



Buying Health: Addressing Nonmedical Drivers of Health at Scale

CHESS Move to Value Summit

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Erika Ferguson Walsh, MPP

Director, Office of Healthy Opportunities

North Carolina Department of Health and Human Services

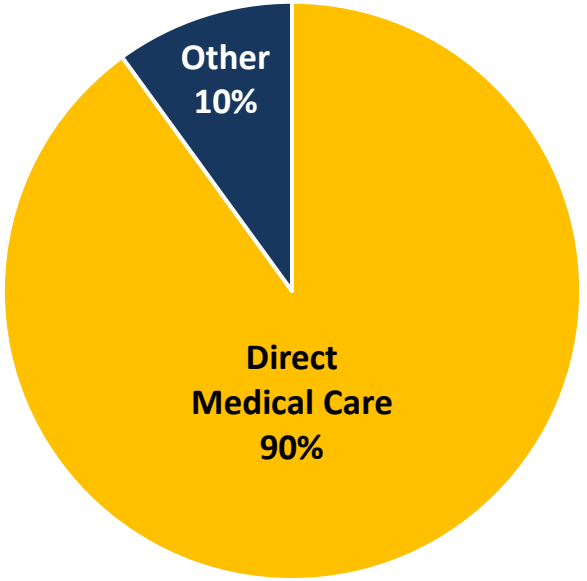
Focus on Healthy Opportunities

"Healthy Opportunities," commonly referred to as the social determinants of health, are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

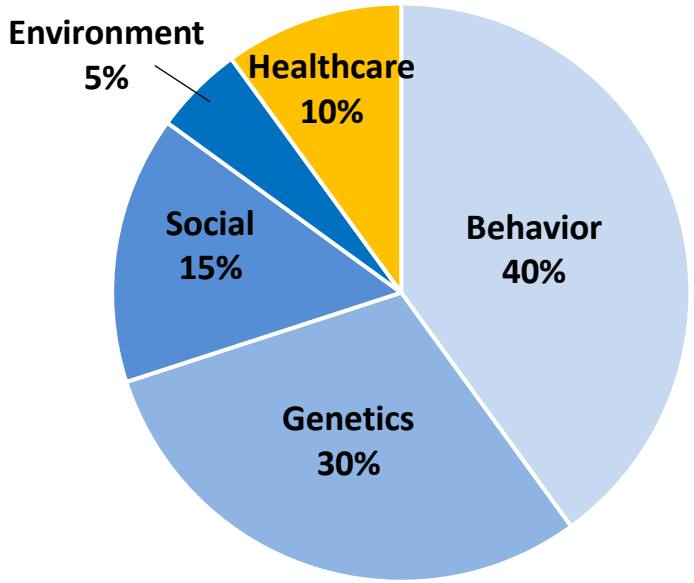
- Access to high-quality medical care is critical, but research shows up to 80 percent of a person's health is determined by social and environmental factors and the behaviors that emerge as a result.
- Addressing the factors that directly impact health is a key component of meeting DHHS's mission to improve the health, safety and well-being of all North Carolinians while being good stewards of resources.

We are Currently Buying Health Care, not necessarily "Health"

Healthcare Spending



Drivers of Health



Healthy Opportunities Portfolio

Strategy to bridge health care and human services across diverse populations & geography at scale.

Key Healthy Opportunities Initiatives


“Hot Spot” Map


Screening Questions


NCCARE360


Medicaid Transformation & Healthy Opportunities Pilots


Workforce


Increasing Resource Capacity

Standardized Screening

- Goals
  - Routine identification of unmet health-related resource needs
  - Statewide collection of data
- Development
  - Technical Advisory Group
  - Public Comment April 2018
  - Field tested in 18 clinical sites
  - Released January 2019
  - Translated in 7 languages
- Implementation
  - Recommended to be used across settings and populations
  - Launch of Managed Care: PHPs Required to Screen
  - Implementation Guidance Paper: Spring 2020

Health Screening

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

	Yes	No
Food		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
Housing/ Utilities		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
4. Are you worried about losing your housing?		
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
Transportation		
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
Interpersonal Safety		
7. Do you feel physically or emotionally unsafe where you currently live?		
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
Optional: Immediate Need		
10. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
11. Would you like help with any of the needs that you have identified?		

