

Supporting HealthySteps in Massachusetts

How HealthySteps Can Improve Pediatric
Preventative Care in Massachusetts

October 2023



PEDIATRIC CARE • SUPPORTING • PARENTING
A Program of ZERO TO THREE



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EXECUTIVE SUMMARY

Introduction

HMA has supported the HealthySteps (HS) National Office, at ZERO TO THREE (ZTT), in assessing opportunities for sustaining HS sites in Massachusetts (MA). HMA provided technical assistance to the HS National Office to assess the landscape of sustainability options and identify potential pathways available through MA Medicaid initiatives. This review focused on three major state initiatives (listed below) centering on care integration, reducing disparities, and improving quality of care.

- **Massachusetts 1115 Waiver Reform, 2022-2027** – Massachusetts Executive Office of Health and Human Services (EOHHS) received approval from the Centers for Medicare and Medicaid Services (CMS) to extend the MassHealth Section 1115 Demonstration through 2027¹. The 1115 demonstration extension seeks to continue progress in improving health outcomes and closing health disparities. Goal two of the approved waiver, in particular, focuses on models related to care integration, prioritizing “reforms and investments in primary care, behavioral health and pediatric care that expand access and move the delivery system away from siloed, fee-for-service health care.”
- **New Preventive Behavioral Health Services in Medicaid** – Effective September 1, 2021, MassHealth members younger than age 21 are eligible for preventive behavioral health services (i.e., preventive therapy) if they have a positive behavioral health screen (or, in the case of an infant, the parent or caregiver has positive post-partum depression screening), even if they do not meet criteria for behavioral health diagnosis². The preventive behavioral health benefit eliminates medical necessity criteria as a threshold for accessing behavioral health treatment.
- **New Annual Behavioral Health Wellness Visit** – Effective January 2023, Massachusetts requires that all health plans cover “all initial annual mental health wellness examinations as well as subsequent examinations” within the subsequent 12-month period³. This mandate applies to both publicly funded and commercial payors. Further guidance on implementation and associated billing codes has not been released; the analysis assumes existing related billing codes are applicable for planning purposes.

¹ See [1115 MassHealth Demonstration \("Waiver"\) Extension Request Approval](#).

² See MassHealth, [Mental Health Center Bulletin 35, December 2021, Preventive Behavioral Health Services for Members Young Than 21](#).

³ See Commonwealth of Massachusetts, Office of Consumer Affairs and Business Regulation, Division of Insurance, [Bulletin 2023-05, Behavioral Health Wellness Examinations, January 4, 2023](#).

Sustainability Options

Based on HMA's review of the HS model and services as well as state initiatives, three pathways for sustaining HS in MA were identified. These pathways should be viewed as complimentary and ***are not intended to be mutually exclusive. It is expected that sites will likely rely on a combination of all three to build a sustainable delivery model.*** The three pathways for sustaining HS in MA are detailed in subsequent sections and include the following:

- **Strategy 1: Leverage the Primary Care Sub-Capitation Program** – This strategy leverages the quality program intended to recognize improvements in primary care and behavioral health services by offering an enhanced Per Member Per Month (PMPM) payment to practices and clinics that achieve specified milestones in structure and services. Clinics are eligible to receive the tiered payments as aligned with increased deployment of recognized quality strategies focused on prevention and integration of behavioral health services in primary care settings.
- **Strategy 2: Maximize Billing for all Eligible Services** – HMA has identified the specific services that HS Specialists provide in primary care practices that are reimbursable through fee for services rates, assuming they are provided by an appropriate professional (e.g., licensed behavioral health provider). These revenues are in addition to sub-capitation payments.
- **Strategy 3: Incentive Payments from Accountable Care Organizations** - Accountable Care Organizations (ACOs)⁴ contract with MassHealth under capitated arrangements. ACOs can earn quality incentive payments based on their participating providers' performance. Given HS alignment with ACO outcomes, practicing sites are well-positioned to advocate for related incentive payments.

