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Getting Paid for the Care You Deliver

What 33 community-based organizations taught us about care management readiness

BluePath HEALTH

In Collaboration With

California Health Care Foundation

Pear Suite

About BluePath Health

BluePath Health is a woman-owned, California-based healthcare consulting firm. We partner with government agencies, community-based organizations, providers and payers to develop forward-thinking policies and strategies that improve patient care and community health. Our diverse and far-reaching industry network provides clients with the connections they need to plan for and adapt to regulatory change, technical innovation, and new markets. For more information visit www.bluepathhealth.com.

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Executive Summary

Community-based organizations (CBOs) that deliver culturally responsive, community-centered care are positioned at the center of a significant and growing reimbursement opportunity under CalAIM and Medicaid. Yet many of these mission-driven organizations lack the billing and documentation infrastructure required to maximize revenue for the services their teams are already delivering. The first step toward closing that gap is understanding readiness.

To make readiness measurable, Pear Suite developed a 40-question assessment specifically for CBOs providing reimbursable care management services. The assessment provided insight into CBOs' current state of readiness across organizational, operational, workforce, and technological domains, as well as their ability to sustain reimbursable care management programs.

To understand the impact of readiness and address common challenges related to billing, technology, and operations across community-based organizations, BluePath Health evaluated components of readiness in building and sustaining care management programs. Thirty-three organizations completed the readiness assessment, and 12 follow-up interviews provided additional context. The findings reveal a clear and consistent divide.

CBOs using a case management platform scored meaningfully higher across every domain. More specifically, organizations implementing Pear Suite were 2-3 times more ready to manage eligibility, claims, and payment tracking, as well as securely exchange data with other partners.

Technology use also appears to level the playing field for organizations with smaller staff: among Pear Suite users, staff headcount showed no meaningful association with readiness, while among non-users, organizational size was associated with greater readiness.

The most common barriers to implementation include funding constraints, confusion around CalAIM billing processes, change management, leadership alignment, and resources for training.

The implication for CBO leaders is straightforward. Readiness is a multi-dimensional view of where an organization stands today. Leaders should take the assessment prior to considering a platform, share results with their teams, utilize available resources to address specific gaps, and prioritize technology and operational workflows as the highest-leverage domains. Organizations that engage and act upon these recommendations can convert their mission and lived expertise into compliant, reimbursable, and sustainable care delivery operations.

The Problem

Organizations delivering care to address social determinants of health, whether in the form of meal delivery, in-home support, family services, transportation, or a variety of other services, are vital community resources. Many of these organizations address specific cultural and familial needs that are regionally specific and dependent on the knowledge, dedication, and lived experience of their care teams. These teams often include licensed and credentialed community health workers (CHWs), promotores, and/or care managers.

What happens when a CHW spends an afternoon driving a non-English speaking older adult to a medical appointment and assists them in navigating insurance benefits and follow-up care, but they or their organization doesn't have a compliant system to fully document and bill for those services? How does the CHW get paid? CHW reimbursement under CalAIM and Medicaid presents a growing opportunity for mission-driven, care management organizations that are willing to acknowledge their gaps and take action to get paid for the work they are doing. But the first step is to understand readiness.

An organization understanding its readiness, or current "state of affairs," allows it to build on shared motivations and capabilities, maximize investment for new initiatives, and identify potential barriers before they become risks. To tangibly assess readiness among community-based organizations (CBOs), Pear Suite created a structured assessment to evaluate an organization's current state of readiness. To understand the impact of readiness and common factors across organizations, BluePath Health evaluated components of readiness in building and sustaining care management programs. Thirty-three organizations completed the readiness assessment, and 12 interviews were conducted to provide additional context to the assessment responses.

This evaluation aimed to understand: 1) use of the readiness assessment as a tool to validate the organizational attributes necessary to implement and sustain care management programs supported by a technology platform, and 2) the impact of implementing a case management platform like Pear Suite for organizations that initially relied on manual processes.

