



Hubs & Third-Party Options to Support HRSN Transition

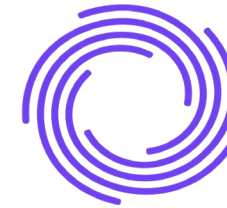
Monday, June 10, 2024
3:00-4:30 PM



Today's Presenters



Commonwealth of Massachusetts
Executive Office of Health and
Human Services



**HEALTH
RESOURCES
IN ACTION**



Today's Learning Objectives



Organizational Considerations when becoming an HRSN Provider



Understanding Hubs, Third-Party Billing Organizations, and Vendors



Considerations for Partnerships

Agenda

Topics	Time
Welcome, Learning Objectives, Recap to Date & Polling	10 minutes
Organizational Considerations When Becoming an HRSN Provider	10 minutes
Hub Models	15 minutes
Feature: Mass Home Care	5 Minutes
Third Parties, Billing Agents, & Vendors	5 Minutes
Considerations for Partnering in Hub or Acquiring Third Party Supports	10 Minutes
Question & Answers	35 Minutes

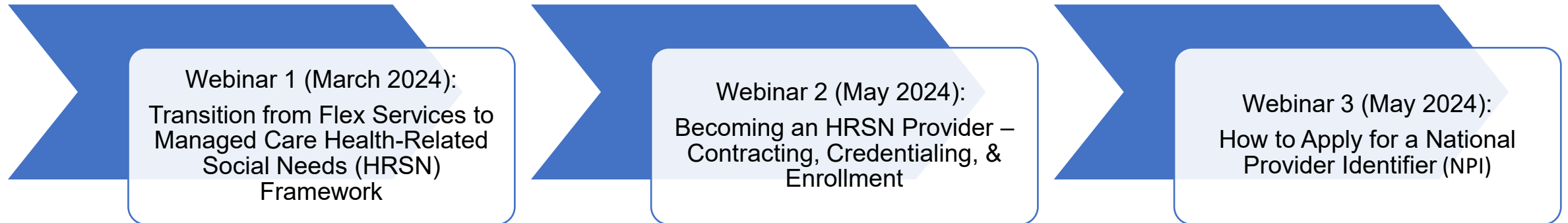
Poll Questions

- 1. How familiar are you with the use of hubs and third-party organizations for managing an organization's administrative and infrastructural functions (e.g., claims, provider credentialing, etc.)?**
 - Very familiar
 - Somewhat familiar
 - Not very familiar
 - Not familiar at all
- 2. How confident do you feel about your organization's ability to take on the administrative tasks of being a HRSN provider?**
 - Very confident
 - Somewhat confident
 - Not very confident
 - Not confident at all
- 3. Could your organization benefit from targeted supports to complete the administrative tasks necessary to become and remain an HRSN Provider?**
 - Yes, we would be interested in long-term support to ensure sustainable administrative capacity
 - Yes, we would be interested in short-term support to address immediate administrative needs
 - Unsure, we need more information to determine the level of support required
 - No, we believe our organization can handle the administrative tasks independently
- 4. Could your organization support other organizations in the administrative tasks necessary to be an HRSN Provider?**
 - Yes, we could support other organizations in the administrative tasks of being an HRSN Provider.
 - We MAY be able to support other organizations in the administrative tasks of being an HRSN Provider.
 - No, we could not support other organizations in the administrative tasks of being an HRSN Provider.



Recap of Webinar Series to Date

Recap of Webinar Series to Date



Website: www.hria.org/tmf/hrsn-integration-fund



Organizational Considerations When Becoming an HRSN Provider

Administrative Models

An Administrative Model is how an agency administers a particular program. Consider the following questions and how they might apply to your organization:

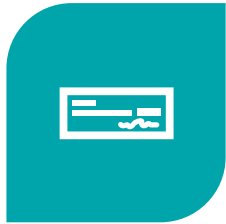
What functions does my organization already implement and what changes are needed to bring new HRSN-related functions in-house?

What functions does my organization already outsource and what is the contract between my agency and the contractor/subcontractor that supports these efforts?

What internal organizational functions need to be adapted to support the transition to becoming an HRSN Provider?

Are there functions related to the transition to becoming an HRSN Provider that can be outsourced?

