

USAging

**Health and Social Care
Systems Integration: Revenue
Opportunities to Pursue**

Speakers



Marisa Scala-Foley
Director, Aging
and Disability
Business Institute



Tauhric Brown
President & CEO,
CICOA Aging & In-
Home Solutions



Lynn Schemmer-Valleau
Community Services
Program Manager,
Multnomah County
Aging, Disability &
Veterans Services



Paul Cantrell
Director, Center of
Excellence to Align
Health and Social
Care, Aging and
Disability Business
Institute, USAging

Speakers



**Courtney
Baldridge**

Business Strategy
& Health Systems
Integration,
USAging



**Today's Session
is generously sponsored by**



Health and Social Care Integration: Revenue Opportunities to Pursue

Marisa Scala-Foley

Director, Aging and Disability Business Institute

USAgging

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.

aginganddisabilitybusinessinstitute.org



RESOURCES ASSESSMENT TOOLS PARTNERSHIPS IN ACTION NEWS AND EVENTS ABOUT BLOG

Getting Started

Everyone needs some help with taking that first step. For aging and disability community-based organizations, *Getting Started* provides a collection of business acumen resources to help those beginning their journey toward partnerships and contracts with the health care sector. Start here if you are looking for the basics, or if you need a refresher on health care contracting fundamentals.

01

02

03

LEARN MORE ▶



Featured Content —



Business Institute Funders



The
John A. Hartford
Foundation



Business Institute Partners



SCRIPPS GERONTOLOGY CENTER

Our work

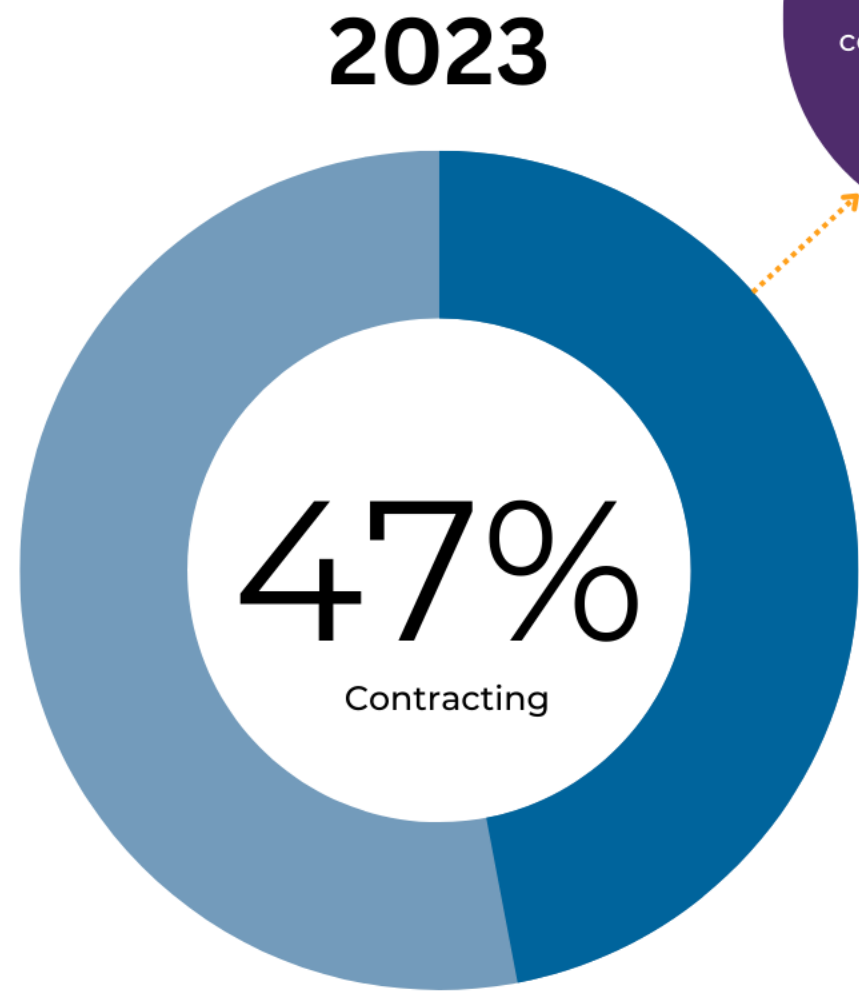
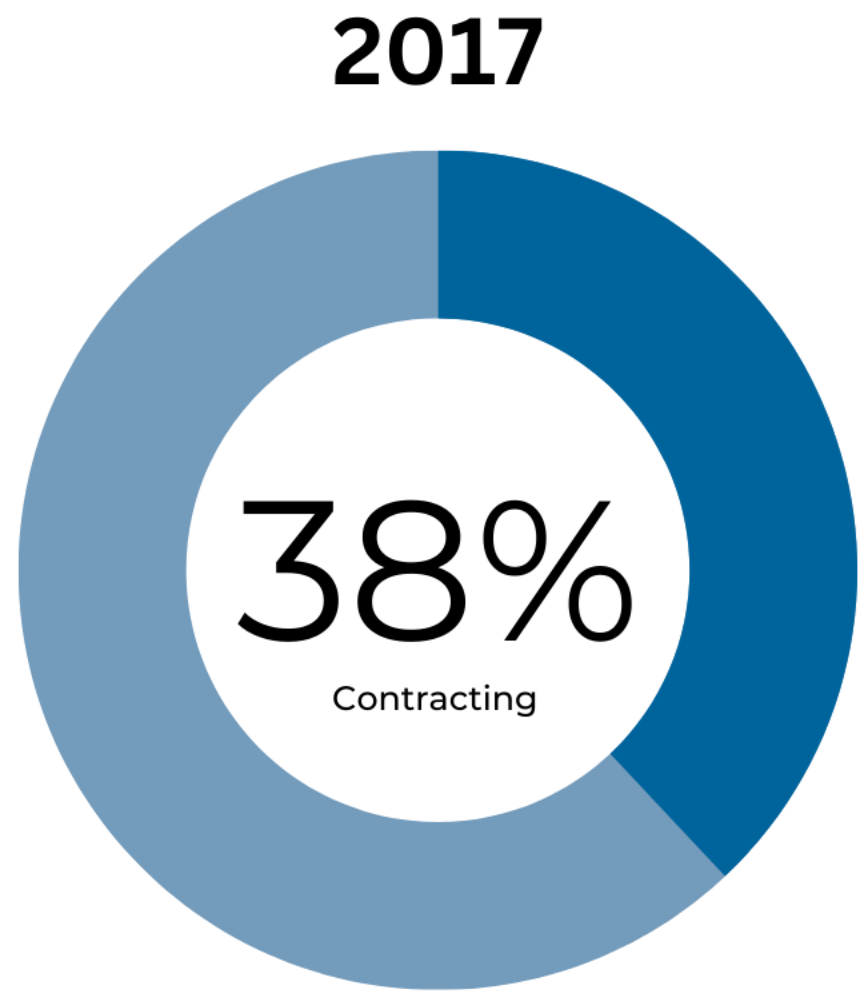
-  Training
-  Technical Assistance
-  Resource Development
-  Information Gathering
-  Consulting Services
-  Thought Leadership
-  Center of Excellence to Align Health and Social Care

