

**HEALI Meeting
May 15, 2024**

HEALI Social Care Network Updates:

- Long Island's SCN will collectively:
 - Create and maintain a network of CBOs, MCOs, and providers
 - Screen Medicaid members using questions from the CMS Accountable Health Communities Screening Tool and key demographic data
 - Refer to navigation and social care services using a shared technology platform
 - Navigate to existing health-related social needs services
- Social Care Network Infrastructure Funding
 - Total Grant Funding for Nassau and Suffolk Counties: \$42,179,889
 - Infrastructure Funding to be used for:
 - CBO Capacity Building
 - SCN Network Development and Engagement
 - Technology and Data Analytics
 - Contracting and Fiscal Management
- SCN Timeline
 - SCN RFA response submitted: April 10, 2024
 - Awards and program manual: June 1, 2024
 - State funding for SCNs: by August 1, 2024
 - Assessments and capacity building contracts: early fall 2024
 - SCN stands-up operation January 2025
 - Waiver period ends March 31, 2027
- Next Steps for CBOs
 - Network Adequacy Survey
 - Onboard to Unite us, HEALI SCN's referral platform
 - Upcoming meetings
 - HEALI Unite Us Information Sessions
 - May 20th, 2-3pm
 - HEALI Unite Us Meeting: May 22nd at 11am
 - HEALI SCN Meeting: Thursday, June 20th at 10am
- Screening, Navigation & Enhanced HRSN Services Funds Flow
 - Funding in addition to CBO capacity building dollars
 - Funding flow from MCOs to SCNs to CBOs
 - Bonus performance funding
- SCN and MCO Collaboration and Partnership
 - Partner on screening, referring, and navigating Medicaid Members
 - Validating eligibility for enhanced HRSN services
 - Coding, claims, and payments
 - Performance metrics and sustainability

MCO Panel Discussion

- Caroline Heindrichs, Health Equity Director, Anthem
- Jacqueline Prince, AVP, Medicaid Product Strategy, EmblemHealth
- Pantelis Karnoupakis (PK), Vice President, Value Based Payment Initiatives, Fidelis Care
- Errol Pierre, Senior Vice President, State Programs, Healthfirst
- Heather Radliff, Chief Operating Officer, NY Community Plan, UnitedHealthcare

Q: What does success look like in the context of HRSN service delivery?

A:

- Errol Pierre: When thinking about success, we think about putting the member first through this whole process. How do we provide as much access as possible? So that they can get screened in the way they would like to get screened, acknowledging cultural competency and the potential of stigma of telling someone what you're going through. Success looks like connection to physicians. While CBOs play an integral role in helping members get the care they need, even outside of medical care, it all has to tie back to outcomes. The ability to have the physician in the loop to know their patient is getting services and it's connected to their care plans is going to be critical to making sure we get the right outcomes. In the long term, as an MCO, this will eventually be part of the premium that's paid to the MCO. Right now, it's not part of the premium, it's part of the waiver. When we think about it being part of the Medicaid premium that the MCOs receive and having to potentially pay out for these services, we're thinking about the social risk score that we will have an aggregate as we get these screenings. As everyone is screened, and find out who has HRSN needs, the state will look at the plans and find out which plans have a disproportionate share of the population with food insecurity or homeless population, that turns into a premium adjustment at the end of the waiver period. We are focused on collecting the right data, screening services, and making sure people get services.
- Heather Radliff: The work you're doing really has the member at the core and truthfully that is where United is coming from as well. There is a component of making sure of meeting that need persists, and there is a level of satisfaction from the member. As the need continues to be met, that we see a change in outcomes.
- Caroline Heindrichs: I couldn't agree more that putting the member first is where I was going as well. At Anthem, we have invested historically at a smaller scale to cover our members' social needs. We're really excited to increase access to services for our members. Success is making sure all the moving parts that are going to be working towards getting members these services is the least confusing for our members and we'll hold ourselves accountable in playing our part.
- Pantelis Karnoupakis: I'd like to celebrate wins and successes. We need to look at this in different stages: the short-term, medium-term, and long-term. If the members are the focus of the medium term, we can't glaze past the short term which is successfully, quickly, efficiently, operationalizing the infrastructure that's laid out in this waiver because August is going to come around, SCNs will be awarded, and then in October, everybody is going to be expected to hit the ground running and that's just not feasible. This is so different than anything we've ever done and the level of sophistication of CBOs around the state is so varied. Some are ready today, some won't be ready for a long time. Success to me is collecting enough data that we can advocate to the state to include these services in the Managed Medicaid benefit moving forward so that all

of this work and effort and disruption doesn't last for 3 years and it persists beyond the waiver period.

