



**Department
of Health**

Medicaid
Redesign Team

VBP Social Determinants of Health (SDH) & Community Based Organizations (CBOs) Informational Webinar

August 25, 2017

August 2017

Agenda

- I. Introductions
- II. VBP Roadmap Requirements
- III. Social Determinants of Health
- IV. Community Based Organizations
- V. Contracting
- VI. Closing Summary

Introductions

New York State Department of Health

- Jason Helgerson, Medicaid Director
- Elizabeth Misa, Deputy Medicaid Director

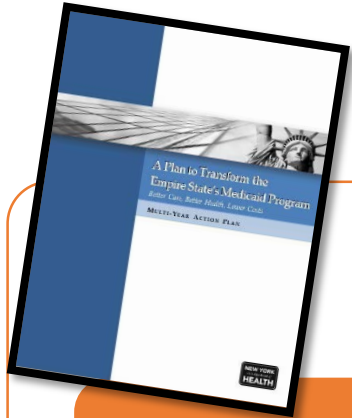
What is the Purpose of this Webinar?

1. Engage VBP Stakeholders and continue the discussion on:
 - Social Determinants of Health (SDH)
 - Community Based Organizations (CBOs)
2. Review VBP Roadmap requirements related to SDH and CBOs
3. Share examples of SDH interventions and CBO engagement occurring throughout NYS

Goal: Begin collaboration between the State, plans, providers, and other VBP stakeholders to discuss the Roadmap requirements related to SDH and share examples of SDH interventions occurring in New York State.

NYS VBP Roadmap

New York State Medicaid Transformation Since 2011

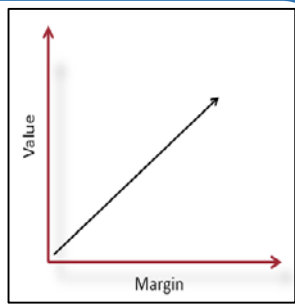


2011: Governor Cuomo created the Medicaid Redesign Team (**MRT**) which developed a series of recommendations to **lower immediate spending and propose future reforms.**

2014: As part of the MRT plan **NYS obtained a 1115 Waiver** which would reinvest MRT generated federal savings back into redesigning New York's health care delivery system known as Delivery System Reform Incentive Payment Program (**DSRIP**).



2015: As part of DSRIP, NYS undertakes an ambitious payment reform plan working towards **80% value based payments by the end of the waiver period.**



August 2015: **NYS publishes a multi-year VBP Roadmap**, a living document that outlines the State's payment reform goals and program requirements



VBP Roadmap Language

The VBP Roadmap lays out standards and guidelines to support SDH interventions and CBO engagement.

Social Determinants of Health (SDH)

- ★ ➤ Standard: VBP Contractors in Level 2 & 3 arrangements must implement at least one SDH intervention (p. 41)
- Standard: Providers (including CBOs) will be incentivized by MCOs upfront to identify social determinant(s) and be financially rewarded for successfully addressing them. (p. 42)
- Standard: Providers receiving funding for SDH interventions must report to DOH on fund utilization (p. 42)

The Roadmap provides guidelines which:

- ★ ➤ Allows flexibility in selecting SDH interventions and support effective implementation. (p.42)
- Guides Contractors to report to the State on selection of SDH intervention and success (p. 42)

Community Based Organizations (CBOs)

- ★ ➤ Standard: Level 2 & 3 arrangements must include at least one, Tier 1 CBO (p. 42)

The Roadmap provides guidance which:

- Encourages MCOs and Contractors to measure the success of interventions using Patient Reported Outcomes (p.43)



★ Starred bullet points are the focus of this webinar

Social Determinants of Health (SDH)

Standard: Implementation of SDH Intervention



*“To stimulate VBP contractors to venture into this crucial domain, VBP **contractors in Level 2 or Level 3 agreements will be required, as a statewide standard, to implement at least one social determinant of health intervention.** Provider/provider networks in VBP Level 3 arrangements are expected to solely take on the responsibilities and risk.” (VBP Roadmap, p. 41)*

Description:

VBP contractors in Level 2 or 3 arrangement must implement at least one social determinant of health intervention. Language fulfilling this standard must be included in the MCO contract submission to count as an “on-menu” VBP arrangement.

