



# Welcome

**Buffalo | NY**

# Contracting and Readiness Session

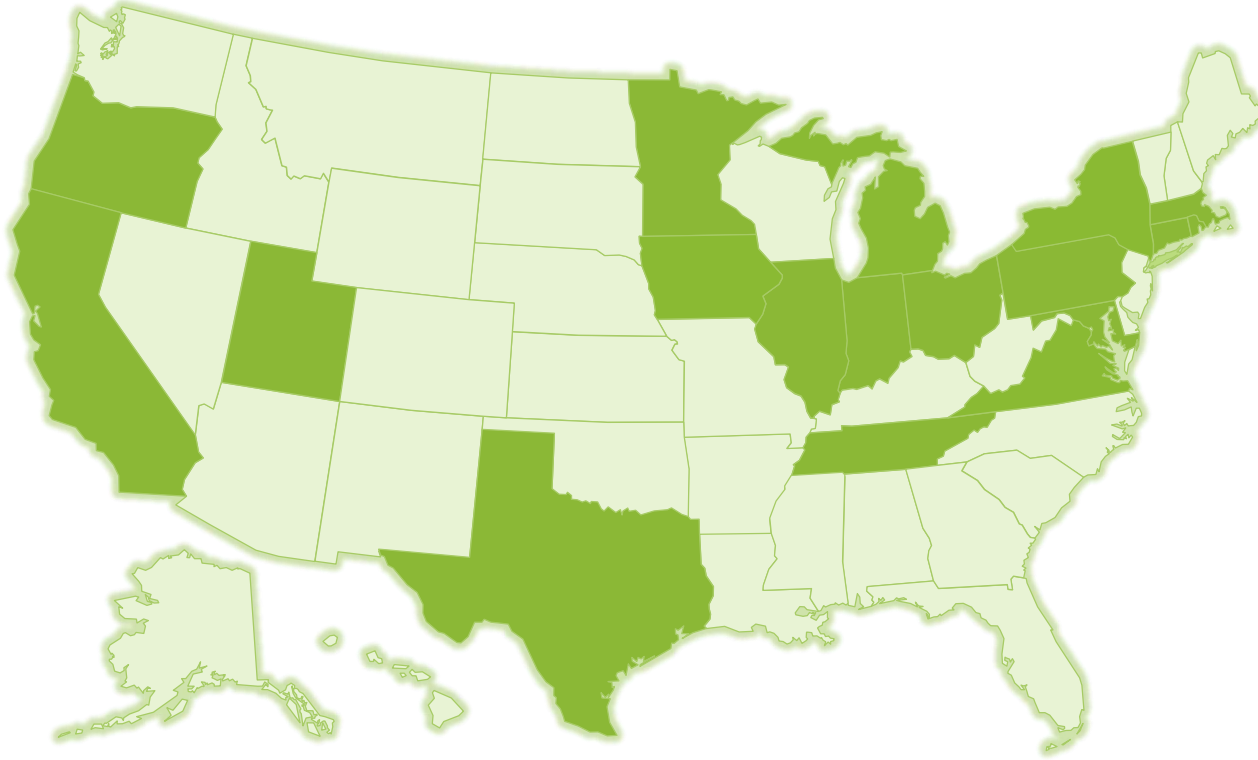
- Michael McKnight  
VP of Policy and Innovation
- October 2<sup>nd</sup>, 2019



