



Health Equity Innovations to Achieve Health and Wellness: North Carolina's Approach to Impacting Healthy Opportunities

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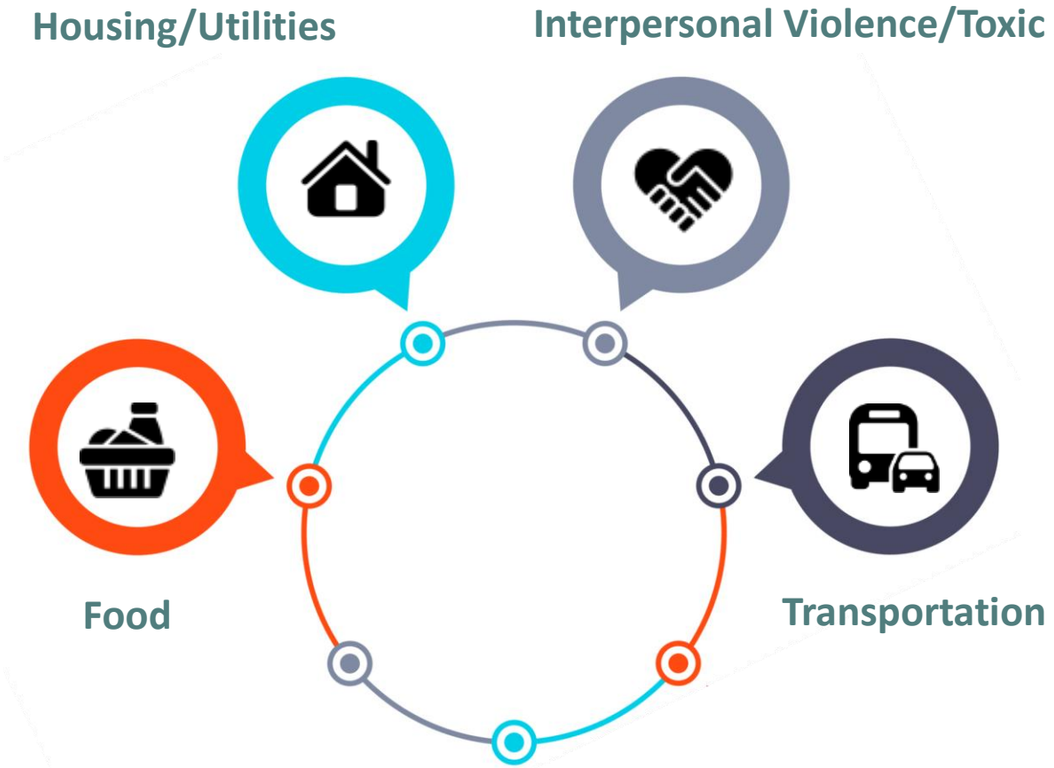
Taking Steps to Ensure All North Carolinians have the Opportunity for Health

- In 2017, new NC administration used transition to Medicaid managed care as a catalyst to better address “whole-person health” and health equity
- In addition to integrating physical and behavioral health, focused on sustainable financing and infrastructure to address the “Other 80%”
- Took a data-driven approach to improve health and wellbeing, while being good stewards of resources
- Intentionally, strategically, and pragmatically use health care dollars to “Buy Health”



Addressing social drivers of health can improve health and lower health care costs.

“Buying Health”: Laying the Foundation

NC DHHS has built shared assets and infrastructure to use across populations, embedded them in Medicaid, and used the Healthy Opportunities Pilot to evaluate effective services and add payment as a pathway to sustainability.

Shared assets and infrastructure across populations:

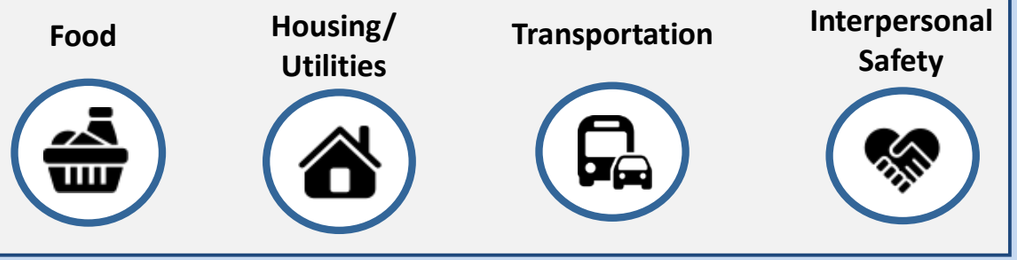
- Healthy Opportunities “Hot Spot” Interactive GIS Map
- Standardized Healthy Opportunities Screening Questions
- NCCARE360, the first statewide, closed-loop referral system
- Workforce development / Community Health Worker Initiatives
- COVID-19 Isolation and Quarantine Supports

