



Inclusive Alliance

Outcome-Based Payment Models & You: CBO Payment Arrangements in NYS & Beyond

1115 Waiver Webinar Series:
January 18, 2022

Inclusive Alliance

Agenda

∞ About Inclusive Alliance

∞ 1115 Waiver Amendment Recap & Update

∞ Community Supported Agriculture (CSA) Program: Tier 1 CBO Collaboration

∞ Jackie Leaf, Executive Director - Seven Valleys Health Coalition

∞ Kate O'Brien, Chief Strategy Officer - Family Health Network

∞ Lauren Osborne, Director of Quality Services - Family Health Network

∞ Patty McMahon, Director of Operations - FLIPA

∞ National Example: Pathways Community HUB Institute

∞ Michelle Edison, Director of Network Development – Pathways Community HUB Institute (PCHI)

∞ Q & A



About Inclusive Alliance




Mission: To advance the growth and quality of cost effective and inclusive individual services for children and adults through innovation, collaboration and coordination.

Primary Purpose: Prepare members for Managed Care and value-based payment

- ∞ Independent Practice Association (IPA) of community-based organizations of varying sizes and scopes of services founded in 2017
- ∞ Across CNY (Cayuga, Cortland, Madison, Oneida, Onondaga, & Oswego counties) & beyond
- ∞ Board of Directors elected by & representative of member agencies of all sizes
- ∞ 33 members & **growing**
 - ∞ Catholic Charities of Onondaga County
 - ∞ Helio Health
 - ∞ Liberty Resources
 - ∞ Madison County Rural Health Council
 - ∞ Upstate Cerebral Palsy



1115 Waiver Recap & Update

 NYS is seeking \$13.52 billion over 5 years to fund a new 1115 Waiver amendment that addresses health disparities and systemic health care delivery issues

	Strategy	Entities/Programs	Funding
1	Building a more resilient, flexible, and integrated delivery system that reduces health disparities, advances health equity, and supports the delivery of social care;	HEROs & SDHNs Advanced VBP Models Criminal Justice-Involved Populations	\$8.7B
2	Developing and strengthening transitional housing services and alternatives for the homeless and long-term institutional populations;	Transitional Housing	\$1.6B
3	Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages; and	System Redesign Workforce Training	\$3B
4	Creating statewide digital health and telehealth infrastructure.	Telehealth	\$300M

1115 Waiver Update

∞ NYS's target date of January 1, 2023 for waiver approval was not met; while no formal announcement has been made of a new date, April 1, 2023 is more likely

Activity	Date
✓ Public Notice posted to State Register/Public Comment Period Begins	April 13, 2022
✓ Tribal Comment Period Begins	April 13, 2022
✓ Public Hearings 1 & 2	May 3, 2022 and May 10, 2022
✓ Public Comment Period Ends	May 20, 2022
✓ Tribal Comment Period Ends	May 20, 2022
✓ Formal Submission of Amendment Application to CMS	September 2, 2022
✓ Federal Public Comment Period	September 19, 2022 – October 19, 2022
CMS & New York Negotiate Terms of Amendment	November – TBD
Implementation Date	TBD



1115 Waiver- Advanced VBP Models

Strategy #1: Health Equity-Focused System Redesign

Targeted VBP Arrangements – \$6.8 billion

- VBP is an effective vehicle for advancing health equity and HRSN services and incentivizing improvements in the quality of care.
- **VBP will fund –**
 - HRSN screening and services provided through SDHNs with services reimbursed via fee schedule;
 - Referral management and fiscal administration support for CBOs performed by the SDHN lead entity; and
 - Targeted, health equity-focused VBP arrangements (e.g., global budget, bundled, episodic, and other advanced arrangements).
- The **VBP Roadmap will be updated** to address health equity and regional social care needs.



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Community Supported Agriculture (CSA) Program

Tier 1 CBO Collaboration

FLIPA

Seven Valleys Health Coalition
Family Health Network

January 18, 2023



What is the service/intervention being delivered by the CBO?

- ▶ SVHC provided a Produce Prescription Program via a Community Supported Agriculture Share (CSA).
- ▶ The project supported 63 patients during the 2022 growing season.

What priorities/goals/needs of the IPA is the collaboration intended to impact?

