

Buying Health in North Carolina

Medicaid Transformation and Healthy Opportunities Pilots

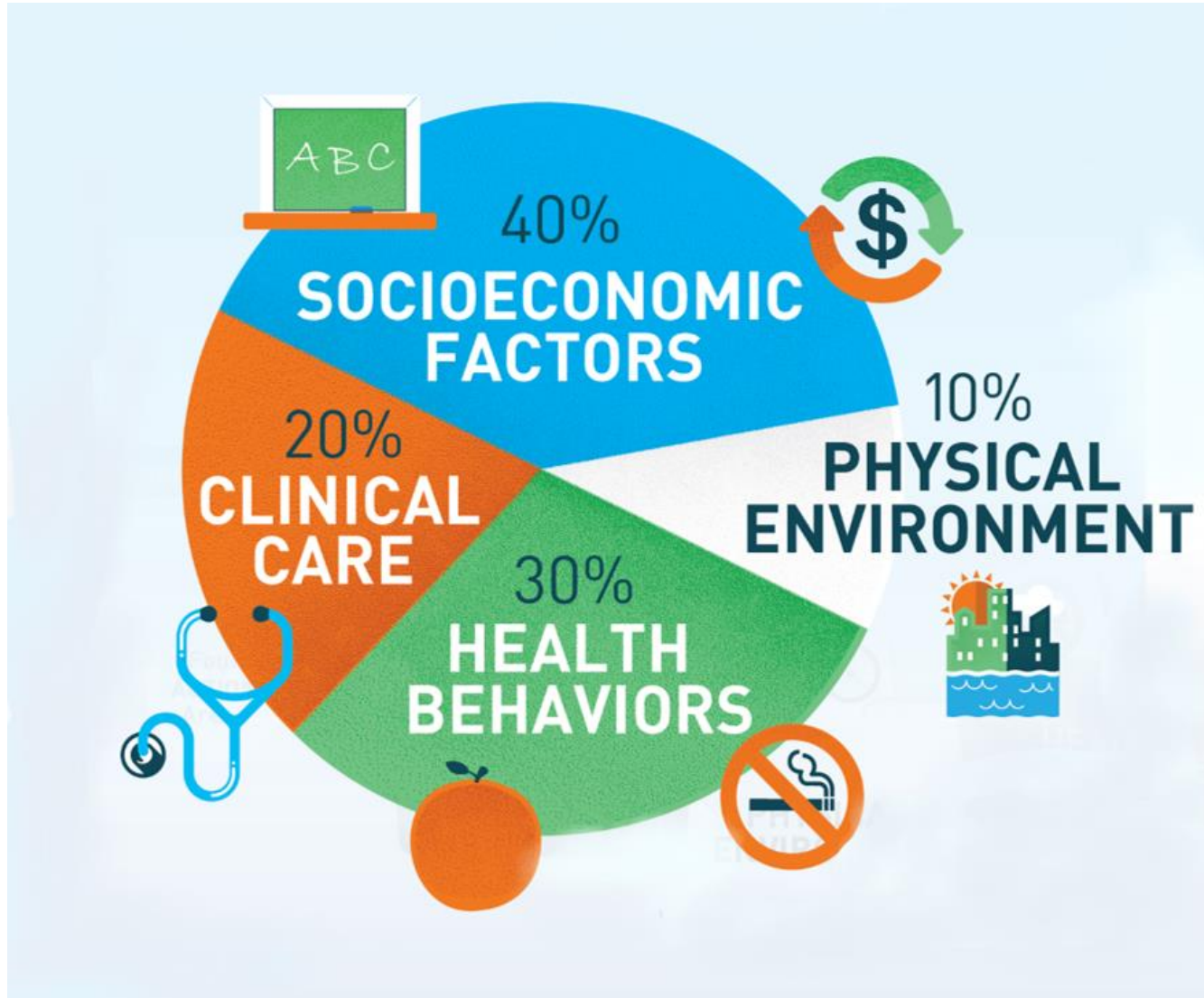
Tim Gallagher
Program Manager



PIEDMONT TRIAD
REGIONAL COUNCIL

Jennifer Nixon
Grants and strategy support

Our Understanding of Healthcare is Changing



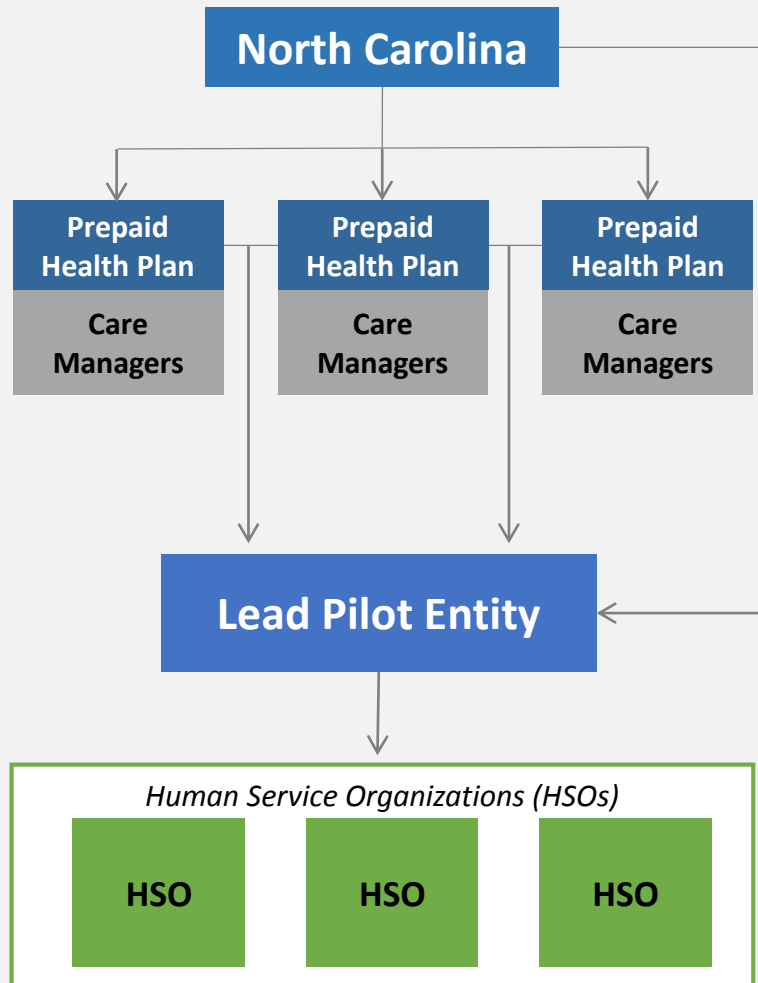
Medicaid Transformation in North Carolina

- NC DHHS Secretary, Mandy Cohen has famously stated, “*I want to buy health with our dollars, not necessarily buy health care.*” She titled this effort “Healthy Opportunities”, incorporating social supports into healthcare.
 - North Carolina Department of Health and Human Services (NC DHHS) applied for federal approval to transition NC Medicaid from fee-for-service to Managed care.
 - Additionally, NC DHHS proposed a pilot program, using Medicaid funds, to pay for non-medical social services to improve health outcomes.
-

Healthy Opportunities Pilots

- NC DHHS will invest \$650 million over 5 years **in 3 regional pilots** to provide social supports that improve health, reduce healthcare utilization and reduce cost.
 - Regional pilots must cover a mix of urban and rural counties that have a **total Medicaid population of over 240,000**.
 - Pilots will include healthcare systems, community-based organizations, managed care companies and others to provide services to Medicaid recipients who demonstrate both a medical and social need.
 - **\$20 million in Pilot funding will be available over two years** for capacity and infrastructure building.
-

Sample Regional Pilot



Pilot Overview

- Pilots will test evidence-based interventions designed to reduce costs and improve health by more intensely addressing housing instability, transportation insecurity, food insecurity, interpersonal violence and toxic stress for eligible Medicaid beneficiaries.