If your organization is new to contracting with a Managed Care Entity (MCE)/becoming a Provider, there will be new administrative tasks and functions that need to be implemented



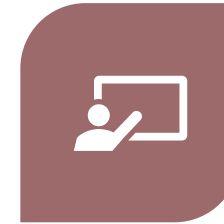
CONTRACTING WITH
MCE



ADAPTING INTERNAL
WORKFLOWS TO NEW
PROCESSES SYSTEMS



DOCUMENTATION THAT
LEADS TO CLAIM
SUBMISSION



CLAIMS SUBMISSION/
BILLING



QUALITY IMPROVEMENT



COMPLIANCE



TRAINING AND A
LEARNING
MANAGEMENT SYSTEM
TO TRACK REQUIRED
TRAININGS



REVENUE PROJECTIONS
INTEGRATED INTO
SUPERVISION AND
YOUR AGENCY'S
BUDGETING

Potential New Partners for HRSN Providers

If your organization is new to contracting with MCEs or healthcare claiming, you can partner with companies or organizations that are already doing this work or have the infrastructure to start. All of these models detailed below can come in various shapes and sizes.

Organizations with Billing Infrastructure or MCE Contracts:	Description:	Specialties:	Example Organizations:
Hubs (e.g., Community Care Hub, Network Lead, Umbrella Hubs)	A community-focused entity that supports Community Based Organizations (CBOs) by centralizing administrative functions in contracting with MCEs.	Claims management, provider credentialing, service delivery coordination, MCE Contracting	Potential leads may include Social Services Organizations (SSOs), CBOs, and Aging Service Access Points (ASAPs)
Third-Party Billing Agents	Professionals such as accountants or firms who specialize in medical billing and contract for this service.	Billing & claims management	Third-party billing agents, accountants specializing in healthcare billing, for profit billing companies, and other health care providers
Vendor Supports	Entity contracted to perform a specific portion of work, supply certain expertise, supports, or support a project	Billing & claims management, provider credentialing, tech/IT support, training on aforementioned topics	Administrative support firms, medical billing companies, SSOs/CBOs, data management and IT service companies



Hub Models

Overview of The Hub Model

A hub is a community-focused entity that supports CBOs by centralizing administrative functions in contracting with MCEs. A hub includes a 1) **Parent Entity** and 2) **Satellite Entities**.

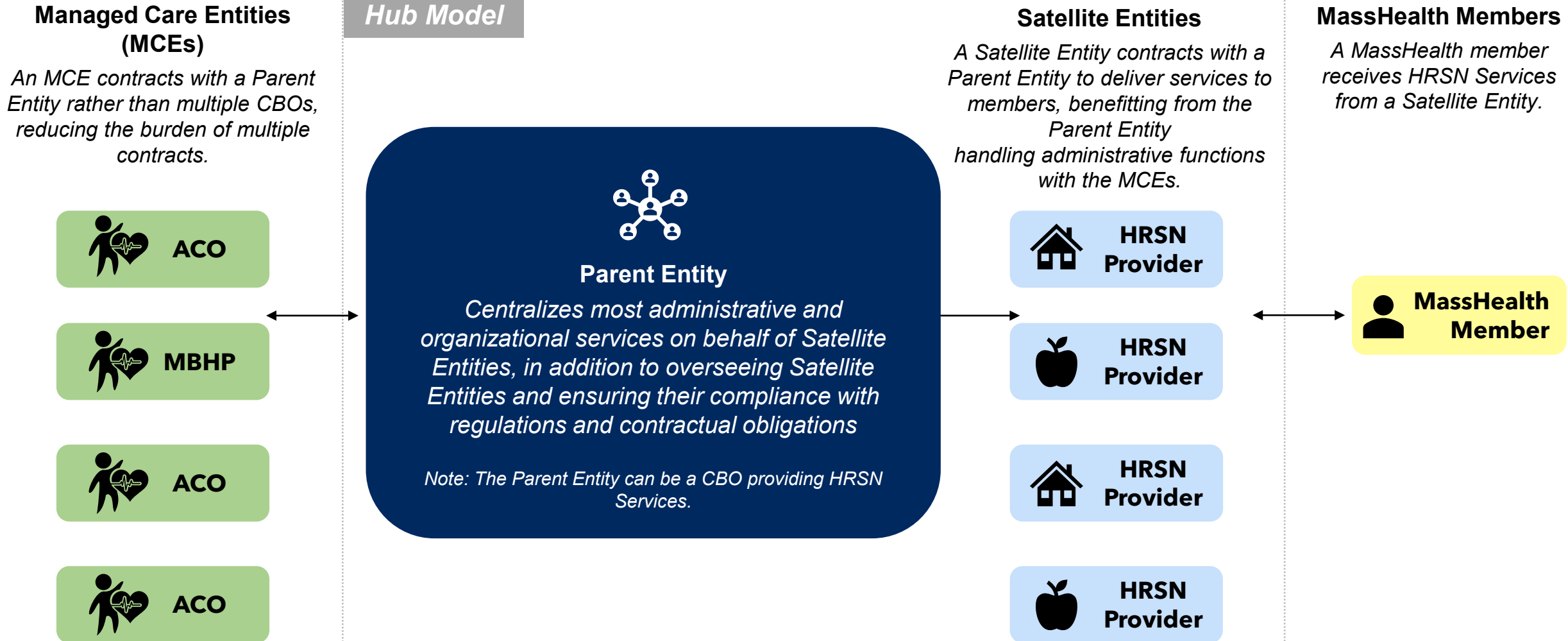
- A **Parent Entity** is the central organization responsible for contracting with MCEs and taking on several administrative functions to reduce the burden on the satellites.
 - Typically handles certain **administrative functions** such as data management, billing, credentialing, and compliance to **enable Satellite Entities to focus on direct care and service provision**.
 - Contracts with the MCE and is the "provider" of HRSN services.
 - Reduces the burden on MCEs of having to contract with multiple HRSN Providers.
- **In Massachusetts, the Parent Entity needs to be an HRSN Provider** of either housing or nutrition and can contract with any potential housing or nutrition CBO. The Parent Entity can, but does not need to, provide services.
 - A Parent Entity may, but is not required to, provide **technical assistance and trainings** as well as **streamline and coordinate referrals** to Satellite Entities.
 - The Parent Entity **may also provide services to members**.