- ▶ FLIPA is required to have a project with a non-Medicaid billing Community Based Organization (CBO) partner for each risk-based Value Based Payment (VBP) contract per New York State Department of Health (DOH) rules.
- ▶ Funding is minimal for these projects, so the scope is very targeted.
- ▶ FLIPA identified a FQHC (FHN) with an existing partner (CBO –SVHC).
- ▶ Participants had to be included in FLIPA's VBP attribution to participate in the program.



What is each entity's role in the collaboration?

- ▶ FLiPA was the funder for this project and established certain parameters based on guidance/rules from the payers and DOH that were included in a service agreement.
- ▶ FHN was the FQHC providing the patients who fell within the target population while also supporting SVHC in their efforts (i.e.. identified new patients to take over shares, completed outreach as needed, completed pre/post surveys, scheduled appointments with Dietician, etc.).
- ▶ SVHC was the CBO providing the service through securing and delivering CSA's to patients' home once weekly for 22 weeks. SVHC provided a 1:1 nutrition counseling session with a Registered Dietician, and completed pre and post surveys to determine need, knowledge, changes in eating habits, and feelings of overall health.



What kind of reporting is involved in the collaboration?

- ▶ FLIPA required CIN and other demographics of participants to support data analysis of the impact on health outcomes.
- ▶ Pre and post surveys were completed by participants.
- ▶ FLIPA will submit a report on outcomes to the payer. This report will be forwarded to the State for review after the contract period.
- ▶ FHN worked closely with SVHC to manage and maintain an updated roster of participants.
- ▶ FHN helped participants complete pre/post surveys, which was shared with both SVHC and FLIPA.



How is the CBO paid for their services under this collaboration, and under what kind of agreement?

- ▶ FLIPA paid SVHC for Community Supported Agriculture (CSA) shares, and invoiced for the other services based on the provisions in the service agreement.
- ▶ A service agreement was in place using FLIPA's standard template. We set up an ACH connection to expedite the payments for submitted invoices.
- ▶ The contract covered actual costs incurred for CSA's, cost of delivery, nutrition counseling, plus an agreed upon amount for staff time.



What pre-work was involved in the creation of your collaboration? Is there anything you would have done differently to prepare?

- ▶ FHN completed a small needs assessment to determine the service that would have the biggest and most meaningful impact.
- ▶ FHN identified patients that fell within the program parameters.
- ▶ FHN would have implemented a better back up system for CSA replacements and for shares that may go unused/unclaimed each week.
- ▶ SVHC's past experience guided their decision to deliver all CSA's with the confidence they would have 63 people for 22 weeks, even with attrition.



What “surprises” did you encounter along the planning & execution phases, and what unexpected challenges did you find?

▶ FHN:

- Surprised with patients refusal to participate regardless of the ease of the program
- Patients not utilizing nutrition counseling services as anticipated

▶ SVHC:

- Not as many patients took advantage of the nutrition counseling as we expected
- Relatively easy contractual process

From FLiPA's perspective: How does this payment model compare to past models?

- ▶ This is similar to other agreements that we have put in place with other CBOs.
- ▶ However, there are nuances based on the service and the CBO's service delivery model.



From SVHC perspective: How does the way you deliver services and are paid under this collaboration differ from your other funding streams?

- ▶ CSAs were paid for up front – all 63 shares for the full 22 weeks



How has this collaboration changed your outlook on these type of payment arrangements and their efficacy in supporting service delivery?

- ▶ FLiPA: This project was smooth and helped people who expressed they were experiencing food insecurity. We look forward to the results 3- and 6-months post intervention, but anticipate continuing to engage in similar projects in the future.
- ▶ FHN: Collaboration between organizations can be seamless when good processes are established, which only benefits both organizations and most importantly, the patients. This program helped support patients and their families for 22 weeks, where they may not have had that opportunity otherwise.
- ▶ SVHC: This was a positive example of how VBP can work.



