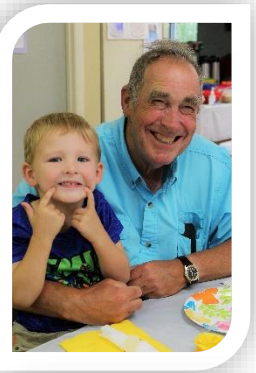
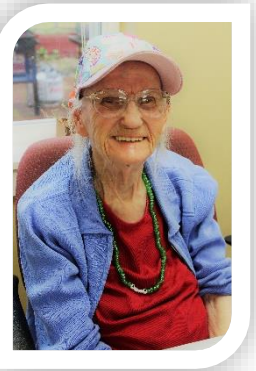




Medicare Advantage Supplemental Benefits: Developing a Value Proposition

One Agency's Journey (to date)

Gerard L. Queally
President & CEO

A Little Attitude Adjustment

Entrepreneurial Social Enterprise: We are an **enterprise** that applies both **entrepreneurial** and proven business strategies to maximize improvements for the **social** well-being of older and disabled adults while simultaneously maintaining our fiscal longevity and supporting the needs of our employees.

You Need to View Your Organization as:

Competent: in all aspects of our work	**Dependable**: to the community, clients, partners and to each other	**Important**: to the community, clients, partners and to each other	**Influential**: our voice is heard and respected; we have impact

Social Determinants of Health (SDOH) is our Wheelhouse!

- Availability of community-based & government resources (AAA, CAP, SS, DHHS, etc.)
- Food and nutrition
- Access to health care services (includes in-home care, insurance, etc.)
- Affordable and safe housing
- Transportation options
- Public safety (exposure to crime, violence, and social disorder)
- Social support (social isolation leads to depression)
- Socioeconomic conditions (ability to pay utility bills, pharmaceuticals)
- Language/Literacy (including financial literacy)
- Access to mass media and emerging technologies (e.g., cell phones, the internet, and social media)
- Culture

……as much as 80% of health disparities are driven by social determinants of health, and that structural barriers prevent the health care system from addressing these conditions effectively.

Dr. Cara James
CMS Office of Minority Health

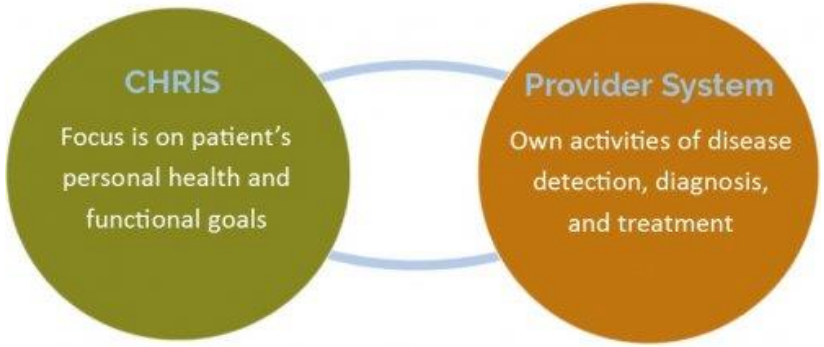
Our Value Proposition

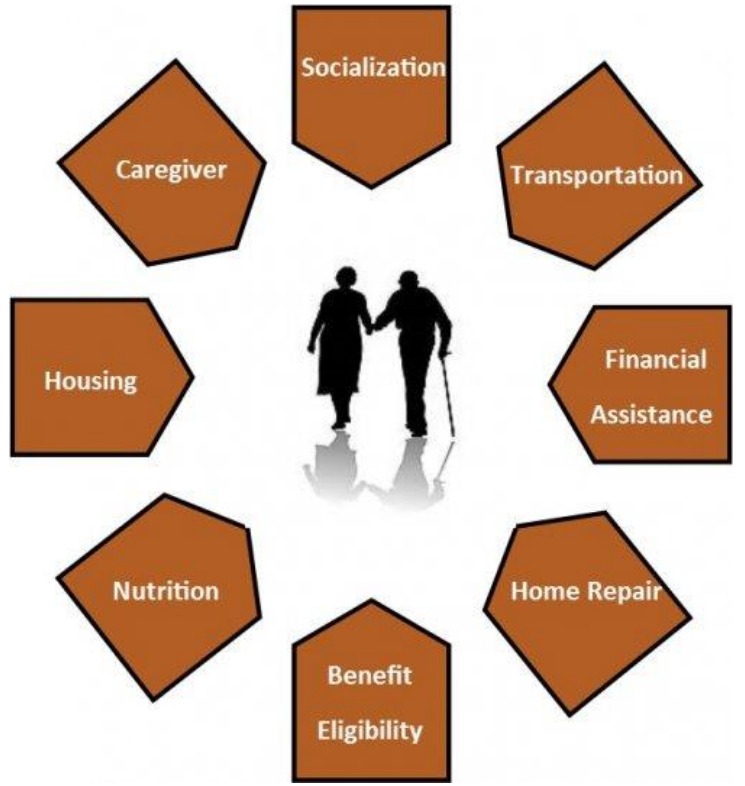
Spectrum Generations' Community-based High-Risk Intervention Service (CHRIS) assists health systems, independent providers and insurers in achieving the **Quadruple Aim** by:

- Enabling providers and caregivers to fully see the environment in which their patient lives
- Identifying opportunities where cost effective and beneficial interventions can be introduced to improve the patient's living environment
- Improving the understanding of both the provider/case manager and the patient the impact SDOH is having on the patient's health
- Connecting patients with the resources they need to thrive in the community

Resulting in:

- Improved patient activation
- Member satisfaction/retention
- Proper utilization of healthcare resulting in lower costs,
- Improved STAR ratings for insurers
- And more fulfilled providers.





What We Offer

- E-referral easily made online via Community Connections
- Community Resource Specialist (CRS)
  - Transitional Care Management (TCM)
  - Chronic Care Management (CCM)
- Maine-ly Delivered Meals
  - Post-discharge home delivered meals or in lieu of Meals on Wheels
- Evidenced-based Programs through our Healthy Living For ME joint venture partnership
  - Chronic disease, falls prevention, diabetes, & caregiving support

Fits and Starts
Our TCM,CCM & EBP Journey

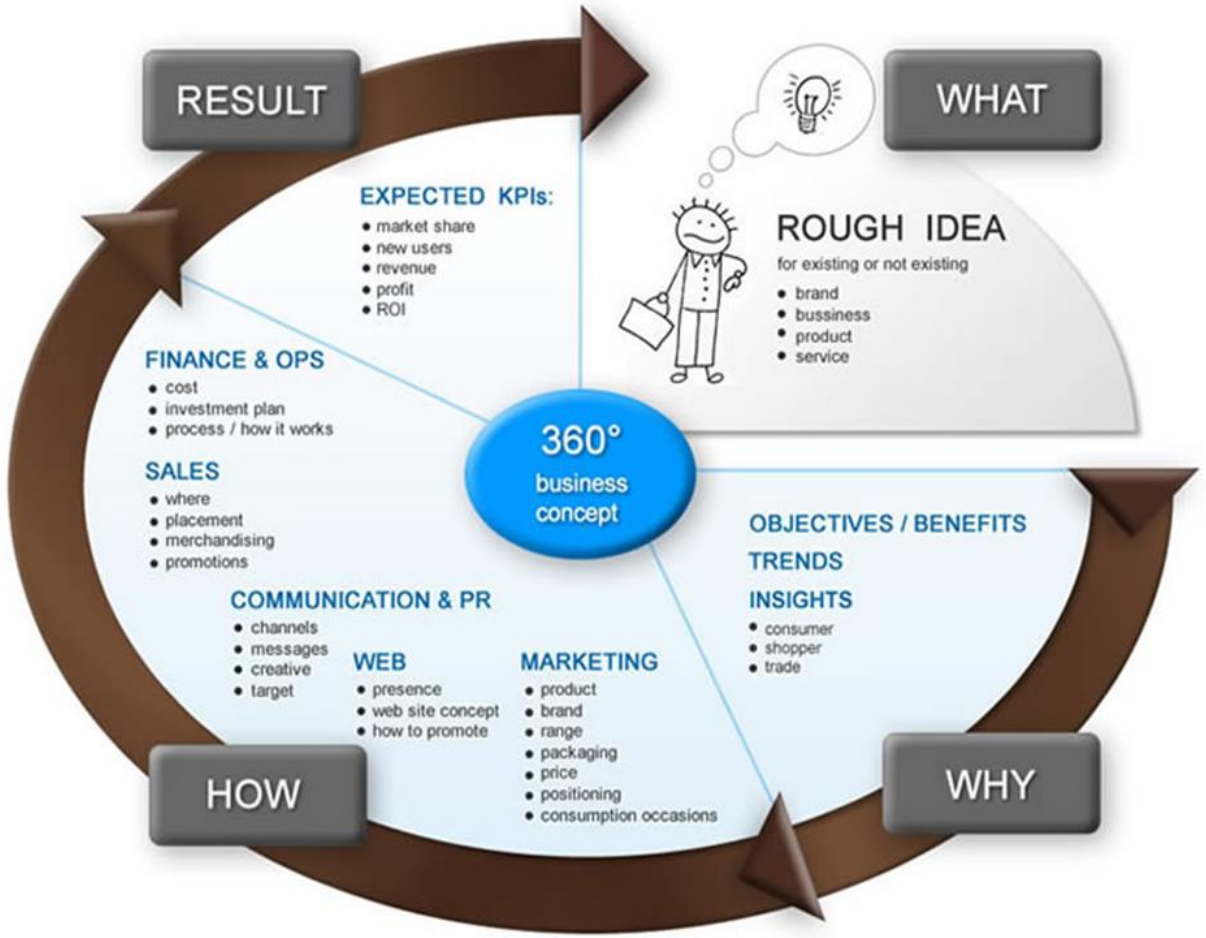
- 2011-2016 CMS Innovations Grant Community-based Care Transitions (CCTP) (as a subcontractor)
- 2014-2016 Maine CDC Community Health Worker (CHW) Grant
- 2014-Present Imbedded Community Resource Specialist w/ Beacon Health CCT
- 2015 Maine Aging & Disability Resource Center CCM Grant
  - Turned into a sustained contract w/ Community Health Options (all 5 Maine AAA's)
- 2016 & 2018 ACL CDSME Grant Awardee
- 2018-2019 Healthcentric Advisors (QIN-QIO) TCM Pilot
- 2018-2020 MaineHealth 3-year Alzheimer's-Dementia Initiative (ADI) Project (as a subcontractor)
- 2019 Healthy Living for ME joint venture formed
- 2019 ACL Falls Prevention Grant Awardee
- 2019 Humana Contracted Provider

Things to Consider

- Can you make the monetary investment?
- Who are your Stakeholders?
- Understanding different target markets:
  - Health systems
  - Insurers: Medicare Advantage
  - Potential delivery partners
  - Funders
- Business Model
  - Joint Venture
  - Partnerships
  - Sub-contractor
  - Independent
- Sustainability & ROI
  - Braided funding
  - Medicare Advantage
  - Can/should you become a Medicare Provider?
- Staffing
  - Organizational Culture
  - Training
  - Liability Insurance
  - Requirements/Credentials
- Marketing and Advertising Plan
  - Multi-pronged strategy:
    - Social Media
    - Online
    - Print
    - Advocacy

Lessons Learned

- **Performance-based contracting**
- **IT speaks Greek**
  - **Data Capture**
  - **Outcome Reporting**
  - **Security**
- **Health Insurance Portability and Accountability Act (HIPAA)**
- **Non-Disclosure Agreement**
- **Joint Venture Agreements**



Value Proposition Through a Story

- **CCM Intervention**: We have a caregiver with IDD who has been caring for a spouse who has multiple seizures a day, falls out of their wheelchair multiple times a day causing injury, and extreme agitation. Our Community Resource Specialist (CRS) has been working with the couple, and identified errors occurring with medication management. The care recipient was taking their medication in the wrong dosage too many times a day. Their blood toxicity levels were through the roof. Staff got them on the Alzheimer's Respite Program, purchased a medication dispenser, direct billed for the first time (this was the only way the couple would have been able to afford it), and identified a pharmacist who will fill the dispenser every Friday on their own time, because the couple is unable to do so. In addition, our respite program is paying for a community member to provide respite for the caregiver (8-15 hours each week). Staff set the consumer up with Music and Memory which has assisted in reducing negative behavior.
- **Patient Outcome:** The caregiver no longer wants to put their spouse in LTC, because they are no longer angry and agitated. The care recipient has been observed having less seizures. During the last blood test, it was determined the blood toxicity levels were stabilized. In addition, the CRS has been effectively communicating with their estranged son, who is now assisting the clients in their home. To date, the consumer remains at home and our CRS is working with the son to organize Personal Support Services for both consumers.
- **Fiscal Outcome:** Our CCM intervention has delayed the placement of 2 individuals into LTC. This means the original consumer may have a delayed placement of a minimum of 6 months, because of the support in the home.

Questions and Answers

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