

Coffee and Contracts:
A Social Needs Contracting Community of Practice

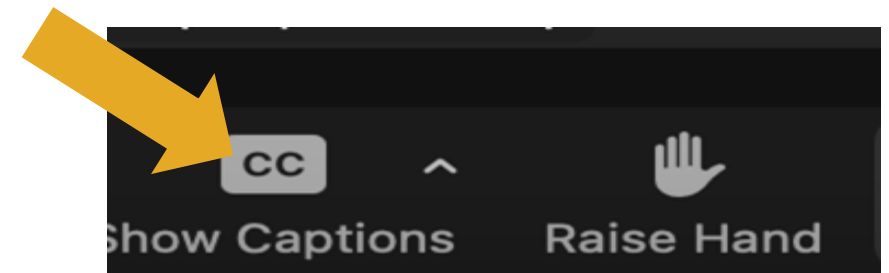
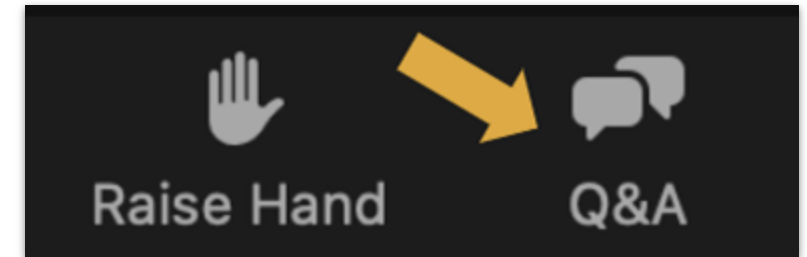
*Transitioning Between Revenue Models, Invoice-Based Billing to Claims-
Based Billing*

Jennifer Raymond, Chief Strategy Officer, AgeSpan
Kate Riopelle, Head of Growth, EatWell

February 11, 2025 | Noon-1:00 p.m. ET

Administrative Notes

- ✓ This meeting will be recorded and shared with registrants and posted on the Partnership website after the session.
- ✓ 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



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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.

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COFFEE & CONTRACTS: A SOCIAL NEEDS CONTRACTING COMMUNITY OF PRACTICE

Transitioning Between Revenue
Models, Invoice-Based Billing to
Claims-Based Billing

11 FEBRUARY 2025
NOON - 1 PM EST



Jennifer Raymond

Chief Strategy Officer,
AgeSpan



Kate Riopelle

Head of Growth, EatWell



Our Community Care Hub Philosophy

- Social services organizations, embedded in the diverse communities they serve, meeting HRSN in a person-centered, data-informed, and equity-centered way

Social Care Providers

- Managed care, FQHCs, ACOs, providers and payors, investing in HRSN delivered at the community level, to improve health outcomes and health equity

Health Systems and Payors

Hub Infrastructure

People with Lived Experience

- Individuals, consumers, members, patients, who not only receive and benefit from services, but also inform and advise the work

Technology Systems

- Integrated systems and platforms, with robust data capacity, that allow for social care delivery without over-medicalizing the work



HRSN Community Care Hub



- 10+ years experience providing Hub services and supports to community-based organizations contracting with health care, including ACOs, managed care plans, and others
- Current Medicaid/MassHealth Flexible Services providers, both as individual organizations and by partnering with and supporting satellite flex services providers
- Community-led and community-centered



HRSN Program Context: Transitioning from invoiced-based to claims-based billing

- Under an 1115 Waiver, Massachusetts created Medicaid (Mass Health) Accountable Care Organizations (ACOs)
- Among the components of the Waiver is the ability of ACOs to contract with social care providers (including CBOs) to provide direct services to address food and housing insecurity for members with chronic physical or behavioral health challenges. Services included medically tailored meals, food vouchers, meal kits, housing assistance, home modifications, etc.
- For the last 5+ years, CBOs invoiced ACOs for the services provided generally on a monthly basis.
- As of January 1, 2025, MassHealth (Medicaid) transitioned from invoiced-billing to claims-based billing, requiring social care providers to understand billing, coding and claims adjudication.
- MassHealth set standards for HRSN services, including rates, member eligibility, and provider qualifications.
- The transition to the HRSN, managed-care model will impact:
 - Credentialing of HRSN providers (NPI numbers)
 - Eligibility certification
 - Billing and coding
 - Other

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Join us on Tuesday, March 11 @ Noon ET!

Coffee and Contracts: A Social Needs Contracting Community of Practice



2nd Tuesday of each month in 2025 @ Noon ET

Attendee Limit 300

- Peer to peer learning about contracting between CBOs, CCHs, and healthcare organizations
- Engage new members to Partnership to Align Social Care
- Support new CCHs that are funded through ACL COE
- Generate new learning which can be packaged in new products (briefs, guides, blogs, webinars)

Learn more and catch up on previous sessions at
www.partnership2asc.org/coffee-and-contracts

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Closing Survey

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Get in Touch!

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Thank You!

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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*

Discussion Questions/Topics: Breakout Rooms

- What experiences have you had in engaging in claims-based billing between health and social care providers? What have been your biggest challenges? What keeps you up at night when thinking about the transition?
- The transition to claims-based billing for some payors may also mean the need to maintain invoiced based-billing for others. What challenges do you see in diversified revenue streams with health care providers?
- As the Contracting workgroup thinks about other topics to cover in future C&C sessions and resources to generate, are there specific topics you would like us to go deeper on in the realm of contracting processes? What resources would be most helpful to you?