Q: In terms of operations of the SCN, what is important as we develop the SCN infrastructure and systems and what is critical to ensuring sustainability of the SCN?

A:

- Pantelis Karnoupakis: I equate the work HWCLI has been doing to building a provider network. Like building a true physician hospital network, it takes time and constant refinement. You essentially bring a network of CBOs that already exist allows us to have broader access to social care organizations. We have a few that we refer to for case management processes, there is no closed loop feedback so we're not entirely sure whether the services are rendered or if the member is satisfied. So an SCN bringing that level of expertise and infrastructure as well as the software to have visibility into the entire process will integrate all partners involved in touching the member and put us all on the same page. I often talk about the trinity in the delivery system: member, provider, and plan. The new picture includes community-based organizations, and we need to make sure everyone is on the same page. We have not necessarily done this because we are blind to some of these data elements that go beyond clinical diagnosis codes. That is where SCNs are going to help us better manage the members that are affiliated with our plan.
- Jacqueline Prince: At EmblemHealth, we have been focused on addressing Social Determinants of Health for years. We look at the waiver as a way to extend our reach. We have the infrastructure in place because we have been tracking SDOH with our membership. Where we have a barrier and where there's a gap is how to make sure everyone knows what's going on so we're all doing integrated care for the member. This is an excellent opportunity to finally take all the information that we've been building on our side, the strong relationships that we've been fostering with the CBOs, now to do it with the SCNs and really see how we can take this and expand our reach and start building out this data in a way that can be measurable. We can build out value-based payment arrangements, the HRSN services can be part of our premium in a real way that can be successful for all.
- Errol Pierre: There are two areas of concern that hopefully with proactive thinking, we can find a smooth path. The first piece, everyone will be sending the information up to the SHIN-NY or some QE that will be collecting data. The ability and the flexibility for the SHIN-NY to have that data be user friendly and actionable is a conundrum. Members go back and forth between plans, providers, and borders.

Q: What is the biggest opportunity for the Social Care Network and CBOs?

A:

- Heather Radliff: As the SCN puts the Network together, CBOs have a desire to come to the table but may not be ready and would need support to be successful in this type of arrangement. When thinking about sustainability and moving into value based type of environment, it's great to hear how focused the SCN is on making sure that CBOs have the bandwidth to do the screenings and the staff, structure, and training they need and to understand the need for capturing data. MCOs are interested in having the line of sight into the closed loop.
- Caroline Heindrichs: The goal is integration and we can't build another silo of CBOs delivering social care. The integration will be key to longevity.

Q: What plans does EmblemHealth have for communicating about the HRSN and SCN program to your members and what should we keep in mind as we're building out our communication plans?

A:

- Jacqueline Prince: We have been doing this work through our Neighborhood Cares Center. We have 15 locations throughout the boroughs. With our Neighborhood Cares Centers, part of their work was to do these social determinants of health assessments to see where the member is. To make sure that our membership understood that was something available to them, we put in place a lot of marketing and education to our provider network as well as our membership. We put field-based teams from our care management partners as well as CBO partners and we highlighted the information in our member and provider portals and in newsletters.

Q: What data will you share with the SCN to help us provide services optimally for your members and what data do you hope to see from the SCN to evaluate our performance?

A:

- Caroline Heindrichs: We're going to be sharing data related to the eligible population and assisting with being able to identify that eligible population. We hope that there will be more guidance about some of the specificity from the state and how that data might flow. There have been internal conversations about helping to improve coordination for our members. If a member is engaged in care management or enrolled in a Health Home, the SCN may find that valuable in helping to make that coordination happen. We're really looking forward to finding out which of our members are receiving services and what was the outcome.
- Pantelis Karnoupakis: The ultimate picture of a baseline period without health-related social need interventions and then after the referrals have occurred, what does the post picture look like from a clinical perspective? What are we getting from a claims perspective and how can we marry the encounters we get from SCNs to the clinical information that we get from providers? The goal is to start building a case for advocacy of including certain measures in the Medicaid benefit. We need to collectively establish what the key health-related metrics are for each of the interventions. If we share demographic data, we can share that information with the SCN to identify gaps in services and CBOs to meet the need.

Open Q&A:

Q: How is the MCO going to offer services to members who are deaf?

A: From an MCO perspective, we have TTY in place. We have interpreters where we could do in person if need be. This is an opportunity now to fill a space. Is there a CBO partner who can support us because we will rely on our partners to supplement the needs and addressing gaps in a comprehensive way to help our members.

Q: Will individuals with straight Medicaid vs Medicaid Managed Care be part of this initiative?

A: All Medicaid members will be eligible for screening and referral and navigation to existing traditional social care services. There are specific special populations eligible for the enhanced health-related social needs services related to housing, food, case management, and transportation.