

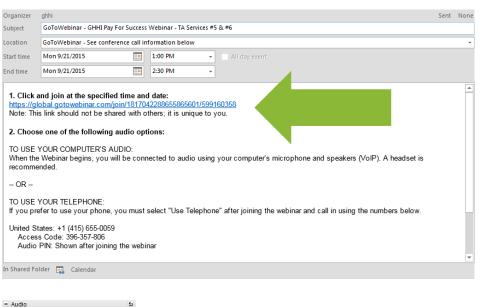
National Initiative for Asthma Reimbursement Achieving Reimbursement for Environmental Health Services



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Agenda



- Introductions
- Overview of Green & Healthy Homes Initiative
- Overview of EPA Indoor Environments Division
- Overview of the National Initiative for Asthma Reimbursement
- Overview of Business Development Technical Assistance Services
 - San Antonio Metro Health District
 - Contra Costa County
- Overview of Reimbursement Support Technical Assistance Services
 - UPMC Health Plan
 - John R. Oishei Children's Hospital
- Q&A



Welcome from Executive Sponsors



Ruth Ann Norton
President & CEO
Green & Healthy Homes Initiative



Tracey Mitchell, RRT, AE-C Environmental Protection Specialist Environmental Protection Agency



Overview of GHHI



The GHHI National Initiative for Asthma Reimbursement Team



Brendan BrownDirector of Evaluation & Impact



Michael McKnight VP, Policy & Innovation



Kevin ChanSocial Innovation Specialist



Adam Halper Social Innovation Specialist



Kiersten Sweeney
Social Innovation Specialist



Will Klein
Social Innovation Specialist







Elsie Andreyev
Environmental Health Intern



GHHI has a long history of working towards healthy housing for all.





Providing technical assistance to support comprehensive asthma interventions

2016 National Lead Summit

Launched concept paper on addressing leadpoisoning through Social Impact Bond

2016 Robert Wood Johnson Foundation

Award expands Pay for Success portfolio to 11 asthma projects including state governments

2015 Social Innovation Fund Award

Award expands to 6 national sites to advance asthma Pay for Success across private business models

2015 EPA Asthma Award

Proud recipient of EPA's National Environmental Award in Asthma Management

2009 Becomes GHHI

Expand scope and scale to break the link between unhealthy homes and unhealthy families nationally

1986 Founded

Parents Against Lead became the Coalition to End Childhood Lead Poisoning

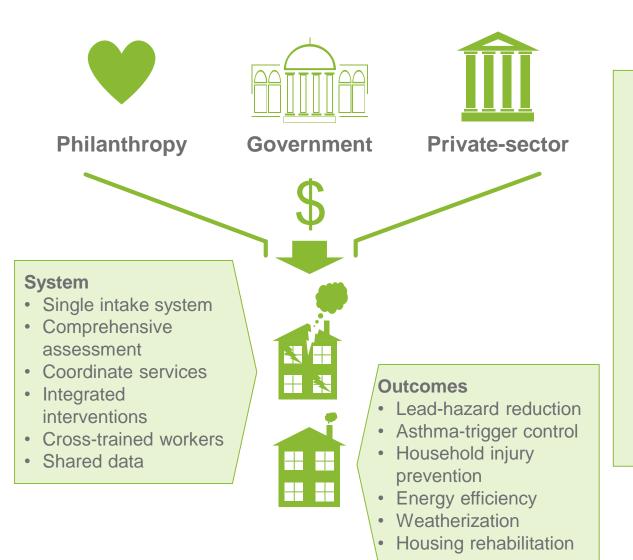








Breaking the link between unhealthy homes and unhealthy families to improve health, economic, and social outcomes.

