NC Department of Health and Human Services

Healthy Opportunities

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NC Department of Health and Human Services

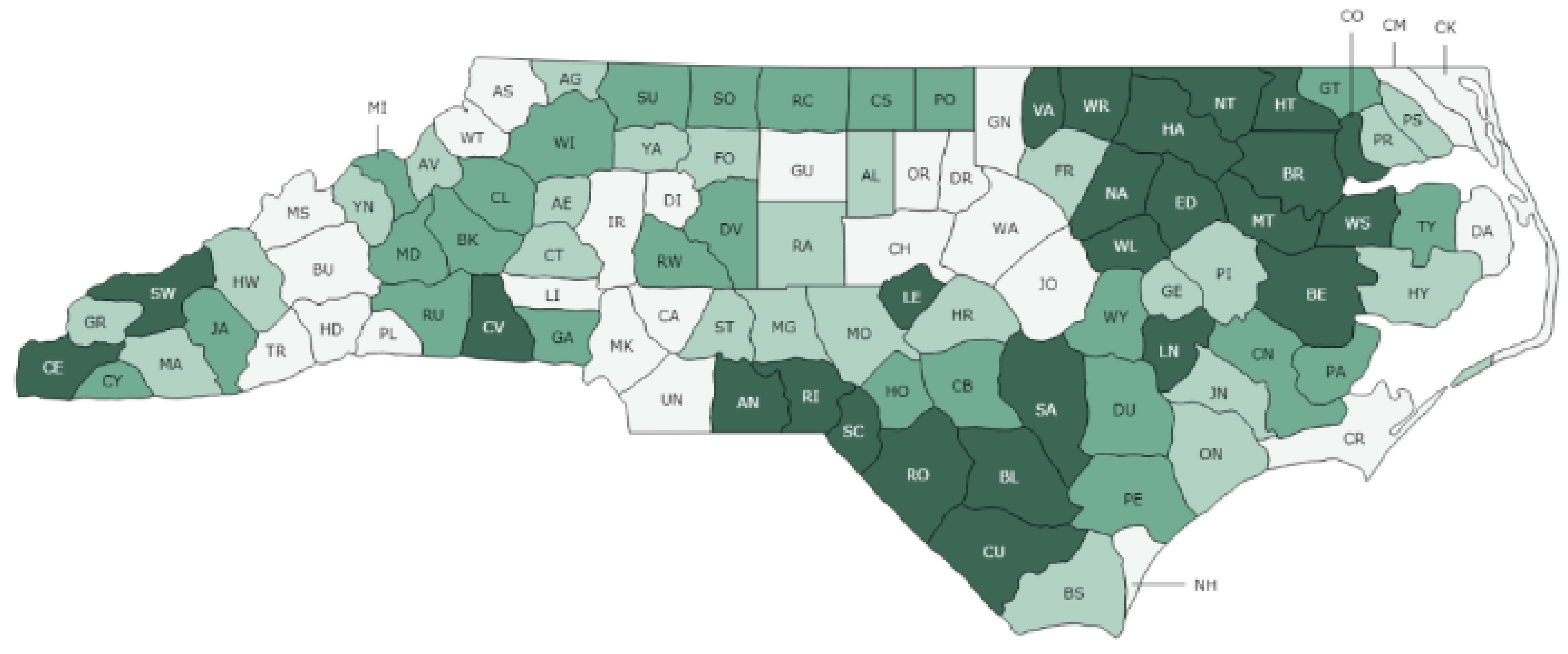
North Carolina is not as healthy as it could be

North Carolina ranks 33rd* in overall state health outcomes

- 35% of North Carolina women have experienced intimate partner violence
- 10.6% of adults are uninsured
- 29% of low-income adults went without care due to cost
- More than 1.2 million North Carolinians cannot find affordable housing
- 21% of children do not have consistent access to food
- 19% of children ages 0-8 had 2 or more Adverse Childhood Experiences
- Black babies die at a rate 2.5 times higher than white babies

*America's Health Rankings

Disparities in poor, rural, and minority counties



Rank 1-25 | Rank 26-50 | Rank 51-75 | Rank 76-100

2019 County Health Ranking Report, Robert Wood Johnson Foundation

Health Care Spending as a Percent of GDP, 1980–2017

Adjusted for Differences in Cost of Living

Percent (%) of GDP

20
18
16
14
12
10
8
6
4
2
0

1980 1985 1990 1995 2000 2005 2010 2015 2017*

2017 data:*

- US (17.2%)
- SWIZ (12.3%)
- FRA (11.5%)
- GER (11.3%)
- SWE (10.9%)
- CAN (10.4%)
- NOR (10.4%)
- NETH (10.1%)
- UK (9.7%)
- AUS (9.1%)
- NZ (9.0%)

Notes: Current expenditures on health per capita, adjusted for current US$ purchasing power parities (PPPs). Based on System of Health Accounts methodology, with some differences between country methodologies (Data for Australia uses narrower definition for long-term care spending than other countries). *2017 data are provisional or estimated.

Source: OECD Health Data 2018.

4

Health Care System Performance Compared to Spending

Higher health system performance

Eleven-country average

AUS UK

NETH

NZ NOR

GER SWIZ

SWE

CAN

FRA

US

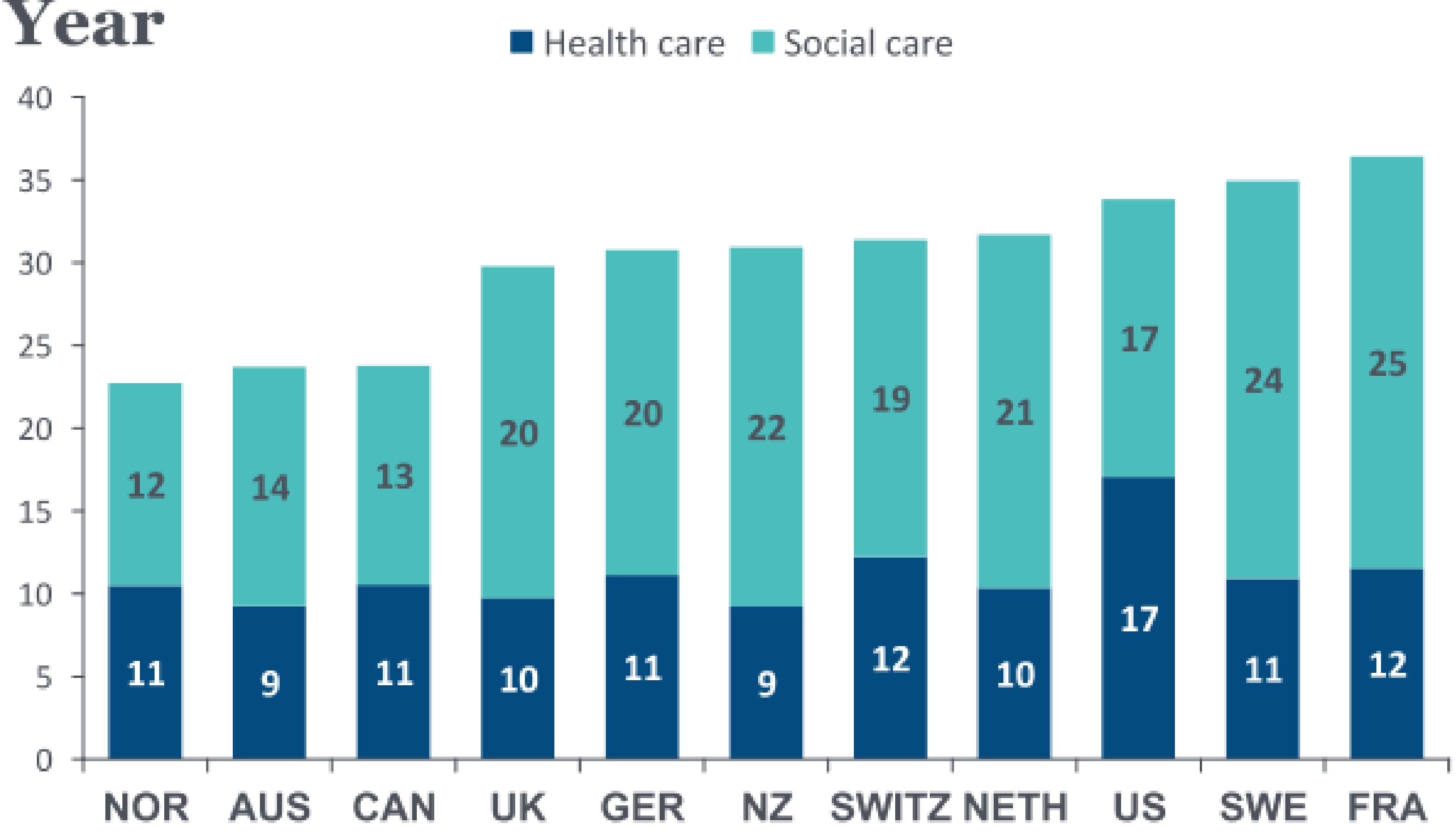
Lower health system performance

Lower health care spending

Higher health care spending

E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change*, The Commonwealth Fund, July 2017.