Standard: Rewarding SDH Intervention(s)



“... providers, (including CBOs) who successfully address SDH at both member and community levels will be incentivized by MCOs upfront to identify one (or multiple) social determinants and be financially rewarded for addressing them. This standard shall be included in the model contract.” (VBP Roadmap, p. 42)

Description:

- Level 1 providers will get an additional bonus if they address at least one SDH
- Level 2 and 3 providers will receive a funding advance (investment or seed money) if they commit to addressing one or more SDs. This funding advance will provide financial assistance to the provider investing in an intervention...

Standard: SDH Funding Utilization



*“In order to ensure that funding advances are put toward addressing SDH, all recipients of this funding will need to report on fund utilization to NYSDOH.”
(VBP Roadmap, p. 42)*

Description:

The Social Determinant of Health Intervention Template will explain a measureable reason why the SDH was selected, report on fund utilization, and identify metrics that will be used to track its success.

Guideline: SDH Intervention Selection



The State is **open to feedback and communication** from stakeholders **about potential SDH interventions** for VBP



*“The contractors will have the flexibility to decide on the type of **intervention** (from size to level of investment) that they implement... The guidelines recommend that selection be based on information including (but not limited to): SDH screening of individual members, member health goals, impact of SDH on their health outcomes, as well as an assessment of community needs and resources.” (VBP Roadmap, p. 42)*

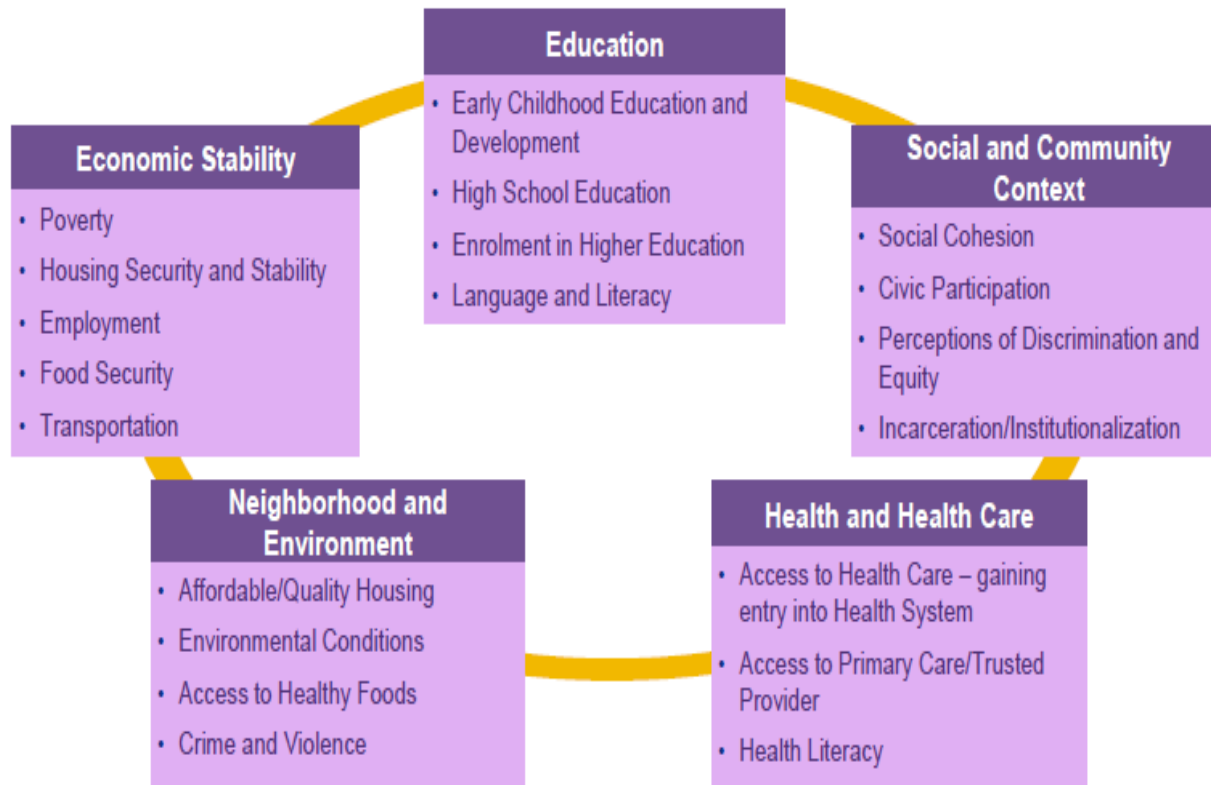
Description:

VBP contractors may decide on their own SDH intervention. Interventions should be measurable and able to be tracked and reported to the State. SDH Interventions must align their intervention with the five key areas of SDH outlined in the *SDH Intervention Menu Tool*, which includes:

- 1) *Economic Stability*, 2) *Education*, 3) *Health and Healthcare* 4) *Neighborhood & Environment* and 5) *Social, Family and Community Context*

The SDH Intervention Menu Tool was developed through the NYS VBP SDH Subcommittee and is available here:
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/

Social Determinants of Health



Examples of SDH project outcomes:

- Housing
 - 40% reduction in inpatient stays¹
 - 26% reduction in ED¹
- Nutrition
 - 38% reduction in overall healthcare costs²
 - Reduces the likely hood of hospital readmission²
 - 93% people discharged to home post-hospital instead of nursing home²
- Environment
 - Reduces school absents and missed work days³
 - 66-70% reduction in asthma-related hospitalizations with home remediation's³



The **VBP SDH** subcommittee created a **Intervention Menu Tool and recommendations** to supply providers with evidence-based interventions that aim to improve SDH: [SDH Intervention Menu](#) and [Recommendations](#) (Appendix C)

1. NYS DOH MRT Supportive Housing Evaluation, 2. GLWD <https://www.glwd.org/nutrition/publications.jsp>, 3. Green & Healthy Homes Initiative

Examples of Proven Interventions

The **VBP SDH subcommittee** created the **Social Determinants of Health Intervention Menu** with **examples of** evidence based **interventions** that aim to address certain **SDH**. For each key area, the subcommittee identified specific SD and provided relevant evidence-based and promising interventions to address those key issues.

Best practice guidelines are available in the:

- [VBP Subcommittee Recommendation Report](#) (Appendix C), and
- [SDH Intervention Menu](#)

Both are available for download on the [NYS VBP Resource Library](#)

Additional Resources:

- [Health Impact in 5 Years Interventions from CDC](#)
- [Prevention Agenda: Evidence Based Interventions](#)

Social determinants of health are defined as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

Experts estimate that medical care accounts for only 10% of overall health, with social, environmental, and behavioral factors accounting for the rest. Lack of upstream investment in social determinants of health probably contributes to exorbitant downstream spending on medical care in the US.

MRT Supportive Housing

Number of high-need Medicaid recipients served to date: 11,656

Objective

- Medicaid Redesign Team Supportive Housing invests in the social determinants of health to reduce avoidable hospital utilization for high-cost, high-need Medicaid recipients

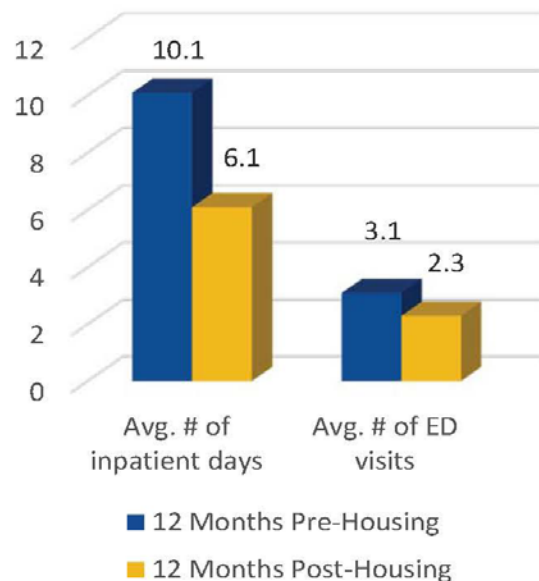
Accomplishments

- 40% reduction in inpatient days
- 26% reduction in emergency department visits
- 44% reduction in patients with inpatient rehab admissions
- 27% reduction in patients with inpatient psychiatric admissions
- Medicaid health expenditures reduced by 15% in one year (average decrease of \$6,130 per person)
- Through strategic prioritization, the top decile of enrollees had average Medicaid savings of \$23,000-\$52,000 per person per year (varied by program)
- 29% increase in care coordination after housing enrollment
- MRT houses extremely vulnerable populations
 - 66% have a serious mental illness
 - 46% of a substance use disorder
 - 40% are HIV+
 - 53% have one or more other chronic medical conditions
 - 26% have at least three of these diagnosis types

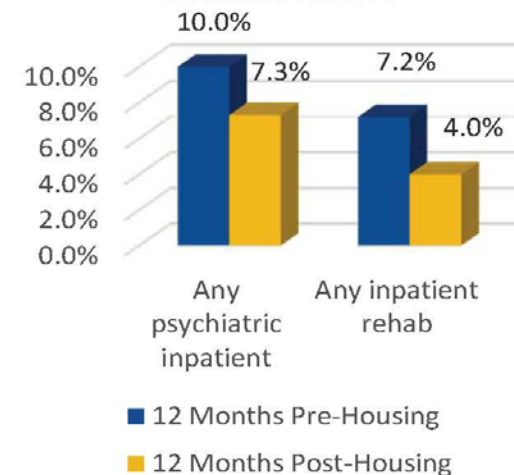
Benefits

- Reduce Medicaid health expenditures
- Improved participant health outcomes and quality of life
- Increased Olmstead compliance statewide

Decreased Inpatient, ED Use



Decreased Percentage of Recipients with Behavioral Health Admissions



SDH Example #1

Housing Intervention: Supportive Housing for High-Utilizers

Summary:

Empire Blue Cross Blue Shield HealthPlus (NYC) collaborated with Bronx Health and Housing Consortium, providers awarded contracts under the MRT Health Home Supportive Housing Program, the Supportive Housing Network of New York, and other supportive housing providers, to identify and help place homeless high cost/ high members whose super-utilization of healthcare services could be positively impacted by the placement into supportive housing.

Key Statistics:

- Empire used homeless and utilization data to narrow down to four members during the first pilot year
- Four additional participants were housed in the subsequent year

Empire Video

Video Summary: Supportive Housing for High-Utilizers

- **Inpatient utilization decreased**
 - 87% decrease in # IP admissions for four members during pilot year
 - 80% decrease in # IP days for four members during pilot year
- **ER utilization:** 95% decrease in ER utilization for these housed members
- **Cost savings:**
 - \$160,000 during pilot year (*not full year of savings post-housing for each member*)
 - \$220,000 for full year
 - Overall 33% decrease in Medicaid spending** (*in year subsequent to housing*)
 - On track for similar savings for additional four individuals housed in year 2
- *Medicaid spending/savings are not inclusive as pilot initiated prior to expanded Behavioral Health benefit carve-in*

** *Pharmacy and OP Medicaid spending increased (as would be predicted)*

SDH Example #2

Nutrition Intervention: God's Love We Deliver

Summary: God's Love is New York City's leading provider of medically tailored meals and nutrition counseling for men, women and children living with life-threatening illnesses in the NYC metropolitan area. God's Love currently subcontracts with Medicaid MLTC/MAP/PACE and FIDA plans to address the nutritional needs of their highest risk members.

Key Statistics:

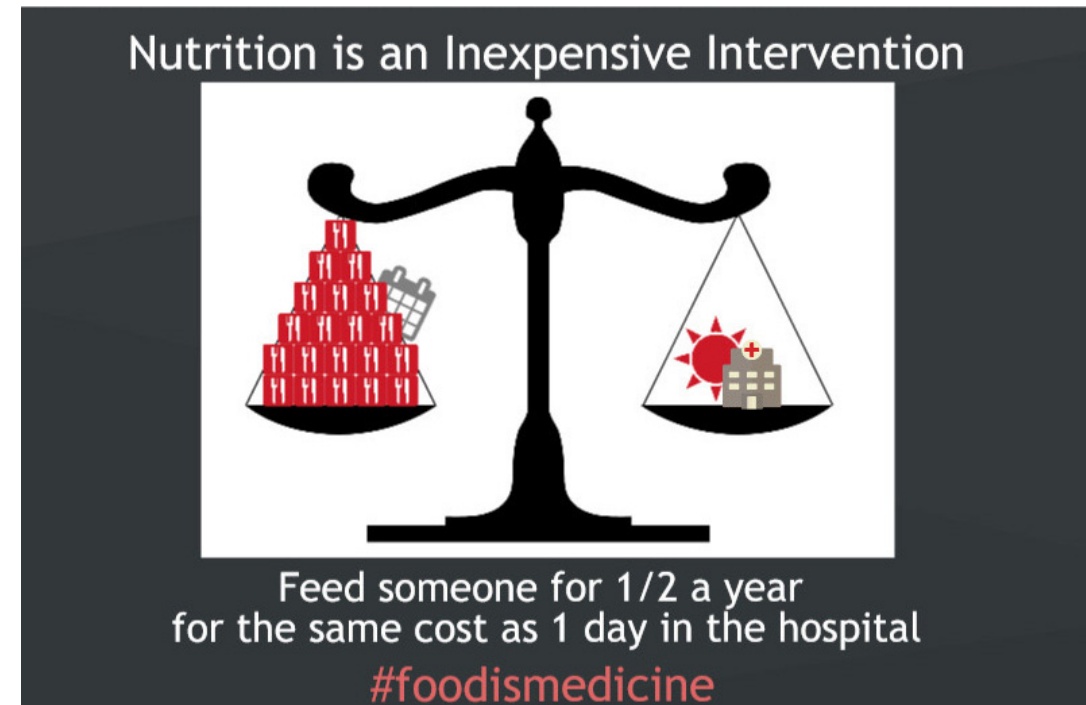
- Delivers 1.7 million freshly prepared meals annually to ~7,000 clients
 - 90% of clients live below the poverty level
 - 90% of clients have more than one severe illness
- Contracts with more than 30 MLTC plans to deliver >300,000 meals to MLTC members annually
- Serves 5 boroughs of NYC along with Westchester and Nassau counties
- Has 7 Registered Dietitians on staff who tailor meals based on clients' medical condition(s), dietary restrictions, risk of co-morbidity, medication side effects, and common food allergies

God's Love We Deliver Video

Video Summary: God's Love We Deliver

Outcomes of Medically Tailored Meal (MTM) Programs:

- Low-cost/High-impact intervention: Feed someone for half a year by saving one night in a hospital
- Reduce overall healthcare costs by up to 28% (all diagnoses compared to similar patients not on MTM)¹.
- Reduce hospitalizations by up to 50% (all diagnoses compared to similar patients not on MTM)¹.
- Reduce emergency room visits by up to 58% (pre-post MTM intervention)².
- Increase the likelihood that patients receiving meals will be discharged to their home, rather than a long term facility (23%) (all diagnoses compared to similar patients not on MTM)¹.
- Increase medication adherence by 50% (pre-post MTM intervention)².



Community Based Organizations (CBOs)

Standard: Inclusion of Tier 1 CBOs



*“Though addressing SDH needs at a member and community level will have a significant impact on the success of VBP in New York State, it is also critical that community based organizations be supported and included in the transformation. It is therefore a **requirement** that **starting January 2018, all Level 2 and 3 VBP arrangements include a minimum of one Tier 1 CBO.**”*
(VBP Roadmap, p. 42)

Description:

Starting January 2018, 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.

Exception: The State recognizes that CBOs may not exist within a reasonable distance to providers in some regions of New York. In such situations, providers/provider networks can apply to the State for a rural exemptions

**Tier 1 = Non-profit, non-Medicaid billing, community based social and human service organizations (e.g. housing, social services, religious organizations, food banks).

Guideline: Role of Contracted CBO



*“Providers/provider networks and MCOs should partner with organizations that have objectives aligning with their own, the community needs, and member goals. The **CBO** should work with the providers/provider networks and MCOs to deliver interventions that support SDH and advance DSRIP goals.” (VBP Roadmap, p. 42)*

Description:

The State recommends utilizing CBOs to deliver SDH interventions and support DSRIP goals.

A CBO is well-suited to support VBP initiatives because they have an understanding of community needs, coupled with support and clinical expertise of a provider network.

Community Based Organizations

What Should I Be Doing Now?

1. Understand if your organization is a Tier 1, 2, or 3 CBO

1. Tier 1 – Non-profit, non-Medicaid billing, community based social and human service organizations (e.g. housing, social services, religious organizations, food banks) ([VBP Roadmap](#), p. 42)
2. Starting January 2018, Level 2 and 3 VBP arrangements must include a minimum of one Tier 1 CBO

2. Determine how you will support VBP Arrangements across New York State. Consider:

1. Contracting directly with a payer to support a VBP Arrangement(s)
2. Sub-contracting with a Lead VBP Contractor to support their VBP Arrangement(s)

-- Remember, although a CBO may support a VBP arrangement, the CBO is not required to execute a risk sharing agreement with MCOs or Lead VBP Contractors --

3. Engage a Performing Provider System (PPS) to help identify other parties that may be interested in partnering with your organization. *Engage your partners early and often!*

4. Assess your business model to understand the types of social determinants of health you may address and which VBP arrangements you may best support

1. What type of community based services does your organization support?
2. Seek VBP arrangements that align with your business model and populations served (e.g. prenatal support services = Maternity Arrangement; supportive housing = Integrated Primary Care (IPC))

Developing a Value Proposition

Assess the population being served to understand what type of SDH exists:

- Once the type of SDH is recognized, determine types of interventions that may best serve them. Consider:
 - Population
 - Region
 - Alignment with VBP Arrangement type

Strategize Implementation and Formulate your Value Proposition

- MCOs may want to invest in interventions that have low, up-front costs
- Consider a phased approach, by addressing the needs of a smaller population up-front
- Graduate to larger populations with larger potential gains. This way, your strategy restricts up front costs and builds on the success of the SDH intervention over time.
- **Key Themes**
 - Low upfront cost
 - Population size
 - Enabling innovation

Existing Resources for CBOs

I. Community Based Organization (CBO) Planning Grants

1. Grants support CBOs with contracting and administrative resources
2. Grantees:
 - Arthur Ashe Institute for Urban Health (New York City)
 - The Health and Welfare Council of Long Island (Long Island/Mid-Hudson Region)

II. New York Performing Provider System (PPS) Innovation Fund Award Examples

1. Adirondack Health Institute

2 RFP awards to Tier 1 CBO partners:

1. **Citizen Advocates - Project “inSHAPE”:**
Health promotion and coaching interventions
2. **The Open Door Mission - Pathway Home Project:**
Expanded the organization’s location to include resources to impact SDH in the community

2. Millennium Collaborative Care (MCC)

Contracts with multiple CBOs related to:

1. Maternity & Child Care
2. Patient Activation
3. Cultural Competency and Health Literacy trainings

Contracting

SDH Intervention and Tier 1 CBO contracting must be included in order for a Level 2 & 3 contract to be designated as value based

1. All new and existing VBP Level 2 & 3 arrangements MUST include:

1. At least one Social Determinant of Health Intervention
2. At least one Tier 1 Community Based Organization (starting January 2018)

➤ Tier 1 CBOs are not required to be the organization(s) that implements the SDH Intervention(s).

