Partnership
to Align Social Care

A National Learning
& Action Network

Billing / Coding Workgroup
Draft Charter

Project Title:	Partnership to Align Social Care Billing / Coding Workgroup
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Statement of Need:
There is growing interest in and demand for non-medical, health-related "social care" services among healthcare actors across the healthcare landscape, yet the supply of such services remains constrained and fractured. Current efforts by social health access referral platforms (SHARPs) to coordinate identification of services and facilitate closed loop referrals do not solve the limited supply and can exacerbate the shortfall by directing additional potential clients and requiring new workflows of community based organizations (CBOs) without additional financial resources and technical assistance.

While there are an increasing number of CBOs that are partnering (and even contracting with) health plans and health systems to provide health-related social care, intentional effort is needed to scale capacity and infrastructure necessary to close care gaps and support people holistically. Numerous barriers exist to contracting for health-related social care and services between healthcare organizations (payers and health systems) and CBOs. Many CBOs are small, and/or do not have the capital and infrastructure to contract directly with Managed Care Organizations and to meet the requirements and volume.

The Aligning Social Care project seeks to advance sustainable, equitable, and scalable models for organizing CBOs into local/regional networks that provide the needed infrastructure for contracting with healthcare entities to offer important non-medical services for their members/consumers. CBO networks, led by a Network Lead Entity (NLE), can offer the size, range of services, and requisite data, contracting, and billing capacity that allow for broader participation of CBOs in social care delivery that is paid for by health plans and health systems.

Creating formal CBO networks, however, remains challenging, and standard structures, financing, and formal agreements detailing their governance, data sharing, and contracting arrangements are only beginning to form. Organizing disparate CBOs with their own boards, contracts, histories, and cultures into cohesive networks led by a single NLE and willing to collaborate and contract with healthcare entities is no small undertaking.

Project Vision, Mission, and Principles:
The Partnership to Align Social Care project has adopted the following mission, vision, and principles.

> *Mission*: To enable successful partnerships and contracts between health care and community care networks to create efficient and sustainable ecosystems needed to provide individuals with holistic, person-centered social care that demonstrates cultural humility.
>
> *Vision*: A sustainably resourced, community-centered social care delivery system that is inclusive of all populations and empowered by shared governance and financing, multi-stakeholder accountability, and federal/state/local policy levers.
>
> *Overarching Principles:*
> - *Trust:* Uphold and preserve the confidence and respect of individuals
> - *Leadership:* Co-lead and coordinate holistic services
> - *Accountability*: Create a culture of performance and data-driven quality improvement among all stakeholders
> - *Sustainability*: Advance equitable shared financing of health-related social care services and supports and shift to risk-based payment over time
> - *Innovation*: Evaluate and evolve interventions to improve service delivery, efficiency, and outcomes

Workgroup Purpose:
The Billing / Coding Workgroup seeks to develop a set of universally accepted and adopted core billing codes for the most common social and community contracted services for key populations served.
The goal of this workgroup is to deliver a broadly accepted core set of codes that are (or could become) descriptive, valid, accredited, and universally used in common practice. To achieve this goal, it will be important to use existing, validated, and accepted codes that have been endorsed and vetted by various national organizations represented the medical field, medical coding professionals and experienced in social care coding including, but not limited to the American Medical Association (AMA), American Academy of Professional Coders (AAPC), any

other appropriate endorsing body or framework for social services codes such as the Gravity Project. The goal of this workgroup is not to make an exhaustive list of codes nor create new codes.

Coding, billing, and the Electronic Data Interchange (EDI) functions are interdependent and complex interfaces that require careful thought, planning, standardization, and adoption. EDI is the common pathway for providers to be paid by health plans, Medicare, and Medicaid programs. Thus the key operations and processes will also be examined with a set of recommendations on how to implement these codes in SDOH delivery services.

The Billing / Coding Workgroup will initially seek broad input and collection of information from key stakeholders about current/best practices, as well as common challenges and barriers across CBOs, health plans, health systems, public health, state governments, local governments, federal, i.e. Center for Medicare and Medicaid Services(CMS).

The workgroup will identify key informants with experience developing codes, standard billing practices, and common EDI pathways that facilitate coding, billing, and disbursement. Consultants will conduct a landscape analysis and engage experts from health plans that have technology knowledge and expertise regarding codes, billing, and EDI interfaces and interoperability with provider/CBO systems. As needed, the consultants will also engage experts that have knowledge regarding Medicare, Medicaid and state regulations, HIPAA, and compliance issues.

