



**GOD'S LOVE**  
**WE DELIVER®**

# **CBOs: Key Considerations on Relationships with Managed Care Organizations**

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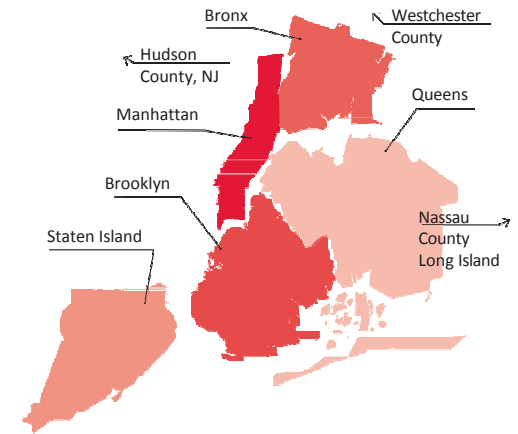
**05 Lessons Learned**

# **Mission in Action**

About God's Love We Deliver

# Our Mission

- God’s Love We Deliver, a nonsectarian organization, is the New York metropolitan area’s leading provider of life-sustaining meals and nutritional counseling for people living with severe illnesses
- We prepare and deliver nutritious, high-quality meals to people who, because of their illness, are unable to shop or cook meals for themselves
- We provide illness-specific nutrition education and counseling to our clients, and all meals are individually tailored for each client by one of our Registered Dietician Nutritionists



## Clients 7,000+ served annually including clients, children and caregivers



**DIAGNOSIS**

17%	HTV
17%	Cancer
15%	Cardiovascular
12%	Other Disorders
11%	Kidney Disease
9%	Alzheimer's/Neurological Disorders
6%	MS/Multiple Sclerosis
6%	Severe Diabetes
6%	Pancreatic Disease



**GEOGRAPHIC DISTRIBUTION**

28%	Bronx
24%	Manhattan
23%	Queens
22%	Brooklyn
4%	Staten Island
1%	Hudson County, NJ
1%	Other



**AGE**

43%	70+
24%	60-69
23%	50-59
7%	40-49
3%	30-39
2%	13-19
2%	0-12

# Our Meals

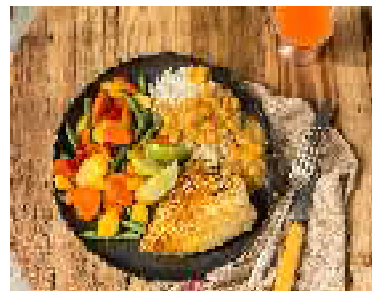
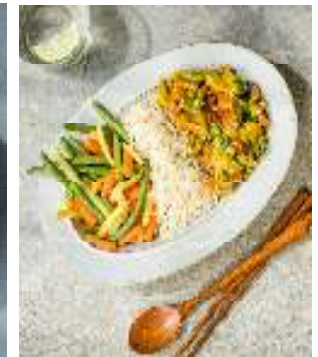
Our medically tailored meals are cooked in our state of the art commercial kitchen in SoHo (NYC).

All meals are low-sodium and are freshly cooked with no preservatives, starters or fillers, and are flash frozen to optimize nutritional value and quality.

We customize meals by addressing a combination of restrictions, resulting in almost infinite meal variety for members.

Meal restrictions include:

- Pork, Beef, Fish and Vegetarian
- Sugar, Fat and Dairy
- Renal, Minced and Pureed
- Acid/Bland and Fiber/Gas



## What We Do



Cook delicious food from scratch in our state-of-the-art kitchen in lower Manhattan

