

## Pediatric Shift Care Nursing Services Incentive Program

Home care agencies are eligible for two incentive opportunities, each paying a per member per year (PMPY) amount based on their results compared to the benchmarks listed in both tables below.

### Improvement Payout

Tier Category	2024 Benchmark	2024 PMPY
Tier 1	0.010-0.250%	\$500
Tier 2	0.251-0.500%	\$750
Tier 3	0.501-1.500%	\$900
Tier 4	≥1.501%	\$1,000.00

### Overall Rate Payout

Tier Category	2024 Benchmark	2024 PMPY
Tier 1	≤5.00%	\$500
Tier 2	≤3.00%	\$750
Tier 3	≤2.00%	\$1,500
Tier 4	≤1.00%	\$2,000

### Additional details:

- Home care agencies that improve their missed shift rate will be eligible to earn a per member per year incentive payment based on their rate of improvement.
- Home care agencies with optimal overall missed shift care rates will be eligible to earn an additional per-member per-year payment based on their overall rate.
- Benchmarks were set by looking at Jefferson Health Plans' historical missed shift care rates.
- Eligible members are those that have been authorized for shift care services.
- To qualify for any payout, home care agencies must have at least 10 members in their denominator.

## FAQs

**Q: Can Jefferson Health Plans provide historical missed shift rates as baseline comparison data?**

**A:** Yes, previous calendar year missed shift rates are available and will be used as the baseline comparison data for the Improvement Payout. Please contact your Network Market Manager if you would like to request this data.

**Q: In addition to historical missed shift rates, can Jefferson Health Plans provide mid-year reporting?**

**A:** Yes, a mid-year report will be available in early August with data through 6/30 of the current reporting period.

**Q: Is there a minimum enrollment time before the end of the year to be included in the denominator?**

**A:** Yes, members must be authorized for shift care services at least 90 days before the end of the measurement year i.e., 12/31/24 to be included in the denominator for Overall Rate Payout and Improvement Payout.

**Q: What is the average time between when a member is authorized for shift care and when a home care is assigned?**

**A:** The time frame may vary due to timing of meet and greets that need to be set up for the caregiver/head of household (HOH) to select an agency. When a request is approved without an assigned agency, a fax blast goes out to multiple agencies to see who may have available staff to cover. There are instances in which cases never get staffed and the authorization expires. If you need to update the fax number you have on file, please send update to [datavalidation@jeffersonhealthplans.com](mailto:datavalidation@jeffersonhealthplans.com).

**Q: How are exclusions for missing shifts i.e., hospitalization, if the parent/caregiver canceled the shift are categorized?**

**A:** Missed shifts and associated reasons are reported on the Ops 8 report monthly. Agencies submit Ops 8 files to Jefferson Health Plans monthly. Exclusions are reported to us on Ops 8. Jefferson Health Plans reconciles the internal database based on information received from the individual agencies. Missed shifts for hospitalizations (H), coverage by another agency (OA) and caregiver refusal (FR/FD) are out of the agency's control and will be categorized as exclusions.

### REASON CODES KEY

**UN** – Unable to staff

**H** – Hospitalized

**OA** – Other agency

**NA** – Assigned staff not available

**FR/FD** – Family refused/Family deferred

**PI** – Private insurance is covering these hours

**Q: Will the shift care data be verified i.e., through the Ops 8 report or utilization via claims?**

**A:** Shift care data will be verified through Ops 8, which is the same report that gets uploaded to the state monthly for missed shifts.