**Green & Healthy  
Homes Initiative®**



# Innovative Financing Projects

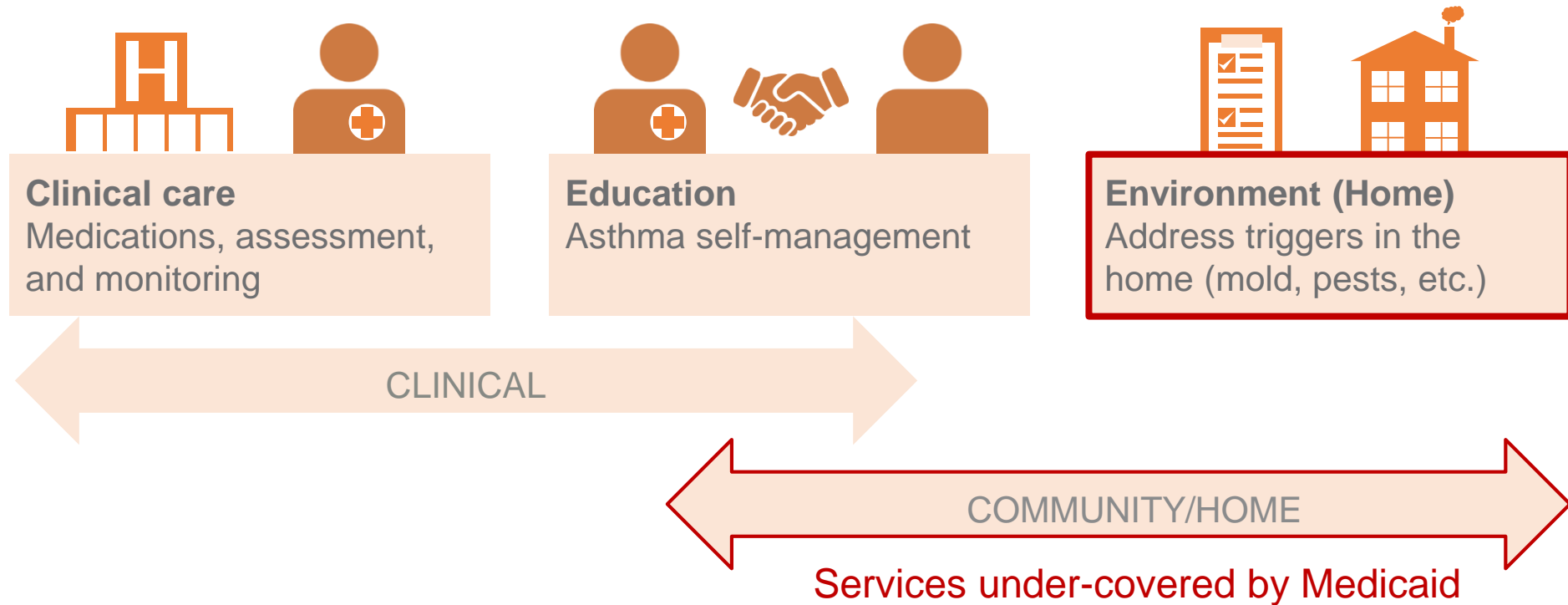


- Allegheny County - UPMC and Allegheny Co. Health Department
- Baltimore - Priority Partners MCO and GHHI Maryland
- Baltimore - Amerigroup and GHHI Maryland
- Buffalo - IHA MCO and Oishei Children's Hospital
- Chattanooga - green|spaces and Erlanger Children's hospital
- Chicago - AMITA Health, Elevate Energy
- Cincinnati - People Working Cooperatively
- Connecticut Medicaid and CT Greenbank
- Grand Rapids - Priority Health MCO, Healthy Homes Coalition of West Michigan, HealthNet of West Michigan
- Houston - UnitedHealthcare & Baylor
- Houston - Community Health Choice MCO
- Indiana - Indiana Joint Asthma Coalition
- Iowa - Healthy Homes Des Moines, IME (Iowa Medicaid), Amerigroup
- Marin - Contra Costa Health Services & MCE
- Memphis - Le Bonheur Children's Hospital & UnitedHealthcare, Amerigroup, and BlueCare
- Minneapolis - MN Energy Efficiency For All
- New York City - Affinity Health Plan, AIRnyc, & AEA
- New York City - LISC and Healthfirst MCO
- New York Medicaid and NYSERDA
- Oregon - Community Services Consortium
- Philadelphia - National Nursing Care Consortium
- Richmond City Health District and DMAS (VA Medicaid)
- Rhode Island - State Medicaid and Integra Accountable Entity
- San Antonio - SA Asthma Collaborative
- Salt Lake - University of Utah Health Plans and Salt Lake County
- Springfield - Health New England MCO, Baystate Health, Public Health Institute of Western Mass, Revitalize CDC
- Worcester - UMass Memorial Hospital

