

*Contracting to Align Health and Social Care Ecosystems:
A Webinar Series Sharing Leading Practices*

Designing the Payment Structure:
A Health Plan's Guide to Paying CBOs &
CCHs for Social Care

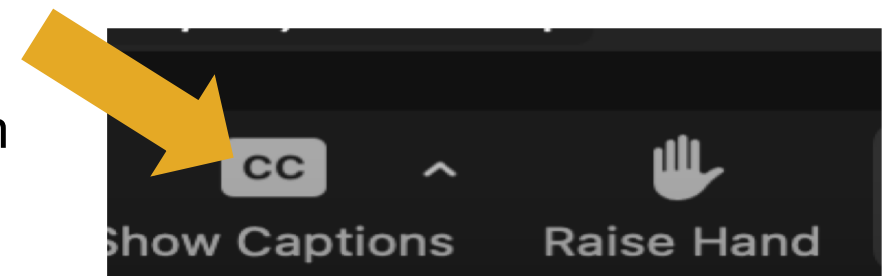
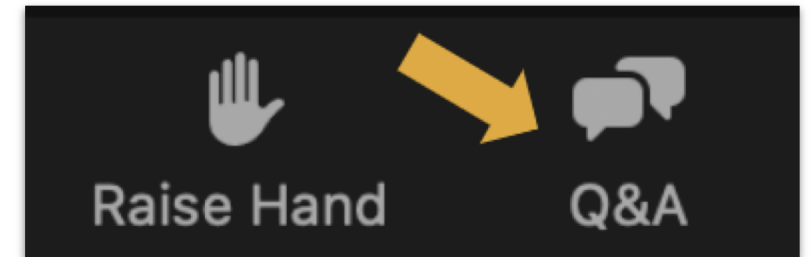
October 10, 2023 | 2:00-3:00 p.m. ET

Administrative Notes

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- ✓ This webinar is being recorded. The recording, slides, and follow-up material will be shared with all registrants
- ✓ Please use the Q&A tab at the bottom of your screen and we'll try address as many questions as possible at the end of the presentation
- ✓ Closed captions are provided for this session, can also click "Show Captions" to display automated captions



Panelists



Jason Smith, VP Dual Markets
Aetna



Maureen Corcoran, Director
Ohio Department of Medicaid



Abigail Morgan, COO
Direction Home Akron Canton



Mark Humowiecki, Senior Director
National Center for Complex Health and Social
Needs, Camden Coalition



Marisa Scala-Foley, Director
Aging and Disability Business Institute, USAging

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Partnership to Align Social Care

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, multistakeholder accountability, and federal/state/local policy levers.

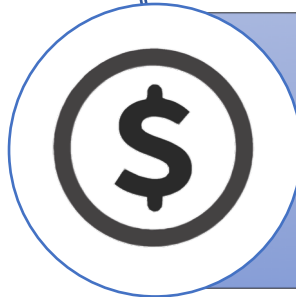
Co-Designing a Social Care Delivery System



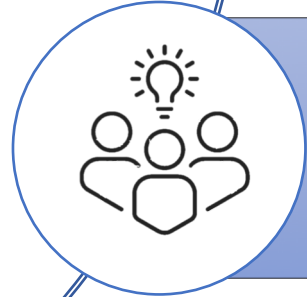
Implementing
Co-Designed Social
Care Delivery
System Changes



