

Taking Action to Raise the Bar

Healthcare Payers

Supported by the **Robert Wood Johnson Foundation**, *Raising the Bar* provides an actionable framework for the entire healthcare sector to embed equity and excellence throughout its work. In this first part of the project the **National Alliance to impact the Social Determinants of Health** (NASDOH) convened extensive discussions with providers, hospitals, payers, and community leaders to develop foundational principles, essential roles, and concrete actions for the sector to help achieve optimal health for all. A second part, led by the National Partnership for Women & Families, is exploring more detailed guidance for maternal health.



Taking Action to Raise the Bar Healthcare Payers

Payers are critical to the Raising the Bar mission

Every type of healthcare organization has a role to play in raising the bar—in their own organization and in support of others. How healthcare is paid for—and the incentives, rewards, and metrics that are embedded in payment systems—sets the playing field for how care is delivered. Payers, including insurers, plan managers, businesses, and others, are essential to the transformation of the healthcare system toward one that values and rewards health equity and incentivizes delivery models that respond to *Raising the Bar*'s principles.

As with other stakeholders, this starts with an organizational commitment to a mission of improving health and wellbeing, and to institutionalizing health equity as part of their organizational strategy. These commitments need to be executed through a diverse, sustainable, and well-supported workforce. Organizations of all sizes can adopt strategies for how they engage with and support communities through procurement, investment, and power sharing.

Payers have unique roles and responsibilities

Insurers, employers, and others who pay for healthcare also have unique opportunities and responsibilities. The following priority initiatives draw from the 14 actions included in *Raising the Bar*:

- Lead innovation in payment models that promote equity and embrace the opportunity to participate in new payment systems and to support evaluation of new models.
- Establish metrics for performance that align with your organization's commitment to health equity and incorporate performance on these metrics as a factor in reimbursement to promote accountability among providers.
- Design and offer benefit packages that make a full range of integrated care more accessible, including support for preventive services, behavioral healthcare, services for health-related social needs, and ancillary services that facilitate care and service integration.
- Take proactive steps to ensure that beneficiaries and customers are treated with dignity and respect in all interactions and provide for customer service encounters that recognize the diverse preferences, priorities, and needs of members and beneficiaries.
- Incentivize the integration of service delivery by providing coverage for effective, holistic care planning, and opportunities for information sharing and coordination across covered providers.
- Set an expectation that funded provider institutions adopt *Raising the Bar* commitments and use this as a factor in determining network participation.
- Establish clear expectations for participating network providers regarding health equity, workforce diversity, and community engagement.
- Make equity-related metrics visible to beneficiaries along with other information designed to inform their choice of providers.
- Use advocacy and lobbying resources to advocate for broader systems transformation in line with *Raising the Bar*'s principles, and for public policies addressing social determinants of health in response to the needs and priorities of communities.
- Lend your organization's prestige, voice, and resources to coalitions, community organizations, and others who advocate for healthcare transformation.



Resources for Payers That Want to Raise the Bar

Broad-based reform of payment systems, including public policies that advance *Raising the Bar's* principles, will make transformation easier—but important progress can be made now. See examples of healthcare organizations raising the bar in the <u>Framework in Practice: Bright Spots</u> and the chapters on the four *Raising the Bar* Roles: <u>Provider</u>, <u>Employer</u>, <u>Partner</u>, and <u>Advocate</u>.

The following are a set of curated resources particularly relevant and insightful for payers looking for a place to start, or to accelerate ongoing work aligning with the *Raising the Bar* Actions. To see the full set of *Raising the Bar* resources, visit the <u>Resources</u> chapter.

Aligned Resources

Aligning Systems for Health

Robert Wood Johnson Foundation (n.d.)

• Aligning Systems for Health focuses on identifying, testing, and sharing what works to align healthcare, public health, and social services to better address the goals and needs of the people and communities they serve. It includes a resource library with case studies, webinar postings, and other publications.

Health Equity Accreditation Standards

National Committee for Quality Assurance (2021)

• This resource outlines the standards employed by NCQA as they transition from a Distinction in Multicultural Healthcare to a Health Equity Accreditation program for health plans.

Principles for Building Healthy and Prosperous Communities

Build Healthy Places Network (2020)

• The Build Healthy Places Network created this list of five principles to encourage work across sectors in low-income communities to improve health and wellbeing. These principles were developed through a review of mission statements and principles from organizations representing the community development, health, academic, government, finance, and philanthropic sectors. The principles are meant to frame and guide efforts across sectors working toward achieving an equitable future.

PROVIDER ROLE Resources

Blueprint for Health Plans: Integration of CBOs to Provide Social Services and Supports

The SCAN Foundation (2019)

• This resource provides guidance for integrating community-based organizations in healthcare with a focus on meeting the needs of older adults and dual eligible individuals with complex medical and social needs.

Coverage and Financing of SDOH Strategies in Medicaid Managed Care

State Health and Value Strategies (2019)

• This resource outlines options for states to finance social needs interventions through Medicaid managed care.



Opportunities in Medicaid and CHIP to Address Social Determinants of Health

Centers for Medicare and Medicaid Services (CMS) (2021)

• This letter from CMS to states explains how federal Medicaid and CHIP funds can be used to address social determinants of health and offers CMS support to states with designing programs, benefits, and services that can more effectively improve population health, reduce disability, and lower overall healthcare costs in the Medicaid and CHIP programs.

PARTNER ROLE Resource

One-Stop Shop for Healthcare & Community Partnerships

HealthBegins (2022)

• This library inclused curated resources to address the financial, operational, and technical aspects of bilateral partnerships and multi-sector coalitions involving healthcare and community-based organizations.

ADVOCATE ROLE Resources

A National Goal to Advance Health Equity Through Value-Based Payment

Joshua M. Liao, MD, MSc; Risa J. Lavizzo-Mourey, MD, MBA; Amol S. Navathe, MD, PhD (2021)

• This viewpoint describes three steps policymakers should take to engage the clinical community and translate lessons from the early value-based payment movement into "pay for equity."

Addressing Racial Health Disparities and Promoting Health Equity

Blue Cross Blue Shield Association (BCBS) (n.d.)

• This resource is a BCBS Association white paper outlining strategies for payers to address equity issues using data, targeted condition specific interventions, investing in behavioral health and preventative care, improving access to insurance coverage, addressing social determinants of health, and increasing provider diversity.

Advancing Health Equity: Leading Care, Payment, and Systems Transformation, Leveraging Value-Based Payment Approaches to Promote Health Equity: Key Strategies for Healthcare Payers Center for Health Care Strategies (2018)

• This report identifies six connected strategies to guide payers, including Medicaid agencies and managed care organizations, in developing equity focused value-based payment approaches to mitigate health disparities at the state and local level.

Health Equity Should Be a Key Value in Value-Based Payment and Delivery Reform

Health Affairs (2020)

• This resource provides three strategies for payers and providers to integrate health equity into performance measurement, reimbursement, and care delivery.