Methods and Survey Response

- Disseminated via email to 614 AAAs, 403 CILs and 173 Other CBOs
- Shared by national partners and agencies
- Launched October 2023 and in the field for 9 weeks
- Total of 514 completed surveys
- 29 Community Care Hubs

	2017	2018	2020	2021	2023
Area Agencies on Aging	351 (56%)	409 (66%)	184 (30%)	332 (54%)	296 (48%)
Centers for Independent Living	119 (38%)	174 (28%)	95 (24%)	130 (30%)	128 (32%)
Other CBOs	106	143	166	110	90
Total	576	726	455	572	514

Overall Contracting Status by Year



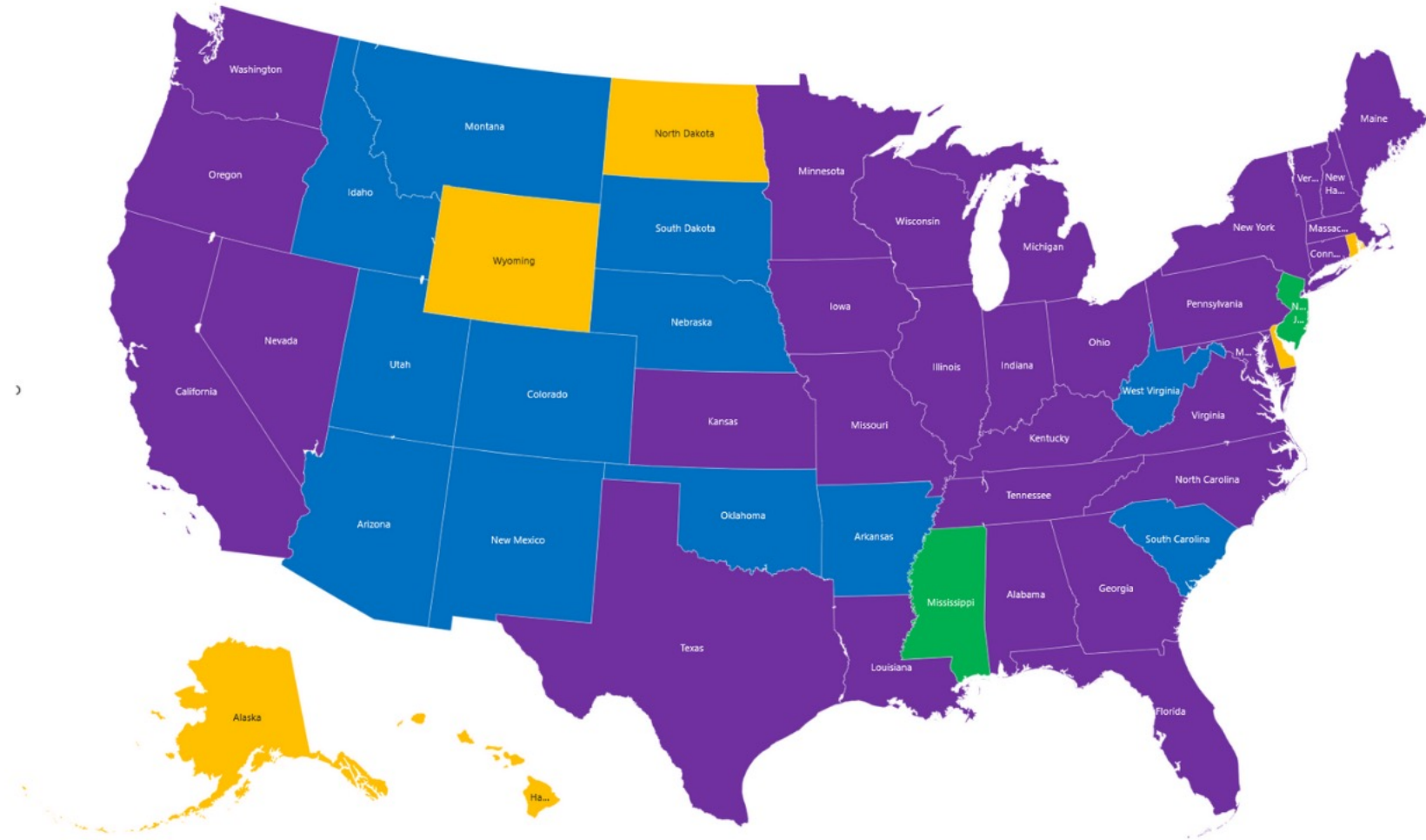
86% of contracting CBOs have had a contract renewed by a partner!