33

organizations assessed

12

follow-up interviews

2.8x

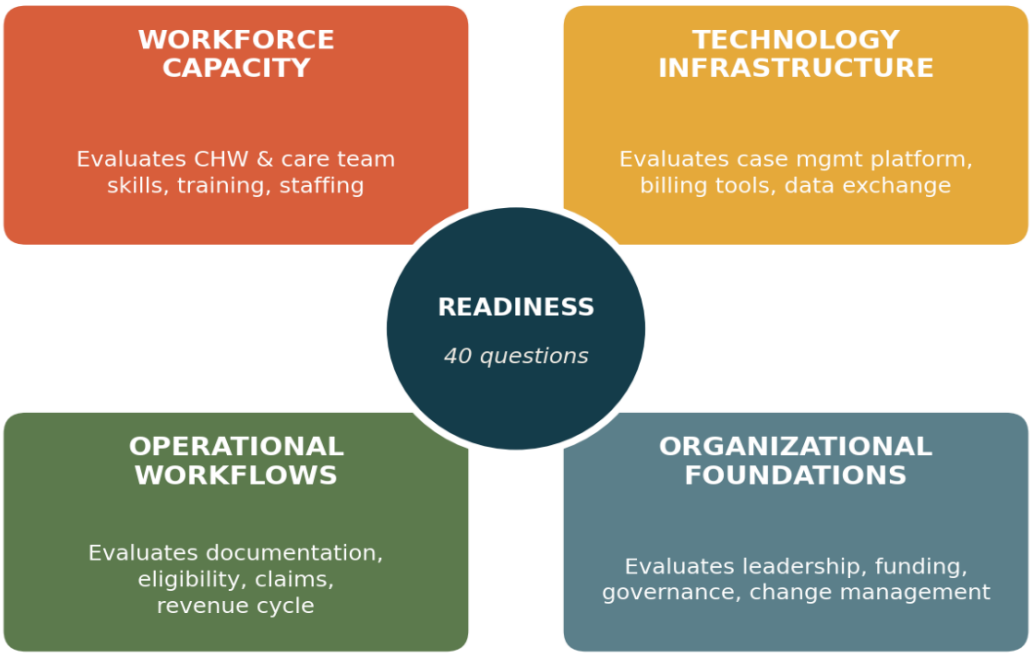
more billing-ready with a platform

What the Assessment Means and Why It Matters

The readiness assessment was structured as 40 questions across four domains, each consisting of 10 questions: workforce capacity, technology infrastructure, operational workflows, and organizational foundations. Each of these domains provided a comprehensive view of the organization and its capacity and infrastructure needs. Knowing this information and being able to identify specific gaps help CBOs better understand what they need to prioritize.

A variety of organizations completed the assessment, ranging from volunteer-based organizations with fewer than four staff members using spreadsheets for documentation to larger CBOs with a staff size ranging from 14-24 employees who may have already implemented Pear Suite and other case management platforms. Of the 33 organizations included in the evaluation, 18 organizations were using case management platforms, and of those, 15 had implemented Pear Suite. A majority of responses were from California-based organizations.

Four Domains of Readiness



10 questions per domain | each provides a distinct view of capacity

The Readiness Divide: How Technology Platforms Help Shape CBO Performance

The assessment results revealed a clear and consistent divide in readiness: CBOs using a case management platform scored significantly higher across all four readiness domains compared to those without one. In particular, the biggest gaps were present in billing readiness, documentation compliance, and interoperability preparedness, which reflect readiness within technology infrastructure and operational workflow domains and are crucial components in being able to bill for services.

Billing Readiness:
Case management platform users were 2.8 times more ready than non-users to manage eligibility checking, claims submission, and payment tracking, reinforcing the value of having a technology-enabled revenue cycle management infrastructure in optimizing reimbursement and supporting long-term organizational sustainability.

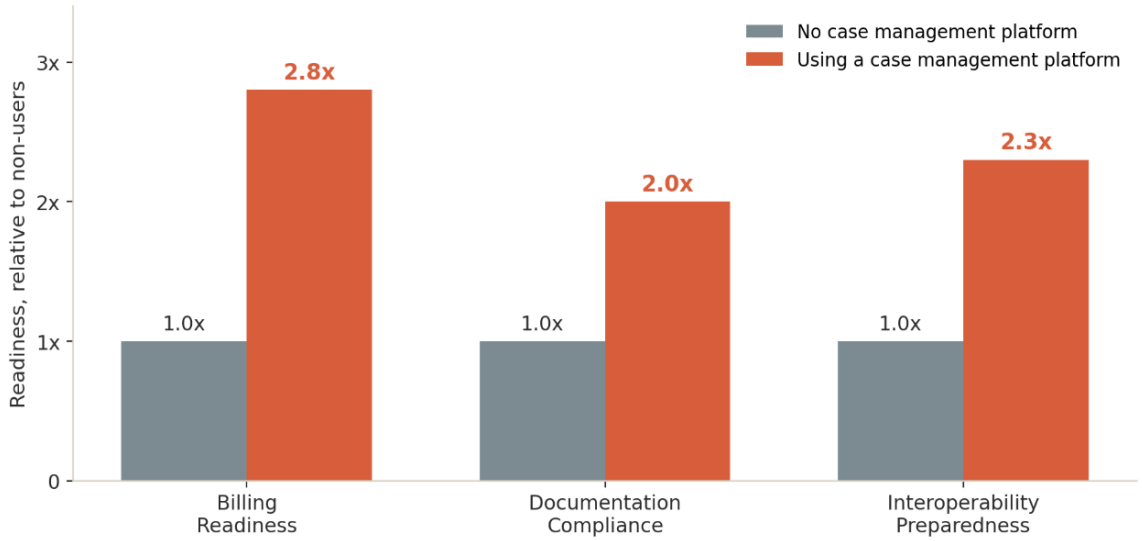
Documentation Compliance:
There were significant disparities in documentation compliance, as case management platform users were nearly twice as ready to capture, standardize, and document required data for billing and audits.

