

Office of Medical Assistance Programs Consumer Subcommittee Updates

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Deputy Secretary
Office of Medical Assistance Programs

- Deputy Secretary Updates
 - Public Health Emergency Update
 - Electronic Visit Verification Good Faith Waiver
 - Pediatric Shift Nursing Initiative
 - Shift Nursing Prior Authorization
 - Parents as Caregivers
 - MCO/Hospital Contract Terminations
 - Value Based Purchasing (VBP)
 - Medical Assistance Transportation Program (MATP)

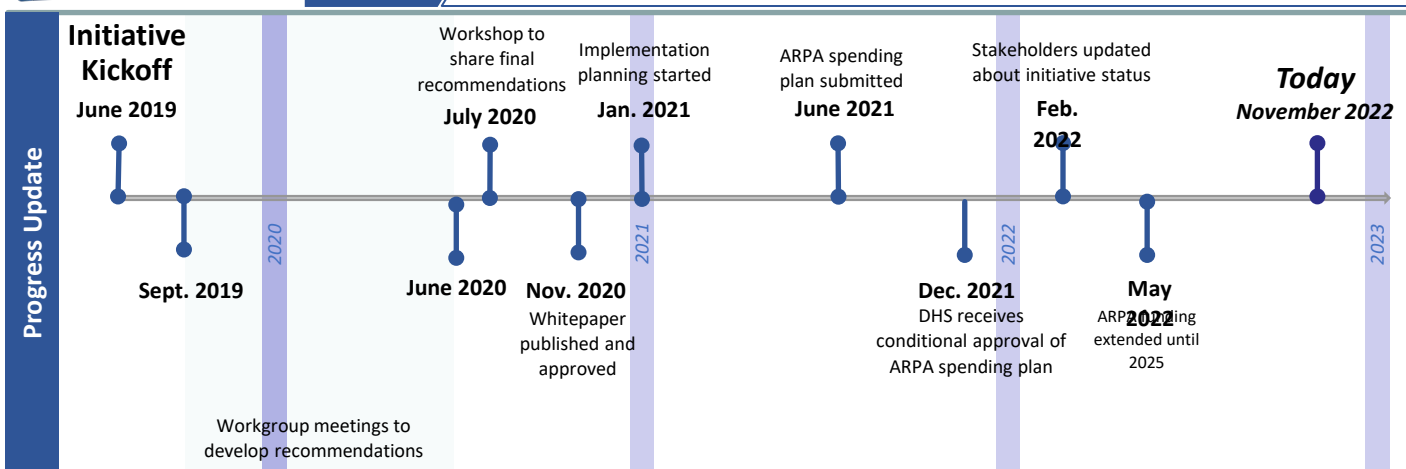
Initiative Overview



Purpose	To improve Pennsylvania's pediatric shift nursing model to better serve patients, families, home health care workers, and MCOs
Mission	To serve as the catalyst for stakeholder collaboration that results in the exploration and development of actionable solutions in five key areas of Pennsylvania's pediatric shift nursing model

Shift Nursing Population

Children/youth (< 21 years) with special healthcare needs that **require skilled and unskilled home shift care** as identified by receiving any one of the S9122, S9123, or S9124 procedure codes



2020 Statistics

- **7,800+** children received shift care nursing
- **55%** received skilled nursing only
- **38%** received home health aide only
- **8%** received skilled nursing and HHA

Autism is the most common diagnosis among the children receiving shift care services

Home Health Agencies



Managed Care Organizations



State Agencies

- 📍 Dept. of Human Services (OMHSAS)
- 💰 Dept. of Human Services (ODP)
- 📋 Dept. of Health
- 👤 Dept. of Education

Other Stakeholders



2020 Whitepaper Recommendations



RECOMMENDATIONS

PROBLEM STATEMENTS

SERVICE COORDINATION

Provide Service Coordination Options
Consider a Pediatric Shift Nursing Assessment Tool

- Service Coordination Role is unclear
- Process for care coordination is not clear
- Resource needs for care coordination

GOING HOME TRANSITION

Provide Best Practices for Discharge
Improve Co-Vending Scenario
Incentivize Onboarding of HHAs into P3Ns

- Navigating competing priorities without shared goals
- Lack of standardized processes
- Inconsistent/unavailable training

