment for children's health,<sup>9</sup> Vermont's innovative ACO approach can provide valuable insights.

**Figure 1. State Reporting of Developmental Screening Child Core Set Measure**

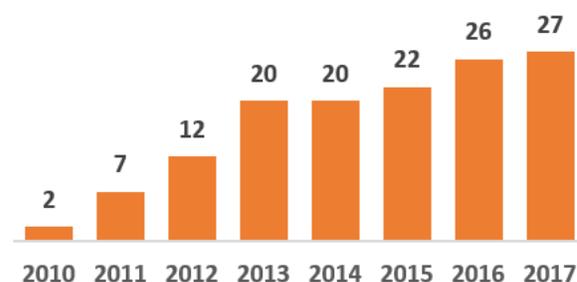


Legend:

- Currently report the measure (27)
- Previously reported the measure (2)
- Do not report the measure (24)

Sources: 2011, 2012, 2013, 2014, 2015 Annual Reports on the Quality of Care for Children in Medicaid and CHIP; 2016, 2017, 2018 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP Chart Packs

**Figure 2. States Reporting Developmental Screening Child Core Set Measure By Federal Fiscal Year**



The goal of Vermont's [Medicaid Next Generation Model ACO](#)<sup>10</sup> program is to improve the quality of care and curb health care cost growth. Under Vermont's model, the ACO must meet minimum quality performance targets for a selected measure set in order to qualify for payment from the ACO's Quality Incentive Pool.<sup>11</sup> Payments are made through an All-Inclusive Population-Based Payment (AIPBP) dispersed monthly to hospitals and select independent physician practices, or through traditional fee-for-service payment for all other providers. The AIPBP is based on the historic expenditures by the state's Medicaid agency – the Department of Vermont Health Access – for attributed lives to the ACO using an attribution methodology.<sup>12</sup> A portion of the monthly AIPBP is withheld by participating ACOs and placed in a quality incentive pools each performance year. A portion of this is distributed to ACO network providers based on their performance on a set of measures. The remainder is split, with half reinvested by participating ACOs in quality improvement initiatives and half returned to the state Medicaid agency. The withhold increases over time, starting at 0.5 percent of the total payment in 2017 and rising to 2 percent of the total payment in 2019.<sup>13</sup>

Vermont based its initial measure set for the Medicaid Shared Savings Program on the program's quality measure set, with the addition of child- and adolescent-specific measures. Vermont has also worked to align measure sets across payers under its All-Payer Model Agreement with the federal government. There are currently 13 performance measures for adult and pediatric care in Vermont's Medicaid Next Generation measure set. Its pediatric measures include adolescent well-care visits and developmental screening in the first three years of life. The developmental screening measure is based on claims data, while some other measures are based on clinical or survey data. The developmental screening measure was selected by a state ACO measures stakeholder work group in part because providers were already familiar with it due to its inclusion in the Medicaid Child Core measure set. Performance measures and targets are based on national Healthcare Effectiveness Data and Information Set (HEDIS) Medicaid All Lines of Business (ALOB)<sup>14</sup> benchmarks, and are reviewed and updated periodically.

## Other Efforts to Increase Vermont's Developmental Screening Rates

Developmental screening is included in Vermont's [Early Childhood Scorecard](#) as part of the State Health Improvement Plan's goal of optimal child development. The state's goal is for 95 percent of all Vermont children to receive a developmental screening within their first three years of life.<sup>15</sup> In 2016, this rate was 58 percent, up from 48 percent in 2013. Despite this overall positive trend, this data also identified a screening disparity between children insured by Medicaid and those who were insured privately, with 55 percent of Medicaid-covered children receiving developmental screening compared to 66 percent of privately-insured children.<sup>16</sup>

Vermont has historically engaged in targeted efforts to improve developmental screening rates. For example, the goal of the Vermont Child Health Improvement Program's (VCHIP) current project is statewide dissemination of Vermont's system for Universal Developmental Screening (UDS). Its goals are to:

- Facilitate the spread of UDS to early care and education (ECE) providers serving Medicaid-eligible children from birth to three years of age;
- Support training and utilization of Vermont's UDS Registry for communication of screening results and subsequent referrals between ECE providers and medical homes; and
- Collaborate with key partners to promote early and continuous developmental screening with appropriate and effective linkages to developmental and community resources.<sup>17</sup>

Vermont's statewide, comprehensive screening data collection and communication system (Vermont's UDS Registry) set a precedent for continuous developmental surveillance of children across early childhood settings to improve early identification of risks and/or delays to ensure that children and families are linked to

appropriate services and to support their ongoing learning and development.<sup>18</sup>

The implementation of [Help Me Grow Vermont](#) has advanced Vermont's systematic efforts to increase collaboration and communication between ECE providers and medical homes around developmental screening, referrals, and linkage to resources and services.<sup>19</sup> Recent national recommendations support Vermont's efforts and UDS Registry roll-out. The revised American Academy of Pediatrics' Bright Futures guidelines now recommend that physicians incorporate developmental observations by early childhood providers into their own developmental surveillance.<sup>20</sup> Under Vermont's health care reform, developmental screening is a core measure for quality and reimbursement through Vermont's ACOs. In addition, participating practices and providers are encouraged to access and review developmental screenings completed by community providers to inform their surveillance activities during well-child visits.

