TO: Organizations in Central Ohio serving Medicaid Eligible Populations
FROM: The Central Ohio Pathways HUB and Care Coordination Network, a division of the Healthcare Collaborative of Greater Columbus
DATE: January 2, 2019
RE: Request for Proposals for Agencies to work through the Central Ohio Pathways HUB and Care Coordination Network, a division of the Healthcare Collaborative of Greater Columbus

Introduction
Over the last few years the United Way of Central Ohio piloted the certified Pathways Community HUB model in Franklin County. After many community conversations, the Board of Directors of the Health Collaborative of Greater Columbus (HCGC) agreed to become the successor organization to launch the Central Ohio Pathways HUB and Care Coordination Network to build upon the learnings from the United Way’s pilot. This Request for Proposals is designed to create the HCGC network of care coordination agencies that will implement the outcome-oriented Pathways Community HUB Model to address health disparities and help residents connect to community and clinical resources to measurably improve their health and wellbeing.

The Healthcare Collaborative of Greater Columbus has partnered with the Hospital Council of Northwest Ohio (HCNO) which operates the largest certified Pathways Community HUB in the nation and contracts with all five Ohio Medicaid Managed Care Plans for outcome-oriented care coordination. HCNO will provide technical assistance to HCGC to operate the Central Ohio Pathways HUB and Care Coordination Network. It is the goal of HCGC to apply to become a nationally certified Pathways Community HUB and work through HCNO’s outcome-oriented contracts with Ohio’s Medicaid Managed Care Plans whenever possible. Long term HCGC plans to secure additional contracts for outcome-oriented community care coordination.

Certified Pathways Community HUB Model
The certified Pathways Community HUB Model is a clinical-community linkages system, recognized by the Agency for Healthcare Research and Quality (https://innovations.ahrq.gov/sites/default/files/guides/CommHub_QuickStart.pdf) as a data-driven approach to identifying and addressing risk factors at the individual and community levels. As low-income individuals are identified, they receive a comprehensive risk assessment, and each risk factor is translated into a “pathway” which is step-by-step guidance for efficiently removing barriers to health and social services. The Pathways HUB system is a proven approach for improving the health of underserved and vulnerable populations by: (a) Centrally tracking the progress of individual clients to avoid duplication of services and identifying and addressing barriers on a real-time basis; and (b) Monitoring the performance of individual workers to support appropriate outcome-oriented payments. The Certified Pathways HUB Model was featured in the December 2018 issue of Health Affairs (https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.05166) as an approach to effectively address the social determinants of health.

Community Health Workers
Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve. This trusting relationship enables CHWs to serve as a liaison, link, or intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.
Request for Proposals

This request for proposals is designed for organizations who have employees working in the role of a community health worker (certified community health workers through the Ohio Board of Nursing or eligible to become certified) that are interested in being part of a community based outcome oriented collective impact model to address health disparities. By being a CCA in the Pathways HUB Model your organization will be eligible for outcome payments to help sustain your CHW workforce.

Expectations of organizations interested in applying to become a Care Coordination Agency (CCA) include:

- Deploying the CHWs full time to provide active community-based care coordination to Medicaid members;
- Providing active supervision to their CHW(s) by participating in supervisor and CHW trainings;
- Providing active care coordination services to at-risk community members including: enrolling the members in the HUB through in person meetings to assess needs and risk factors; conducting monthly in person visits with the member to identify needs and opening and completing health and social service Pathways to address needs. CHWs must meet at least monthly with each client and provide ongoing documentation in the HCGC Care Coordination System.
- Being responsible for providing a secure internet enabled tablet and Care Coordination Systems (CCS) licenses for each CHW and Supervisor.

Sustainability Opportunities

The Central Ohio Pathways HUB and Care Coordination Network of the Healthcare Collaborative of Greater Columbus is interested in contracting with organizations that employ Community Health Workers to utilize the Pathways Community HUB Model to achieve health outcomes in the Medicaid population. When an outcome payment source is available through HCGC’s relationship with the Hospital Council of Northwest Ohio, the selected organizations will receive outcome payments based upon a set schedule. While each payer and payment term is unique and payer terms are always subject to change, when an HCNO contract is authorized for Franklin County eligible residents, the following basic payment points and amounts can be expected (depending on the payer, more outcome payment points may be available):

