

Partnership  
to Align Social Care

A National Learning  
& Action Network



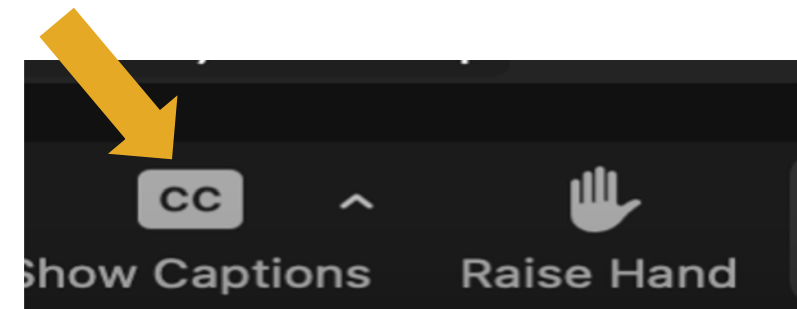
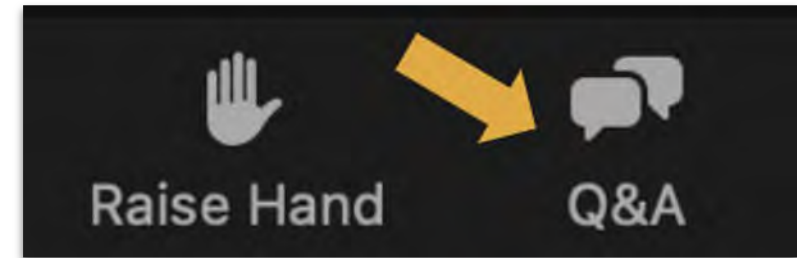
# Coffee and Contracts: A Social Needs Contracting Community of Practice

*The Sustainability Roadmap: A Peer Exchange on  
Market Analysis, Financial Modeling, and Metrics*

*February 10, 2026 | Noon-1:00 p.m. ET*

# Administrative Notes

- This session is about learning and creating partnerships. You drive the conversation.
- Please engage in the discussion on any level you prefer and are able to!
- Closed captions are provided for this session, can also click “Show Captions” to display automated captions.



# Antitrust Statement

## Aligning Social Care Planning Group

### Antitrust Compliance Statement

It is the policy of the Aligning Social Care Planning Group (“ASCPG”) to conduct all its activities in compliance with federal and state antitrust laws.

During ASCPG meetings and other association activities, including all informal or social discussions among ASCPG members, each member shall refrain from discussing or exchanging competitively sensitive information with any other member. Competitively sensitive information includes, but may not be limited to:

- Prices, premiums, reimbursement, charges or payment rates, charged or paid, for any products or services
- Prices paid for or discounts received for significant expense items, such as major equipment or purchases, information systems, medical records systems, etc.
- Discounts provided to patients, payers or enrollees
- What products or services will be offered to enrollees, patients or payers
- Shares of geographic or product markets
- Plans to select, reject or terminate any payer, service or customer contract
- Salaries of professional and executive staff
- Any other information a member reasonably believes to be competitively sensitive information

In addition, ASCPG members shall not engage in any discussions with any other member regarding any of the following:

- Allocation of patients, enrollees, sales territories, sales of any product or service or contracts with providers or payers
- Refusal to deal with any provider, payer, or vendor, or any class or group of providers, payers or vendors

If you have any questions or antitrust concerns related to ASCPG programs, meetings, or activities, please consult with ASCGP legal counsel or your own legal counsel.

# Who's Joining Us Today?

## Introductory Polls

(you may have to scroll down)

- ✓ What sector do you represent?
- ✓ If you represent a CBO, are you part of a CCH or contemplating developing or joining a CCH?
- ✓ Are you actively preparing for or considering engaging in a health plan/CBO or CCH contract?



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Camden Coalition



**Robbi Kay Norman**

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Executive Director, CATCH



**Mark Cullen**

Vice President of Strategy &  
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## PAST WEBINAR EVENT

**The Sustainability  
Roadmap: Financial Modeling  
and Business Acumen for  
Community Care Hubs**

Webinar Recording and Slides: [www.partnership2asc.org/resources/community-care-hub-financial-stability/](http://www.partnership2asc.org/resources/community-care-hub-financial-stability/)

## Resources

- NEW CCH Financial Toolkit – *Achieving Financial Stability*
  - Module 1: A Financial Guide to Community Care Hubs
  - Module 2: Guide to Evaluating Revenue Opportunities for Community Care Hubs
  - Module 3: Healthcare Market Assessments for Community Care Hubs