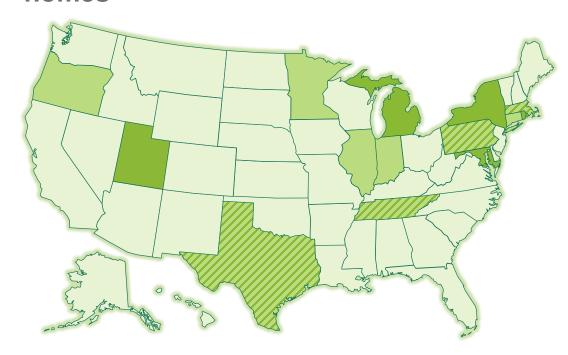


Accomplishments

- 98% reduction of lead poisoning in Maryland
- 35 pieces of legislation passed
- 25 GHHI-designated sites across the country
- Over \$300 million raised
- Over 500,000 integrated healthy homes, lead hazard reduction, and energy efficiency units in partnership with HUD



20 projects working to develop health care financing to support healthy homes



Funders

















Feasibility Ongoing

- Chattanooga Erlanger Children's Hospital
- Philadelphia St. Christopher's Hospital
- · Worcester UMass Memorial Hospital
- Oregon Community Services Consortium
- Indiana Indiana Joint Asthma Coalition
- · Chicago Presence Health
- Houston Community Health Choice
- Minneapolis Minnesota Multifamily Affordable Housing Energy Network
- CT Connecticut Green Bank and DSS / State Medicaid

Post-Feasibility Development

- Baltimore Priority Partners MCO
- · Buffalo YourCare Health Plan and Millenium
- Grand Rapids Priority Health
- Houston UnitedHealthcare
- Memphis Le Bonheur Children's Hospital
- New York City Affinity Health Plan
- New York State Energy Research and Development Authority
- · Philadelphia Health Partners Plans
- Rhode Island State Medicaid and Integra
- Salt Lake County University of Utah Health Plans
- Springfield Baystate Health and BeHealthy Partnership ACO



EPA'S ASTHMA PROGRAM

Protecting Public Health and the Environment through Health Care Collaboration and Reimbursement of Preventive Asthma Control Strategies

Tracey Mitchell, RRT, AE-C mitchell.tracey@epa.gov

U.S. Environmental Protection Agency Indoor Environments Division

EPA's Role in Asthma



Agency Mechanisms

- Regulatory Measures
- Research
- Guidance Development
- Outreach & Education
- Partnerships; Leveraging systems

IED Asthma Program Aim

Get environmental controls into all elements of asthma management.

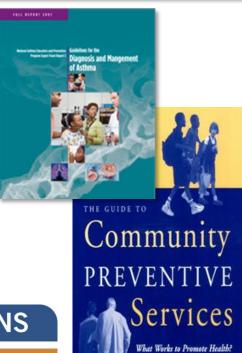
- Health care
- Housing
- Schools
- Community Systems, with a special focus on EJ



Environment Plays a Critical Role in Asthma Control



- Federal asthma guidelines recognize environmental trigger reduction as a critical component of comprehensive asthma care.*
- The evidence base demonstrates that in-home environmental interventions are effective at improving asthma control in children and adolescents.[†]



EFFECTIVE IN-HOME ENVIRONMENTAL INTERVENTIONS

Home-Based

- Includes at least one home visit by trained personnel to improve the home environment
- Examples: community health workers, clinicians, health care providers

Multi-Component

- Includes at least two components, including at least one environmental component
- Activities may include asthma-related education, self-management training, environmental assessment and remediation, social services, coordinated care

Multi-Trigger

 Targets two or more potential asthma triggers, including mice, cockroaches, dust mites, excess moisture and mold, household pets, tobacco smoke

