Community Care Hub
National Learning Community

Network Expansion Track Meeting

April 13, 2023

Introductions

- Please let us know who is here by sharing via chat:
  - Your name
  - Organization

- It's also helpful to update your name in Zoom to include your name, organization, and state
  - To change how your name appears in Zoom:
    - Go to "Participants" list and select the icon with 3 dots to the right of your name
    - Select "Rename"
    - Enter your name and organization and select "Change"

Agenda

- Welcome
- ECHO Session: Social Determinants of Health (SDOH) and Z-Codes
- Gravity Project Presentation
  - Q&A
- Case Study Presentation
  - Group Discussion
- Closing

Community Care Hub Billing and Coding Mechanics Session #2

April 13, 2023

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Disclaimer

"Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives."

ECHO Learning Framework for Billing and Coding

- The Billing and Coding Series will use the ECHO Learning Framework for each session
- Overview of the ECHO Learning Framework can be found at:
  - https://hsc.unm.edu/echo/what-we-do/about-the-echo-model.html
- Hallmark tenet of the ECHO Learning Framework
  - **"All Teach, All Learn"**
- ECHO participants engage in a virtual community with their peers where they share support, guidance, and feedback
- Goal: Collective understanding of best practices to address complex issues derived from interactive discussions in a virtual group setting
- Remember that Billing and Coding is the language that healthcare professionals speak.
  - If your organization cannot speak Healthcare Billing and Coding, you cannot effectively communicate with the rest of the Healthcare Industry

Community Care Hub Billing and Coding
An ECHO Initiative

Learning Objectives for Today's Session

- Increase participant literacy in billing and coding
- Increase understanding of the value that community-based organizations (CBOs) bring to health systems/plans
- Learn more about the use of in lieu of services
- Understand the Gravity Project's Consensus-driven Data Standards for Social Determinants of Health
- Identify ways that CCHs/CBOs can implement contract models that incorporate Z-Code reporting in the business model

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Today's ECHO Session

Project ECHO

Time	Session Topics
5 minutes	Recap of topics covered in Session #1
10 minutes	CMCS In Lieu of Services (ILOS) Guidance Overview
10 minutes	ILOS Implementation considerations at the local level
20 minutes	Gravity Project Presentation – Sarah DeSilvey, DNP, FNP-C
10 minutes	Discussion/Questions for Presenter
30 minutes	Anonymized Case Study/Group Discussion and Problem Solving
5 minutes	Summary, Wrap-Up, Planning for Next Session

ECHO Session #1 Summary

- Session #1 of our ECHO series on Billing and Coding
  - NCQA Social Needs Screening HEDIS Measure
  - Applies to all NCQA Accredited Health Plans
  - 90%+ of all Health Plans are NCQA Accredited
- The percentage of members who were screened using pre-specified instruments at least once during the measurement period for food, housing and transportation needs
- The percentage of members who received a corresponding intervention within 1 month of screening positive
- All information related the Session #1 ECHO session can be accessed at:

https://www.ta-community.com/media/download/6352yw/NLC_Network_Expansion_Session_4_2023-03-508.pdf

ILOS State Medicaid Director Memo

- SMD#: 23-001 Additional Guidance on Use of In Lieu of Services and Settings in Medicaid Managed Care
- Date: January 4, 2023
- Provides Detailed Guidance on the implementation of ILOS to address HRSNs in the Medicaid Population
- Audience: Medicaid Director in every State, Territory, and the District of Columbia
- Link: https://www.medicaid.gov/federal-policy-guidance/downloads/smd23001.pdf

State Plan Amendment Required

- ILOS Require approval from CMS
- SMD#: 23-001 States: “ILOS Services must be approvable through a State Plan Amendment”
- Initial thoughts were that ILOS did not require a SPA but the memo clarifies this requirement

<u>Interpretation:</u>

- CMS must grant approval of ILOS plan

Cost Effectiveness

- The ILOS must be cost effective and approved by the State Actuary
- State Medicaid must have sufficient evidence that the ILOS will lead to a reduction in the total cost of care of affected beneficiaries

Interpretation:

- No requirement for cost effectiveness to be determined within the same year the benefit is launched
- Full understanding that some ILOS interventions will not have immediate impact on utilization
- There is a five (5) year window for the effectiveness determination.
- Sites should closely monitor outcomes to ensure that cost effectiveness can be proven within a five (5) period

Retrospective Evaluation

Interpretation:

- Retrospective evaluation would be based on a five (5) year cycle to determine effectiveness
- There must be documentation of the financial benefit of the ILOS based on a total reduction of claims data commensurate with the expense of the ILOS benefit

Coding and Claims

- ILOS services must be documented using HCPCS or CPT codes with sufficient evidence of each ILOS encounter

Interpretation:

- Claims are required
- Codes are required
- It is acceptable for a State or Plan to propose the use of alternative codes that are not reflected in the current HCPCS or CPT code set
- Alternative codes would be used when the proposed ILOS intervention is not reflected in the current HCPCS or CPT code sets

Medical Appropriateness

- ILOS must be medically appropriate services
- “A contractual requirement for the managed care plans to utilize a consistent process to ensure that a provider (either a plan’s licensed clinical staff or contracted network provider) using their professional judgment determines and documents that the ILOS is medically appropriate for the specific enrollee”

Interpretation:

- This is in the ILOS Statute
- Must be done
- Licensed social workers or nurses in the community would satisfy this requirement
- Approving person must have the ability to exercise clinical judgement to determine medial appropriateness

Miscellaneous Feedback

- Health Plans are reporting significant challenges with contracting with CBOs
- Some Health Plans report a lack of desire of CBOs for healthcare contracts

<u>CBO Challenges with Implementation</u>

- Volume
  - CBOs want the health plans to guarantee volume
  - Health Plans want the CBOs to find hard-to-reach members
- Revenue Cycle Management processes required
  - Issues are beyond just filing claims
- IT systems
  - CBOs report difficulty getting paid
  - Lack of compliant systems

Industry Example

- A QUEST Diagnostics subsidiary has entered the food insecurity space
  - PACK Health: https://www.packhealth.com/health-plans/
- A recent NEJM article defined their experience with implementing a food prescription that includes health coaching from PACK Health
  - https://catalyst.nejm.org/doi/pdf/10.1056/CAT.22.0351
- Intervention was deployed for BCBS-NC members with a diabetes diagnosis and food insecurity
- Intervention included food delivery + health coaching intervention.
  - Participants received $60 grocery delivery twice per month
  - Weekly health coaching to achieve 1 or more health goals