Cross-divisional work within DHHS and work with external health and human service partners

Medicaid Enrollees → **Medicare Enrollees** → **Commercially-Insured** → **Uninsured**

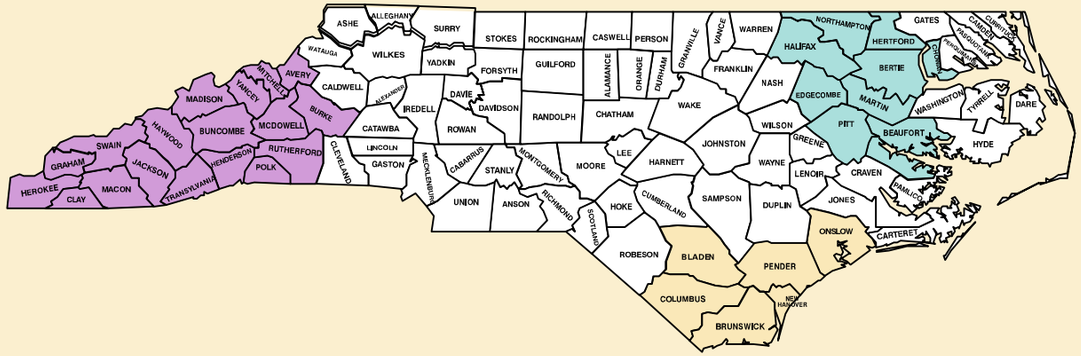
- **Embed assets and infrastructure in Medicaid** as a base for other payers and providers to build on *(e.g. whole-person care management, quality strategy, alternative payment models, In-Lieu-of Services and Value-Added Services, incentives for community investments)*
- **Evaluate effective non-medical services; add enhanced infrastructure and payment: Healthy Opportunities Pilots**

Priority Domains for All Healthy Opportunities Initiatives



Healthy Opportunities Pilot (HOP) Overview

- **NC's 1115 Medicaid transformation waiver** authorizes **up to $650M** in state and federal Medicaid funding for HOP to:
  - Pay for 29 **evidence-based, federally-approved, non-medical services** defined and priced in HOP fee schedule
  - **Build capacity of local community organizations** and **establish infrastructure** to bridge health and human service providers[1]
- **Pilot Vision and Goals:**
  - Integrate evidence-based, non-medical services into Medicaid to:
    - **Improve health outcomes** for Medicaid members
    - **Promote health equity** in the communities served by the Pilots
    - **Reduce costs** in North Carolina's Medicaid program
  - **Evaluate** which specific social interventions are most effective at improving health and lowering costs for specific subpopulations
    - CMS-approved SMART design (randomized trial) to provide rapid-cycle feedback, concluding in a summative evaluation
  - Create **accountable infrastructure**, **sustainable partnerships** and **payment vehicles** that support integrating highest value non-medical services into the Medicaid program sustainably **at scale**



Awarded Healthy Opportunities Network Leads

Access East, Inc.
Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt

Community Care of the Lower Cape Fear
Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender

Impact Health
Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

[1] Administrative, care management, and value-based payments are also being made to support and incentivize Pilot entities to perform optimally

What are the Services Offered and How are they Paid?

NC DHHS has defined and priced 29 services that can be covered by HOP. These services will be reimbursed via fee-for-service (FFS), per-member per-month (PMPM) payments, or cost-based reimbursement up to a cap and include:

Housing

- Housing navigation, support and sustaining services
- Inspection for housing safety and quality
- Housing move-in support
- Essential utility set-up
- Home remediation services
- Home accessibility and safety modifications
- Healthy home goods
- One-time payment for security deposit and first month's rent
- Short-term post hospitalization housing

Food

- Food and nutrition access case management
- Evidence-based group nutrition class
- Diabetes Prevention Program
- Fruit and vegetable prescription
- Healthy food box (pick-up or delivered)
- Healthy meal (pick-up or delivered)
- Medically Tailored Home Delivered Meal

Transportation

- Reimbursement for health-related public or private transportation
- Transportation case management