## Funders



# Comprehensive asthma services recommended in national guidelines:



# GHHI Healthy Homes Services

## Assessment Team

- Environmental Health Educator
- Environmental Assessor / Energy Auditor

## Comprehensive Scope of Work

## Cross-Trained Inspectors and Contractors

- **Lead Hazard Control**
- **Weatherization**
- **Mold** remediation
- **Integrated pest management:** gel baits, glue traps, reducing entry points, cleaning/behavioral change
- **Venting** kitchen, bathroom, and dryer
- Removal or steam cleaning of **carpets**
- **Air filtering** system installed in child's bedroom
- **Air conditioners** and dehumidifiers
- **Structural repairs** (e.g. plumbing, patching, carpentry)
- **Injury Prevention** (e.g. fall for older adults)
- **Quality Assurance / Quality Control** Assessment



# GHHI's New York Work

**GHHI Healthy Homes Sites:** Buffalo, Syracuse, Albany and the Capital Region, Utica

**Pay for Success projects:**

New York City: Affinity Health Plan, AIRnyc, AEA

Buffalo: Community Foundation for Greater Buffalo

**Asthma Reimbursement projects:**

New York City: LISC NYC, Healthfirst MCO

Long Island: Stony Brook Medicine

Buffalo: IHA health plan, Oishei Children's Hospital, Millennium Collaborative Care, NHS  
South Buffalo, Buffalo Prenatal Perinatal Network

**New York VBP Bootcamps**

**New York State Healthy Homes Value-based Payment Pilot**



# Part I: Engagement with Payors



# Return on Investment Analyses

- ▶ CDC Community Guide: \$5.30 - \$14 return for every \$1 invested in multi-component, multi-trigger home-based asthma interventions
- ▶ Robert Wood Johnson Foundation Commission on Building a Healthier America: 40% of asthma episodes tied to environmental triggers in the home
- ▶ Baltimore analyses:
  - ▶ Matched comparison group study of Maryland Medicaid asthmatics: \$2,959 reduction in TCOC in 12 months.
  - ▶ Amerigroup Maryland: \$2,544 reduction in Total Cost of Care over 12 months (33.3% reduction)
- ▶ Salt Lake analyses by University of Utah Health Plans
  - ▶ Pre-post 1 year savings average \$686.63 PMPM
  - ▶ Pre-post 6 months – 67.% reduction in TCOC.
- ▶ Memphis analysis
  - ▶ Matched comparison group study of Tennessee Medicaid (TennCare) asthmatics by NORC for CMMI: \$6,540 reduction in TCOC over 3 year program.



# Key elements of engagement with payors

You will be engaging care / medical teams, as well as contracting / finance teams

Timeframe could be months or over a year. Common delays include:

- Competing priorities for payor

- Data and information sharing agreements

- Budget negotiations

Be realistic about your capacity and ability to scale to meet the needs of the payor

As best as you can, find out the payors' motivation:

- Return on Investment

- Quality metrics

- Competitive advantage over other payors

# Part II: Contracting Terms



# New York VBP Roadmap

*From OHIP proposed 2020 updates to VBP Roadmap:*

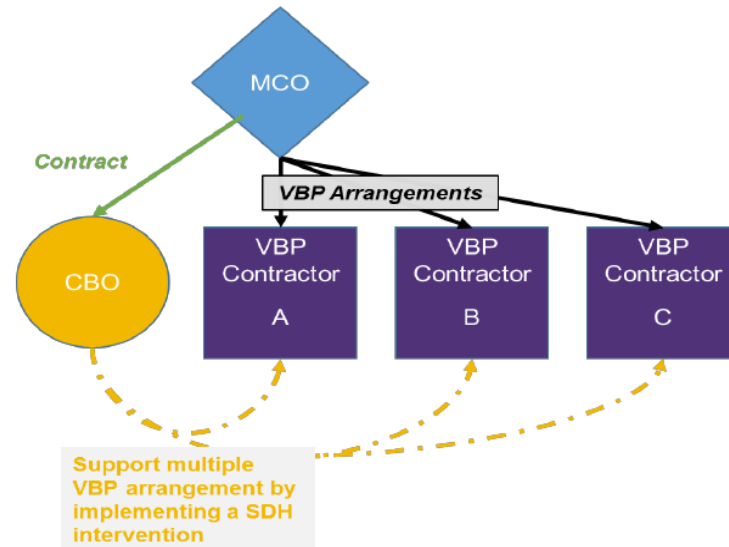
*“MCOs may explore strategic and innovative partnerships with third party investors to secure additional investment in SDH interventions.”*

*“The expense for SDH interventions being implemented within the VBP contract for which the MCO is making the investment should be included in “other medical” on the MMCOR and MLTCRR.”*