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Evaluation Metrics

Project ECHO

- Evaluation data proved the impact of the intervention
- PACK Health Food Insecurity Intervention Metrics
  - Baseline and 3- and 6-month surveys assessed self-reported food security
  - Body mass index (BMI)
  - Hemoglobin A1c levels
  - Self-reported physical and mental health
  - Member satisfaction
  - Medical expenses were extracted from claims data for the 6 months before and 6 months after pilot enrollment

Today's Speaker

Dr Sarah DeSilvey, DNP, FNP-C

Gravity Project Director of Terminology
Rural Family Nurse Practitioner
Clinical Faculty, Pediatrics, UVM Larner College of Medicine

**An informaticist/terminologist, family practitioner, social care expert, but not a certified coder*

Gravity Project: Consensus-driven Data Standards for Social Determinants of Health

A Deep Dive Into ICD-10-CM | April 13th, 2023

Sarah DeSilvey, DNP, FNP-C (she/her)
ACL Community Care Hub National Learning Community

Gravity Overview

What is Gravity Project?

A collaborative initiative launched in May 2019 with the goal to develop consensus-driven data standards to support the collection, use, and exchange of data to address the social determinants of health (SDOH).

Social Determinants of Health
Copyright-free

Healthy People 2030

https://health.gov/healthypeople/priority-areas/social-determinants-health

A Social Determinants of Health Lexicon

- **Health Equity:** Health equity is the state in which ***everyone*** has a fair and just opportunity to attain their highest level of health

- **Social Determinants of Health (SDOH)**: "the conditions in which people are born, grow, live, work and age," which are "shaped by the distribution of money, power and resources.

SDOH can offer both positive and negative forces

- Positive Forces
  - **Protective Factors:** characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development.
- Negative Forces
  - **Social Risks:** Adverse social conditions associated with poor health.
  - **Social Needs:** Patient-prioritized social risks.

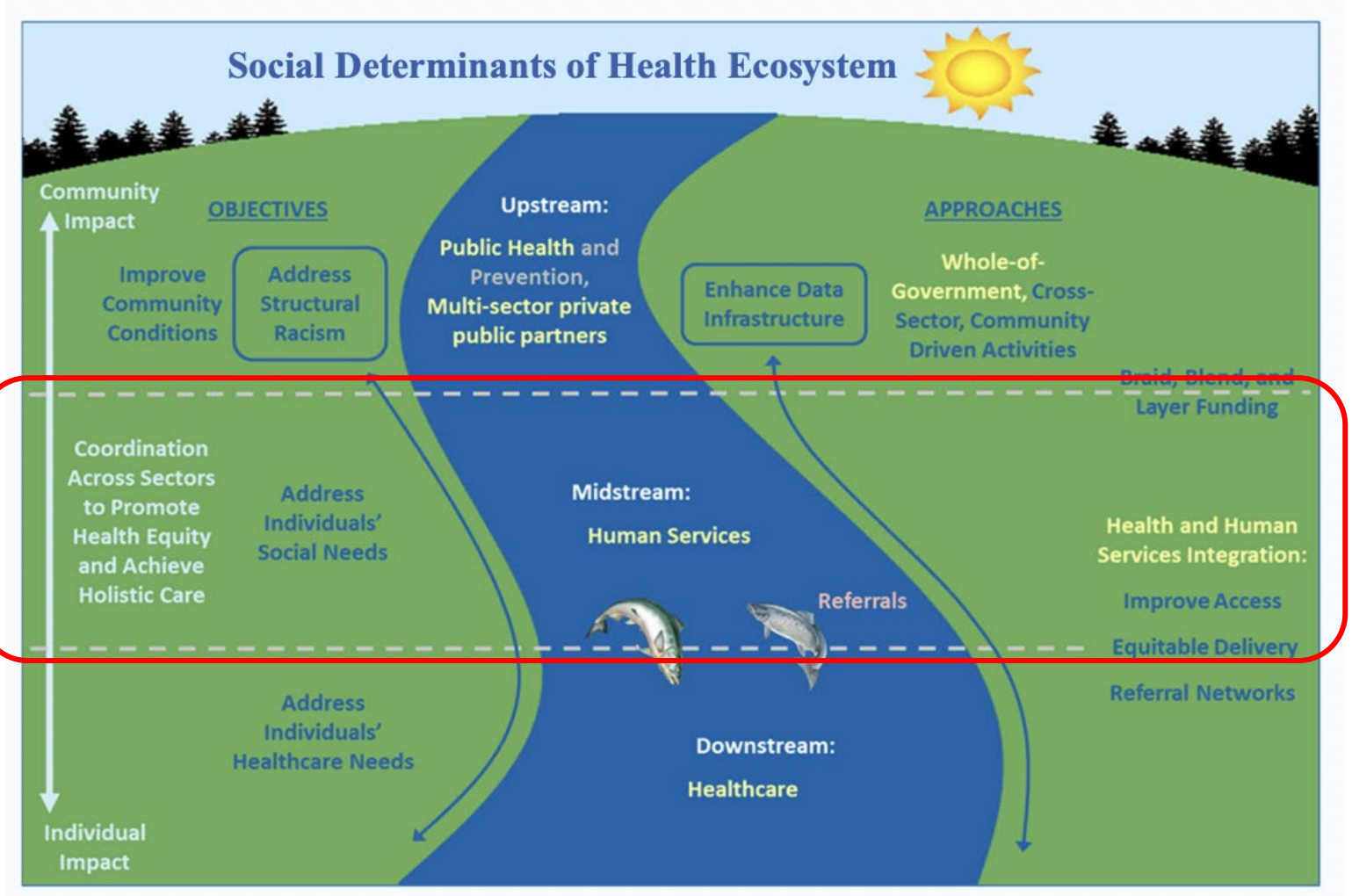
Population and Structural Level

Person-Level

https://www.cdc.gov/nchhstp/healthequity/index.html
Alderwick and Gottlieb (2019) Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems
Center for the Study of Social Policy (2018) About Strengthening Families™ and the Protective Factors Framework

HHS's Strategic Approach to Addressing Social Determinants of Health to Advance Health Equity

Data standards to support health and human services integration



https://aspe.hhs.gov/sites/default/files/documents/aabf48cbd391be21e5186eeae728ccd7/SDOH-Action-Plan-At-a-Glance.pdf

