

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

# Operationalizing Contracts: Improving Contracting Implementation and Collaboration

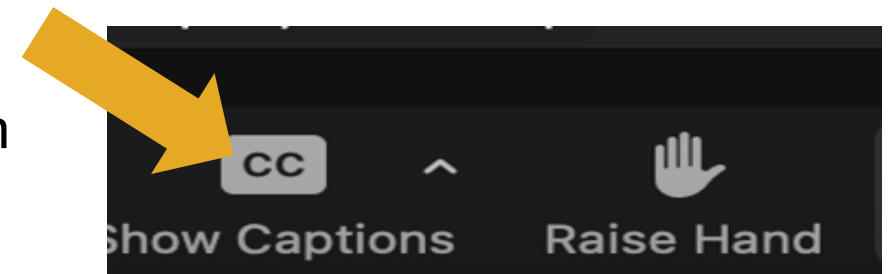
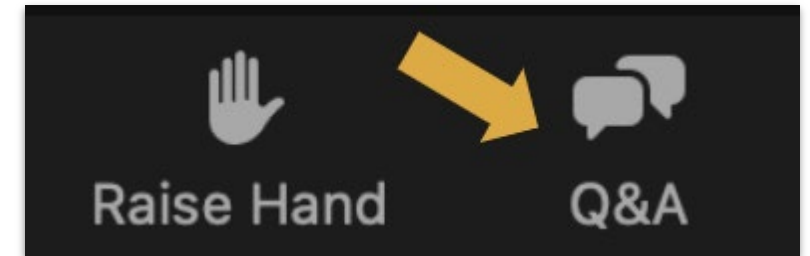
*December 12 2023 | Noon-1:00 p.m. ET*

## Administrative Notes

# Partnership to Align Social Care

A National Learning  
& Action Network

- ✓ 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



**Dawn Odrzywolski**, VP Medicare Programs,  
Independent Health



**Natasha Dravid**, Senior Director for Care Management &  
Redesign Initiatives, Camden Coalition



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



**Nikki Kmicinski**, Executive Director, WNYICC

# Partnership to Align Social Care

---

A National Learning  
& Action Network

## 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.

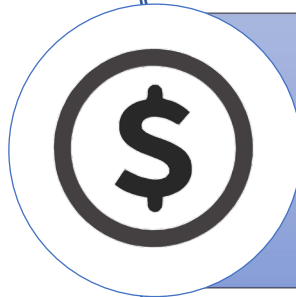
### Vision:

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.

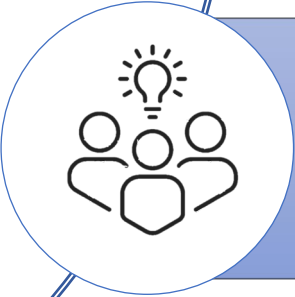
Implementing  
Co-Designed Social  
Care Delivery  
System Changes