Evolution of IED's Asthma Program

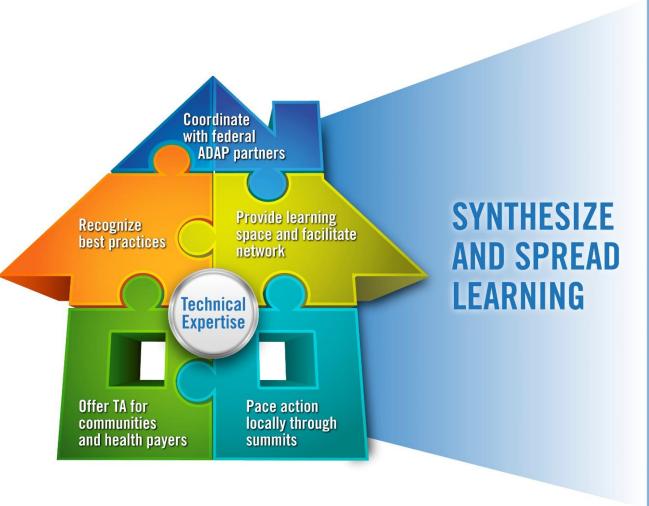




EPA Supports High Value, In-Home Environmental Interventions



Meeting Communities Where They Are







Overview of the National Initiative for Asthma Reimbursement



The National Initiative for Asthma Reimbursement has three main goals, which we will work toward simultaneously.

Increase the number of home visiting programs providing comprehensive asthma (including environmental remediation of asthma triggers) interventions.

- Increase the number of health plans serving Medicaid populations and/or state Medicaid programs that reimburse for these comprehensive services.
- Increase the use of standardized environmental management & health outcomes metrics for evaluation (EMHOME).

Overview of the National Initiative for Asthma Reimbursement



The National Initiative for Asthma Reimbursement seeks to advance evidence-based comprehensive interventions through three support services.

1 Business development technical assistance

2 Reimbursement technical assistance

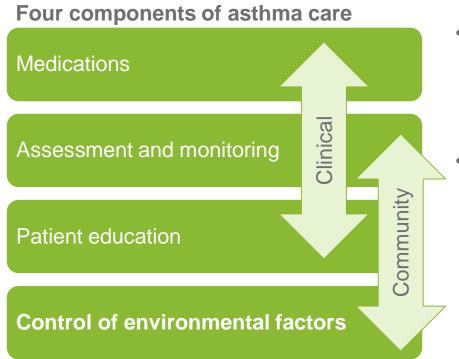
Environmental Management & Health Outcomes Metrics for Evaluation (EMHOME) system

Providing a Continuum of Healthcare from the Clinic into the Home



There is a strong evidence base for the efficacy and cost-effectiveness of comprehensive asthma interventions that provide environmental health services.

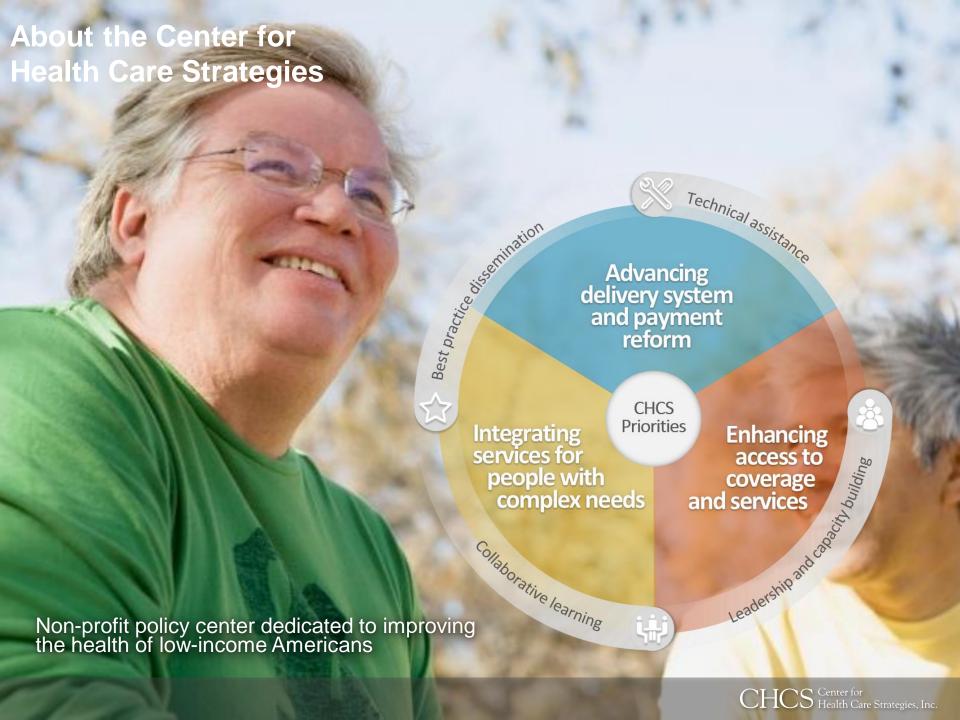
Based on a review of the evidence base, the NIH's National Asthma Education and Prevention Program recommends four components of effective asthma care.