Gravity Timeline

2017

SIREN Exploration

November: SIREN/ Academy Health Host Multi-Stakeholder Group

2018

RWJF funds SIREN to stand up new coding collaborative

Initiation

November: SIREN contracts with EMI to initiate the Gravity Project

2019

Food Insecurity

Launch

August: Gravity becomes an HL7 FHIR Accelerator Project

2020

Housing Instability

Homelessness

Transportation Insecurity

HL7 FHIR

DRAFT Gravity IG build

2021

Financial Insecurity

Inadequate Housing

Unemployment

Veterans

Education

Material Hardship

Intimate Partner Violence

Elder Abuse

Stress

Social Isolation

NIH National Library of Medicine Value Set Authority Center

November: Gravity Value Sets in VSAC

USCDI U.S. Core Data for Interoperability

July: Gravity Data Sets in USCDI v2

HL7 FHIR

August: Gravity IG STU1 Published

2022

Medical Cost Burden

Health Insurance Coverage Status

Health Literacy

September: Pilots Affinity Group Launch

November: Gravity IG STU2 Published

HL7 FHIR

Gravity Project Core Use Cases

Documenting social care data at patient/client encounters

Tracking social care interventions to completion

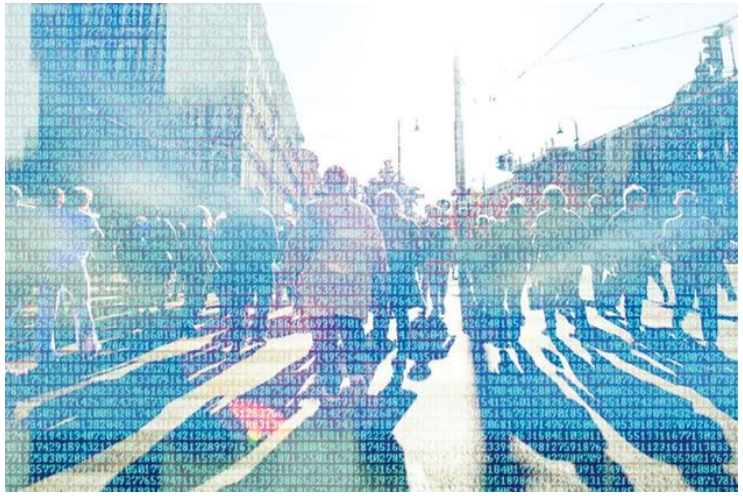
Person-Level Activities

Gathering and aggregating social care data for uses beyond the point of care (population health, quality reporting, risk stratification, research, and policy)

Population and Structural Activities

Gravity Project Data Use Principles for Equitable Health and Social Care

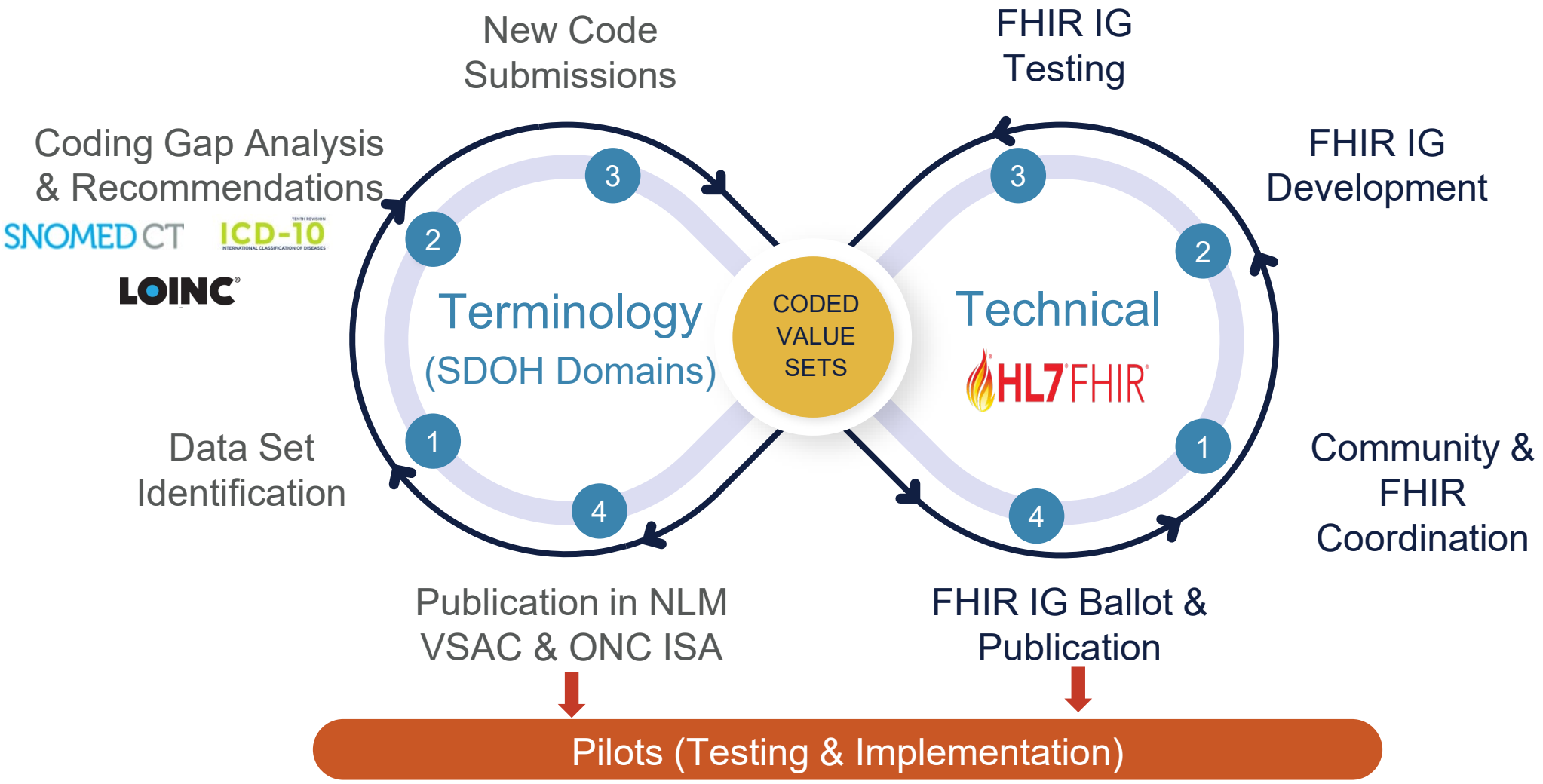
- Improving Personal Health Outcomes
- Improving Population Health Equity
- Ensuring Personal Control
- Designing Appropriate Solutions
- Ensuring Accountability
- Preventing, Reducing, and Remediating Harm



https://confluence.hl7.org/display/GRAV/Gravity+Data+Principles

Gravity Workstreams

3 Workstreams: Terminology, Technical, Pilots



Public Collaboration

Gravity has convened over **2,500+** participants from across the health and human services ecosystem.

