Healthy Opportunities Pilots Update

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Agenda

- Key Department Activities Spring-Summer 2021
- Healthy Opportunities Pilots Overview
- Healthy Opportunities Network Leads
- Member Journey
- Invoicing Overview

Key Activities: Spring-Summer 2021

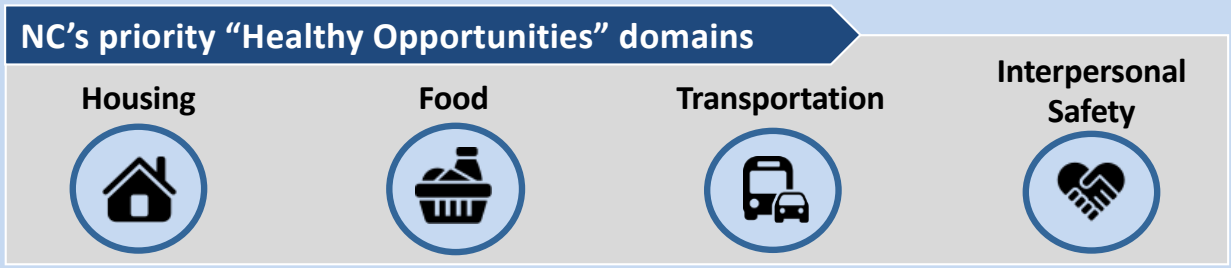
- Awarded Pilot regions May 27, 2021
- Working with Healthy Opportunities Network Leads and Standard Plans to prepare for launch
- Preparing to work with Behavioral Health I/DD Tailored Plans
- Operational and technical design and implementation
- Focus on member experience

Healthy Opportunities Pilots Overview

Through NC's 1115 waiver, CMS authorized up to $650 million in Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid managed care members.

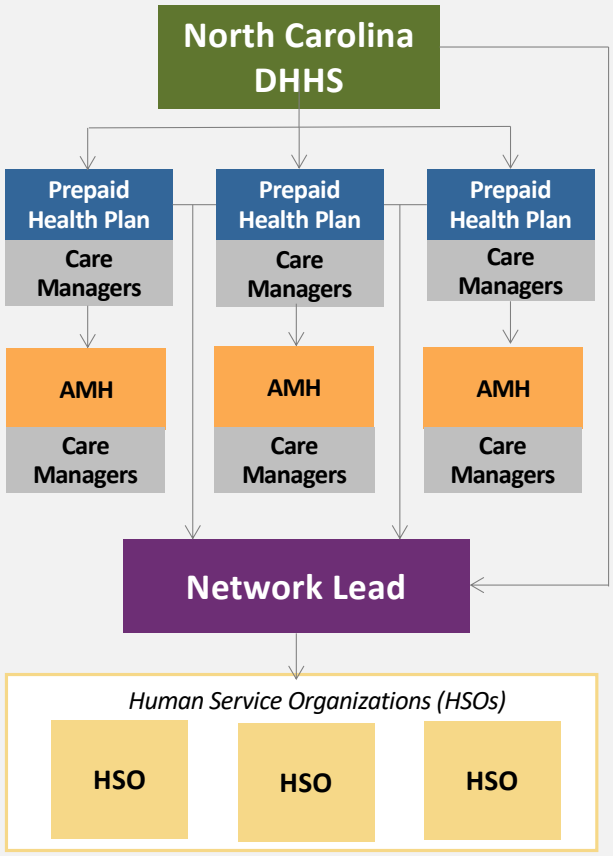
Pilot funds will be used to:

- **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 "Healthy Opportunities Network Leads" (formerly "Lead Pilot Entities") and strengthen the ability of human service organizations (HSOs) to deliver Pilot services**
  - *NC DHHS has procured three Network Leads with deep roots in their community that can facilitate collaboration across the healthcare and human service providers through building partnerships.*