Deliver it to you in one of our refrigerated vans



Provide ongoing nutrition education and counseling

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## What Members Do



Store the food in the fridge or freezer

Reheat it in the microwave or oven



Enjoy healthy, great tasting meals and the support of our staff and community

# **Value Based Payment Opportunity**

# Value Based Payment Contracting Requirement

## New York State Department of Health (NYSDOH)

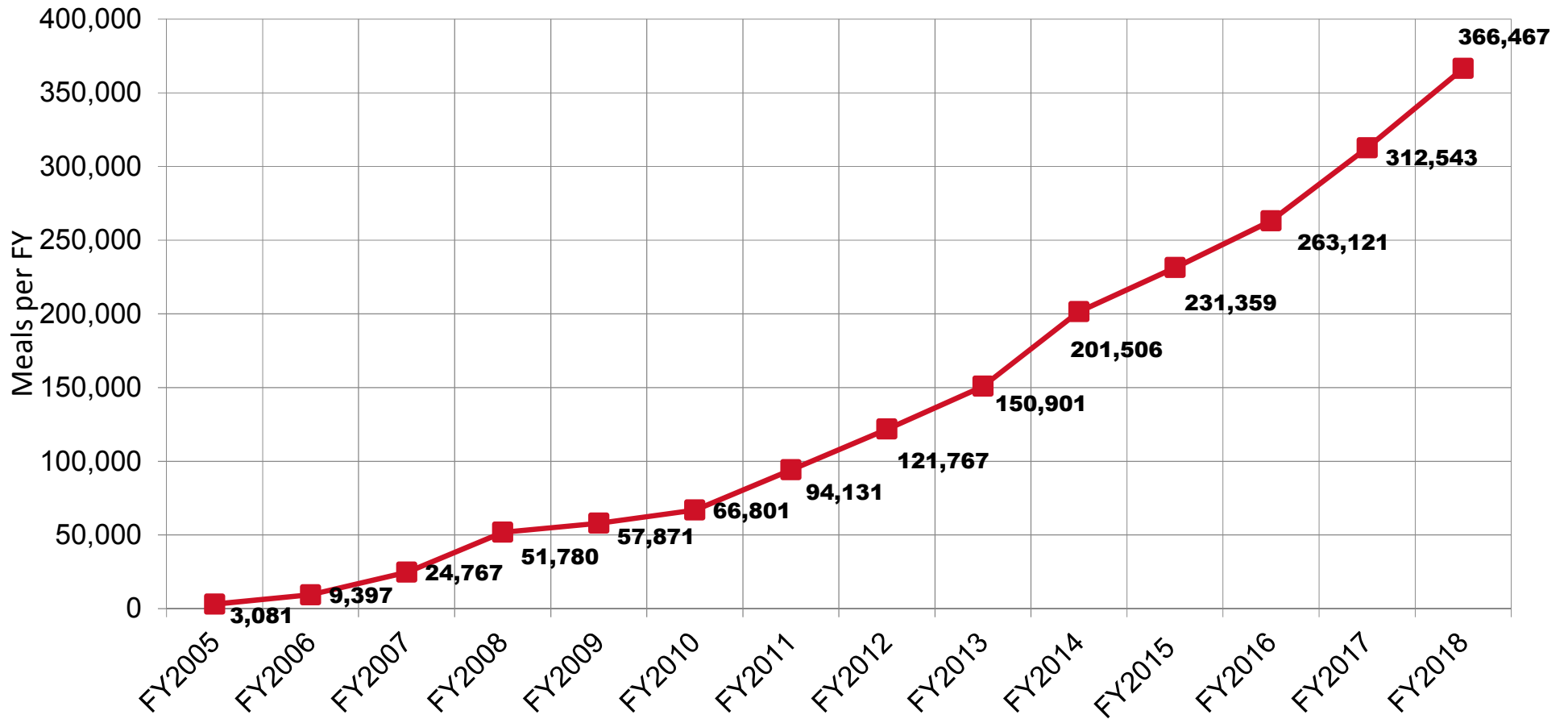
- Paying for VALUE over VOLUME of healthcare services
- Different levels for this type of arrangement, called Tiers
- **NYSDOH Goal:** 80% of all Mainstream Medicaid payment in VBP by 2020
- **Requirement from NYSDOH:** As of January 1, any Tier 2 or higher VBP arrangement must involve:
  - One Tier One Community Based Organization
  - One Social Determinants of Health project



