



STITCHING THE
THREADS OF TIME

15 YEARS

2021 ANNUAL REPORT OF
THE STEERING COMMITTEE
TO THE BOARD OF DIRECTORS



A MESSAGE FROM THE EXECUTIVE DIRECTOR:

The concept of “time” has changed through the years of my life. In my childhood and adolescence, time was in abundance, moving at a pace far too slow for my ambitions. Time was a measurement of minutes, hours and days which accumulated between events that I looked forward to. Ten minutes until recess, 3 hours until I visit my grandmother or 5 days until my birthday were standards of measurement from which I evaluated my world.

Somewhere in my 20’s time started to move faster and my concept of time also evolved from incremental measurements of units to the benchmarks of life such as my college graduation, first job and the birth of my children. The next major milestone I await is retirement.

Reflecting on the 15th year anniversary of TMCA, I am confronted by the notion that my measure of time has yet again transformed. My measures of time in the life of the organization are based upon accomplishment. To sound cliché, it seems like only yesterday that we signed our first agreement with the Department of Public Welfare to manage the Behavioral Health Services for Medicaid recipients in Franklin and Fulton Counties.

Detailed in this year’s reports are the measures of time significant to TMCA, whether in the growth of the Medicaid lives covered, scope of work undertaken, breadth of services delivered, quality improvements, surprising pandemics or the strengthening of TMCA’s financial position while decreasing the cost of service delivery per Medicaid individual, we make the attempt to allow you, the reader, to measure our time in your community.

Thank you for your interest in TMCA and we look forward to serving Franklin and Fulton County in the next 15 years.

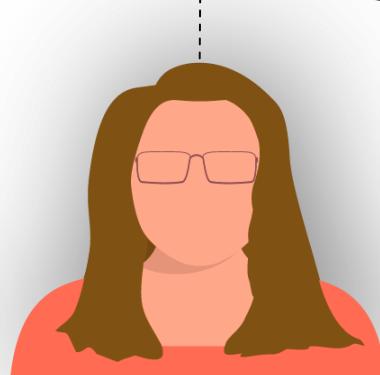
MEET OUR STAFF: THE DESIGNERS



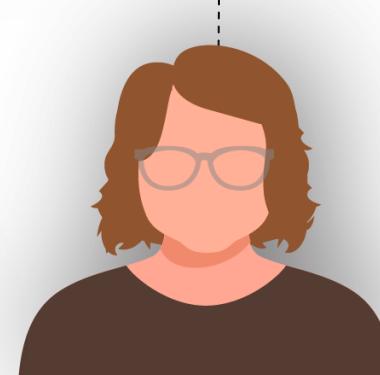
MELISSA REISINGER
Executive Director



GEN HARPER
Quality & Compliance Director



CHRISTY BRIGGS
Finance Director



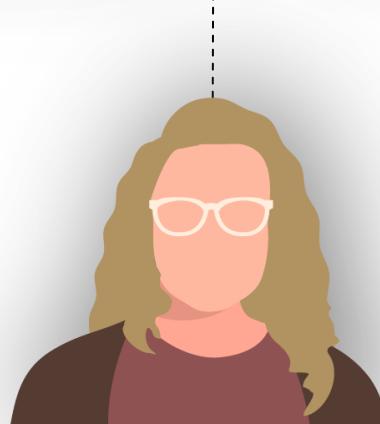
CATYA BOOKHAMER
Planning & Development Director



THOMAS HIPPENSTIEL
Data Engineer



BRAD COCCAGNA
Quality Specialist



JESSICA ALLEN
Office Manager



ERIC PIRRONE
Data Analyst

MEET OUR GUIDANCE:

STEERING COMMITTEE:

Stacie Horvath
Franklin County Human Services
Administration

Julia Dovey, Vice Chair
Fulton County Human Services Administrator

Stacey Brookens
Franklin/Fulton MH/IDD/EI Department

Christy Unger
Franklin/Fulton Drug & Alcohol Program

BOARD OF DIRECTORS:

Franklin County-
John Flannery, Chair
David Keller, Treasurer
Robert Ziobrowski, Secretary

Fulton County-
Randy Bunch, Vice-Chair
Stuart Ulsh, Board Member

Sheldon Schwartz, Chair
Franklin County Community Member

Teresa Beckner
Franklin County Fiscal Department

David Keller
Franklin County Commissioner

Christine McQuade
Fulton County Services for Children

Paula Shives
Fulton County Commissioner

DEMOGRAPHICS: THE FABRIC

HIGH IMPACT HISTORICAL EVENTS

Each of these key dates correlate with a change of Medicaid members in the graph to the right.