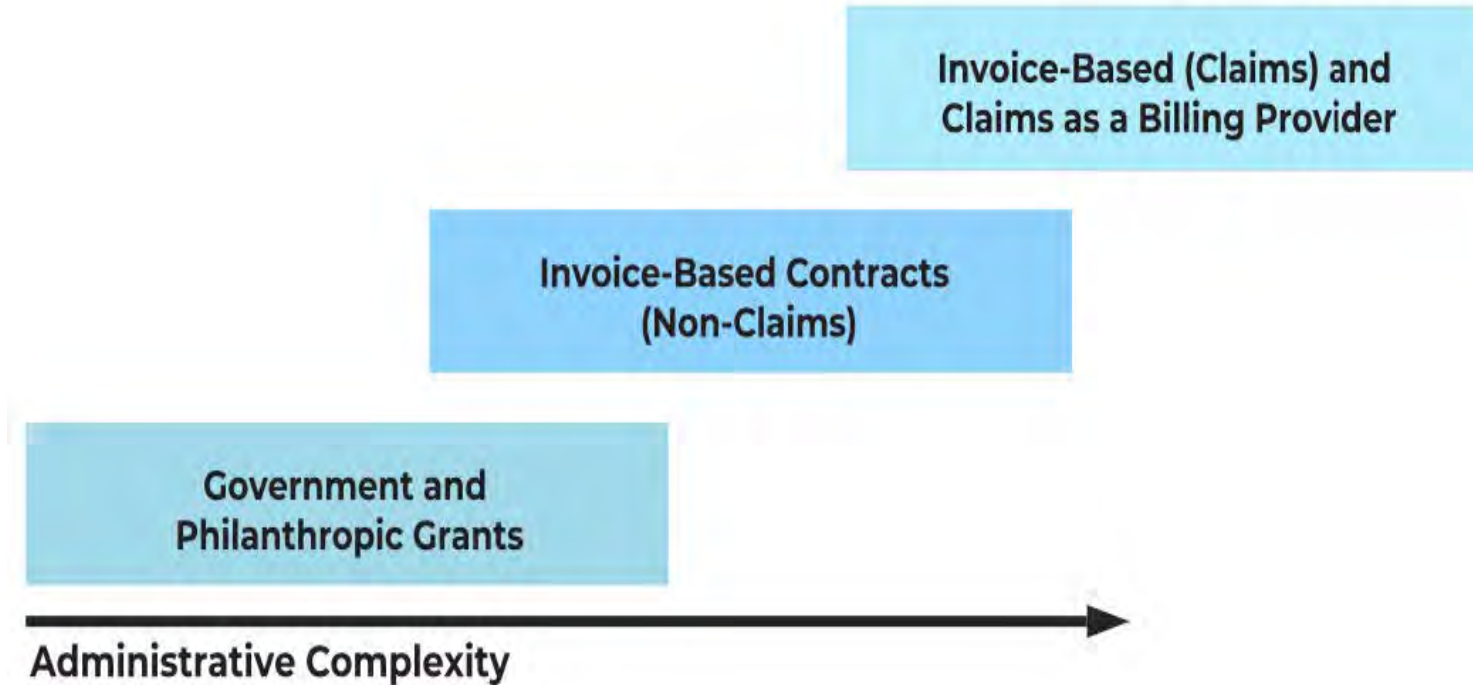
# Module 1: *A Financial Guide to CCHs*

A primer to financing a CCH – built around a set of questions:

1. Should we start a CCH?
2. How do you create and use a **financial model** to evaluate the sustainability of a CCH?
3. How can you finance **start-up costs**?
4. How can you manage **expenses**?



## Three revenue types:



# Module 2: *Guide to Evaluating Revenue Opportunities for CCHs*

	Government and Philanthropic Grants	Invoice-Based Contracts (Non-Claims)	Claims-Based Revenue through Invoice-Based Contracts or as a Billing Provider
Example Services	CCH planning activities, capacity building activities, community engagement, and service delivery pilots.	Evidence-based or informed services that will be most appealing to healthcare organization partners	Services that can be delivered under general or direct supervision of another provider; preventive healthcare services (e.g., Diabetes Prevention Program) that are billed directly by the CCH
Infrastructure	<p><b>Benefits:</b> builds capacity; expands programming; supports network building and community engagement</p> <p><b>Risks:</b> requires administrative capabilities; increased administrative burden</p>	<p><b>Benefits:</b> technological capabilities and organizational knowledge required to activate this revenue type is more similar to Revenue Type 1 than Revenue Types 3</p> <p><b>Risks:</b> requires more specialized and HIPAA secure technologies for case management and community-based care coordination.</p>	<p><b>Benefits:</b> sets a CCH up to capitalize on all possible revenue types.</p> <p><b>Risks:</b> requires a higher level of financial reconciliation that is specialized to healthcare, leading to either investment in RCM technology or outsourcing RCM to a third party to submit claims to payers directly</p>
Compliance	<p><b>Benefits:</b> does not require rigorous healthcare compliance measures</p> <p><b>Risks:</b> increased monitoring and evaluation standards; Necessitates transparent finance systems</p>	<p><b>Benefits:</b> HIPAA Compliance shows commitment of organizations to healthcare standards</p> <p><b>Risks:</b> requires a CCH to learn about and implement healthcare security and privacy measures, which is time-and-resource intensive; would require a BAA to be in place</p>	Same as Invoice-based (Non-Claims) Contracts
Financial	<p><b>Benefits:</b> promotes diversified revenue streams; enhances budget flexibility;</p> <p><b>Risks:</b> chasing misaligned funds; requirement to match funding; difficult to predict and sustain</p>	<p><b>Benefits:</b> less complicated for both the healthcare organization and CCH to execute than Revenue Type 3</p> <p><b>Risks:</b> operates outside of a health plan's claims infrastructure and therefore will not count towards their Medical Loss Ratio</p>	<p><b>Benefits:</b> established healthcare benefits with associated reimbursement rates make it easier to predict the volume of services that must be rendered to achieve a break-even point.</p> <p><b>Risks:</b> standing up systems to manage revenue cycle and reconcile the services rendered against the accounts received is costly and unfamiliar at first to a community-based organization like a CCH</p>