In addition to these clear strategies, increasing state and federal interest in improving maternal and child health outcomes, combined with increased recognition of the HS model's value, will likely drive new opportunities for sustainability at both the state and national levels. Likewise, increased performance incentives and (in some cases) penalties are encouraging providers and payors to seek scalable solutions (like HS) to address the recognized disparities in maternal and early childhood outcomes which will likely lead to future opportunities.

The need for clinical technical assistance and coaching to realize the proposed strategies is critical. Medicaid billing can be cumbersome, confusing, and challenging for clinicians and staff and the need for ongoing technical assistance cannot be overestimated. Sites will likely require multiple technical assistance sessions and ongoing support to understand the billing requirements and develop the necessary infrastructure to maximize revenue sources. ACOs also require ongoing education to promote model awareness and position themselves to provide support to their network of providers/clinical sites.

⁴ ACOs are groups of clinicians, hospitals, and other health care providers who come together through an organization to provide coordinated high-quality care to a designated group of enrolled patients.

HEALTHYSTEPS SUSTAINABILITY PATHWAYS

National and Massachusetts Context

Massachusetts' (MA) expansion of the HealthySteps (HS) model was accelerated through funding from the federal Health Resources and Services Administration's (HRSA) Transforming Pediatrics for Early Child (TPEC) grant. Thanks to this grant, the Massachusetts Department of Public Health (MDPH) received one time funding to:

- Improve equitable access to a continuum of early childhood developmental services in pediatric patient-centered medical homes (PCMH) and similar settings, and
- Improve the capacity of pediatric practices and workforce to deliver high-quality early childhood development (ECD) services that address the holistic needs of children and families.

The HS model is aligned with the TPEC grant intent to “establish resource hubs that support the placement of ECD experts into pediatric practices that serve a high percentage of prenatal-to-five-year-old (P–5) populations who are eligible for Medicaid or the Children’s Health Insurance Program (CHIP) or are uninsured.”⁵ A specific focus of the TPEC grant award was financial sustainability with the goal of scaling implementation aligned with MA’s 1115 Demonstration Waiver.

The MA waiver, state-specific behavioral health initiatives, and the TPEC federal grant are illustrative examples of the increasing interest among federal and state leaders to identify and implement models that improve Medicaid performance on preventative and early intervention outcomes and address disparities as well as holistic child and family needs. Recent reports have highlighted the challenges during and after the COVID pandemic related to children’s preventive care and disparities in children receiving regular and timely access to screening and early intervention services.⁶ According to the American Academy of Pediatrics Bright Futures Guidelines, by the time a child reaches age 2½, he/she should have attended 11 well-child visits and received three developmental screens using a validated tool. Children enrolled in Medicaid are significantly less likely to receive that care. Data from 2021 indicates that only 54% of children with Medicaid vs. 79% of commercially-insured children received the recommended number of visits during their first 15 months. By nearly every measure, children living in families with low-incomes and children of color face significant obstacles, including low birthweight, unstable housing, and limited access to early learning experiences. Critically, in MA, children age 3-17 have experienced over a 50% increase in anxiety or depression from 2016 to 2020, nearly double the national average increase in anxiety or depression.⁷

⁵ <https://www.hrsa.gov/grants/find-funding/HRSA-22-141>.

⁶ See Lebrun-Harris LA, Sappenfield OR, Warren MD. Missed and Delayed Preventive Health Care Visits Among US Children Due to the COVID-19 Pandemic. *Public Health Reports*. 2022;137(2):336-343. doi:10.1177/00333549211061322; AND <https://www.americashealthrankings.org/explore/measures/devscreen>.

⁷ 2022 Kids Count Report Highlights Highs and Lows for Massachusetts Children, September 2, 2022.