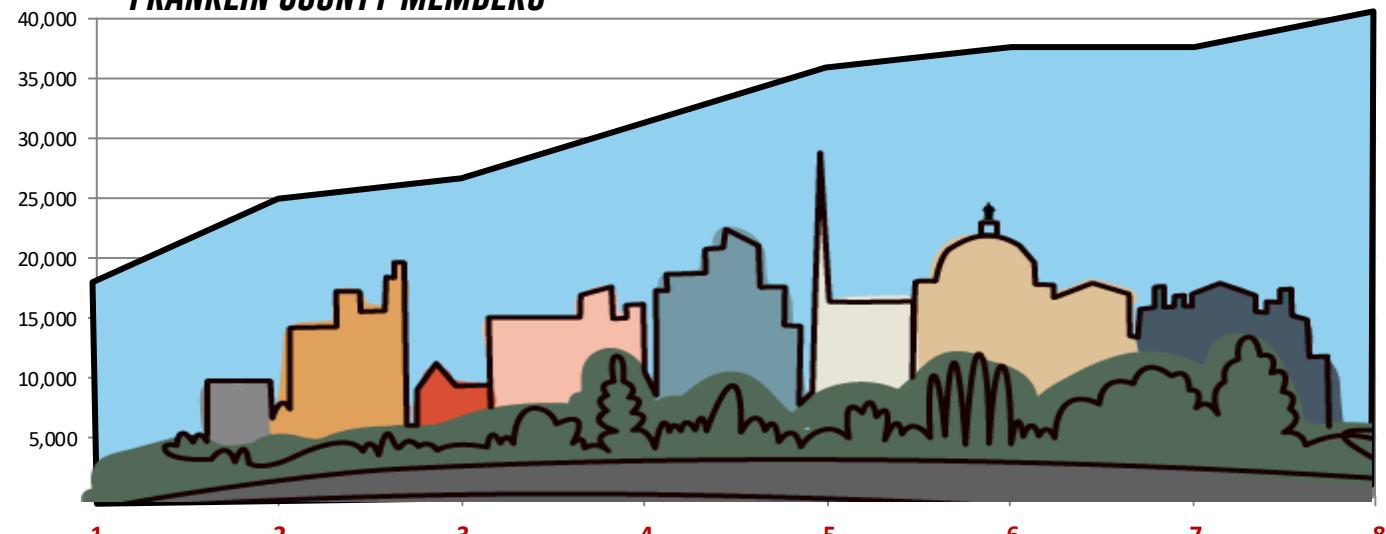
1. July 2007—HealthChoices go-live date.
2. July 2012—PH 95 Expansion: Medicaid loophole for children with a severe behavioral health disability.
3. January 2014—Healthy PA: Affordable Care Act (ACA) limited MA expansion private health insurance market.
4. October 2014—Expedited Plus-Plus Pilot: Expedited MA coverage for individuals being released from jail to a substance use treatment facility.
5. September 2015—HealthChoices Expansion: ACA reversal of Healthy PA to include MA eligibility for individuals at or above 138% of federal poverty level.
6. January 2020—Dual Eligible (Medicaid and Medicare) Managed Care begins.
7. March 2020—Public Health Emergency declared: Covid-19, eligibility and re-determination requirements waived.
8. January 2021—Present Day