Streamline Contracting



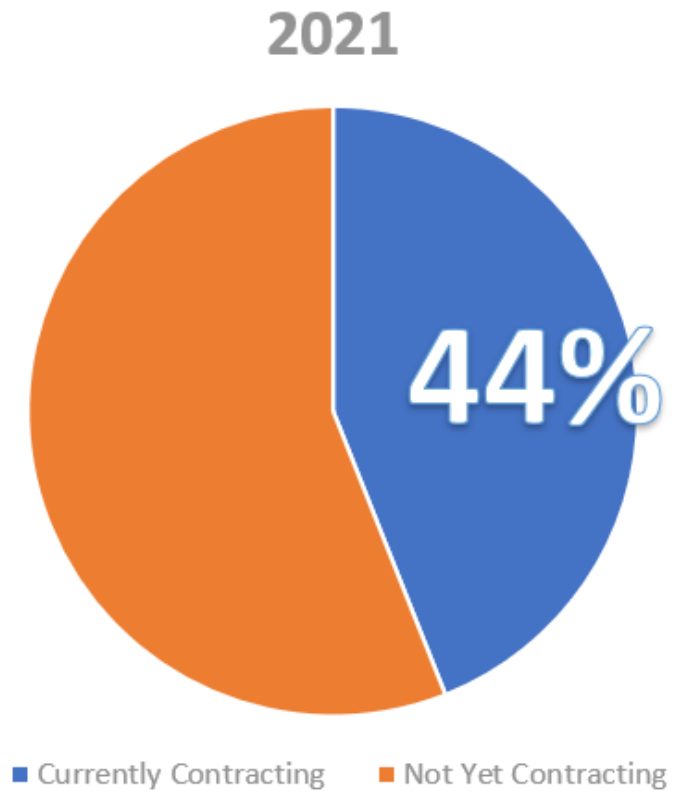
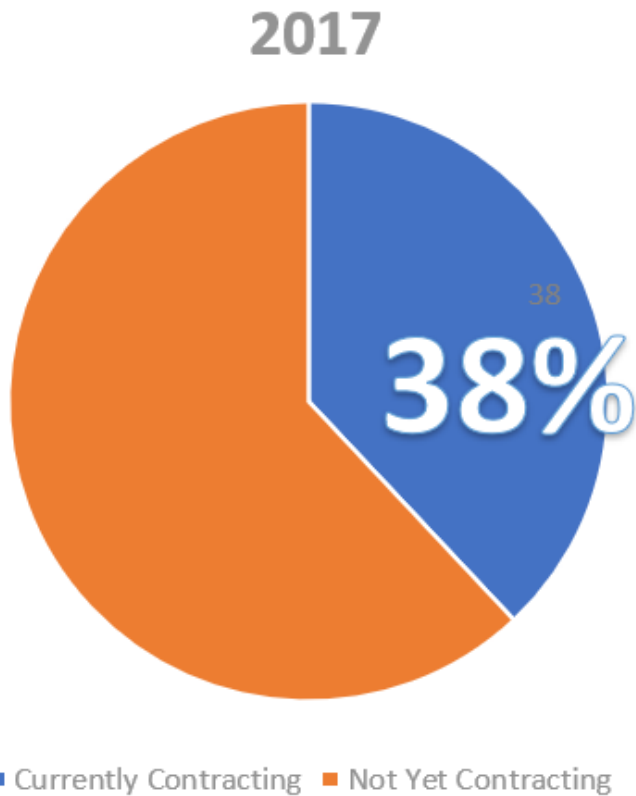
Facilitate Expanded Social Care Billing