At the same time, the Medicaid system is embracing strategies that intentionally address the critical importance of supporting caregiver needs to promote healthy child development recognizing that “the health and well-being of parents and caregivers are inextricably linked,”⁸ particularly for the youngest children. This two-generational model for the youngest children is often referred to as “dyadic care” and includes services ranging from screening caregivers for risks that affect children’s health and helping families gain access to health-related services such as safe housing, to providing psychoeducational services to help all members of the family achieve optimal mental health and resilience.⁹ These trends align well with outcomes of the HS model, as evidenced by the recent Institute for Medicaid Innovation report, [Innovation in Perinatal and Child Health in Medicaid](#), citing HS as the “prototype for primary-care-based dyadic services.”

HealthySteps Model of Care

[HealthySteps](#) (HS) is an advanced pediatric primary care model aimed at practice transformation. The HS model includes universal access to behavioral health and wellness screening, assessment, and referrals for all families, with differentiated levels of intervention based on each family’s assessed risk factors and needs. Targeted outcomes, such as increased attendance at well-child visits and reductions in maternal symptoms of depression, are realized through the ongoing collaboration and expertise of a child development expert, called a [HS Specialist](#), and the pediatric primary care provider. HS Specialists are supported by a national network and extensive training offered by the HS National Office. These clinicians develop competencies and skills in multiple domains such as child development and well-being, caregiver and family well-being, health care systems, and community and early childhood systems of care (see Figure I below for additional detail on [HS Specialist Competencies](#)).

⁸ Emerging Family Focus in Medicaid: A Two-General Approach to Health Care, Institute for Medicaid Innovation, 2020. https://q952a3.p3cdn1.secureserver.net/wp-content/uploads/2022/09/2020-IMI-Two_Generation_Approach-Fact_Sheet.pdf.

⁹ Innovation in Perinatal and Child Health in Medicaid Investing in the Prenatal-to-Three Framework to Support Communities and Advance Equity, Institute for Medicaid Innovation, 2023, <https://medicaidinnovation.org/wp-content/uploads/2023/04/IMI-2023-Innovation-in-Perinatal-and-Child-Health-in-Medicaid-FINAL.pdf>, page 67.

Figure I: Core Components of the HealthySteps Model

Core Component	Description
Child Developmental, Social-Emotional, & Behavioral Screening	All children are routinely screened for physical, cognitive, language, social-emotional, and behavioral risks and needs.
Screening for Family Needs	All families are routinely screened for important risk factors and social determinants of health (SDOH)—e.g., maternal depression, food insecurity, housing instability or homelessness, utility needs, transportation needs, interpersonal safety, substance misuse, and tobacco use.
Child Development Support Line	All parents can communicate with HS Specialists between visits for non-urgent, non-medical concerns.
Child Development & Behavior Consults	Families receive short-term support in the form of consultations with the HS Specialist.
Care Coordination & Systems Navigation	HS Specialists partner with parents, clinicians, and community-resource providers to coordinate and navigate systems that address child health, development and social needs.
Positive Parenting Guidance & Information	HS Specialists provide guidance, education, information, and resources that help parents support their children through different stages of development.
Early Learning Resources	HS Specialists share concrete strategies, activities, and tools designed to support children’s early learning.
Ongoing, Preventive, Team-Based Well Child Visits (WCVs)	HS Specialists meet with families during the well-child visits as fully integrated members of the primary care team.

