

Juniper

Network News

May 2024

Dear Providers,

We are excited to begin Q2 check-ins. At these meetings, we would like to hear from everyone about their legal form collection process. We will use this shared learning to develop best practices and collect tips from the network that we will share. We also would like to gather results from a program sustainability tool developed by Washington University so that we can capture a snapshot of where we are as a network. Thank you in advance for helping us grow and learn as a network.

In gratitude,
Rachel and Stacy

In This Issue

- Community Care Hub Bill Update
- Improving MSHO Retention
- New Participant Online Guide
- Leadership in Aging Opportunity
- Certification Notice
- Class Cost Calculator
- Class Request
- Medicare Advantage Process Timeline
- Interesting Reads

Community Care Hub Bill Update

The community care hub bill that Juniper has been advocating for **was included in the omnibus bill that passed the Minnesota Legislature on May 19th**. [The bill](#), now on its way to be signed by

Governor Walz, includes an appropriation specifically for establishing a community care hub (CCH) planning grant.

A few key things to know about the bill:

- To be included in the omnibus, our bill was changed. Specifically, the grant funding amount is much lower than our original request.
- Since the bill is not as we originally designed, we will learn more about how the funding can be used.
- A community care hub is named in the bill as the recipient of the grant funding. To our knowledge, Juniper is the only community care hub in Minnesota but there will likely still be an application process. This may delay the timeline for when the grant begins.

How this impacts you

We are going to begin planning for this grant. Your input in the design is important. We will be reaching out to you in a survey to learn more about how the community care hub can best support the providers in the network and the communities we serve. That survey will come from Mark Cullen.

You will be receiving a few surveys from us this month. We know we run the risk of over surveying you, but your input is so critical here, so we appreciate you taking time to share your feedback.

Improving MSHO Retention

In 2023 participants with Juniper as a health plan benefit, MSHO, had a higher no-show (register but never come to class) rate than the all-participant average. This higher no-show rate was about \$8,500 in lost revenue for 2023 classes. We engage people with Juniper as a health plan benefit through hot spotting and our wellness engagement center (WEC). We know that engaging participants with Juniper as a benefit is important for our sustainability and want to try different tactics to see if we can improve retention.

Things our is currently doing during the enrollment process that they will continue:

- Using motivational interviewing to determine if a member is ready for a class and which class might be a good fit for them.
- There are members we decline to enroll because they are not a good fit.
- Naming the class leader(s) who will be following up with the participant.
- Monthly and 1 week before class starts reminder calls.

Things we are going to add to our process:

- WEC will name the registration contact and organization when enrolling the member/participant in the class. We think naming the organization will help bridge between Juniper and the provider in the member/participant's mind. When you call and say, "Hi, I'm Darla from ABC Org calling about..." the participant will remember WEC mentioning Darla and ABC Org.

- WEC will let provider relations know when an enrollment has been made.
- Provider relations will reach out to the provider to notify them of the enrollment so that you can reach out to them sooner, so the enrollment is fresh in their mind. This has been helping for eligible member enrollments into the DPP class.

We need to ask your help, and the help of other providers, with a few things:

- When you reach out to the participant/member, can you mention Juniper? Something like, “Hello, I’m Darla from ABC Org, I’m reaching out because you enrolled in our LWCC class through Juniper...” We think this could help connect for the participant the enrollment, class, leader and provider and want to test it.
- If you encounter any participants/members who we enroll and the participant sounds confused about the class, please let me know. We would like to give WEC an opportunity to try and resolve the confusion.
- Please do not remove participants from the class. This will allow us to accurately track attrition to see if our efforts are making a difference.

New Participant Online Guide

We have a new step-by-step guide for participants to aid in online registration and navigation. Our wonderful marketing team has made it visually appealing and easy to follow. [Participant Step-by-Step Online Guide](#).

Leadership in Aging Opportunity

There is an opportunity for leaders in the field of aging to join a cohort of national leaders that will learn how to build and sustain a network of services for older adults from a variety of backgrounds.

The objectives of the cohort include:

- Fundamental training and mentorship in the field of aging, principals of advocacy, social justice and leadership development.
- A national, cross-industry network of peers and thought leaders.
- Completion of a national project that contributes to thought leadership or innovates service delivery in aging as part of ASA's On Aging Institute.
- Deepened appreciation for the unique dynamics that come with being a BIPOC leader.