Developmental screening is also a quality improvement focus for the ACO and provider health service areas. For example, in Vermont's Berlin health service area, primary care practices screen for adverse childhood events (ACEs) and developmental delays. Practices engage with families through office- and community-based outreach and by partnering with local family support agencies, mental health agencies, schools, and community child care providers. In addition, through a partnership between the local practice and the Parent Child Center, a full-time family support specialist is co-located in the pediatric health care center.<sup>21</sup> Positive screenings trigger referrals to specialists, as well as on-site support from family support coordinators to connect families to community services and supports.<sup>22</sup>

## Conclusion

Vermont's Medicaid Next Generation Model ACO is designed to improve health care quality and outcomes, including increasing rates of developmental screening during the first three years of life. Vermont uses reporting, incentive payments, and statewide goal-setting to prioritize and improve developmental screening rates. To learn more about states' approaches to developmental screening under Medicaid, visit the National Academy for State Health Policy's [Healthy Child Development State Resource Center](#) and view interactive maps highlighting states' use of screening tools, reimbursement rates, measurement reporting and incentives, referrals, care coordination, and outreach and training.

## Notes

1. "Help Me Grow - Vermont's Developmental Screening Registry," Vermont Department of Health. Accessed April 30, 2019. <http://www.healthvermont.gov/family/babies/vermonts-developmental-screening-registry>.
2. "Help Me Grow Vermont," Vermont Department of Health. Accessed April 30, 2019. <https://helpmegrowvt.org/>.
3. "Child Development Basics," Centers for Disease Control and Prevention. Accessed April 30, 2019. <https://www.cdc.gov/ncbddd/childdevelopment/facts.html>.
4. "Making the Case – Healthy Child Development State Resource Center," National Academy for State Health Policy. Accessed April 30, 2019. <https://healthychild.nashp.org/making-the-case/>.
5. "Promoting Healthy Development," Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition. Accessed April 30, 2019. [https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4\\_HealthyDevelopment.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_HealthyDevelopment.pdf).
6. "Quality of Care for Children in Medicaid and CHIP: Findings from the 2017 Child Core Set Chart Pack, December 2018," Centers for Medicare and Medicaid Services, Medicaid/CHIP Health Care Quality Measures. Accessed April 30, 2019. <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-child-chart-pack.pdf>.
7. While reporting on the child core set for Medicaid and CHIP is currently voluntary, states are required to report the measure set beginning with reports for fiscal year 2024. "Quality of care," Medicaid and CHIP Payment and Access Commission. Accessed April 30, 2019. <https://www.macpac.gov/subtopic/quality-of-care/>.
8. "Measurement – Healthy Child Development State Resource Center," National Academy for State Health Policy. Accessed April 30, 2019. <https://healthychild.nashp.org/measurement/>.
9. "Integrated Care for Kids (InCK) Model," Centers for Medicare and Medicaid Services. Accessed April 30, 2019. <https://www.cms.gov/newsroom/fact-sheets/integrated-care-kids-inck-model>; "Medicaid Innovation Accelerator Program (IAP) Children's Oral Health Initiative (OHI) Value-Based Payment (VBP) Technical Support National Dissemination Webinar: Value-Based Payment (VBP) and Contracting Approaches for Caries Management: Implications for State Medicaid Programs," Centers for Medicare and Medicaid Services. Accessed April 30, 2019. <https://www.medicare.gov/state-resource-center/innovation-accelerator-program/iap-downloads/functional-areas/vbp-caries-management-transcript.pdf>.
10. "Vermont Medicaid Next Generation Model Accountable Care Organization (ACO) Program Reimbursement," Department of Vermont Health Access. Accessed April 30, 2019. <http://dvha.vermont.gov/global-commitment-to-health/vmng-aco-program-reimbursement-document-2018-final.pdf>.
11. "Quality Improvement and the Vermont Next Generation ACO Program: developmental screening measurement and activities," Slides on EPSDT Coordinators & CHIP Directors Network call. Presented Jan. 17, 2019.
12. The trend may also take into consideration adjustments for policy related changes, differences across entitlement categories, geographic differences, truncation/capping of expenditures, and risk adjustment.
13. "Quality Improvement and the Vermont Next Generation ACO Program: developmental screening measurement and activities," Slides on EPSDT Coordinators & CHIP Directors Network call. Presented Jan. 17, 2019.
14. "All Lines of Business (ALOB)" indicates that HEDIS data are reported across all types of plans (e.g. HMO or PPO plans).
15. "Early Childhood Screening Scorecard," Vermont Department of Health. Accessed April 30, 2019. <http://www.healthvermont.gov/scorecard-early-childhood-screening>.
16. "Vermont State Health Assessment, 2018," Vermont Department of Health. Accessed April 30, 2019. <http://www.healthvermont.gov/sites/default/files/documents/pdf/VT%20State%20Health%20Assessment%202018%20Full%20Report.pdf>.
17. "Universal Developmental Screening, Vermont Child Health Improvement Program," The University of Vermont Larner College of Medicine. Accessed April 30, 2019. <https://www.med.uvm.edu/vchip/universaldevelopmental>.
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