Pathways Community HUB Institute®

Inclusive Alliance Independent Practice Association
Webinar Discussion

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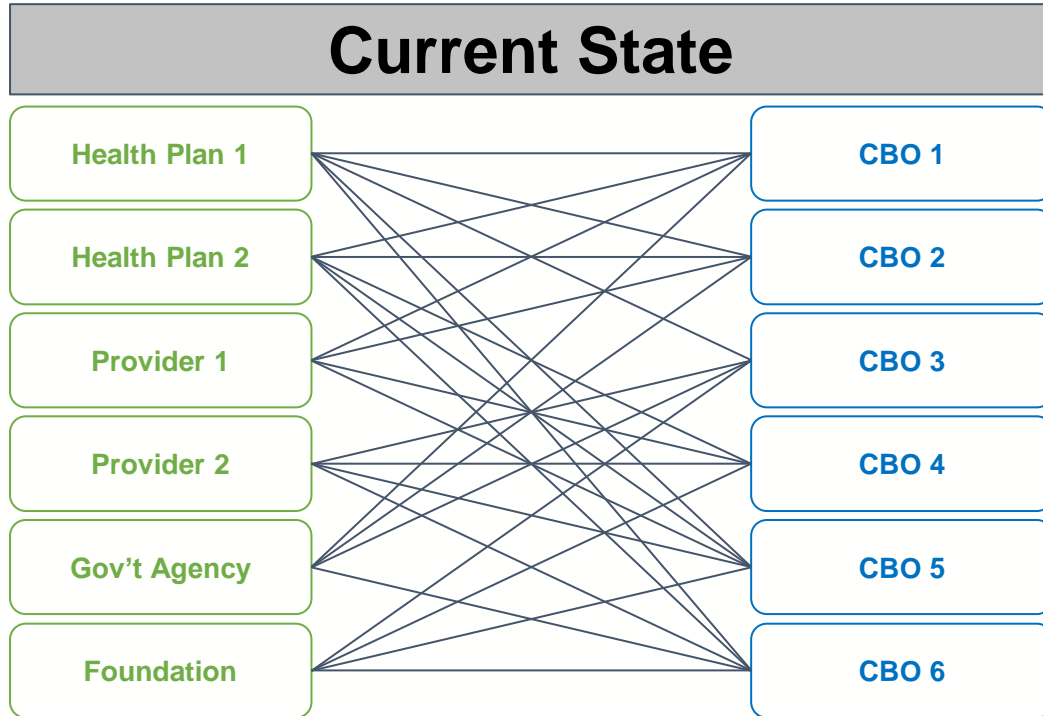
About PCHI®



Photos provided by Northwest Ohio Pathways Community HUB

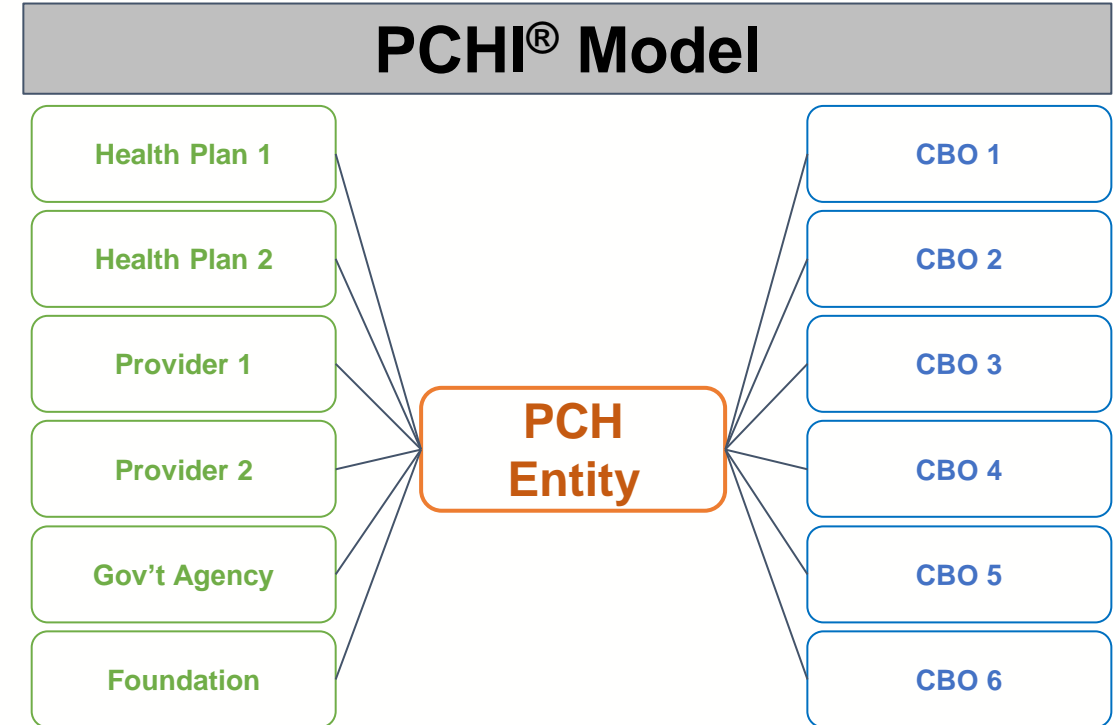
- Assists communities in creating health equity through a sustainable community-based care coordination network that identifies individuals with modifiable risk factors – medical, social, behavioral – and connect them to services, track outcomes, and contract with payers that directly tie payment to those outcomes.
- Advocates for community health workers (CHWs) – who are central to community care coordination - PCHI provides CHW training and technical assistance to assist communities implementing the PCHI Model.
- PCHI assures fidelity to the PCHI Model, sets its standards and is the certifying body for:
 - Pathways Community HUBs
 - Pathways Agencies
 - Technology Vendors
 - Community Health Worker Instructors

