



CITYBLOCK HEALTH
495 Flatbush Ave Suite 5C
Brooklyn, NY 11225

HB 1148/SB 834 Health Insurance – Two-Sided Incentive Arrangements and Capitated Payments – Authorization

Position: Support

Thank you for the opportunity to provide written comments in support of HB 1148/SB834. At Cityblock Health, we believe health starts in our neighborhoods. That is why we show up for our members with radically better care. We provide integrated physical, mental, and social services to care for the whole self and support individuals in daily life. Through our programs, we have successfully reduced costs, improved individual experience and the quality of care, and transformed the health and quality of life of people in the communities we serve. Improving health equity and reducing health disparities are at the core of our care model and mission as an organization. We currently serve members in Connecticut, Massachusetts, New York, North Carolina and Washington, D.C., and will begin operations in Ohio later this year.

When people think of health, the image of a doctor providing treatment often comes to mind. As a physician, I agree that doctors are essential to keeping our communities healthy. However, being healthy is so much more than going to your doctor to treat disease. At Cityblock Health, we make it our mission to ensure we deliver care that is all-encompassing, including understanding and addressing any social determinants of health and other issues that impede a member's ability to live a healthy life. This comprehensive approach to health and wellness requires multidisciplinary care teams, many of whom may not perform a clinical intervention.

It also requires a payment model that gives providers like Cityblock Health the flexibility to meet the full range of members' needs, focusing on outcomes and value rather than the volume and type of individual services. The traditional fee-for-service model is structured around reimbursement for the volume of clinical services performed. It is not set up to incentivize or compensate providers and care teams for addressing the full range of clinical and non-clinical needs required to achieve long-term, whole-person health – and which is in turn necessary to make strides towards health equity.

In the value-based care models in which we participate, our capitated compensation gives us the flexibility to provide integrated, person-centric care with a focus on value and quality instead of quantity. Unlike traditional fee-for-service models, providers participating in value-based arrangements are incentivized to spend time and resources proactively identifying



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gaps in care, assessing social risk factors, and addressing social determinants of health. This is because the framework of value-based care is designed to measure success in members' health outcomes.

Cityblock Health's unique value-based care model – underpinned by custom care delivery technology – has significantly improved engagement and health outcomes for our existing members. Data from our first member cohort with complex needs showed a 15% reduction in emergency room visits and a 20% reduction in in-patient hospital admissions.

Cityblock Health enthusiastically supports HB 1134/SB 834 because we know that value-based care works. Many of the members we serve have not only chronic conditions, but also unmet social needs, such as lack of stable housing, inability to consistently access reliable transportation to medical appointments, and food insecurity. At Cityblock Health we treat the whole person, not just their medical conditions. We are able to do this because of the flexibilities offered in our value-based partnerships that fee-for-service reimbursement cannot provide.

I urge a favorable report.

Sincerely,

Kameron Matthews, MD, JD, FAAFP
Chief Health Officer
Cityblock Health