Interoperability Preparedness:
Platform users were 2.3 times more ready than non-users to securely share data with external stakeholders, which is essential for meeting the data exchange requirements that health plans increasingly require.

An alternative explanation for this divide is that larger, better-resourced organizations

The Readiness Divide

CBOs using a case management platform are 2–3x more ready across the gaps that matter most for reimbursement.



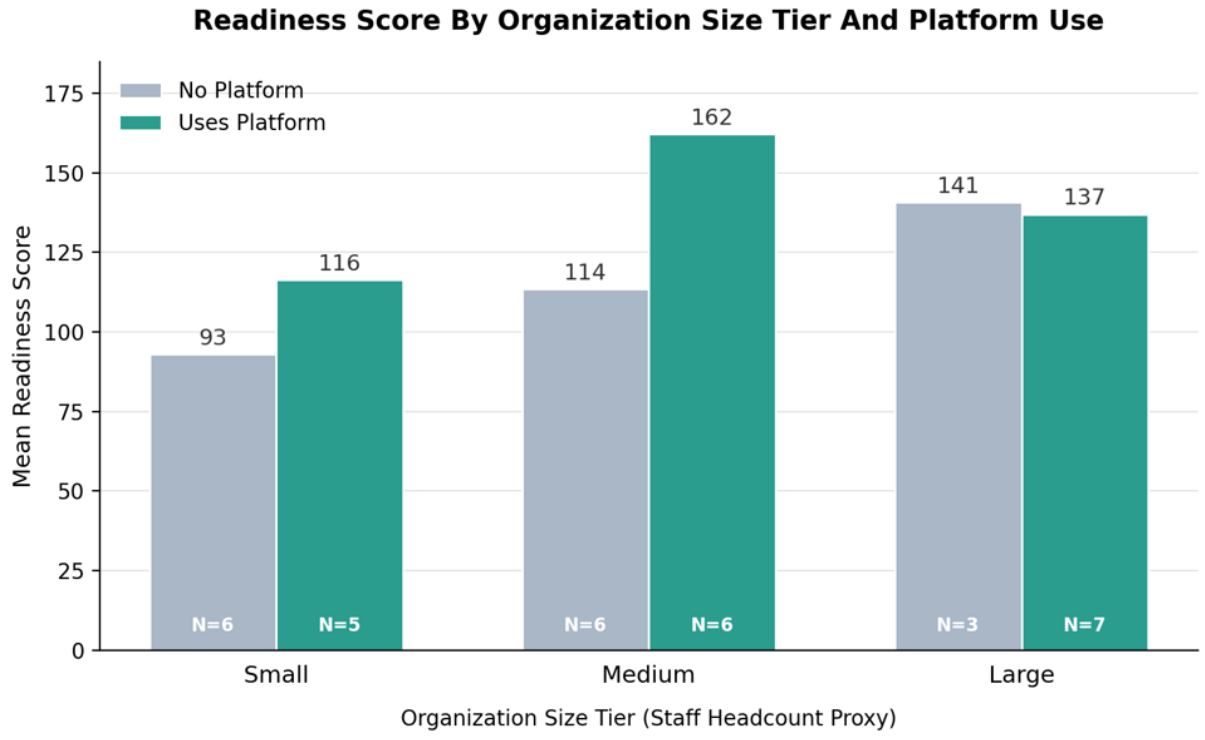
Platform users were significantly more ready across three gaps crucial to reimbursement.

are more likely to both adopt a platform and score high on readiness, making platform use a *marker* of capacity rather than a *driver* of it. To account for this, organizations were grouped into size tiers by staff headcount. Platform users scored higher on readiness within every size tier except the largest, where it narrows and slightly reverses (141 vs. 137), suggesting size may explain some, but not all, of the gap at the top end. This narrowing tracks a broader pattern in the data: staff size related positively to readiness among non-users but not among platform users, indicating that the right technological infrastructure may be associated with the same benefits that a larger team would otherwise provide.