**God's Love fulfills both requirements**



# Managed Long Term Care Growth



# Community Based Organizations

## You're Fabulous, Say So!

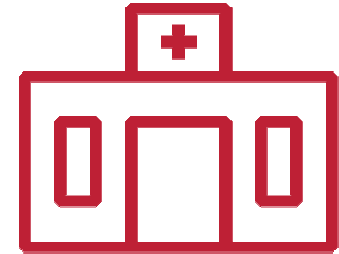
1. Leverage your history in the community
2. Speak to your core competencies
3. Know the research in your field
4. Leverage client and provider feedback
5. Have your data and report on your historical impact
6. Anticipate the MCO's goals/concerns and then ask them to clarify
7. Know the metrics/goals the other party needs to meet
8. Know the research in your field
9. Craft a convincing narrative about how your services will help accomplish these metrics
10. After your SWOT analysis, present your "Return on Investment" for the MCO



**Partnerships are key**

# Partnership considerations

1. Be clear on the intention of your partnership
2. Establish clear parameters and expectations
3. Make sure to clarify decision points
  - Agree on acronyms
  - Be clear on how each organization works
  - Confirm how members will be referred and enrolled
  - Establish clear communication lines
4. Determine key stakeholders early on
5. Establish communication structure and timelines
6. Screening for SDOH
  - Track what the patient needs and report on it!
  - Share findings with each other, consistently
  - Make sure the MCO can keep track of what you do and what you've reported
7. Billing and reimbursement timelines
8. Refine, review, implement and then do it again



# Partnerships

## What's Possible?

- DSRIP Performing Provider Systems
- Hospitals
- Managed Care Organizations
- Integrated Primary Care
- Independent Practice Association
- Accountable Care Organizations
- And more!

NYC  
HEALTH+  
HOSPITALS

ONECITY  
HEALTH

 Northwell Health®

If Managed Care Organizations haven't reached out, you need to pursue them!

 Mount Sinai

# Plan for the submission SDOH

- Anticipate the MCO needing help completing the template
- Consider your target populations
- Consider evaluation methods



## SOCIAL DETERMINANT OF HEALTH INTERVENTION TEMPLATE

This template is recommended for Tier 1 Community Based Organizations (CBO) completing required reporting for Medicaid Managed Care Value Based Payment (VBP) contracting for Social Determinants of Health (SDH). The Report must be submitted by the CBO to Medicaid Managed Care Organization(s) (MCO) as part of the MCO-CBO contracting process. MCOs must include this Report with all Medicaid Value Based Payment Level 2 or Level 3 contract submissions to DOH.

### 1. CBO Name and Contact Information

[Click here to enter text.](#)

### 2. MCO/VBP Contractor Name and Contact Information

[Click here to enter text.](#)

### 3. SDH Intervention Description

[Click here to enter text.](#)

### 4. Project Scope

[Click here to enter text.](#)

### 5. Geographic Location

[Click here to enter text.](#)

### 6. Need Assessment (i.e. community and population need)

[Click here to enter text.](#)

### 7. Targeting and Evaluation (i.e. method of targeting and measures of success)

[Click here to enter text.](#)

### 8. Implementation and Timeline

[Click here to enter text.](#)

### 9. Project Funding (i.e. payment structure and funding advance or upfront incentive given to the provider or CBO from the MCO to address the SDH as described on p. 42 of the roadmap)

[Click here to enter text.](#)

# CBO Operations Considerations

## Consider...

1. What preconceived notions the MCO/contractor may have about your services?
2. What services will you offer and what's the price point?
3. How will you serve the MCO's members?
4. What will be the members experience? Is there a time limit on services?
5. How would you have to change your program to meet contract requirements?
6. What are the pros and cons of flexibility?
7. How would you manage the new flexibility?
8. Who on your staff is involved in making flexibility a success?



