Partnership to Align Social Care

A National Learning & Action Network

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

Defining Core Activities: Developing an Effective Scope of Work For Contracted Partners

November 14, 2023 | Noon-1:00 p.m. ET

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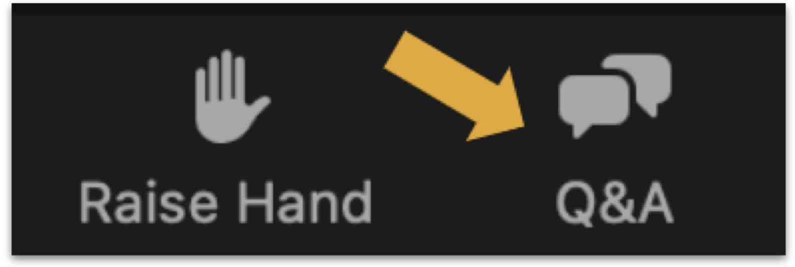
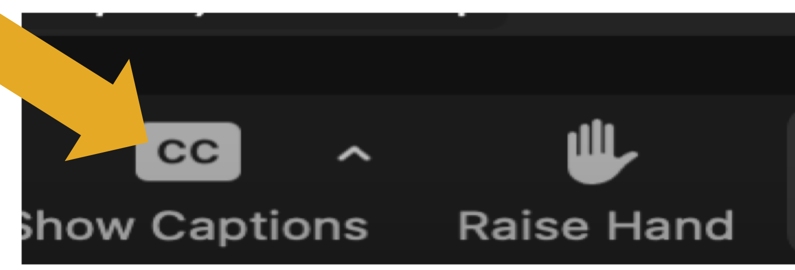
Administrative Notes

- ✓ 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

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

Kerry Tracey, Director of Social Programs,
United Healthcare

William S. Massey, **President & CEO,**
Peninsula Agency on Aging

Kathy Vesley, President & CEO, Bay Aging

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.

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Implementing Co-Designed Social Care Delivery System Changes

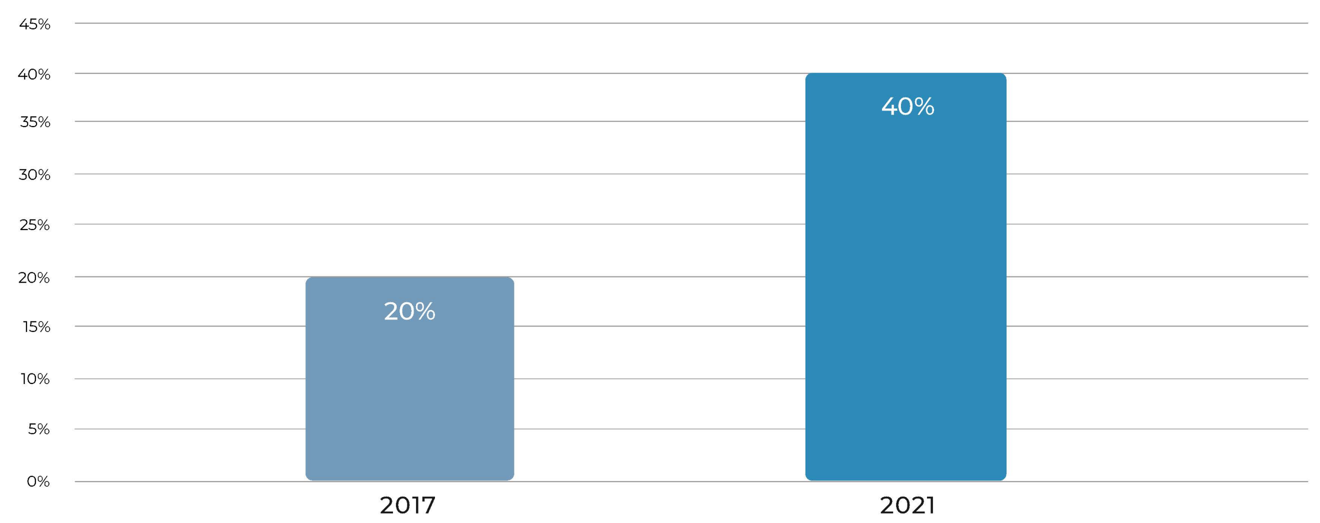
Streamline Contracting

Facilitate Expanded Social Care Billing

Promote Community Care Hubs

National Trends Driving Alignment btw. Health and Social Services

- Increased attention on social drivers of health (SDOH)
- Need to ensure capacity exists within communities to effectively partner with health care to address health-related social needs (HRSNs), respond to increase in referral volume
- Community-based organizations (CBOs) are increasingly contracting with health care organizations to address health-related social needs



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Contracting Workgroup Toolkit

Resource Guide

A Health Plan's Guide to Developing CBO Contract Scopes of Work

Introduction

Health care organizations are increasingly contracting with community-based organizations (CBOs) and Community Care Hubs (CCHs)[i] to address health-related social needs and provide person-centered services. CBOs are valuable strategic partners to health care organizations because of their community knowledge, the trust they have earned and their long history of delivering critical social care in people's homes and communities.