2021 FRANKLIN
MEMBERS—35,693
CONSUMERS—6,638

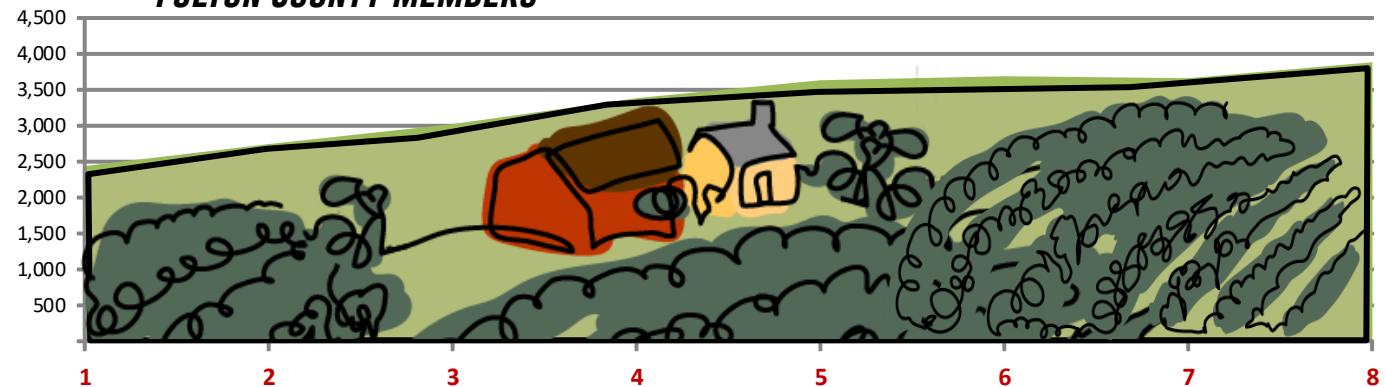
2021 FULTON
MEMBERS—3,855
CONSUMERS—660

PENETRATION: 18.44%

FRANKLIN COUNTY MEMBERS



FULTON COUNTY MEMBERS



FINANCIAL OUTLOOK: OUR SEWING KIT

AMOUNT OF MEDICAID FUNDS
ADMINISTERED TO RESIDENTS OF
FRANKLIN/FULTON COUNTIES
OVER THE 15 YEARS:
\$473,472,272

| | NET CAPITATION | MEDICAL CLAIMS | RISK INSTRUMENTS EQUITY & INSOLVENCY | RISK & CONTINGENCY BALANCE | REINVESTMENT BALANCE | CLAIM COST OF EACH INDIVIDUAL ENROLLED |
|-----------|----------------|----------------|---|-------------------------------|-------------------------|---|
| FY 07/08 | \$17,949,428 | \$13,441,790 | \$0 | \$0 | | \$82.58 |
| FY 08/09 | \$20,707,769 | \$15,148,818 | \$0 | \$479,996 | | \$82.56 |
| FY 09/10 | \$21,117,904 | \$15,685,107 | \$0 | \$0 | | \$74.98 |
| FY 10/11 | \$21,731,714 | \$16,809,352 | \$2,746,877 | \$0 | | \$76.83 |
| FY 11/12 | \$22,397,581 | \$19,730,369 | \$3,672,709 | \$106,621 | \$104,500 | \$86.91 |
| FY 12/13 | \$21,971,548 | \$20,691,277 | \$3,970,204 | \$19,798 | (\$0) | \$92.56 |
| FY 13/14 | \$24,951,315 | \$18,738,942 | \$3,700,478 | \$0 | (\$0) | \$79.99 |
| FY 14/15 | \$22,771,378 | \$18,403,736 | \$4,766,205 | \$445,011 | (\$0) | \$72.17 |
| FY 15/16 | \$26,395,368 | \$21,593,017 | \$4,647,276 | \$708,717 | \$496,871 | \$68.92 |
| FY 16/17 | \$27,699,917 | \$22,672,413 | \$4,467,487 | \$805,759 | \$1,219,043 | \$67.73 |
| FY 17/18 | \$28,519,877 | \$24,425,126 | \$5,057,444 | \$892,582 | \$2,217,680 | \$71.47 |
| FY 18/19 | \$28,199,994 | \$23,783,846 | \$5,194,584 | \$796,755 | \$1,869,648 | \$71.15 |
| FY 19/20* | \$48,582,779 | \$40,532,383 | \$5,957,704 | \$1,610,536 | \$1,677,340 | \$79.42 |
| CY 2021 | \$40,475,700 | \$33,320,553** | \$5,967,875 | \$1,600,365 | \$1,495,746 | \$69.70 |