CBOs, managed care health plans, and state governments have identified another barrier to fostering successful business Partnerships and contractual relationships: whether the services that CBOs deliver to address SDOH needs can be counted in the numerator of the Medical Loss Ratio. While CMS has provided clarity to state Medicaid directors that these types of services are considered quality improvement, there remains considerable variance in acceptance and also uncertainty from health plans. This unresolved barrier will be another focus of this Workgroup.

The Billing / Coding Workgroup will focus on these key objectives and deliverables:

- Use existing data, including from health plans/systems, to identify key populations to be served by CBOs and the most critical services needed.
- Through widespread stakeholder engagement, create a core set of CBO service codes that can address a majority of needed CBO-delivered services for SDOH needs for key populations.
- Work with federal (e.g., CMS, ACL) and national (e.g., AHIP) stakeholders to gather information to achieve the inclusion of CBO services in the numerator of the Medical Loss Ratio (MLR).
- Raise awareness and promote adoption of a set of codes by collaborating with key stakeholders to promote widespread adoption of codes within federal and state policy.
- Identify necessary accreditation and training components/resources to ensure CBO networks, health plans, and providers are supported in their use of these codes.

Membership:

The Billing / Coding Workgroup is a subcommittee of the Aligning Social Care project Steering Committee. The workgroup shall be led by three co-chairs, at least one of whom should serve on the Planning Committee, and consist of up to 15 voting members, who shall be drawn from

organizations represented on the Aligning Social Care Planning Group or other individuals with highly relevant expertise that are recommended by the Planning Group. A diverse set of members will be recruited in order to reflect a wide range of current best practices in the field as well as key subject matter expertise in the area of coding, billing, Electronic Data Interchange (EDI) and operations. The members of the workgroup shall be approved by the Coordinating Committee, and shall include a balance of expertise and knowledge in this area. A strong emphasis will be to have Planning Group health plan representation of key SMEs from their organizations in the area of coding, EDI operations and billing/payment operations. If a member can no longer serve on the workgroup, they shall propose a replacement member who represents a similar position and experience, subject to Coordinating Committee approval. If no such person is available, the Coordinating Committee shall select a replacement working group member.

The workgroup will also need strong industry subject matter expertise in this area who will be non-voting advisors and who are recommended by the workgroup co-chairs and approved by the Coordinating Committee. Such advisors may include paid consultants who are contracted to perform research and provide technical advice to the workgroup.

The workgroup will seek to achieve consensus on major issues. Where consensus does not exist, issues will be put up for a vote. At least seven voting members (or >60%) are required for approval. All deliverables must be approved by the workgroup before they are submitted to the Coordinating Committee for final adoption.

Functions, Activities, and Responsibilities:
The workgroup will meet at least once per month for 12 months, starting February, 2022. The frequency of such meetings shall be determined by the co-chairs based on circumstances and a detailed work plan developed to achieve the work group's goals and deliverables. The workgroup may recommend continuation beyond the initial one-year term in order to fulfill the scope of work set forth in this charter and subject to adequate funding.

Workgroup members are expected to review materials, including research and draft deliverables, and provide feedback in a timely manner. Members are also expected to use their professional networks to identify relevant resources and individuals with experience and expertise that can help advance the work of the workgroup. Meetings will be recorded for note taking purposes and for those who cannot attend the meetings.

The **co-chairs** will set agendas, facilitate meetings, and direct consultant staff. Co-chairs will also prepare regular reports to the Coordinating Committee.

Consultants will support the co-chairs in preparing agendas, documenting meeting minutes, conducting research and stakeholder engagement, providing expert advice, preparing synthesized materials including draft deliverables for presentation and review by members, and such other activities as directed by the co-chairs.

The workgroup (through its consultants and stakeholders) will conduct the following activities:

- Conduct key informant interviews with existing mature to early NLE organizations to understand current codes used, challenges of coding and billing , current coding and billing practices, and barriers and incentives to contracting and provide overview of common themes and practices

- Research existing community services codes, best practices and challenges. Attempt to collect in a manner that could identify top 10-20 key common codes used/needed for provision of community based SDOH services.
- Through engagement with AMA, AAPC, (social services organization equivalent), and others seek endorsement or pathway to endorsement of the top set of codes.
- Engage existing key national (ACL and CMS), state (Medicaid Directors), and health plan (AHIP and ACP) stakeholders to define common understanding, key issues, and the desired state regarding the allowance of community based services that address SDOH needs being counted in the numerator of the MLR.

