Taking Action: Innovative Models for Advancing Healthcare for Children and Youth

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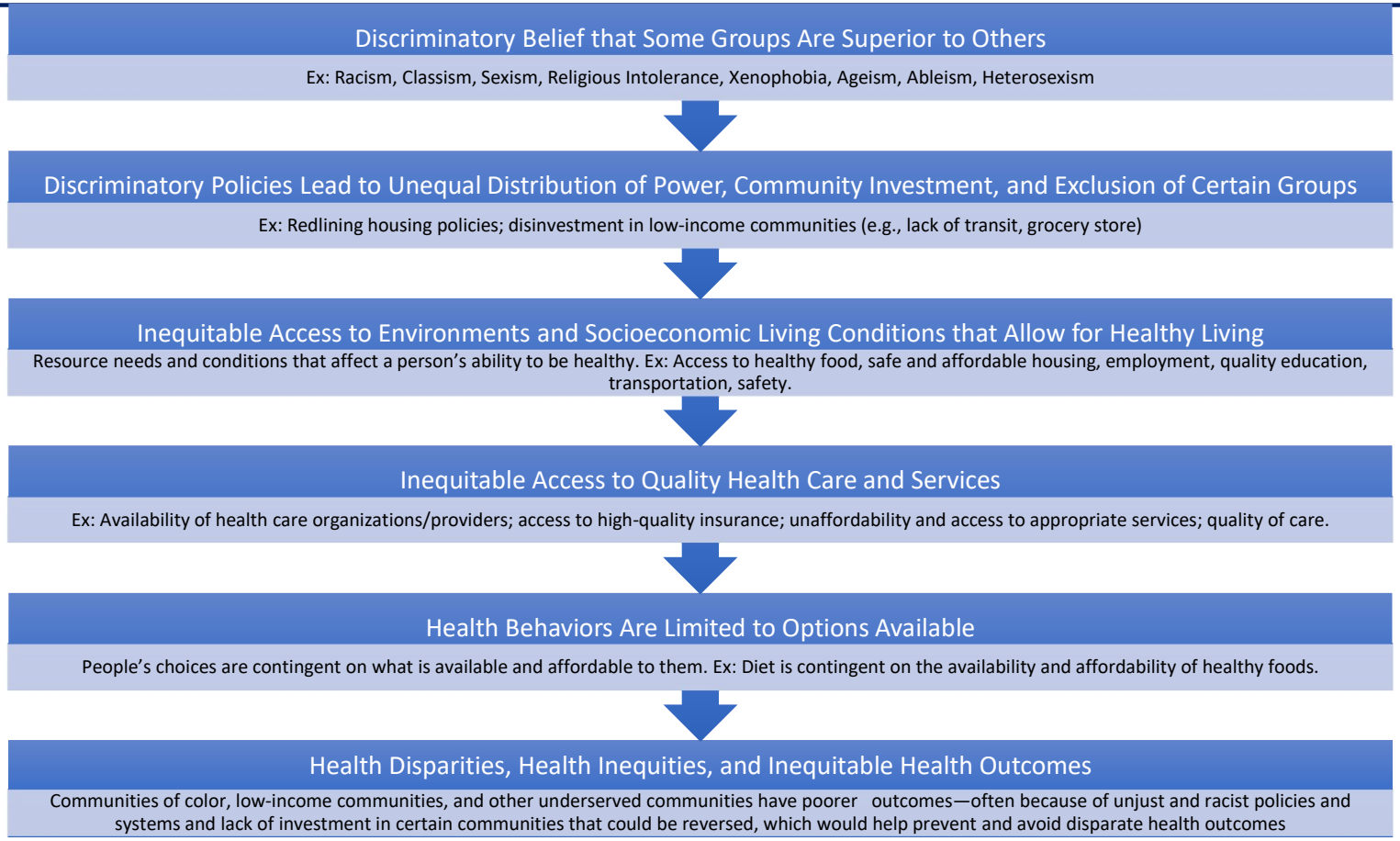
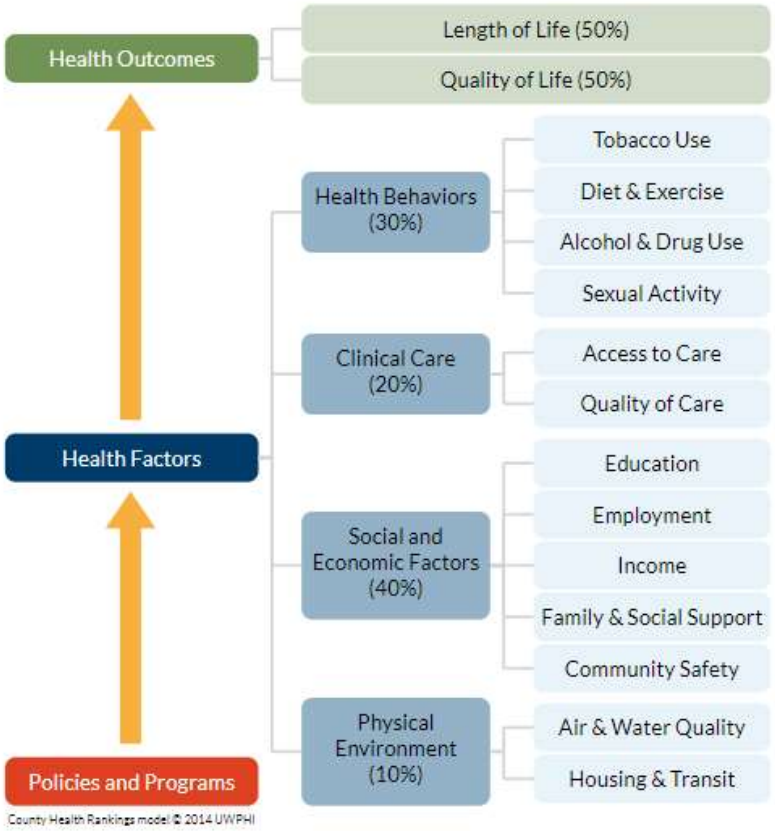
The Root Causes of Health Inequities (modified from AHIP Report)



