Pennsylvania Department of Human Services Medical Assistance and Children's Health Insurance Program Managed Care Quality Strategy

Public Comment Feedback

Stakeholder	Comment Reference	Department Response
The Center for Advocacy for the Rights and Interests of Elders (CARIE)	Page 11: Remove the Medicaid Long-Term Services and Supports (LTSS) Medical Assistance Advisory Committee (MAAC) reference to LTSS and Managed LTSS subcommittees. The comment states that these subcommittees fulfill the role described.	The Medical Assistance and Children's Health Insurance Program Managed Care Quality Strategy (MCQS) has been updated to Managed Care LTSS and LTSS subcommittees under MAAC.
CARIE	Page 17: Regarding the objective to maintain or increase nursing facilities (NFs) and access to NFs: Exclude Special Focus Facilities and Centers for Medicare & Medicaid Services (CMS) rated 1-star facilities as the care is substandard.	Comment received. At this point all facilities are included in the measure.
CARIE	• Page 18: Measure related to vaccines for long-stay residents: Expand to include Coronavirus Disease 2019 (COVID-19) vaccines/booster. • Plan for combined flu/COVID-19 vaccine annually.	Comment received and considered. No update to the MCQS.

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CARIE	Page 21: Recommendation to include the Office of Long-Term Living (OLTL) to address disparities, noting the text that analysis begins 2024, would like to see measures prior to the next quality strategy (in 3 years).	The OLTL is collecting race and ethnicity on select measures as required by the National Committee for Quality Assurance. Our External Quality Review organization is in the process of analyzing this data to determine where there are statistical differences between race and ethnicity.
CARIE	Page 36: Consideration for assessment of member satisfaction for participants living with Alzheimer's or dementia.	Participants living with Alzheimer's or dementia are included in the CAHPS® survey process, although it is not exclusive to these members.
CARIE	Page 39: OLTL consideration for a "Reduce Social Isolation" performance improvement plan.	Comment received and considered. No update to the MCQS.
CARIE	Page 53: Recommendation to expand the Long-Term Care Ombudsman Program to include Community HealthChoices (CHC) members receiving home- and community-based services and discharged from LTC.	Comment received and considered. No update to the MCQS.

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CARIE	Recommend OLTL identify a performance measure or plan to address progress in closing the gap for CHC Medicare participants and access to mental health/behavioral health (MH/BH) care.	OLTL has or is in the process of expanding the Medicare data available internally, including the Dual Eligible Special Needs Plans Medicare data, Fee-for-Service (FFS) Medicare data, Part D data, and Living Independence for the Elderly Medicare encounters to further assess MH and BH care utilization.
Community Care Behavioral Health/Children's Health Insurance Program (CCBH/CHIP)	• How were the goals of 28.20% and 19.30% determined for Initiation and Engagement (I&E) of substance use disorder (SUD) treatment? – Regarding this measure, behavioral health-managed care organizations (BH-MCOs) still cannot produce the I&E measure internally and are dependent upon the Office of Mental Health Substance Abuse Services (OMHSAS) to produce the rate. It would be helpful if they would share their methodology for all measures. Often our (ICP) measures do not align with OMHSAS' rates (likely because they have physical health [PH] data they add) but it can be difficult to impact when rates are so far apart. • On the I&E measure and increasing 7-day opioid use disorder (OUD) follow up — we still have the same issue (as far as I know) that we are not able to obtain SUD data even though 4Pa. Code §255.5 is no longer. Can OMHSAS and the Office of Medical Assistance Programs (OMAP) help facilitate data exchange that includes SUD information to better inform needs and interventions?	The goals are related to the 1115 SUD waiver and sharing the methodology is not currently planned.
CCBH/CHIP	Will the information/data for the OMHSAS goal of increasing Social Determinants of Health (SDOH) screening and referrals by Integrated Community Wellness Centers (ICWCs) be collected entirely from ICWCs or will information/data be expected from BH-MCOs?	The ICWCs will collect SDOH information.

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CCBH/CHIP	Will OMHSAS' measures of Pharmacotherapy for OUD include members getting Medication Assisted Treatment (MAT) from Primary Care Providers and medical Centers of Excellence, as many members get MAT through PH providers? If so, can OMAP and OMHSAS collaborate to facilitate data exchange between PH plans and BH plans?	This measure is related to the 1115 waiver and the methodology is defined by CMS.
CCBH/CHIP	In regard to upcoming 2024 HE Pay-for-Performance (P4P) for HC BH (primary contractors earn an incentive for increase of 2% or more in FUH rates for African American members), what is the expectation in counties/joinders with such low numbers of African-American members with an inpatient MH stay that measurement may not be valid?	This detail is outlined in the BH-MCO agreements.
PA Coalition for Oral Health (PCOH)	Recommendation to include a strategy to decrease avoidable dental visits in the emergency department (reference to the Year 3 Managed Care Outcomes report with dental as a top-ranked avoidable visit).	The Department will review for potential future consideration.
PCOH	Recommendation to expand the measure "to increase the number of members with autism that had a dental exam" beyond only the Office of Developmental Programs.	OMAP and OLTL currently include measures to increase dental visits.
PCOH	Recommendation to add an objective verifying access to dental care, similar to ensuring adequate and timely access to primary care.	The Department will review for potential future consideration.
Pennsylvania Partnerships for Children	Page 21: Recommendation to align the metrics for CHIP with OMAP.	The Department will review to potentially align in the future as performance in each program evolves.
Pennsylvania Partnerships for Children	Page 21: Correction for baseline rate for OMAP African American Rate for Well-Child Visits, first 15-month age band. Baseline is listed as 6.4% but performance measure is 59.22% Should it be 56.40%?	The MCQS has been updated to correct the measure.