Key Pilot Entity Roles and Responsibilities

Sample Local Pilot



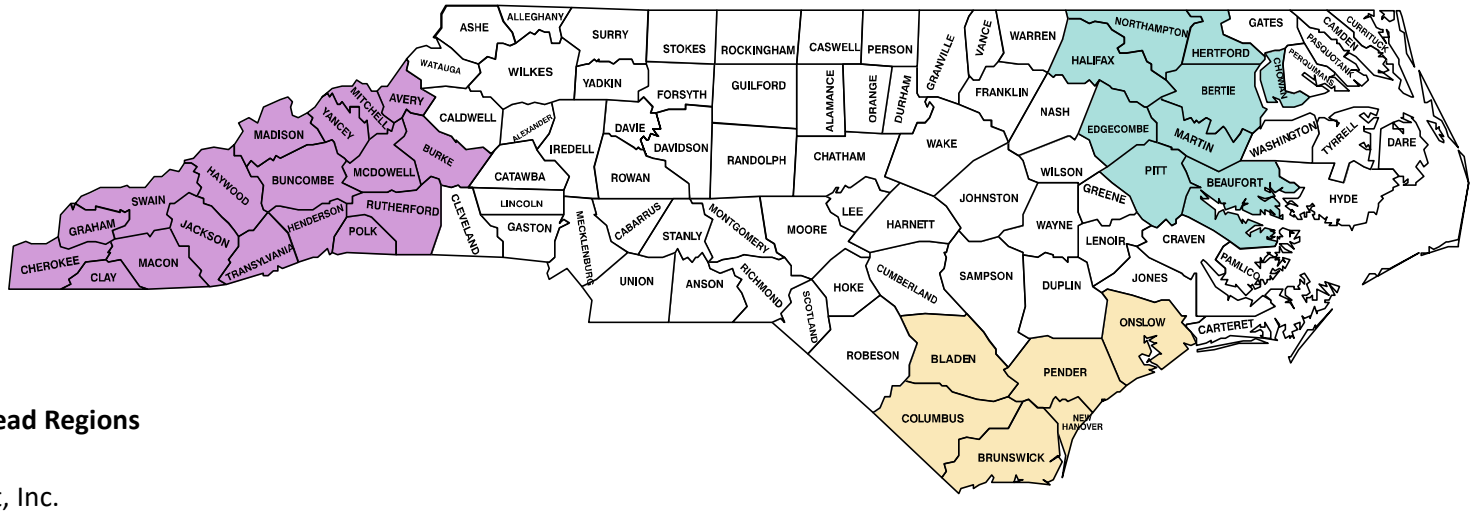
Key Entities' Roles in the Pilots

- **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 DHB 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 Lead:**
  - Develop, manage, and oversee a network of HSOs
  - Serve as a connection between PHPs and HSOs
  - Define the geographic area they serve
  - Provide technical assistance to HSOs; convene Pilot entities to share best practices
  - Collect and report data to DHB to assist in evaluation and oversight
- **Human Service Organizations:**
  - Frontline social service providers that contract with the NL to deliver Pilot services to Pilot members
  - Submit invoices and receive reimbursement for services delivered

Primary Pilot Goal: Learning

- **Evaluate the effectiveness** of select, evidence-based, non-medical interventions and the role of the Network Leads 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.
- **Ensure 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.