The Factors that Influence Health – Robert Wood Johnson Foundation



https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model

Whole Person Health

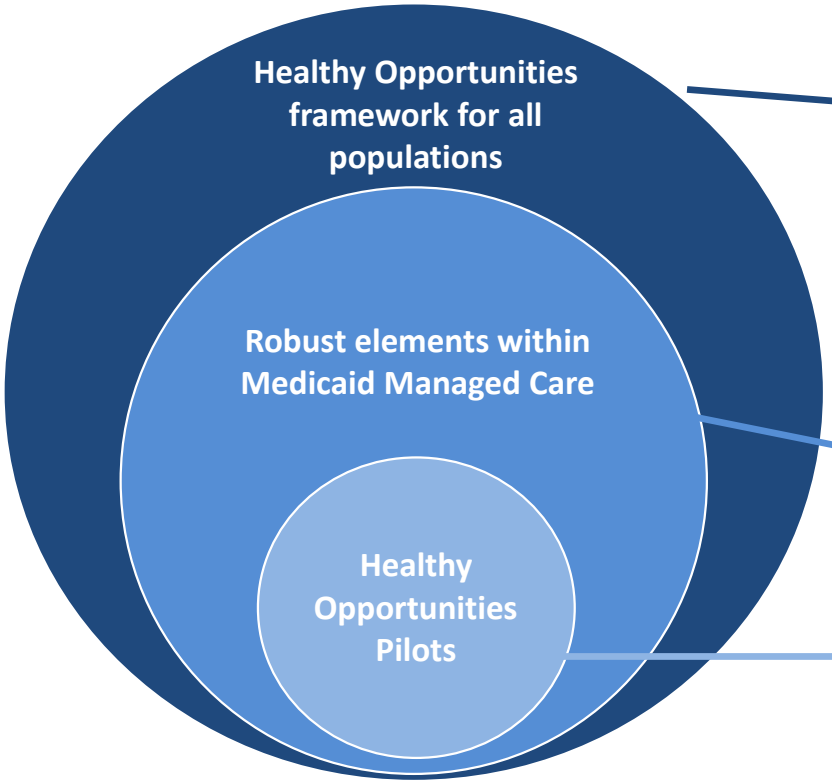
- Address the "Other 80%"
- Improve whole-person health, safety and well-being of all North Carolinians while being good stewards of resources
- Intentionally, strategically, and pragmatically use health care dollars to "Buy Health"
- Promote Behavioral and Physical Health Care Integration