<table>
<thead>
<tr>
<th>Key Outcome Payment Point</th>
<th>Documentation</th>
<th>Average Amount Paid to CCA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment (pregnant, child, adult)</td>
<td>Initial Checklist</td>
<td>$100</td>
</tr>
<tr>
<td>Monthly Face-to-Face Visit</td>
<td>Monthly Checklist</td>
<td>$50</td>
</tr>
<tr>
<td>Education Pathway</td>
<td>Member reports that they understand the education information presented. Document educational content and format</td>
<td>$15</td>
</tr>
<tr>
<td>Social Service Pathway</td>
<td>Confirm member has kept appointment with specific social service provider</td>
<td>$25</td>
</tr>
<tr>
<td>Employment Pathway</td>
<td>Member has found consistent source of steady income and is employed over a period of 3 months</td>
<td>$75</td>
</tr>
<tr>
<td>Family Planning Pathway</td>
<td>Confirmed appointment completed and document family planning method (LARC or</td>
<td>$75</td>
</tr>
<tr>
<td>Pathway</td>
<td>Description</td>
<td>Fee</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Medical Home Pathway</td>
<td>Confirmed that member has kept appt with medical home (PCP)</td>
<td>$60</td>
</tr>
<tr>
<td>Medical Referral Pathway</td>
<td>Confirmed appt with healthcare provider</td>
<td>$40</td>
</tr>
<tr>
<td>Medication Assessment Pathway</td>
<td>Verify with primary care provider that medication chart was received (required chart)</td>
<td>$60</td>
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<tr>
<td>Medication Management Pathway</td>
<td>Verify with PCP that member is taking medications as prescribed</td>
<td>$175</td>
</tr>
<tr>
<td>Immunization Screening</td>
<td>Member is current on all immunizations</td>
<td>$35</td>
</tr>
<tr>
<td>Immunization Referral</td>
<td>Member who was behind on immunizations has immunization record reviewed and is verified to be current</td>
<td>$75</td>
</tr>
<tr>
<td>Postpartum Pathway</td>
<td>Confirm that member kept appointment 21-56 days after delivery</td>
<td>$100</td>
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<tr>
<td>Pregnancy Pathway</td>
<td>Singleton, normal birth weight</td>
<td>$300</td>
</tr>
<tr>
<td></td>
<td>Twins &gt; 35 weeks</td>
<td>$420</td>
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<tr>
<td></td>
<td>Triplets &gt;32 weeks</td>
<td>$490</td>
</tr>
</tbody>
</table>

*Payments vary per funder*

For each payment of $50 or more, HCGC will assess a $5 administrative fee.

**Important Deadlines and Dates**

Applications are due **January 31st**. Selected organizations will be notified by **February 8th**. The Community Health Workers must already be employed at the organization. If you have any questions about this RFP they must be submitted in writing by **January 18th** to Jenelle Hoseus at jenelle@hcgc.org

Applications must be typed, using a font of 12 and be limited to four single typed pages. The application deadline is 4:00 pm on Thursday January 31, 2019.. Applications must be received by HCGC via email to: jenelle@hcgc.org

As part of the training for the CHWs, it is expected that all CHWs and supervisors attend a mandatory training February 18-22 which will be half-day training on HIPAA, IT, and Pathways Education.

**Part I: Applicant Information**

- List the name of the applicant organization and provide the mailing address.
- List the name and contact information, including e-mail address and phone number for the key program staff, including each Community Health Worker and indicate if certified by the Ohio Board of Nursing, and financial staff.

**Part II: Narrative**

- Outline the applicant organization’s experience with regards to working with the United Way of Central Ohio’s HUB pilot.
- Outline the organization’s experience with regards to reducing low birth-weight, premature birth, infant mortality, and chronic disease among the Medicaid eligible population in the Greater Columbus area.
Indicate the primary reason your organization is interested in having your community health worker(s) (CHW) work through the Central Ohio Pathways HUB and Care Coordination Network, a division of the Healthcare Collaborative of Greater Columbus.

List the name, title and credentials of the person who will be supervising your CHW(s) working through the Central Ohio Pathways HUB and Care Coordination Network, a division of the Healthcare Collaborative of Greater Columbus.

Discuss the willingness and availability of the supervisor and CHW(s) to participate in the HUB’s Training sessions (anticipated to include 4 full days in late February); attend quarterly Supervisor Meetings; and monitor the new CHW’s work via Care Coordination Systems (CCS) – the HUB’s web-based electronic record and reporting system.

Part III: Assurances
The organization must provide assurance that it will:

- Provide a work space for the CHW(s) which will promote client engagement and confidential conversations.
- Be financially capable of supplementing the costs of the CHW which are not covered by outcome payments.
- Comply with patient privacy and security requirements.
- Provide proof of background checks of CHW(s) and direct supervisor or conduct background checks and provide results upon request.
- Provide an internet enabled tablet for the CHW as well as desk top computer access.
- Purchase an annual license for Care Coordination Systems through the Central Ohio Pathways HUB and Care Coordination Network, a division of the Healthcare Collaborative of Greater Columbus for each CHW and supervisor at a cost of $1500 annually.
- Provide assurance that the following program requirements will be met:
  - The CHW, if not certified as a Community Health Worker by the Ohio Board of Nursing, will make every effort to successfully complete the next available CHW Certificate program offered.
  - The CHW will:
    - Attend all meetings and training offered by the HUB and enter program data into CCS in a timely manner.
    - Canvass for clients and accept client referrals from the HUB and enroll them into Pathways.
    - Enroll uninsured clients in Medicaid or other health insurance depending on eligibility.
    - Ensure that all clients are connected to a medical home within 30 days of Pathways enrollment.
    - Work with enrolled clients to identify health needs and connect clients to community resources and services (e.g. tobacco cessation services, nutrition classes, mental health counseling, etc.).
    - Connect clients to necessary social services (e.g. transportation, housing).
    - Work with clients to develop a Reproductive Life Plan, and review and update the Plan at prescribed intervals.
    - Provide relevant education to clients.

Part IV: Attachments:
Include the job description for your Community Health Worker(s), supervisor, as well as resumes for the people in the positions.

Questions regarding the Pathways HUB or the application may be submitted electronically to: