

CHAPTER 1: BACKGROUND

RECOMMENDATION 1.1:

PROMOTE ACCOUNTABLE CARE COMMUNITIES TO IMPROVE HEALTH OF COMMUNITY MEMBERS

- a) NCIOM Task Force Members should provide education regarding the Accountable Care Communities concept to professional organizations and communities across North Carolina.
 - i) Representatives of the North Carolina Institute of Medicine Task Force on Accountable Care Communities should provide educational presentations on the Accountable Care Community model to the 16 Councils of Government, Local Management Entity-Managed Care Organizations, the Metro Mayors Coalition, North Carolina Association of County Attorneys, North Carolina Association of County Commissioners, North Carolina Association of County Directors of Social Services, North Carolina Association of Health Plans, North Carolina Association of Local Health Directors, North Carolina Association of Planners, North Carolina Chapter of the American Planning Association, North Carolina City and County Management Association, North Carolina Council of Churches, North Carolina League of Municipalities, North Carolina Navigator Consortium, North Carolina Police Chiefs Association, North Carolina Public Health Association, North Carolina School Boards Association, North Carolina Sheriffs Association, Public Housing Authorities, and the North Carolina and local Chambers of Commerce.
 - ii) Organizations represented on the Task Force should disseminate the model of Accountable Care Communities to communities around the state by participating in community discussions, giving presentations on the value of Accountable Care Communities to community groups, and advocating for their respective organizations to support such activities.
- b) The North Carolina Department of Health and Human Services should encourage communities to form Accountable Care Community-style models by:
 - i) Promoting resources that advance community understanding (e.g., community presentations by the North Carolina Department of Health and Human Services or North Carolina Institute of Medicine Task Force representatives), and
 - ii) Providing technical assistance with developing these models (e.g., North Carolina Institute of Medicine Accountable Care Community Task Force Community Guide).
- c) The North Carolina Chamber of Commerce, the North Carolina Healthcare Association, the North Carolina Medical Society, civic organizations, local health departments, and local hospital and/or health care system government relations representatives should collaborate to develop business and corporate support, investment, and participation in local ACC activities. To accomplish this, these organizations should help educate the business community on the influence that health-related social needs have on community well-being and the local economy and business.

CHAPTER 2: COLLABORATING FOR BETTER HEALTH

RECOMMENDATION 2.1:

PROMOTE HEALTH AND WELL-BEING IN ALL POLICIES

- a) State and local health promotion, advocacy, systems change, and policy-oriented organizations, such as the North Carolina Healthcare Association, North Carolina Medical Society and other health professional associations, North Carolina Community Health Center Association, Care Share Health Alliance, the Foundation for Health Leadership & Innovation (including their Jim Bernstein Community Health Leadership Fellowship, Health ENC, NC Rural Health Leadership Alliance, and Rural Forward NC initiatives), and the North Carolina Center for Health and Wellness should support:
 - i) Strategies to encourage local health officials to engage in community development and planning in a diversity of sectors (e.g., transportation, housing, infrastructure) in order to integrate a health and well-being perspective in all areas of local policy development.
 - ii) The capacity of local government, in conjunction with local health departments, to use tools to evaluate the integration of health and well-being into all aspects of local policy development and/or readiness for Accountable Care Community development.
- b) The University of North Carolina School of Government's Center for Public Leadership and Governance, in partnership with experts in health, health infrastructure of communities, health-related social needs, and health equity should:
 - i) Incorporate training on the concepts of health and well-being in all policies, health equity, and the purpose and role of Accountable Care Communities into their training programs.
 - ii) Develop an inventory of examples of community government or agency policies outside the area of health care that were developed with an intentional focus, study, or discussion of how such policies would influence the health of the community.

RECOMMENDATION 2.2:

EVALUATE HEALTH EQUITY EFFECTS OF ACCOUNTABLE CARE COMMUNITIES AND COUNTY-BASED PROGRAMS AND ACTIVITIES

- a) The North Carolina Office of Minority Health and Health Disparities should continue work to validate the Health Equity Impact Assessment for use in non-health sectors and publicize its use for a wide range of stakeholders.
- b) Local Accountable Care Community models should evaluate the effects of Accountable Care Community-related programs and activities on the health equity of the community they serve.
- c) County departments in all sectors (e.g., health, housing, transportation, etc.) should evaluate the health equity of programs and include community members and human services organizations in the process of completing the assessment.

RECOMMENDATION 2.3: PROVIDE GUIDANCE ON CROSS-AGENCY COLLABORATION TO ADDRESS DRIVERS OF HEALTH

a) Agency leaders and representatives from the North Carolina Departments of Health and Human Services, Commerce, Public Safety, Public Instruction, and Transportation, Hometown Strong, legislative leaders, and community representatives should convene to address barriers to collaboration at the state and local level. This leadership group should develop:

i) A vision, guidelines, and funding recommendations for how various state and local agencies could work together to address drivers of health and health equity in order to improve community health and well-being and enhance workforce development and economic prosperity.

ii) Templates of contracts with local agencies that reflect the priority of working across various community-based social service agencies that address health-related social needs and health equity.

b) Accountable Care Community partnerships should work to develop common language, common definition of terms, and common metrics to promote effective collaboration across sectors.

RECOMMENDATION 2.4: SUPPORT LOCAL HEALTH DEPARTMENTS TO BE LEADERS IN ACCOUNTABLE CARE COMMUNITIES

a) The Division of Public Health, in partnership with the North Carolina Association of Local Health Directors and the North Carolina Institute for Public Health, should:

i) Train state, regional, and local public health leadership/staff on how to lead multi-sector partnerships and strategies to address drivers of health and health equity.

ii) Require local health departments to participate in community coalitions working to address drivers of health and health equity

iii) Encourage local health departments to, as needed, convene and facilitate community coalitions working to address drivers of health and health equity.

iv) Require local health departments, in collaboration with hospitals and health care systems serving the community, to include at least one driver of health priority in their Community Health Action Plan.

b) Local health departments should help to align the work of Accountable Care Communities with the community and county engagement strategies of Medicaid Prepaid Health Plans and other payers in their communities in order to save the time and resources of human services organizations and other community groups that partner in this process.

c) Philanthropies should provide funding support to local health departments that take on convening and facilitation roles as Accountable Care Communities are developing.

RECOMMENDATION 2.5: REPORT RESULTS OF HOSPITAL AND HEALTH CARE SYSTEM COMMUNITY BENEFITS

The North Carolina Hospital Foundation should collect information on the population health effects of the community benefit activities of non-profit hospitals and health care systems.

RECOMMENDATION 2.6: ALIGN POLICIES FOR STATE DHHS REGIONS AND UNDERSTAND IMPLICATIONS OF REGIONALIZED PROGRAMS ON ACC PARTNER PARTICIPATION

a) The North Carolina Department of Health and Human Services should review existing Department of Health and Human Services-supported regionalized programs and services and develop a plan to help mitigate the influence of the various regions on the investment decisions of Prepaid Health Plans and philanthropies.

b) Local community coalitions seeking to develop an Accountable Care Community should be aware of and understand the regional implications and competing regional concerns of Accountable Care Community partners whose work crosses boundaries of more than one Accountable Care Community.

RECOMMENDATION 2.7: PROVIDE TECHNICAL ASSISTANCE TO ACCOUNTABLE CARE COMMUNITIES

a) The North Carolina Center for Health and Wellness, North Carolina Healthcare Association, the Foundation for Health Leadership & Innovation (including their Health ENC and Rural Forward NC initiatives), North Carolina Area Health Education Centers, WNC Health Network, state universities and community colleges, the North Carolina Division of Public Health, the North Carolina Medical Society and other health professional associations, state and local Chambers of Commerce, and state and local Councils of Government should:

i) Host or support training on a structured format for decision-making (e.g., Results Based Accountability™ or similar models), for organizations and local government agencies interested in using these methods in their Accountable Care Community development process, or

ii) Facilitate conversations with Accountable Care Community partner organizations around alignment of goals and sustainability of work.

b) The North Carolina Medical Society and the North Carolina Healthcare Association, with representation from the Foundation for Health Leadership & Innovation (including their NC Rural Health Leadership Alliance initiative), Care Share Health Alliance, North Carolina Area Health Education Centers, and other partners, should convene learning collaboratives for health care systems, communities, businesses, payers (including private insurers, Medicaid, and Prepaid Health Plans), and providers to support the development and implementation of Accountable

Care Communities. These learning collaboratives should include discussions of evidence-based interventions and continuous quality improvement, as well as topics such as:

- i) Coalition development,
- ii) Shared goal setting,
- iii) Backbone organization/team support,
- iv) Health equity,
- v) Methods for implementation, data sharing, outcomes/evaluation,
- vi) Legal considerations, technology needs, financing, organizational/administrative needs, and
- vii) Developing and financing sustainable payment models.