Promote Community Care Hubs

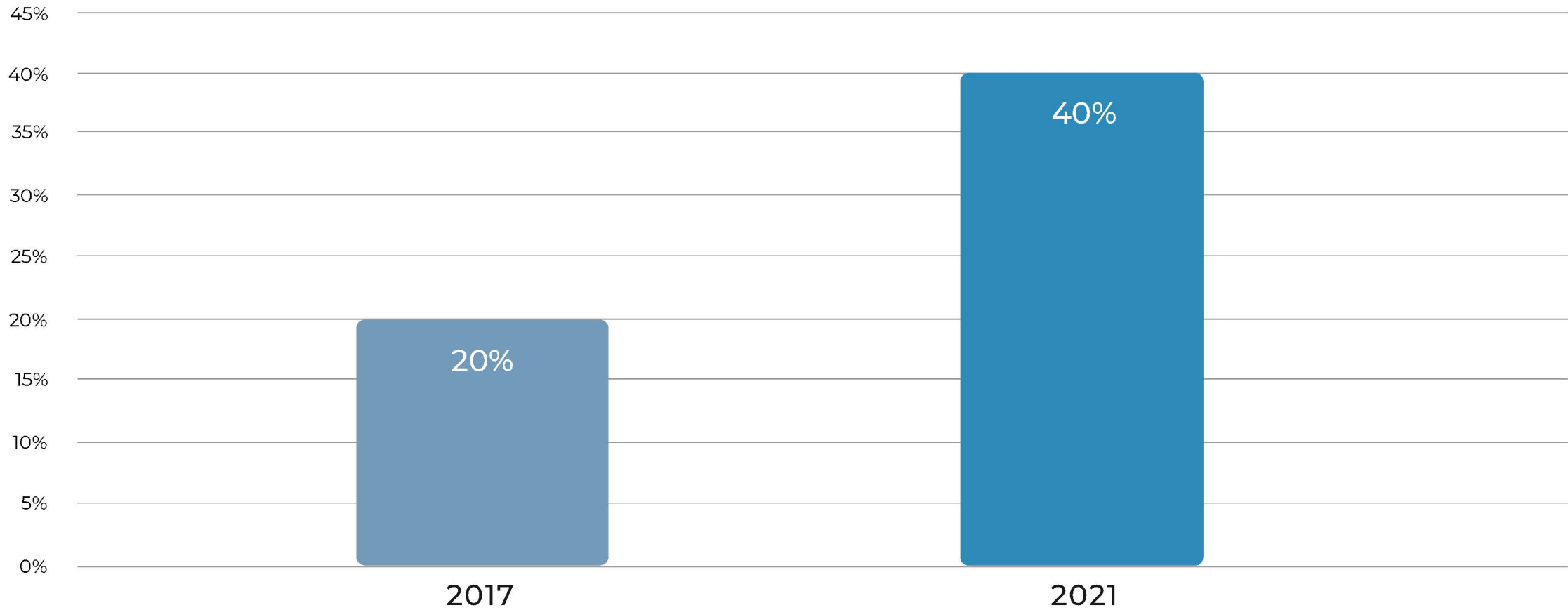
2021 RFI Survey

Overall Contracting Status by Year



In 2021, **90%** of contracting CBOs reported that they have had a current **contract renewed** by their health care partner.

CBOs Contracting Through Networks by Year



The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging. For more information, visit <http://ow.ly/842K50lsrYA>

Resource Guide

A Health Plan's Guide to Paying CBOs for Social Care

Introduction

Payment is a critical element of any contract. When negotiating the payment aspects of a contract between a health care entity and a community-based organization (CBO) or community care hub (CCH), both the amount of the payment and the payment methodology need to be considered. CBOs should keep in mind that there is no single “best” payment methodology that is appropriate in all situations.



Resource Guide

Partnerships with Community-based Organizations: Opportunities for Health Plans to Create Value

Overview

Health care entities are increasingly recognizing the importance of addressing health-related social needs (HRSN) such as housing, food and transportation to improve health outcomes and reduce costs. Most government health care programs now require health plans and providers to identify and address members' HRSNs as part of a holistic approach to health. Health plans also understand that unmet HRSNs play a large role in health disparities and preventable health care costs.



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Partnerships with Community-based Organizations: Opportunities for Health Plans to Create Value



Powerful
Innovation
Partners

Trust with
Members

Making the Case
*5 Reasons Health Plans Should
Work with CBOs and Community
Care Networks*

Return on
Investment

Efficiency in
Coverage

Securing
Public
Contracts

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Designing the Payment Structure: A Health Plan's Guide to Paying CBOs & CCHs for Social Care

Special Payment Considerations for CBOs:

*Addresses areas that CBOs/CCHs may differ
from the healthcare sector*

- ✓ Differences in **billing/coding standards**
- ✓ Inclusion in **Medical Loss** can increase administrative burden
- ✓ Adaptation of non-traditional **contract payment structure**
- ✓ Potentially limited **risk tolerance**
- ✓ Allowing for **evolution in payment methodology** over time

Payment Models, Use Cases, and Examples:

*Outlines the types, use cases, and
real-world examples*

- ✓ **Four Major Payment Models**
 1. Fixed Price Contract
 2. Fee-for-Service
 3. Bundled Payment
 4. Capitation
- ✓ **Pay for Performance**
 1. Shared Savings
 2. Shared Losses
 3. Outcome Based Payment
 4. Performance Bonuses

Capitation and Shared Loss Example

In Virginia, BayAging, a community care hub, contracted with a Medicaid managed care plan to provide fully delegated care management for Medicaid enrollees. Bay Aging is paid on a PMPM basis. The parties also agreed to a value-based arrangement in which the CCH would share penalties if they failed to achieve state-required metrics and compliance elements. The penalties, which would be imposed by the state Medicaid agency, started at \$1,000 for the first occurrence and increased in 5 percent increments for subsequent occurrences.

BayAging was responsible for achieving state-directed measures, including care plan development, documentation of discussion of person-centered care goals, reduction in all-cause hospital readmissions and vaccine administration.