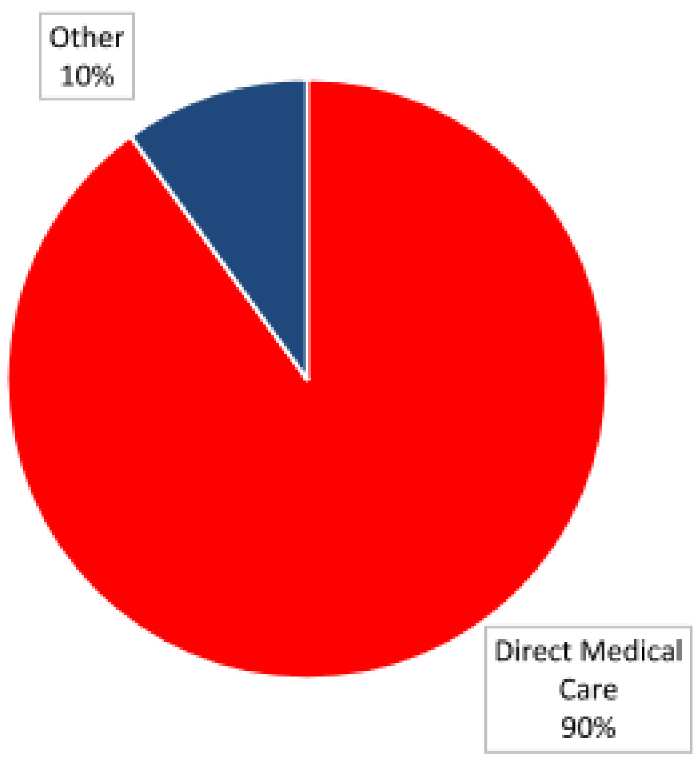
Health and Social Care Spending as a Percent of GDP, 2016 or Latest Available Year

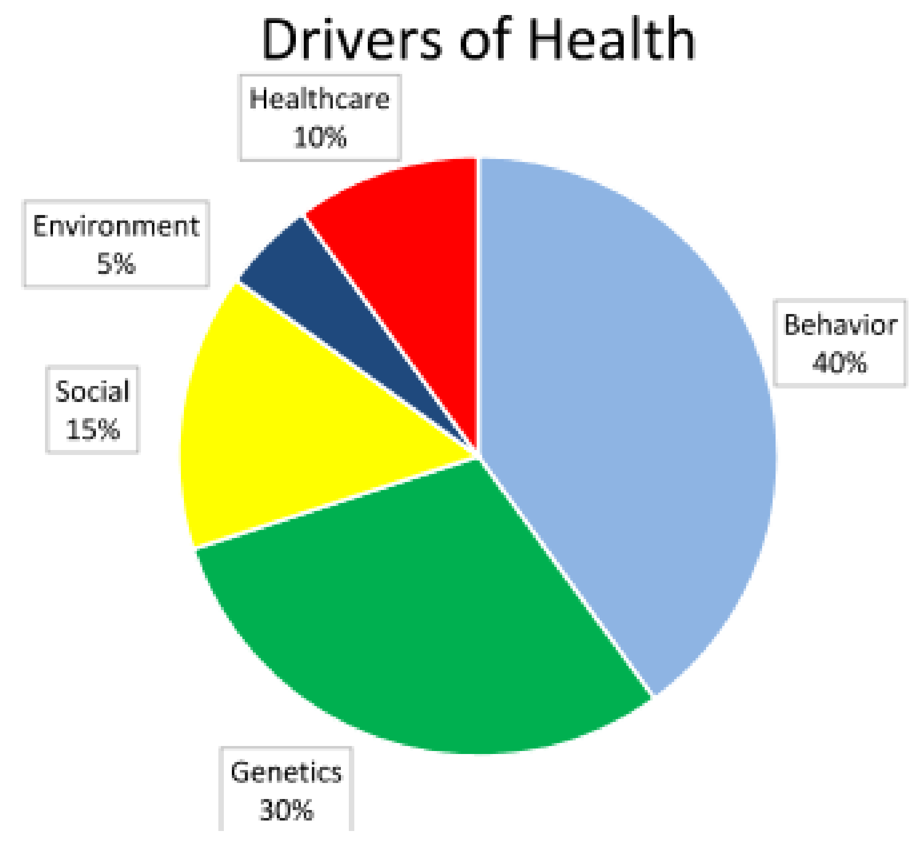


Source: OECD Social Expenditures database (SOCX), OECD Health data 2018.

Data: Expenditures reflect the latest (2013-2016) available data for combined public and private spending. To avoid double counting, social care expenditures reflect total social spending in SOCX excluding health spending included in SOCX, while health care expenditures reflect total health spending in OECD Health Data excluding long-term care (social), health promotion with multi-sectoral approach, and gross fixed capital formation.

Mismatch: We are Buying Healthcare not "Health"





The greatest opportunity to improve health lies in addressing a person's **unmet essential needs**.

SOURCE: Schroeder SA. N Engl J Med 2007

DHHS Vision for Addressing Social Determinants of Health

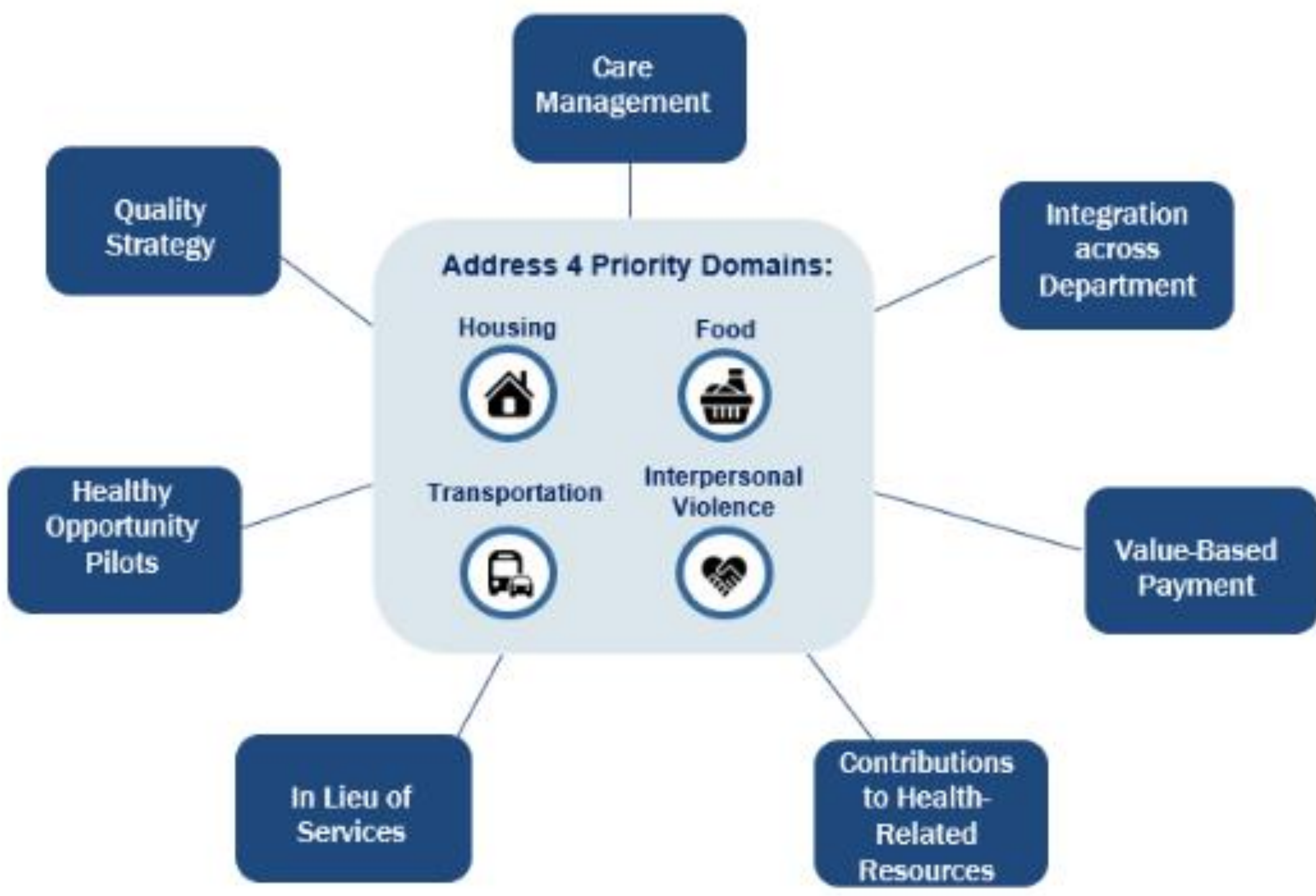
We envision a North Carolina that optimizes health and well-being for all people by effectively stewarding resources that bridge our communities and our healthcare system.

