The Open Arms for Personal Assistance Services Value-Based Program

Improving the cost of quality care and health outcomes

2022/2023

Keystone First

Community HealthChoices

Contents

Keystone First Community HealthChoices

200 Stevens Drive
Philadelphia, PA 19113-1570

Dear Personal Assistance Services Provider:

Keystone First Community HealthChoices (CHC) proudly presents our Open Arms for Personal Assistance Services (PAS) program. The program is structured to reward Providers on their performance across several performance and utilization measures specific to the unique services delivered to CHC Participants. The highest-performing Providers will be rewarded on how well they manage the health of the Participants they are responsible for throughout the year.

Keystone First CHC is excited about our enhanced incentive program and will work with your agency so you can maximize your revenue while providing quality and cost-effective care to our Participants.

Thank you for your continued participation in our network and for your commitment to our Participants. If you have any questions, please contact your Provider Account Executive.

Sincerely,

Frank Santoro
Director, LTSS Plan Operations and Administration

Introduction

The Open Arms for Personal Assistance Services value-based program is a reimbursement system developed by Keystone First Community HealthChoices (CHC) for participating personal assistance services (PAS) Providers.

The Open Arms for Personal Assistance Services value-based program is intended to be a fair and open system that provides incentives for high-quality and cost-effective care, Participant service and convenience, and submission of accurate and complete health data. Both performance outcomes and potentially preventable admissions performance are the key determinants of the additional compensation. As additional meaningful measures are developed and improved, the performance indicators contained in the Open Arms for Personal Assistance Services value-based program will be refined. Keystone First CHC reserves the right to make changes to this program at any time and shall provide written notification of any changes.

Program overview

The Open Arms for Personal Assistance Services value-based program is intended and designed to be a program that rewards higher performance for PAS Providers that meet and exceed performance and utilization benchmarks when compared to their peers.

The Performance component of the program represents a unique PAS Provider-focused model covering availability and accountability of care, timeliness of engagement, and overall compliance with national standards set by the Centers for Medicare & Medicaid Services (CMS). The performance score is calculated according to the total overall performance of each measure ranked among the network of PAS Providers.

The Potentially Preventable Admissions component of the program focuses on specific diagnoses that Keystone First CHC believes PAS Providers have a direct impact on with the quality and timeliness of care they provide for our Participants. By structuring this component around these specific conditions, the goal is to see a reduction in hospitalizations, which will ultimately allow our Participants to remain in the community and live healthier, independent lives. The potentially preventable admissions score is calculated according to the total overall performance ranked among the network of PAS Providers.

Performance incentive payment (PIP)

A performance incentive payment (PIP) may be paid in addition to a PAS Provider's base per unit compensation. The payment amount is calculated based on how well a PAS Provider scores in the Performance component and the Potentially Preventable Admissions component relative to other qualifying Keystone First CHC participating PAS Providers in the program. The performance components are:

1. Performance Measures

2. Potentially Preventable Admissions Performance

1. Performance Measures

This component is based on performance measures predicated on the Keystone First CHC Preventive Health Guidelines and other established clinical guidelines.

These measures are based on services rendered during the reporting period and require accurate and complete encounter reporting.

The Performance measures are:	
Percentage of shifts missed due to staffing unavailability	**Measure description:** The Provider score will equal the number of shifts missed due to staffing availability compared to all shifts billed within the reporting period. **Numerator:** The number of visits missed due to staffing availability reported by the Provider. **Denominator:** All visits reported by the Provider. **Source data:** Home health agency (HHA) data.
Electronic visit verification (EVV) compliance percentage	**Measure description:** The Provider score will equal the number of visits billed with an accompanying electronic visit verification (EVV) element submitted compared to all visits billed within the reporting period. **Numerator:** The number of visits billed with an accompanying EVV element successfully submitted within the reporting period. **Denominator:** All visits billed by the Provider within the reporting period. **Source data:** HHA data and claims data.
Percentage of services initiated within seven days of authorization	**Measure description:** The Provider score will equal the total number of Participants who were newly enrolled or approved for additional services and received those services within seven days of the initial authorization compared to all Participants who were assigned to the Provider and who were newly enrolled or authorized for additional services in the reporting period. **Numerator:** The total number of Participants who were authorized for new or additional services and received those services within seven days of the authorization date. **Denominator:** Total number of Participants who were authorized for new or additional services and were assigned to the Provider during the reporting period. **Source data:** InterRAI Data and claims data.

Performance score calculation

Results will be calculated for each of the above listed performance measures as specified by their specific numerator and denominator criteria.

