National Initiative for Asthma Reimbursement
Achieving Reimbursement for Environmental Health Services

August 15th, 2019
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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
Introductions

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
Introductions

The GHHI National Initiative for Asthma Reimbursement Team

Brendan Brown
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Social Innovation Specialist

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Social Innovation Specialist

Will Klein
Social Innovation Specialist

Annie Summers
Data Manager

Elsie Andreyev
Environmental Health Intern
Overview of GHHI

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

1986 Founded
Parents Against Lead became the Coalition to End Childhood Lead Poisoning

2009 Becomes GHHI
Expand scope and scale to break the link between unhealthy homes and unhealthy families nationally

2015 Social Innovation Fund Award
Award expands to 6 national sites to advance asthma Pay for Success across private business models

2016 Robert Wood Johnson Foundation
Award expands Pay for Success portfolio to 11 asthma projects including state governments

2016 National Lead Summit
Launched concept paper on addressing lead-poisoning through Social Impact Bond

2017-20 EPA-supported Technical Assistance
Providing technical assistance to support comprehensive asthma interventions

2015 EPA Asthma Award
Proud recipient of EPA’s National Environmental Award in Asthma Management

2016 National Lead Summit
Launched concept paper on addressing lead-poisoning through Social Impact Bond

Robert Wood Johnson Foundation

Corporation for National & Community Service

Green & Healthy Homes Initiative

Coalition to End Childhood Lead Poisoning

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Overview of GHHI

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

Philanthropy

Government

Private-sector

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

System

- Single intake system
- Comprehensive assessment
- Coordinate services
- Integrated interventions
- Cross-trained workers
- Shared data

Outcomes

- Lead-hazard reduction
- Asthma-trigger control
- Household injury prevention
- Energy efficiency
- Weatherization
- Housing rehabilitation

Source(s): GHHI
20 projects working to develop health care financing to support healthy homes

**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
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**

<table>
<thead>
<tr>
<th>Home-Based</th>
<th>Multi-Component</th>
<th>Multi-Trigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Includes at least one home visit by trained personnel to improve the home environment</td>
<td>• Includes at least two components, including at least one environmental component</td>
<td>• Targets two or more potential asthma triggers, including mice, cockroaches, dust mites, excess moisture and mold, household pets, tobacco smoke</td>
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<tr>
<td>• Examples: community health workers, clinicians, health care providers</td>
<td>• Activities may include asthma-related education, self-management training, environmental assessment and remediation, social services, coordinated care</td>
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</table>


Evolution of IED’s Asthma Program

Sustainable Financing

Practice

Policy

Science-Care Guidelines

- NAEPP Care Guidelines (NHLBI)
- NAS Report (EPA)
- Community Guide (CDC)
- Asthma Health Outcomes Project (EPA)
- Guidelines Implementation Panel Report (NHLBI)
- Asthma Disparities Action Plan and Healthy Homes Strategy (EPA, HHS, HUD)
- Healthcare providers delivering comprehensive care
- Programs delivering in-home asthma care services & receiving coverage

Science, Policy & Practice in Place
EPA Supports High Value, In-Home Environmental Interventions

Meeting Communities Where They Are

- Coordinate with federal ADAP partners
- Recognize best practices
- Provide learning space and facilitate network
- Technical Expertise
- Offer TA for communities and health payers
- Pace action locally through summits

SYNTHESIZE AND SPREAD LEARNING
Overview of the National Initiative for Asthma Reimbursement
Goals of the National Initiative for Asthma Reimbursement

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

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

2. Increase the number of health plans serving Medicaid populations and/or state Medicaid programs that reimburse for these comprehensive services.

3. 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

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

**Four components of asthma care**

- **Medications**
- **Assessment and monitoring**
- **Patient education**
- **Control of environmental factors**

- 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.
About the Center for Health Care Strategies

Non-profit policy center dedicated to improving the health of low-income Americans
Overview of Business Development Technical Assistance Services
Overview of the National Initiative for Asthma Reimbursement

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

<table>
<thead>
<tr>
<th>Cohort year</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>TA sites per cohort</td>
<td>4 sites ✓</td>
<td>6 sites ✓</td>
<td>2 sites</td>
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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
Overview of Business Development Technical Assistance Services

Business Development Timeline

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

<table>
<thead>
<tr>
<th>Activities</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
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<td>06 Benefit-cost analysis</td>
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<td>08 Business plan</td>
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Site visits

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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.