North Carolina Medicaid Transformation

- Transforming from state run Medicaid program to a managed care administered system. Statewide launch – February 2020
- Using best practices from other states and building on the existing infrastructure in NC

1. Whole Person Focused
   - Integrate Physical and Behavioral Health
   - Focus on unmet social needs
2. Driving towards Value
   - Advanced Medical Home Plan
   - Move to alternative payment models
   - Support Clinicians through the transformation

Medicaid Transformation



Healthy Opportunities Initiatives

1. "Hot Spot" Map
2. Screening Questions
3. NCCARE360
4. Medicaid Transformation & Pilots
5. Workforce
6. Connecting Resources

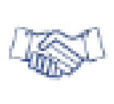
Healthy Opportunities Initiatives

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

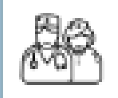
Key Healthy Opportunities Initiatives

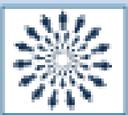
"Hot Spot" Map

Screening Questions


NCCARE360

Medicaid Transformation & Healthy Opportunities Pilots


Workforce


Connecting Resources

"Hot Spot" Map

- Statewide map now live: http://www.schs.state.nc.us/data/hsa/
- GIS/ESRI Story mapping of 14 SDOH indicators with a summary statistic
- Displays geographical health & economic disparities

Social and Neighborhood	Economic	Housing and Transportation
% < HS Diploma	Household Income	% Living in Rental Housing
% Households with Limited English	% Poverty	% Paying >30% of Income on Rent
% Single Parent Households	Concentrated Poverty	% Crowded Household
Low Access to Healthy Foods	% Unemployed	% Households without a Vehicle
Food Deserts	% Uninsured	

North Carolina Social Determinants of Health by Regions
About
Region 1
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Region 10
Overview
Bowling Green
Kingsport
Bristol
Johnson City
Knoxville
Nashville
Murfreesboro
Chattanooga
Huntsville
Greenville
Athens
Atlanta
Columbia
South Carolina
Norfolk
Virginia Beach
1
2
3
4
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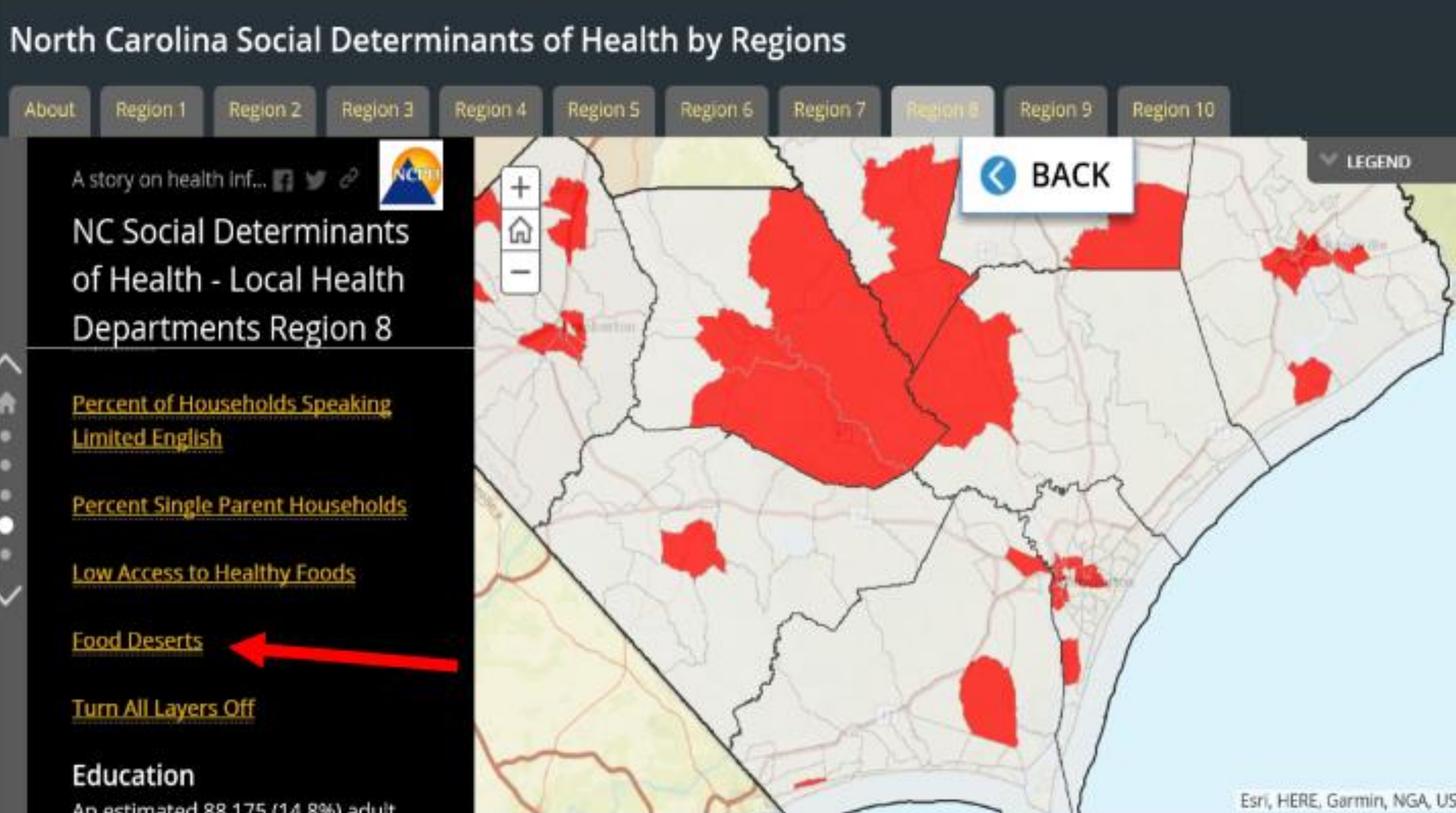
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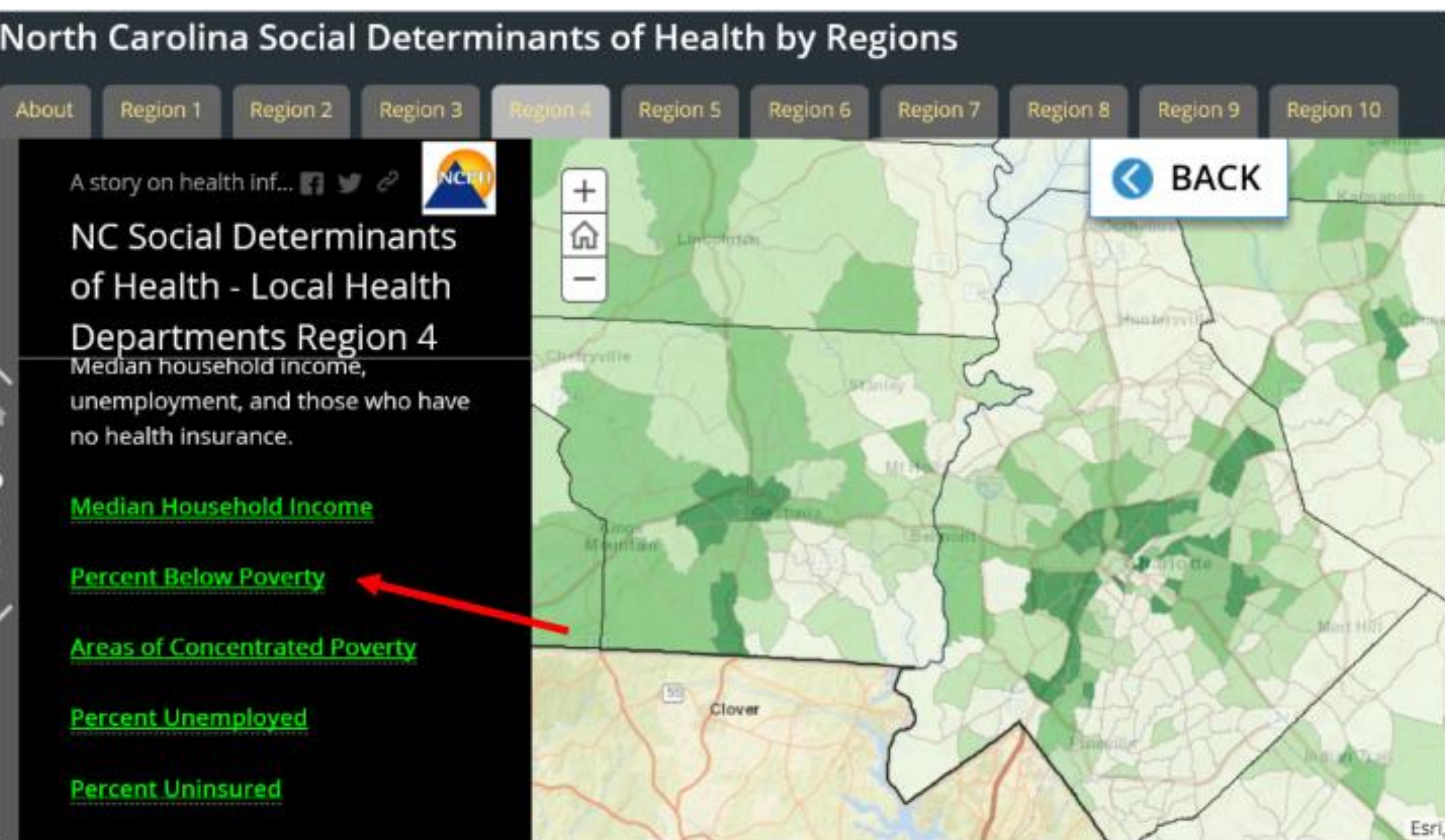
Region 10
A story on health inf...
NC Social Determinants of Health - Local Health Departments Region 8
Percent of Households Speaking Limited English
Percent Single Parent Households
Low Access to Healthy Foods
Food Deserts
Turn All Layers Off
Education
An estimated 88,175 (14.8%) adult
BACK
LEGEND
Esri, HERE, Garmin, NGA, US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Region 10
A story on health inf...
NC Social Determinants of Health - Local Health Departments Region 4
Median household income, unemployment, and those who have no health insurance.
Median Household Income
Percent Below Poverty
Areas of Concentrated Poverty
Percent Unemployed
Percent Uninsured
BACK
Clover
Esri,

Screening Questions

- Goals
  - Routine identification of unmet health-related resource needs
  - Statewide collection of data
- Development
  - Technical Advisory Group
  - Released April 2018 for Public Comment
  - Field tested in 18 clinical sites
- Implementation
  - Recommended to be used across settings and populations
  - Launch of Managed Care: PHPs Required to Include in Care Needs Assessment

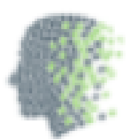
Health Screening

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

NCCARE360 is the first statewide coordinated network that unites healthcare and human services organizations with a shared technology platform allowing for a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.