CHAPTER 3 – NORTH CAROLINA OPPORTUNITIES FOR HEALTH

RECOMMENDATION 3.1: PROVIDE TECHNICAL ASSISTANCE TO HEALTHY OPPORTUNITIES PILOTS

The North Carolina Department of Health and Human Services, in collaboration with other relevant state agencies such as the Departments of Transportation, Public Instruction, and Commerce, the Housing Finance Agency, and North Carolina philanthropies should provide or support technical assistance for participants in the Medicaid Healthy Opportunities pilots in order to build capacity for cross-sectoral collaborations to improve health including:

- i) Network development,
- ii) Health equity,
- iii) Methods for implementation, data sharing, outcomes/evaluation,
- iv) Technology needs,
- v) Legal considerations, financing, organizational/administrative needs, and
- vi) Developing and financing sustainable payment models.

RECOMMENDATION 3.2: DEVELOP STAKEHOLDER SUPPORT FOR STATE HEALTHY OPPORTUNITIES INITIATIVES

- a) The North Carolina Department of Health and Human Services, with other partners, should educate enrollment brokers, payers, health care systems, providers, and human services organizations about the new North Carolina Department of Health and Human Services approach to health-related social needs, the standardized screening questions, and NCCARE360.
- b) State health and social service membership organizations should:

- i) Ensure there are in-person and virtual training opportunities for health and human service professionals about the new North Carolina Department of Health and Human Services approach to health-related social needs, the standardized screening questions, and NCCARE360.
- ii) Partner with the North Carolina Department of Health and Human Services and North Carolina Area Health Education Centers to develop practice supports and implementation plans related to the new North Carolina Department of Health and Human Services approach to health-related social needs, the standardized screening questions, and NCCARE360 for health care systems and providers.

CHAPTER 4 – IMPLEMENTING OPPORTUNITIES FOR HEALTH

RECOMMENDATION 4.1: DEVELOP AND DEPLOY THE STANDARDIZED SCREENING QUESTIONS AND NCCARE360

- a) The North Carolina Department of Health and Human Services should finalize and publish the standardized screening questions, as planned.
- b) NCCARE360 partners, in developing and deploying NCCARE360, should:
 - i) Seek input from members of the community, human services organizations, and health care providers (including care managers) on the direction, alignment, and implementation of NCCARE360, as well as the curation of resources available on the Platform.
 - ii) Implement plans to ensure the platform:
 1. Integrates the standardized screening questions.
 2. Is available for use by health care and social service providers, individuals, and others who may screen and refer for health-related social needs.
 3. Updates human services organization information and public benefit eligibility with up-to-date information to ensure the platform is current and usable for providers and patients.
 4. Allows human services organizations to submit or update information about their services and capacity to serve clients.
 - iii) Implement their minimum data security qualifications for organizations interested in sharing individuals' data related to health-related social needs.
 - iv) Provide education, in-person training, and technical assistance to human services organizations around NCCARE360's purpose, implementation, and on-boarding.
 - v) Develop an Advisory Council to provide a voice to stakeholders in the development and deployment of NCCARE360.

c) NCCARE360 partners, including the North Carolina Department of Health and Human Services, should develop outreach plans and training materials for marketing and education on the purpose and features of the platform and should seek input from human services organizations, users, health care providers, and other stakeholders on these plans and materials.