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

2023 RFI Survey

Contracting Map

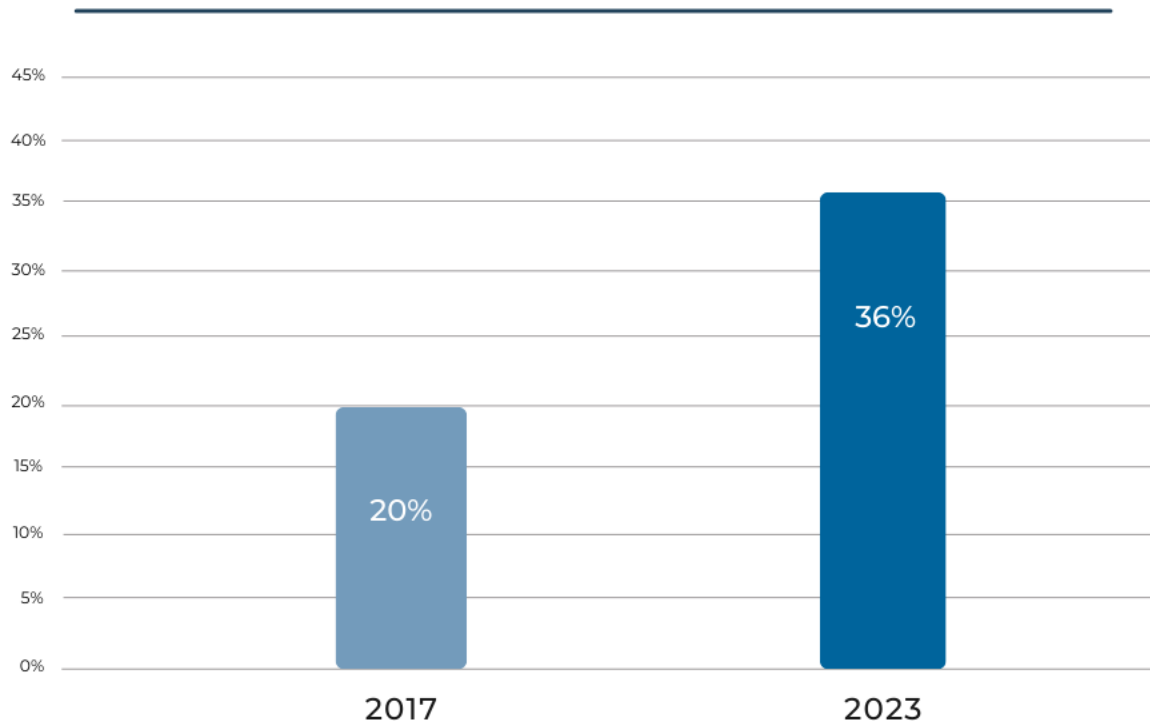
- No known activity
- Contracting and network
- Contracting
- Not contracting, but pursuing



The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

Community Care Hubs (CCHs)

Growing Proportions of CBOs are Contracting through Networks led by CCHs



Networks hold average of 5.9 contracts; median of 2

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

CCHs are community-focused entities supporting networks of CBOs providing services addressing health-related social needs. Hubs centralize administrative functions and operational infrastructure.

