Community Care Hub 101
Learning Series

CCH Contracting Opportunities:
Aligning Service Offerings to Address Health Related Social Needs

December 7, 2023

Center of Excellence to Align Health and Social Care
Welcome

Webinar hosted by the Center of Excellence to Align Health and Social Care, powered by USAging’s Aging and Disability Business Institute

In partnership with:

• The Administration for Community Living

Presenters

• Marc Rosen, System Director of Community Impact and Partnerships, CommonSpirit Health
• Kathy Vesley, President & CEO, VAAACares
• Marisa Scala-Foley, Director, Aging and Disability Business Institute, USAging

Facilitator

• Maya Op de Beke, Senior Program Manager, Aging and Disability Business Institute and Center of Excellence to Align Health and Social Care
Community Care Hub 101 Learning Series Overview

1. **Introduction to Community Care Hubs:** November 16, 2023, from 2:00-3:30 PM ET

2. **Community Care Hubs Core Functions:** November 30, 2023, from 2:00-3:30 PM ET

3. **Contracting Opportunities to Address Health-Related Social Needs:** December 7, 2023, from 2:00-3:30 PM ET

4. **Building the Community Care Hub Business Case:** December 14, 2023, from 2:00-3:30 PM ET

Register today!
Webinar Instructions for Zoom

Audio Options
• Use your computer speakers, **OR** dial in using the phone number in your registration email.
• All participants are muted.

Questions and Answers (Q&A)
• You can submit questions for the panelists at any time during this presentation. On the Zoom module on the bottom of your screen, click the Q&A icon, type your question in the box and submit.

Chat Feature
• The Chat feature allows webinar attendees to make comments during the webinar question and answer period.
Poll Question

In what ways is your social care organization or hub actively involved in contracting with health care organizations to provide services and supports to address individuals’ health-related social needs? Check all that apply:

- We are a direct social care service provider (e.g., CBO providing meals, transportation, etc.)
- We contract with direct social care service providers (e.g., AAA, CCH, etc.)
- We fund programs that address HRSNs (foundation, government agency, etc.)
- We are not (currently) actively involved in contracting with health care organizations to provide services and supports to address HRSNs
- Other – *put in the chat*
CBO Contracting Trends

Results from the Aging and Disability Business Institute (ADBI) CBO-Health Care Contracting Survey
ADBI CBO-Health Care Contracting Survey

- **Fifth survey** since 2017 *(in partnership with Scripps Gerontology Center at Miami University)*
- Focused on **AAA, CIL, CBO, and network contracting activity/experience** with health care entities providing services to older adults and people with disabilities in a rapidly evolving market
- Feedback used to develop targeted resources that help **raise the visibility of CBO–health care contracting** and educate policymakers and health care professionals on the growing capacity of CBOs for this work
The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAgeing. For more information, visit http://ow.ly/842K50lsrYA
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Health System Perspective

Supporting CCH Development
Community Care Hubs
A System-wide Strategy

Marc Rosen
System Director, Community Impact and Partnerships

December 7, 2023
Contents

1. **The Situation:** Coordination of Care in the Aging Population
2. **The Opportunity:** A Solution to Fragmented Care: Community Care Hubs
3. **The Solution:** Partnering to Activate Community Care Hubs in Community
Who We Are
CommonSpirit Health

- 142 hospitals, >1000 care sites in 24 states
- Strive to build more resilient communities, advocate for those who are poor and vulnerable, and innovate how and where healing can happen—both inside the hospital and out in the community
- Committed to a mission of serving all people, especially those who are vulnerable.
- Nation’s leading provider of Medicaid services working to ensure those in need have access to quality care.
Our Mission

We seek to improve the health of the people we serve, especially those who are most vulnerable, while we advance social justice for all.

*Our commitment and support of community networks is guided by three core attributes.*

**Community Access**
Prioritize community-wide solutions that are payor and provider agnostic, and do not exist to serve any one organization’s needs.

**Community Bank**
Galvanize the investment of human and financial resources from across and within sectors. To date, CommonSpirit has raised more than $4 million to support 12 communities in activating network-based models.