Community-Based Care Coordination



Challenges

- Different contracts with multiple organizations
- Duplicated efforts
- Siloed CHW outreach process
- Inability for CBOs to contract with different health entities



Benefits of the Model

- Pay for outcomes & braided funding creates sustainability
- PCH Entity creates structure, governance oversight, standardized data and reporting, quality assurance, and contracting as a trusted neutral convener.

PCHI® Model Licensed Content

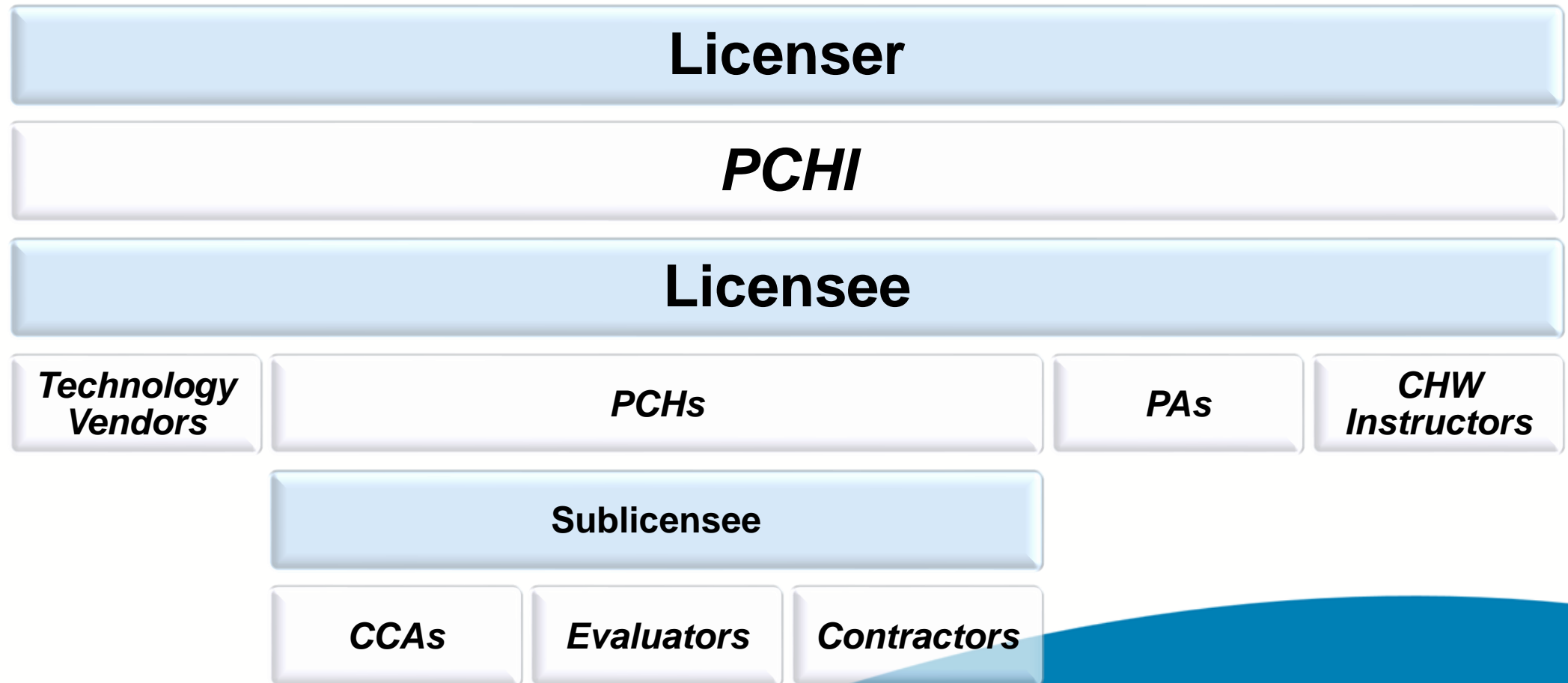
Controls access to the Model

Limits use of the Model