Terminology Workstream facilitated **bi-weekly** via virtual Public Collaborative meetings – Restarting 5/11 2nd and 4th Thurs 4-5:30 EST

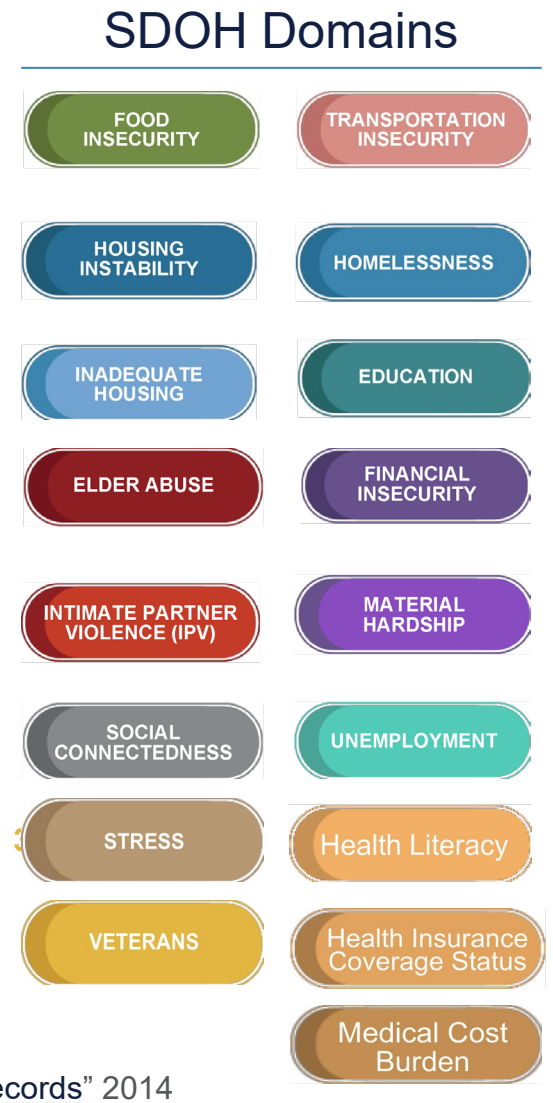
Technical Workstream facilitated via **weekly** HL7 Patient Care Work Group meetings –

Pilots Workstream facilitated via **monthly** Pilots Affinity Group meetings (last Thurs of the month from 2:30 to 4 pm ET) - active

https://confluence.hl7.org/pages/viewpage.action?pageId=46892669#JointheGravityProject-GravityProjectMembershipList

Terminology Workstream — Scope

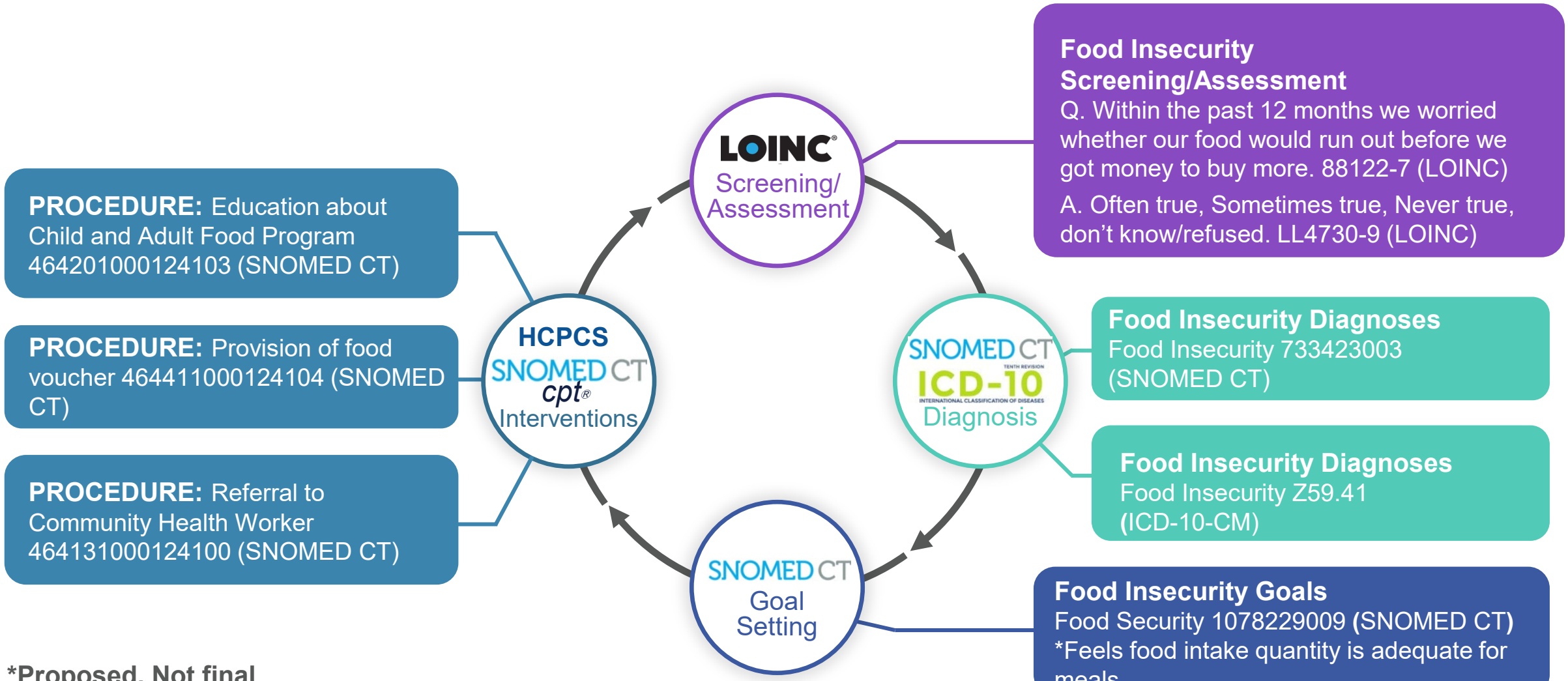
- **Develop data standards** to represent and exchange patient level SDOH data documented across four clinical activities:
  - Screening,
  - Assessment/diagnosis,
  - Goal setting, and
  - Treatment/interventions.
- **Test and validate** standardized SDOH data for use in patient care, care coordination between health and human services sectors, population health management, public health, value-based payment, and clinical research.