# Contracting



# Populations and Services

- **Which populations will you serve?**
  - Ask the MCO who they need help with!
  - Diagnoses: HARP, Cancer, Asthma, etc
- **What metric (s) do you want to influence?**
  - Re-hospitalizations
  - New Admissions
  - Potentially Preventable Emergency Room Visits (PPVs),
  - Prevention Quality Indicators– Adult (PQIs),
  - Prevention Quality Indicators– Pediatric (PDIs).
- **What services will you provide?**



# Contracting Negotiations



1. Know what you can do going in:
  - Are you looking for a smaller project with option to grow? Or can you handle a bigger scale?
  - Do you have the ability to invest in new staff, technology, data collection, etc.?
  - Do you have the ability to deliver on ALL aspects of contract? (reporting, health screening, MIAs, and so much more)
2. Hire appropriate legal counsel
3. Start the conversation – formal or informal – and then follow up
4. Be beyond responsive!
5. Are you willing to use other funding streams to supplement the contracting arrangement or do you expect direct payment through a contract for services?
6. Even with direct contracting, do you have the resources to cover your costs if there is a lag in payment?
7. Know how much of your cost you are willing to absorb should payment be predicated on outcomes
8. What determines walking away?

## The room where it happens!

- Communication is key!
- Build “buy in” constantly
- Responsiveness and timeliness
- Keep the MCO informed of engagement opportunities
  - Branding, volunteering, etc.
- Stay connected and engaged
  - Meet in person, email updates, etc..



# Data and IT

## Ask Yourself...

1. What data do you have/need to deliver service?
2. What data do you have/need to show outcomes?
3. What data does the healthcare entity have/need?
4. How will you exchange this data adhering to patient privacy laws?
5. How will you get outcomes data back?
6. Are there pro bono resources that can help you add capacity?



# Flexibility Example: Community Partners Program

- Added/Changed Program Services
  - Nutrition modification
  - Allow health plan to authorize 1 – 21 meals a week
- New Delivery Options
  - Aligned with Home Health Aide hours
  - Flexibility in delivery days
  - Expanded geography (to cover 2 very large suburban counties)



- Enhanced Customer Service
  - Streamlined Authorization Process
  - Ongoing education sessions for referral staff
  - Open Houses/webinars
  - Daily notification of MIAs
  - Collaboration on providing care



# Lessons Learned

# Think Differently

- Stay up to date on healthcare and its affect on your patients
- Consider how you tell your story to a new person, and make them fall in love with your CBO
- Assess your data protections and strengthen accordingly
- Get comfortable asking for what you need
- Consider collaborations to have an impact



# Lessons Learned

1. Consider cultures and language
2. Make sure to clarify decision points
  - Be clear on how each organization works
  - Establish clear communication lines
3. Determine key stakeholders
4. Get buy in from champions
5. Track your discussions
6. Confirm contacts for contracting and implementation
7. Engaged leadership in both organizations will move the work faster!
8. Discuss and consider priorities in advance
9. Get clear on how the project will be done





# Checklist

## Keep this in mind



### TRACKING SERVICES

Confirm populations to be served and services to be reported on, consider data sharing



### REPORTING

Establish reporting needs: Medicaid Numbers, etc.

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### COLLABORATION

Make sure that both decision makers and line staff are all on the same page for both organizations



### BRANDING

Establish early on how you will showcase the partnership



### RESEARCH

Stay tuned to research and work with the MCO on quality and impact reporting and publishing



### PAYMENT & BILLING

Determine how you will bill and get reimbursed



### COMMUNICATION

Stay in contact with each other, lots of check-ins and emails. Confirm a meeting structure to modify accordingly



### MEDICAL INSIGHTS

Stay in touch on any health discoveries with the patient

**Questions?**

# Contacts

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**Thank You**