2. VBP Level 2 & 3 contracts without SDH and CBO requirements will not meet the definition of VBP.

3. MCOs that do not meet the VBP goals outlined in the Roadmap will be subject to penalties.

CBO Contracting Strategy

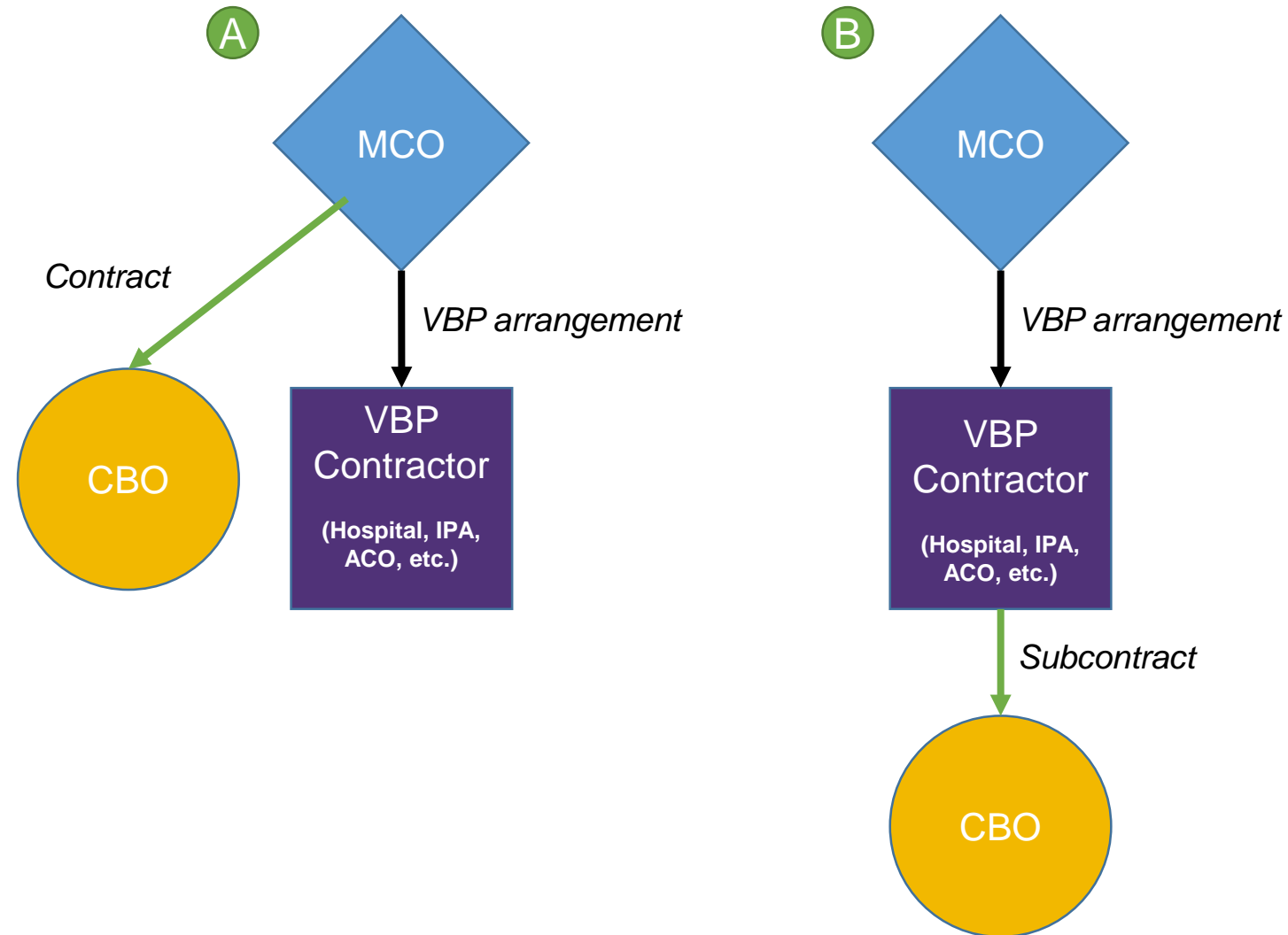
- CBOs may support VBP arrangements by:

A contracting directly with an MCO, or

B sub-contract with a VBP Contractor (Hospital, IPA, ACO, etc.)