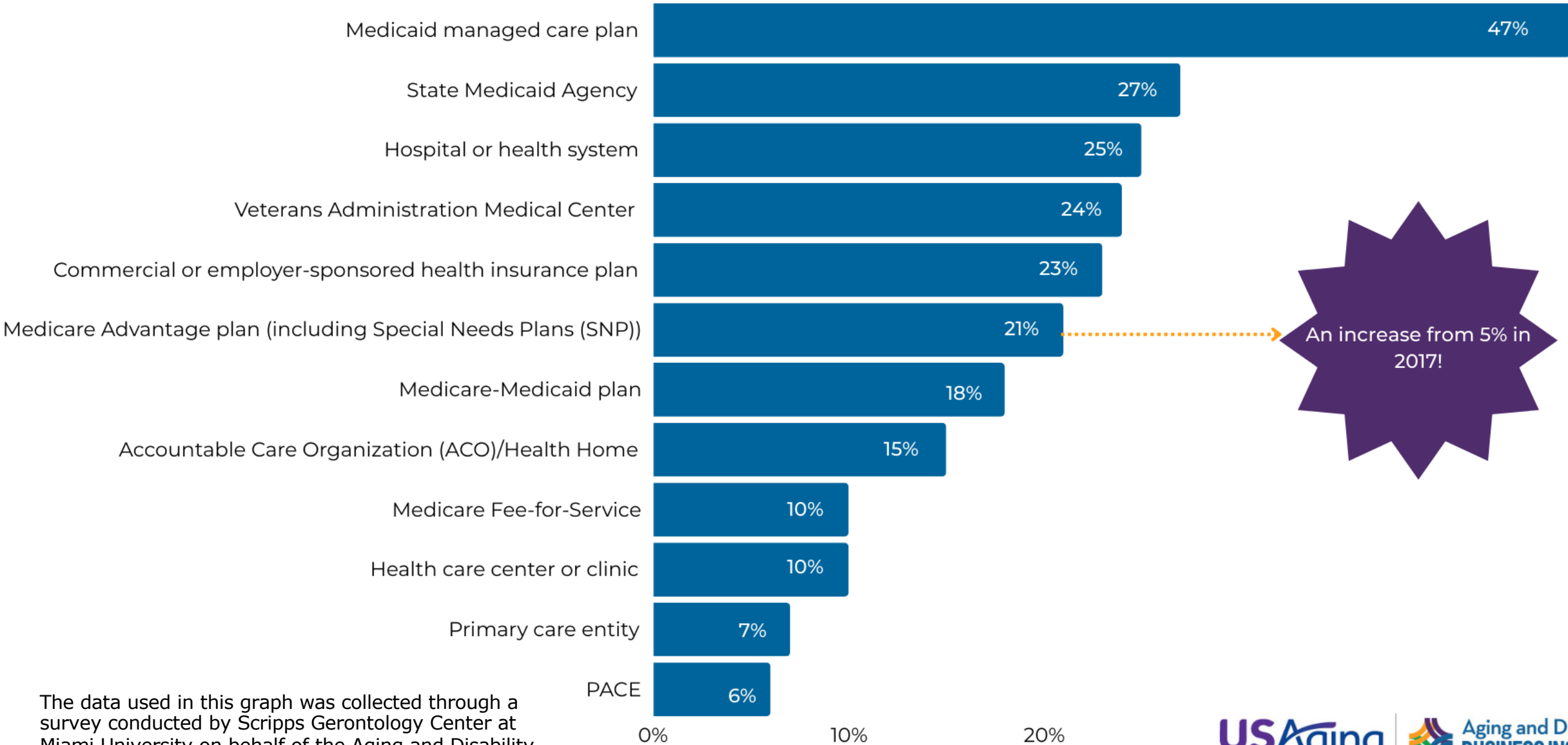
31% are a CCH only; 48% are a CCH and also a AAA; 21% are a CCH and another type of CBO

