WNC Healthy Opportunities Pilot: HSO Network Introduction
Questions and Answers

Q: Where can I find the list of organizations that make up the initial HSO network?
A: The HSO network list is on Impact Health's website.

Q: Is NC DHHS able to share their research?
A: Absolutely! As a state entity, all presentations and research materials from NC DHHS are available to the public. You can find some of this on Impact Health's Resources page, and we have posted Dr. Betsey Tilson's presentation for the HSO network introduction on the website as well.

Q: How can an HSO provide services to dual enrolled folks?
A: The Healthy Opportunities pilot program is embedded within Medicaid Managed Care. So, when dual eligible patients are enrolled in a Medicaid Managed Care plan, then if they meet the rest of the eligibility criteria for the Healthy Opportunities pilot program, they could receive pilot services.

Healthy Opportunities is rooted in Medicaid Managed Care because it is the chassis for these innovations so that it can have a life outside of the pilot program. A part of this innovation going forward will be for more and more folks to be on a Medicaid Managed Care plan.

Q: In terms of workforce development, what is being done to support social work? It seems like a key profession in addressing social determinants, especially in regards to people with complex health and behavioral health needs.
A: A multidisciplinary workforce providing team-based care is a really important component of this pilot. Physicians have a lot of strengths — as well as limitations — so the best care team is a multidisciplinary team.

When we envision care management, especially within Medicaid Managed Care, the multidisciplinary team includes physicians, RNs, pharmacists, community health workers and social workers. We call this a clinically integrated network, and very often, social workers are already integrated. Social workers and community health workers are incredibly important to this holistic work, and while North Carolina had an existing social work workforce to draw from, we did not have an organized community health worker workforce. That is why NC DHHS has an emphasis on developing that workforce.

Q: Is the $650 million funding for Healthy Opportunities new funding, or is it a redirection of current funding for new purposes? Is any of that $650 million in funding vulnerable to future cuts by the General Assembly?
A: NC DHHS has *permission* to use $650 million Medicaid dollars differently. It is not new funding and is not specifically dependent upon General Assembly funding. They have permission to expand the services that will be approved as billable to Medicaid. However, because there is permission to allocate Medicaid spending differently, it will be very important to demonstrate — through data — that we are improving health while saving on healthcare costs.

Q: Will there be an opportunity for organizations that provide services outside of the four domains to become engaged? For example, those that provide career development or that touch on educational achievement and those types of interventions.
A: NC DHHS realizes that there are many other things in addition to the four domains selected that can affect someone's health. That said, because Medicaid is a combination of federal and state programs, the state went through a very rigorous process with the Centers for Medicaid and Medicare (CMS) at the federal level to gain approval for these four domains and the identified services and fee schedule that will use combined federal and state Medicaid dollars.

There is a great deal of work ahead in terms of how we deliver, finance and evaluate these four core domains. While there could be a possibility in the future of expanding to other domains, right now NC DHHS must focus on these core domains that have been approved.

Q: Have the 29 services in the pilot been defined and priced?
A: Yes, all 29 services have been defined and priced and can be found here.

Q: What can we (all) do to ensure that members, health care professionals and community organizations understand how to connect people to this amazing opportunity? In essence, ensuring the state's commitment to a "no wrong door" approach to connecting members who may be eligible for pilot services.
A: From a care management standpoint, the best first step is for members to contact their health plan or for a frontline worker at an HSO to help connect them to their health plan. From there, the health plan will be able to see if they're eligible for pilot services and start the process of referring them back to the HSO for covered services.

NC DHHS has developed provider fact sheets and talking points and will partner with the network leads and community engagement teams to help get this message out. Additionally, Impact Health is involved in a great amount of community engagement, working hand in hand with the HSOs to determine the best strategies to promote the pilot and educate care managers. We are holding convenings on a regular basis, including convenings that are specific to each domain in addition to having a robust technical assistance plan.

Q: Please say more about how NCCARE360 and Healthy Opportunities are similar and different.

A: NCCARE360 is the platform by which all of these social determinants of health drivers are being addressed through referrals to the HSOs. There is a core platform functionality as well as a new function for billing and payment for the Healthy Opportunities pilot. Whether you are in the Healthy Opportunities pilot yet or not, we encourage you to apply to be a partner through NCCARE360 because ultimately you would be using the platform in the pilot.

Q: Our organization was unable to complete an application to become an HSO during the first round. When does Impact Health expect to revisit the application process? Can we still become part of the network?
A: We understand that not every organization that wished to apply into the network was able to. Though we're not accepting additional applications until we get through this first phase, we will reopen the application process at a later date and will be sure to publicize the opportunity when that time comes.

Q: You mentioned Land of Sky and MANNA FoodBank have a larger role. Can you please expand on that?
A: We know and acknowledge that there are amazing subject matter experts throughout western North Carolina. We are referring to MANNA FoodBank and Land of Sky as “lead HSOs” since they will provide technical assistance and capacity support to organizations in different tiers so they are successful and sustainable through the pilot. As subject matter experts in food and transportation respectively, they’ll be able to help those organizations with different levels of assistance. For instance, an organization might need additional technical assistance with billing since we're asking HSOs to function in a different way.

Q: Is there any aspect of the evaluation that tests for efficacy of services? Delivery models and approaches vary widely, even within the same service (like produce prescriptions, for example). Is there any component of the evaluation that will determine which models are more effective?
A: Yes, that's the intention of the evaluation. The first phase will evaluate if the services are being delivered in an efficient manner so NC DHHS can adjust during the first year or two to the right menu of the services. The second phase would be evaluating the relative value of those services on affecting somebody's health on their utilization in their cost.

What we expect to see is that people will need services in all domains. If you're housing insecure, you are probably food insecurity and maybe transportation insecure. And maybe all of that started because you were fleeing from a domestic violence situation. Ultimately what we want to know is the right set of services for this set of circumstances and that we have done that work on how we can efficiently deliver those services. Providing NC DHHS with qualitative and quantitative feedback from the HSOs, network leads and from the people receiving services will be critical for NC DHHS to make changes as we move forward.

Q: How can we learn more about the evaluation of the project through UNC?
A: The evaluation design can be found here.

Q: I heard from domestic violence providers that there have been issues with making sure the referral system, as it relates to victims, is confidential and doesn't reveal any of their information. What possible solutions are in the works?
A: NC DHHS and NCCARE360 are working with its federal partners and the North Carolina Coalition Against Domestic Violence to think through and address the legal, technological and service issues that haven't had to be navigated before. Being on the leading edge means that this has not yet been solved. However, IPV is a critically important domain. It is so important when we think about the impact and effect of interpersonal violence — not only on the person experiencing it in real time, but also if there are children in the home having adverse childhood experiences.

But rightly so, it is coupled with extra privacy and confidentiality concerns around protecting domestic violence survivors' information and safety. NC DHHS is fully committed to finding the path forward that adheres to strict privacy regulations. We will provide updates as soon as we're able to.

Q: Is there a gate-keeper function embedded in the Pilot, and if so at what level in the program?
A: Yes, there are processes in place and lots of gatekeepers. And in NCCARE360, an HSO can set up multiple layers of oversight within the platform.