**Community Governance**
Contribute to local formal and informal collaboration, decision-making structures, and control through governance.
Community Care Hubs
The Situation

A growing aging population with health needs that go beyond the healthcare setting.

Today, older adults must navigate fragmented, complex systems of care to address their medical and social needs.

The older adult population is expected to grow significantly. In 2020, people aged 65 and older represented 17% of the population – that’s expected to grow to 22% by 2040.¹

Only 40-50% of eligible older adults participate in key nutrition, income support, and health insurance programs for low income populations.²

People age 55 and over accounted for 56% of total healthcare spending in 2019, despite making up only 30% of the population.³

Regulatory and accreditation requirements now require healthcare provider organizations to screen for and address a patient’s social needs.⁴,⁵,⁶

CommonSpirit
A desire for cross-sector contracts.

Healthcare and community-based organizations are encouraged to coordinate social and medical care through contracts, which would require CBOs to perform six critical functions.

<table>
<thead>
<tr>
<th>Leadership and Governance</th>
<th>Strategic Business Development</th>
<th>Network Recruitment and Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a legal and operational structure that enable the entity to operate a CBO network and incorporate goals of relevant stakeholders.</td>
<td>Conduct strategic and business planning undertake development of new and expansion of existing partnerships (contractual and non-contractual).</td>
<td>Recruit, engage, monitor and retain CBO network members to build the network’s capacity, train CBO staff, and other capacity-building efforts.</td>
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<tr>
<th>Operations</th>
<th>Contract Administration and Compliance</th>
<th>Information Technology and Security</th>
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<tr>
<td>Manage the flow of data, individual referrals, and services between contracting healthcare entity, hub, and network, as well as continuous quality improvement.</td>
<td>Manage the business fiscal cycle, contract administration responsibilities, risk, implementing quality improvements, and relationships with healthcare entities.</td>
<td>Source and use IT tools that facilitate data sharing with healthcare and CBO partners in a secure and healthcare compliant manner.</td>
</tr>
</tbody>
</table>
The Reality

Executing contracts **requires significant infrastructure for CBOs.**

The infrastructure, resources, and subject matter expertise necessary to access these contracts is often too much for each individual CBO to build on their own.

**Leadership and Governance**
*Resources to...* establish a legal and operational structure that enable the entity to operate a CBO network and incorporate goals of relevant stakeholders.

**Strategic Business Development**
*Resources to...* conduct strategic and business planning, undertake development of new and expansion of existing partnerships (contractual and non-contractual).

**Network Recruitment and Engagement**
*Resources to...* recruit, engage, monitor and retain CBO network members to build the network’s capacity, train CBO staff, and other capacity-building efforts.

**Operations**
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**Information Technology and Security**
*Resources to...* source and use IT tools that facilitate data sharing with healthcare and CBO partners in a secure and healthcare compliant manner.
Community Care Hubs are emerging as a solution to this problem by centralizing critical functions that individual CBOs are challenged in performing.
An Emerging Solution

Breaking down Community Care Hubs.

Community Care Hubs can fulfill some or all of the administrative functions and infrastructure necessary to contract with healthcare organizations and scale social care services.

**Network of CBOs**
- CBO
- CBO
- CBO
- CBO

Organizations providing services such as medical respite, medically tailored meals, transportation, and care transitions.

**Community Care Hub**

A legal entity (or arm of an existing legal entity) that remains community-focused as it organizes and supports a network of CBOs.

**Health Care Orgs**
- Health Plans
- Providers
- Gov Agencies
- Foundations

Entities that want to more formally integrate social care into healthcare so the value of these services can be measured, monitored, and compensated.
Our Goal

CommonSpirit’s goal is to support the go-to-market activation of Community Care Hubs around the country.

Network of CBOs

- CBO
- CBO
- CBO
- CBO
- CBO

Health Care Orgs

- Health Plans
- Providers
- Gov Agencies
- Foundations

More CCHs → More CBO+HCO Contracts → More Coordinated Care → Better Outcomes
Our Goal

*More Coordinated Care*

enabled by Community Care Hubs

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**Example Hub Function**

**More Coordinated Care**

**Strategic Business Development**

Securing healthcare contracts will enable a more diversified and dependable source of revenue for CBOs that allows them to plan for growth of services.