*18-month period

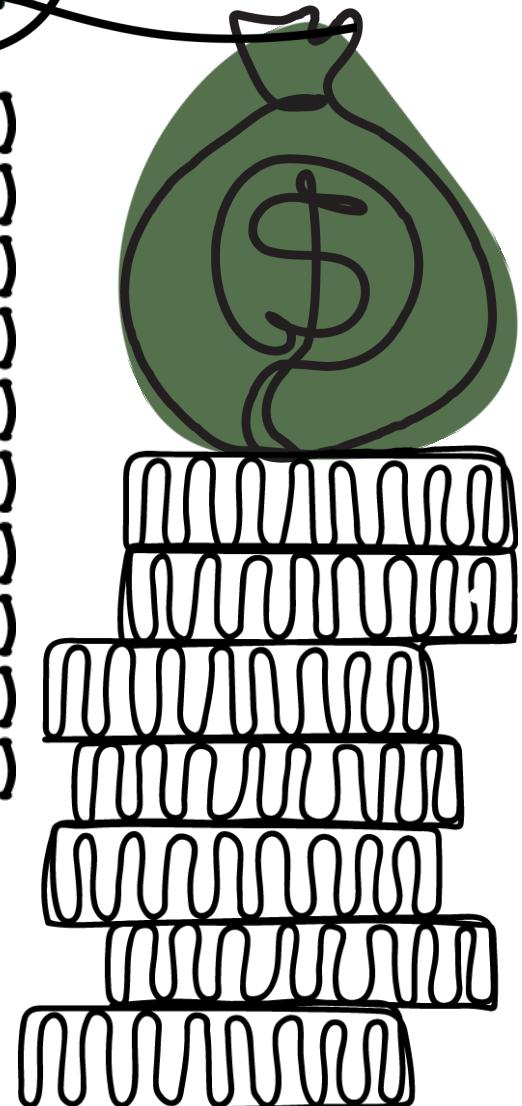
Equity—5% of Annual Net Capitation - Restricted Account Insolvency—60 Day Avg. Paid Claims - Restricted Account

** 2021 estimated pending audit completion

Risk & Contingency—Up to 90 Day Avg. Paid Claims Inclusive of Insolvency Reserves

The organization has experienced one year of medical expenses over the Medicaid allocation for agreement. The loss occurred in 2012/2013; however, TMCA had set aside contingency reserves to cover the medical expense overage of 1.35 million. The one year loss, over the life of the agreement, accounts for less than .4% of total funds administered.

Through effective program management TMCA has been able to reinvest into the Human Services System or reserve for medical expense contingency reserves, \$10,757,252. TMCA has experienced one year, 2017/2018, of exceeding allowable DHS Agreement claims savings (3%) in the amount of \$37,485.00. Upon request, the Commonwealth approved these funds to be deposited to contingency reserves.



QUALITY IMPROVEMENT: TAILORING OUR PROGRAM

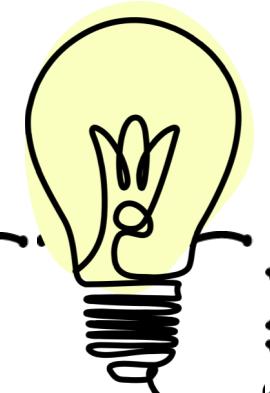
QUALITY INITIATIVES OF DHS AGREEMENT:

PIP's – Performance Improvement Projects

- 2009 – 2011 – Improve Access – Youth Receiving Substance Abuse Services
- 2009 – 2014 - Follow-up After Hospitalization for Mental Illness (7 & 30 Day)
- 2014-2019 – Successful Transitioning to Ambulatory Care
- 2020- Current – Prevention, Early Detection, Treatment and Recovery (PEDTAR) for Substance Use Disorders

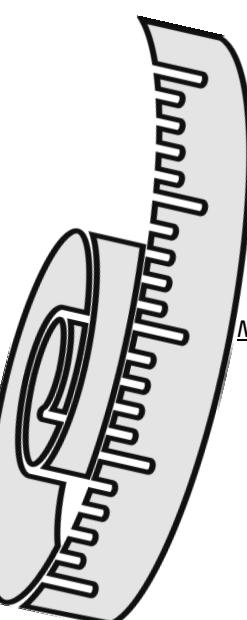
P4P's – Pay for Performance

- 2015 – Current - Integrated Care Plan (ICP) 12 Performance Measures of Outcomes for Physical and Behavioral Health Coordination.



TMCA RANKED #1 AMONGST 25 PA PRIMARY BEHAVIORAL HEALTHCHOICES CONTRACTORS IN 2019 QUALITY PERFORMANCE MEASURES!

| QUALITY MEASURES | | |
|---|------|------|
| Measurement | 2009 | 2021 |
| Denial of Services | 251 | 9 |
| Complaints of Services | 23 | 13 |
| Quality of Care Concerns | 121 | 24 |
| Service Exceptions (# of services not offered within 60 miles of recipients home) | 6 | 6 |
| Overall satisfaction- Adult | 4.1 | 4.3 |
| Overall satisfaction- Family of Children/Adolescents | 4.2 | 4.3 |