Streamline Contracting



Facilitate Expanded Social Care Billing



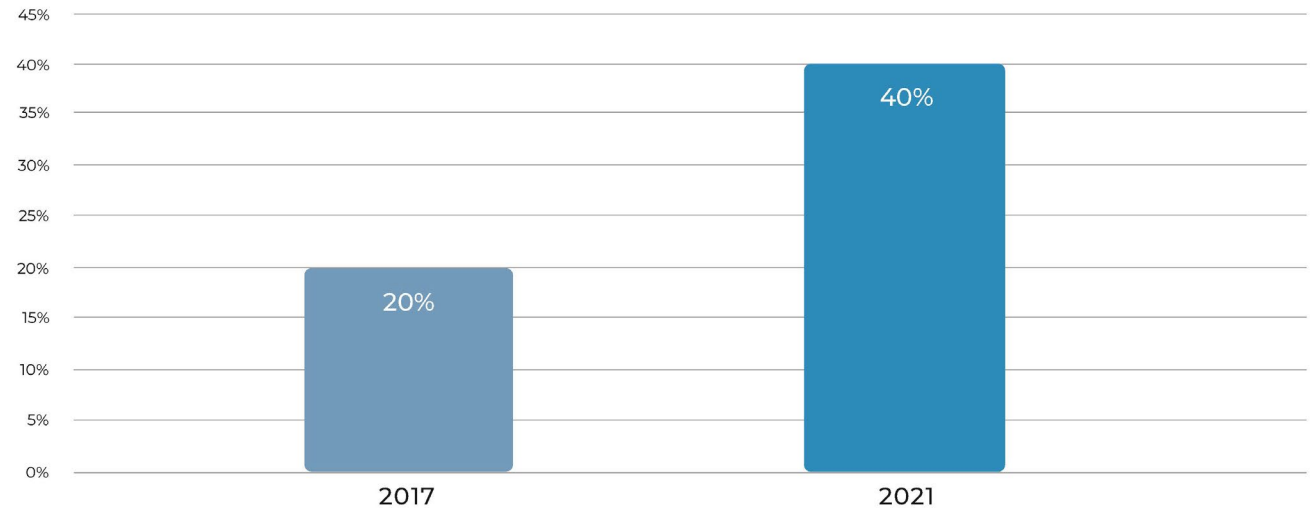
Promote Community Care Hubs

- 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

# National Trends Driving Alignment btw. Health and Social Services

2021 RFI Survey

## CBOs Contracting Through Networks by Year



## 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) 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<sup>ii</sup> for value-added services, care coordination, care navigation or community-based care management. However, as social care and other community-based 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

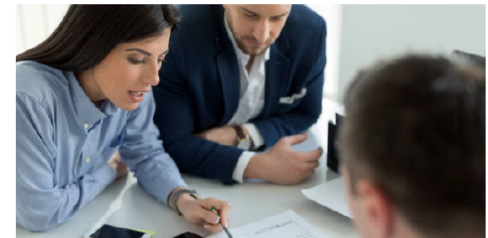
Health care entities are increasingly recognizing the importance of addressing health-related social needs (HRSN) such as housing, food and transportation to improve health outcomes and reduce costs. Most government health care programs now require health plans and providers to identify and address members'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

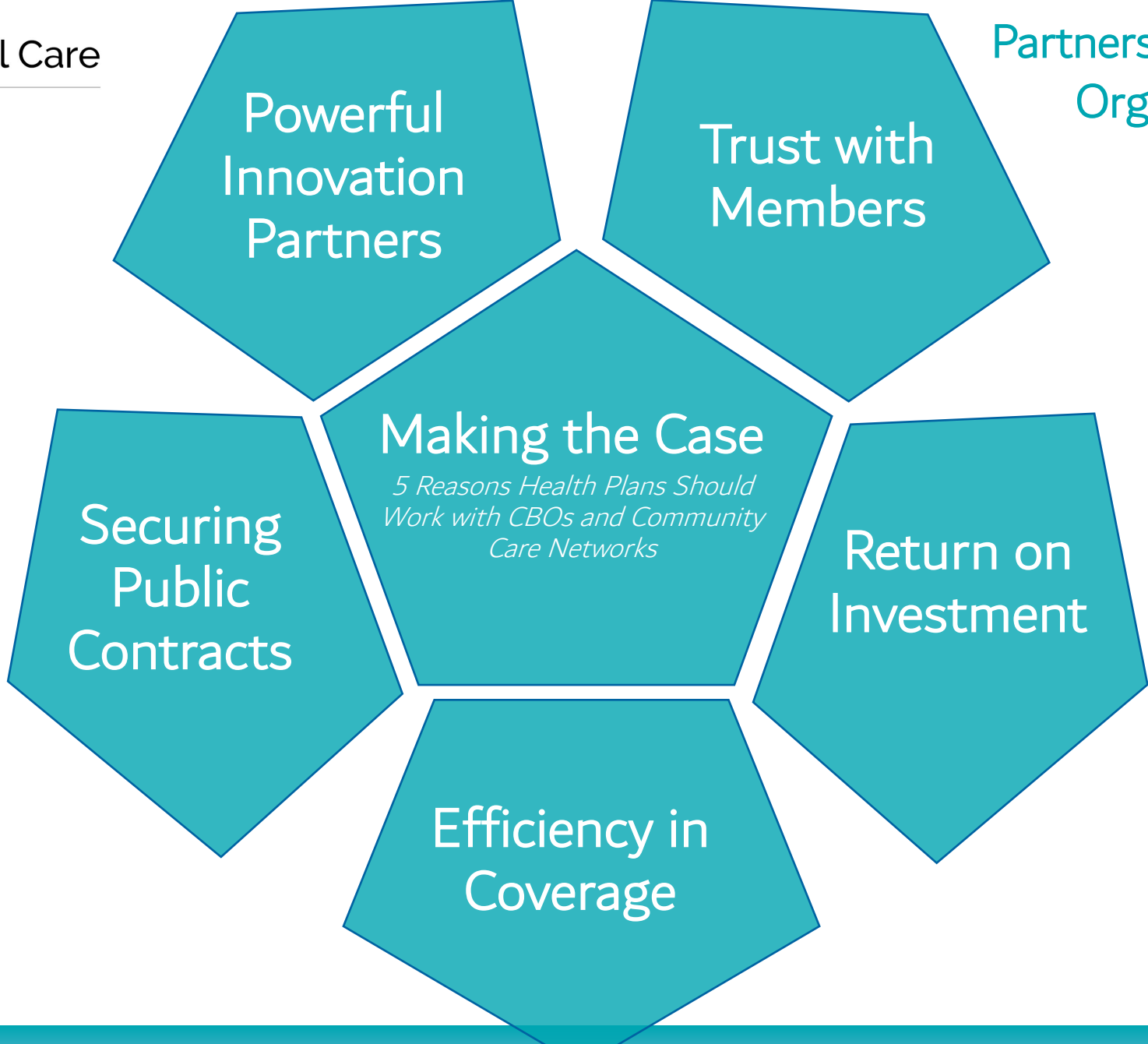
Payment is a critical element of any contract. When negotiating the payment aspects of a contract between a health care entity and a community-based organization (CBO) or community care hub (CCH), both the amount of the payment and the payment methodology need to be considered. CBOs should keep in mind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