These results will then be compared to the results for all of the eligible PAS Providers to determine the Provider's percentile ranking for each of the performance measures. Then, the overall score will be the average percentile ranking across all included performance measures. This incentive is paid annually and is based on the Provider's average ranking and the number of billed units for the Provider's respective Keystone First CHC Participants.

2. Potentially Preventable Admissions performance

PAS Providers will also be scored on the following population-focused preventable (PFP) component and industry-standard definitions will be used to measure performance.

Potentially preventable admission (PPA)

A PPA is a hospitalization that could have been prevented with consistent, coordinated care and patient adherence to treatment and self-care protocols. For patients with ambulatory-sensitive conditions, adequate patient monitoring and follow-up (e.g., medication management) can often reduce their odds of being admitted to the hospital. A high PPA rate represents a failure of the ambulatory care provided to the Participants in the Provider's care.

The following conditions will be the focus of this measure within this value-based program. A total rate for all conditions will be provided in addition to the condition-specific rates.

- Congestive heart failure

- Chronic obstructive pulmonary disease, chronic bronchitis, and asthma

- Urinary tract infection

Note:
The submission of accurate and complete encounters is critical to ensure your agency receives the correct calculation, based on the services performed for Keystone First Community HealthChoices Participants.

Note:
If you do not submit encounters reflecting the measures shown on page 4 (where applicable), your ranking will be adversely affected, thereby reducing your incentive payment.

Potentially Preventable Admissions performance calculation

This component individually evaluates the PPAs of the Participants attributed to the PAS Provider. Results for the PPAs will be calculated annually for each Provider. Overall scores are calculated by dividing the observed number of PPAs by the expected number of admissions. This score will then be compared to the score for all eligible Providers to determine the Provider's percentile ranking. Then, the overall score will be the average percentile ranking across all included PPAs. This incentive is paid annually and is based on the Provider's overall ranking and the number of units billed by the PAS Provider.

Payment cycle	Reporting period	Claims paid through	Payment date
1	July 1, 2022, to December 31, 2022	March 31, 2023	June 2023
2	January 1, 2023, to December 31, 2023	March 31, 2024	June 2024

Sample scorecard

Keystone First Community HealthChoices	Open Arms for Personal Assistance Services **Measurement Period:** January 1st, 2023 - December 31st, 2023

Tax ID: 123456789	**PAS Avg Enrollment:** 182
Tax Name: PAS Agency LLC	**PAS Total Units:** 1,005,193

Performance Summary

Performance Measure Detail	Numerator		Denominator	Rate	Percent Rank
Percentage of Electronic Visit Verification (EVV) Compliance	70	/	100	70.00%	95.00%
Percentage of services initiated within 7 days of authorization	50	/	100	50.00%	40.00%
Percentage of missed shifts due to staffing unavailability	30	/	100	30.00%	75.00%
				Avg Percent Rank:	75.00%

Potentially Preventable Admissions Performance Summary

PPA Measure Detail	Numerator		Denominator	Rate	Percent Rank
Potentially Preventable Admissions (Total)	20.89	/	15	1.39%	75.00%
Congestive Heart Failure	6.96	/	5		
COPD, Chronic Bronchitis Asthma	6.96	/	5		
Urinary Tract Infection	6.96	/	5		

Incentive Summary

Performance Per Unit Incentive		PPA Performance Unit Incentive		Program Payout:
$70,363.51	+	$5,025.97	=	$75,389.46

Provider appeal of ranking determination

- If a Provider wishes to appeal their percentile ranking on any or all incentive components, this appeal must be in writing.

- The written appeal must be addressed to the Keystone First CHC Market Chief Medical Officer and specify the basis for the appeal.

- The appeal must be submitted within 60 days of receiving the overall ranking from Keystone First CHC.

- The appeal will be forwarded to the Keystone First CHC Open Arms for Personal Assistance Services Review Committee for review and determination.

- If the Open Arms for Personal Assistance Services Review Committee determines that a ranking correction is warranted, an adjustment will appear on the next payment cycle following committee approval.

Important notes and conditions

- The sum of the incentive payments for the performance components of the program will not exceed 33% of the total compensation for medical and administrative services. Only capitation and fee-for-service payments are considered part of the total compensation for medical and administrative services.

- The performance measures are subject to change at any time upon written notification. We will continuously improve and enhance our quality management and quality assessment systems. As a result, new quality variables will periodically be added, and criteria for existing quality variables will be modified.

- For computational and administrative ease, no retroactive adjustments will be made to incentive payments.

Keystone First

Community HealthChoices

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

Our Mission

We help people get care, stay well, and build healthy communities.

We have a special concern for those who are poor.

Our Values

Advocacy   Dignity

Care of the Poor   Diversity

Compassion   Hospitality

Competence   Stewardship

www.keystonefirstchc.com