Serving the Medical Assistance population is consistent with our vision, mission, & values

**Vision**
To be one of the nation’s most respected health plans, providing measureable value to customers through innovation models of care and coverage

**Mission**
To provide higher quality for each person’s health care dollar through innovative models of care and coverage that support the Geisinger Health System’s charitable mission

**Values**
Excellence
Service orientation
Teamwork
Clinical quality and collaboration
Research
Financial responsibility
Continuous improvement

Geisinger Health Plan
HealthChoices Facts (1 of 2)

• HealthChoices (HC) is PA’s Medical Assistance Managed Care Program

• Today HC is in all 67 counties in five zones:
  – Southeast
  – Southwest
  – Lehigh/Capital
  – Northeast
  – Northwest

• In 2012, the Department of Public Welfare (now the Department of Human Services, or DHS) awarded contracts to three 3 MCOs in the Northeast Zone
  – AmeriHealth Caritas
  – Aetna/Coventry Cares
  – Geisinger Health Plan

• The effective date was March 01, 2013
• As of June 2018, GHP Family had 188,295*. This accounts for approximately 59% of all Medical Assistance recipients that are eligible to enroll in the HealthChoices program in the Northeast Zone.
• DHS intends to re-procure the entire state again in the near future, but currently a date has not been determined.
• Geisinger Health Plan is considering expansion into all five zones when re-procurement takes place.

* Bureau of Managed Care Operations (BMCO) Monthly Physical Health Managed Care Enrollment Report dated July 20, 2018
Healthcare Spending by Category 2017

- Medicaid & CHIP: 23% (Department of Human Services)
- Medicare: 20% (HHS/CMS)
- Commercial Self-Insured: 27% (U.S. Department of Labor)
- Larger Group: 14% (Pennsylvania Insurance Department)
- Individual: 5% (Pennsylvania Insurance Department)
- Small Group: 5% (Pennsylvania Insurance Department)
- Uninsured: 5.6%
Meet the HealthChoices Member
Faces of Medicaid

- Young Children
- Pregnant Women
- Working Poor
- Special Needs Children
- Elderly

<table>
<thead>
<tr>
<th>Rate Cell</th>
<th>Members</th>
<th>Member %</th>
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</thead>
<tbody>
<tr>
<td>BCCPT/SSI</td>
<td>26,690</td>
<td>14.55</td>
</tr>
<tr>
<td>Newly Eligible Men</td>
<td>25,545</td>
<td>13.94</td>
</tr>
<tr>
<td>Newly Eligible Women</td>
<td>32,057</td>
<td>17.48</td>
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<tr>
<td>TANF-HB-MAGI</td>
<td>99,056</td>
<td>54.03</td>
</tr>
<tr>
<td>TOTAL</td>
<td>183,348</td>
<td>100.00</td>
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</table>
US Population

• What percentage of United State’s working population is on Medicaid?
  • According to the Kaiser Foundation* a record 60.9 million signed up in 2016. This was 19 percent of the United States population.
  • Of those who signed up, 60 percent of adult Medicaid enrollees are working in the US.
  • Medicaid covered 20% of adults at some point in their lives and is expected to serve almost 65 million people in 2019.
  • Medicaid is a crucial safety net that has kept health coverage for children stable during the worst recession in a generation.

* KFF-Medicaid in the United States, FY 2016 (November 2018)
What About Pennsylvania?

• **What percentage of PA’s working population is on Medicaid?**
  - 64% of adult Medicaid enrollees are working in PA.*
  - 19% of PA’s population is covered by Medicaid/CHIP.*

• **What percent of children in PA on Medicaid?**
  - Covers 46.5 percent** of all children and funds nearly half of all births, including providing necessary care for very sick infants.

• **Does Medicaid provide coverage for more of PA’s urban population or rural population?**
  - Provides health coverage to a larger share of the population in rural areas than in urban areas*.

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* KFF-Medicaid in Pennsylvania, FY 2016 (November 2018)
** American Academy of Pediatrics (December 2015)
Myth vs Fact

- **Myth:** Medicaid is a welfare system for people who don’t work.
- **Fact:** Nationally, Sixty percent of people who receive Medicaid are from working families*.
  - The Medicaid program was originally designed to provide coverage to welfare recipients, but it was separated from the welfare system in 1996.
  - Individuals with severe disabilities are beneficiaries who are not part of the workforce
    - Medicaid coverage serves as a supplement to their cash assistance and provides needed health coverage.

* KFF-Medicaid in the United States, FY 2016 (November 2018)
The Economic Contribution of Medicaid

- In 2018, State Medicaid expenses equal about 21.3 percent* of the state’s budget, and on average, Medicaid comprises 11.2 percent of a hospital’s net patient revenue.