NCCARE360 Functionalities

	Functionality	Partner	Timeline
Resource Directory & Call Center	Directory of statewide resources that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities.	NORTH CAROLINA 211	Phased update 2019 – 2020
Resource Repository	APIs integrate resource directories across the state to share resource data.	Expound	Phased Approach
Referral & Outcomes Platform	An intake and referral platform to connect people to community resources and allow for a feedback loop.	UNITE US	Rolled out by county January 2019 – December 2020

Hands on, in-person technical assistance and training to on-board providers and community organizations.

NCCARE360

NCCARE360 is customizable to meet the needs and workflow of each county

- **No mandate**
  - Most Organizations and Counties are not mandated to use NCCARE360
  - Value add to assist individuals and families in community
- **Flexibility in how organization implements NCCARE360 into workflows**
  - Counties do not have to roll out NCCARE360 across all lines of business at once
- **NCCARE360 can be customized to meet needs and workflows**
  - Organization can be referral receivers and/or senders
- **Privacy and Security is top priority**
  - NCCARE360 is compliant with HIPAA, FERPA, FIPs
  - Developing customization to meet needs of more sensitive areas of organization's business (e.g. IPV)

On-boarding

Pre-Launch Implementation

Weeks 1-2
- Kick-off & Set Timeline
- Determine Network Design & Client Entry Points
- Set Steering Committee
- Determine Network KPIs

Weeks 3-4
- Identify Launch Partners
- Determine Service Types
- Provider Interest Survey
- Network Name
- Provider Discussions/ Information-Gathering
- Review Basic Data Elements

Weeks 5-9
- Finalize Network Roles & Workflows
- Agreements Review
- Set Network Standards
- Strategy Session(s) with Community Partners
- Review & Finalize Network Assessments and Outcomes
- Set Marketing Plan

Weeks 10-11
- Training Registration
- Software Configuration

Week 12
- Provider Training
- Admin/CC Training
- Workflow & User Policy Review
- Execute Marketing Plan
- Provider List on Website

Launch, Network Management & Growth Strategy

Week 13
- User Logins Issued
- Network Launch

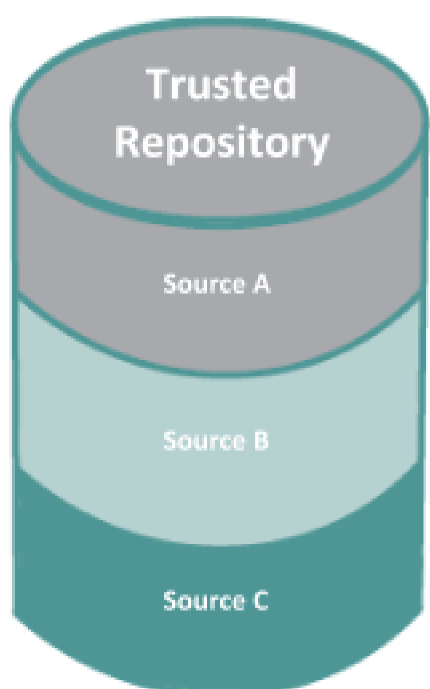
Onward
- Ongoing Software Support & Training
- Ongoing Provider Engagement
- Ongoing Network Data Monitoring
- Data Evaluation & Growth Strategy
- In-Person Progress Reviews

Provider Registration & Profile Configuration

Key
- Network Design
- Network Configuration
- Partner Planning
- Community Engagement
- Provider Onboarding & Training (UU)

Unite Us - Proprietary & Confidential

Data Repository



- Multiple Directories
- Multiple Vendors
- Proprietary Formats
- Non-Standardized content
- Unique ways to transmit data
- Hard to keep updated

- No Universally accepted schema
- No authoritative "aggregator"
- Industry incentivized to disaggregate
- No easy way for users to consume data
- Current way: technically complex & costly

Community Resources in One Place

Out of Network

Organizations that have not been onboarded to the platform

- Searchable and Identifiable as part of Resource Directory/Data Repository
- Not part of the NCCARE360 platform yet
- Do not report outcomes

In Coordinated Network

Organizations onboarded to the platform – Coordinated Network

- **Agree to NCCARE360 platform requirements**
- **Have completed training and on-boarding**
- **Responsibility to report outcomes**

PROPRIETARY & CONFIDENTIAL

Privacy & Security

CLIENT

HOUSING PROVIDER

Informed consent is requested by the system ONCE, before the first referral is made. Clients consent to have their information shared in order to receive services from network partners.

EMPLOYMENT

DOCTOR

MENTAL HEALTH

Compliant with Health Insurance Portability and Accountability Act (HIPAA) & Personally Identifiable Information (PII) standards

Compliant with Security & Data Storage Standards and Breach & Enforcement Rules

Protected information (e.g. outcomes for Mental Health or Substance Use cases) is restricted from view based on users' viewing permissions.

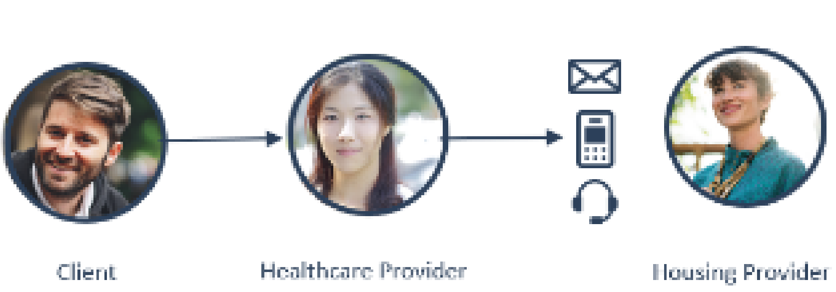
NCCARE360 Coordinated Network

A coordinated network connects providers (such as health care providers, insurers, or community organizations) through a shared technology platform to:

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

Coordination Platform at Work

Improving coordination efficiency and accuracy



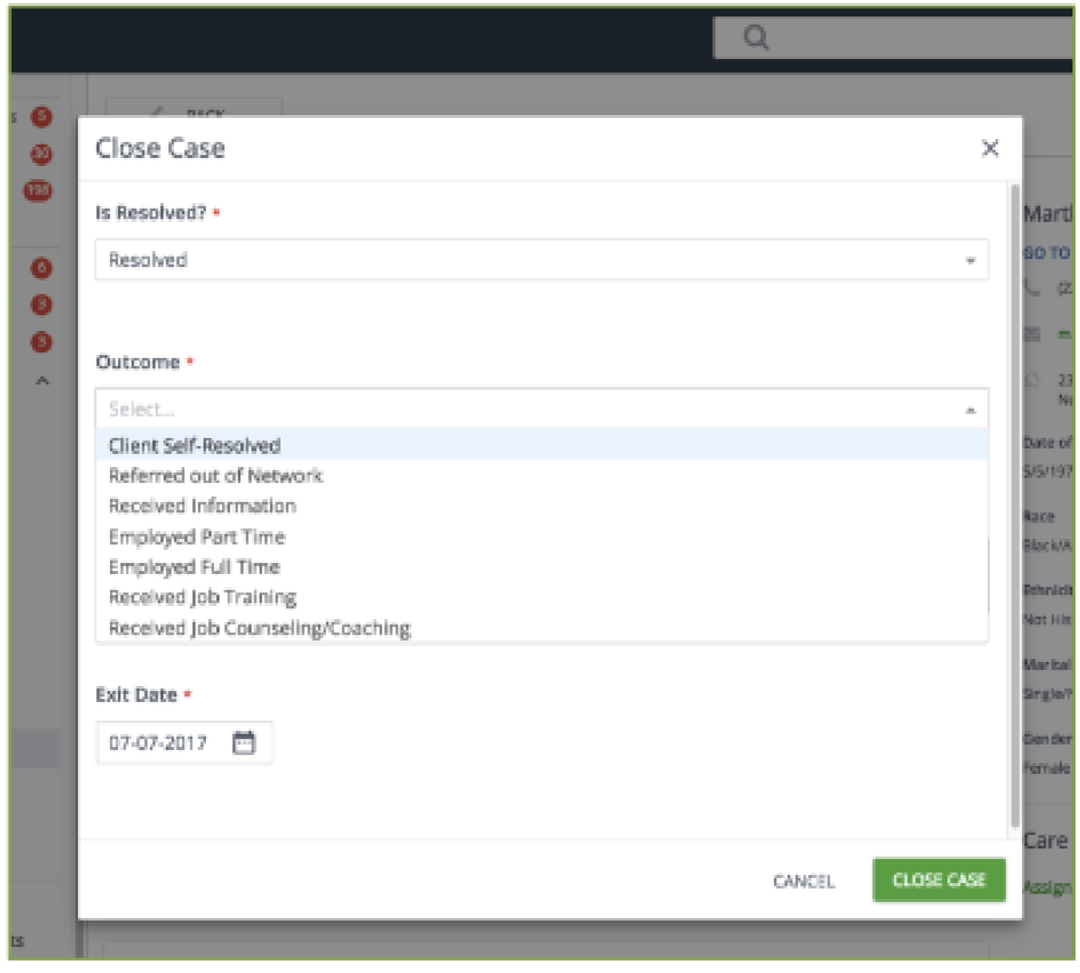
- ✗ Service provider cannot always exchange PII or PHI via a secure method
- ✗ Limited prescreening for eligibility, capacity, or geography
- ✗ Onus is usually on the client to reach the organization to which he/she was referred
- ✗ Service providers have limited insight or feedback loop
- ✗ Client data is siloed & transactional data is not tracked

