Massa, Cody

From: Pauline Proulx <pauline@cbc-solutions.org>
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To: solicitation.questions
Subject: RFI 014-21/22 RE-PROCUREMENT OF THE STATEWIDE MEDICAID MANAGED CARE PROGRAM
Attachments: RFI 014-2122 CBCS Responses.docx; RFI 014-2122 CBCS Responses Redacted.docx

Cody Massa
Procurement Officer

Please accept the attached RFI for the RE-PROCUREMENT OF THE STATEWIDE MEDICAID MANAGED CARE PROGRAM.

The attachment does not include any trade secret information. I did include a redacted attachment, however, as instructed. The information can be released if the department receives a FOI request.

Please let me know if you have any questions.

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Operational Strategies: Our Holistic Approach

CBCS has provided community care coordination for complex patients for almost a decade in urban, rural and more suburban settings. Every community struggles with a small cohort of patients that are resistant to typical health care solutions, and as a result, utilize an inordinate percentage of health care resources.

Who are these clients?

A small, but significant segment of clients who face intense and unique psychosocial needs. Their typical demographics, listed below, require particular and timely solutions.

- 30% are homeless
- 40% have some form of mental disorder
- 50% have significant substance abuse issues
- Generally have five or more annual emergency department visits per patient
- Health care system costs typically $70,000 or higher

Best Practices

The intensity of the medical and psychosocial dynamics facing this very select cohort of high utilization members in any given community requires a unique set of tools and practices to successfully address their significant needs. CBCS has identified Five Service Pillars of Effective Care:

1. **Direct patient engagement** – The needs of this cohort of clients will not be successfully address via telephonic nor virtual platforms. Live staff in the community who understand the clients' unique needs and are available in real-time are a requirement for success.
2. **Community resource engagement** – Effective care management takes engagement from community entities to breakdown silos of care. For CBCS, this means engaging with the following resources:
    - Emergency medicine staff and providers
    - Hospitalists and hospital staff
    - Primary care providers
    - Community specialty providers

    - Behavioral health specialists and centers
    - Chemical dependency specialists and centers
    - Law enforcement agencies
    - EMS agencies
    - Housing authorities
    - Jail services
    - Housing Authorities
    - Food bank services
    - Job placement services
    - Protective services
    - Therapeutic court systems
    - Transportation services
3. **Customized care plans** – Care plans need to be created with the end community user in mind. The plans need to be no more than one page, inclusive with input from local resources, immediately available, actionable, and current.
4. **Health Information Exchange (HIE) and Community Information Exchange (CIE) engagement** – Programs need to maximize client and community engagement using real-time notifications and data. HIEs will allow for immediate 24/7 notifications and serve as a portal for care plan sharing in a HIPPA and 42 CFR compliant fashion. CIE allow for immediate identification and engagement of necessary community resources.
5. **Staffing with 24/7 coverage** – Community health workers available 24/7/365 are a critical component for success. CBCS prefers to hire individuals with lived experience, and from the communities of care being served.

Performance Metrics

To the extent that the metrics can be obtained within any given community of care, an ideal Balanced Scorecard for successful community-based high utilizer program will include monitoring of the following Key Performance Indicators:

- Emergency Department visits
- Hospital admissions (both medical and behavioral)
- Hospital admission Length-Of-Stay
- EMS and Law Enforcement calls to target addresses
- Controlled substance prescriptions
- Jail recidivism
- Therapeutic Court utilization
- Satisfaction (amongst patient and community resources)
- Healthcare utilization costs

This approach has consistently allowed CBCS to produce significant outcomes across diverse communities. A few examples of our outcomes are listed here:

Washington State (Suburban)

- 50% reductions ED utilization

- 30% reductions in opioid use
- Multi-year cost savings
- Improved Community Resource Coordination

Alaska (Rural)

- 60% reductions ED utilization
- 50% reductions readmissions
- 50% reductions opioid prescriptions
- >$40.000 savings/enrollee/year

Virginia (Urban)

- >55% reductions psych admissions
- >80% reduction in psych admit days
- >50% reductions ED visits
- +ROI within 3 months

Provider Network Requirements

To conduct work effectively, organizations need to work with all local Medicaid providers and adapt to each community's unique needs. CBCS does not bill Medicaid directly. We provide a guaranteed ROI for our clients using value-based principles – if we have not covered the cost of our program by the end of one year, we will reimburse the difference.

Integration with the Agency's Florida Health Care Connections (FX) Project and the federal Centers for Medicare and Medicaid Services Interoperability Rule

CBCS consistently integrates with state efforts, most recently demonstrated with 2021 integration of Emergency Department Care Collaborative in Virginia.