# Partnership to Align Social Care

A National Learning & Action Network

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



# 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 services. The plan also pays for services delivered 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

# Partnership to Align Social Care

A National Learning & Action Network

# Developing the Scope of Work & SOW Checklist

## Developing the SOW

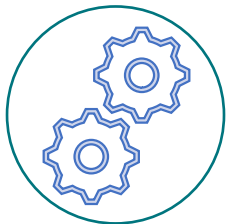
Outlines recommendations for successfully negotiating core activities covered in contracts between healthcare-CBO/CCH contracts



**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
<b>WHO</b> Population definition	Eligible population	Yes/No	
	Prioritization criteria, if applicable	Yes/No	
	Service volume-min/max	Yes/No	
<b>WHO</b> 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	
<b>WHAT</b> Defining the service provided	Contract provision	Present	Comments
	Service activities	Yes/No	
	Service initiation, duration and termination	Yes/No	
<b>WHAT</b> Workflows for contracted services	Service setting	Yes/No	
	Contract provision	Present	Comments
<b>WHAT</b> Pre-launch activities and evaluation	Workflows for major activities	Yes/No	
	Escalation process	Yes/No	
	Contract provision	Present	Comments
	Credentialing process	Yes/No	
	Staff training	Yes/No	
	Data security review	Yes/No	
<b>HOW</b> Data sharing and documentation	IT application onboarding	Yes/No	
	Referral and reporting workflow development (if not specified in SOW)	Yes/No	
	Contract provision	Present	Comments
<b>HOW</b> Flexibility	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
Revisit contract terms mid- contract	Yes/No		



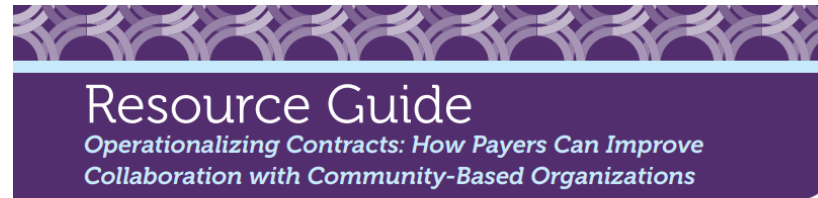
Link to Brief: <https://www.partnership2asc.org/wp-content/uploads/2023/11/ADBI-RG-ScopeofWork-508.pdf>

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

# Partnership to Align Social Care

A National Learning & Action Network

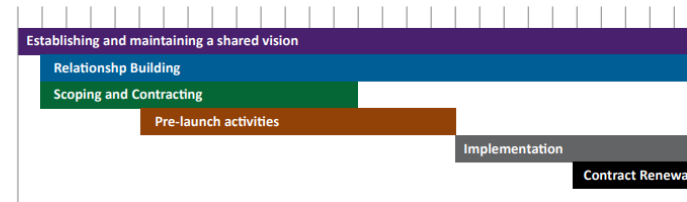
# Operationalizing Contracts: How Payers Can Improve Collaboration with Community-Based Organizations