NCCARE360 Overview

NCCARE360 is the first statewide network that unites health care and human services organizations with a shared technology that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. **NCCARE360** helps providers electronically connect those with identified needs to community resources and allow for feedback and follow up.

NCCARE360 Partners:

FOUNDATION FOR HEALTH LEADERSHIP & INNOVATION

NCDHHS

2-1-1 North Carolina

United Way of North Carolina

UNITE US

Expound

NCCARE360

NCCARE360

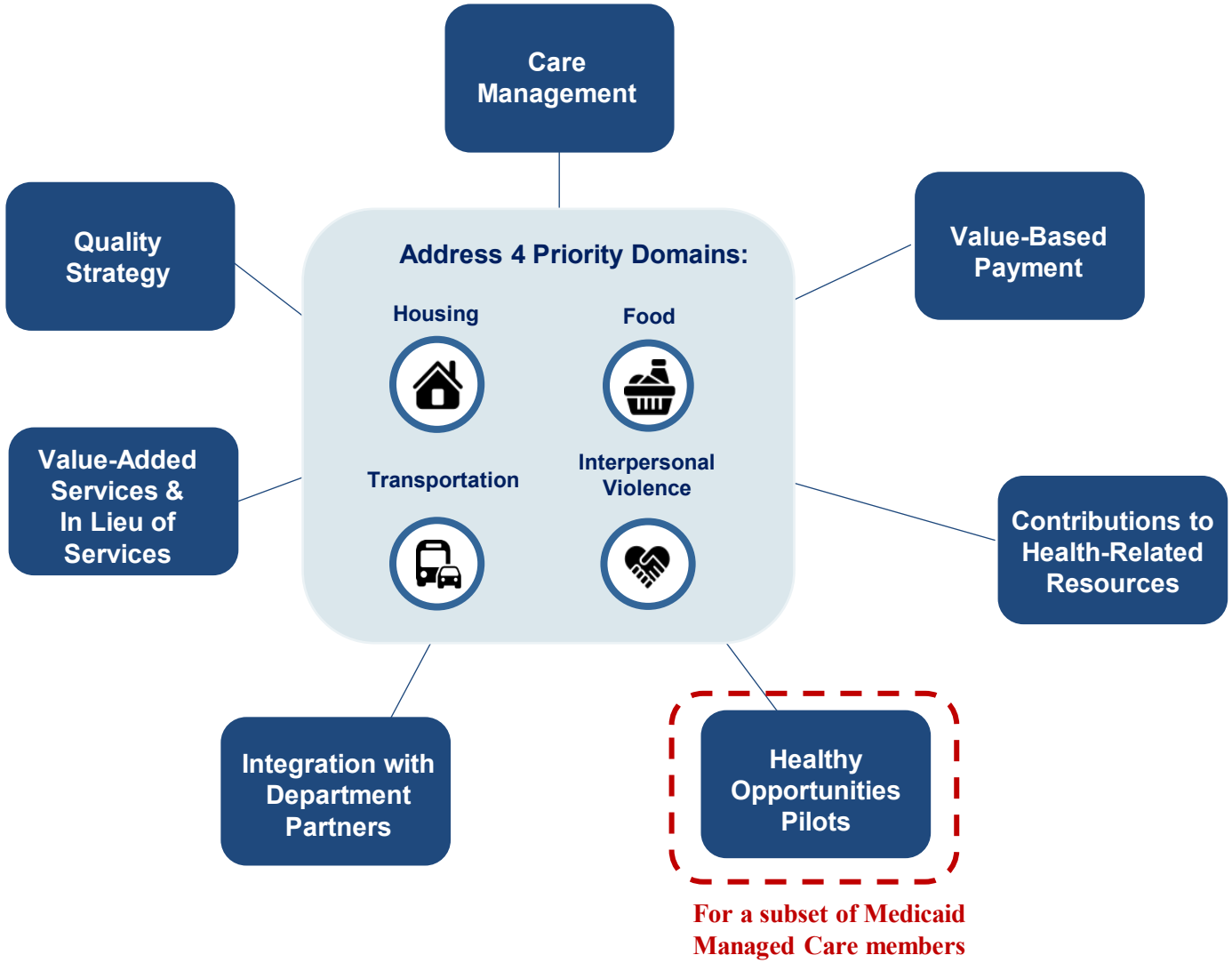
NCCARE360 is the first statewide network that unites health care and human services organizations with a shared technology that enables organizations to:

- Communicate in real-time
- Make electronic referrals
- Securely share client information
- Track outcomes together

NCCARE360 Status

- NCCARE360 is fully statewide as of June 2020
- NCCARE360 Network:
  - Over 2,400 community-based organizations with over 4,600 programs in the NCCARE360 network.
  - NC Health Systems on NCCARE360: Cone Health, WakeMed, Vidant, UNC Health, Duke Health
  - All Medicaid Pre-Paid Health Plans and LME-MCOs on NCCARE360
- Client Served (as of October 2021)
  - Over **74,189 people served** through NCCARE360
  - Over **196,377 referrals or cases** created in NCCARE360
  - 74% of service episodes in NCCARE360 resolved

Healthy Opportunities in Medicaid Managed Care



Healthy Opportunities Pilots

- **Evaluate the effectiveness** of select, evidence-based, non-medical interventions and the role of the Network Lead in improving health outcomes and reducing health care costs for high-risk NC Medicaid Managed Care members.
- **Leverage evaluation findings** to embed cost-effective interventions that improve health outcomes into the Medicaid program statewide, furthering NCDHHS' goals for a sustainable Medicaid program.
- **Support the sustainability** of delivering non-medical services identified as effective through the evaluation, including by strengthening the capabilities of HSOs and partnerships with health care payers and providers.

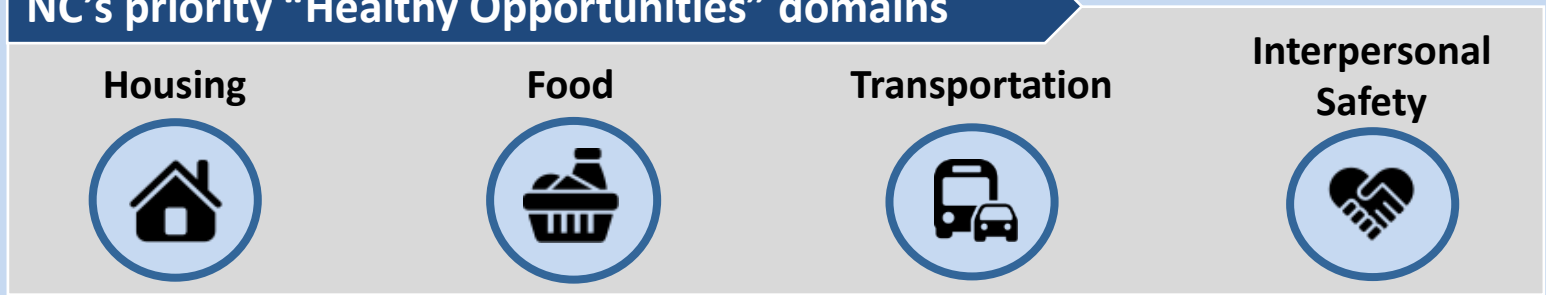
Healthy Opportunities Pilots

CMS authorized up to $650 million in state and federal Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

Pilot funds will be used to:

- **Cover the cost of federally-approved Pilot services**
  - *NC DHHS has developed service definitions and a fee schedule to reimburse entities that deliver these non-clinical services*
  - *The fee schedule will promote value and increasingly link payment to outcomes*
- **Support capacity building to establish Network Leads and strengthen the ability of human service organizations (HSOs) to deliver Pilot services**
  - *NC DHHS procured three Network Leads with deep roots in their community to facilitate collaboration across the healthcare and human service providers through building partnerships.*

NC's priority "Healthy Opportunities" domains



What Services Can Members Receive Through the Pilots?