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

Impact Health / Dogwood Health Trust

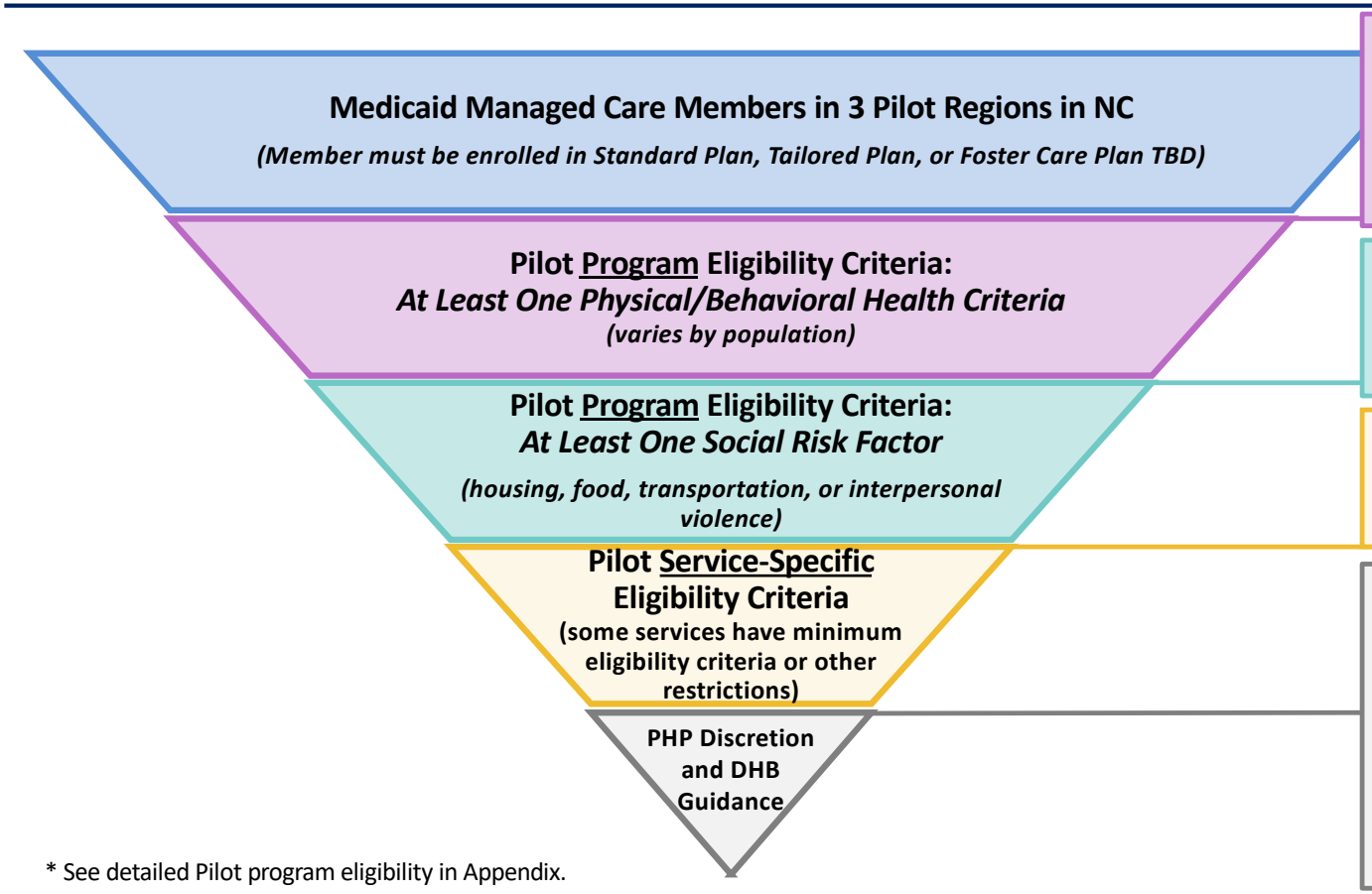
Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

Responsibilities of Healthy Opportunities Network Leads

- **Network Leads have the vital responsibility of creating a network of HSOs, connecting them to health plans, and preparing HSOs to operate in a health care context.**
  - Network Leads are not meant to be member-facing organizations. The member's care manager and PHP should still be their points of contact.

- **Primary responsibilities of an LPE include:**
  - **Serve as a connection between the Department/PHPs and HSOs**
    - Use Department-developed model contracts to contract with PHPs and HSOs
  - **Be embedded in the local community**
  - **Define the geographic area it serves**
  - **Develop, manage, and oversee a network of contracted HSOs**
  - **Monitor its HSO network** to ensure the delivery of timely and high-quality Pilot services
  - **Request and distribute payments and invoices:**
  - **Provide technical assistance** to HSOs and organize convenings for Pilot-participating entities to share best practices
  - **Collect and report to DHB and PHPs on qualitative and quantitative data** that will be used for monitoring and evaluation

Summary of Eligibility Criteria for Pilot Services



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)