Applications are due on June 30th. You can find more about the program and application link here: <https://www.asaging.org/asa-rise>

Certification Notice

Our MIS sends auto-generated emails notifying you of potential leader certifications that are expiring. Please use this as a reminder only as there are some nuances the MIS may miss. For example, the MIS does not count classes “in progress” or “scheduled” toward your certification requirements. It also cannot track accurate expiration dates for leaders certified in more than one of the Chronic Disease Self-Management (CDSME) suite of classes. If you are certified in more than one CDSME class, you are required to lead one class from the CDSME suite of classes each year and facilitate at least one workshop in each program every 2 years. For leaders with only one CDSME certification, you must lead a class each year.

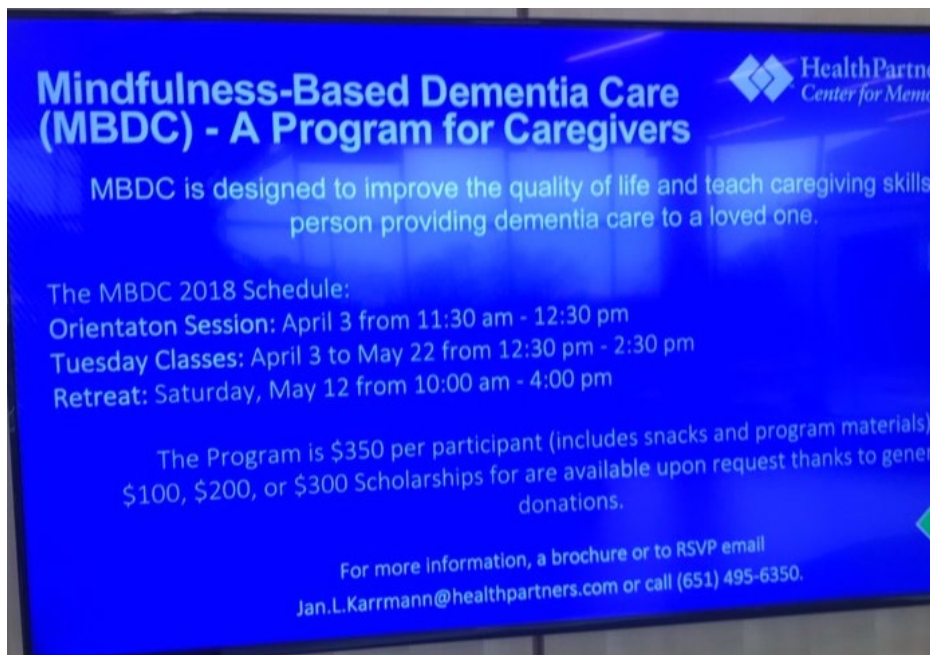
Class Costs Calculated for 2024

Thank you all for your feedback on our class cost calculator in March. Across the board, when we presented our calculators, no provider said it was too low. Most had feedback that it should be higher and which budget lines were more expensive than we had estimated. We’ve taken your feedback and incorporated it into the class cost calculator. Below is a summary of the calculated implementation costs by program.

| Evidence-Based Health Promotion Program | Cost per Class | Number of Participants (starters) | Cost Per Participant |
|---|-----------------------|--|-----------------------------|
| Arthritis Foundation Exercise Program | \$4,207.50 | 15 | \$280.50 |
| Living Well with Chronic Conditions/ Pain/ Diabetes | \$3,668.50 | 15 | \$244.57 |
| Powerful Tools for Caregivers | \$3,668.50 | 15 | \$244.57 |
| Walk with Ease | \$4,592.50 | 15 | \$306.17 |
| Matter of Balance | \$4,207.50 | 15 | \$280.50 |
| Stepping On | \$4,042.50 | 15 | \$269.50 |
| Tai Ji Quan: Moving for Better Balance | \$5,747.50 | 15 | \$383.17 |
| Stay Active and Independent for Life | \$5,747.50 | 15 | \$383.17 |

At first glance, these numbers may feel high and uncomfortable. That is how we felt too. When we compare these costs to other programs we are not far off.

As an example, here is an image of an advertisement for a caregiver class. It is a total of 23 hours and costs \$350 per participant. Our Powerful Tools for Caregivers class is a total of 15 hours and costs \$244.57 per participant. If you divide the cost by the number of hours, our price per hour is very similar.



A reminder that the program costs are different from the program value. For example, Tai Ji Quan: Moving for Better Balance might cost \$5,747.50, but for a class of 15, using our [white paper results](#), the value is \$76,125 in health care savings from falls prevented.

While it is important to know the class costs so we don't negotiate a reimbursement rate that is too low, we want to negotiate a rate based on the value we are delivering. This is why data and analytics are so important, they allow us to articulate our value.