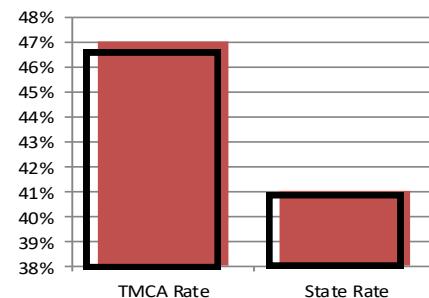
VALUE BASED PURCHASING—LINKING PAYMENTS TO IMPROVED PERFORMANCE:

| | |
|---|-----|
| 2018—3 Value Based Purchasing Initiatives | |
| 12 Providers Included | 16% |
| 2019—4 Value Based Purchasing Initiatives | |
| 13 Providers Included | 26% |
| 2020—4 Value Based Purchasing Initiatives | |
| 13 Providers Included | 26% |
| 2021—4 Value Based Purchasing Initiatives | |
| 36 Providers Included | 29% |

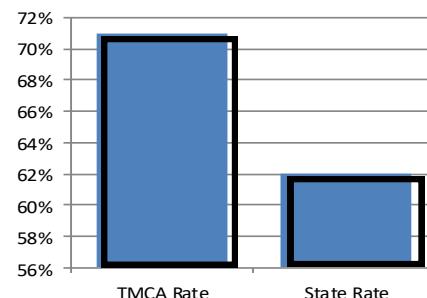
% of Medical Expenses Captured in Value based Purchasing Initiatives

INDIVIDUALS RECEIVING FOLLOW-UP AFTER PSYCHIATRIC HOSPITALIZATION:

MY 2020 Within 7 Days:



MY 2020 Within 30 Days:



ORGANIZATIONAL EVOLUTION '06-'11: THE PATTERN TO OUR FUTURE

- Contracted Employment Agreement for Executive Director of Managed Care Program.
- Prepared and successfully completed the readiness assessment to hold the Dept. of Public Welfare HealthChoices Agreement.

- Contracted Employment Agreement for Finance Director of TMCA.

- Finance Director and Children's Specialist positions added to Franklin County Staffing Agreement.
- TMCA acceptance of offer to renew Behavioral HealthChoices Agreement for additional 2 years.

2006

- Tuscarora Managed Care Alliance created through an Intergovernmental Agreement between Franklin and Fulton Counties.
- Contract with Significa, licensed insurer on behalf of Community Behavioral Health Network of PA (CBHNP) for Behavioral Health Managed Care Organization Services.
- Department of Public Welfare Behavioral HealthChoices Master Agreement begins.