57% have a separate legal structure such as an LLC or 501c3

64% fund their administrative functions with health care contracts

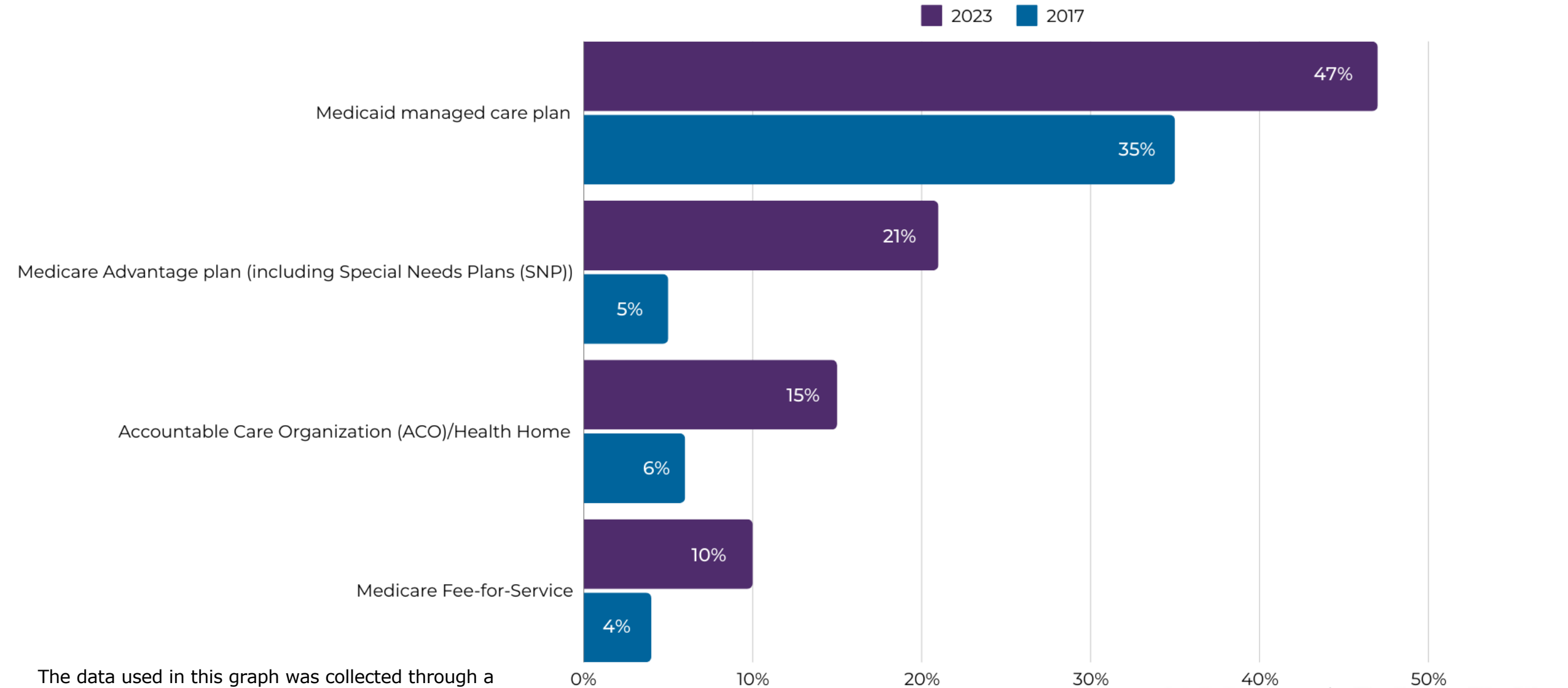
75% have formal data sharing agreements with network members

Common Health Care Partners for CBOs with Contracts



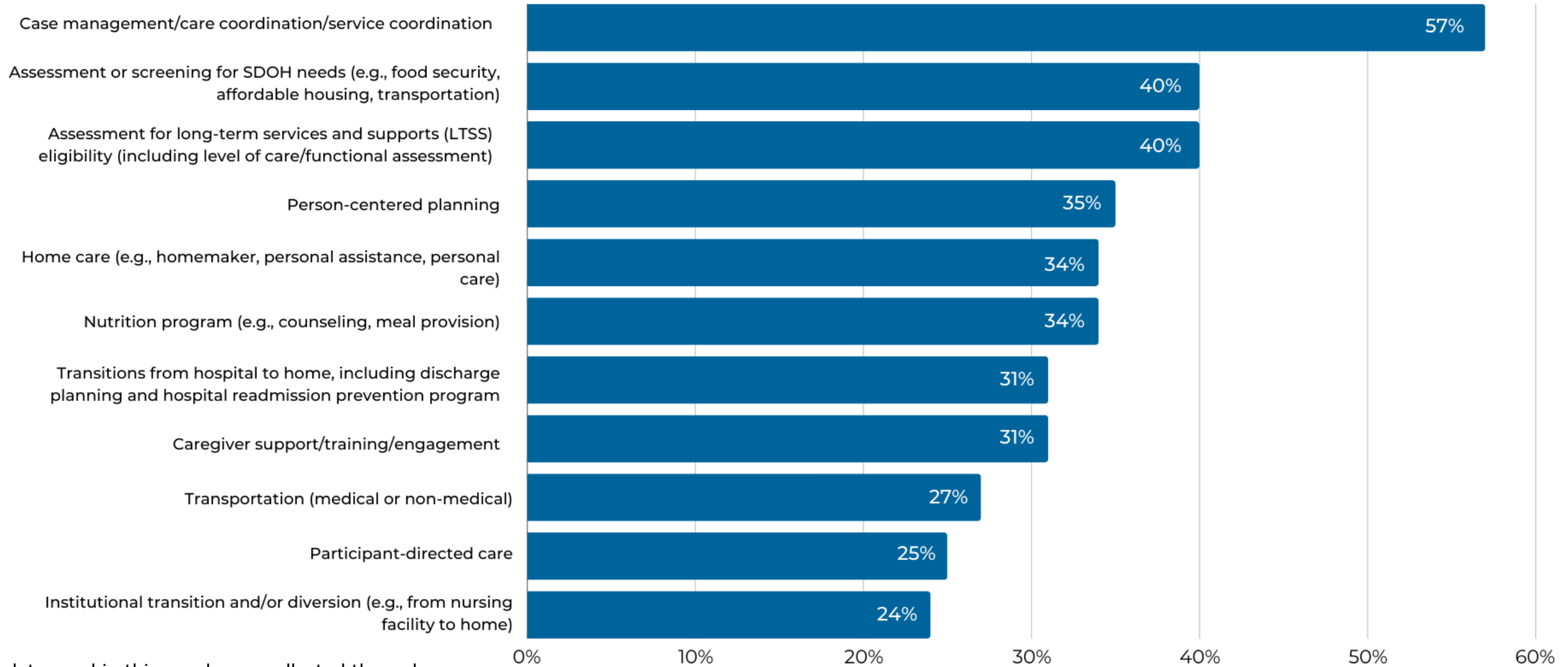
The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

