

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.

In communities across the country, Area Agencies on Aging and other community-based organizations (CBOs) provide a vast array of social services including outreach, care management, nutrition support and supportive housing services. Partnering with CBOs is an efficient and effective means of providing essential social care benefits to health plan members, many of whom face significant structural and social barriers, including racism, poverty and isolation.

Historically, health plans have had concerns about contracting with CBOs due to differences in organizational culture, operational infrastructure, geographic coverage and financing.^{i, ii} However, many CBOs have developed new capacities to partner effectively with health care payers and providers, either individually or through community care hubs (CCHs) which organize a diverse network of CBOs (known as community care networks) to cover a broader geography, set of populations and services than any one CBO can individually achieve on its own.ⁱⁱⁱ



This Resource Guide presents five overarching reasons that health plans should work with CBOs and community care networks as their contracted social care partners.

- **Powerful Innovation Partners:** CBOs offer the expertise and infrastructure to be powerful innovation partners to health plans for social care delivery.
- **Trust with Members:** CBOs foster a local presence and engender trust with members that can strengthen health plans' reputation and enhance their market share.
- **Return on Investment:** CBOs can produce a significant return on investment for health plans.
- **Efficiency in Coverage:** Community care networks, operated by community care hubs, offer health plans greater efficiency and coverage in social care contracts.
- **Securing Public Contracts:** CBO relationships offer health plans a competitive advantage in securing public contracts.

Powerful Innovation Partners: CBOs Have the Expertise and Infrastructure That Make Them Powerful Partners in Innovation for Health Plans in the Delivery of Social Care Services^{iv}

CBOs have expert knowledge about the communities they serve and the social care landscape, which can accelerate health plans' understanding of member needs and the development of strategies to deliver more effective services.

Like medicine, social care is a unique field with its own language, evidence-based models, communities of practice and policy environment. With deep roots in the communities they serve, CBOs are experts in these elements and can help health plans as they seek to integrate social care into their programs and systems. Partnerships with CBOs can accelerate health plan strategy and connection to key social care partners and programs to foster new solutions that bridge health and social care.

CASE EXAMPLE

Blue Shield of California Promise Health Plan wanted to improve maternal health and pregnancy support outcomes for its members. The Senior Medical Director at the time, Chris Esguerra, approached **First 5 Los Angeles**,^v a nonprofit organization that works to ensure children in California are reaching developmental milestones, to learn how the plan could improve pregnancy health outcomes. First 5 LA quickly educated the health plan on the landscape of community-based programs supporting pregnancy health outcomes and the variety of care models the CBO utilized, such as Nurse-Family Partnership, Parents as Teachers and many others. First 5 LA and Blue Shield of California Promise Health Plan recognized that each partner brought its own expertise and trusted relationships that in combination were greater than the sum of its parts. Working together, they addressed existing barriers and built stronger connections among the community-based programs and local hospitals and health care providers that contributed to their common goal of improving pregnancy outcomes for members. Eventually, First 5 LA became the contracting entity Blue Shield of California Promise Health Plan used for its home-visitation services.

CBOs have well-established care delivery structures, which can help health plans quickly and effectively implement social care programs.

Payers can leverage CBOs' existing infrastructure and services to quickly and efficiently stand-up new programs for health plan members, rather than develop duplicative programs—efforts that take considerable time and investment. CBOs have established staffing, workflows and relationships that can be deployed on behalf of plans to engage members and efficiently provide evidence-based services that address member needs.^{vi}

CASE EXAMPLE

The CBO-payer partnership between **New Jersey's food banks and Horizon Blue Cross Blue Shield of NJ**^{vii} demonstrates the ability of health plans to leverage existing CBO infrastructure to reach members when launching a new benefit.