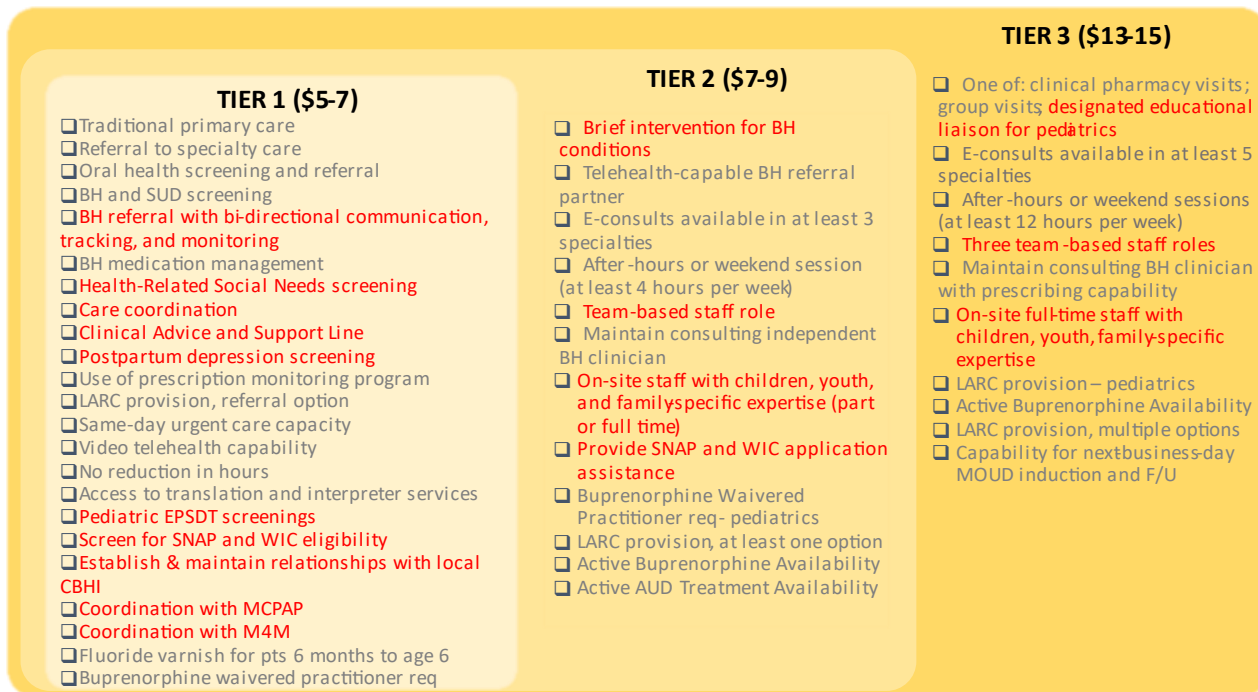
Sustainability Pathways

Based on review of the HS model, three pathways for sustaining the program in MA were identified as outlined below. These pathways are not intended to be mutually exclusive, and it is expected that sites will likely rely on a combination of all three to build a sustainable delivery model.

Strategy 1: Leverage the Primary Care Sub-Capitation Program

The MA 1115 Waiver includes a Primary Care Sub-Capitation Program intended to achieve improvements in primary care and behavioral health services by offering an enhanced Per Member Per Month (PMPM) payment model based on enhanced practice capabilities and the level to which the practice has integrated behavioral health care. Many of the targeted enhancements align with the HS model for adult caregivers and their children ages 0-3. This new investment in primary care presents an opportunity for HS to achieve sustainability at the clinic level if planning is properly aligned to staff the model for a sufficient volume of enrolled patients. Figure II below shows the required services for payment within the Designated Tiers for the Primary Care Sub-Capitation Program.

Figure II: Primary Care Sub-Capitation Program Components and HealthySteps



Highlighted in red are the elements most closely aligned with the HS model. To be designated for Tier 2, practices must meet all the requirements for Tier 1, plus the requirements for Tier 2. Similarly, to be designated for Tier 3, practices must meet all requirements for Tiers 1, 2, and 3. Practices must attest that they provide all of the required services for the selected Tier and are subject to audit to confirm that the services are in place. While HS does not address all the requirements at each level, it does contribute important elements and can be part of a clinical site receiving the Tiered Designation. HS Specialists directly provide the services that are highlighted in red which are critical elements of practices advancing to the next tier and helping practices to realize the value of value-based payments. Adoption of the HS model enhances the capacity of primary care offices to advance along the tier continuum and achieve higher incentive payments.