- Worsened during the pandemic
- Drivers of health inequities
- Risk factors for chronic diseases and increase health care costs
- Addressing can improve health and lower health care costs

Building Statewide Multi-components Shared Infrastructure

https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities

NC DHHS has built shared assets that can be used across populations, as well as targeted initiatives to build the evidence base, to bridge health care and human services across diverse populations & geographies at scale.



Shared assets and infrastructure across all populations:

- Healthy Opportunities "Hot Spot" Map
- Standardized social needs screening questions
- NCCARE360
- Workforce development – Community Health Workers
- COVID-19 Isolation and Quarantine Supports

Embed shared assets and infrastructure in Medicaid as a base for other payers:

- Care management:
  - Standardized screening questions, NCCARE360, workforce
- Quality strategy
- Value-based payment
- Value added services and in-lieu-of-services
- Community Investments
- Integration with Department partners (DSS, LHDs, SNAP, WIC, etc.)

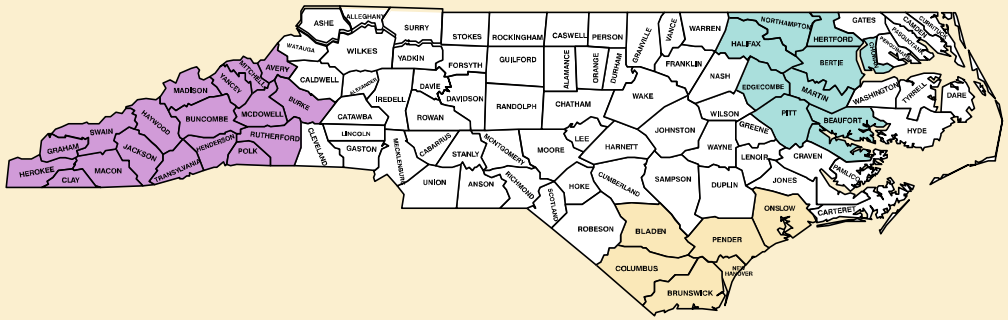
Targeted initiative to develop systems, financing, and evidence base to drive future policy changes: Healthy Opportunities Pilots

Healthy Opportunities Pilots (NC HOP) Overview

- **NC's 1115 Medicaid transformation waiver** authorizes **up to $650M** in state and federal Medicaid funding for the Healthy Opportunities Pilots*
- **Pilot funds are used to:**
  - Pay for 28 **evidence-based, federally-approved, non-medical services** defined and priced in NC DHHS' Pilot fee schedule
  - **Build capacity of local community organizations** and **establish infrastructure** to bridge health and human service providers
- **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 services are highest value & impact for which populations
    - 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**