2007

2008

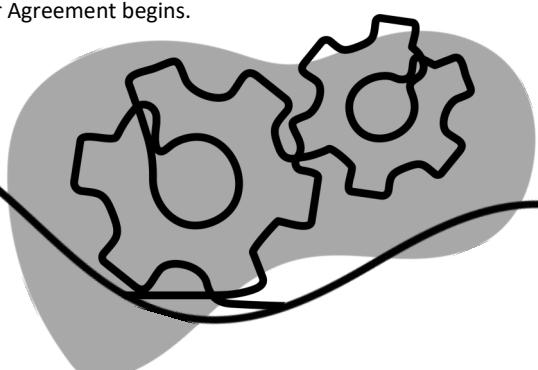
2009

2010

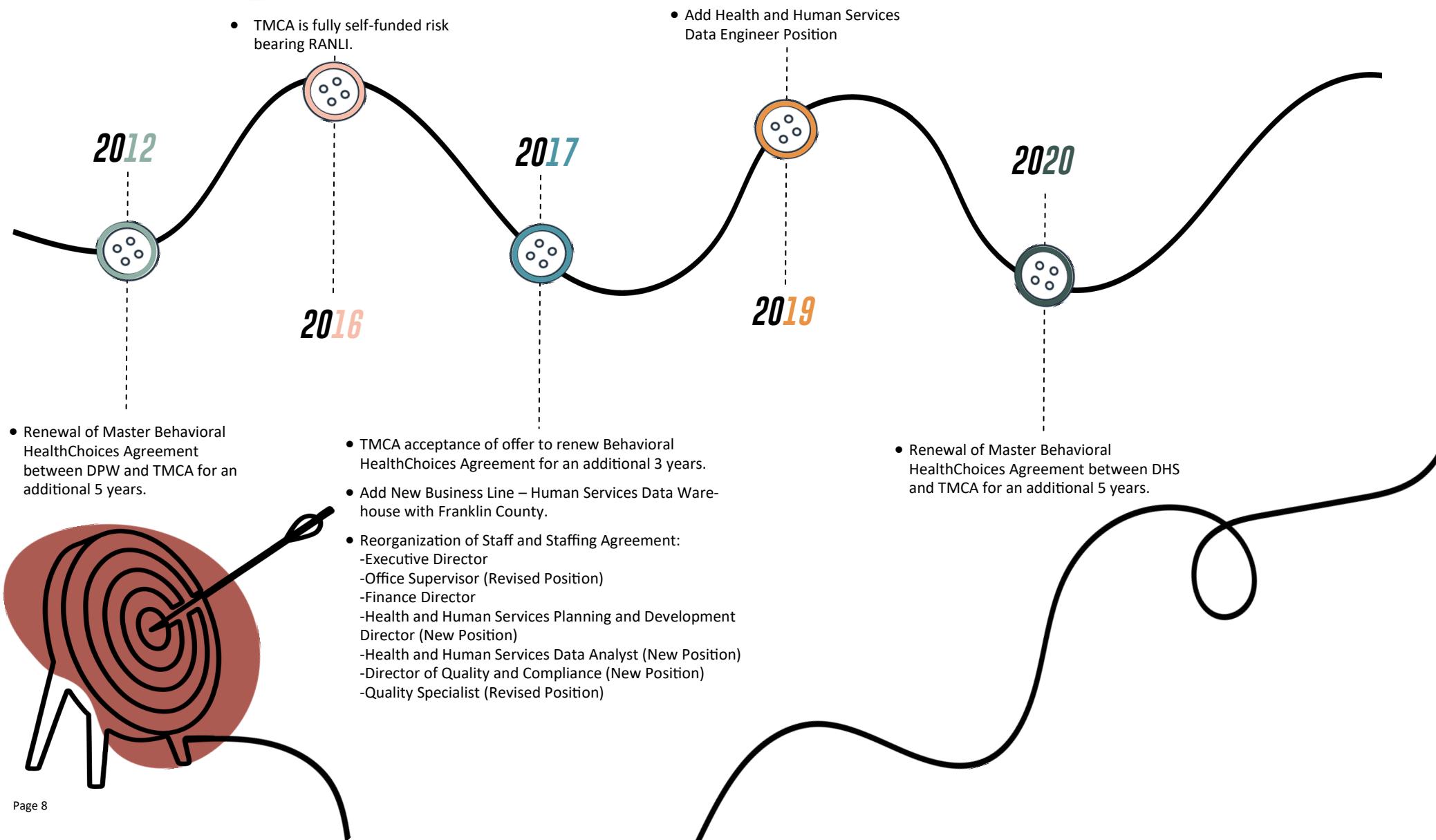
2011

- Staffing Agreement developed between Franklin County & TMCA for employees.
- Novation of Significa Agreement to CBHNP, Inc. Risk Assuming Non Licensed Insurer (RANLI).