Strategy 2: Maximize Billing for all Eligible Services

HS provides services that are directly reimbursable when provided by a licensed clinician. **Table 1** displays the most frequently used CPT codes applicable to HS services. These services may be provided in a primary care practice by an appropriate professional such as a licensed clinical social worker and reimbursed through MassHealth fee-for-service rates. The services provided in the table below reflect the rates as of January 2023 for the identified services by a licensed clinical social worker or a similarly credentialed licensed mental health professional. While other billable codes may be used at times, the codes listed below represent the services that are most likely to be provided by the HS Specialist. The rates listed are for a licensed clinician; in some cases, an intern who is in the process of becoming

licensed can be reimbursed for services at a lower rate if operating under the direction of a licensed clinician.

There are two specific benefit provisions that support access to preventative behavioral health services. First, and specific to Medicaid enrollees, MassHealth members younger than age 21 are eligible for preventive therapy if recommended by a physician or other licensed practitioner.¹⁰ Members are eligible if they have a positive behavioral health screen (or, in the case of an infant, the parent or caregiver has positive post-partum depression screening), even if they do not meet criteria for a behavioral health diagnosis. The preventive behavioral health benefit eliminates medical necessity criteria as a threshold for accessing behavioral health treatment. Preventive behavioral health services may also be provided to the caregiver-child dyad together and should be billed under the child's MassHealth ID when such services are directly related to the needs of the child.

Secondly, and more broadly, MA recently implemented a new requirement that all health plans, publicly and commercially funded, provide an annual behavioral health wellness exam for all patients. Bulletin 2023-05¹¹ released in January 2023 requires **all health plans**, including MassHealth, to cover an annual mental health wellness exam for all patients that provides:

- Screening or assessment to identify behavioral or mental health needs, and
- Appropriate resources for treatment.

A new CPT code for this service is expected to be developed and released in the future. For planning purposes, we have used an average of the reimbursement for the following codes: 90832 and 90834, which assumes a reimbursement of \$73.83 for the annual wellness exam, pending further direction from the State.

¹⁰ See MassHealth, [Mental Health Center Bulletin 35, December 2021, Preventive Behavioral Health Services for Members Young Than 21.](#)

¹¹ See Commonwealth of Massachusetts, Office of Consumer Affairs and Business Regulation, Division of Insurance, [Bulletin 2023-05, Behavioral Health Wellness Examinations, January 4, 2023.](#)

Table 1: Billable MassHealth CPT Codes for HealthySteps Activities

CPT Code	Description	Payment Rate for Service Codes Performed by Master Level Clinician
90832	Psychotherapy with patient and/or family member; 30 min	\$52.20
90834	Psychotherapy with patient and/or family member; 45 min	\$95.46
90837	Psychotherapy with patient and/or family member; 60 min	\$125.69
90846	Family therapy w/out patient	\$101.43
90847	Family therapy w/patient	\$101.43
90849	Multiple family group psychotherapy	\$27.69*
90853	Group psychotherapy other than multiple family group	\$30.31**
TBD	Annual BH Wellness Exam	\$73.83***

* Per participant rate up to 10 clients.

** Per participant rate up to 12 clients.

***Estimated rate calculated by HMA based on average of similar services. Final rate pending.

Source: Rates for Mental Health Services Provided in Community Health Centers and Mental Health Centers, effective January 2023.