Weatherization Eligibility
< 200% FPL

Regional Energy Efficiency Target Population (BayREN)
> 200% FPL & < $125k household income

Access to Market-Rate EE incentives
> $125k household income

Note: Estimates are GHHI’s analysis of American Community Survey, which tends to underestimate Medicaid enrollment.
Estimating Savings to Medicaid Health Plan

Projected Impact on Annual Total Cost of Care
(Average per member, any asthma claims event)

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
Overview of the National Initiative for Asthma Reimbursement

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.

**Eligibility criteria:**
- Operational program that includes environmental health services
- Established partnership with healthcare entity

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

**Key Dates:**
- Aug1: RFP re-released
- Proposals accepted on rolling basis

Reimbursement Technical Assistance Cohort Timeline

<table>
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<td>5 sites</td>
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</table>

Projects that successfully complete the business development phase will be encouraged to apply for the Reimbursement phase in the following year.
Overview of Reimbursement Support Technical Assistance

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

<table>
<thead>
<tr>
<th>Policy analysis</th>
<th>Data support</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Analysis of political and regulatory issues</td>
<td>• Creation and execution of appropriate agreements</td>
</tr>
<tr>
<td>• Support navigating and removing potential barriers</td>
<td>• Assistance with Institutional Review Board (IRB) applications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment model support</th>
<th>Economic analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Analysis &amp; selection of best method for reimbursement</td>
<td>• Cost-benefit analysis</td>
</tr>
<tr>
<td>• Payer engagement &amp; support</td>
<td>• Economic modeling</td>
</tr>
<tr>
<td>• Support contracting &amp; finalizing terms with payer(s)</td>
<td>• Budget analysis &amp; recommendations</td>
</tr>
<tr>
<td></td>
<td>• Risk analysis &amp; mitigation recommendations</td>
</tr>
</tbody>
</table>
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
**Referral**

- **UPMC**
  - CHP Transition Coordinator identifies members who are admitted to CHP, who may qualify for a home inspection through ACHD SHHP, based on the following:
    - *Admitted for diagnosis of Asthma*
    - *Identified as a UPMC for You member*
    - *Identified as living in Allegheny County*

- **ACHD**
  - If parent consents to referral to ACHD, TC also sends referral to Pediatric Case Management via Health Planet to follow-up with member.

- **Other**
  - TC attempts to make a warm handoff phone call between parents and ACHD SHHP.

**Intake**

- **ACHD**
  - Prior to member’s discharge from CHP, TC discusses with parents the availability of a home assessment through ACHD SHHP.

**Service Delivery**

- **ACHD**
  - Inspector/Educator discusses findings of assessment with parents, and makes recommendations on types of remediation needed.

- **Pediatric CM**
  - Completes final report of assessment findings and recommendations.

**Reporting and Evaluation**

- **TC and Pediatric CMs**
  - Document all referrals to ACHD SHHP on shared database.

- **ACHD**
  - Completes Healthy Homes Program Intake Form with parent.

- **Inspector/Educator**
  - Reviews resource guide and any other educational materials.

- **Pediatric CM**
  - Outreaches to parents within 1-2 weeks after discharge from CHP to follow-up with parents on referral to ACHD SHHP and provide additional Asthma CM assistance, as needed.

- **Other**
  - TC and Pediatric CMs document all referrals to ACHD SHHP on shared database.
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 concern.

2. To bring in an additional MCO with a larger Medicaid 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 Programs (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 self-management 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.
Overview of Business Development Technical Assistance Services

Important dates and links

- August 1, 2019: RFPs released
- View application materials here: https://www.greenandhealthyhomes.org/services/national-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
Questions?

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