Social Risk Criteria:*

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

For example, the "Housing Move-In Support" service is only available for members who are receiving concurrent housing case management and moving for a qualifying reason such as transitioning from homelessness to stable housing.*

- PHP will:
  - Adhere to allocated Pilot budget
  - Provide all services in all available domains (i.e., food, housing, transportation, IPV/toxic stress) to greatest extent possible
  - Aim to ensure racial/ethnic composition of Pilot enrollees/ expenditures mirrors Medicaid demographics in the region
  - Direct Pilot services to a variety of impactable Medicaid populations (e.g. high-cost populations, pregnant women and children)

* See detailed Pilot program eligibility in Appendix.

No Wrong Door: Entry Points into the Pilots

The Pilots will utilize a "no wrong door" approach to identifying and enrolling individuals in the Pilots, aiming to ensure that individuals who first show up at various "entry points" can effectively be assessed for Pilot eligibility.

Provider Referral

Referral from Pilot Participating HSO

Referral from Non-Pilot Participating HSO

Self/Family Referral

PHP Identification

Care Manager Assessment

Members at all entry points will be connected to their care manager.

PHPs must ensure there are multiple mechanisms for providers, HSOs and members/families to refer Medicaid enrollees to their PHP.

Assessing, Documenting, and Authorizing Pilot Service Eligibility

The member's care management team is responsible for assessing and documenting the member's eligibility for Pilot services through a Pilot Eligibility and Service Assessment (PESA). The care management team sends that documentation to the member's PHP for authorization.

Assessment, Documentation, and Authorization

- The PESA will serve as **a standardized tool to document the care manager's assessment of Pilot eligibility, service recommendations, and service-specific eligibility criteria.** The PESA is not an additional screening tool. It is meant to document how a member is eligible for pilot services and facilitate the service authorization process.
- Pilot enrollees receiving services **must have a completed PESA**.
- The **care manager is responsible for completing the PESA** during the initial Pilot assessment and updating it anytime there is a change to services or eligibility and transmit it to the PHP for review.
- The care manager is responsible for **using the PESA for the 3-month service mix review and 6-month eligibility reassessment** and updating information specific to Pilot Eligibility in addition to any new services that are being recommended for authorization.
- The care manager is also responsible for **gaining consent** from the member to participate in the Pilots and to share their Pilot data
- The **PHP will review the PESA**, approve Pilot eligibility and authorize Pilot services.
    - The PHP will **document the results/rationale of Pilot eligibility determination and service authorization in the PESA.**

Referral to Pilot Services and Care Management

Care Manager Responsibilities

- **If the PHP determines the member to be eligible for the Pilot and authorizes a service(s), care managers must:**
  - Conduct outreach to the member
  - Refer members to appropriate HSO to deliver authorized Pilot services
  - Develop a Pilot-specific section of the member's care plan that documents the member's Pilot eligibility and authorized Pilot services
  - Coordinate with the HSO regarding enrollee progress as needed

- **If the PHP determines the member to not be eligible for the Pilot and/or does not authorize a service(s), care managers must:**
  - Conduct outreach to the member
  - Continue care management and help the member find non-Pilot services to meet their needs
    - If the PHP determines the member to be eligible for the Pilot but does not authorize the requested service, the care manager must identify if other Pilot services could meet the member's needs and submit an updated PESA

Expedited Referrals to Pre-Approved Pilot Services

Pre-Approved Services

- To expedite service delivery and reduce touchpoints with the member, PHPs will permit care managers (within the PHP or at a delegated care management entity) to conduct eligibility determination and service authorization processes for 30 days for select Pilot services, in accordance with DHHS policies and guidance.
  - Selected services will be low-cost, high-value services
  - Services and amounts will be standardized across PHPs
  - Care managers must still complete the PESA and transmit it to the PHP to confirm authorization decision beyond the first 30 days

Pilot Services for Expedited Referral

Initially, seven Pilots services are required for expedited referral. The Department may expand this list over time based on experience:

Food Services

- ✓ **Fruit and Vegetable Prescription**
- ✓ **Healthy Food Box (For Pick-Up)**
- ✓ **Healthy Food Box (Delivered)**
- ✓ **Healthy Meal (For Pick-Up)**
- ✓ **Healthy Meal (Home Delivered)**

Transportation Services

- ✓ **Reimbursement for Health-Related Public Transportation**
- ✓ **Reimbursement for Health-Related Private Transportation**

Pilot Enrollment

PHPs: Pilot Enrollment

- The PHP will enroll a member into the Pilots once:
  - ✓ The member has been found to be eligible for the Pilot, and,
  - ✓ The member has been authorized for at least one Pilot service.
- The PHP will document Pilot enrollment and service authorization in member's PESA.
- The PHP will notify a member's assigned care manager of Pilot enrollment and service authorization or assign the member to a care manager if the enrollee does not already have one.
- The PHP will notify the member that pilot services were authorized.
- The PHP will manage a roster of current Pilot enrollment, including when Pilot enrollment began and when members will be due for their 3-month service mix review and their 6-month reassessment of Pilot eligibility.

Delivery of Pilot Services

HSOs will:

- Once an HSOs accepts a referral from care managers, via the NCCARE360 platform, they will make best efforts to contact the Pilot participant to deliver the service(s).
- HSOs shall deliver approved Pilot services to Pilot participants in accordance to the service definition and authorized amount.
- HSOs shall track the resolution from a referral, including service completion, in NCCARE360.

Care managers will:

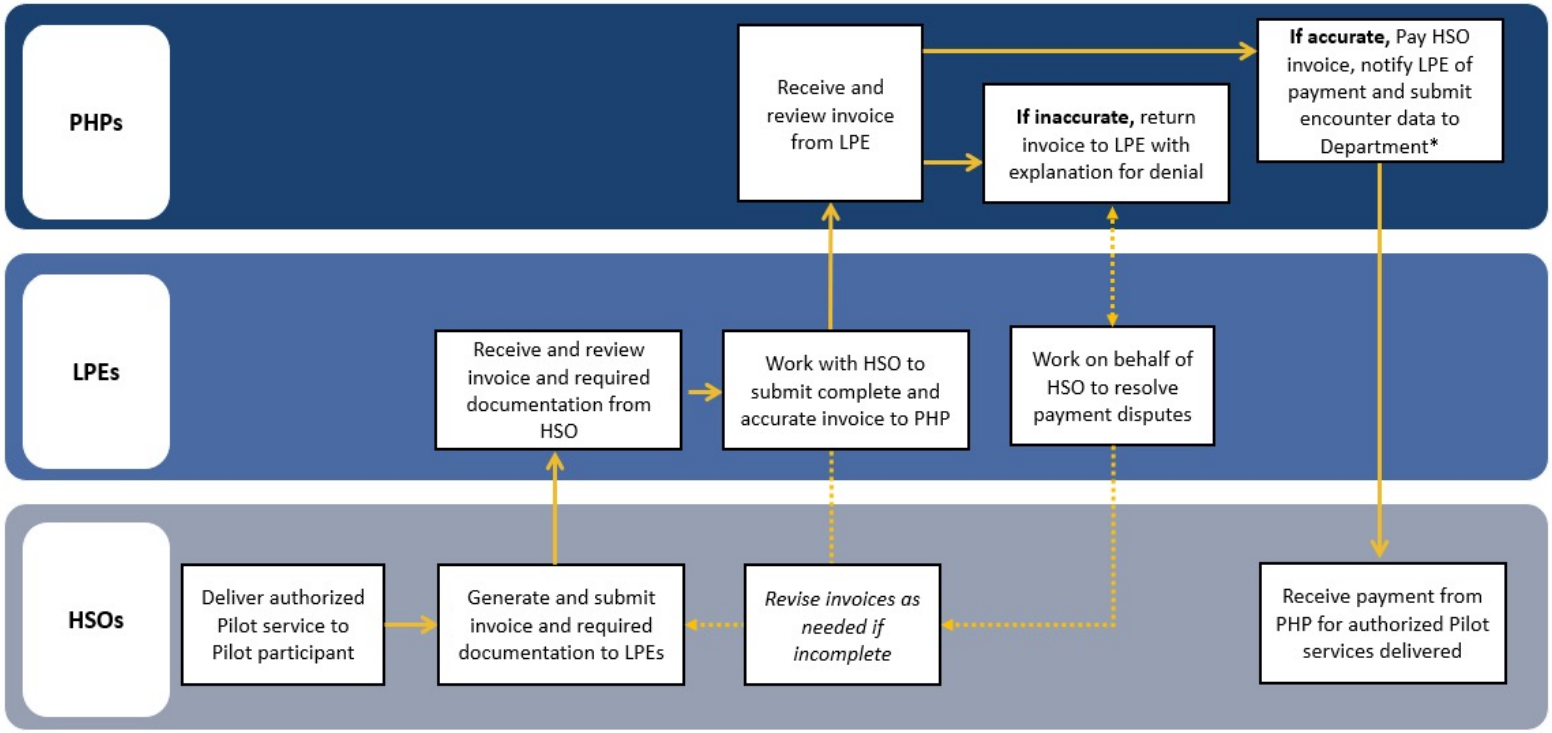
- Care manager shall track the status of a referral to an HSO to ensure that Pilot service delivery is initiated.
- Care manager shall coordinate with the HSO that accepted the referral in order to track the outcomes of authorized Pilot service(s) and to ensure Pilot service(s) are meeting the enrollee's needs.
- Update Pilot service delivery outcome in enrollee's Pilot-specific care plan.