- Asthma programs use a community-based element to reinforce clinical interventions and also address environmental triggers for the patient and family.
- Research shows that environmental control should be performed in a comprehensive manner using a multi-trigger, multicomponent approach.

Ex: Mold remediation, ventilation, removal of carpets and dust sinks for dust mites and allergens, integrated pest management

Although the evidence shows that comprehensive interventions can improve asthma outcomes, the healthcare system does not traditionally pay for these types of services.





Overview of Business Development Technical Assistance Services



Business Development is the first opportunity within the National Initiative for Asthma Reimbursement

Business Development Technical Assistance

Goal:

 Develop and implement asthma home visiting programs that provide or are seeking to provide comprehensive environmental health services

Eligibility criteria:

- 2 partners willing to participate: a health care entity & a service provider
- Interest in delivering environmental health services

Timeline:

Each cohort (2 sites) will receive 8
months of technical assistance.
 Cohort 3 (2020) will run from January
15, 2020 to September 30, 2020.

Key Dates:

- Aug 1: RFP released
- Nov 18: Proposals due 8pm ET
- Jan 31: Public award announcement

Business Development Technical Assistance Cohort Timeline				
Cohort year	2018	2019	2020	
TA sites per cohort	4 sites √	6 sites √	2 sites	

Overview of Business Development Technical Assistance Services



GHHI will provide technical assistance to the five selected sites across eight different areas with specific planned deliverables.

Technical assistance areas:

- 1. Project planning
- 2. Stakeholder analysis
- 3. Data management
- 4. Operations planning
- 5. Payer engagement
- 6. Benefit-cost analysis
- 7. Evaluation design
- 8. Business plan

Deliverables

- Operations plan
- Data management plan
- Benefit-cost analysis to determine ROI
- Evaluation plan
- Business plan



Business Development Timeline

Project timeline (Cohort 3, Jan 2020 – Sep 2020)

Activities

00 Project selection (5 sites)

01 Project planning

02 Stakeholder analysis

03 Data management

04 Operations planning

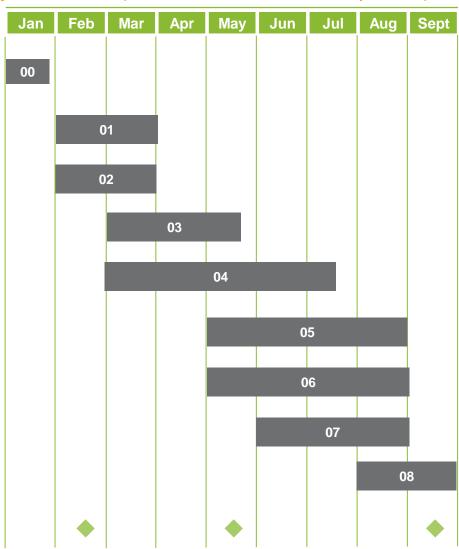
05 Payer engagement

06 Benefit-cost analysis

07 Evaluation design

08 Business plan

Site visits





San Antonio Metro Health District: 2019 Business Development Site



Target population

Children with asthma identified as high-utilizers of acute care

Key Goals

Operational Planning

 Establish processes and protocols for new asthma program and launch services

Payer Engagement

 Establish referral and data partnerships with two health plans

Data and Evaluation Planning

 Develop processes and protocols for data management and evaluation

Progress

- Performed in-depth stakeholder analysis
- Created process flow diagram and detailed process flow narrative
- Data agreements in process with two health plans
- Currently finalizing a data management and evaluation guide
- Currently performing cost-benefit analysis



Contra Costa, California

Project Goal:

- Develop a home-based asthma program that leverages weatherization resources to assess and remove in-home asthma triggers
- Develop business case that estimates financial value from program to healthcare entities, such as County's Health Services and Medicaid Insurance plan.