Domains grounded by those listed in the NASEM "Capturing Social and Behavioral Domains in Electronic Health Records" 2014

FOOD INSECURITY

Food Insecurity Terminology Build



***Proposed. Not final.**

Gravity Project Value Sets

- Gravity Project is the steward for over 150 NLM VSAC value sets representing social risk domain level sets for each activity (screening, diagnosis, goal setting, and intervention) and all SDOH level value sets in line with USCDI
- Domain-level sets can be found in VSAC with Gravity Project as the steward, or on our confluence under “Gravity Terminology Value Sets” https://confluence.hl7.org/display/GRAV/Gravity+Terminology+Value+Sets

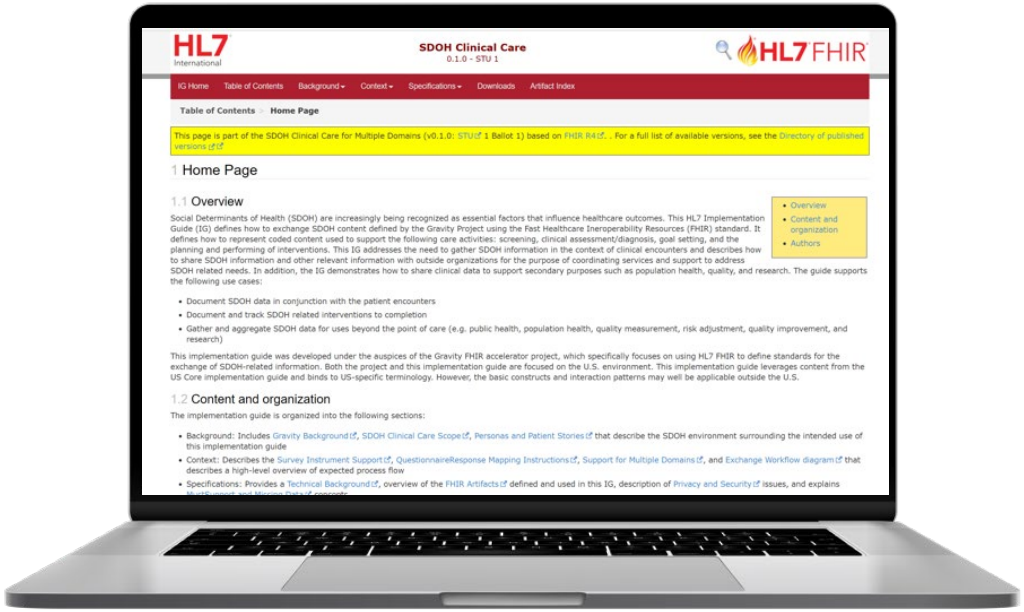
Domain	SDOH Activities	Links to Value Sets in VSAC	Downloadable Assessment Instruments Spreadsheets
FOOD INSECURITY	Assessment Instruments Question Codes (LOINC)	Work in progress	Food Insecurity Assessment Instruments Codes V1
	Assessment Instruments Answer Codes (LOINC)	Work in progress	
	Diagnoses (SNOMED CT, ICD-10)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.17/expansion/latest	
	Goals (SNOMED CT)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.16/expansion/latest	
	Procedures (SNOMED CT, CPT, HCPCS)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.7/expansion/latest	
	Service Request (SNOMED CT, CPT, HCPCS)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.11/expansion/latest	
HOUSING INSTABILITY	Assessment Instruments Codes (LOINC)	Work in progress	Housing Instability Assessment Instruments Codes V1
	Assessment Instruments Answer Codes (LOINC)	Work in progress	
	Diagnoses (SNOMED CT, ICD-10)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.24/expansion/latest	
	Goals (SNOMED CT)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.161/expansion/latest	
	Procedures (SNOMED CT, CPT)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.44/expansion/latest	
	Service Request (SNOMED CT, CPT)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.45/expansion/latest	
HOMELESSNESS	Assessment Instruments Codes (LOINC)	Work in progress	Homelessness Assessment Instruments Codes V1
	Assessment Instruments Answer Codes (LOINC)	Work in progress	
	Diagnoses (SNOMED CT, ICD-10)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.18/expansion/latest	
	Goals (SNOMED CT)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.159/expansion/latest	
	Procedures (SNOMED CT, CPT)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.20/expansion/latest	
	Service Request (SNOMED CT, CPT)	https://vsac.nlm.nih.gov/valueset/2.16.840.1.113762.1.4.1247.21/expansion/latest	

Technical Workstream — HL7 SDOH Clinical Care FHIR Implementation Guide (IG)

1. This is a framework Implementation Guide (IG) and supports multiple domains

1. IG support the following clinical activities
   - Assessments
   - Health Concerns / Problems
   - Goals
   - Interventions including referrals
   - Consent
   - Aggregation for exchange/reporting
   - Exchange with patient/client applications
   - Draft specifications for race/ethnicity exchange

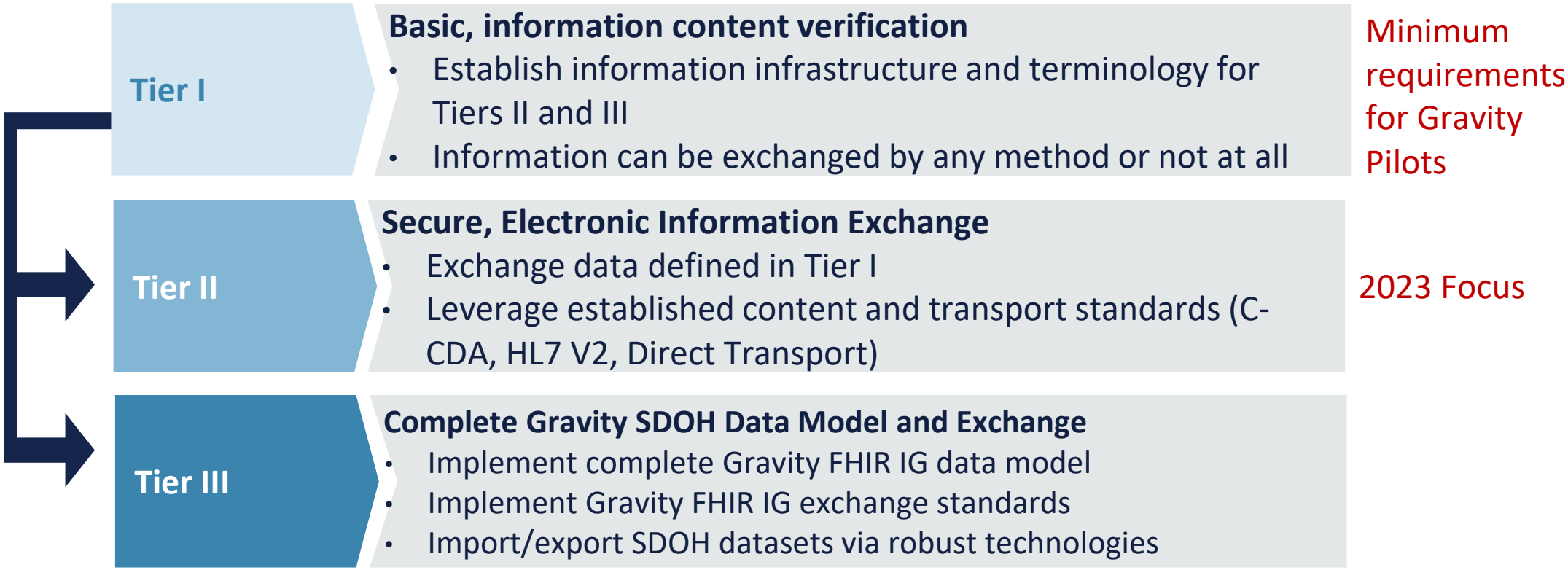
3. **Standard for Trial Use 2 (STU2) published November 2022!**