Invoicing & Payment: Key Principles

1. Create a clean and easy process for HSOs, given limited capacity for Medicaid administrative functions
2. Initially leverage a standard invoice process, rather than a claims-based process that requires clinical coding and integration with medical billing systems
3. Minimize HSO financial risk by ensuring timely reimbursement
4. Develop consistent standards, systems, workflows, and roles/responsibilities across all Pilot-participating entities
5. Maintain security and privacy standards for sensitive services and/or organizations

Invoicing and Payment Process

After delivering Pilot services, HSOs will submit invoices for services delivered to their NL. The NL will review invoices for accuracy and pass them on to the member's PHP. The PHP will pay the HSO and send encounters to the Department.



Note: Encounter transmittal to DHHS step not shown on graphic.

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Appendix

Detailed Pilot Program Eligibility: Physical/Behavioral Health Criteria

Medicaid members must meet at least one physical/behavioral health criteria and one social risk factor to be eligible for the Pilot program.

Eligibility Category	Age	Physical/Behavioral Health Criteria (at least one, per eligibility category)
Adults	21+	• 2 or more chronic conditions. Chronic conditions that qualify an individual for pilot enrollment include: BMI over 25, blindness, chronic cardiovascular disease, chronic pulmonary disease, congenital anomalies, chronic disease of the alimentary system, substance use disorder, chronic endocrine and cognitive conditions, chronic musculoskeletal conditions, chronic mental illness, chronic neurological disease and chronic renal failure, in accordance with Social Security Act section 1945(h)(2). • Repeated incidents of emergency department use (defined as more than four visits per year) or hospital admissions.
Pregnant Women	n/a	• Multifetal gestation • Chronic condition likely to complicate pregnancy, including hypertension and mental illness • Current or recent (month prior to learning of pregnancy) use of drugs or heavy alcohol • Adolescent ≤ 15 years of age • Advanced maternal age, ≥ 40 years of age • Less than one year since last delivery • History of poor birth outcome including: preterm birth, low birth weight, fetal death, neonatal death
Children	0-3	• Neonatal intensive care unit graduate • Neonatal Abstinence Syndrome • Prematurity, defined by births that occur at or before 36 completed weeks gestation • Low birth weight, defined as weighing less than 2500 grams or 5 pounds 8 ounces upon birth • Positive maternal depression screen at an infant well-visit
	0-20	• One or more significant uncontrolled chronic conditions or one or more controlled chronic conditions that have a high risk of becoming uncontrolled due to unmet social need, including: asthma, diabetes, underweight or overweight/obesity as defined by having a BMI of 85th %ile for age and gender, developmental delay, cognitive 67 impairment, substance use disorder, behavioral/mental health diagnosis (including a diagnosis under DC: 0-5), attention deficit/hyperactivity disorder, and learning disorders • Experiencing three or more categories of adverse childhood experiences (e.g. Psychological, Physical, or Sexual Abuse, or Household dysfunction related to substance abuse, mental illness, parental violence, criminal behavioral in household) • Enrolled in North Carolina's foster care or kinship placement system