Medicaid spending generates economic activity at local and state levels.

- Medicaid funding supports jobs and generates income and tax revenues within the health sector and other sectors of the state’s economy due to the multiplier effect. This is equally important to rural communities and urban areas of Pennsylvania.

Medicaid’s economic impact is intensified because of federal matching dollars.

- For every $1 spent on Medicaid at the state level, an additional $1.08** of federal funds flow into the Commonwealth.

Medicaid spending contributes to both rural and urban economies.

- All regions of Pennsylvania benefit from Medicaid funding; some of Pennsylvania’s rural counties have higher percentages of Medicaid enrollment than do urban counties.

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* 2018-19 Pennsylvania Budget in Brief

** KFF - FMAP for Medicaid and Multiplier (FY 2018)
## Utilization Comparison

<table>
<thead>
<tr>
<th>Utilization / 1000</th>
<th>Commercial</th>
<th>Medicare</th>
<th>TANF</th>
<th>SSI</th>
<th>Newly Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Med/Surg. Days</td>
<td>150</td>
<td>1,270</td>
<td>80</td>
<td>660</td>
<td>300</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>200</td>
<td>680</td>
<td>90</td>
<td>290</td>
<td>210</td>
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<tr>
<td>Emergency Department</td>
<td>210</td>
<td>410</td>
<td>650</td>
<td>910</td>
<td>770</td>
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<tr>
<td>Office Visits</td>
<td>3,200</td>
<td>7,000</td>
<td>4,000</td>
<td>6,000</td>
<td>4,600</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>16,000</td>
<td>52,700</td>
<td>9,300</td>
<td>43,700</td>
<td>23,000</td>
</tr>
<tr>
<td>Maternity Delivery</td>
<td>8</td>
<td>0</td>
<td>34</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>
Member Access Barriers

- Time Poverty (Inflexible Work Schedule)
- Provider Access
- Transportation
- Financial Resources
- Fear/Distrust
- Communication Tools
- Health Literacy
Carrie was surprised to see that Mr. Ramirez was dressed very elegantly for his doctor’s visit. She was confused by his appearance because she knew that he was receiving services on a sliding fee scale. She thought the front office either made a mistake documenting his ability to pay for service, or that he falsely presented his income.

Many cultures prioritize respect for the family and demonstrate family respect in their manner of dress and presentation in public. Regardless of the economic resources that are available or the physical condition of the individual, going out in public involves creating an image that reflects positively on the family – the clothes are pressed, the hair is combed, and shoes are clean. A person’s physical presentation is not an indicator of their economic situation.
Eye Contact

Ellen was trying to teach her Navaho patient, Jim Nez, how to live with his newly diagnosed diabetes. She soon became extremely frustrated because she felt she was not getting through to him. He asked very few questions and never met her eyes. She reasoned from this that he was uninterested and therefore not listening to her.

- It is rude to meet and hold eye contact with an elder or someone in a position of authority such as health professionals in most Latino, Asian, American Indian and many Arab countries. It may be also considered a form of social aggression if a male insists on meeting and holding eye contact with a female.
Cultural Competency
Cultural Competence
The ability of an individual to understand the social, linguistic, moral, intellectual, and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of healthcare delivery to diverse populations.

Limited English Proficiency (LEP)
A designation referring to a member who primarily communicates in a language other than English and has a limited ability to communicate in English.
Low Literacy Proficiency

In Public Law 102-73, the National Literacy Act of 1991, Congress defined literacy as an individual's ability to read, write and speak English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals and develop one's knowledge and potential. Those lacking these levels of proficiency would be considered to have low literacy proficiency.

Sensory Impaired

A person who is deaf or visually impaired.
Geisinger Values Diversity

- Excellence
- Service orientation
- Teamwork
- Clinical quality and Collaboration
- Research
- Financial responsibility
- Continuous improvement

**DIVERSITY** among our physician, staff, students and volunteers promotes an environment of mutual support and respect.
Geisinger’s Code of Conduct

Integrity in Our Workplace Relationships

We expect you to treat your coworkers with respect, dignity, and fairness. Implicit Bias can foster medical errors, contribute to poor patient satisfaction and preventable adverse outcomes, increase the cost of care and cause qualified clinicians, administrators, managers, and affected employees to seek new positions in more professional environments.
Basic Assumptions

• We have been socialized into a society in which there exists individual, institutional, and societal biases associated with race, gender, and sexual orientation, class, etc.
• None of us are immune from inheriting the biases of our ancestors, institutions, and society.
• It is not “old-fashioned” discrimination that is most harmful to everyone, but the contemporary forms known as modern racism, symbolic racism, and aversive racism.
• The characteristics of these forms of discrimination are their invisible, unintentional and subtle nature – usually outside the level of conscious awareness
Intent vs. Impact

It is not our intent but our behavior and its impact on our colleagues, patients, and customers that is the key

Remember . . .