http://hl7.org/fhir/us/sdoh-clinicalcare/STU1/

Pilots Workstream — Three-Tiered Piloting Approach

Incremental tiers for testing Gravity standards. Entities may participate at any Tier.



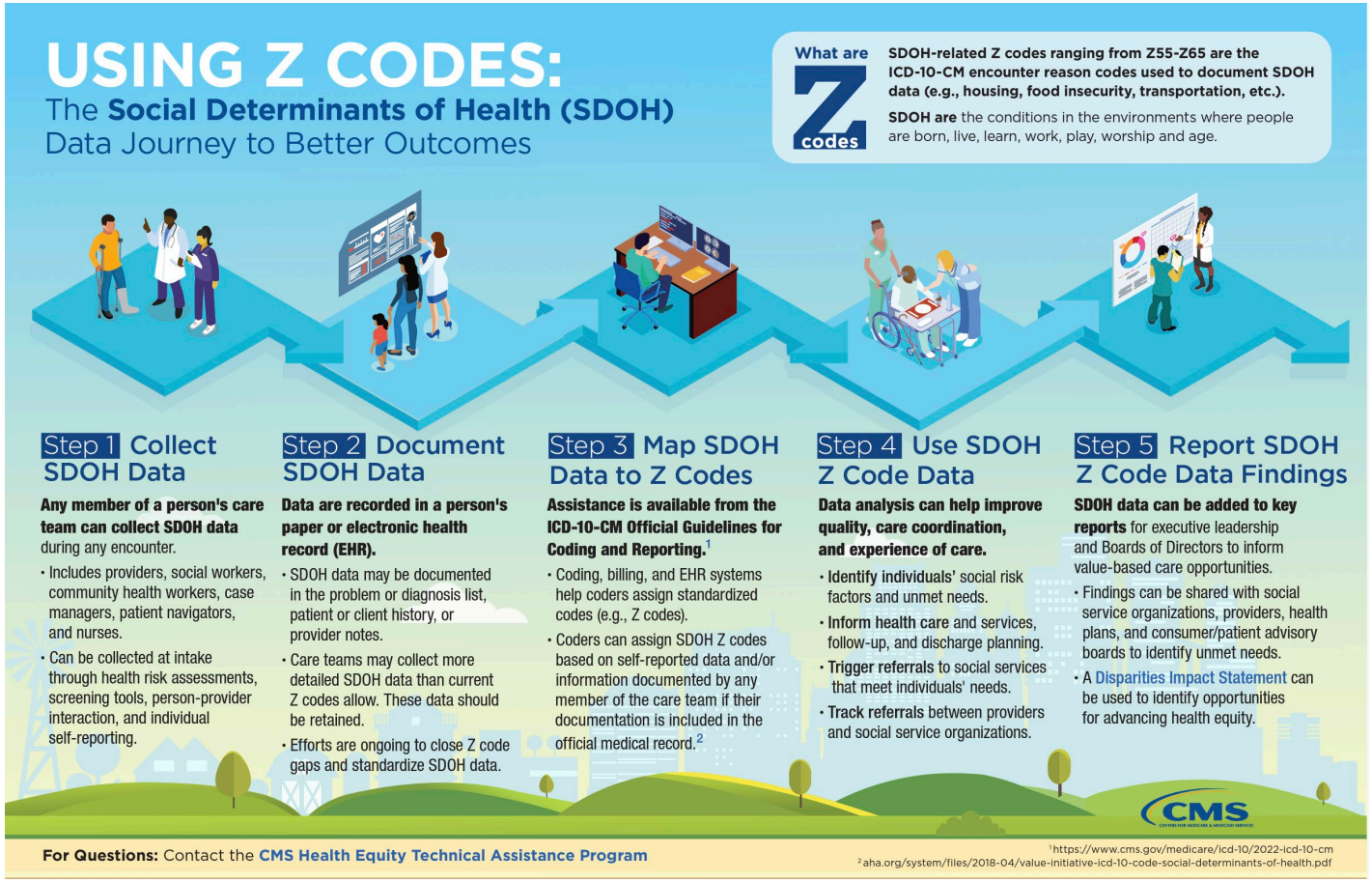
Gravity Pilot Sites

This is a sample (not all-inclusive list) of organizations that have participated in the Gravity Pilots Affinity Group.
We are grateful to all organizations adopting the work of Gravity to advance SDOH standards

A Deep Dive Into Social Care ICD-10-CM Z Codes

What are Z-codes?