There is tremendous opportunity to create shared value when health plans and community-based organizations (CBOs) build collaborative relationships to address health-related social needs (HRSNs).<sup>1</sup> However, differences in organizational infrastructure and culture can complicate the development and implementation of successful partnerships, in some cases leading to protracted contracting, misalignment or duplication of services, and insufficient collaboration.<sup>4,10</sup>

To address these challenges, this resource outlines recommended practices across the lifecycle of partnership development between health care organizations and CBOs. The brief is written for health plans, though other health care organizations, including accountable care organizations (ACOs), clinically integrated networks and others engaged in value-based payment strategies, may benefit from its wide range of practical strategies for all parties involved to optimize the partnership. No single partnership is expected to use all of these strategies, but any partnership can employ many of these tools to anticipate, avoid and respond to common challenges that arise when CBOs, community care hubs (CCHs, or hubs)<sup>11</sup> and payers set out to work together.<sup>12</sup>

Figure 1. Contracting Activities Timeline



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

1. Establishing a shared vision
2. Scoping
3. Pre-launch activities
4. Implementation and continuous improvement
5. Contract renewal

## Template: Joint operating committee meetings

A companion piece to *Operationalizing contracts: Methods payers can employ to collaborate with community-based organizations*

### Participants

Joint operating committee (JOC) meetings are an opportunity to convene interdisciplinary stakeholders.

As payer and CBO staff are planning JOC meetings, they should think about including individuals who can thoughtfully contribute to conversations and decisions around agenda items. This may look slightly different for each meeting.

#### Core team participant list

- Administrative leads
- Programmatic leads

#### Additional participants as needed

- Frontline staff
- Medical leadership
- Executive sponsors
- Community care hub (CCH) staff
- Technology and compliance staff
- Data and analytics

Joint Operating Committee (JOC) Template also provides a template for a committee structure among contracted Partners

Link to Brief: <https://www.partnership2asc.org/wp-content/uploads/2023/12/ADBI-RG-Operationalizing-Cont.pdf>

Link to JOC Template: [https://www.partnership2asc.org/wp-content/uploads/2023/12/JOC-Template\\_08.23.2023-1.pdf](https://www.partnership2asc.org/wp-content/uploads/2023/12/JOC-Template_08.23.2023-1.pdf)

# Panelists



**Dawn Odrzywolski**, VP Medicare Programs  
Independent Health



**Nikki Kmicinski**, Executive Director  
Western NY Integrated Care Collaborative



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

# Community Care Hub Business Model

Western New York

[www.wnyicc.org](http://www.wnyicc.org)