North Carolina's 1115 waiver specifies 29 services that can be covered by the Pilot. Examples include:

Housing

- Housing navigation, support and sustaining services
- Housing quality and safety inspections and improvements
- One-time payment for security deposit and first month's rent
- Short-term post hospitalization housing

Food

- Linkages to community-based food resources (e.g., SNAP/WIC application support)
- Nutrition and cooking education
- Fruit and vegetable prescriptions and healthy food boxes/meals
- Medically tailored meal delivery

Transportation

- Linkages to existing transportation resources
- Payment for transportation to support access to pilot services, (e.g., bus passes, taxi vouchers, ride-sharing credits)

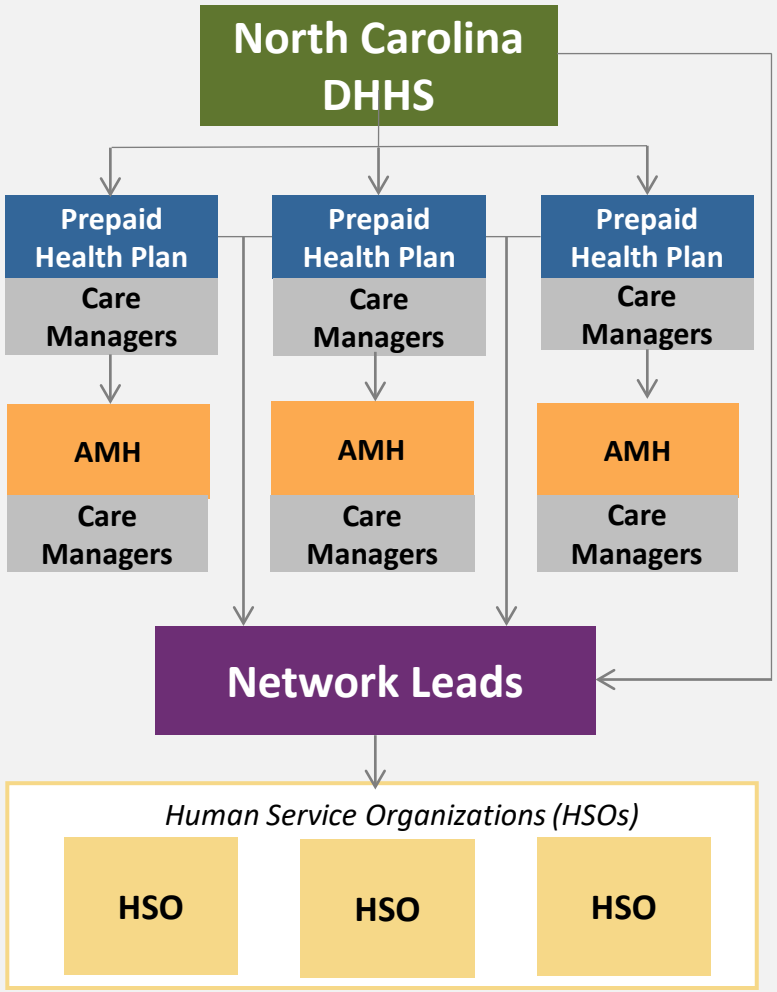
Interpersonal Safety

- Case management/ advocacy for victims of violence
- Evidence-based parenting support programs
- Evidence-based home visiting services

See Appendix for the full list of 29 services with definitions associated fees.

How Will the Pilots Work?