Contracting Has Increased with Some Partners Over Time



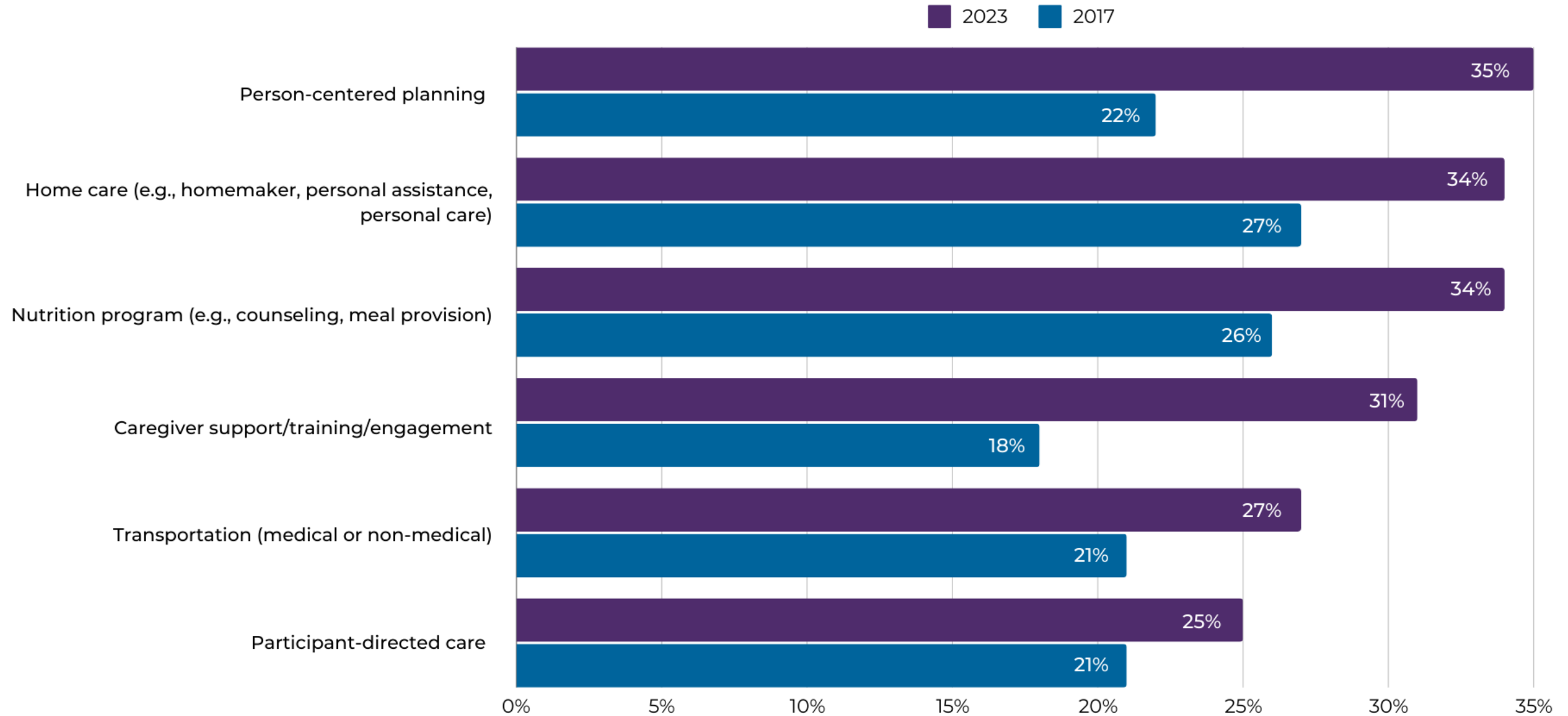
The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

