



Aging and Disability **BUSINESS INSTITUTE**

Connecting Communities and Health Care



advocacy | action | answers on aging



Building and Financing Sustainable Partnerships Between Healthcare and Community-Based Organizations

Part of the Aging and Disability Business Institute Series- a
collaboration of n4a and ASA

The “Business Institute”

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.n4a.org/businessinstitute

Partners and Funders

Partners:

- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence

Funders:

- Administration for Community Living
- The John A. Hartford Foundation
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation

Agenda

- Meals on Wheels America project objectives
- Summary and key learnings of project
- Suggestions to move forward

Meals on Wheels America's Objectives

- Develop new opportunities to partner and secure earned income for local services
 - With rapidly growing senior population and increased demand for services, new sources of earned income are critical
 - Develop a partnership with a national MA provider to expand opportunities for contracts and new sources of revenue for Meals on Wheels providers

Meals on Wheels America's Objectives

- Demonstrate value of More Than a Meal model in Medicare Advantage
 - Take advantage of opportunities in MA by proving enhanced ROI and value of More Than a Meal compared to other intervention models
 - Position Meals on Wheels provider to compete for MA contracts to provide enhanced supplemental benefits in upcoming years

Meals on Wheels America's Objectives

- Grow evidence base of More Than a Meal model
 - Increase evidence linking More Than a Meal model to improved health outcomes and ROI to payors

Project Overview and Milestones

Mar. 2017:
Project
funding
secured
from NFF via
CNCS

Nov. 2017:
Decision
reached to
include
project in
2019 MA bid

Apr. 2018:
Decision by
MA plan to
pay for
intervention
directly

Oct. 2018:
Bid
approved by
CMS

Jun. 2017:
MA Plan
secured as
partner and
Payor

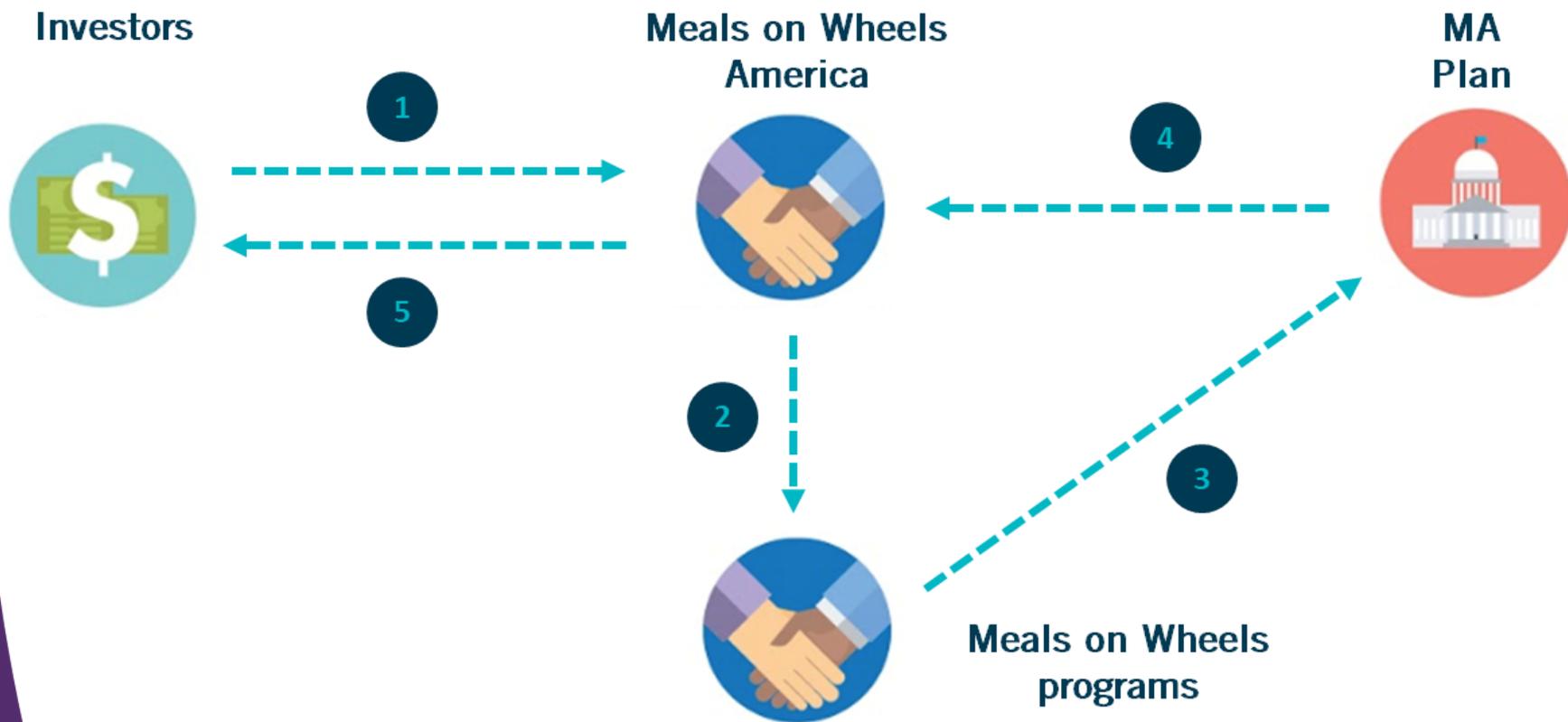
Dec. 2017 –
Apr. 2018:
Geography
selection,
intervention
definition,
economic
modeling

Jun. 2018:
Bid
submission
to CMS

Jan. 2019:
Beginning of
service
delivery in 3
MA plan
markets



Pay for Success taps into impact investments to finance risk of performance-based contracts