Sample Local Pilot

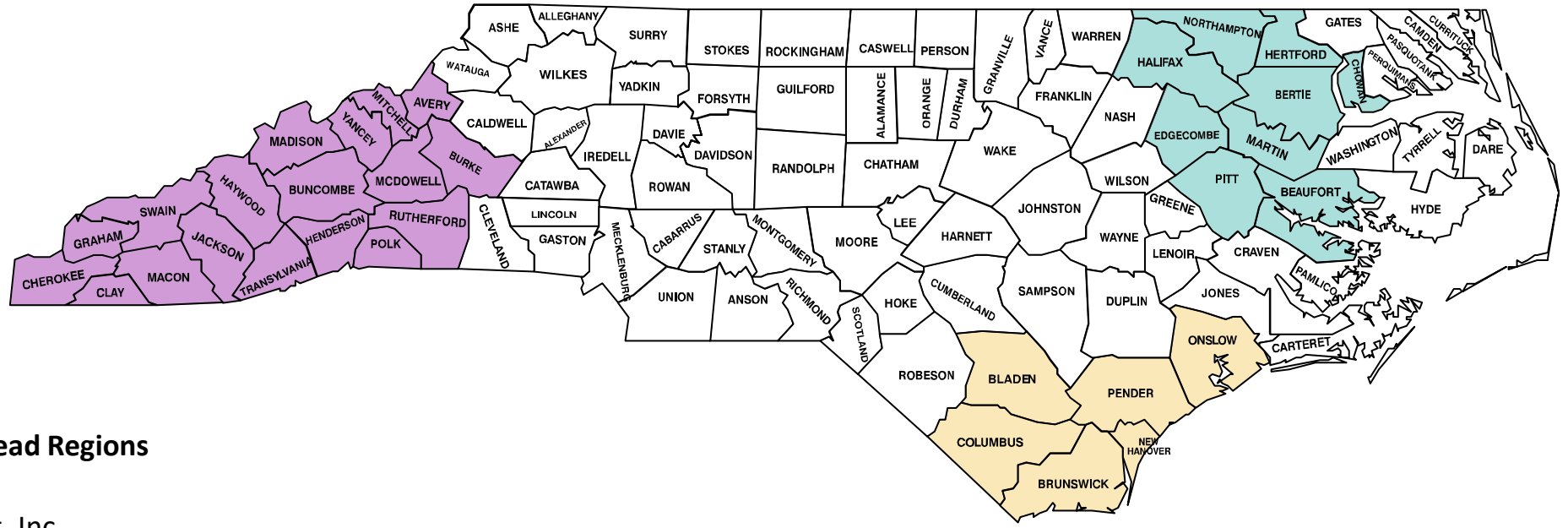


Key Entities' Roles in the Pilots

- **Prepaid Health Plans (PHPs):**
  - Manage a Pilot budget
  - Approve member eligibility for Pilot services and authorize services
  - Ensure the provision of care management to members
  - Ensure individuals are enrolled in other federal/ state programs if eligible (e.g. SNAP and TANF)
  - Pay HSOs for Pilot services delivered and submit payment information to DHHS as encounters
- **Care Managers:**
  - Interface with members to conduct care management at PHPs, Tier 3 AMHs, AMH+s, LHDs, and CMEs/CMAs*
  - Assess beneficiary eligibility for Pilot services (approved by PHP); track member progress
- **Network Leads:**
  - Define the geographic area they serve
  - Develop, manage, and oversee a network of HSOs
  - Serve as a connection between PHPs and HSOs
  - Provide technical assistance to HSOs; convene Pilot entities to share best practices
  - Review and submit HSO invoices to PHPs; work on behalf of HSOs to resolve any payment disputes
  - Collect and report data to DHB to assist in evaluation and oversight
- **Human Service Organizations:**
  - Frontline social service providers that contract with the Network Lead to deliver Pilot services to Pilot members
  - Submit invoices and receive reimbursement for services delivered

* Tier 3 Advanced Medical Homes (AMHs), AMH+s, Local Health Departments (LHDs), and Care Management Entities (CMEs)/Care Management Agencies (CMAs) are all entities that may provide local care management if delegated by the PHP as part of Medicaid Managed Care

Pilot Regions



Network Lead Regions

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

Dogwood Health Trust

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

Please consider expanding your Network Lead's region to include additional urban areas