

Community-Based Organization Engagement with a Managed Care Organization

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The Managed Care Perspective



Why collaborate with a Community-Based Organization (CBO)?

- Regulatory compliance
- Public/member health initiatives
- Community partnership
- Medical cost and utilization controls
- Alignment with similar initiatives (health homes)

Regulatory Requirements: The New York Medicaid Landscape



Delivery System Reform Incentive Payment Program (DSRIP) and Value-Based Contracting (VBC) fundamentally changed the Medicaid business.

- As of **Jan. 2018**, value-based payment (VBP) contractors in a Level 2 or 3 arrangement **must** contract with at least one Tier 1 CBO.
- Language describing this standard must be included in the contract submission to count as an “on-menu” VBP arrangement.
- This doesn’t prevent VBP contractors from including Tier 2 and 3 CBOs in an arrangement to address one or more social determinants of health – in fact, this is actually encouraged.

Value-Based Contracting: Where to start?



How is my CBO classified?

- **Tier 1:** Non-profit, non-Medicaid billing, community-based social and human service organizations
- **Tier 2:** Non-profit, Medicaid billing, non-clinical service providers
- **Tier 3:** Non-profit, Medicaid billing, clinical and clinical support service providers. Licensed by the New York State Department of Health, New York State Office of Mental Health, New York State Office for Persons with Developmental Disabilities, or New York State Office of Alcoholism and Substance Abuse Services

Is my organization in the Department of Health Directory?

- Take the survey on the Department of Health website:
<https://www.surveymonkey.com/r/SDH-CBO>
- The survey allows you to indicate your CBO's service area and services provided.
 - MCOs use the CBO list when planning for CBO inclusion in VBC.

Value-Based Contracting: Where to start?



Know your Value Proposition

- What unique skills or strong relationships can my organization bring to the table?
- What social determinants of health does my organization address?
- How does the population that we serve align with the MCO's population?
- What geography do we serve?
- Is the CBO prepared to accept and share data? (performance data, member health data, etc.)
- Does your organization have the ability to take additional referrals?

Considerations



- **MCO Strategy:** What is driving the MCO/CBO collaboration?
- **MCO Size:** Does the MCO operate on a smaller, local scale; or larger global scale?
- **MCO Footprint/Market Share:** What presence does the MCO have in a particular geography?
- **MCO/Provider Collaboration/Contracts in Place:** Can the CBO collaborate with care providers who already have key relationships with the MCO?

Case Study: Care Provider Collaboration



UnitedHealthcare Level II contract with large primary care health system in New York City:

- The health system contracted with the CBO.
- The health system/CBO contract was incorporated formally in to the MCO/health system VBC arrangement.
- The following components were called out in the contract:
 - Health system strategy
 - Social determinants to be addressed and CBO's assistance with them
 - Target patient population
 - Service delivery
 - Project scope
 - Geographic location
 - Needs assessment
 - Targeting and evaluation
 - Implementation and timeline
 - Project funding

Direct MCO Engagement with a CBO



Our existing relationships with CBOs:

- Collaborations to ensure continuity of coverage
- Collaborations to provide health education and engagement opportunities such as health fairs
- Collaborations to share limited data to allow the health plan to locate members who may be homeless and/or lost to care
- Expansions of existing relationships to provide direct interventions addressing a social determinant of health.

Going Forward



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- **Expanding** the conversation around the MCO/care provider/CBO collaboration
 - **Thinking** outside the box
 - **Sustaining** beyond Delivery System Reform Incentive Payment (DSRIP)

Questions?



Thank you!