- ✓ All information is stored and transferred on HIPAA compliant platform
- ✓ Client is matched with the provider for which he/she qualifies
- ✓ Client's information is captured once and shared on his/her behalf
- ✓ Service providers have insight into the entire client journey
- ✓ Longitudinal data is tracked to allow for informed decision making by community care teams

No Wrong Door Approach

Configurable & Structured Data

Real-time reporting of outcomes, performance & efficiency



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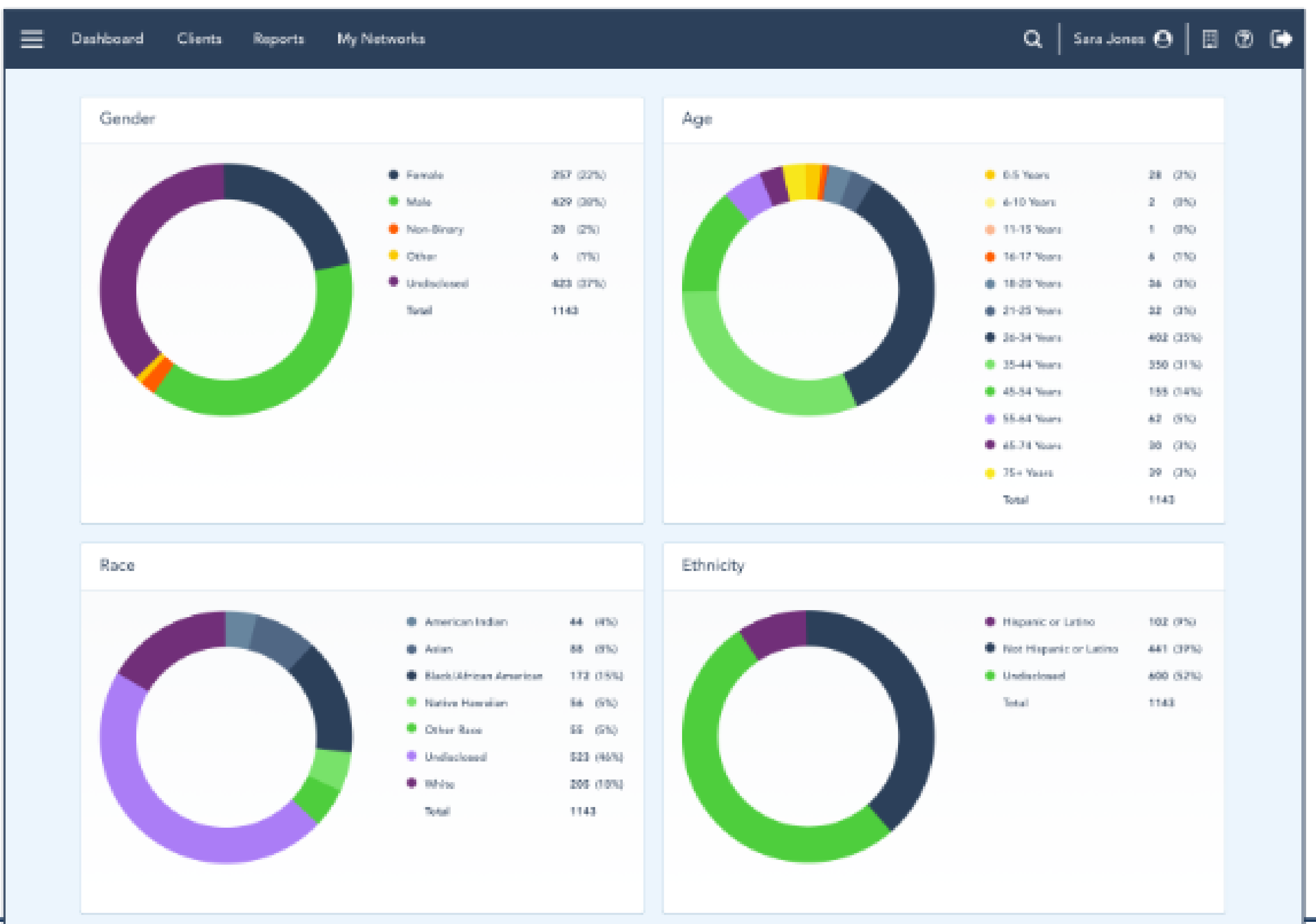
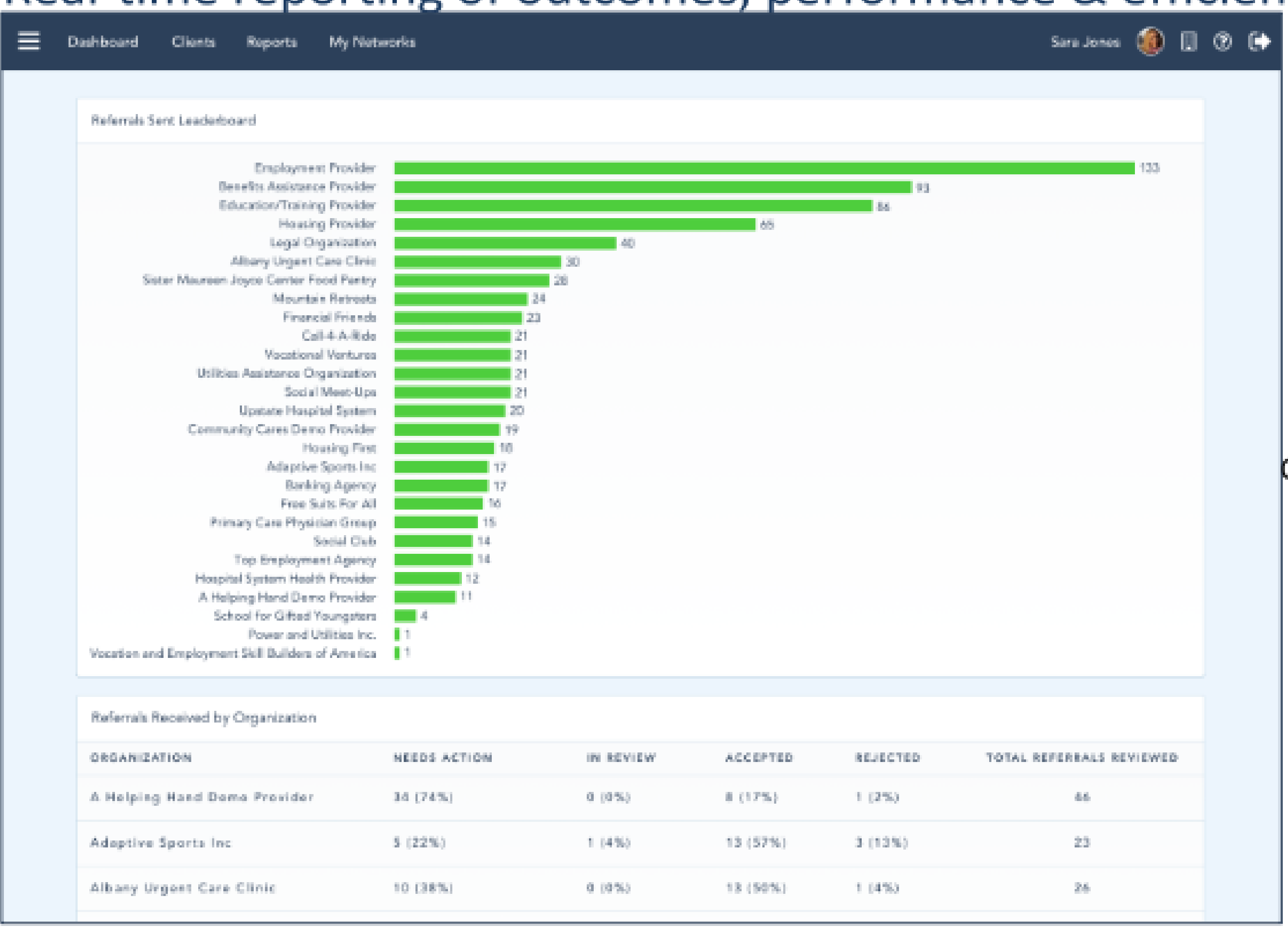