# Module 3: *Healthcare Market Assessments for CCHs*

- Brief is designed for new and established CCHs. It makes the case for:
  - Engaging in routine market assessments;
  - Helps a CCH determine how much to invest in a market assessment; and
  - Points to ways the market assessment can provide additional value to CCH members and inform the CCH business strategy.
- *This brief is not a how-to guide for performing a market assessment. There are existing market assessment tools available – brief summarizes two toolkits for the purpose of guiding CCHs to the right instrument for them.*



**Room 1:**

Market Assessment &  
Business Development

**Facilitators:**

**Janice Sparks**, Executive Director,  
CATCH

**Melissa Cloutier**, Director of  
Healthy Living Center, AgeSpan



**Room 2:**

Financial Modeling

**Facilitators:**

**Robbi Kay Norman**, Co-Principal,  
Uncommon Solutions Inc.

**Mark Cullen**, VP of Strategy &  
Business Development, Trellis



**Room 3:**

Metrics Measurement

**Facilitators:**

**Marc Rosen**, System Director of  
Community Impact & Partnerships,  
CommonSpirit Health

**Sarah Stacy**, Director & Population  
Health Consultant, Uncommon  
Solutions Inc.

# Breakout Room 1: Market Assessment & Business Development

- **Topic:** What will we discuss?
  - Level set on what a market assessment is
  - Who in the room has completed one? Who is thinking about completing one and why?
- **Takeaways:** What will we walk away with?
  - Tips on how to get started with a market assessment
  - How to identify if your organization “should” complete an assessment or hire an outside firm
  - Elements that should be included in the market assessment
- **Relevance:** Why is it important?
  - Helps you know:
    - If there are opportunities for my hub
    - What the needs of healthcare organizations are (pain points)
    - CBOs that can provide services
    - Where to start your work

# Breakout Room 2: Financial Modeling

- **Why a Financial Model Matters**

- A financial model is not just a spreadsheet — it's a decision-making tool. It clarifies what it truly costs to deliver your services, what scale is required for sustainability, and what pricing is defensible. Before you talk revenue, you must understand your cost structure. Otherwise, you are negotiating in the dark.

- **The Core Structure of a Strong Model**

- **Common Inputs:** staffing, technology, overhead, utilization assumptions, timeline
- **Key Variables:** volume, referral flow, payer mix, case complexity, time to scale
- **Outputs:** cost per case, break-even point, margin potential, investment required
- Understanding how these pieces interact allows you to see what actually drives financial performance — and what doesn't.

- **Making the Model Strategic (Not Static)**

- We'll explore how to design flexibility into the model so you can:
  - Run sensitivity analyses (What if volume is 20% lower?)
  - Model different pricing scenarios
  - Testing timing assumptions (how long to ramp?)
  - Assess the impact of scale
- A static model reports numbers. A strategic model answers “what if?” — which is what payers and investors care about.

# Breakout Room 3: Metrics Measurement

- **Topic:** What will we discuss?
  - Approaches to incorporating meaningful measures for CCH and partners
- **Takeaways:** What will we walk away with?
  - Tips and tactics from peers (e.g., tactics for identifying measures, example measures, tips for overcoming barriers)
- **Relevance:** Why is it important?
  - Measures what matters; if we don't measure it, it didn't happen!

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# Closing Survey Reminder

*Join us in October!!!  
All new: Hub leadership track.*



**Putting Care at  
the Center 2026**  
*Sustaining progress, building our future*  
OAKLAND, CA • OCT 14-16

# Thank You!!

## Partnership Contacts

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