CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

Findings at a Glance

Integrated Care for Kids (InCK) Model

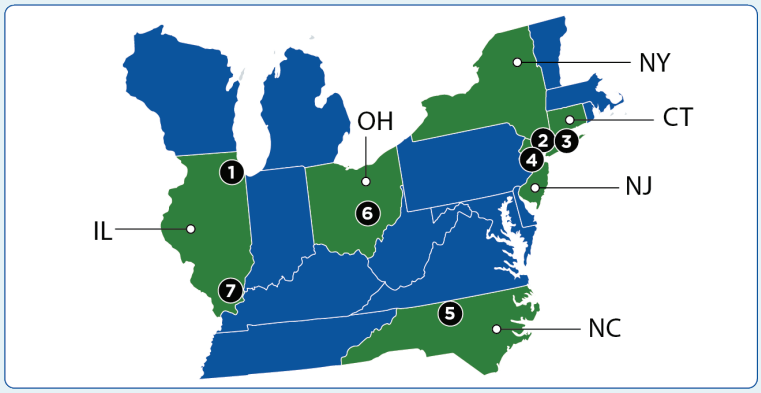
Evaluation of Implementation Year 1
(January 1, 2022 - December 31, 2022)

MODEL OVERVIEW

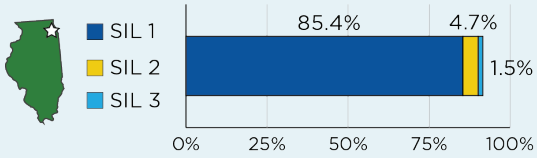
The InCK Model is a child-centered local service delivery and state payment model which aims to reduce expenditures and improve quality of care for children ages 0-20 covered by Medicaid. Some states also serve pregnant adults and CHIP enrollees. Award recipients received funding for a two year pre-implementation period (2020 - 2021) and a five year implementation period (2022 - 2026).

Programs assess the medical and social needs of children in InCK regions and assign them to one of three service integration levels (SILs) based on level of need with SIL 1 indicating low levels of need and SIL 3 indicating the highest level of need, then provide care coordination services to those in SIL 2 and targeted case management services to those in SIL 3.

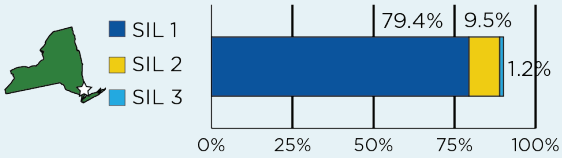
PARTICIPANT CHARACTERISTICS



AHHN (Lurie Children's Hospital) ❶
Attributed Region: 2 ZIP codes in Chicago, IL
Attributed Population: 42,013
Assigned to a SIL: 91.6%

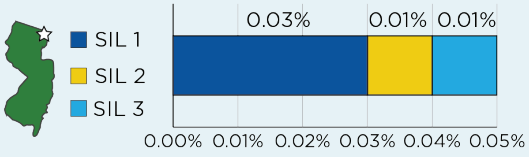


BE-InCK NY (Montefiore Medical Center) ❷
Attributed Region: 3 ZIP Codes in the Bronx, NY
Attributed Population: 37,902
Assigned to a SIL: 90.1%

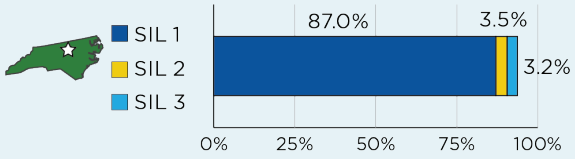


CT InCK Embrace New Haven (Clifford Beers) ❸
Attributed Region: 2 ZIP code in New Haven, CT
Attributed Population: 10,989
Assigned to a SIL: 0%[1]

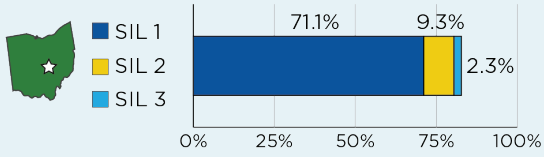
NJ InCK (Hackensack Meridian Hospital) ❹
Attributed Region: Monmouth and Ocean Counties
Attributed Population: 154,176
Assigned to a SIL: 0.05%



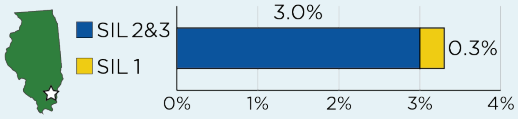
NC InCK (Duke/UNC) ❺
Attributed Region: Alamance, Durham, Granville, Orange & Vance
Attributed Population: 109,049
Assigned to a SIL: 93.7%



OH InCK (Nationwide Children's Hospital) ❻
Attributed Region: Muskingham & Licking Counties
Attributed Population: 36,135
Assigned to a SIL: 82.7%



Village InCK (Egyptian Health Department) ❼
Attributed Region: Gallatin, Hamilton, Saline, Wayne and White
Attributed Population: 10,334
Assigned to a SIL: 3.3%



[1] This data reflects the number of beneficiaries for whom award recipients had conducted needs assessment and SIL stratification as of June 30, 2022. CT has not yet started to conduct SIL stratification at that time.

AWARD RECIPIENT ACTIVITIES IN IMPLEMENTATION YEAR 1 (2022):

- Worked toward fully implementing core model elements (needs assessment and SIL stratification, service integration, data sharing and mobile crisis response).
- Finalized their alternative payment model (APM) designs and their approach to needs assessment and SIL stratification.
- Made progress toward establishing data sharing and better data integration across medical services and health-related social services.

APPROACHES TO NEEDS ASSESSMENT AND SIL STRATIFICATION

- Award recipients designed unique processes to assess needs in required health and health-related social domains and stratify beneficiaries based on need.
- All use a combination of administrative data and direct screening data. Administrative data capture more InCK eligible-Medicaid members than direct screening, but direct screening is more effective at identifying unmet need.

APM DESIGN

- Most award recipients implemented per-member-per-month payments with incentives for care coordination, preventive care and more appropriate healthcare utilization. Details on design strategies varied by local context.

APM IMPLEMENTATION

Key APM Implementation Activities	Obtain federal authority	Establish Managed Care Organization (MCO) contracts	Negotiate provider contracts
Status as of December 31st 2022	5 complete 2 in progress	3 complete 4 in progress	3 complete 4 in progress
Barriers	Time needed for coordination with government partners Limited internal expertise	MCOs with limited interest in pediatric APMs	Provider engagement
Facilitators	None identified	Strong support from state Medicaid agencies and other partners	None identified

TAKEAWAYS

- InCK award recipients are implementing programs tailored to their regional and state contexts. Programs design their own APMs, screening processes and eligibility criteria for care coordination, and strategies to integrate services.
- InCK regions have varying resource availability, levels of historical Medicaid churn and eligibility criteria for health-related social services.
- Award recipients found APM development took more time than anticipated, but all made progress toward APM implementation. Most APMs are enhanced payments to support care coordination.
- All award recipients began needs screening during the first implementation year. Assessing the full population on all core services remains a challenge.
- All award recipients use both administrative data and direct screening to determine needs. Primary reliance on administrative data captures more eligible members but direct screening is more effective for identifying emergent or unmet needs.