HEALTHY OPPORTUNITIES PILOTS RAPID CYCLE ASSESSMENT 1 SUMMARY

Prepared for the North Carolina Department of Health and Human Services
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Rapid Cycle Assessment 1

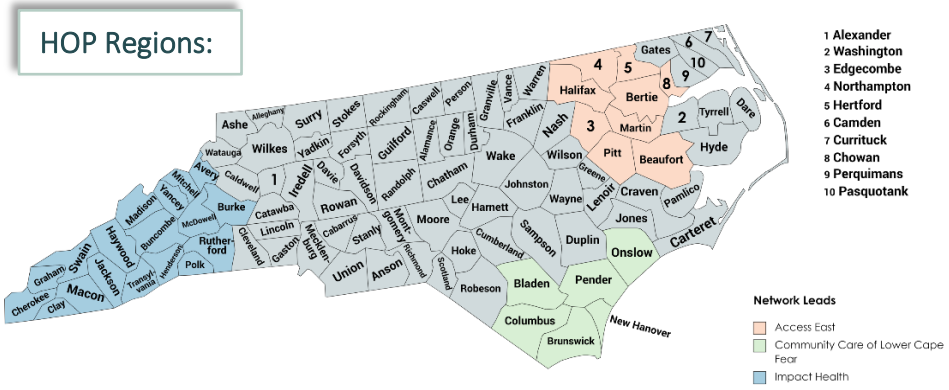
➢ What is Rapid Cycle Assessment 1?

The Healthy Opportunities Pilots (HOP) rapid cycle assessments (RCA) provide information to help guide service delivery and programmatic adjustments in close to real-time. Data related to infrastructure building beginning May 27, 2021 and service delivery between March 15, 2022 and November 30, 2022 are included in this initial assessment.

➢ What are the Healthy Opportunities Pilots?

In order to later incorporate findings into the Medicaid program, HOP evaluates evidence-based, non-medical interventions for their direct impact on the health outcomes and healthcare costs of North Carolina Medicaid beneficiaries. In the HOP program, Prepaid Health Plans (PHPs) cover federally approved, evidence-based interventions that address non-medical needs in four domains: food, housing, transportation, and interpersonal violence/toxic stress. HOP services are delivered by Human Service Organizations (HSOs). Each regional network of HSOs is established, managed, and overseen by a Network Lead. The three Network Leads are: Access East, Inc., Community Care of the Lower Cape Fear, and Impact Health/Dogwood Health Trust. HOP services began with a phased launch—first offering food services on March 15, 2022, followed by housing and transportation services on May 1, 2022, and toxic stress and cross-domain services on June 15, 2022. Interpersonal violence-related services began on April 5, 2023 and were not delivered during this assessment period.

HOP Regions:



Region	# Participants Interviewed (N=37)
Access East	14
Community Care of Lower Cape Fear	11
Impact Health	12

What Types of Analyses Did We Conduct?

Surveys with Network Lead and Human Services Organization staff

Qualitative Interviews with Network Lead and Human Services Organization staff

Quantitative Analyses of HOP operations data

What Did We Find?

North Carolina's goal of establishing effective multi-sector collaboration between the state, PHPs, healthcare systems, Network Leads and HSOs has been achieved. This was a major undertaking and was completed in a compressed timeframe after unavoidable disruption due to the COVID-19 pandemic.

- **Network Leads and HSOs report benefits from HOP participation** These include building networks of collaboration, supporting growth of HSOs and improving community health and wellness.
- **Network Leads and HSOs report that keys to success are**: support for capacity building, facilitating communication between all HOP partners and detailed planning for logistics of HOP service delivery.