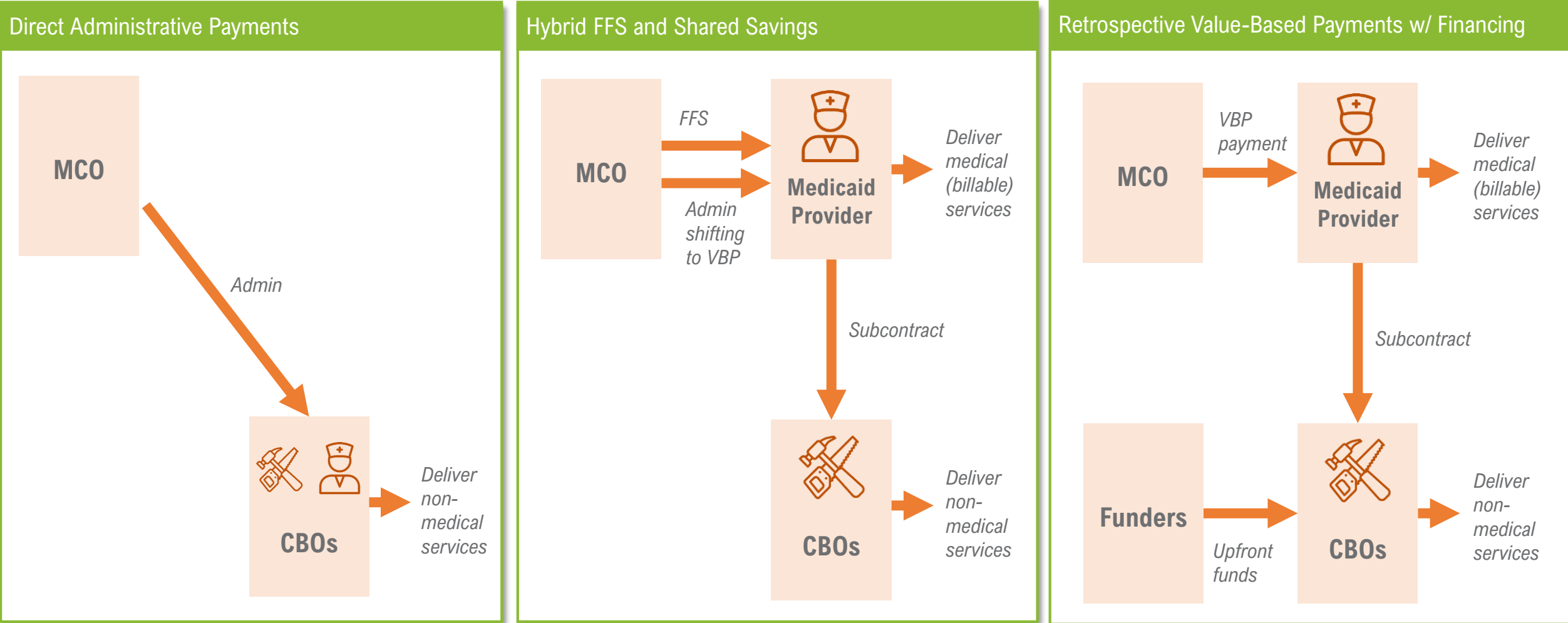
*From OHIP presentation “Value Based Payment and Community Based Organizations”, July 2018:*

- **CBOs may support VBP arrangements by:**

- A** contracting directly with an MCO to support a VBP arrangement
- B** contracting directly with an MCO to support multiple VBP arrangements