These patterns are reflected in the experiences of organizations at different stages of readiness. A case management platform user who recently onboarded noted substantial operational improvements after implementation: automated assessments and documentation saved staff time, streamlined renewal tracking reduced administrative burden, and improved outreach tools increased efficiency in client follow-up. Additionally, through the readiness assessment, they identified the remaining billing gaps to be addressed as they continue to refine the platform for their needs.

In contrast, two CBOs operating without a case management platform highlighted administrative burdens related to revenue cycle management, technology capacity, and data management despite their growing workforce commitment and leadership capacity. However, they agreed with the gaps identified through the readiness assessment and acknowledged that implementing a case management platform would increase their confidence and preparedness to deliver high-quality care.

Thus, readiness is not a single threshold. It spans across different domains, and knowing where your organization stands in each is the starting point for closing the gap.



CBOs' Demand for Support is High, but Barriers Exist

There is a strong interest among CBOs in reimbursement and case management support, as evidenced by 100+ person attendance at a readiness webinar, co-hosted by the California Association of Community Health Works (CACHW), Pear Suite, and BluePath Health, in March 2026, that introduced the readiness assessment.

Through the interviews, we discovered that the challenges facing CBOs are largely structural and systematic, but solvable. The most notable barriers to implementing a case management system were reported to be funding constraints, confusion around CHW and CalAIM billing processes, organizational challenges in formalizing volunteers into paid provider roles, lack of leadership support and a deficiency in training resources.

Additionally, we learned that organizations receiving additional billing support and operating as subcontractors under Pear Suite saw more streamlined reimbursement than organizations billing on their own. One small CBO choosing to manage its own billing approach noted that reimbursements often took 4-6 months, which prevented the organization from being able to hire additional CHWs and led to concern for the CBO's viability.

What This Means for Your Organization

Understanding your organization's state of readiness is crucial, as it is reflective of organizational capacity and infrastructure at a given point in time.

Begin by taking the readiness assessment. Share the results with your care team and acknowledge where your strengths lie and where there are opportunities to improve.

Prioritize the two highest-leverage domains, technology and operational workflows, as the most direct path to reimbursement viability. Use the Pear Suite Resource Library to address specific gaps identified in your assessment results. Explore case management platforms with revenue-cycle functionality that support billing processes specifically for care management organizations. Reassess your state of readiness every 6-12 months.

A roadmap for CBO leaders

Conclusion

CHWs and care management teams are driven by mission and a deep commitment to their communities. However, mission alone doesn't sustain an organization. Understanding readiness is the foundation for actions that help to secure reimbursable contracts, manage capacity, and strengthen daily operations.

Together, these capabilities help organizations focus on sustaining coordinated care and providing demonstrable value for the services delivered. Organizations with manual processes can start by taking the readiness assessment, utilizing the Pear Suite library of resources, and prioritizing steps to improve their technology infrastructure and operational workflows.

> ***"The results from the readiness assessment sparked discussions that pointed us to clear areas of focus and helped us identify what needed to be put in place to move forward."***
>
> *— Yoseline Lopez-Mejia, Founder of Spotlight Hope Project*

Limitations

These findings presented in this report should be interpreted in light of several methodological considerations. Organizations that adopt case management platforms may already be more organizationally mature, which could explain their higher readiness scores independent of the platform itself. Comparing different organizations at a single point in time, without accounting for size, budget, or tenure, may not fully account for this possibility; tracking the same organizations before and after implementation would help clarify whether the platform itself drives readiness gains.

The sample may also skew toward more motivated organizations, as participants self-selected and several had ties to Pear Suite or its networks, meaning less-ready organizations may be underrepresented.

Finally, scores are self-reported, and given the range of organization size and maturity in the sample, respondents may have interpreted readiness criteria somewhat differently despite the standardized framework.

Disclaimers

Pear Suite developed the readiness assessment based on the knowledge collected through customer onboarding processes and industry best practices, and it was publicly launched in January 2026.

The California Health Care Foundation (CHCF) and its investment arm, the CHCF Health Innovation Fund, provided early-stage financial support for Pear Suite to build its social care platform. The fund's strategic investment provides resources for Pear Suite to equip CBOs with the technology infrastructure required to close care gaps, manage case loads, and enable sustainable reimbursement streams. CHCF funded the evaluation of the readiness assessment data to determine the impact of having a more robust approach to readiness before implementing a technology platform.