Please reach out if you have any feedback or questions about the costs calculated for each program.

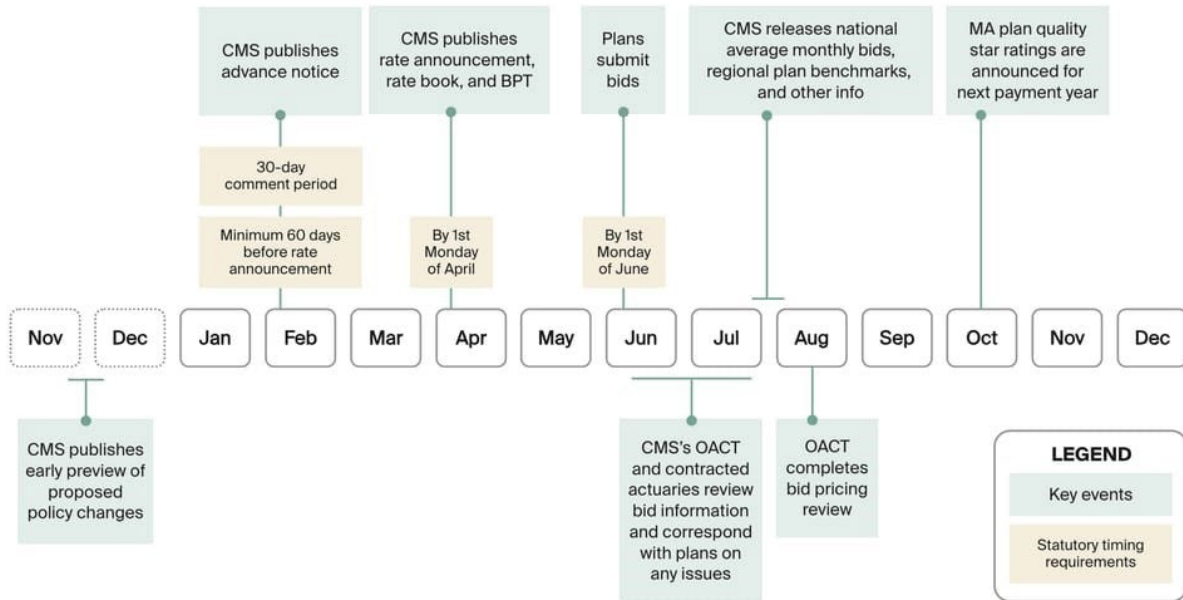
Class Request

Ann Bodlovick Apartments in Stillwater. At least 12 people have shown interest, they would all be able to provide insurance information and would like an exercise-based class. Most residents are on Medicare with supplement.

Jane McCarthy
Service Coordinator
Ann Bodlovick Apartments
Stillwater, MN 55082
651-242-2655

The Medicare Advantage Pricing process timeline

Timeline of Medicare Advantage Annual Payment Updates



Note: BPT = bid pricing tool; OACT = Office of the Actuary.

Data: Centers for Medicare and Medicaid Services.

Source: Christina Ramsay and Gretchen Jacobson, "How the Government Updates Payment Rates for Medicare Advantage Plans" (explainer), Commonwealth Fund, Mar. 4, 2024. <https://doi.org/10.26099/009r-2t15>

Source: <https://www.linkedin.com/pulse/how-ma-benchmarks-calculated-simplified-explanation-adam-im4ic/>

We have spoken to you about this timeline and thought this was a nice visual. October through May is the season when Mark Cullen, our VP of Strategy and Business Development is busiest meeting with and negotiating with health plan payers. We encourage you to read the article linked above to learn a bit more about the timeline.

Our goal is to be included in the bids that the Medicare Advantage plans send to Medicare on June 1st so that we will be a benefit the following calendar year.

Interesting Reads

[Second Quarter 2024 Update on Health Care Trends by Paul Mango, Former HHS Deputy Chief of Staff for Policy](#)

- Information about what is happening nationally with health care, health plans.

[The Evolution of value-based Care: MSS, ACO Reach and Beyond](#)

- You've heard us talk about how CMS wants all Medicare beneficiaries in value-based relationships by 2030.

- As the article says, progress has been made with almost 50% of traditional Medicare beneficiaries in ACOs compared with 30% five years ago.

Value-based care is an opportunity for our network because we deliver preventative services.

Thank you!

Thank you for all you do to help people take control of their well-being.
As always, please reach out with any questions or concerns you have.
I speak for the Juniper team when I say we are grateful for your partnership!