- Key pilot entities include:
 - North Carolina DHHS
 - Prepaid Health Plan (PHP)
 - Care Managers (in medical homes)
 - Lead Pilot Entity (LPE)
 - Human Service Organization (HSO)

Healthy Opportunities Pilots RFP

On November 5, 2019 NC DHHS released the Request For Proposal (RFP) seeking applicants for the LPE function of the Medicaid Pilot initiative.

The RFP outlines:

- Federally Approved Pilot Services*
 - LPE requirements and scope of services
 - HSO network selection and development
 - Timelines for implementation
-

Healthy Opportunities

Sample Pilot Services

Food	Housing
<p>Food & Nutrition Access Case Management Evidence-Based Nutrition Education Diabetes Prevention Program Healthy Food Boxes and Meals Medically Tailored Meals</p>	<p>Housing Navigation and Support Inspection for Housing Safety and Quality Home Remediation services Home Accessibility Modifications 1st Months Rent and Security Deposit Post hospitalization housing (up to 6 months)</p>
Non-medical Transportation	Interpersonal Violence
<p>Health-Related Public Transp. Health-Related Private Transp. Coordination or provision of Transportation for case management services</p>	<p>IPV Case Management Services Violence Prevention Services Evidence-Based Parenting Classes Home Visiting Services</p>

Healthy Opportunities Lead Pilot Entities

- The LPE serves as a central administrative, technical and operational link between the contracted HSOs, PHPs, and care managers.
 - A core function of each LPE is to develop and manage a network of contracted HSOs.
 - Care managers will refer eligible Pilot participants through the NC CARE 360 referral system to HSOs contracted with the LPE.
 - LPEs will administer capacity building funds to HSOs. LPEs will NOT administer Medicaid reimbursements to HSOs.
-