Supports fidelity to the Model

Vehicle for data collection, analysis, and payment

Relationship to the Licensed Content





POV

Perspectives from a former PCH Director and a CCA supervisor

PCHI® Model Payment Strategy



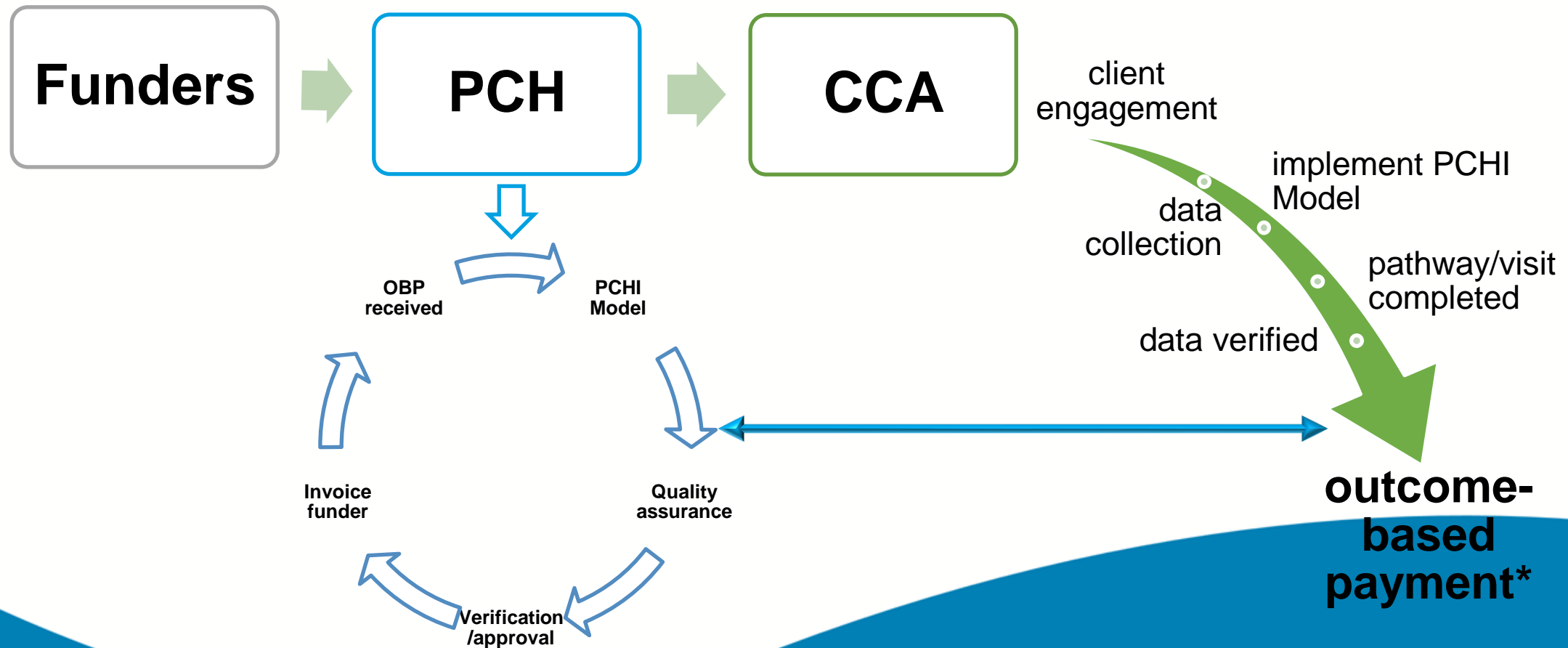
Braided Funding

- Grants
- Philanthropy
- Value Based Payer Contracts

Value-Based Contracting

- At least 50% of payment is tied to outcomes or completed Pathways each assigned Outcome Based Units.
- The other 50% is tied to confirmed client engagement
- If a participant is not engaged and Pathways are not completed, there is no payment.