Strategy 3: Incentive Payments from Accountable Care Organizations (ACOs)

Advocating for funding from the ACO in which HS sites are operating or could operate is another option for achieving sustainable funding. Pediatric and family practices operate within ACOs that contract with MassHealth under capitated arrangements. ACOs are groups of clinicians, hospitals, and other health care providers who come together to provide coordinated, high-quality care to a designated group of enrolled patients. ACOs can earn quality incentive payments based on their participating providers' performance. Although the calculation of these incentives is individually negotiated between MassHealth and each ACO, the underlying slate of quality measures are the same for all ACOs and for the two different types of ACOs (Accountable Care Partnership Plans and Primary Care ACO Plans) in the MassHealth program. Two of the 22 ACO quality measures are directly pertinent to and could be positively impacted by the HS model for patients age 0-3. These are:

- Childhood Immunization Status
- Health-Related Social Needs Screening

ACO performance measurement is also based on Patient Experience Surveys which may be improved by the HS model. HS national evidence found that families participating in the model rated their provider as more competent and caring and were significantly more likely to believe that the health plan cares about them. To the extent that adoption of the HS model may improve ACO performance on these surveys and measures, the ACO affiliated with a practice may find value in providing direct financial support to sustain the HS model. HS can support practices/clinics that engage with their practice site's ACO to pursue funding support.

Finally, although not directly the focus of the curriculum, HS likely contributes to improvements in a broader set of family metrics for which ACOs are accountable. Families that are engaged in care for their young child may be more likely to engage care for themselves and other siblings in the family. Examples of this ripple effect may include immunizations for adolescents that are siblings of the young child, screenings for depression, and/or adherence to follow-up care requirements. HS can also contribute to creating an overall improved culture for engaging families in care.

Other Trends and Opportunities on the Horizon

HMA's analysis identified three strategies available today in MA to support and sustain HS sites. New opportunities for sustainability are likely to emerge at both the state and national levels with increased accountability for improving early childhood outcomes and strengthening primary and behavioral health integration in primary care settings. Examples of additional opportunities that should be monitored and tracked in MA include the following:

- **Behavioral Health Roadmap in Massachusetts** - Introduced in 2021 with implementation launched in 2023, the Behavioral Health Roadmap includes multiple reforms and initiatives to expand access to behavioral health treatment services within primary care offices and improve quality and access to community-based alternatives for crisis intervention services. While the initial focus is on the Behavioral Health Help Line, community behavioral health centers, and behavioral health urgent care, the specific initiatives may evolve over time and increase access to prevention and early intervention models including those in primary care settings.
- **Health equity incentives** - Improving health equity and reducing the substantial disparities that exist in health outcomes for MA children is one of the five major foci of the recently renewed 1115 waiver. While specific equity incentives for ACOs and their practices have not been announced at this time, such a program has been announced for hospitals, and it is reasonable to expect that a similar program will be announced for ACOs and their participating practices. This is an area to be monitored for opportunities as HS could have a significant impact in helping practices and ACOs reduce disparities and meet the targets that would be set for such incentive payments.
- **Other ACO incentive payment programs** - MA's 1115 waiver renewal is still in the first year of its five-year duration (2022-2027), and the same cycle is true for ACO contracts. MassHealth may amend those contracts to add new programs, requirements, or incentives, or modify the measures and targets to support meeting the 5-year goals and statewide targets that have been established. Such changes and amendments should be monitored, as they too might offer opportunities for programmatic support of HS to enhance sustainability.

APPENDIX

HealthySteps Revenue Forecasting Planning Tool

Included in the Appendix is a revenue forecasting tool to support HealthySteps sites in calculating the potential revenue a practice could attain by employing these various strategies. The tool can facilitate sites testing strategies that can be blended by estimating the billed services required to meet the revenue recovery target. The tool supports clinic revenue and expense modeling based on a site's patient panel, share of Medicaid beneficiaries, and the risk profile of the patients as well as projections of services and revenue recovery. The tool aligns with the three strategies outlined above and supports forecasting of both revenue and costs. Clinic program and finance staff can collaborate to:

- Review the projected clinic patient mix and capacity,
- Assess proposed revenue options, and
- Develop a plan to generate revenue sufficient to meet project expenses and sustain the HS model.