Detailed Pilot Program Eligibility: Social Risk Factors

Medicaid members must meet at least one physical/behavioral health criteria and one social risk factor to be eligible for the Pilot program.

Risk Factor	Definition
Homelessness and housing insecurity	Homelessness, as defined in U.S. Department of Health and Human Services 42 CFR § 254(h)(5)(A), and housing insecurity, as defined based on questions used to establish housing insecurity in the Accountable Health Communities Health Related Screening Tool.
Food insecure	As defined by the US Department of Agriculture commissioned report on Food Insecurity in America: • Low Food Security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake. • Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake
Transportation insecure	Defined based on questions used to establish transportation insecurities in the Accountable Health Communities Health Related Screening Tool.
At risk of, witnessing or experiencing interpersonal violence	Defined based on questions used to establish interpersonal violence in the Accountable Health Communities Health Related Screening Tool.

Detailed Pilot-Service Specific Eligibility Criteria (Examples)

Individuals determined eligible for the Pilot program must also meet eligibility requirements for specific Pilot services, which are documented in the Pilot Service Fee Schedule.

Service	Minimum Eligibility Criteria
Housing Navigation, Support, and Sustaining Services	• Enrollee is assessed to be currently experiencing homelessness, are at risk of homelessness and those whose quality/safety of housing are adversely affecting their health. • Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan. • Enrollee is not currently receiving duplicative support through other Pilot services. • Enrollees may not simultaneously receive the Housing Navigation, Support and Sustaining Services and the IPV Case Management Services. Individuals with cooccurring housing and IPV-related needs should receive the Holistic High Intensity Case Management service. • This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service. • Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.

Medically Tailored Home Delivered Meals	• Enrollee does not have capacity to shop and cook for self or have adequate social support to meet these needs.
	• Eligible disease states include but are not limited to obesity, failure to thrive, slowed/faltering growth pattern, gestational diabetes, pre-eclampsia, HIV/AIDS, kidney disease, diabetes/pre-diabetes, and heart failure.
	• If potentially eligible for SNAP and/or WIC, the enrollee must either:
	  ○ Be enrolled in SNAP and/or WIC, or
	  ○ Have submitted a SNAP and/or WIC application within the last 2 months, or
	  ○ Have been determined ineligible for SNAP and/or WIC within the past 12 months
	• Services are authorized in accordance with PHP authorization policies, such as but not limited to service being indicated in the enrollee's person-centered care plan.
	• Enrollee is not currently receiving duplicative support through other Pilot services.
	• This service is not covered as a Pilot service if the receiving individual would be eligible for substantially the same service as a Medicaid covered service.
	• Enrollee is not currently receiving duplicative support through other federal, state, or locally-funded programs.

Pilot Services and Fee Schedule (1 of 3)

The Pilots represent the first time Medicaid funding will systematically pay for health-related social services for a broad subset of Medicaid enrollees. The CMS-approved fee schedule, based on the Department's 1115 waiver, defines and prices Pilot services. All Pilots will adhere to the fee schedule's rates in their payment practices.

	Service Name	Fee Schedule Rate
Housing Services	Housing Navigation, Support and Sustaining Services	$373.66 PMPM
	Inspection for Housing Safety and Quality	$250 per inspection*
	Housing Move-In Support	1-5+ BR: $900- $1,250*
	Essential Utility Set-Up	$500 for utility deposits, arrears or reinstatement*
	Home Remediation Services	$5,000 per year*
	Home Accessibility and Safety Modifications	$10,000 per lifetime of waiver demonstration*
	Healthy Home Goods	$2,500 per year*
	One-Time Payment for Security Deposit and First Month's Rent	• First Month's Rent: 110% Fair Market Rent (FMR)* • Security deposit: 110% FMR x2*
	Short-Term Post Hospitalization Housing	• First Month's Rent: 110% Fair Market Rent (FMR)* • Security deposit: 110% FMR x2*

* Indicates cost-based reimbursement up to the fee schedule cap

The Pilot Service Fee Schedule provides more detail on each Pilot service, including a service description, anticipated frequency and duration, setting of service delivery, and minimum eligibility criteria to be approved for the service.