**Information Technology and Security**

Sourcing the right technology will enable the value that community-based services provide to healthcare provider and payer organizations to be measured, monitored, and reimbursed. This will contribute to a demand for more services.

**Network Recruitment and Engagement**

Participating in a Community Care Hub network alongside other CBOs enables a built-in community of practice to form where best practices can be highlighted and continuous improvement made easier.
Example Outcomes enabled by Community Care Hubs.

**Example CBO Services**

- **Navigation**
- **Nutrition Services**
- **Transportation**
- **Disease Prevention/Wellness Programs**

**Better Outcomes**

Five studies found strong evidence and three studies moderate evidence that navigation services reduced emergency room visits by up to 23%, hospital admissions by up to 57%, and two studies showed overall healthcare costs decreasing between $480-$773.¹

Eight studies of home-delivered meals for those with chronic conditions, nutritional risk, or high needs found significantly reduced rates of hospital and Skilled Nursing Facility utilization.²

Promising to moderate evidence that providing nonemergency medical transportation to low-income people, those with chronic conditions, or dually eligible Medicare and Medicaid enrollees increases access to care.³

The Community Preventive Services Task Force (CPSTF) recommends intensive lifestyle interventions for patients with type 2 diabetes based on sufficient evidence of effectiveness in improving glycemic control and reducing risk factors for cardiovascular disease.⁴
Our Role

We can be a catalyst.

CommonSpirit Health’s footprint across 24 states and experience as a catalyst for advancing community networks creates opportunities to accelerate the growth of Community Care Hubs.

Providing Subject Matter Support
In house experience and subject matter expertise in building a Community Care Hub- staffing, IT procurement, identifying target populations and use cases, network preparation and recruitment, operations, etc.

Facilitating Learning Among Clinical and CBO Partners
Our reach across 24 states enables the spread of learnings among community partners as they move through similar work.

Sourcing Implementation Support
We have experience catalyzing network-based approaches in communities, particularly in bringing the delivery of technical assistance to communities as they move from discovery to implementation.

Securing Local Healthcare Buy-In
As a large anchor organization that has existing relationships with payers and other health systems, we’re positioned to engage payers and health systems in ways that Hubs/CBOs are initially not.
Our Role

From discovery to implementation.

CommonSpirit Health recognizes the importance of having healthcare organizations walk alongside Community Care Hubs as they move from discovery to implementation. Our support looks like...

**DISCOVERY 01**
Join local organizations in exploring whether a Community Care Hub model is the right fit to meet local needs among clients, CBOs, healthcare, and government/philanthropic sectors.

**PLANNING 02**
Participate in planning efforts alongside backbone organizations. CommonSpirit can provide thought partnership, help galvanize investment, secure buy-in from healthcare organizations, and participate in local governance.

**BUILDING 03**
Continue supporting efforts to galvanize investment and engage healthcare organizations as partners of the Community Care Hub. Engage internal CommonSpirit clinical and administrative leaders in exploring partnership opportunities.

**GROWING 04**
Support the Community Care Hub in securing ongoing investment, establishing referral pathways, contracting with CommonSpirit facilities, and jointly engaging payer and philanthropic organizations in the community.
Thank you.

Marc Rosen
marc.rosen@commonspirit.org
CCH Field Example

VAAACares
Virginia Community Care Hub

USAgeing CCH 101
December 7, 2023

Kathy E. Vesley
President & CEO
Bay Aging
VAAACares®
About Us

Bay Aging
• 501(c) governed by volunteer Board of Directors, including representatives from all localities, consumers, family members
• AAA serving mostly rural areas
• 3 Major Divisions

VAAACares® - Virginia’s Community Care Hub
• Statewide network of Area Agencies on Aging and other CBOs
• A subsidiary of Bay Aging, ‘one-stop-shop’ for health entities to contract with CBOs for community-based services

Neutral Convener of Community Care Learning Collaborative
• Over 300 cross sector stakeholders, expanding readiness to join the network and partner
• Webinars lead by experts, surveys, interactive online learning hub with tools, resources, best practices
• Educating legislators and policy makers
Service Area:
25 AAAs encompassing 95 Counties & 38 Cities
The Evolution of VAAACares®

Small, rural non-profit to statewide broker

CCTP full launch with 5 health systems, 69 skilled nursing facilities, and 5 Area Agencies on Aging – covering 20% of the state.