Interpersonal Safety

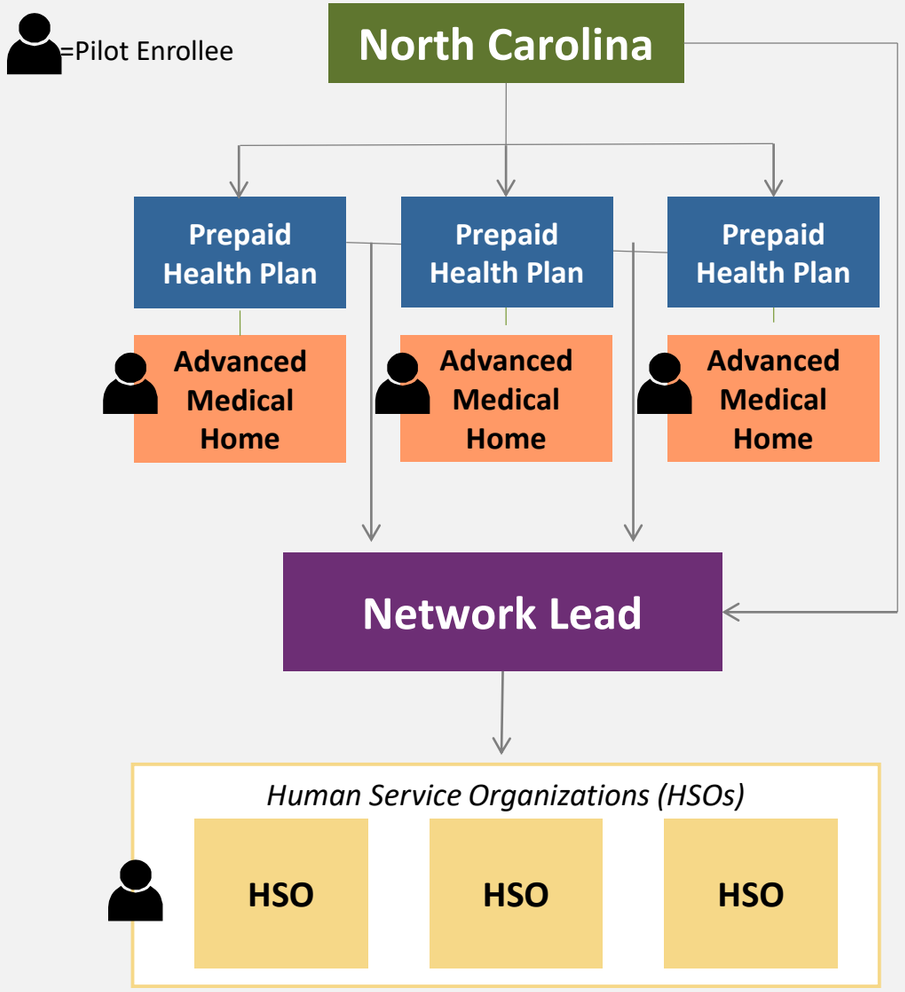
- Interpersonal safety case management
- Violence intervention services
- Evidence-based parenting curriculum
- Home visiting services
- Dyadic therapy

Cross-Domain

- Holistic high-intensity enhanced case management
- Medical respite
- Linkages to health-related legal supports

Healthy Opportunities Pilots: How Do They Work?

Sample Regional Pilot



Key Entities' Roles in the Pilot

5 Prepaid Health Plans:

- Approve which enrollees qualify for Pilot services and which services they qualify for
- Manage a Pilot budget and pay HSOs for delivery of Pilot services

23 Care Management Entities:

- Interact directly with members to: assess for eligibility and needed services, refer to an HSO, manage coordination of Pilot services and track enrollee progress over time

3 Network Leads:

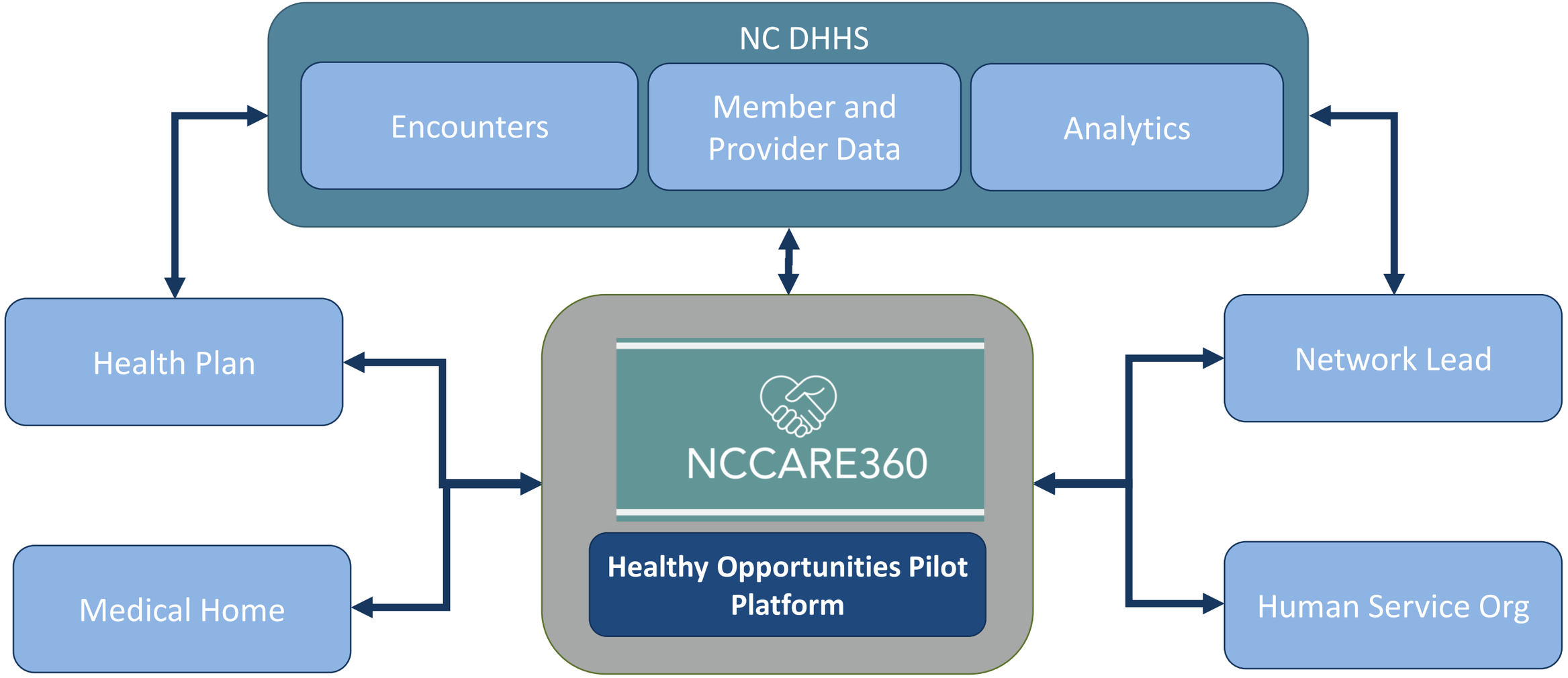
- Develop and oversee a network of HSOs and provide ongoing technical assistance/support to HSO network
- Receive, track and validate invoices from HSOs and work with PHP to ensure payment