**Patients /  
Community Members**

- ❖ Better Quality of Life
- ❖ Improved Outcomes
- ❖ Reduced Healthcare Costs

Clinical Care / Health Insurance

**Health  
Care  
Partners**



Contracts,  
Referrals  
Reimbursement;  
Claims data

Delivery +  
outcome data;  
Billing

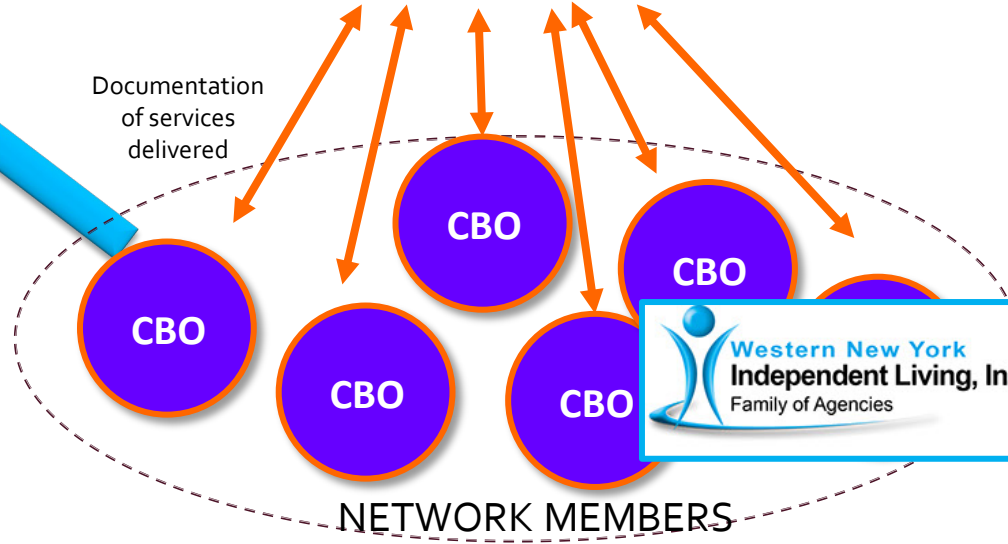


Contracts, Training Academy,  
referrals, reimbursements,  
QA, compliance,

**Delivery of Services Addressing  
Health-Related Social Needs**

- Meals Delivery
- Community Health Coaching
- Falls Prevention
- Chronic Disease Self-Management Programs
- Caregiver Support, Training, & Respite
- Benefit Navigation
- Diabetes Prevention Program (DPP)
- Nutrition Counseling
- Social Isolation Supports
- Care Coordination
- Diabetes Self-Management

Documentation  
of services  
delivered






**2018**  
DPP/  
DSMES

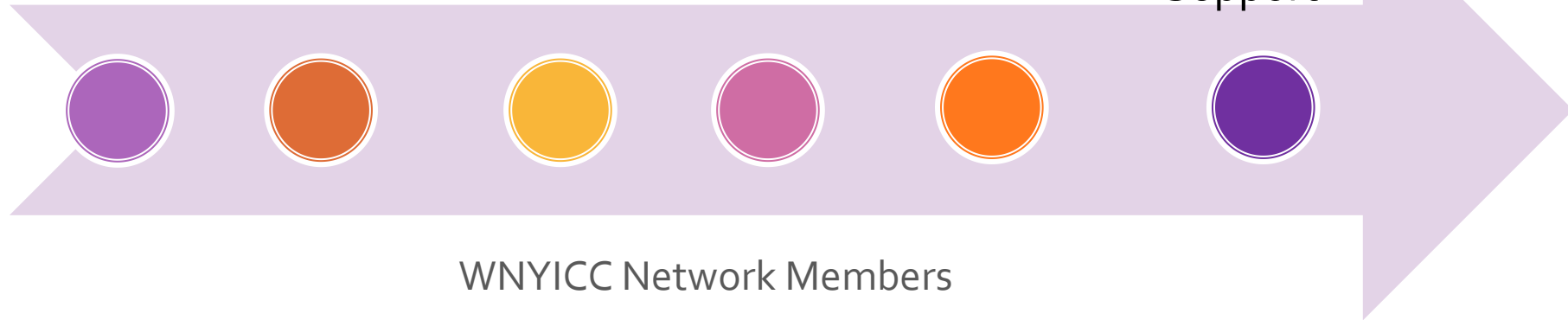
**2019**  
Meal  
Delivery

**2020**  
Chronic  
Care  
Management

**2021**  
Healthy  
IDEAS

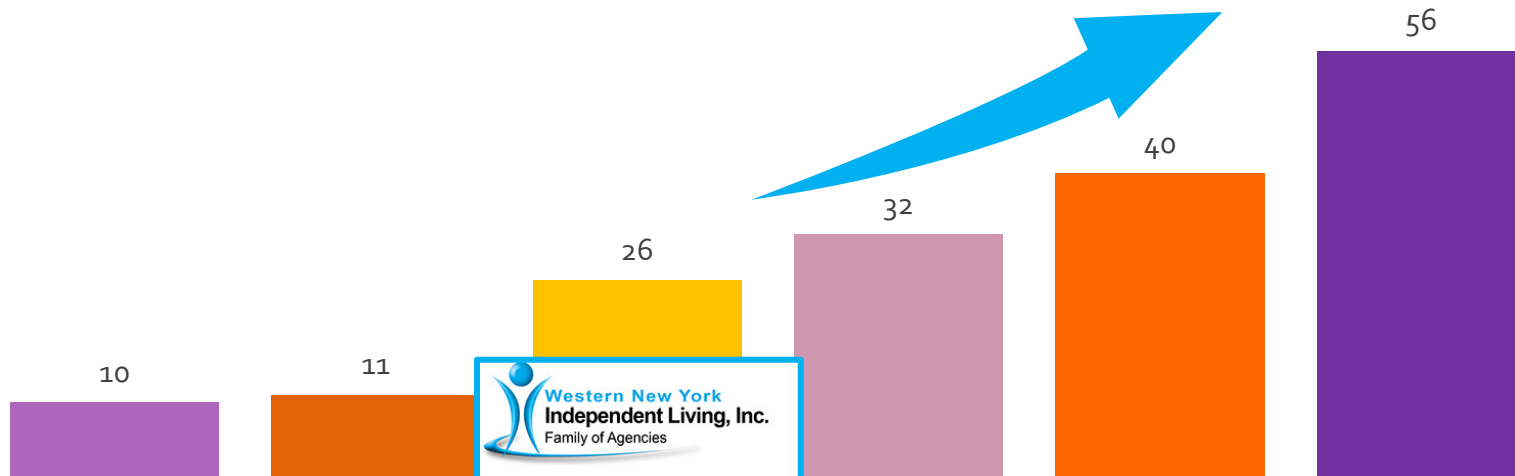
**2022**  
Medical  
Nutrition  
Therapy