> *"The main benefits, I would have to say-- as far as with our HSOs and how they serve the community, I would say [is] just the work itself, how our HSOs being connected with us are better able to serve the community… So just seeing the resources and the benefits from them being in our program and how it helps their program, to me, it's just awesome."*

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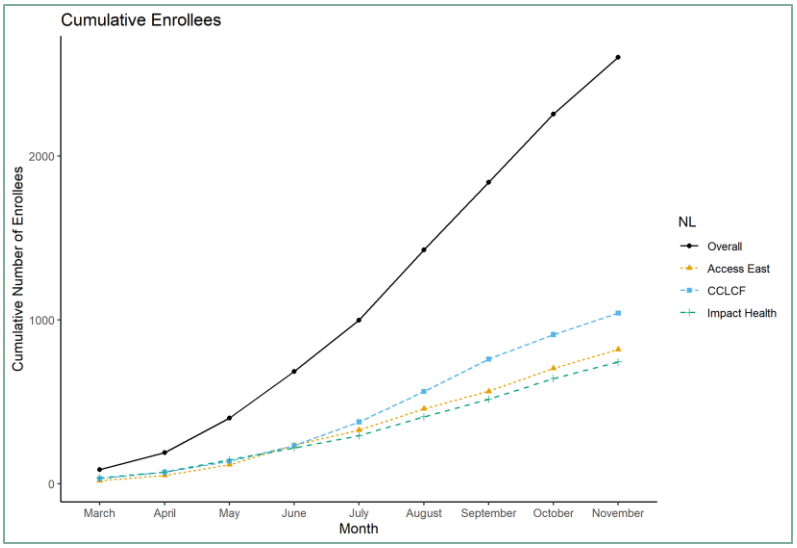
- **HOP is successfully delivering services:**

As of this report, 2,705 unique Medicaid Managed Care members have been enrolled in HOP and 14,427 services have been delivered by 84 HSOs.

Of those HOP enrollees, 63% (1,713 out of 2,705) received at least one invoiced service, with more in the pipeline to receive services. Further, there can be a lag between service delivery and invoicing for services.

- Over 75% of services had a service start date within two weeks of enrollment in HOP.
- Food services constituted the majority (90%) of services delivered.
- Invoices for services were paid in a timely fashion -- 56.2% of invoices were paid within 30 days, 90.3% within 60 days, and 97.9% within 90 days.



- **Needs are highest around the time of HOP enrollment**

Members report a mean of 1.73 needs around the time of HOP enrollment, but needs significantly decrease over time (mean needs after 90 days of HOP enrollment: 1.68). Though this magnitude of change is small, 90 days is a very brief window to observe change. There have not been enough individuals with longer HOP enrollment to examine HOP's effect on needs at 180 or 365 days.

- **Intervention effects may vary across service domain types:**

For example, risk of reporting a food need at 90 days was 0.08 lower (95% CI: 0.12 lower to 0.02 lower, p = .001) with delivered meals compared to a food subsidy (e.g., a fruit and vegetable prescription).

While preliminary, these findings support the rationale of using HOP to develop comparative effectiveness evidence regarding non-medical needs interventions. This will allow North Carolina to make evidence-informed decisions regarding which non-medical needs interventions to offer for Medicaid beneficiaries in subsequent years.

Recommendations?

1. **Continue to Accelerate HOP enrollment**: HOP had a planned ramp-up, and enrollment grew quickly in this period. However, greater HOP enrollment will both serve more members and allow a more informative evaluation.
2. **Ensure High Rates of Service Delivery**: A high priority goal is to ensure as many HOP enrollees as possible receive services.
3. **Collect Repeated Needs Assessments**: At this early phase, many HOP enrollees have not been enrolled long enough for repeated needs assessment. However, as their participation continues, ensuring repeated assessments occur is a key objective. Repeated assessment of needs will help ensure that the services being delivered are working as intended.
4. **We Do Not Recommend Changes to Services at This Time:** In this initial RCA, we noted interesting signals that some services may be more effective at reducing needs compared to others. However, these are preliminary findings. We believe the best course of action would be to continue delivering services to more HOP enrollees to collect more data. Decisions regarding potential adjustments to HOP services may then be made with this increased knowledge.