Many CBO contracts are structured as vendor contracts[ii] for value-added services, care coordination, care navigation or community-based care management. However, as social care and other community-b services become covered benefits or formally approved as in lieu of services (ILOS) under Medicaid or M

Resource Guide

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

Overview

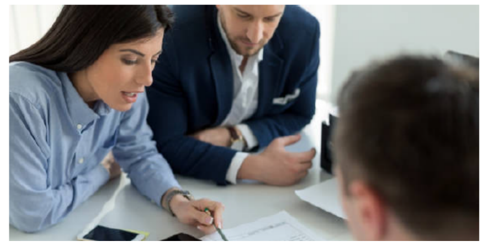
Health care entities are increasingly recognizing the importance of addressing health-related social needs (HRSN) such as housing, food and transportation to improve health outcomes and reduce costs. Most government health care programs now require health plans and providers to identify and address members' 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.

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.



Link to Brief: https://www.partnership2asc.org/wp-content/uploads/2023/11/8-21-ADBI-RG-Partnership.pdf

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 Examp

Western New York Integrated Care (WNYICC) has established a hybrid arrangement with Independent He Advantage plan. The plan pays a lu upfront capitated payment to WNY two weeks' worth of home-deliver are delivered to any member who 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.partnership2asc.org/wp-content/uploads/2023/10/10-10-ADBI-RG-Payment.pdf

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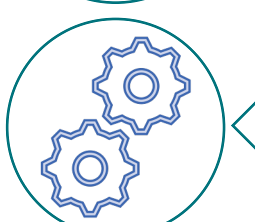
Developing the Scope of Work & SOW Checklist

Developing the SOW

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

WHO: population definition and project staffing

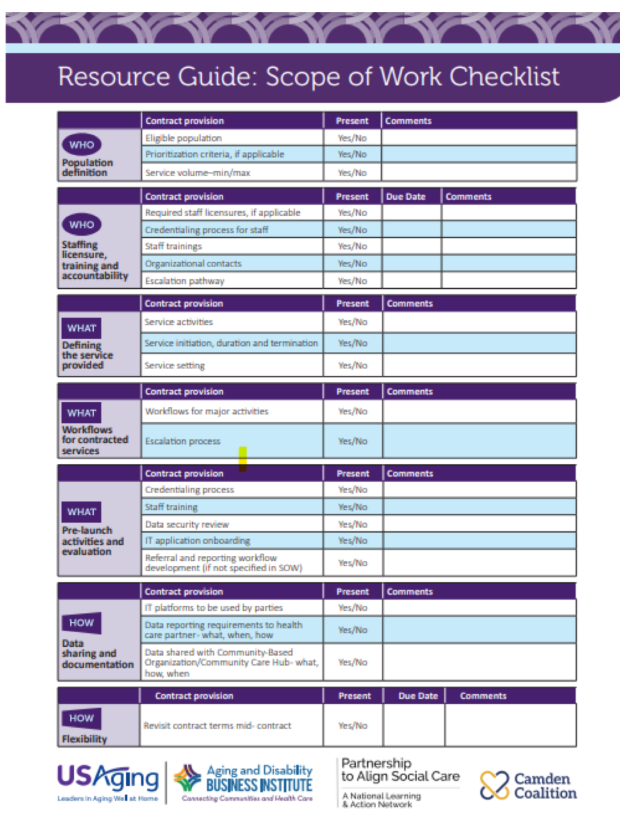
WHAT: service definition, timeline and workflows, prelaunch and evaluation



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

SOW Checklist

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



Resource Guide: Scope of Work Checklist

	Contract provision	Present	Comments
WHO Population definition	Eligible population	Yes/No	
	Prioritization criteria, if applicable	Yes/No	
	Service volume–min/max	Yes/No	

	Contract provision	Present	Due Date	Comments
WHO Staffing licensure, training and accountability	Required staff licensures, if applicable	Yes/No		
	Credentialing process for staff	Yes/No		
	Staff trainings	Yes/No		
	Organizational contacts	Yes/No		
	Escalation pathway	Yes/No		

	Contract provision	Present	Comments
WHAT Defining the service provided	Service activities	Yes/No	
	Service initiation, duration and termination	Yes/No	
	Service setting	Yes/No	

	Contract provision	Present	Comments
WHAT Workflows for contracted services	Workflows for major activities	Yes/No	
	Escalation process	Yes/No	

	Contract provision	Present	Comments
WHAT Pre-launch activities and evaluation	Credentialing process	Yes/No	
	Staff training	Yes/No	
	Data security review	Yes/No	
	IT application onboarding	Yes/No	
	Referral and reporting workflow development (if not specified in SOW)	Yes/No	