Most Common Services Provided Through Contracts



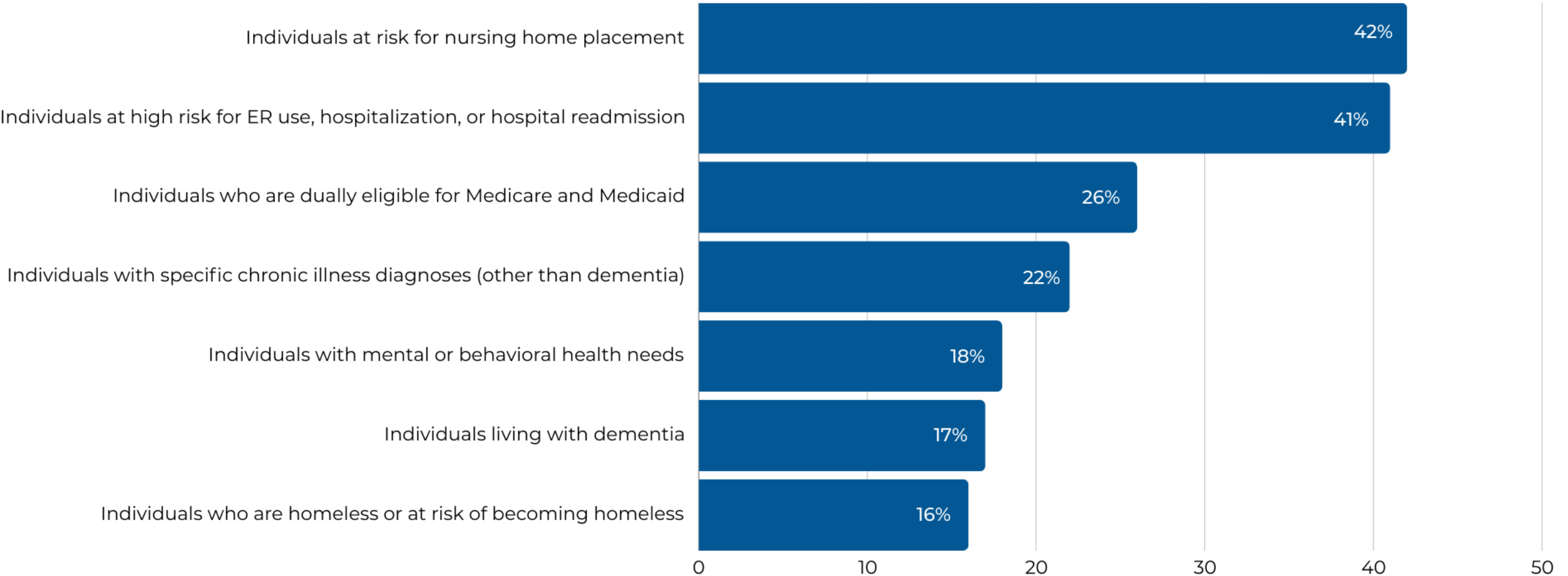
The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

Increases in Select Services Provided Through Contracts



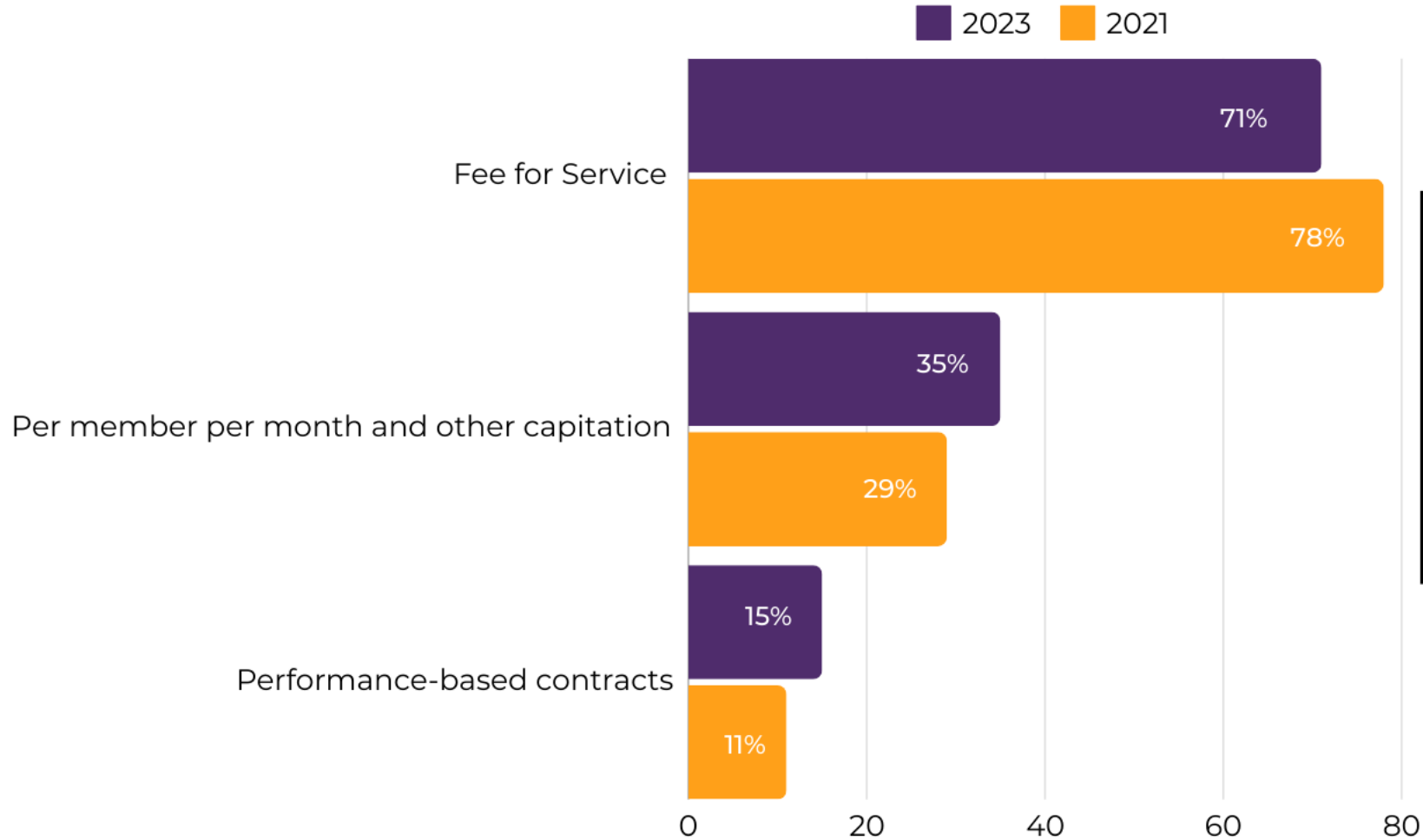
The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