Contra Costa Health Services

County-run department that includes: Medicaid Insurance, Primary Care Network and Hospital, and public health nursing programs



Department of Conservation and Development

County department that manages weatherization program (contractors are staffed in-house) and regional energy efficiency incentives



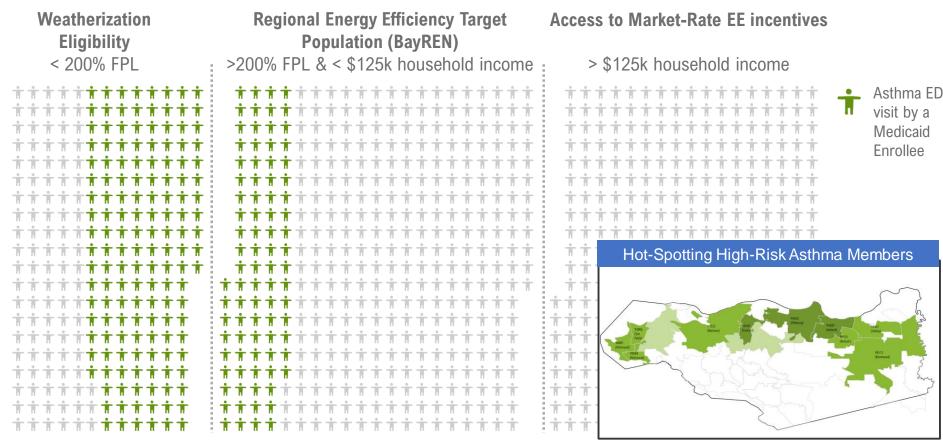
MCE

Renewable energy electricity provider (community choice aggregation) that manages ratepayer energy-efficiency program offerings



Align weatherization and Medicaid populations

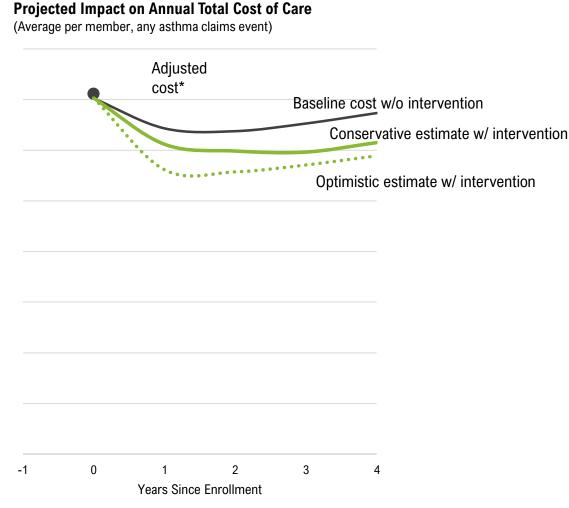
Medicaid enrollees represent 24% of all asthma ED visits, while only 18% of population. Each person symbol below represents 6.5 asthma ED visits in Contra Costa County.



Note: Estimates are GHHI's analysis of American Community Survey, which tends to underestimate Medicaid enrollment.

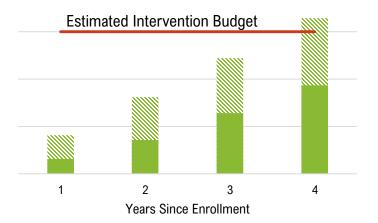


Estimating Savings to Medicaid Health Plan



Cumulative Medicaid Savings

(Average per member, any asthma claims event)



Notes:

Year 0 Cost estimate is adjusted to include pharmacy claims and for 25% of GHHI's national reference data Data is April 2018 – April 2019, with total cost of care including claims paid through March 2019. ED and IP visits are only asthma-related visits. Excludes SPD, Duals, FFS, and any members not on "CCHP Medi-Cal Medicaid"



Overview of Reimbursement Support Technical Assistance Services



Reimbursement Support is the second opportunity within the National Initiative for Asthma Reimbursement

Reimbursement Technical Assistance

Goal: Increase Medicaid funding for these comprehensive environmental health service interventions.

Timeline: Each cohort will receive up to 12 months of technical assistance

Eligibility criteria:

- Operational program that includes environmental health services
- Established partnership with healthcare entity

Key Dates:

- Aug1: RFP re-released
- Proposals accepted on rolling basis

Reimbursement Technical Assistance Cohort Timeline				
Cohort year	2018	2019	2020	
TA sites per cohort	2 sites √	3 sites √	5 sites	

Projects that successfully complete the business development phase will be encouraged to apply for the Reimbursement phase in the following year.



GHHI will provide technical assistance to the selected sites across four main areas. Specific activities will depend on the needs of each site.

Policy analysis

- Analysis of political and regulatory issues
- Support navigating and removing potential barriers

Payment model support

- Analysis & selection of best method for reimbursement
- Payer engagement & support
- Support contracting & finalizing terms with payer(s)

Data support

- Creation and execution of appropriate agreements
- Assistance with Institutional Review Board (IRB) applications

Economic analysis

- Cost-benefit analysis
- Economic modeling
- Budget analysis & recommendations
- Risk analysis & mitigation recommendations



Pittsburgh: Hybrid Business Development / Reimbursement Site

UPMC HEALTH PLAN



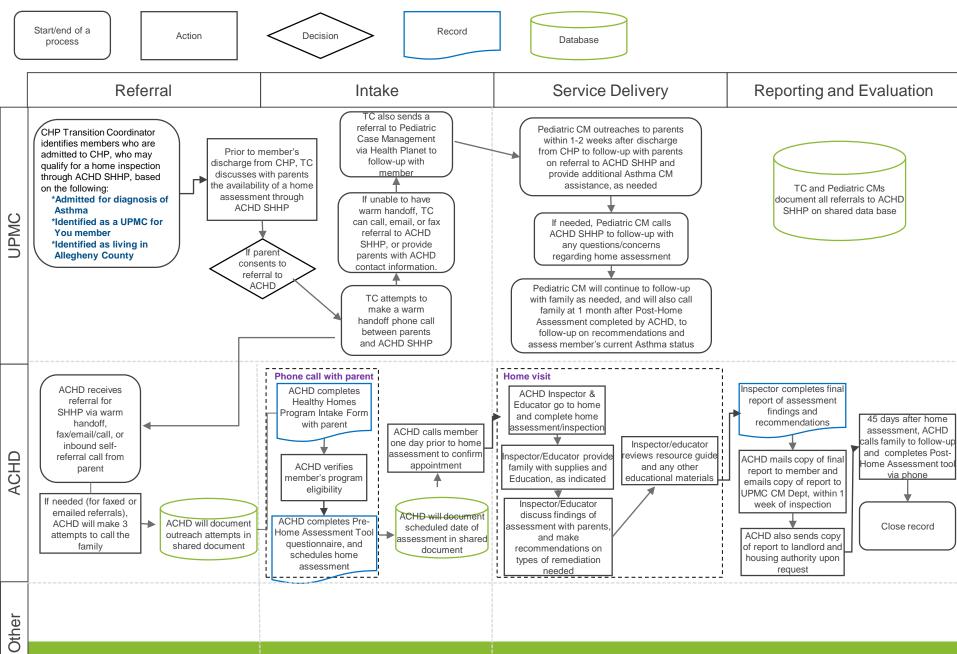
Goals

- Strengthen working partnership between UPMC Health Plan and ACHD (Safe and Healthy Homes Program)
- Develop referral pathway and program coordination for UPMC Health Plan members with severe asthma (1 IP stay)
- Evaluate outcomes and explore options for sustainable financing if effective

Progress

- Mapped out process flow from member identification and referral, to coordination between ACHD and case management teams
- Drafted BAA for information sharing; currently in legal review
- Pulled baseline cost data for members who meet criteria





Project Goals

1. To improve the health of vulnerable children in Buffalo and Erie County, specifically related to asthma and other environmental health issues of co

To bring in an additional MCO with a larger Medicai population to join the project.

3. To conduct a pilot to test the budgetary assumptions and operational processes developed for home asthma interventions in the PFS Feasibility Study.

4. To leverage the NYS Medicaid program partnership with Office of Health Insurance Pro-grams (OHIP) that has dedicated an entire bureau to focus on social determinants of health. The Bureau of Social Determinants of Health plans to work with health plans, providers, Community Based Organizations, Performing Provider Systems (PPS), and value based contractors on initiatives to improve SDOH and health outcomes within our most vulnerable populations.



Pilot Project Plan

- Provide asthma education and in-home remediation to households with asthma
- Test the strength of the partnership and reduce hospitalizations and ED visits for children with asthma
- Determine operational efficiency, and average intervention expenses, in addition to children's health outcomes, medical usage and resulting savings from this model
- Direct impact on at least 10 families





Project Partners

 Partner 1: Lead organization: John R. Oishei Children's Hospital, Healthcare Entity

 Partner 2: Independent Health Association, Medicaid Payor

 Partner 3: Buffalo Prenatal-Perinatal Network, Service Provider Entity

Partner 4: Millennium Collaborative Care,
 Convener

 Partner 5: Community Foundation for Greater Buffalo, GHHI Buffalo









To apply for technical assistance, the applicant must meet a set of eligibility criteria and requirements.

Business Development Eligibility Criteria

- Use requested support for a project that delivers home visiting asthma selfmanagement education, environmental assessment, & environmental control practices aimed at reducing exposures
- Have two partners willing to participate as project leaders and provide letters of commitment: one from a health care entity partner and one from a service provider partner

Reimbursement Eligibility Criteria

Same as above, plus:

- Have an existing asthma program providing environmental health services
- Have existing partnership with a health care entity willing to sign letter of commitment to explore reimbursement for program services



To apply for technical assistance, the applicant must meet a set of eligibility criteria and requirements.

General Requirements

- Enter into a Memorandum of Understanding with GHHI for technical assistance services
- Participate in knowledge-sharing activities and make publicly available all non-confidential documents and tools developed during the agreement period

Business Development In-Kind

Contribute in-kind hours, estimated at **240-360 hours from each** partner, to support TA GHHI will provide

Reimbursement In-Kind

Contribute in-kind hours, estimated at **20-30 hours per month from each partner**, to support the TA GHHI will provide



The RFP documents outline all necessary application materials, submission guidelines, and selection criteria.

Application materials

- Cover sheet
- Proposal narrative
- Most recent A-133 audit, if applicable
- Most recent financial statement
- Letters of commitment from partner organizations' leadership
 (Reimbursement required; Business Development required)
- Additional project-related documents, such as program evaluation report (optional, but recommended)

GHHI will provide each applicant the opportunity to have a telephone call of no more than 30 minutes with GHHI staff to answer questions about the opportunity.



Important dates and links

- August 1, 2019: RFPs released
- View application materials here:
 https://www.greenandhealthyhomes.org/services/n
 ational-initiative-for-asthma-reimbursement/
- November 18, 2019: Business development applications due at 8p ET
- Reimbursement Support applications: Proposals accepted from October 1, 2019 to February 1, 2020
- January 31, 2020: Public announcement of awards

Green & Healthy Homes Initiative®

Q&A



Questions?

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