

**HEALI Meeting  
September 20, 2023**

**Healthy Equity Alliance of Long Island (HEALI)**

- Long Island's SCN with more than 80 CBOs in the Network
- Oversees the Unite Us Coordination Center – providing “air traffic control” of the network's closed loop referrals and support for all organizations on the platform
  - o 50 CBOs on boarded and trained
  - o Nearly 600 referrals sent, received, and closed
- CHW workforce and employer support work, including through a CHW subcommittee
- Continuing to build partnerships with health systems, FQHCs, IPAs, Health Homes, MCOs to strengthen the regional network
- Ongoing partnerships with other SCN lead entities from across the state

**NYS' Medicaid 1115 Waiver: NYHER**

**Creation of Regional Social Care Networks (SCN)**

- SCN leads will be responsible for coordinating a regional uniform referral system and network with multiple CBOs with partners
- Provide support to CBOs around capacity building, adopting and utilizing technology, service delivery integration, creating and adapting workflows and other business practice, including billing and payment
- Creating a single point of contracting for prescreening and health-related social need (HRSN) services

**What social care is included in the waiver for reimbursement?**

- Standardized HRSN screening
- Referral and navigation
- Enhanced health-related nutrition services
  - o Nutrition counseling and classes
  - o Home-delivered meals
  - o Medically tailored meals
  - o Fruit and vegetable prescription
  - o Pantry stocking
- Enhanced health-related housing supports
- Enhanced case management
- Transportation to and from these supports

**About Fresh – Erin Wnorowski**

- Fresh Connect is a technology-enabled food prescription program to address purchasing power as a barrier to healthy eating

**How Fresh Connect Works**

- Fresh Connect cards are programmed with item-level spend parameters tailored to a patient's care plan
- Works just like a MasterCard

- Recognizes and pays for approved foods at the point-of-sale and leverages same payment rails as EBT. Accepted at a national network of over 10,000 grocery stores and farmer's markets.

Fresh Connect enables health care to cover the cost of nutritious food.

- Prepaid debit card that empowers cardholders to purchase nutritious foods where they already shop
- Cardholder communication and decision-support workflows that result in an exceptionally high level engagement and utilization
- Analytic platform that captures the real-time transaction data that teams need to assess impact, utilization, and return on investment

To enroll in Fresh Connect

- Fill out enrollment form and About Fresh sets up connection between referral tools or EHRs to streamline enrollment
- Enrollment form is filled out and 2-3 weeks later, client receives card
- Success team does warm welcome call
- Clients can shop for 6-12 months that result in a report
- Ongoing Support – Cardholder Success, Customer Success, and Retail Success

In-Store Activations

- Provides branded in-store materials to our retail partners to ensure a joyful and intuitive shopping experience

Our Traction

- 5,000+ cardholders across 30 partners
- 25,000 Transactions
- 10,000 Retail locations
- 70-80% cardholders shopping monthly
- 80-85% funds utilization
- \$5,000,000 projected annual spend by end of 2023

## Q&A

**Q:** What are the eligibility criteria? How is the program paid for?

**A:** The eligibility requirements are up to the customer. There are always more people eligible than invited to the program due to budget constraints. Typically, the criteria are some clinical condition and food insecurity. Some customers only have the food insecurity requirement. Customers can also think about the food services pyramid, Fresh Connect can be a step-down intervention from medically tailored meals after the 6 months is up.

Once the Waiver is all settled, the Waiver will reimburse for supports. Some hospitals use their community benefits to provide funding. About Fresh also does private philanthropy. Two customers have their program baked into their operational budgets. But there are not a lot of sustainable funding sources.

**Q:** Is there ability on the platform to offer nutrition tips or things like that?

**A:** Our cardholder success team doesn't do nutrition counseling. The platform is there to enroll, take notes on outreach, so if you had nutrition education you could use the platform to take notes. The platform isn't integrated down to the cardholder level.

**Q:** Do the unused funds get rolled back?

**A:** Produce only right now is a monthly load. There is no flexibility on the amount right now. Monthly funds don't roll over. The unused funds are reused in the "bank."

**Q:** There is the requirement to measure the outcomes for the Waiver. Do you have measures that you predicted and if you were able to evaluate after a period of time in the program?

**A:** We have 3 programs that we're diving into the evaluation of. It's the VA program, so it's Salt Lake City and Houston veterans, Texas Children's Health Plan – based on families and high-risk pregnant people, and DC Greens, which is a peer organization and they have a huge adult program. We are only part of the data puzzle. We have transaction data, who's spending money, where and how much. We can export this data and pair it with EHR or referral platforms. In Massachusetts, the ACOs are conducting surveys as required by the Medicaid Waiver with 4 questions (Hunger Vital Signs, general health, and mental health question). It is very challenging to administer because Medicaid wants the survey conducted at the program start, program end, and 12 months after program end. ACOs are sending out survey links rather than call which is a heavy lift. We don't store health outcomes and need to partner with customers on the evaluation plan. That's where our customer success team comes into play.

A data sharing agreement would be necessary and ongoing meetings to set up an evaluation plan.

**Q:** For the qualification, are people able to fill out an application? What does the contracting process look like?

**A:** There are a few different models. Someone needs to enroll the patient in the platform. There may be different enrollment sites or there is just one person doing the enrollment.

It takes a fiscal sponsor to fund the program. Some partners put \$40 on the card, others put \$200. That is funded by the customer. For example, if a health care organization decides to do this program, we do a contract, a Master Services Agreement, and a Business Associate Agreement. Then, the healthcare organization comes up with eligibility requirements. About Fresh has some program fees to generate the cards and to pay for the program, and the rest goes on the card. So people are screened, and typically it's a rolling enrollment process.

**Q:** Are there interoperability plans?

**A:** We have a few connections to Find Help. There is some scoping required. We are connected to some of the Massachusetts ACOs platforms that use Hyphen. We should explore what the interoperability will take to pair with Unite Us.

Regarding funding with some of the other Waivers, in Massachusetts they opened up PRAPARE funds for social service organizations and that's how we funded the connection with Mass General and Find Help.