eAppendix
Interview Guide

Thank you for agreeing to speak with us. We are interested in learning more about your plan’s interest in addressing the health of your members. This includes social determinants of health. We’re also interested in your receptivity to alternative payment models including Pay for Success.

Before we get started, I’d like to learn a little bit more about your role and background...

What is your current role? How long have you been in it?

What are your primary responsibilities?

Nonmedical Services

We understand that MA plans may be increasingly interested in providing nonmedical services to improve the overall health and well-being of members. Oftentimes, this includes partnering with community-based, social service organizations to provide nonmedical services to better manage the overall health of individuals with complex needs. What is your perspective on the value of community based, social services (such as transportation to appointments or home-delivered meals) as a component of your plan’s design or services?

Relative to other aspects of benefit design, what priority do you place on providing nonmedical services to improve the overall health of your members?

How have these priorities changed given CMS’ new guidelines or the passage of the CHRONIC Care Act, which allows for more flexibility in covering non-medical benefits?

What characteristics describe your members with the greatest and most complex needs that would benefit from non-medical services? What do you see as the most needed/valuable services or benefits to address the needs of these members? Are these services currently provided?

If not, how do you decide what you cover? If not, how could these services be provided? What are the barriers to providing these services?

When you think about integrating new services, how receptive are your provider networks to these efforts?

Pay for Success/Outcomes-Based Financing
Now I want to switch gears a bit and talk about financing arrangements to pay for possible integration of these social services in plan benefit designs, specifically Pay for Success.

As you may know, in Pay for Success financing agreements, private investors provide upfront capital for the delivery of services, and these private investors are repaid if contractually agreed upon outcomes are achieved. In this arrangement, financial risk is shifted from service providers to investors, with investors underwriting the project based on the likelihood of pre-defined outcomes being achieved. Typically, an independent evaluator determines whether the agreed-upon outcomes have been met.

To what extent are you familiar with Pay for Success?

Has your plan discussed or thought about implementing Pay for Success initiatives to pilot solutions related to the non-medical needs of your members?

Is PFS an arrangement that would be attractive to your organization, perhaps in addressing social determinants of health among your members?

Why? Why Not?

If you aren’t using Pay for Success, how else do you test or pilot innovative ideas for services or benefits? How do you decide what is worth testing? What informs your decisions?

For community-based organizations interested in partnering with you, how do you recommend they engage your organization?

What would you want to see from them in terms of evidence, business case, data readiness, HIPAA compliance, etc., in order to feel comfortable exploring a partnership?

What can an organization do to make themselves more appealing partners?

Concretely, what might that look like?

In Pay for Success, depending on the project you may need to engage legal counsel, finance, actuaries, compliance, quality, population health, and government affairs. How does, or would, your organization handle innovative projects that require the input and buy-in of so many parts of the organization?

Evaluation is critical to PFS. Under what circumstances would your organization be willing to share member utilization and cost data with project partners (potentially including independent
validators and evaluators) in order to establish success baselines, and then to track project success metrics?

What are your current capabilities for evaluations of new programs and products? How might these capabilities play a role in working with a community-based organization and an independent evaluator?

What other thoughts, information, feedback would you like to share with us related to this work? Do you have colleagues from other Medicare Advantage plans that you think would be willing to speak with us? Could you please share their contact information?