



NC Department of Health and Human Services

Public Private Regional Pilots Part of 1115 Medicaid Waiver

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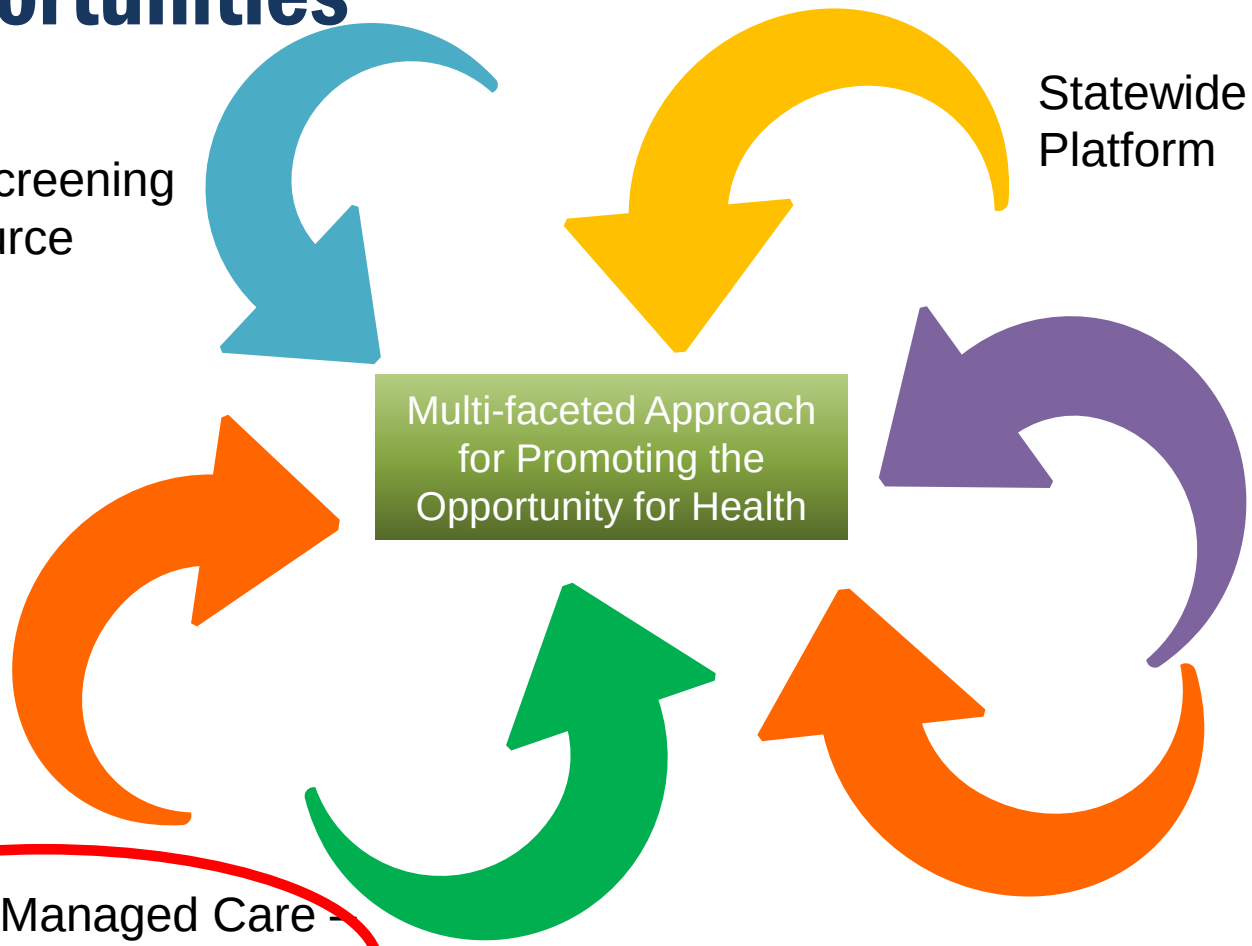
Creating the Statewide Framework and Infrastructure for Healthy Opportunities



Standardized screening for unmet resource needs

Statewide Resource Platform

Work force e.g. Community Health Workers

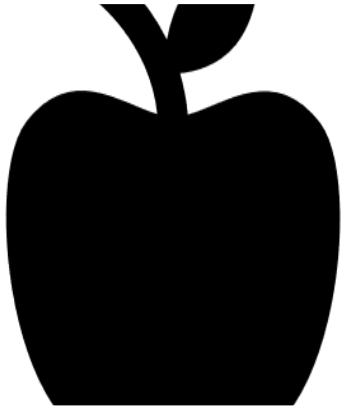
Aligning enrollment and connecting existing resources

Medicaid Managed Care - Core program elements Regional Pilots

"Hot Spot" map for Social Determinants

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

Initial Priority Domains

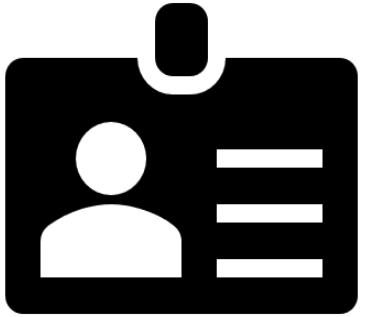


Food Security

Housing Stability

Trans-portation

Inter-personal Violence



Employ-ment

Medicaid Transformation – Core Program Elements

- Care Management
  - Training on Trauma Informed Care, Resource Navigation
  - Standardized screening questions
  - Navigation to resources - Connect to NC Resource Platform/NC Care 360