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Pennsylvania Partnerships for Children	Pages 24–25: Consider the same targets for OMAP and CHIP for Well-Child Visits. Recommendation is to increase the expectation.	The Department will review to potentially align in the future as performance in each program evolves.
Pennsylvania Partnerships for Children	Recommendation to add measures to increase developmental screenings and referrals to Part C Early Intervention for infants and toddlers.	Comment received and considered. No update to the MCQS.
Pennsylvania Partnerships for Children	Page 31: Recommendation to add measures to increase maternal depression screenings and make referrals for mothers, infants, and toddlers (in line with national recommendations).	Not all measures are captured within the quality strategy, these measures are currently tracked, monitored, and incentivized outside this process.
Pennsylvania Partnerships for Children	Page 34: Recommendation that the DHS CHIP Program Office provide a timeline and opportunity for stakeholder feedback for the PMs to be included in the P4P.	Comment received and considered. This process is currently being developed.
Pennsylvania Psychiatric Leadership Council	• Comment: Waiting times for Community BH Services are reported at a minimum of 30 days and an average of 90 days, which often results in more expensive care (higher levels of care). • There are few complaints lodged by the Consumer and family to the Managed Care Plan, OMHSAS, OMAP, and DHS. We believe this is due to the simple acceptance of this state of affairs as a reality in our Commonwealth. • Recommendation: Address in this DRAFT Update. – Recommendation: Consider a “Mystery Shopper” type of assessment process by calling providers of Community BH Services in the various regions and present a case for an urgent need of service and catalogue the responses and scheduling of first available services offered by the provider.	The Department may consider in future annual program standard updates.
Pennsylvania Psychiatric Leadership Council	Page 49: The achievement of the “Appointment Wait Time Standards”, in the area of Community BH Services are not realistic.	Comment received and considered.

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Pennsylvania Psychiatric Leadership Council	• Workforce Development: Community BH Professionals: – Significant financial incentives offered to do reach into high schools and even middle schools to encourage students to consider pursuing a career in Community BH Services with meaningful tuition assistance being offered to those who express interest. • A plan by the Commonwealth to reach out to institutions of higher learning, especially those which are supported with tax dollars, to more effectively market those educational offerings in order to prepare interested students for careers in Community BH Services.	The Department encourages stakeholders interested in provider capacity and workforce development to participate in ongoing conversations on these topics held during meetings of the Medical Assistance Advisory Committee's Managed Care Delivery System Subcommittee.
Pennsylvania Psychiatric Leadership Council	• Cultural Competence/Workforce: Lack of diverse Community BH Providers. Example: Overall Pennsylvania Black population is at or above 15%, the percentage of Black Psychiatrists is at 3% to 5%. Similar circumstances also exist in the Latinx population. • Recommendation: Consideration of DHS to coordinate with the Department of Education and the medical schools and residency programs across the Commonwealth to find ways to increase the numbers of Psychiatric residency slots with a special focus on those programs offering the primary training in the areas of Community Psychiatry. • Recommendation: Funding of Learning Collaboratives for Adult, Older Adult, Child, and Adolescent, as well as Addictions Psychiatry need to be considered in order to be advanced in areas of high level Black, Indigenous, and Other People of Color populations concentrations.	The Department encourages stakeholders interested in provider capacity and workforce development to participate in ongoing conversations on these topics held during meetings of the Medical Assistance Advisory Committee's Managed Care Delivery System Subcommittee.

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Pennsylvania Psychiatric Leadership Council	Recommendation: Inpatient setting to assign a specially prepared Discharge-Planning Professional to a patient upon admission can significantly reduce that non-compliance and create a pathway to post-discharge care that is realistic as well as supportive of the Recovery Process for the Patient.	Comment received and considered.
Pennsylvania Psychiatric Leadership Council	Consideration of providing supportive services by Certified Peer Specialists for those with Serious Mental Illnesses during the significant waiting times before Community BH Services can be started needs to be studied.	Comment received and considered.
The Wright Center for Community Health (TWCCH) **The Wright Center for Graduate Medical Education (TWCGME)**	Opportunity to bolster investment in Pennsylvania primary care by directed Medicaid GME funding to community-based primary care physician workforce training programs where residents learn community needs/responsive care competencies during training by caring for vulnerable and marginalized populations.	Comment received and considered.
TWCCH/TWCGME	Need for accountability for MCOs to prioritize COVID-19 vaccinations.	Comment received and considered.
TWCCH/TWCGME	Reference to the US Department Office of Climate Change and Health Equity to consider inclusion of the negative impacts of climate events on health equity.	The Department may consider in the future as new data is collected.
The Joint Commission	OLTL: Request consideration of the inclusion of Joint Commission accreditation as a quality incentive in the NF P4P program.	Comment received and considered. The Department may consider in the future.