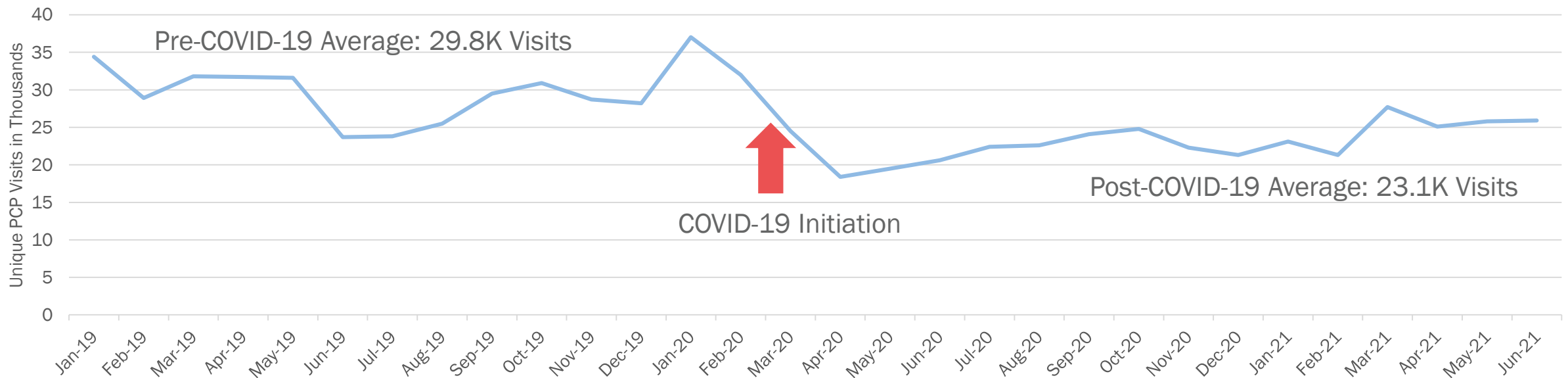


Pediatric primary care utilization is slow to recover

After initial stark declines in pediatric primary care utilization in Medicaid following the onset of the COVID-19 pandemic, recovery to pre-pandemic levels has been slow. Visits remain 20% below pre-COVID averages.

- Medicaid’s benefit package for children offers a comprehensive array of preventive, screening, and diagnostic services that are critical to putting children on a healthy developmental path and intervening early as developmental risks are identified.
- Making sure kids are showing up to the doctor to receive these services is critical for long-term health, cognitive and emotional development, and school readiness, particularly after the significant disruptions of COVID-19 on children.

Primary Care Visits Among Medicaid Covered Children (aged 0-18) Pre- and Post-COVID-19



Pediatric Healthcare Recovery will improve child primary care use and health outcomes

Purpose

- The **Pediatric Healthcare Recovery** program will provide stabilization funds as well as performance-based payments to pediatric and family practice primary care providers who serve Medicaid covered-children. The funds will serve to a) create a meaningful incentive for pediatric primary care providers to improve access to primary care and screening rates for healthy physical, cognitive, and social-emotional development, and b) drive investment into pediatric primary care practices to support the staffing and infrastructure needed to rebound from COVID-19-related delays in care. This proposal builds on a successful CARES Act program.

Methodology

- Pediatric Healthcare Recovery payments will be calculated based on the number of active Medicaid patients under the age of 18 seen by the practice and split into monthly payments, contingent upon reporting on and achieving performance benchmarks.
 - Practices will have to report performance monthly on access, developmental screening, and social-emotional screening measures, to be defined by EOHHS
 - In order to earn each monthly payment, practices will have to meet pre-defined benchmarks or demonstrate meaningful performance over the prior month.

Budget

- EOHHS has requested **\$7.5M** in ARPA state fiscal recovery funds to implement the Pediatric Healthcare Recovery program in SFY22.
 - \$6M will be used for practice payments as described above
 - \$1.5M will support implementation through a fiscal intermediary and technical assistance contractor that will be tasked with supporting training and workflow redesign, data collection and reporting, and best practice sharing to aid providers in successfully improving performance, as well as evaluating practice performance and issuing practice payments.