- Quality Strategy/withhold-based incentives - screening for and addressing social issues;

- Allow health related services (e.g. food) to count as patient care - i.e. in numerator of Medical Loss Ratio (MLR)

- Use of in lieu of services and value-based payments offer tools and strategies to PHPs for financing health-related services

- Possible risk-adjustment or stratification on social risk in future

Public Private Regional Pilots

- Move from targeted evidence-based interventions (e.g. one sub-population, one intervention) to a full population level across multiple domains and interventions
- Test how to scale and right-size interventions to a heterogeneous population to cost-effectively improve health and lower costs
- Deliver enhanced services through care management
- Co-invest Medicaid dollars with philanthropy to leverage and coordinate investments and cover full range of services
- Learn how to finance “health” interventions and incorporate into value based payments
- Apply what is learned in the regional pilots to statewide program elements

Population

- 2-4 pilot regions - more than one county, urban and rural, does not need to fill, but cannot cross Medicaid region
- All managed care plans will be required to participate in a pilot within their region
- Children, Adults, Pregnant Women
- Eligibility:
  - Care Manager will determine eligibility based on criteria
  - Requires one needs-based criterion and one social risk factor

Eligibility Category	Age	Examples of Needs-Based Criteria (at least one, per eligibility category)
Adults	22+	2 or more chronic conditions Repeated emergency department or hospital admissions.
Pregnant Women	n/a	Multifetal gestation Chronic condition likely to complicate pregnancy Current or recent use of drugs or heavy alcohol Adolescent ≤ 15 yrs, Advanced maternal age, ≥ 40 yrs Less than one year since last delivery History of prior poor birth outcome
Children	0-3	Neonatal intensive care unit graduate Neonatal Abstinence Syndrome Prematurity Low birth weight Positive maternal depression screen
	0-21	Uncontrolled chronic conditions or chronic condition that have a high risk of becoming uncontrolled due to unmet social need, Three or more categories of adverse childhood experiences

Interventions

- Interventions across 4 domains
- Requirement to provide a proportion of services to upstream lower cost population (i.e. children)
- Care manager will work with eligible beneficiary to:
  - Determine lowest intensity service that may reasonably meet the person's need as part of care plan
  - Periodically re-assess beneficiary and increase or decrease intensity of service, as needed
- Important to promote cost-effectiveness and financially scalability over a population
- Randomization in later years to further learn what works

Service Sub-Category	Example of Services allowed for Medicaid dollars
Housing	Tenancy Support and Sustaining Services Housing Quality and Safety Improvement Services Legal Assistance One time payments for security deposit and first month's rent Short-Term housing post-Hospitalization
Food	Food Support Services Meal Delivery Service
Transportation	Non-emergency health-related transportation
Interpersonal Violence (IPV)/Toxic Stress	Interpersonal Violence-Related Transportation IPV and Parenting Support Resources Legal Assistance Child-Parent Support

Lead Pilot Entity

- LPEs will:
  - Develop, manage, and oversee network of community-based organizations and social service agencies that will provide pilot services
  - Assist care managers with connecting beneficiaries to the right resources
  - Facilitate payments to CBOs and data collection
- LPEs must have:
  - Strong connections to community resources
  - Strong financial and data management abilities
- LPEs will have access to capacity building funding to gain the necessary infrastructure
- NC Resource Platform – NC Care 360 can be part of intrastructure

Financing – Public-Private Partnership

- Flexible expenditure authority of Medicaid dollars on specifically delineated CMS approved services delivered to Medicaid enrollees
- PHPs shall approve and make payments to Community Based Organizations – most likely through the Lead Pilot Entities for pilot services.
- Philanthropic and private investment to cover services not allowed by Medicaid

Financing – Path to Value

- Fee for Service and Bundled Payments
- Advancing value-based payment over course of pilot for network providers
  - Incentive payments for operational readiness, process metrics
  - Withholds based on meeting person's resource need, health, and utilization metrics
  - Shared savings based on health, utilization, and cost savings
    - Costs savings based on subset of pilot enrollees whose services are likely to result in decreased medical expenses in the short-term
    - Assures LPEs are not penalized for delivering effective, evidence-based upstream interventions that result in a financial return on investment over the longer-term

Rapid cycle evaluation/Summative evaluation

- Rapid cycle assessments
  - Evaluation throughout pilots to learn impacts of the pilots in real time and make adjustments
  - Evolving metrics - Operational readiness, service delivery, resource needs met, self-reported quality of life, health outcomes, utilization, cost
- Summative evaluation
  - Health, utilization, and cost savings overall and by sub-groups
  - Determine cost-neutrality and cost-effectiveness of interventions by sub-group
  - Scale interventions that worked into Medicaid statewide

Process/Time Line

- Early 2019: Request for Information (RFI)
- Mid 2019: Request for Proposals (RFP)
  - RFP will determine LPEs/ Pilot Regions
- Late 2019: Award LPEs/ Pilot Regions
- 2020: Full year of capacity building for LPEs and regions
- January 1, 2021: Begin Service Delivery
- October 31, 2024: End Pilots (at end of 1115 waiver)

Questions?