<u>Patient Level Coordination & Tracking</u>

Patient Demographics, Access Points, Service Delivery History, Outcomes

Configurable & Structured Data

Real-time reporting of outcomes, performance & efficiency



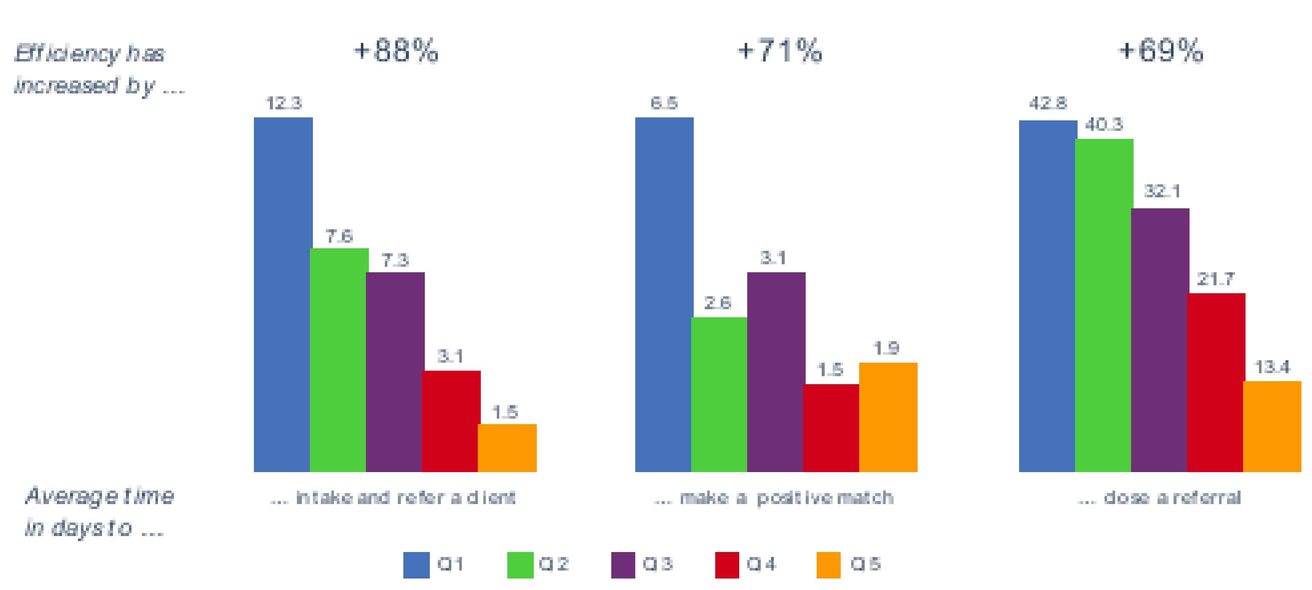
ORGANIZATION	NEEDS ACTION	IN REVIEW	ACCEPTED	REJECTED	TOTAL REFERRALS REVIEWED
A Helping Hand Demo Provider	34 (74%)	0 (0%)	8 (17%)	1 (2%)	46
Adaptive Sports Inc	5 (22%)	1 (4%)	13 (57%)	3 (13%)	23
Albany Urgent Care Clinic	10 (38%)	0 (0%)	13 (50%)	1 (4%)	26

Network Level Transparency & Accountability

Service Episode history, Referrals Created, Structured Patient Outcomes

Improved Efficiency in North Carolina

Accelerating intake, referral, and closing the loop



Data from a Coordinated Network in Charlotte, NC (Powered by Unite Us)

PROPRIETARY & CONFIDENTIAL

PROPRIETARY & CONFIDENTIAL

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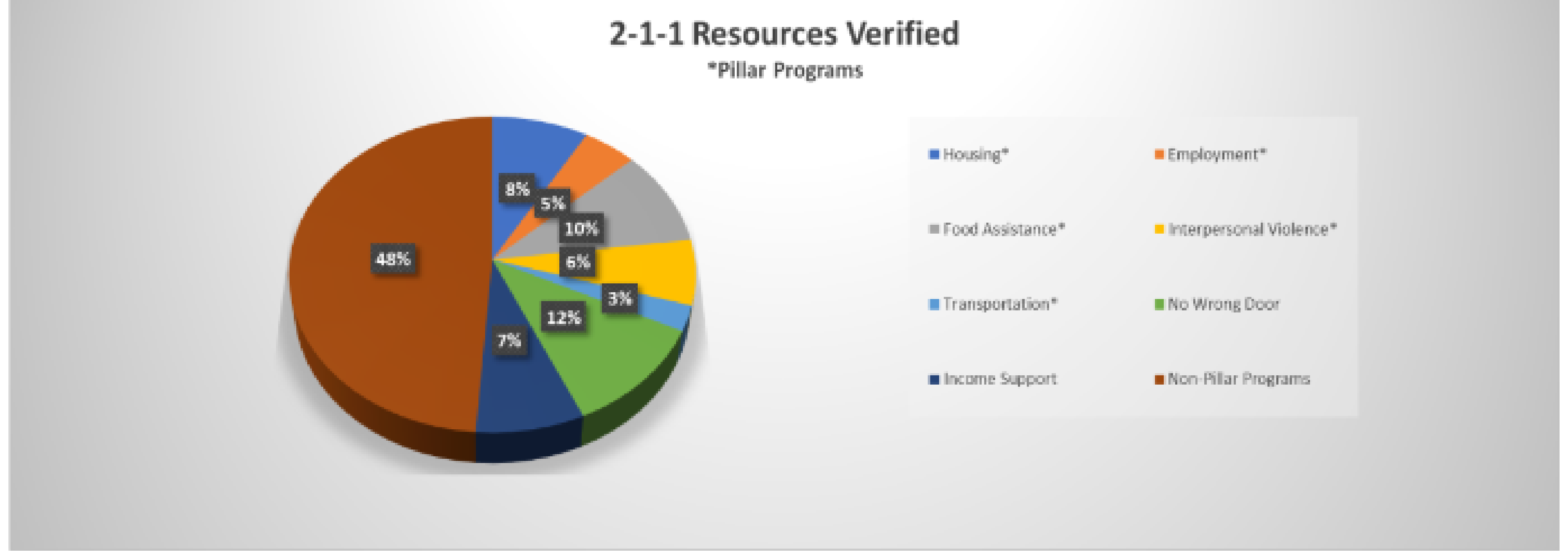
2-1-1 Resource Verification (as of 10/13/19)

NCCARE360

Organizations verified	2954
Programs Verified	10736



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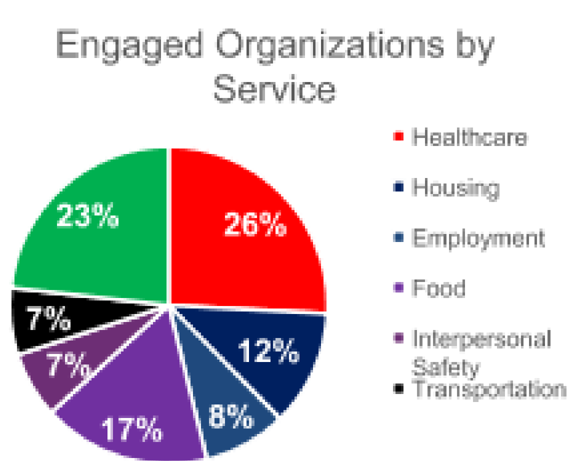
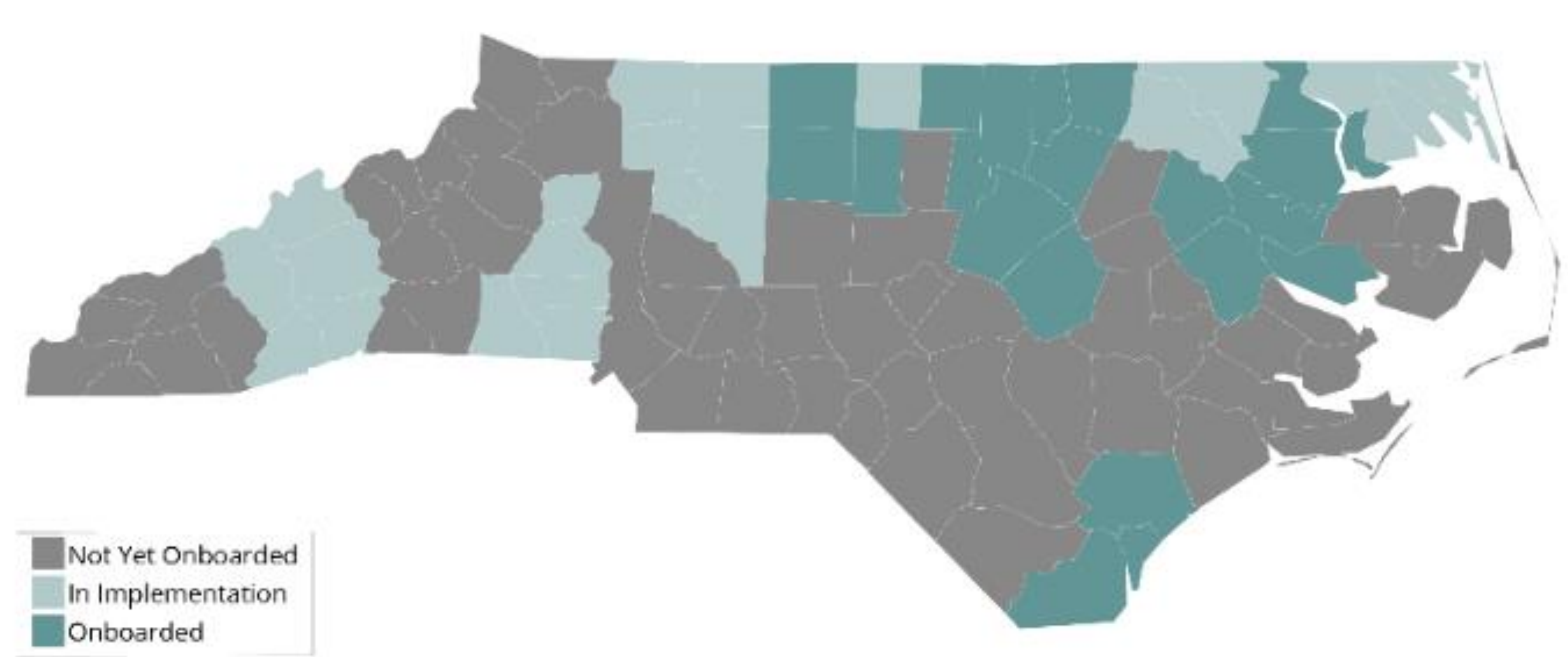
Started January 2019

NCCARE360 Status Update (as of 10/13/19)	
21	Counties launched
29	Counties started on implementation
1595	Organizations engaged in socialization process (77 counties)
388	Organizations with NCCARE360 licenses
1609	Active Users
1068	Referrals Sent
499	Clients Impacted



State Coverage

Began rollout January 2019, statewide by December 2020



Medicaid Transformation Vision

> *"To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care which addresses both medical and non-medical drivers of health."*

Addressing Social Needs Through Care Management

The care management model requires PHPs and care managers to take steps to address beneficiaries' unmet resource needs.