Key Learning 1: PFS in Medicare Advantage

1. Know the MA bid cycle
 - Begin conversations ~18 months before expected service delivery date
 - Starting conversation in August 2019 will prepare you for a bid submission in June 2020 - and a start date of January 2021

Key Learning 1: PFS in Medicare Advantage

2. Simplify, always

- Especially when working with first several healthcare clients, keep things simple
- We transitioned from traditional PFS model to performance contract, without sacrificing value - which kept the door open for PFS

Key Learning 1: PFS in Medicare Advantage

3. Barriers exist, but can be overcome
 - Secure financing on bid timeline
 - Member pays, but plan doesn't?

Key Learning 2: Make it easy for plans to 'say yes'

4 key areas of preparation were critical to the MA plan deciding to partner:

1. Know Your Audience

- Understand your target customer's market, regulatory environment, and contracting process
- Engage or hire experts with target customer experience to support preparation – you may only get one shot

Key Learning 2: Make it easy for plans to 'say yes'

4 key areas of preparation were critical to the MA plan deciding to partner:

2. Business Case

- Develop a strong economic model with publicly available data showing a conservative return on investment
- Speak the language of your audience, highlighting the points of value that will most resonate
- Price services creatively to capture full value to plan, members, providers, community, State

Key Learning 2: Make it easy for plans to 'say yes'

4 key areas of preparation were critical to the MA plan deciding to partner:

3. Data Readiness

- Invest in strong IT to protect patient data and protected information the plan shares
- If necessary, partner with an organization or evaluator capable of managing Protected Health Information

Key Learning 2: Make it easy for plans to 'say yes'

4 key areas of preparation were critical to the MA plan deciding to partner:

4. Scale Potential

- If you can't serve a plan's entire contract area, develop partnerships or join a network to extend reach

Key Learning 3: Regulatory realities may conflict with project goals

- When working with government-sponsored health plans (i.e. Medicaid, Medicare), compliance rules the day
- Regulatory constraints may conflict with your objectives - so flexibility is key

Key Learning 3: Regulatory realities may conflict with project goals

Two regulatory realities impacted our project design:

1. Uniformity of Benefits
 - Limited ability to project volume and budget accordingly
 - CMS has updated supplemental benefit guidance to offer more flexibility here

Key Learning 3: Regulatory realities may conflict with project goals

Two regulatory realities impacted our project design:

2. Annual Bid Cycle

- Project and investment risk
- Implementation delay

Key Learning 4: Choose your partners wisely

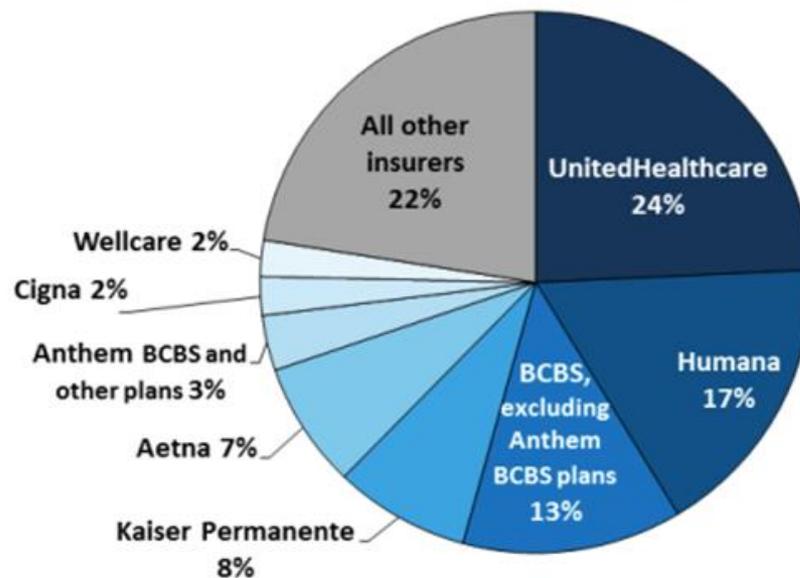
There are clear pros and cons depending on the size and structure of the plan

| | PROS | CONS |
|--------|---|---|
| BIGS | <ul style="list-style-type: none">• Scalability• Financial resources• Bandwidth• Data sophistication | |
| SMALLS | <ul style="list-style-type: none">• PFS capital need• Org. navigability• Risk and innovation propensity | <ul style="list-style-type: none">• Selectivity in project commitments• Lack of scale• Data inaccessibility |

Key Learning 4: Choose your partners wisely

There are clear pros and cons depending on the size and structure of the plan

2017 MA Enrollment by Plan



Suggestions for advancing the field

Based on our experience and ongoing learnings, we have identified three areas in which advancement is required to enable the scalability of non-clinical partnerships leveraging outcomes-based financing

Suggestions for advancing the field

1. Philanthropic support

- To enable performance-contracting and creative financing between CBOs and payors
- Investments are sorely needed to improve CBO readiness to partner with the healthcare system

Suggestions for advancing the field

2. Engagement of CMS

- To co-design solutions to barriers preventing payors from feeling confident in entering outcomes-based partnerships with CBOs

Suggestions for advancing the field

3. Standard payment mechanisms for Social Determinants of Health
 - Continued efforts at federal and state level to develop reimbursement structures

Questions & Answers: Please Submit Using the “Questions” Box



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***“Integrating CBOs to Provide Social Services
and Supports: A Blueprint for Health Plans” -
July 2***

Learn more and pre-register here:

<http://www.asaging.org/series/109/aging-and-disability-business-institute-series>



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Questions about the Aging and Disability Business Institute?

Email us:

BusinessInstitute@n4a.org