Healthy Opportunities Lead Pilot Entities

The LPE will support the network of contracted HSOs in various ways, including;

- distributing initial capacity building funds,**
 - providing technical assistance and training,**
 - reconciling invoices for payment,**
 - gathering data on HSO performance for evaluation purposes,**
 - monitoring, and**
 - working with HSOs on an ongoing basis.**
-

DHHS and RFP guidance on networks

- **Full service coverage across all counties**
 - **Cross-county coverage and collaboration**
 - **Small network of robust HSOs**
-

HSO Network Requirements

Minimum Network Adequacy Standards

- The network shall be sufficient to provide all approved services to Pilot Participants in the Local Pilot Region as identified in *NC's Healthy Opportunities Pilots: Draft Pilot Service Definitions, Pricing Methodology and Pricing Inputs* document (July 15, 2019)
 - The network has sufficient capacity so Pilot Participants do not face barriers when accessing Pilot services.
 - Pilot Participants are not required to travel an unreasonable distance or wait an unreasonable length of time to obtain routine Pilot services.
-

HSO Network Requirements

Minimum Network Efficiency Standards

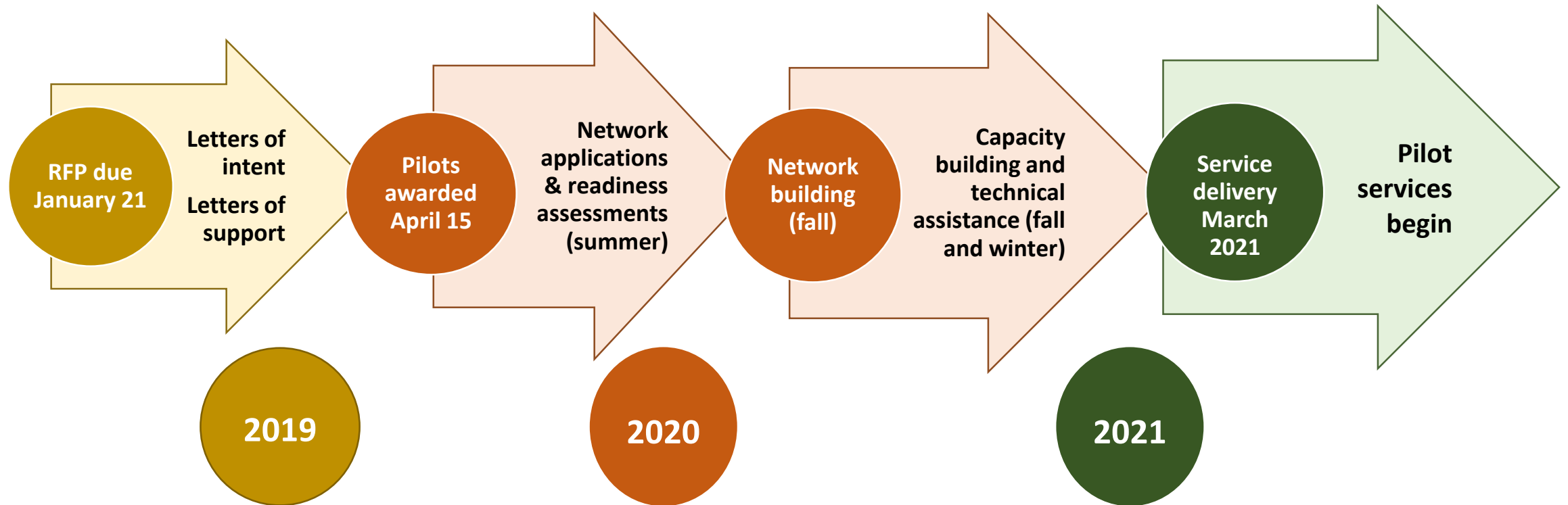
The LPE's contracted HSO network shall:

- Prioritize reliance on HSOs with existing capacity to deliver high-quality Pilot services.
 - Minimize the LPE's administrative expenses and oversight responsibilities by engaging with no more HSOs than is necessary to provide Pilot services.
 - Consider the volume of services a contracted HSO must deliver to make the HSO network participation viable, including restricting the number of HSOs providing any Pilot service to ensure sufficient volume for each HSO providing that service
-

Network Development Plan:

- **Seek to contract with HSOs that currently provide pilot services**
 - **Fill network gaps by providing capacity building funds to expand current services geographically**
 - **Address service gaps with technical assistance and capacity building to develop needed pilot services in the relevant domain**
 - **Program officer model of network management**
-

Timeline for network activities



Questions?