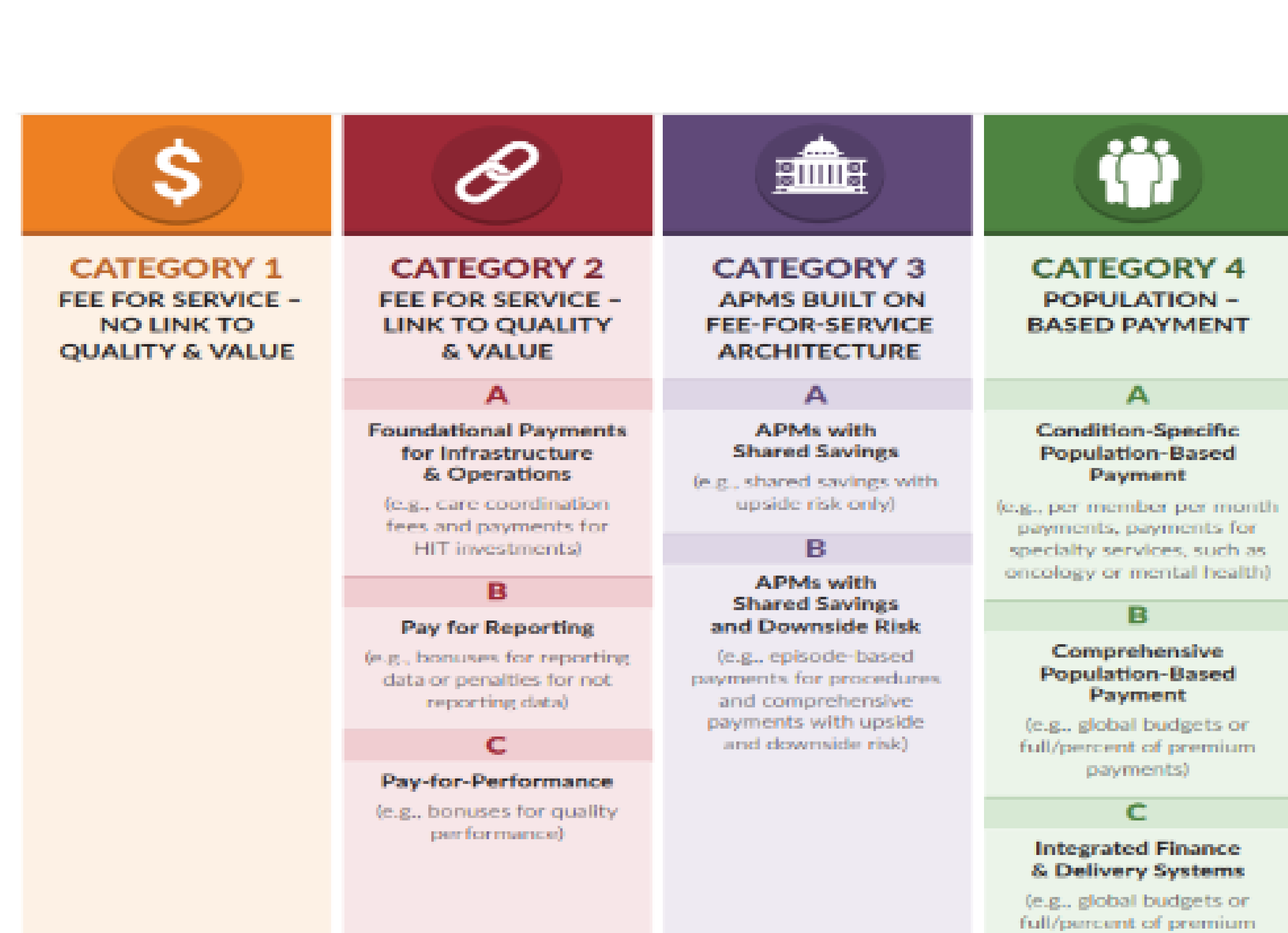
Addressing Unmet Resource Needs through Care Management

- Care management model drives a focus on addressing beneficiaries' unmet resources needs.
- PHPs identify high-needs individuals (including those with significant social needs) and often delegate the provision of care management to qualified local entities—e.g., Tier 3 Advanced Medical Homes and Local Health Departments
- **Care managers and other members of the care team will play a significant role in addressing the non-medical drivers of health.**
  - Identification through use of State **SDOH screening**, analysis of data, or referral.
  - Comprehensive Assessment
  - Accountable for addressing needs, including by:
    - Providing in-person assistance with select applications (e.g. SNAP and WIC)
    - Connecting beneficiaries to community resources leveraging **NCCARE360**
    - Having housing specialist
    - Providing access to medical-legal partnerships.

Healthy Opportunities & Value-Based Payment Strategies

VBP Overview

- Value-based payments give providers flexibility to decide how best to use payments, including by paying for health-related social supports that may be more cost-effective than traditional medical care.
- The State's VBP strategy will encourage PHPs and other providers to consider how they can incorporate and promote healthy opportunities into their VBP contracts.



Voluntary PHP Contributions to Health-Related Resources

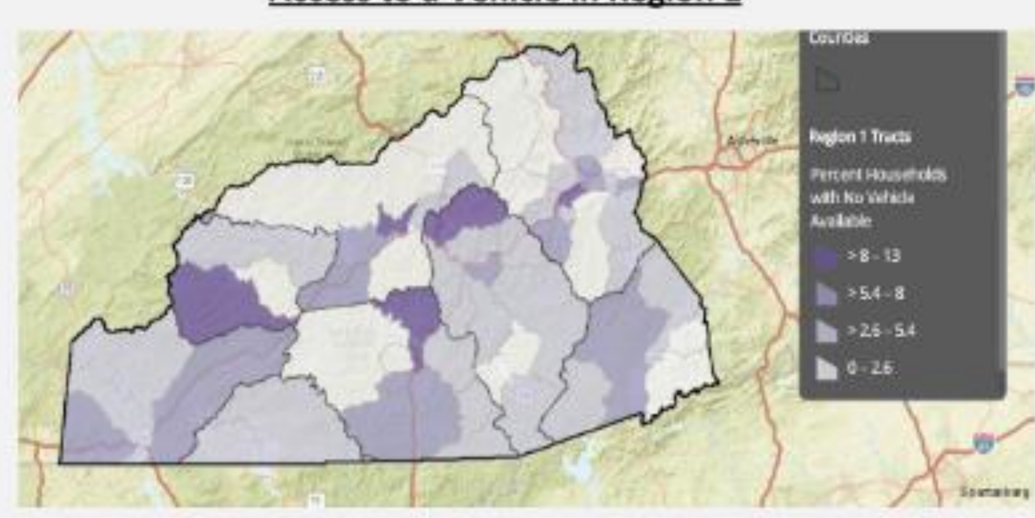
PHPs are encouraged to make contributions to health-related resources that help to address members' and communities' unmet health-related needs.

Contributions to Health-Related Resources

- PHPs are encouraged to contribute to health-related resources that improve health outcomes and cost-effective delivery of care in the communities they serve.
- PHPs that voluntarily contribute to health-related resources may count the contributions in the numerator of their MLR.
- A PHP that voluntarily contributes at least one -tenth percent (0.1%) of its annual capitation revenue in a region to health-related resources may be awarded a **preference in auto-assignment** to promote enrollment in each region in which the PHP contributes.

Providers may wish to give input to PHPs on how to direct their contributions in their communities.

Percent of Households Without Access to a Vehicle in Region 1



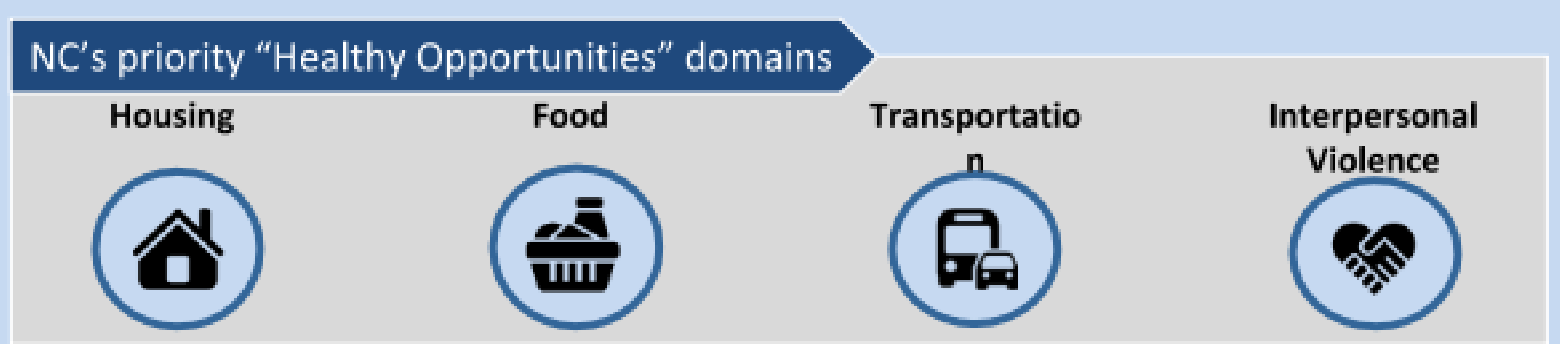
The NC "Hot Spot" Map uses geographic information system (GIS) technology to map resource needs and other indicators across the state **and can strategically guide contributions to health-related resources.**

What Are the Healthy Opportunities Pilots?

The federal government 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.