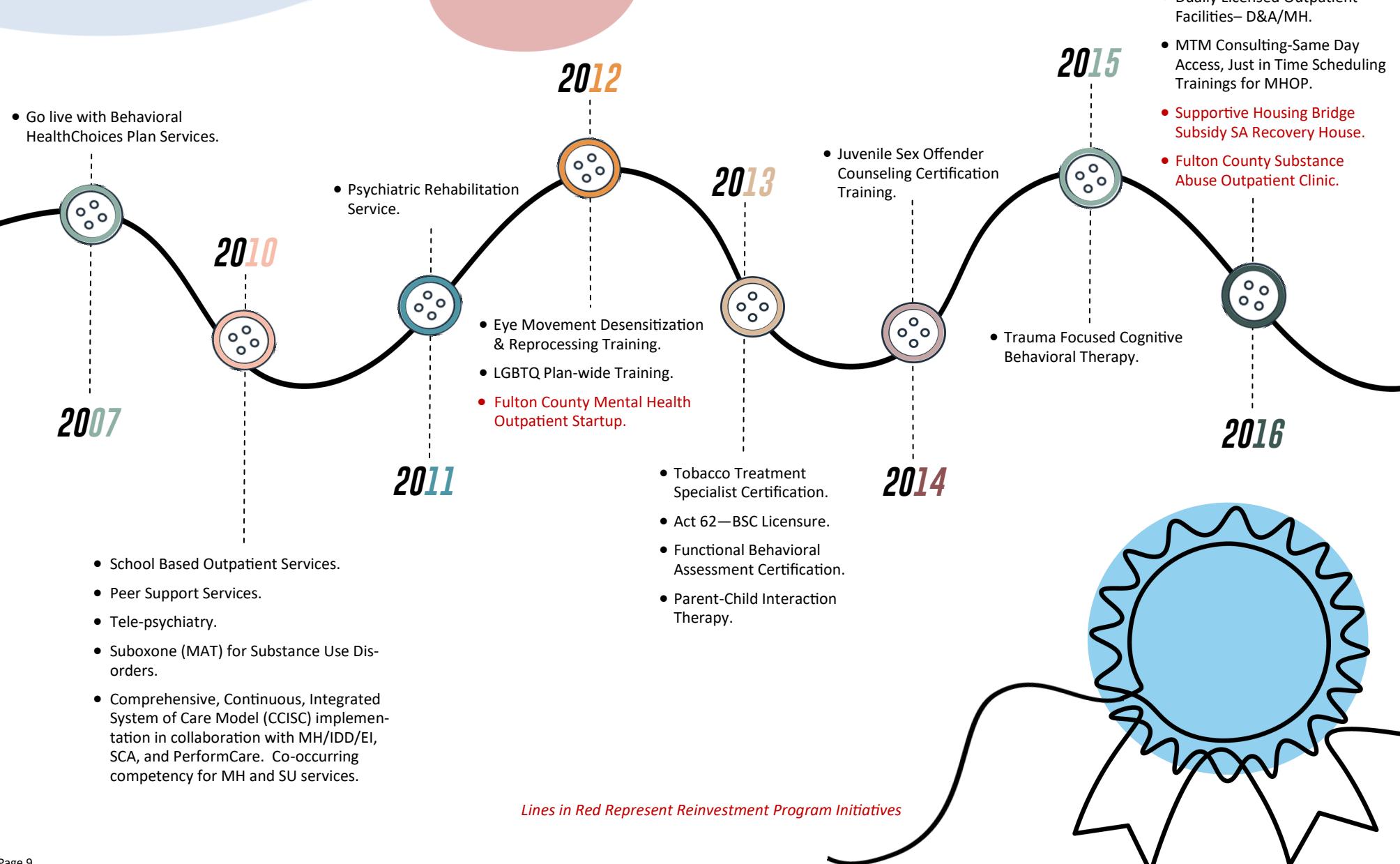
- Full time Administrative Assistant II position added to Staffing Agreement.
- Ownership change of subcontracted BHMCO from CBHNP, Inc. to PerformCare, a subsidiary of AmeriHealth Mercy Health Plan.
- TMCA finances risk instruments to become RANLI PPO in PA.