High-Risk, High-Need Groups Targeted in Contracts



The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

CBOs are Increasingly Taking on Risk Through Payment Models



Other growing payment arrangements:

	2023	2021
Shared risk	4%	1%
Shared savings/shared incentives	3%	1%

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

Top Services by Partner-Payers

The most common services provided through contracts with Medicaid managed care plans, Medicare Advantage plans and Medicare-Medicaid duals plans are:

Medicaid managed care plans

1. Case management/care coordination/service coordination
2. Transitions from hospital to home
3. Assessment or screening for SDOH needs
4. Person-centered planning
5. Assessment for LTSS eligibility (including level of care/functional assessment)/Home care (e.g., homemaker, personal assistance, personal care)

Medicare Advantage plans

1. Case management/care coordination/service coordination
2. Transitions from hospital to home
3. Evidence-based programs (e.g., fall prevention, CDSMP, medication reconciliation)
4. Nutrition program (e.g., counseling, meal provision)
5. Assessment or screening for SDOH needs

Medicare-Medicaid duals plans

1. Case management/care coordination/service coordination
2. Assessment for LTSS eligibility (including level of care/functional assessment)
3. Home care (e.g., homemaker, personal assistance, personal care)
4. Assessment or screening for SDOH needs
5. Person-centered planning

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

Top Services by Partner-Providers

The most common services provided through contracts with hospitals or health systems and Accountable Care Organizations are:

Hospital or Health System

1. Case management/care coordination/service coordination
2. Assessment or screening for SDOH needs
3. Person-centered planning
4. Transitions from hospital to home
5. Participant-directed care/Caregiver support/training/engagement

ACO

1. Case management/care coordination/service coordination
2. Assessment or screening for SDOH needs
3. Nutrition program (e.g., counseling, meal provision)
4. Caregiver support/training/engagement
5. Assessment for LTSS eligibility (including level of care/functional assessment)

The data used in this graph was collected through a survey conducted by Scripps Gerontology Center at Miami University on behalf of the Aging and Disability Business Institute, led by USAging.

Role of Health Equity in Contracting

60.7%

Our ability to reach underserved populations is one of the reasons our health care partners contract with us

34.3%

Health equity has been part of our conversations with health care partners

29.6%

Health equity is part of the value proposition we provide to health care partners

12.5%

Health equity goals or initiatives are written into our contract

Connect with Us

- Visit our website to learn more about the Business Institute:
aginganddisabilitybusinessinstitute.org
- Learn about our Center of Excellence to Align Health and Social Care:
<https://coe.aginganddisabilitybusinessinstitute.org/>
- Learn more about our Consulting Services:
<https://www.aginganddisabilitybusinessinstitute.org/about/consulting-services/>
- Still have questions? Email us:
- BusinessInstitute@usaging.org
- Stay connected, sign up for our newsletter:
- <https://www.aginganddisabilitybusinessinstitute.org/subscribe-to-our-mailing-list/>



Revenue Sharing Examples

- **Physician-led services:** Community Health Integration (CHI) and Principal Illness Navigation (PIN) services
- **Health Plan services:** Care Transitions – cost plus incentive payments
- **ACO REACH:** Identify pain points (<https://go.cms.gov/3LgPKQT>)
- **Assessments:** As health care identify HRSNs through required screenings, focus on addressing high needs.

Thank you to our sponsor!