A very generalized summary



A quote from a CCA supervisor

“We appreciate the Pathways HUB and have a great working relationship. I can’t say enough good things. It truly is a partnership, and we are all working toward the same goal- saving babies and making a positive difference in the lives of families.”

Cindy P., Ohio

CCA Themes

Training

Monthly meetings

New staff training

Supplemental workshops

Support

CHW recognition

Community resource connections

Accessible PCH staff

Data

Shared data platform

Reporting of metrics

Data analysis

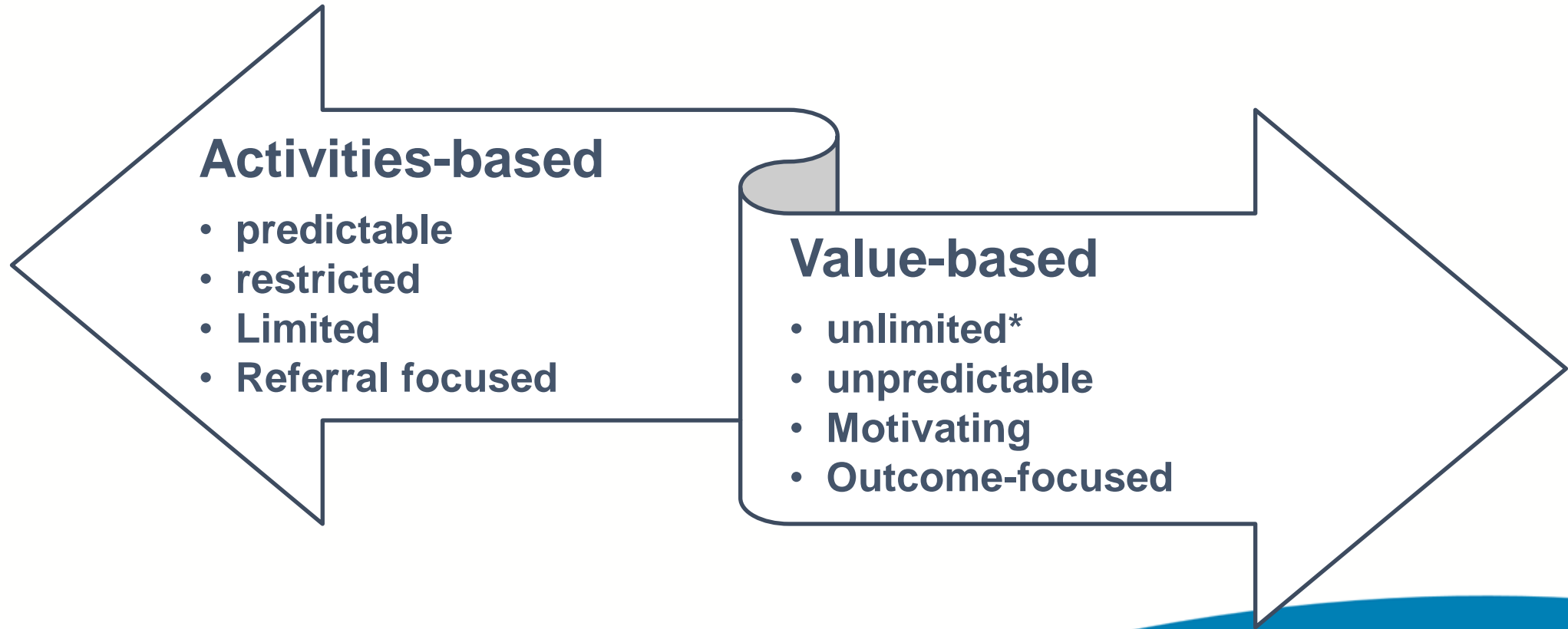
Funding

Advocacy for state funding

Yearly grant stipends

Timely outcome payments

From my experience...



Points to ponder

1. All CCAs and CHWs are unique and may require varying levels of support to be successful.
2. The more comfortable CHWs/supervisors are with PCHI® Model documentation, the easier invoicing may be.
3. Robust invoicing processes are most effective when the billing specialists understands the Model and mission.
4. Payer relationships are dynamic and can change or grow over time.

THANK YOU!



PCHI



Pathways

COMMUNITY HUB INSTITUTE
MODEL CERTIFICATION

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