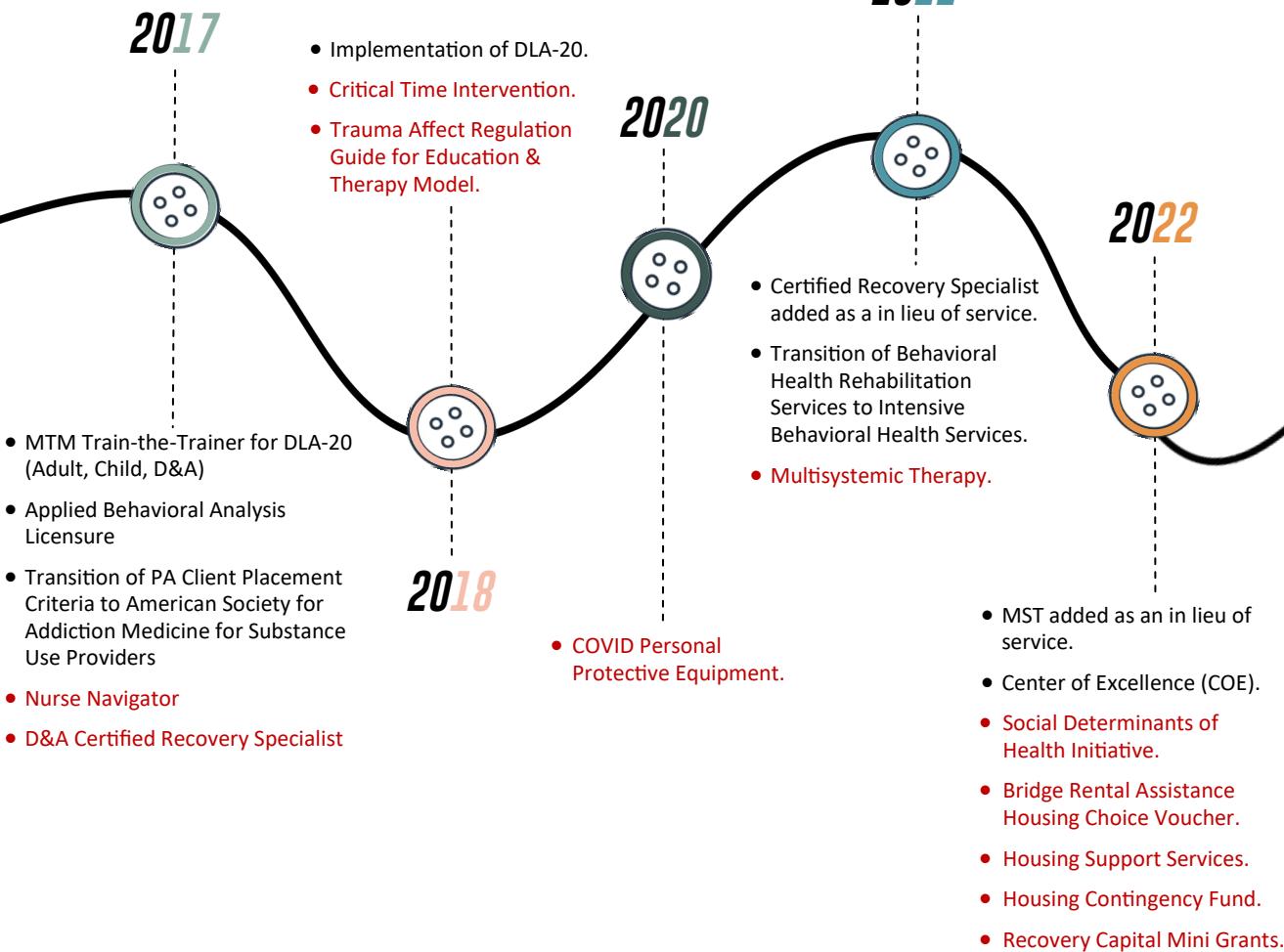
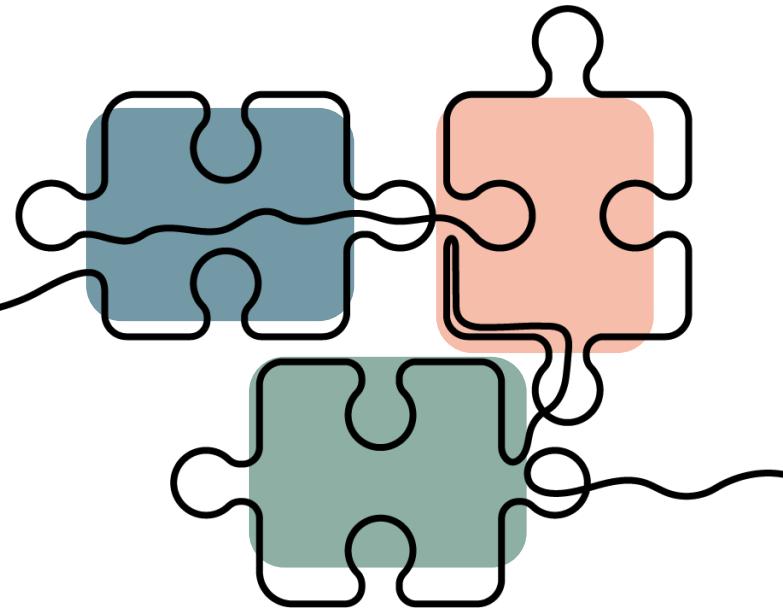
ORGANIZATIONAL EVOLUTION '12-'21: THE PATTERN TO OUR FUTURE



IMPROVEMENTS & ADDITIONS '07-'16: TRIMS & EMBELLISHMENTS



IMPROVEMENTS & ADDITIONS '17-'22: TRIMS & EMBELLISHMENTS



WHAT IS REINVESTMENT?

Reinvestment is a financial incentive to reward sound financial management practices and allows for the use of funds to fill identified gaps, test new innovative treatment approaches, address social determinants of health and develop cost-effective alternatives.