Deliverables:
The Billing / Coding Workgroup will prepare the following deliverables for submission to the Coordinating Committee:

1. Within six months: complete stakeholder interviews.
2. Within eight months: develop a draft set of codes and coding practices for broader feedback.
3. Within eight months: develop a draft of guiding principles for coding operations and interoperability needs for CBO networks.
4. When applicable and where needed, develop policy/regulatory recommendations to address barriers
5. Consider education/advocacy efforts to ensure CBO adoption
6. Within 12 months: attain endorsement of codes by AMA and other key agencies regarding core billing codes.
7. White paper with recommendations for policies and public/private action to broadly adopt and use the set of defined and accredited codes by CBOs, health plans, and Medicare and Medicaid.
8. White paper with recommendations to promote the final rules regarding allowance of the community-based SDOH service codes in the numerator of the MLR.
9. Implementation strategy, including planned activities and recommendations for raising awareness of community-based SDOH service codes broadly across relevant stakeholders.

Workplan:

Phase 1 – Recruitment of consultant, co-chairs, and workgroup members (January - March)

With support from the Coordinating Committee and Planning Group, the co-chairs will recruit members to the workgroup. Consultants will be identified and contracted, including identification of highly knowledgeable subject matter coding experts from AMA and AAPC.

Phase 2 – Preliminary research (April - June)

Consultants will conduct initial landscape analysis, including collection and analysis of existing common codes, current code deficits (i.e non-existent codes for common services), EDI challenges/best practices, and contracting challenges. Consultants will identify key terms and recommend definitions.

Phase 3 – Preliminary Codes (March – June)

The workgroup will meet biweekly to review landscape analysis and discuss key topics in order to develop a preliminary set of codes, set of key MLR issues and barriers, and outline of a

pathway to assure codes are accredited and could be universally accepted by CBOs and healthcare systems.

Phase 4 – Deliver draft set of codes (June - August)

The Workgroup will provide a preliminary set of codes to the Planning Group. This will also include a draft of suggestions on how to broadly disseminate for further stakeholder review of code set to health plans, CMS, health systems, and CBO networks.

Phase 5 – Finalize Codes and MLR Guidance (August – November)

Phase 6 – Develop recommendations for credentialing process and entities (July - November)

Phase 7 – Develop white paper with recommendations for dissemination and adoption of codes and MLR standards, EDI operations, and interoperability by payers and public entities (September - November).

Workgroup will identify target entities for early adoption of codes and coding practices, including payers, health systems, and Medicaid agencies. Consultants will engage representatives of such entities to understand interest, barriers, and other relevant considerations for use of codes and MLR allowances. With support from consultants, the workgroup will review findings and develop recommendations to address barriers and promote adoption. Consultants will prepare white paper with recommendations, including code sets, EDI interoperability guidance, contract language, and targeted promotion strategy based on existing policy environment, and other considerations.

Phase 8 – November and December

If a successful set of codes can be determined and have widely accepted approval, then the workgroup should identify a health plan and corresponding CBO network that is willing to test, measure, and modify as needed including any billing and coding operations that are identified during testing.

Phase 9

It is conceivable the goals and objectives may take more time and that this process will extend into 2023. It is the expectation that the Billing / Coding Workgroup completes an additional Work Plan that it determines is a feasible approach once convened.

Review and submission – All deliverables will be presented in draft form to workgroup members for comment. Revised drafts will be presented for approval by the workgroup and submitted to the Coordinating Committee for final comments, approval, and production/dissemination. This is intended to be a rough draft and the work group should amend and modify the charter.

Communications and Dissemination

The workgroup co-chairs will work with the Coordinating Committee to develop a project-wide communications plan that raises awareness, engages relevant audiences, and promotes early adoption of the codes and other work products throughout the process and upon completion of final deliverables. Workgroup members will be encouraged to contribute opportunities, including writing and presenting for targeted audiences. Additional communication and promotion of final products will occur throughout 2023.