When to use:

Capitation may be appropriate when the CBO



Hybrid FFS/Capitation Example

Western New York Integrated Care (WNYICC) has established a hybrid arrangement with Independent Health Advantage plan. The plan pays a lump-sum upfront capitated payment to WNY for two weeks' worth of home-delivered care to any member who is discharged from the hospital with at least one

Payment Model Summary

Feature	Fixed price contract	Fee-for-service	Bundled payment	Capitation	Pay for performance
Financial risk to CBO	Low	Low	Medium	High	Medium
Financial risk to payer	Low	High	Medium	Low	Medium
Complexity for parties to establish price	Low-Medium	Medium	High	High	Medium-High
Cost/complexity of billing	Low	High	Medium	Low	Medium-High
Incentive for CBO to maximize volume	Low	High	Medium	Low	Low
Incentive for efficiency	Medium	Low	High	High	High
Incentive for quality	Low-Medium	Low	Medium	Medium	High

Link to Brief: <https://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2023/10/10-10-ADBI-RG-Payment.pdf>

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Developing the Scope of Work & SOW Checklist

Developing the SOW

Outlines recommendations for successfully negotiating core activities covered in contracts between healthcare-CBO/CCH contracts



WHO: population definition and project staffing



WHAT: service definition, timeline and workflows, prelaunch and evaluation



HOW: coordination and collaboration, data sharing and documentation, flexibility

SOW Checklist

Identifies core activities to be negotiated between healthcare-CBO/CCH contracts

Scope of Work Checklist				
WHO – Population definition	Contract provision	Present	Comments	
	Eligible population			
	Prioritization criteria, if applicable			
	Referral volume – min/max			
WHO – Staffing licensure, training, and accountability	Contract provision	Present	Due Date	Comments
	Staff licensure, if applicable			
	Credentialing process for staff			
	Staff trainings			
	Organizational contacts			
	Escalation pathway			
WHAT – Defining the service provided	Contract provision	Present	Comments	
	Service activities			
	Service duration			
	Service setting			
WHAT – Workflows for contracted services	Contract provision	Present	Comments	
	Workflows for major program activities			
	Escalation process			
WHAT – Pre-launch activities and evaluation	Contract provision	Present	Comments	
	Credentialing process			
	Staff training			
	Data security review			
	Onboard technology portals			
	Develop referral and reporting workflows (if not specified in SOW)			
HOW – Data sharing and documentation	Contract provision	Present	Comments	
	IT platforms to be used by parties			
	Data reporting requirements - what, when, how			
	Data shared with CBO - what, how, when			
<i>Should there be a HOV - Payment section?</i>				
HOW – Flexibility	Contract provision	Present	Due Date	Comments
	Revisit contract terms mid-contract			

Operationalizing Contracts: How Payers Can Improve Collaboration with Community-Based Organizations

*Provides healthcare partners and payers methods for
optimizing their relationship in five contracting areas*

Establishing a
shared vision

Scoping

Pre-launch
activities

Implementation
and continuous
improvement

Contract renewal

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Aging and Disability Business Institute, USAging

Direction Home Akron/Canton Area Agency on Aging & Disabilities

1 of 12 AAAs covering 4 counties in Ohio

240 staff members

Annual Revenue: \$60M

NCQA Accredited CM-LTSS

HITRUST Certified

7,500 Individuals supported ongoing

Waiver Service Coordination

- Medicare/Medicaid Plan
- Standard Scope of Work
- PMPM



Care Management

- Medicare/Medicaid Plan
- Negotiated Scope of Work
- PMPM + Pay for Performance



Acute Care Transitions +

- Medicare Advantage, Commercial, Self Funded
- Fee for Service, Pay for Performance
- Community Care Hub with Statewide Coverage



Contracting to Align Health and Social Care Ecosystems: A webinar series sharing leading practices

Learn more at www.partnership2asc.org/contractingwebinarseries2023

Oct. 10, 2023
2-3 pm ET

Designing the payment structure: A health plan's guide to paying CBOs & CCHs for social care

Nov. 14 2023
12-1 pm ET

Defining core activities: Developing an effective scope of work for contracted partners

Dec. 12, 2023
12-1 pm ET



Operationalizing contracts: Improving contracting implementation and collaboration



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How to Get Involved in the Partnership...

- Sign up for our email list: <https://www.partnership2asc.org/sign-up/>
- Follow the Partnership on social media:
 - 
www.linkedin.com/company/partnership-to-align-social-care
 - 
[@partnership2asc](https://twitter.com/partnership2asc)
- Reach out directly to:
 - ✓ *Support the Partnership*
 - ✓ *Ask about getting involved in leadership/workgroup activities*
 - ✓ *Share your expertise/experiences*

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