Individuals who are food insecure have difficulty accessing nutrient-rich foods, ultimately impacting eating habits and overall health outcomes. Food banks alleviate food insecurity by providing healthy fruits, vegetables, protein and non-perishable options directly to individuals and families through established outreach and distribution strategies. Through its partnership with the community-based food banks, Horizon Blue Cross leverages the food banks' infrastructure for delivering services to plan members rather than spending time and resources to develop new food access programs. In return, Horizon has helped improve the food banks' infrastructure by initiating a pilot program to grow local pantries' knowledge, resources and frameworks for delivering services.^{viii}



CBOs are nimble and can pivot quickly to provide the necessary social care services to health plans' members.

Health plans also benefit from CBOs' tenacity and ingenuity to reach populations with the greatest need—populations that are often the most challenging for payers to engage.^{ix} For example, during the COVID-19 pandemic, CBOs and health plans quickly pivoted their priorities to address the needs of communities most impacted. Many CBOs had to adapt to deliver existing services in new ways, while also providing new services, including COVID-related community outreach and education, contact tracing, vaccine education and delivery, as well as meal delivery, housing, mental health services and other supports that were not previously part of their day-to-day activities.^x Health plans partnered with CBOs during the COVID-19 pandemic to leverage CBOs' touchpoints with members outside of traditional health care settings—touchpoints that were more conducive to building trust and produced more successful engagement than health plans' telephonic outreach efforts—to address member needs.^{xi} CBOs bring a spirit of innovation and collaboration to their partnerships with health plans and are comfortable working in new ways to identify and overcome challenges as they arise within their communities.

Trust with Members: CBOs Can Foster a Local Presence and Engender Trust with Members to Bolster Health Plan Reputation and Strategy

CBOs have trusting connections with members, which can drive participation in health plan programs for better engagement, retention and member experience.

Health plans recognize that trust is critical in engaging and retaining members, particularly those who face complex health and social needs. Yet in communities that have experienced generations of systemic racism, marginalization and neglect, institutional mistrust is a factor that health plans must overcome to engage and sustainably serve members of these communities.^{xii}

Trust between communities and institutions is not transactional; instead, it is earned by a consistent presence in and a demonstrated commitment to the community. While most health plans operate on a statewide or national capacity, and often lack a local presence, CBOs are trusted local stakeholders in the communities they serve. They have strong relationships with community groups, like faith communities, schools and neighborhood institutions, and hire staff and board members directly from the community. Partnering with CBOs can help health plans create a trusted local presence and improve member engagement. As local partners, CBOs can more effectively engage and connect members to other trusted resources, thereby improving member experience. Moreover, health plans gain reputation benefits through their role as partners and financial supporters of CBOs that are well-regarded in their communities.

CASE EXAMPLE

Independent Health, the largest Medicare Advantage health plan and the only locally owned and operated health plan in western New York, partners with the Western New York Integrated Care Collaborative (WNYICC), a CCH, to provide meal delivery to members following discharge from a hospital or skilled nursing facility. The health plan values its partnership with WNYICC because it *“provides a community-based resource that is known to our members and trusted through recognizable partners under the WNYICC umbrella. Members appreciate and engage through meaningful connections provided via access to benefits they otherwise might not have considered using...Members are able to use the benefit during recovery and continue to do so because of the comfort and safety it provides for continued aging in the home. Members also appreciate the value of having someone they can turn to who understands their unique needs as a western New Yorker.”* (Dawn Odrzywolski, Vice President, Medicare Programs, Independent Health)

CBOs have a holistic view of plan members and help them gain access to available services and supports to meet their needs.

When CBOs lead care management activities, they leverage the trust they have in the communities they serve to build therapeutic relationships with health plan members—relationships that are essential to setting goals and achieving life changes that improve health^{xiii} Through their committed presence in communities, CBO staff cultivate relationships with members that evoke trust, continuity and security. These authentic relationships enable CBO staff to be invited into homes, neighborhood centers and other community spaces to better assess a community’s needs as well as its strengths. In-depth knowledge of their clients enables CBOs to effectively navigate and build member self-efficacy to access available supports, including benefits such as the Supplemental Nutrition Assistance Program (SNAP) and peer recovery or job training programs, allowing CBOs to facilitate behavior change that leads to improved member health outcomes.^{xiv}

Return on Investment: CBOs Can Produce a Return on Investment (ROI) in Many Different Forms

Social care interventions produce health care savings and service delivery value for health plans.