Overview of The Hub Model (Continued)

- A **Satellite Entity** contracts with a Parent Entity to deliver HRSN Services on the Parent's behalf.
 - Satellite Entities **benefit from the Parent handling administrative functions with the MCEs** allowing them to focus on their specialized areas of service delivery to members.
 - The Satellite Entity no longer needs to become a contracted provider (i.e., they do not need to credential, enroll, or submit claims) but is a sub-entity of the Parent. The Satellite can still deliver services to members as long as it meets all necessary provider qualifications.

There are a variety of hub models that exist throughout the country. No one size fits all. We recommend that you identify the appropriate model for your organization.

An Example of a Hub Model



Community Care Hubs

- A recent hub model promoted by the federal Administration for Community Living (ACL) because Aging and Disability providers also face the challenges of becoming and assuming the administrative role of Provider.
- A Community Care Hub (CCH) is a community-focused entity that organizes and supports a network of CBOs providing HRSN Services.*
- CCH centralizes administrative functions and operational infrastructure, including but not limited to contracting with health care organizations, payment operations, management of referrals, compliance, technology, information security, data collection, and reporting.*
- Massachusetts has one CCH that is part of the ACL learning community – Mass Home Care has created Care Coordinate that represents the 24 Aging Service Access Points (ASAPs) across the state.

*<https://www.ncoa.org/article/community-care-hubs-what-evidence-based-program-providers-need-to-know>

Feature: Mass Home Care



Our Mission:

**To help adults live in the least restrictive setting possible
At their highest level of functioning possible
For as long as possible**



Third Parties, Billing Agents, & Vendors

Billing Agents or Third-Party Billing Organizations

- Billing Agents or Third-Party Billing Organizations are professionals who specialize in medical billing and claims processes.
- This can be a firm, individual, or a health care provider.
- A contract is established between the HRSN Provider and the Third-Party Billing Organization.
- HRSN Providers send their data to the Third-Party Billing Organization and the Organization creates claims for the HRSN Providers and submits to the MCE.
- The HRSN Provider still contracts directly with the MCE for services.
- The firm can be paid up front or more commonly receives a percentage of claims revenue.

Vendor Supports

- Vendors are entities contracted to perform a specific portion of work, supply expertise, or support a project.
- This could include but is not limited to a consulting firm, current health care provider, or a Third-Party Billing Organization.
- In the context of HRSN Services, vendors may be contracted to offer a variety of supports, including setting up a billing and claims system, teaching HRSN Providers how to bill and claim, and supporting an HRSN Provider in enrolling with an MCE. Services are usually time-limited.
- The services provided by a vendor, along with the payment terms, conditions, and contract duration, are determined by contractual agreement with the HRSN Provider.