150 Human Service Organizations:

- Deliver Pilot services, submit invoices and receive reimbursement for services delivered
- Support identification of potential Pilot-enrollees by connecting them to their PHP or Care Manager

Using the NCCARE360 System for the Healthy Opportunities Pilot

The North Carolina team prioritized having one shared technology system for all pilot entities to use that would integrate with health plans, providers, human service organizations, and State systems.



Early Successes and Results in HOP's First Year

NC DHHS and its partners have developed and launched a roadmap to create an ecosystem model of addressing unmet resource needs.

Serving Members and Community and Achieving Operational Efficiency:

- Delivered >123,000 services to >13,000 members. Paid >$21 M for delivered services to local HSOs.[1]
- 94% of enrollment requests approved; average days to enrollment <1 day. 85% of HSOs accepted referrals within 3 days.

Rapid Cycle Assessment 1 Results: (Includes 1.5 years of infrastructure building data and 8 months of service delivery data)

- **Network Leads and HSOs report benefits from HOP participation**, including building networks of collaboration, supporting growth of HSOs, and improving community health and wellness.
- **63% of HOP enrollees received at least one invoiced service**, with more in the pipeline to receive services
- **Food services constituted the majority (90%) of services delivered**
- **Over 75% of services had a service start date within two weeks of enrollment in HOP**
- **Invoices for services were paid timely** -- 56.2% of invoices were paid within 30 days, 90.3% within 60 days, and 97.9% within 90 days.
- **Needs are highest around the time of HOP enrollment**. Mean of 1.73 needs around HOP enrollment; **significantly decrease over time** (mean needs after 90 days of HOP enrollment: 1.68). Will measure again at 180 and 365 days.
- **Intervention effects may vary across service domain types.** E.g., risk of reporting a food need at 90 days was slightly lower with delivered meals compared to fruit and vegetable prescriptions, but still preliminary.

- **Setting a national model and precedent:** CMS recently approved 1115 waivers for Arizona, Massachusetts, and Oregon with additional financing and flexibilities to address unmet resource needs modeled on North Carolina

[1] Data through Aug. 31, 2023

Healthy Opportunities Pilot: Drivers of Success

1. Early and frequent stakeholder communication
2. Strong role of State (executive champion, role as planner and "train conductor")
3. Importance of Network Lead, especially impacting equity
4. Model contracts to clearly define roles and balance power dynamics
5. Simple invoicing for HSOs with link to encounters
6. Phased implementation and continuous quality improvement
7. One shared technology platform

[1] Administrative, care management, and value-based payments are also being made to support and incentivize Pilot entities to perform optimally

Healthy Opportunities Pilot: Key Challenges

1. Fitting HSOs into healthcare ecosystem
2. Knowledge/training on social services for clinical staff and health plans
3. Member awareness/engagement
4. Balancing program integrity with HSO participation
5. Interpersonal Violence services: Ensuring survivor safety and privacy
6. Invoicing and Payment
7. Technology and Data

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Questions & Discussion

Contact Information

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