A growing body of evidence demonstrates the financial benefits of addressing unmet social needs, particularly for populations that rely on expensive acute health care resources.^{xv, xvi, xvii, xviii} Studies show that health improvements and cost reductions are associated with various interventions, including providing:

- safe and stable housing (whether medical respite, transitional housing or permanent supportive housing) to individuals experiencing homelessness;^{xix}
- medically tailored meals to those with diabetes and heart disease;^{xx} and
- home repairs to prevent falls and allow older adults to age in the community.^{xxi}

As discussed earlier, CBOs offer operational efficiency as well as the ability to blend and braid public funds to support their programs, which in turn enables health plans to scale new interventions and meet the holistic needs of their members.^{xxii}





Efficiency in Coverage: Community Care Networks Offer Health Plans Greater Efficiency and Coverage in Social Care Contracts

Community Care Hubs can help scale and standardize services to health plans while minimizing transaction and contract management costs.

As health plans incorporate social care benefits as a core service area, they must develop a parallel provider network. Many CBOs are experts in service delivery and enjoy deep community connections and trust but lack the operational infrastructure to partner with highly regulated health plans. CCHs enable a wider range of CBOs to participate in health care partnerships by providing shared administrative services such as business development, contracting, compliance and data security, data reporting, billing and coding, and quality improvement to their network.^{xxvii}

CCHs provide health plans with contracting and service delivery efficiencies by eliminating the need for multiple smaller contracts and enabling bundled access to an expansive array of services, geographies and populations across members' life spans—allowing plans to scale social service programs.^{xxviii} Contracting with CCHs can assist payers with gaining access to local CBOs' deep community connections to engage members while reaping community care networks' benefits, such as higher levels of compliance (data security, audit etc.), standardized services and quality improvement.^{xxix}

The **Commonwealth Fund's ROI calculator** is a no-cost tool to aid health plans in understanding and calculating the financial benefits of investing in various social care interventions. Supported by a robust library of evidence, the calculator uses the health plans' data, including its current emergency department, inpatient utilization rates and the estimated costs of services, to produce a customized impact assessment showing changes in health care utilization and the related impact on health plan costs from adopting a social care intervention.^{xxiii} Health plans and CBOs have used this tool to document their shared goals and expectations at the outset of a partnership in order to achieve strong leadership support.^{xxiv}

CBOs can help health plans achieve higher quality scores, greater market share, and revenue growth.

In addition to direct cost savings, CBO partnerships can achieve improved health outcomes and health plan quality scores. Research shows that social care alignment can improve patient satisfaction, perceived quality of care and access to care—characteristics captured in quality score metrics.^{xxv} Quality scores are essential to National Committee for Quality Assurance (NCQA) certification, health plan ratings (e.g., STAR ratings) and member assignment algorithms, all of which generate additional revenue through increased market share.^{xxvi}

CASE EXAMPLE

In San Joaquin County, almost 70 percent of CBOs have budgets under \$55,000, limiting the county's ability to perform administrative processes.

United Way of San Joaquin County, a Pathways Community HUB leader, offers CBOs support with sponsorship, human resources, payroll, benefits, claims and invoicing functions.^{xxx} The United Way of San Joaquin County example demonstrates how CCHs can improve the efficiency of CBOs through networks, which will ultimately impact contracting processes.

Securing Public Contracts: CBO Relationships Offer Competitive Advantage in Securing Public Contracts

CBO partnerships help health plans compete for contracts and improve market share in publicly funded insurance.

A recent analysis of Medicaid requests for proposals (RFPs) demonstrates that states heavily weigh innovative implementation and management of programs related to member services and population health, such as social determinants of health (SDOH) and health equity initiatives, when awarding contracts to plans.^{xxxii} A history of productive engagement and contracts with CBOs can make health plans more competitive in Medicaid RFPs by demonstrating their commitment to local partnership, member experience, innovation in whole person health and SDOH and health equity.^{xxxii, xxxiii}

CASE EXAMPLE

In 2022, California repurchased Medi-Cal services through a competitive request for proposals (RFP) process, which included requirements for health plans to improve health equity, partner with and invest in CBOs and address the SDOH through innovative strategies. The RFP also included “stronger provisions for network providers to understand and meet community needs through local presence and engagement.”^{xxxiv}

CBOs can support health plan performance outcomes on new and emerging social and medical care measures.

Health care regulators are increasingly incorporating social health measures as required metrics. In 2023, CMS will require health care providers to record the populations screened for SDOH measures and the rates of identified social needs in each category.^{xxxv} Social needs measures are also becoming tied to health plan ratings. NCQA determines health plan accreditation based on medical outcomes and patient experience measures, also known as Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys.



In efforts to improve health outcomes, NCQA is adding Social Needs Screening and Intervention (SNS-E) as part of the HEDIS measures—the core of health plan ratings^{xxxvi}. Now, health plans will need to evaluate the percentage of members who were screened for SDOH and those who received an intervention within 30 days of screening.^{xxxvii} One can anticipate the addition of new social care metrics over time. CBOs are desirable partners for health plans because they help payers meet social needs goals by virtue of their capacity to look into communities of members to understand and address necessary and desired needs. According to the **Aging and Disability Business Institute’s 2021 CBO–Health Care Contracting Survey**, more than 40 percent of CBOs with health care contracts provide SDOH screening and care management to health care providers and payers.^{xxxviii}

Looking Forward

Health care in the United States is rapidly moving towards aligning social care services with health care services to address the unmet needs of individuals experiencing complex health challenges. As health plans work to make this a reality for their members, AAAs and other CBOs are essential partners. These organizations possess the trust of communities, expertise about services and systems and program infrastructure to help health plans achieve their health equity, quality and financial goals.



About the Aging and Disability Business Institute

This publication was produced for the Aging and Disability Business Institute via a collaboration of Partners in Care Foundation, stakeholders of the Partnership to Align Social Care and was authored by the Camden Coalition. Led by US Aging in partnership with the most experienced and respected organizations in the aging and disability networks, the mission of the Aging and Disability Business Institute is to build and strengthen partnerships between aging and disability community-based organizations and the health care system. Funded by The John A. Hartford Foundation, The SCAN Foundation and the U.S. Administration for Community Living, the Aging and Disability Business Institute provides community-based organizations with the tools and resources to successfully adapt to a changing health care environment, enhance their organizational capacity and capitalize on emerging opportunities to diversify funding. Learn more at www.aginganddisabilitybusinessinstitute.org.

Partnership to Align Social Care

A National Learning
& Action Network

About the Partnership to Align Social Care

The **Partnership to Align Social Care, A National Learning and Action Network**^{xxxix} (Partnership) aims to address social care challenges at a national level by bringing together essential sector stakeholders (health providers, plans and government with consumers) to co-design multi-faceted strategies to facilitate successful partnerships between healthcare organizations and community care networks. The Partnership is a unique national effort to elevate, expand, and support a network-based approach to sustainably addressing individual and community health-related social needs. Learn more at www.partnership2asc.org.



About the Camden Coalition

The Camden Coalition is a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. We work to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being. Supported by robust data infrastructure, cross-sector convening, and shared learning, our community-based programs deliver care to the most vulnerable individuals in Camden and regionally. Through our National Center for Complex Health and Social Needs (National Center), the Camden Coalition works to build the field of complex care by inspiring people to join the complex care community, connecting complex care practitioners with each other, and supporting the field with tools and resources that move the field of complex care forward. Learn more at www.camdenhealth.org.

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