- ICD-10-CM Z-codes are statements of social risk that are able to travel in claims to service providers, payers, public health registries, +
- They are critical for documentation and population health assessment and intervention planning
- They are generally required as a reason for services to support reimbursement



https://www.cms.gov/files/document/zcodes-infographic.pdf

What we know about Z Code Documentation

- **On value:**
  - Z codes do not carry explicit value on their own (value is conveyed through billing codes such as HCPCS and cpt)
  - But, they support the reason for HCPCS and cpt (***the why***)
  - And, they can be used in value-based health care arrangements to allocate resources based on risk

- **On who:**
  - **Any clinician** can document a patient's social needs (American Hospital Association, 2019)
    - For the purpose of documenting social information, "clinicians" can include anyone deemed to meet the requirements, set by regulation or internal hospital policy, to document in the patient's official medical record… including, but not limited to,… social workers, community health workers, case managers, nurses, etc
  - There are pilots (many through 1115 waivers or other stage regulations) testing extension of Z code documentation to community partners as a necessary social care expansion of the care team

https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf

Social Care Z-codes: Education and Literacy

- Z55 Problems related to education and literacy
  - Z55.0 Illiteracy and low-level literacy Illiteracy and low-level literacy
  - Z55.1 Schooling unavailable and unattainable
  - Z55.2 Failed school examinations
  - Z55.3 Underachievement in school
  - Z55.4 Educational maladjustment & discord w teachers & classmates
  - **Z55.5 Less than a high school diploma**
  - **Z55.6 Problems related to health literacy**
  - Z55.8 Other problems related to education and literacy
  - Z55.9 Problems related to education and literacy, unspecified

Example, non-exhaustive

Social Care Z-codes: Employment

- Z56 Problems related to employment and unemployment
  - Z56.0 Unemployment, unspecified
  - Z56.1 Change of job
  - Z56.2 Threat of job loss
  - Z56.3 Stressful work schedule
  - Z56.4 Discord with boss and workmates
  - Z56.5 Uncongenial work environment
  - Z56.6 Other physical and mental strain related to work
  - Z56.8 Other problems related to employment
  - Z56.81 Sexual harassment on the job
  - Z56.82 Military deployment status
  - Z56.89 Other problems related to employment Z56.9 Unspecified problems related to employment

**Z57 covers occupational exposure. For the sake of brevity, it is not addressed here.*

Example, non-exhaustive

Social Care Z-codes: Physical Environment (Community Level Concerns)

- **Z58 Problems related to physical environment**
  - **Z58.6 Inadequate drinking-water supply**
  - Z58.8 Other problems related to physical environment
    - **Z58.81 Basic services unavailable in physical environment**
    - **Z58.89 Other problems related to physical environment**

Example, non-exhaustive

Social Care Z-codes: Economic/Housing

- Z59 Problems related to housing and economic circumstances
  - Z590 Homelessness
    - Z59.00 Homelessness unspecified
    - **Z59.01 Sheltered homelessness**
    - **Z59.02 Unsheltered homelessness**
  - Z591 Inadequate housing
    - **Z59.10 Inadequate housing, unspecified**
    - **Z59.11 Inadequate housing environmental temperature**
    - **Z59.12 Inadequate housing utilities**
    - Z59.19 Other inadequate housing
  - Z59.2 Discord with neighbors, lodgers and landlord
  - Z59.3 Problems related to living in residential institution
  - Z598 Other problems related to housing and economic circumstances
    - **Z59.81 Housing instability, housed**
    - **Z59.811 Housing instability, housed, with risk of homelessness**
    - **Z59.812 Housing instability, housed, homelessness in past 12 months**
    - **Z59.819 Housing instability, housed unspecified**

Example, non-exhaustive

Social Care Z-codes: Economic/Other

- Z59 Problems related to housing and economic circumstances
  - Z59.4 Lack of adequate food
    - **Z5941 Food insecurity**
    - Z5948 Other specified lack of adequate food
  - Z59.5 Extreme poverty
  - Z59.6 Low income
    Low income
  - Z59.7 Insufficient social insurance and welfare support
  - Z59.8 Other problems related to housing and economic circumstances
    - **Z59.82 Transportation insecurity**
    - **Z59.86 Financial insecurity**
    - **Z59.87 Material hardship due to limited financial resources, NEC**
    - Z59.89 Other problems related to housing and economic circumstances
    - Z59.9 Problem related to housing and economic circumstances, unsp

Example, non-exhaustive

Gravity Project: Food Insecurity Patient Scenario

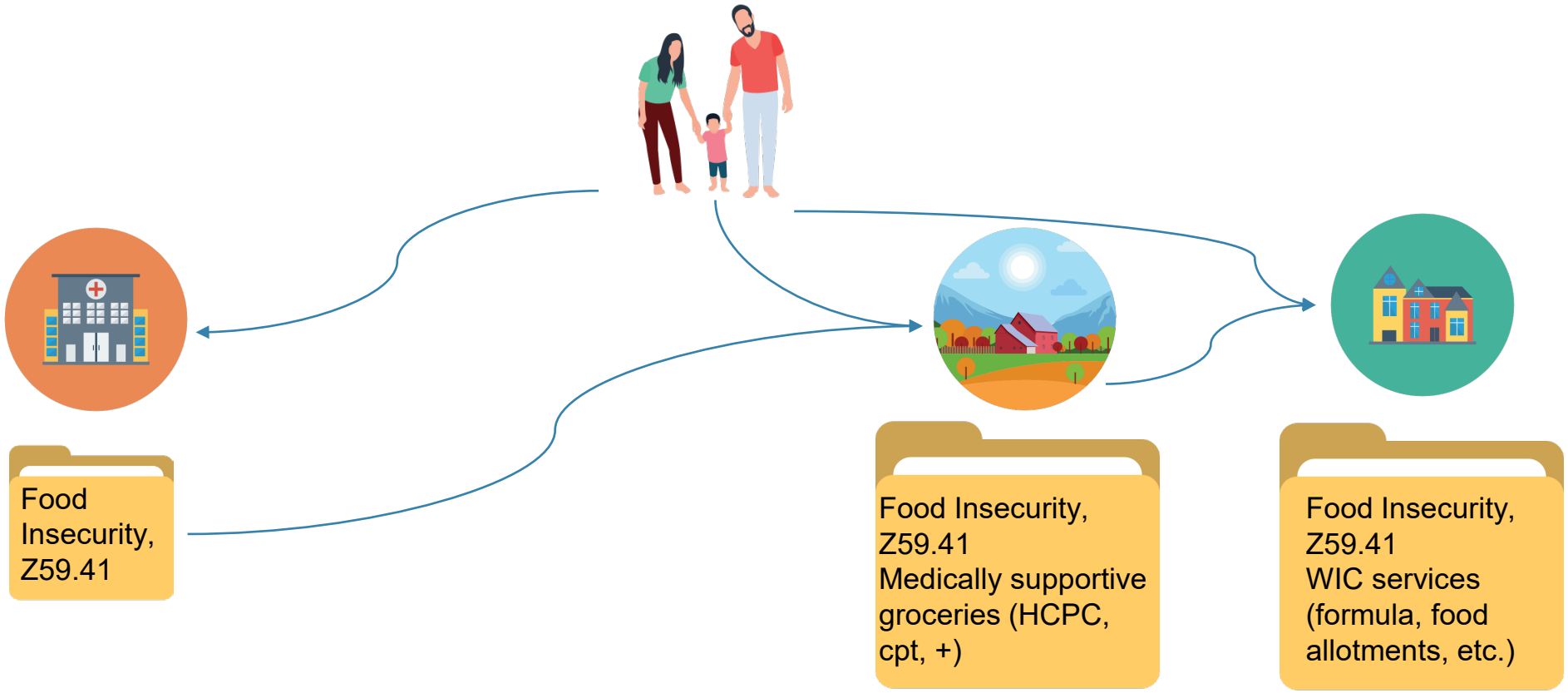
Patient Rebecca Smith, a mother of 3 young kids, presents to her primary care provider for a diabetes check. As part of her visit, she completes the Hunger Vital Sign screen for food insecurity. It is positive and the rooming staff let the provider, Dr Sanchez, know. Dr Sanchez, enters and after conversation it is identified that Ms. Smith is indeed food insecure and would appreciate resources for her and her children. Dr Sanchez enters an assessment of food insecurity (Z59.41) and links a referrals to a local food bank and their community health worker (CHW) team. At the food bank Rebecca is given a medically supportive grocery bag and the CHW evaluates eligibility for school and community food programs such as school-based lunches, WIC, and SNAP.