NC's priority "Healthy Opportunities" domains

Housing (HRSN) | **Food (HRSN)** | **Transportation** | **Interpersonal Safety**



Procured 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

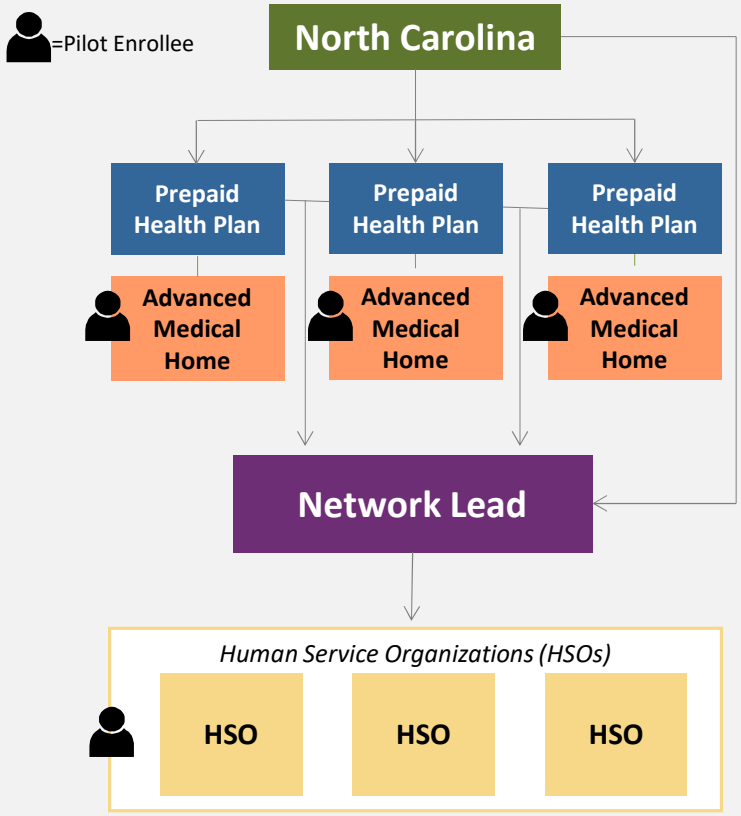
Impact Health

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

*pending request to renew the waiver for an additional 5-years

Healthy Opportunities Pilots: How Do They Work?

Sample Regional Pilot



Key Entities' Roles in the Pilot

8 Prepaid Health Plans (PHPs) (ie, Managed Care Organizations):

- 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 (HSOs):

- 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

Healthy Opportunity Pilots: Eligibility

To qualify for pilot services, Medicaid managed care enrollees must live in a Pilot Region and have:

At least one Physical/Behavioral Health Criteria:
(varies by population)*

- **Adults** (e.g., having two or more qualifying chronic conditions)
- **Pregnant Women** (e.g., history of poor birth outcomes such as low birth weight)
- **Children, ages 0-3** (e.g., neonatal intensive care unit graduate)
- **Children 0-20** (e.g., experiencing three or more categories of adverse childhood experiences)

+

At least one Social Risk Factor:
(based on federal and NC criteria)*

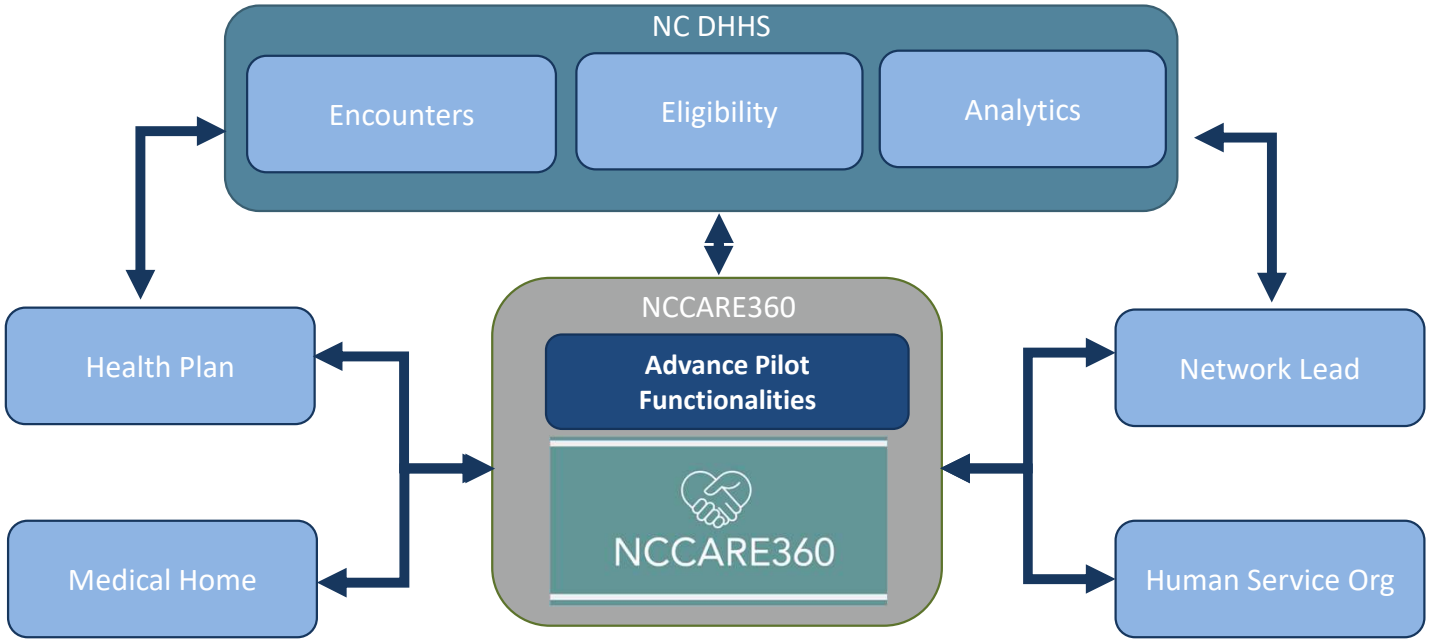
- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