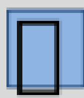
Pilot funds will be used to:

- Cover the cost of federally-approved Pilot services
  - *DHHS is developing a fee schedule to reimburse entities that deliver these non-clinical services*
- Support capacity building to establish "Lead Pilot Entities" that will develop and manage a network of human service organizations (HSOs), and strengthen the ability of HSOs to deliver Pilot services
  - *DHHS will procure Lead Pilot Entities with deep roots in their community that can facilitate collaboration across the healthcare and human service providers through building partnerships.*



Who Qualifies for Pilot Services?

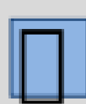
To qualify for pilot services, Medicaid managed care enrollees must have:



At least one Needs-Based Criteria:

Physical/behavioral health condition criteria vary by population:

- Adults (e.g., 2 or more chronic conditions)
- Pregnant Women (e.g., multifetal gestation)
- Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
- Children 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)



At least one Social Risk Factor:

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

What Services Can Enrollees Receive Through the Pilots?

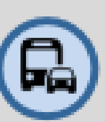
North Carolina's 1115 waiver specifies services that can be covered by the Pilot.

Housing

- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month's rent and security deposit)

Food

- Linkages to community -based food services (e.g., SNAP/WIC application support)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery



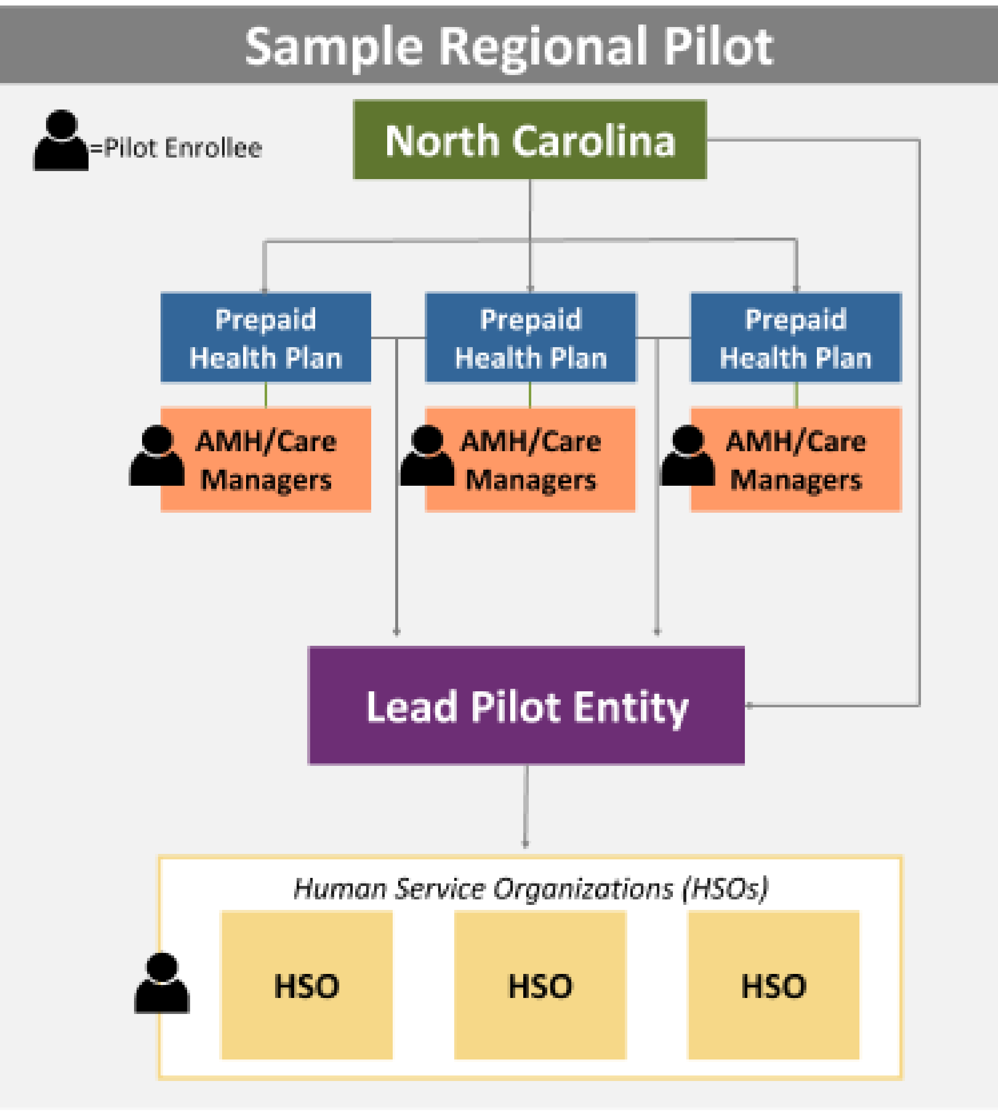
Transportation

- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
  - Public transit
  - Taxis, in areas with limited public transit infrastructure

Interpersonal Violence (IPV)

- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services

What Entities Are Involved in the Pilots?



Pilot Entities: Overview

- Key pilot entities include:
  - Healthy Opportunities Pilot Enrollees
  - North Carolina DHHS
  - Prepaid Health Plans (PHPs)
  - Care Managers (*predominantly located at Tier 3 AMHs and LHDs*)
  - Lead Pilot Entities (LPEs)
  - Human Service Organizations (HSOs)

Proposed Services

Food	Housing	Transportation	Interpersonal Violence /Toxic Stress	Cross-Domain
Food and Nutrition Access Case Management Services	Housing Navigation, Support and Sustaining Services	Reimbursement for Health-Related Public Transportation	IPV Case Management Services	Holistic High Intensity Enhanced Case Management
Evidence-Based Group Nutrition Class	Inspection for Housing Safety and Quality	Reimbursement for Health-Related Private Transportation	Violence Intervention Services	Medical Respite
Diabetes Prevention Program	Housing Move-In Support	Transportation PMPM Add-On for Case Management Services	Evidence-Based Parenting Curriculum	Linkages to Health-Related Legal Supports
Fruit and Vegetable Prescription	Essential Utility Set-Up		Home Visiting Services	
Healthy Food Box (For Pick-Up)	Home Remediation Services			
Healthy Food Box (Delivered)	Home Accessibility Modifications			
Healthy Meal (For Pick-Up)	Healthy Home Goods			
Healthy Meal (Home Delivered)	One-Time Payment for Security Deposit and First Month's Rent			
Medically Tailored Home Delivered Meal	Short-Term Post Hospitalization Housing			

Who Will Be Able to Apply to Become a Lead Pilot Entity?

Lead Pilot Entities should be deeply rooted in their communities and able to build partnerships with HSOs to create a smooth experience for Pilot enrollees.

Lead Pilot Entity Applicants

- DHHS anticipates that Lead Pilot Entities will be existing community-based social service or health organizations, or a partnership such organizations.
- Entities that are likely best positioned for the Lead Pilot Entity Role include (but are not limited to):
  - ü Community-based organizations
  - ü County-based public agencies
  - ü Local Health Departments
  - ü Social services or multiservice agencies
  - ü Community health centers
  - ü Community health foundations, or associations
  - ü A partnership of agencies who come together to form a Lead Pilot Entity
- LPEs may partner with health systems, but DHHS anticipates they will not be led by them.
- PHPs and Local Management Entity-Managed Care Organizations (LME-MCOs) may not serve as Lead Pilot Entities.

Lead Pilot Entities should demonstrate meaningful partnerships with a range of community-based organizations and other key Pilot entities in the communities they serve.

Accountability and Evaluation

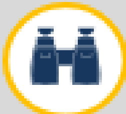
Strategies to ensure accountability for federal and state Pilot funding and to learn how to deliver effective non-medical interventions across a population.

Tools for Accountability and Learning

Rigorous Evaluation:

- **Rapid Cycle Assessments:** To gain "real-time" insights on whether Pilots are operating as intended, if services are having their intended effects, and what mid-course adjustments need to be made to improve delivery of effective services.
- **Summative Evaluation**: To assess the global impact of the Pilots, learn which interventions are effective for specific populations, and plan for incorporation into the Medicaid program.

Value-Based Payments: Payments for Pilot services will increasingly be linked to performance against health outcomes and healthcare cost benchmarks.



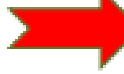
Program Integrity: State oversight to ensure funds are spent as intended by Pilot entities.

Workforce

- Develop, train and strengthen workforce needed to support SDOH initiatives/Trauma Informed Care
- Community health workers, case managers, etc.
- Released report on Community Health Workers, May 2018
  - Community Health Workers in North Carolina: Creating an Infrastructure for Sustainability

Process/Time Line

- Oct 2018: Healthy Opportunities Approved as part of 1115 Demonstration Waiver Approval
- Feb 2019: White Paper on Pilot Design/Request for Information on service definitions and cost elements
- Spring 2019: Multiple forums for further input and market research
- July 2019
  - Further guidance on Lead Pilot Entity (LPE)/Non-binding Statement of Interest (17 recieved)
  - Refined Pilot Service Definitions, Methodology for fee schedule for public comment
- August 2019: CMS Approved Evaluation Plan – Rapid Cycle and Summative



- September 1: Revised Service Definitions and Fee schedule submitted to CMS
- Fall 2019: Request for Proposals (RFP) to determine LPEs/Pilot Regions
- February 1, 2020: Go-Live Statewide Managed Care
- Early 2020: Award LPEs/Pilot Regions
- Most of 2020: Capacity building for LPEs and regions
- February 1, 2021: Expected start date of Pilot service delivery
- Early 2021- October 2024: Service Delivery

Questions