Bay Aging initiated VAAACares® statewide for contract opportunities in Duals Demonstration.

Based on Medicare savings and health outcomes, the VA General Assembly awarded funding to Bay Aging/ VAAACares® to demonstrate impact in Medicaid.

Used “Duals” data to land statewide MCO LTSS contracts.

Health systems, MA, MCOs, ACOs, VAMC, etc.

Used CMS/General Assembly outcomes data to land Statewide MCO “Duals” contracts.

Community Care Hub selected by ACL to develop statewide Community Integrated Health Network to include all CBOs and health entities.

Leverage CCH designation to influence policy makers for MCO opportunities.
Bay Aging was selected by the Administration for Community Living (ACL) in 2021 to promote health equity and expand the alignment of health and social care by strengthening hubs’ ability to implement the federal No Wrong Door System and centralize contracting between health entities and community-based organizations. Bay Aging offers a free Learning Collaborative for organizations interested in becoming part of Virginia’s Community Care Hub network.

Community Care Hub
LEARNING COLLABORATIVE
https://virginia-cihn.mn.co

Bay Aging/
VAAACares®

Better Outcomes
Lower Costs

Health Partner
- Contract
- Referrals
- Reimbursements

CBO

CBO

CBO

Patients

Services addressing Health-Related Social Needs:
- Care transition support
- Care coordination
- Chronic disease self-management programs
- Health screenings and assessments
- Behavioral health supports
- Caregiver supports
- Veteran Directed Care
- Medication counseling
- Transportation assistance
- Housing assistance
- Insurance counseling
- Home care
- Falls prevention
- Meals & more

Health Partner

Bay Aging/
VAAACares®

 Patients
State Support for CCH Development

Bay Aging part of State’s “No Wrong Door”

An emerging statewide Health Information Exchange

State Medicaid agency requiring interventions and targeted investments to address non-medical risk factors

MCO interest in partnering with CBOs to facilitate health services as care management extenders, performing health risk assessments, management of high-risk subpopulations, and facilitating care transitions and Health Related Social Need responses
# Federal Policy Support for Development of CCH

| **Veterans’ Medical Centers partnering with CBOs to administer Veterans Directed Care** |
| **ACL designating Bay Aging as the lead for the statewide CCH** |
| **Medicare Advantage Plans given greater flexibility in creating benefit packages that include services to address HRSN** |
| **2023 CMS requirement for health providers to screen for SDOH needs and 2024 start of data collection on intervention provided** |
| **HEDIS, STARS, NCQA, and Joint Commission add quality metrics related to screening for food, housing, and transportation needs** |
| **CMS promotion of alternative payment models to reward health care providers for delivering high quality, cost effective care and incentivize investment in social care to improve health outcomes and reduce overall spending** |
| **CMS creation of new physician billing codes that will allow reimbursement for non-medical services** |
Contracting Considerations

• Building relationships, trust
• The Business Case
• CBO network capacity and infrastructure, contract volume
• Contract compliance and quality assurance
• Technology: security, gathering outcomes, reporting capabilities, interoperability
• Operating Agreements: For example, nondisclosure agreement, scope of work, key performance standards
• Payment structure
Payment Models

• Fixed Price Contract
• Fee-for-Service
• Bundled Payment
• Capitation
• Pay for Performance
  ▪ Shared Savings
  ▪ Shared Losses
  ▪ Outcome Based Payment
  ▪ Performance Bonuses
• Other alternative Models
Revenue Trends

2012
$11.97 m

2024
$45.04 m

- Fees/Earned Income: 74%
- Federal Grants: 56%
- State Grants: 13%
- Local Grants: 6%
- Contributions: 1%

- Fees/Earned Income: 0.2%
- Federal Grants: 8%
- State Grants: 2%
- Local Grants: 16%
- Contributions: 74%
Bay Aging Revenues