Considerations for Partnering in Hub or Acquiring Third-Party Supports

Pros and Cons of Each Partnership Model – **Accepting Support**

Model	Pros	Cons
Hubs Model - Satellite Entity	<ul style="list-style-type: none"> • Reduced administrative burdens (e.g., do not have to submit claims or become a provider) • Primary focus on HRSN service delivery • Peer supports • Shared resources • Do not have to invest in infrastructure • Potential cost reduction 	<ul style="list-style-type: none"> • Less opportunity for partnership with MCEs • Potential misalignment/coordination challenges • Potential cost increase
Third-Party Billing Organization - Accepting Third-Party Billing Support	<ul style="list-style-type: none"> • Reduced administrative burdens • Expert bill handling, error reduction • Saves time on claims submission • Reduce investment in infrastructure 	<ul style="list-style-type: none"> • Cost of billing agent • Less control over billing process • Potential for miscommunication • No in-house billing infrastructure established • Billing agent may not want to work with smaller organization but potential to work with peers to solve for this
Vendor – Accepting Vendor Support	<ul style="list-style-type: none"> • Specialized expertise or supports • Flexibility in contractual requirements set, including cost & duration of partnership • Time saved on subcontracted tasks 	<ul style="list-style-type: none"> • Cost of vendor • Contract management responsibilities • Potential for misalignment • Dependence on vendor • Support for just a specific period of time

Pros and Cons of Each Partnership Model - Providing Support

Model	Pros	Cons
Hubs Model – Parent Entity	<ul style="list-style-type: none"> • Robust collaboration with MCEs • Partnerships with Satellite Entities • Potential increased revenue and sustainability in HRSN Services framework 	<ul style="list-style-type: none"> • Leadership demands • Complex coordination • Increased compliance demands • Administrative & infrastructural expenses
Third-Party Billing Organization - Being Third-Party Billing Support	<ul style="list-style-type: none"> • Potential increased revenue and sustainability in HRSN Services framework • Increased partnerships with HRSN Providers and MCEs • Expanding services offered • Internal capacity building 	<ul style="list-style-type: none"> • Leadership demands • Complex coordination • Administrative & infrastructural expenses
Vendor – Being a Vendor	<ul style="list-style-type: none"> • Potential increased revenue and sustainability in HRSN Services framework • Increased partnerships with HRSN Providers • Expanding services offered • Knowledge sharing • Internal capacity building 	<ul style="list-style-type: none"> • Leadership demands • Complex coordination • Administrative & infrastructural expenses

Question and Answer

Next Steps & Resources

1. Please complete post-webinar survey for (*June 10th, 2024*) linked: <https://forms.office.com/r/P1tLspHDjK>
2. Please complete HRSN Public-Facing Sign Up Sheet for (*June 10th, 2024*) linked: [HRSN Public-Facing Sign-up Sheet.xlsx](#)

Sources

- <https://www.ncoa.org/article/community-care-hubs-what-evidence-based-program-providers-need-to-know>
- <https://acl.gov/news-and-events/announcements/acl-announces-participants-selected-next-community-care-hub-national>
- <https://masshomecare.info/wp/>
- <https://www.ethocare.org/carecoordinate/>

Deciding on a Model

- **Assess Organizational Readiness & Identify Need:** Evaluate your current capabilities, resources, and readiness. Identify gaps in services, infrastructure, and administrative capacities. Consider which model will best support your need.
- **Conduct Research:** Research existing models to understand their structure, services offered, and operational models. Learn from best practices in other states.
- **Establish Partnerships:** Identify and reach out to potential partners. Build relationships with stakeholders who share similar goals and can complement your services.
- **Develop a Proposal:** Work with partners to create a detailed proposal outlining your vision, goals, and the specific role your organization will play. Include a business plan, budget, and sustainability strategy.
- **Negotiate Contracts:** Negotiate contract terms, including service scope, payment terms, and performance expectations.
- **Implement and Monitor:** Work closely with selected partner(s) to implement plan. Monitor partnership, keep in open communication, and make adjustments as needed.



HRSN Provider Responsibilities With & Without Third-Party Supports:

Example 1: Our organization provides HRSN Housing Services and takes on all administrative and billing tasks **in-house**

HRSN Provider Manages:

- ✓ Property Management
- ✓ Rent Collection
- ✓ Ensuring compliance with housing funding (LIHTC, HCVs, COC funds or others)
- ✓ Lease up
- ✓ Annual recertification
- ✓ Case Management
- ✓ Peer Support
- ✓ Care Coordination
- ✓ **Documentation and billing of these services to MCE and other funding streams**

Example 2: Our organization provides HRSN Housing Services, and uses **an outside agency** for billing & other administrative operations

HRSN Provider Manages:

- ✓ Property Management
- ✓ Rent Collection
- ✓ Ensuring compliance with housing funding (LIHTC, HCVs, COC funds or others)
- ✓ Lease up
- ✓ Annual recertification
- ✓ Case Management
- ✓ Peer Support
- ✓ Care Coordination
- ✓ **Documentation of these services**