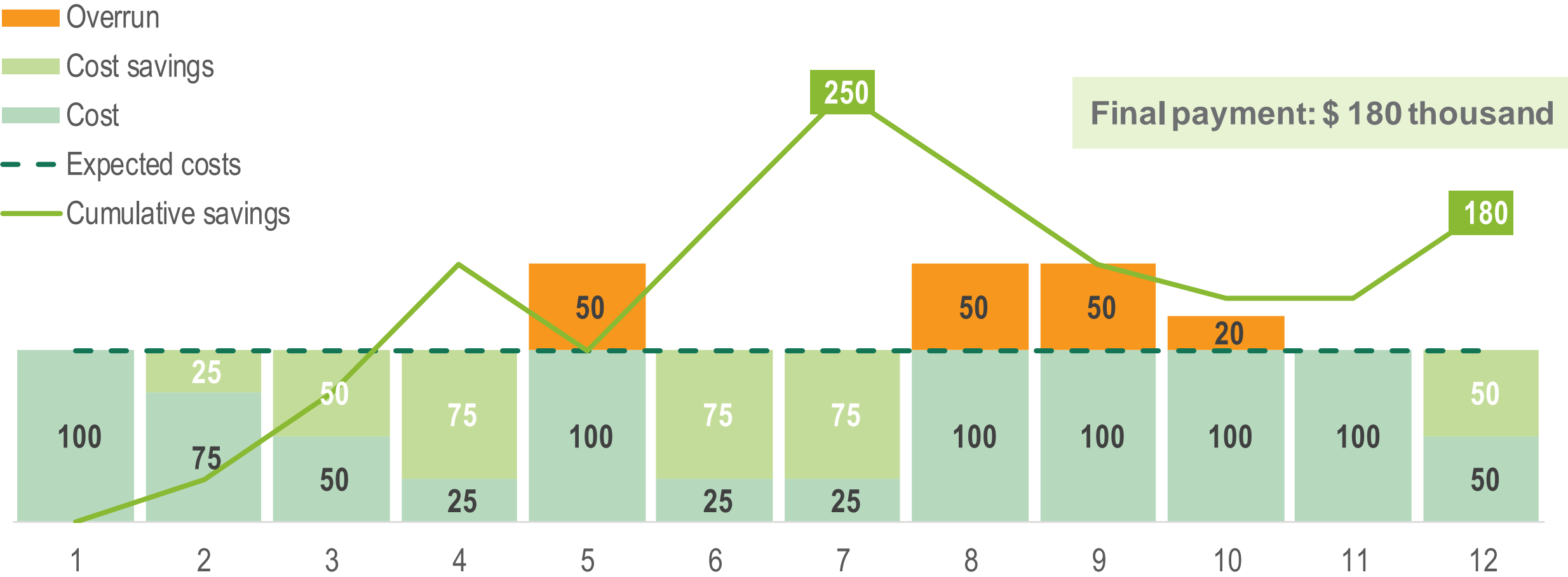


# Contracting examples



# Outcomes based payments mechanism, 12 month period

\$ thousands



**Key insight**  
Despite variability, outcomes-based payments allow repaying investments over their useful life up to the cost-savings value.

# Example of VBP methodology (asthma)

VBP METHODOLOGY EXAMPLE #1 – Shared Savings allocated by Quality Points				
Measure Domain	Metric	Target Year 1	Target Year 2	Quality Points
Quality Gate (applicable both Years 1 & 2)	Percentile in medication management for asthma	50%	60%	1
Success Measures (Year 2 targets over Year 1, not cumulative)	Decrease in Emergency Department visits for asthma-related diagnosis	20%	10%	1
	Decrease in Inpatient Days for asthma-related admissions	20%	10%	1
	Increase the proportion of persons with current asthma who receive formal patient education	20%	10%	1
	Optimal Asthma Control	20%	10%	1
	Total Possible Quality Points			5
Shared Savings by Total cost of care reductions	100%	50%	5	
	80%	40%	4	
	60%	30%	3	
	40%	20%	2	
	20%	10%	1	
Bonus	If total % decreases in Year 2 when summed for all measures are greater than 60% = 60% savings			

# Key considerations for contract terms

Have VBP metrics set on elements you can successfully impact

Understand how much of your compensation is at risk

Are you funded fully upfront with VBP bonus?

Is a certain % of compensation held back until you meet outcome targets?

Can you ease into risk?

Think about exclusions for populations your program will likely not impact

Put requirements for the payor into the contract:

Identification, sufficient information about the member, and efficient referrals  
“warm handoffs” for the population you will be serving

Ensure that you will be compensated for the value you generate, rather than that value being attributed to someone else

Michael McKnight  
VP of Policy and Innovation  
Green & Healthy Homes Initiative  
[mmcknight@ghhi.org](mailto:mmcknight@ghhi.org)

Website: <http://www.greenandhealthyhomes.org/>

Twitter: [@HealthyHousing](https://twitter.com/HealthyHousing)

Facebook: [GHHInational](https://www.facebook.com/GHHInational)

Instagram: [healthy\\_housing](https://www.instagram.com/healthy_housing)