CAREGIVER & NURSE RELATIONSHIP

Increase Ongoing Family Input
Expand the Care Plan
Create a Training / Education Portal

- Lack of communications between caregivers and shift care team (e.g., setting boundaries and expectations)
- Establishing a safety net

BEHAVIORAL & PHYSICAL HEALTH

Increase Behavioral Health Awareness
Improve Integrated Care Process

- Lack of common care plan
- Lack of communication between all stakeholders
- Lack of behavioral health training in home health agencies

NURSE RECRUITMENT & RETENTION

Home Health Education in Nursing Schools
Regulatory Changes to Support Recruitment & Retention
Strategies to Strengthen Home Health Workforce

- Lack of system to ensure adequate supply of nurses
- Need specialty education for the pediatric home care

Pediatric Complex Care Resource Centers (PCCRCs)



OMAP distributed the PCCRC Feedback Survey on September 14th to gain insight about the PCCRCs from three groups of stakeholders. The gathered feedback has been analyzed and will help structure the PCCRCs services.

Stakeholder Groups	# of Respondents	Percentage
Families, Caregivers, Allies	43	36%
Nurses, Home Health Aides	27	23%
Managed Care Organizations, Home Health Agencies	48	41%

**The Resource Center Survey was sent directly to 160 stakeholder email addresses and was asked to be forwarded onto others. It was open for a period of ~7 weeks (51 days).*



Key Takeaways

- **The survey received 118 responses**
- Stakeholders are supportive overall of the PCCRCs and the planned tasks
- All stakeholders showed interest in behavioral health and are open to as many trainings/support resources as possible
- Palliative care and hospice were a recurring response listed in the "Other" open-ended category
- Online training was noted as preferable to in-person training
- Families and nurses were supportive of the opportunity to train together

We appreciate everyone who participated in taking the survey!

Summary of Next Steps



Medical Home

HealthChoices agreement language will be shared once approved by CMS

Incentive Payments

Pay-for-performance program for HHAs rollout in CY2023

PCCRC

Finalize PCCRC pilot rollout for mid-late 2023

HIT: P3N Onboarding

HHA onboarding to be completed by June 2024

EHR Meaningful Use grant performance period ends June 2024

HIT: Expand the Care Plan

Care Plan Module will be added to P3N in January 2023

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Medical Assistance Advisory Committee Consumer Subcommittee

Value Based Purchasing Update Office of Medical Assistance Programs

December 7, 2022

VBP Requirements

Value Based Purchasing				
MCO Contract Year	Year 1 2017	Year 2 2018	Year 3 2019	Years 4-6 2020-22
VBP Requirement	7.5%	15%	30%	50%
Value Based Purchasing Models				
Low Risk				
Medium Risk	7.5% may be from any combination of allowable strategies	At least 50% of the 15% must be from any combination of medium- and high-risk strategies	At least 50% of the 30% must be from any combination of medium- and high-risk strategies	At least 50% of the 50% must be from any combination of medium- and high-risk strategies
High Risk				

- PH-MCOs can either contract with a CBO directly or through a subcontract with a Network Provider
- CBOs must address at least one of the following Social Determinants of Health (SDOH): childcare access and affordability, clothing, employment, financial strain, food insecurity, housing instability/homelessness, transportation, or utilities

VBP Payment Strategies Applicable to Goal



Performance Based Contracting <i>Low Risk</i>	<ul style="list-style-type: none">• FFS contracts with incentive payments and/or penalties linked to provider performance.• MCOs measure providers against quality benchmarks or incremental improvement benchmarks and make incentive payments and/or impose penalties based on meeting them
Shared Savings <i>Medium Risk</i>	<ul style="list-style-type: none">• Supplemental payments made to providers if they can reduce health care spending relative to an annual cost benchmark• Payment is a percentage of savings generated by provider
Shared Risk <i>Medium Risk</i>	<ul style="list-style-type: none">• Supplemental payments made to providers if they can reduce health care spending relative to an annual cost benchmark• If costs are higher than the benchmark, the provider shares in that loss
Bundled Payments <i>Medium Risk</i>	<ul style="list-style-type: none">• Payments for an episode of care for a single patient/member
Global Payments <i>High Risk</i>	<ul style="list-style-type: none">• Population-based payments that cover all services rendered by a provider to all of an MCO's members