![Graph showing Bay Aging Revenues over fiscal years 2006 to 2024, with actual, projected, and budgeted revenues represented by different colors.](image-url)
**Examples of Contracted CCH Network Services**

*Example: Blend and Braid*

<table>
<thead>
<tr>
<th>Core Components</th>
<th>Incorporate Evidence Based Models</th>
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<tbody>
<tr>
<td>• Assessment</td>
<td>• Chronic Disease Self-Management Education</td>
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</tr>
<tr>
<td>• Red Flags</td>
<td>• Healthy Ideas (Depression)</td>
</tr>
<tr>
<td>• Patient Centered Record</td>
<td>• Advance Care Planning</td>
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<tr>
<td></td>
<td>• Telehealth / Tele-education</td>
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<tr>
<td>Coordination of Other Services</td>
<td>• Transportation</td>
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<td></td>
<td>• Nutrition / Meals on Wheels</td>
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<td>• Personal and Companion Care</td>
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<td></td>
<td>• Housing Assistance</td>
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<td>• Emergency Services i.e. fuel assistance</td>
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- Assessment
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- Adult Day Services
THANK YOU!

Questions? Comments?

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www.bayaging.org
Future of Coding for Health-Related Social Needs (HRSNs)
The annual schedule sets payment rates for physicians, other professionals—including policy changes

Rates take effect January 1, 2024 as do many other policy provisions

Offers new contracting opportunities for CCHs, AAAs and CBOs for reimbursement for services that assess and address HRSNs

**Services Addressing HRSNs:** CMS to pay separately “when clinicians involve certain types of health care support staff such as community health workers, care navigators, and peer support specialists in furnishing medically necessary care.”

- Look to rules [Incident 2 Billing/general supervision] to determine list of specific billing providers/practitioners who can supervise other clinical staff for provision of CHI and PIN services.
## Billing Codes to Address HRSNs

### Four services in PFS final rule for CCHs/AAAs/CBOs to note

<table>
<thead>
<tr>
<th>Social Determinants of Health Risk Assessment</th>
<th>Community Health Integration (CHI)</th>
<th>Principal Illness Navigation (PIN)</th>
<th>Caregiving Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0136</td>
<td>G0018 (initial) and G0019 (ongoing)</td>
<td>G0023 and G0024</td>
<td>97550</td>
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Social Determinants of Health Risk Assessment (coding and payment to physicians when needed; optional use in Annual Wellness Visit by physicians)

Community Health Integration (encourages Accountable Care Organizations (ACOs) partnerships with CBOs to help address HRSNs & it counts toward Merit-based Incentive Payment System ((MIPS))

Principal Illness Navigation Services (codes that could be used by CBOs under direction of physician for peer support, Community Health Workers (CHWs), care navigation)

CMS to pay for certain caregiver training services in specified circumstances (When practitioners train caregivers to support patients with certain diseases or illnesses [e.g., dementia] in carrying out a treatment plan)

Source: [Partnership to Align Social Care](#)
Resources on New PFS Coding

• CMS Fact Sheet: Calendar Year (CY) 2024 Medicare Physician Fee Schedule Final Rule
• Aging and Disability Business Institute webinar: Data, Billing and Coding: What CBOs Need to Know: New CMS Rules on Health-Related Social Needs Screening
• P2ASC on-demand webinar: The Medicare Physician Fee Schedule Includes Codes to Address HRSNs...What Happens Next
We Want to Hear from You!

• With funding from The John A. Hartford Foundation, the Aging and Disability Business Institute and Scripps Gerontology Center are conducting the 5th CBO-Health Care Contracting Survey to track how AAAs, CILs, CCHs/networks, and other aging and disability CBOs are contracting with health care entities.

• We want to hear about your agency’s health care contracting experiences! This survey – which will close on December 15 --is for all CCHs/AAAs/CILs/CBOs, not just those that have contracts.

Questions?

Please enter your question into the designated Q&A box on your Zoom panel bar.
Join Us Next Time!

December 14, 2023
2pm ET

Webinar focus: Building the CCH Business Case, partnership development and value propositions