Pilot Services and Fee Schedule (2 of 3)

	Service Name	Fee Schedule Rate
Food Services	Food and Nutrition Access Case Management Services	15-minute interaction: $12.51
	Evidence-Based Group Nutrition Class	One class: $21.60
	Diabetes Prevention Program	Phase 1 (16-class program): $264.12 Phase 2 (16-class program): $99.04
	Fruit and Vegetable Prescription	$200 per month*
	Healthy Food Box (For Pick-Up)	Small box: $85.04 Large box: $136.06
	Healthy Food Box (Delivered)	Small box: $90.04 Large box: $141.06
	Healthy Meal (For Pick-Up)	$4.14 per meal
	Healthy Meal (Home Delivered)	$4.87 per meal
	Medically Tailored Home Delivered Meal	$5.05 per meal

* Indicates cost-based reimbursement up to the fee schedule cap

Pilot Services and Fee Schedule (3 of 3)

	Service Name	Fee Schedule Rate
Interpersonal Violence (IPV) Services	IPV Case Management Services	$209.37 PMPM
	Violence Intervention Services	$152.44 PMPM
	Evidence-Based Parenting Curriculum	One class: $21.50
	Home Visiting Services	One home visit: $63.43
	Dyadic Therapy	$68.18 per occurrence
Transportation Services	Reimbursement for Health-Related Public Transportation	$102 per month*
	Reimbursement for Health-Related Private Transportation	$204 per month*
	Transportation PMPM Add-On for Case Management Services	$71.30 PMPM
Cross-Domain Services	Holistic High Intensity Enhanced Case Management	$470.23 PMPM
	Medical Respite	$206.98 per diem
	Linkages to Health-Related Legal Supports	15-minute interaction: $23.83

* Indicates cost-based reimbursement up to the fee schedule cap

Eligibility through Service Delivery Activities

Activity	Identifying Potentially Pilot Eligible Populations	Assessing Pilot Eligibility and Needed Services	Eligibility Determination & Service Authorization	Referral to Authorized Services	Delivery of Pilot Services, Invoicing and Payment	Review Service Mix and Reassess Pilot Eligibility
Entity Responsible & Tasks	**PHP** *Uses "no wrong door" approach; accepting Pilot referrals from all sources* *Referrals* **Care Management Entity** **Provider** **HSO** **Member/ Family**	**Care Management entity** 1. *Assesses Pilot eligibility* 2. *Recommends Pilot services and confirms service-specific eligibility* 3. *Obtains consents* 4. *Documents Pilot eligibility and service recs. in PESA*	**PHP** 1. *Reviews PESA to determine eligibility & authorize services and generates member notification* 2. *Documents Pilot enrollment in system of record* **Care Management Entity** *Expedite referral to a limited number or duration of pre-approved Pilot services*	**Care Management Entity** *Refers Pilot enrollee to authorized service using NCCARE360* **HSO** *Accepts referral using NCCARE360*	**HSO** *Delivers authorized Pilot service and transmits invoice to Network Lead* **Network Lead** *Reviews invoices and sends validated invoices to PHP for payment* **PHP** *Processes invoices and pays HSOs for authorized Pilot services delivered. Submits encounter data to DHHS*	**Care Management Entity** 1. *Reviews service mix every 3 months* 2. *Reassesses for Pilot eligibility every 6 months* 3. *Recommends additional or discontinued services and disenrollment if needed* **PHP** *Manages service modifications and Pilot disenrollment*

PHP (former and new plan) will manage transitions of Pilot enrollees between health plans