**2023**  
Community  
Health  
Coaching,  
Falls  
Prevention,  
Caregiver  
Support



### WNYICC Network Members

■ 2018 ■ 2019 ■ 2020 ■ 2021 ■ 2022 ■ 2023



Western New York Integrated Care Collaborative, Inc.  
Contract Management Tracker

←----- Operationalizing Contracts ----->

Contract Proposal / Execution				Joint Operating Meetings				WNYICC Internal Staff Training			Delivery Partner /CBO On-Boarding				Program Implementation /Monitoring				
Proposal	Negotiations / Program Definitions	Break Even Analysis	Emerging Business Committee review	Referrals	Escalation	Reports	Billing	SOW Reviewed With Hub Staff	Internal Workflows / Project Lead	Internal Reporting	Outreach to Prospective CBO/Network Delivery Partners	Contract	Delivery Partners On-Boarded	Program Coordinator Trained	Direct Service Staff Trained	QA /Fidelity / Surveys	Billing/ Reconciliation	Delivery Partner Invoices	Reporting





Process	Community Care Hub (CCH) with Plan	CCH with CBO
<b>Data Sharing</b>	<ul style="list-style-type: none"> <li>• Reports via SFTP (Secure File Transfer Protocol)</li> <li>• RHIO;</li> <li>• Client surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Welld Health (centralized client record)</li> <li>• Developing Dashboards with CCNY</li> </ul>
<b>Referrals</b>	<ul style="list-style-type: none"> <li>• Fax → Secure link → closed loop system</li> <li>• ADT alerts with RHIO</li> <li>• Joint Operating Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Welld Health (centralized client record)</li> <li>• Assignment: Member choice, capacity, location, first-to-accept</li> </ul>
<b>Billing</b>	<ul style="list-style-type: none"> <li>• Claims → codes; z-codes; test claims</li> <li>• Invoice → SFTP</li> <li>• Reconciliation</li> </ul>	<ul style="list-style-type: none"> <li>• Invoice Templates</li> </ul>
<b>Escalation</b>	<ul style="list-style-type: none"> <li>• Joint Operating Committee;</li> <li>• Key Contact</li> </ul>	<ul style="list-style-type: none"> <li>• Incident Reports within Welld Health</li> </ul>

# Partnership to Align Social Care

A National Learning  
& Action Network

Interested in More?

Join us in 2024....

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



Starting January 2024

*2nd Tuesday of each month @ Noon ET*

*Attendee Limit 50*

- *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)*



Stay Tuned for Details

# Partnership to Align Social Care

---

A National Learning  
& Action Network

## 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](https://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*

# Partnership to Align Social Care

---

A National Learning  
& Action Network

## Co-Chairs

June Simmons  
Partners in Care Foundation  
[jsimmons@picf.org](mailto:jsimmons@picf.org)  
818-837-3775 x101

Timothy P. McNeill  
Freedmen's Health  
[tmcneill@freedmenshealth.com](mailto:tmcneill@freedmenshealth.com)  
202-344-5465

## Director

Autumn Campbell  
[acampbell@Partnership2ASC.org](mailto:acampbell@Partnership2ASC.org)  
202-805-6202

## Project Manager

Jeremiah Silguero  
[jsilguero@Partnership2ASC.org](mailto:jsilguero@Partnership2ASC.org)  
818-408-5269



@Partners2ASC