“We judge ourselves by our intent - others judge us by our behavior”

Eric Harvey – Walk the Talk.com
Health Literacy
GHP Family Population

- **Stereotype**
  - Frequent utilizers
  - Poor compliance
  - Abusers of scarce resources

- “Glass half-full approach” - typical patient populations with typical attributes and challenges – family support, religious background, work hours

- Added “special needs” driven in some individuals by some key differences outside their control

- Health literacy gaps
Health Literacy Definition

• The ability to understand written instructions on prescription drug bottles, appointment slips, medical education brochures, doctor's directions and consent forms, and the ability to negotiate complex health care systems.

• Health literacy is not the same as the ability to read and is not necessarily related to years of education. A person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment.
The ability to read and comprehend health information is impacted by a range of factors including age, socioeconomic background, education and culture.

- Example: Some seniors may not have had the same educational opportunities afforded to them.

A patient’s culture and life experience may have an effect on their health literacy.

- Example: A patient’s background culture may stress verbal, not written, communication styles.

An accent, or a lack of an accent, can be misread as an indicator of a person’s ability to read English.

- Example: A patient, who has learned to speak English with very little accent, may not be able to read instructions on a prescription bottle.
Barriers to Health Literacy (2 of 2)

• Different family dynamics can play a role in how a patient receives and processes information.

• In some cultures it is inappropriate for people to discuss certain body parts or functions leaving some with a very poor vocabulary for discussing health issues.

• In adults, reading skills in a second language may take 6–12 years to develop.
Possible Signs of Low Health Literacy

• *Your patients’ may frequently say:*  
  – I forgot my glasses.  
  – My eyes are tired.  
  – I’ll take this home for my family to read.  
  – What does this say? I don’t understand this.

• *Your patients’ behavior may include:*  
  – Not getting their prescriptions filled, or not taking their medications as prescribed.  
  – Consistently arriving late to appointments.  
  – Returning forms without completing them.  
  – Requiring several calls between appointments to clarify instructions.
## Jargon vs Simple Speak

<table>
<thead>
<tr>
<th>Medical Term</th>
<th>Translation into Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesic</td>
<td>Pain killer</td>
</tr>
<tr>
<td>Anti-inflammatory</td>
<td>Lessens swelling and irritation</td>
</tr>
<tr>
<td>Benign</td>
<td>Not cancer</td>
</tr>
<tr>
<td>Carcinoma</td>
<td>Cancer</td>
</tr>
<tr>
<td>Cardiac problem</td>
<td>Heart problem</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>Skin infection</td>
</tr>
<tr>
<td>Contraception</td>
<td>Birth control</td>
</tr>
<tr>
<td>Enlarge</td>
<td>Get bigger</td>
</tr>
<tr>
<td>Heart failure</td>
<td>Heart isn’t pumping hard enough</td>
</tr>
</tbody>
</table>
Tips for Dealing with Low Health Literacy

• Use simple words and avoid jargon.
• Never use acronyms.
• Avoid technical language (if possible).
• Repeat important information – a patient’s logic may be different from yours.
• Ask patients to repeat back to you important information.
• Ask open-ended questions.
• Give information in small chunks.
• Articulate words.
• “Read” written instructions out loud.
• Speak slowly (don’t shout).
• Use body language to support what you are saying.
Working With Diverse Patients (1 of 2)

- **Styles of Speech**: *People vary greatly in length of time between comment and response, the speed of their speech, and their willingness to interrupt.*
  - Tolerate gaps between questions and answers, impatience can be seen as a sign of disrespect.
  - Listen to the volume and speed of the patient’s speech as well as the content. Modify your own speech to more closely match that of the patient to make them more comfortable.

- **Eye Contact**: *The way people interpret various types of eye contact is tied to cultural background and life experience.*
  - Most Euro-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.
  - For many other cultures direct gazing is considered rude or disrespectful. Never force a patient to make eye contact with you.
• **Body Language:** Sociologists say that 80% of communication is non-verbal. The meaning of body language varies greatly by culture, class, gender, and age.
  
  – Follow the patient’s lead on physical distance and touching. If the patient moves closer to you or touches you, you may do the same. However, stay sensitive to those who do not feel comfortable, and ask permission to touch them.
  
  – Gestures can mean very different things to different people. Be very conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.

• **Gently Guide Patient Conversation:** English predisposes us to a direct communication style, however other languages and cultures differ.
  
  – Initial greetings can set the tone for the visit. Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their physician. If the patient’s preference is not clear, ask how they would like to be addressed.
Working Together We Can Make A Difference in the Lives of our Community’s most vulnerable

...Do Well, by Doing Good.