	Contract provision	Present	Comments
HOW Data sharing and documentation	IT platforms to be used by parties	Yes/No	
	Data reporting requirements to health care partner- what, when, how	Yes/No	
	Data shared with Community-Based Organization/Community Care Hub- what, how, when	Yes/No	

	Contract provision	Present	Due Date	Comments
HOW Flexibility	Revisit contract terms mid- contract	Yes/No		

USAging Leaders in Aging Well at Home | Aging and Disability Business Institute Connecting Communities and Health Care | Partnership to Align Social Care A National Learning & Action Network | Camden Coalition

Link to Brief: https://www.partnership2asc.org/wp-content/uploads/2023/11/ADBI-RG-ScopeofWork-508.pdf

Link to Checklist: https://www.partnership2asc.org/wp-content/uploads/2023/11/ADBI-RG-Scope-checklist-508.pdf

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

Panelists

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Kathy Vesley, President & CEO, Bay Aging

William S. Massey**, President & CEO, Peninsula Agency on Aging**

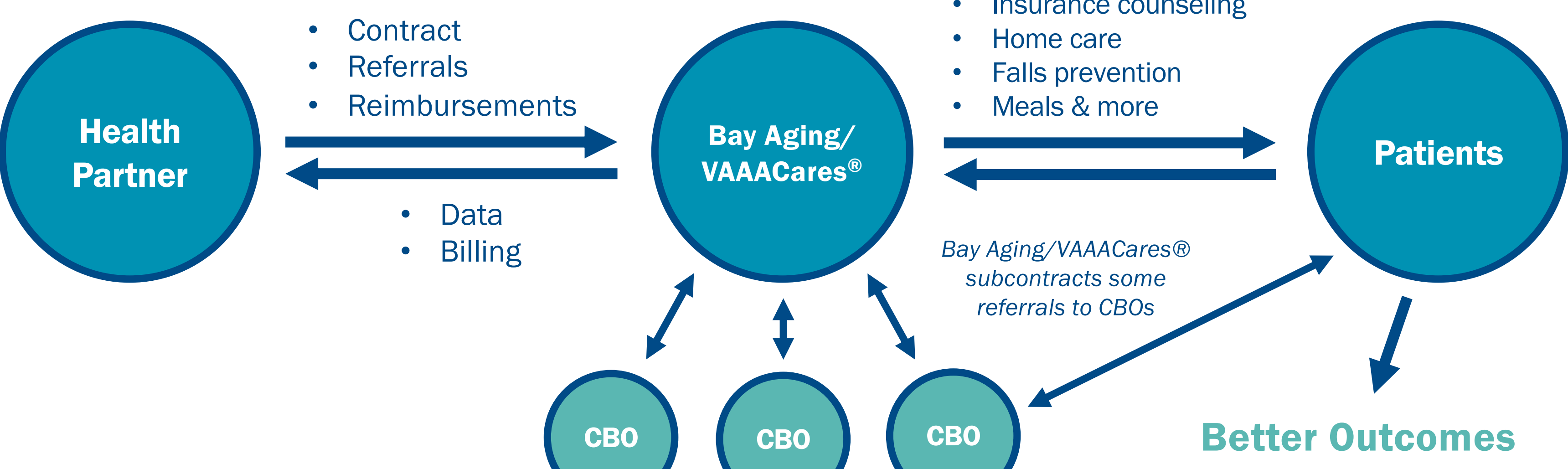
Community Care Hub

BUSINESS MODEL

https://vaaacares.com

Services addressing Health-Related Social Needs:

- Care transition support
- Care coordination
- Chronic disease self-management programs
- Health screenings and assessments
- Behavioral health supports
- Caregiver supports
- Veteran Directed Care
- Medication counseling
- Transportation assistance
- Housing assistance
- Insurance counseling
- Home care
- Falls prevention
- Meals & more



Community Care Hub

LEARNING COLLABORATIVE

https://virginia-cihn.mn.co

Bay Aging was selected by the Administration for Community Living (ACL) in 2021 to promote health equity and expand the alignment of health and social care by strengthening hubs' ability to implement the federal No Wrong Door System and centralize contracting between health entities and community-based organizations. Bay Aging offers a free Learning Collaborative for organizations interested in becoming part of Virginia's Community Care Hub network.

Operationalizing contracts: Improving contracting implementation and collaboration

Contracting to Align Health and Social Care Ecosystems:
A Webinar Series Sharing Leading Practices
Hosted by the Partnership to Align Social Care

December 12, 2023 | 12-1 pm

Register now: www.partnership2asc.org/contractingwebinarseries2023

Hear from speakers

Natasha Dravid
Senior Director, Camden Coalition

Stephanie Orlando
COO, Western NY Independent Living Center, Inc.

Nikki Kmicinski
Executive Director, Western New York Integrated Care Collaborative, Inc.

Dawn Odrzywolski
VP Medicare Programs, Independent Health

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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

- Reach out directly to:
  - ✓ *Support the Partnership*
  - ✓ *Ask about getting involved in leadership/workgroup activities*
  - ✓ *Share your expertise/experiences*

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