Patient centered-social risks vs social need

ICD-10-CM Z code

Capacity for Z code aligned services (labor and products)

The path of people (and their social care data)



Gravity Project Community

URL: https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project

Join us as a Gravity Project sponsor!

Partner with us on development of blogs, manuscripts, dissemination materials.
https://thegravityproject.net/sponsors/

Help us with Gravity Education & Outreach

Use Social Media handles to share or tag us to relevant information:

@thegravityproj

https://www.linkedin.com/company/gravity-project

Questions?

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Project ECHO

Case Study Discussion

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Anonymized Case Study

Project ECHO

- State Medicaid approves the use of ILOS to screen and address HRSNs in the Medicaid population
- State issues guidance to MCOs on the use of ILOS
- CCH gets an opportunity to provide HRSN screening and social care interventions that would be reimbursable under the ILOS guidance

Code?

- MCO requires the CCH to propose the codes that will be used for the proposed services
  - MCO will not tell the CCH what codes they should use because it is the obligation of the provider to inform the MCO of the appropriate code

<u>Questions</u>

- What are the considerations for the codes to use?
- How will Z-Codes be captured and reported to the MCO?
- Services that require codes
  - Screening for HRSNs
  - Social care coordination to address HRSNs

Medical Appropriateness

- ILOS must be medically appropriate services
- “A contractual requirement for the managed care plans to utilize a consistent process to ensure that a provider (either a plan’s licensed clinical staff or contracted network provider) using their professional judgment determines and documents that the ILOS is medically appropriate for the specific enrollee”

Question

- How can Z-Codes be used to meet this requirement?

HRSN Screening and Reporting

- The CCH is operating Statewide
- Several CBOs will provide the ILOS

Questions

- What steps should the CCH implement to provide a standardized approach to HRSN screening and reporting across multiple CBOs?
- How can the CCH perform quality assurance on the HRSN screening and Z-Code reporting being performed across the State?

Blending and Braiding

- The MCO contract pays for HRSN screening and social care coordination
- The contract does not pay for social care interventions, such as meals for food insecurity

Question

- Is the CBO obligated to provide priority placement on wait lists, for addressing social needs, because there is a contract with the MCO?
- If the CBO refers members to other programs that have a contract, does this violate conflict free case management rules?
  - For Example, CBO has a contract for DPP (Diabetes Prevention Program) and does internal referrals for DPP and then bills separately for DPP.

Business Model

- The reimbursement rate for HRSN screening and social care coordination must cover the cost of the CBO providing the service coordination and the cost of the CCH

Question

- What should the CCH do to determine the financial sustainability model for the contract?
- How should the rate be determined?

CBO Response to Contract

- The CCH proposes a rate and set of codes that are accepted by the MCO
- Codes accepted include the following:
  - 0591T: Health and Well-being Coaching face-to-face; individual, initial assessment
  - 0592T: Individual, follow-up session, at least 30 minutes
  - 0593T: Group (two or more individuals), at least 30 minutes

<u>Question</u>

- How will the CBO capture the code for service and report the HRSNs identified?
- Contract is a fee for service contract model. A CBO, that is part of local COG, requests upfront funding, from the CCH, to cover a FTE to provide the service and wants a guarantee from the CCH to cover the full cost of the FTE. How should the CCH respond to the CBO?

CBO Performance Issue

- A local CBO is not responding in a timely manner to referrals, submitting incomplete documentation for interventions, and not adhering to the contract requirements

Question

- Poor performance by the CBO puts the contract in jeopardy for the CCH and other CBOs. What should the CCH do to address poor performance of local CBOs?

Volume

- The business model requires the CCH to meet volume requirements to sustain the CBO and CCH

Questions

- The volume has been consistently below the financial projections. What should the CCH do to address the volume issue impacting sustainability?
- The CBO informs the CCH that if the volume continues to be low, they will back out of the contract? Does the CBO have any shared responsibility to make the contract viable?

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Next Session

	Session Topic	Session Speakers (Tentative)	Dates for Sessions
☑	Session #1 Introduction to Series - Billing and Coding Overview	NCQA: Sarah Paliani	March 9, 2023
☑	Session #2 Billing and Coding Mechanics Part 1:	Gravity Project – Sarah DeSilvey	April 13, 2023
	Session #3 Billing and Coding Mechanics Part 2:	**Common Spirit – Ji Im**	**May 11, 2023**
	Session #4 Transforming Health Care Billing and Coding Part 1	Lakeland Health System, Michigan	June 8, 2023
	Session #5 Transforming Health Care Billing and Coding Part 2	Independent Health Medicare Advantage Plan	July 13, 2023
	Session #6 Summary - Break-out groups, Discussions on what was learned and ideas	United Healthcare	August 10, 2023

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Questions

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Upcoming Meetings & Events

NLC All-Member Meeting – April 18, 2023, 2:00-3:00pm ET

- Peer Group Dialogue Meeting – April 27, 2023, 2:00-3:00pm ET
- Network Expansion Track Curriculum Meeting – May 11, 2023, 2:00-3:30pm ET

Thank you!
Please contact
CommunityCareHubs@acl.hhs.gov
with any questions.

Administration for Community Living