Payment Models



Required Models

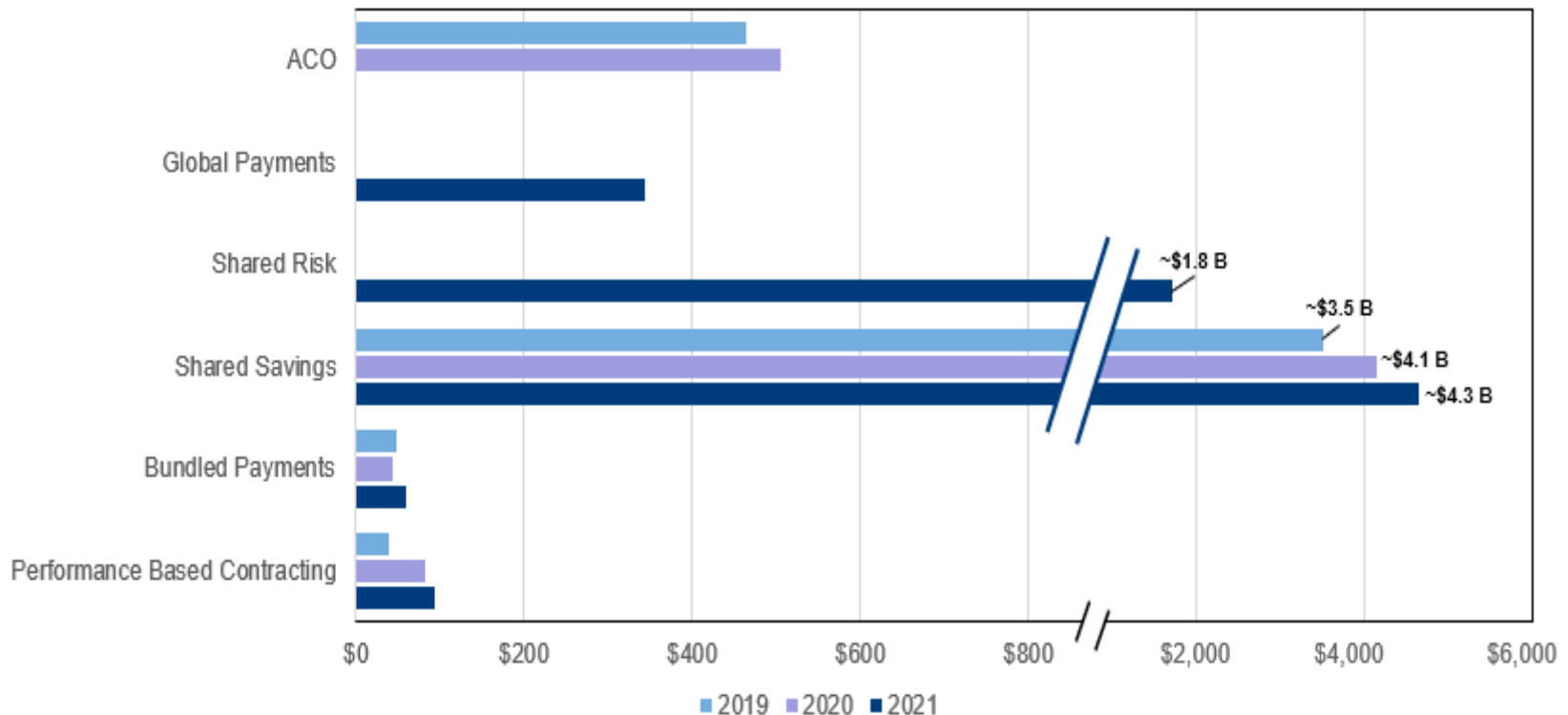
Recommended Models

Accountable Care Organization (ACO)

- An ACO Model integrates the financing arm with the delivery arm within the same organization, such that both are collectively responsible for the Member. ACO models may include shared savings, shared risk, or global payments.

MCO Expenditures by Strategy

2019 to 2021 (in Millions)



- Pandemic
- Provider Saturation
- Timing
- Administrative Burden
- Financially Focused Model
- Attribution

- Assess the “value” in VBP for MA consumers and the MCOs
- Encourage increasingly complex arrangements between MCOs and providers
- Provide clarity and direction for CBO arrangements
- Develop more consistency across program offices

Questions?

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