In either case, the MCO has to identify and report to the State, the inclusion of a Tier 1 CBO in a VBP arrangement.

- CBOs are not required to take on risk. Their **contracts** can either include risk sharing (VBP Level 2 & 3), or be non-risk based (VBP Level 1 upside only) or payment for services rendered



MCO Contracting Requirements

Inclusion of at least one Tier 1 CBO

1. Contracts must be submitted with a completed DOH-4255; Contract Statement and Certification. This is required whether the CBO is contracted with the MCO or the VBP Contractor (Hospital, IPA, ACO, etc.)
2. In Section C of the DOH-4255, the CBO should be manually identified in the area designated “Other.”
3. Submitted contracts must be in compliance with the April, 2017 Provider Contracting Guidelines
4. In instances where a CBO is contracted with a VBP Contractor (as opposed to an MCO) the MCO still must submit the agreement between the VBP Contractor and the CBO to the State.

Implement at least one Social Determinant of Health intervention

1. All contracts submitted for review **must** include the SDH Intervention Template. Contracts that do not include the SDH Intervention Template will not be approved.
2. The SDH Intervention Template is *“a report explaining a measureable reason why the SDH was selected, and identifies metrics that will be used to track its success.”* (VBP Roadmap, p. 42)

Contracts to be submitted to: contract@health.ny.gov

Closing Summary

Additional NYS VBP Roadmap Commitments

The following are additional commitments in the NYS VBP Roadmap related to SDH/CBOs that the State is aware of, and will be providing further guidance on.

1. “...create a process, which would include an independent retrospective review of the role of the CBO, to determine if the VBP providers are adequately leveraging community based resources in SFY 2019.” (p. 43)
2. “...evaluate the feasibility of incorporating SDH measures into Quality Assurance Reporting Requirements (QARR) performance measures.” (p. 43)
3. “...will monitor progress on the Prevention Agenda targets, including how VBP contractors (aim to) impact these targets.” (p. 43)
4. “The State intends to introduce a dedicated value based payment arrangement for pilot purposes in 2018 to focus specifically on achieving potentially trailing Prevention Agenda targets through CBO-led community-wide efforts.” (p. 43)

Summary and Next Steps

1. Per the VBP Roadmap, **VBP contractors in Level 2 or 3 MUST:**
 - a. **Implement** at least one **social determinant of health intervention**
 - b. **Contract** with at least one **Tier 1 CBO (starting January 2018)**
2. The **State is open to any feedback regarding SDH interventions** that Providers/MCOs/VBP Contractors are implementing and measuring
3. The **State is open to industry feedback and ideas regarding SDH interventions and CBOs** in VBP
4. NYSDOH has organized **VBP University and VBP Bootcamps** which provides continuous **guidance material to support MCOs and providers** in their transition to VBP
 - The **2017 VBP Bootcamp series**, beginning October 2017, will include a session dedicated to **Social Determinants of Health**
5. **DOH is exploring a website dedicated to identifying Tier 1 CBOs, to facilitate contracting with CBOs.** Please stay tuned for more information.
6. The DOH will be **releasing an FAQs related to SDH and CBOs based on the questions received** before, during, and after this webinar

Need a Refresher on VBP?

Below are some useful VBP Resources:

- [VBP University Series](#)
- [VBP Bootcamp series](#)
- [VBP Roadmap](#)
- [Value Based Payment for Providers](#) (1 video)

Please send any feedback or ideas to:

MRTSupportiveHousing@health.ny.gov

Please send any contracting questions to:

contract@health.ny.gov