Meet service specific eligibility criteria, as needed.

* Additional information in Appendix and located here: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nc/nc-medicaid-reform-ca.pdf

Healthy Opportunity Pilots: Building on NCCARE360

- Prioritized having one shared technology system for all Pilot Entities to use that would integrate with Health Plans, Providers, and State Systems.
- Built additional functionality into NCCARE360 to support eligibility documentation, enrollment, service authorization, and invoicing processes for the Pilots



Interim Evaluation Report (IER): Early Findings

The IER results, which examined several health, utilization, and cost indicators, show that the HOP concept—investing in housing, nutrition and other services to buy health—*works.* Receiving services provided through HOP has reduced social need, utilization and total cost of care for the studied population.

HOP participation results in:

- Significantly lower health care expenditures with $85 less per beneficiary per month, after accounting for HOP service delivery spending[1]
- Decreased hospital utilization, including:
  - Decreased emergency department utilization relative to non-HOP beneficiaries.
  - Decreased inpatient hospitalization for non-pregnant adults relative to non-HOP beneficiaries.
- Reduced risks of food, housing and transportation needs

HOP Engagement as of November 30, 2023:

- 50,585 beneficiaries (9.1% of total population) in Pilot Regions screened for qualifying needs
- 13,271 unique individuals enrolled
- 89% of HOP Members with an unmet need received at least one HOP service

[1] This finding is based on interrupted time series and difference-in-difference analysis and highlights lower health care expenditures relative to what would have occurred in the absence of the Pilot.

Lessons Learned

1. Phased Implementation
2. Real-Time Monitoring and Community Engagement
3. Importance of the Network Lead Organization
4. Necessary Investment in HSO Participation & Onboarding
5. Centralized Data
6. Invest in Member Engagement

Healthy Opportunity Pilots: 1115 Waiver Renewal

- Current waiver ends Oct. 31, 2024
- Submitted waiver renewal request to CMS for Nov 2024 – Oct 2029
- Requested changes to HOP:
  - **Expand services statewide**, with ability to procure additional Network Leads to cover new regions and additional capacity building funds for new Network Leads and HSOs
  - **Scale and modify certain existing HOP services** (e.g. 3 meals/day, 6 months rent and mortgage including arrears, firearm safety service and childcare services)
  - **Expand eligibility criteria** (e.g. “at risk of” a chronic condition, all pregnant women, all Tailored Plan members individuals impacted by natural disaster, individuals recently released from incarceration, children/youth who receive adoption assistance)

For more details, see: https://medicaid.ncdhhs.gov/meetings-notices/proposed-program-design/nc-section-1115-demonstration-waiver

Thank you

Questions?