RECOMMENDATION 4.2:

ENSURE INDIVIDUALS ARE INFORMED ABOUT PERSONAL DATA COLLECTION AND SHARING

a) Prepaid Health Plans, private insurers, the State Health Plan, health care providers, and human services organizations should ensure that guidelines around informed consent are followed before sharing client information collected through the standardized screening questions or NCCARE360. This includes informed consent in plain language that describes how the information will be used, how it may be shared, and with whom it may be shared with (e.g., Prepaid Health Plans, providers, human services organizations).

b) The North Carolina Department of Health and Human Services should require Prepaid Health Plans to use plain-language informed consent prior to sharing information collected by the standardized screening questions with a non-Health Insurance Portability and Accountability Act (HIPAA) covered entity (if not completing screening through NCCARE360).

c) Private insurers, the State Health Plan, health care providers, and human services organizations should use plain-language informed consent prior to sharing information collected by the standardized screening questions, if one of the entities is not a Health Insurance Portability and Accountability Act (HIPAA) covered entity (if not completing screening through NCCARE360).

RECOMMENDATION 4.3:

IMPLEMENT SCREENING AND REFERRAL PROCESS ACROSS HEALTH CARE PAYERS, PROVIDERS, HUMAN SERVICES, AND SOCIAL SERVICE ENTITIES

a) To ensure people are both screened and connected to appropriate community resources and to maximize efficiencies across the state, all Accountable Care Community partners should:

i) Use the standardized screening questions and NCCARE360.

ii) Review the optional domain items identified by the North Carolina Department of Health and Human Services and determine what items are appropriate to include with the core measures of the North Carolina standardized screening questions for populations in their community.

b) To facilitate the use of the standardized screening questions and NCCARE360, the North Carolina Department of Health and Human Services should:

i) Require screening of enrollees in Prepaid Health Plans, as stated in the Request for Proposals for Prepaid Health Plan Services.⁶⁴

ii) Require Prepaid Health Plans to share results of the standardized screening questions with Advanced Medical Homes for individuals receiving care management through those practices, as stated in the Request for Proposals for Prepaid Health Plan Services.

iii) Encourage use of the screening questions by:

1. All individuals applying for public benefits.
2. All enrollees in traditional Medicaid.
3. All individuals enrolled in Advanced Medical Home practices.

iv) Support NCCARE360 partners as they work with providers and community agencies to develop and adopt protocols and work flows for using the Platform to address the needs of, and ensure follow-up with, individuals whose screening results indicate they could benefit from additional resources.

c) Medicaid insurers, private insurers, the State Health Plan, the NC Navigator Consortium, health care systems, independent providers, local health departments, safety net providers, and human services organizations should use the standardized screening questions to identify unmet resource needs and use NCCARE360 to refer and navigate individuals whose screening results indicate they could benefit from additional resources to appropriate community resources.

RECOMMENDATION 4.4:

FACILITATE DATA SHARING AND COMPATIBILITY

Any data systems developed to support an Accountable Care Community model should incorporate standard document exchange methods, such as Health Level 7 (HL7) interfaces or Fast Healthcare Interoperability Resources (FHIR) web services and be compliant with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal privacy laws.

RECOMMENDATION 4.5:

DEVELOP, EXPAND, AND SUPPORT THE HEALTH CARE WORKFORCE TO BETTER ADDRESS HEALTH-RELATED SOCIAL NEEDS AND HEALTH EQUITY

a) The North Carolina Area Health Education Centers and health professional associations should help raise awareness and create opportunities to educate current health care professionals on the effect that health-related social needs have on health, how interprofessional health care team members can help to assess the needs of individuals, and how to support Accountable Care Community models.

b) The North Carolina Community College System, colleges and universities, North Carolina Area Health Education Centers, health care training programs, health care systems, and providers across the state should:

- i)** When possible, collaborate to develop interprofessional team-based care and training for all members of health care teams to understand the impact of health-related social needs on health, how health care team members can help to assess the needs of individuals, and how to work as a team to support Accountable Care Community models.
 - ii)** Develop a pipeline for high school students interested in health care fields, including community health work and nursing or social work care management, in order to expand the workforce capacity for Accountable Care Community needs.
 - iii)** Study and implement effective methods to improve the diversity of the health care workforce to reflect the diversity of the communities being served.
- c)** The North Carolina Department of Health and Human Services, the North Carolina Community College System, colleges and universities, North Carolina Area Health Education Centers, and, once developed and in place, the North Carolina Community Health Worker Certification and Accreditation Board, should support the implementation of the findings of the North Carolina Community Health Worker Initiative.
- d)** Health care organizations using care management services, as well as providers of care management services, should educate staff on the association of health-related social needs with health outcomes and how care managers can help in the assessment and referral process.
- e)** Payers and health care providers should:
- i)** Continue to develop new payment and delivery models that support the work of community health workers, health coaches, care managers, care coordinators, and other emerging roles.
 - ii)** Ensure that care management services are provided to people who have high unmet health-related social needs, but who do not currently have high medical costs.
- ii)** Promote and incentivize human services organizations and stakeholders (e.g., Prepaid Health Plans and health care providers) to invest in experimentation, innovation, and information technology infrastructure that foster cost-effective models of service delivery in order to achieve integrated health systems.
- iii)** Encourage payment models that promote partnership and collaboration between health care and human services organizations.
- iv)** Explore and generate a plan of action for how health care funding streams can be used to support services to address health-related social needs delivered by human services organizations.
- v)** Identify, or develop plans to form, an entity that can provide consultation to enable human services organizations to improve financial management, contracting processes, and coordination/ collaboration within the human services sector. This entity should help human services organizations understand Medicare, Medicaid, and private insurance payment opportunities as part of a financial services portfolio.
- vi)** Determine how to increase the sector’s capacity to attract, retain, and provide opportunities for advancement for a diverse workforce.
- b)** The North Carolina Department of Health and Human Services should review state reporting and administrative requirements for human services organizations receiving state funding to:
- i)** Reform public agency contracting processes and grantmaking to:
 1. Provide full and timely payment for services rendered, and
 2. Fund administrative overhead at a minimum of 10 percent or the agency’s federal- or state-approved indirect cost rate agreement, whichever is the most beneficial to the human services organization.
 - ii)** Examine how reporting requirements may be streamlined and facilitated with use of NCCARE360.
 - iii)** Minimize outdated, duplicative, conflicting, or overlapping state regulations within its control that impede efficient and effective service delivery.

**RECOMMENDATION 4.6:
STRENGTHEN THE HUMAN SERVICES SECTOR**

- a)** Philanthropies should promote the convening of an intersectoral work group, including leaders from state and local government, health care (i.e., providers, insurers, Prepaid Health Plans), community members, philanthropy, and the human services sector, to:
- i)** Determine strategies human services organizations can use to increase their capacity to track outcomes; share information across programs, organizations, and government divisions and departments throughout the state; and use outcomes as evidence of effectiveness for funding purposes. This should include a review of how NCCARE360 can be used to achieve these goals and how the intersectoral work group can promote the adoption of the Platform by human services organizations.

CHAPTER 5 – EVALUATION AND PROCESS IMPROVEMENT

**RECOMMENDATION 5.1:
EVALUATE METHODS FOR SCREENING FOR HEALTH-RELATED SOCIAL NEEDS**

The North Carolina Department of Health and Human Services should provide guidance on optimal frequency, modality, and location for screening individuals for health-related social needs. This guidance should balance concerns about under- or over-screening with the need to gather timely information and engage services to address beneficiary needs. The guidance should also consider and describe best practices for preparing or “priming” individuals for the screening process to help produce the

highest rates of screening acceptance and completion as possible. This guidance should:

- i) Be published and disseminated to Prepaid Health Plans and other payers, health care providers, human services organizations, educational institutions with health workforce training programs, and other stakeholders through NC DHHS website(s) and other forms of communication (e.g., presentations, training materials).
- ii) Inform future standards and requirements for Prepaid Health Plans related to screening for health-related social needs.
- iii) Consider the utility of a pre-screening question to identify individuals who should be screened or re-screened, with the intention of reducing burden to individuals being screened and those assisting with screening processes.

**RECOMMENDATION 5.2:
EVALUATE DATA GATHERED THROUGH THE STANDARDIZED SCREENING PROCESS**

- a) The Department of Information Technology should explore how NC HealthConnex could be used to collect, aggregate, and share data from the standardized screening questions responses collected by Prepaid Health Plans, NCCARE360, and other providers and organizations using the standardized screening questions to screen individuals for health-related social needs.
- b) The North Carolina Department of Health and Human Services should:
 - i) Require Prepaid Health Plans to submit quarterly raw data files with standardized screening questions results. Data should include gender, race/ethnicity, age, and geography of screened individuals.
 - ii) Maintain a Memorandum of Understanding with the Foundation for Health Leadership & Innovation for use of all data collected through NCCARE360.
 - iii) Release aggregate data reports annually on its website. Information should be disaggregated by gender, race/ethnicity, age, and geography to the smallest degree possible for evaluation and planning. These reports should identify areas where resources are needed in communities.
 - iv) Work with academic and research partners to use identified data for evaluation.

**RECOMMENDATION 5.3:
EVALUATE DATA GATHERED THROUGH NCCARE360**

- a) The Foundation for Health Leadership & Innovation should:
 - i) Require regular reports from NCCARE360 partners including:
 1. Reports specified in the Resource Platform vendor Request for Proposals.

- 2. The density of service providers connected to the platform in each of the North Carolina Department of Health and Human Services priority areas (i.e., transportation, housing, food, interpersonal violence, and employment) and in relation to the service needs of a community, as identified with standardized screening questions response data.
- 3. The volume of referrals, whether the referral loop was closed, and percent of referrals declined by the agency receiving referral, with data aggregated by agency individual was referred to.
- 4. Referral outcomes (i.e., referral completion or “fill” rate) for an individual referred for services, the referral source, and the organization receiving referrals, in order to evaluate and improve the referral process.

ii) Publish annual reports analyzing the above measures. Data should be provided at the smallest geographic gradation possible (e.g., county, zip code, or neighborhood) to be used by ACCs and individual entities for planning and evaluation. These reports should be published on the Foundation for Health Leadership & Innovation website.

- b) NCCARE360 partners should develop a method to assess:
 - i) The quality of the experience of referrals
 - ii) Frequency of duplicated referrals and, if high, mechanisms for decreasing referral duplication.
 - iii) The cost to human services organizations of meeting needs of those referred using the Platform.

CHAPTER 6 – FUNDING AND FINANCING MODELS

**Recommendation 6.1:
Support Initial Development of Local Accountable Care Communities**

- a) Philanthropies should:
 - i) Provide support for capacity development in communities to help local leaders interested in creating an Accountable Care Community.
 - ii) Provide grant funding to support the development of local Accountable Care Communities. When possible, philanthropies should coordinate portfolios of work with other philanthropies and streamline reporting requirements.
 - iii) Require local Accountable Care Communities to develop a lead entity, plans for funding and sustainability, outcomes measures, and an evaluation plan.
- b) Prepaid Health Plans, Medicaid, and other payers should develop strategies to financially support local Accountable Care Community efforts and provide subject-area expertise as partners in community coalitions.

- c) Health care systems should direct community benefit dollars toward a greater mix of investments that impact the drivers of health. These investments may include community partnerships, such as development of an Accountable Care Community model; infrastructure building, such as the NCCARE3060 resource platform; or direct investment in addressing health-related social needs of the community related to housing, food, transportation, interpersonal violence, or other needs. Community benefit investments should be aligned with the Community Health Assessment, Community Health Needs Assessment, and Community Health Action Plan.
- d) Local businesses should direct funds to support Accountable Care Community efforts and/or donate subject-area expertise as partners in community coalitions.

Recommendation 6.2:

Funding for Local Accountable Care Community Implementation

- a) Prepaid Health Plans, Medicaid, other payers, and health care providers should develop and test payment models for coverage of social services to improve wellness and reduce overall costs in alignment with the Community Health Assessment, Community Health Needs Assessment, and Community Health Action Plan in the communities they serve and/or provide payment for services rendered by Accountable Care Communities and their partners.
- b) Philanthropies should provide bridge financing to Accountable Care Communities transitioning from startup funding to payment structures that can support human services organizations providing services for those with health-related social needs.
- c) Local governments should consider using local tax revenues to support Accountable Care Community activities.

Recommendation 6.3:

Support Implementation of Medicaid Healthy Opportunities Pilots

- a) As part of the Healthy Opportunities pilots, the North Carolina Department of Health and Human Services should implement its plans as stated in the Prepaid Health Plan Request for Proposal and public documents to:
 - i) Require the Lead Pilot Entities to facilitate an Accountable Care Community by convening key local stakeholders (e.g., payers, health care providers, local government agencies, and human services organizations).
 - ii) Require Prepaid Health Plans to participate in the Lead Pilot Entity-led Accountable Care Communities.
 - iii) Develop requirements for how Prepaid Health Plans should partner with the pilots to address health-related social needs, as well as mechanisms for accountability.
 - iv) Develop funding streams for human services organizations participating in the pilots, in partnership with Prepaid Health Plans and other payers, including all potential federal funding streams.

- v) Complete rigorous rapid-cycle and summative evaluations to identify successful components of the pilots, cost savings, and lessons learned.

- vi) Develop a plan for how to sustain or improve upon pilot activities and implement successful components for Medicaid services across the state based on lessons learned from the five years in pilot communities.

- b) Philanthropies should align efforts to support the Medicaid Healthy Opportunities pilots by:

- i) Coordinating with the North Carolina Department of Health and Human Services to provide funding for services to address drivers of health that cannot be paid for using Medicaid funds.

- ii) Streamlining reporting requirements if multiple philanthropies provide pilot funding.

- iii) Supporting capacity building for Lead Pilot Entities participating in the pilots (e.g., leadership development).

- iv) Providing bridge financing, if needed, to support communities that transition from the Healthy Opportunities pilot model concept to one with financial return on investment.

- c) The North Carolina General Assembly should approve the North Carolina Department of Health and Human Services' full spending authority under the 1115 Waiver for Medicaid transformation. The Healthy Opportunities Pilots, with the approved rapid cycle assessments and summative evaluation, will be important to ensure accountability for investments, learn which interventions are most and least effective, and inform other Accountable Care Communities efforts.

Recommendation 6.4

Analyze Data to Determine Costs and Benefits of Health-Related Social Services

- a) The Department of Information Technology should work with payers and NCCARE360 partners to ensure that data from existing state health and social service data systems can be integrated with data from the standardized screening questions and NCCARE360 to allow for analysis of the costs and benefits of addressing health-related social needs within the Medicaid program.

- b) The North Carolina Department of Health and Human Services should:

- i) Publicize the results of analysis done using this data and advocate for Prepaid Health Plans to adopt interventions that are proven to have positive financial returns on investment.

- ii) Work with other funders of health-related social needs interventions to ensure they can access the data needed to evaluate the work of Accountable Care Communities and efforts to address health-related social needs.

- iii) Conduct a rigorous cost/benefit analysis of interventions to address health-related social needs used in the Medicaid Healthy Opportunities pilots.
- c) Prepaid Health Plans, Medicaid, and other payers should evaluate the return on investment for individuals covered by the Prepaid Health Plans/payers who receive services from Accountable Care Community interventions and disseminate their findings publicly to encourage greater understanding and adoption of services to meet health-related social needs.

Recommendation 6.5

Develop Sustainable Accountable Care Community Funding

- a) Local Accountable Care Community models, in partnership with local government, should evaluate private, local, state, and federal sources of funding to support Accountable Care Community activities and services to meet health-related social needs (e.g., sales and other local taxes, hospital/health care system reinvestment, Medicare and Medicaid).
- b) Philanthropies should support Accountable Care Community models by:
 - i) Funding technical assistance and identifying organizations that provide technical assistance to help Accountable Care Communities determine the best financing model for their programs and functions. This technical assistance may include:
 1. Developing a funding strategy.
 2. Creating financial sustainability plans to ensure long-term financial stability of the Accountable Care Community model.
 - ii) Building the case and advocating for sustainable funding for Accountable Care Communities across the state using both health and financial outcomes.
- c) Payers should cover interventions that are proven to have positive financial returns on investment, including providing support to human services organizations serving patients' health-related social needs.
- d) The North Carolina Department of Health and Human Services should:
 - i) Incentivize Prepaid Health Plans to incorporate appropriate payments for services and interventions that have been shown to produce a reliable return on investment. In so doing, considerations should be made for ensuring a rate-setting process that encourages and accounts for these investments.
 - ii) Incorporate effective interventions from the Healthy Opportunities pilots into the statewide Medicaid plan for the next Medicaid waiver application process.