

WHITE PAPER

From vision to value: The infrastructure behind Medicaid innovation



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Introduction

There is powerful momentum to reimagine healthcare across the country. States are recognizing that health starts long before someone steps into a clinic—it starts with a safe home, a reliable meal, and access to transportation. To date, Medicaid programs, backed by 1115 waivers and innovative leadership, have been the main source of funding for services to address non-medical drivers of health. But new models and alternative approaches (ILOS, 1915(b) waivers, direct payments, community partnerships, etc.) are becoming more common. However, while the vision is strong, the necessary foundation to support it often lags behind. Truly transforming healthcare requires looking beyond individual services and focusing on the systems that sustain them.

Community-based organizations (CBOs) are a critical addition to the healthcare ecosystem in these innovative models, but many are being asked—often for the first time—to participate in complex reimbursement processes. This approach brings CBOs into the existing healthcare billing model without adapting that model to fit their capabilities. The result is a barrier to entry, rather than an on-ramp to success.

Three realities have become clear:

- First, return on investment (ROI) takes time, and it depends on thoughtful design that centers on members, infrastructure and long-term partnership and incentive alignment.
- Second, billing standards must evolve to support non-medical services at scale.
- Third, technology is not a layer to be added later — it is the foundation for scalability, collaboration and evaluation.

This paper explores why infrastructure is essential, how its absence derails well-meaning programs, and how partners like Unite Us are helping Medicaid programs realize their promise.

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States want to innovate, but policy is outpacing operational standards. We're in a phase now where we have to teach, build and create the tools to make Medicaid transformation sustainable. Otherwise, great ideas will get lost in the execution.

EMILY ANDERS
Director, Payments Strategy
Unite Us

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The cost of missing infrastructure

Without a standardized system to validate eligibility, authorize services and process claims, organizations can struggle with manual data entry, inconsistent payment timelines and high claim denial rates.

Delays in authorization and reimbursement can hurt both providers and the vulnerable populations they serve. For example, with some programs, patients might wait weeks for necessary interventions like rental assistance or food delivery. During this delay, health conditions can worsen and emergency department use continues to climb.

Without a dedicated and standardized infrastructure, the burden falls heavily on CBOs that are already resource-constrained. Instead of delivering critical services, they spend hours navigating unfamiliar Medicaid billing systems — often with different workflows for each respective payer. As a result, organizations drop out, program reach shrinks and the populations that Medicaid seeks to help are left unsupported — exactly the outcome Medicaid transformation seeks to avoid.

Addressing infrastructure gaps in Medicaid and CBO program success

Without the right infrastructure, CBOs face a cascade of challenges. Claims are denied for minor formatting issues. Payments are delayed for months. Staff members who were trained to deliver services must divert time to learning medical billing and compliance. Some organizations, particularly smaller ones operating on thin margins, face existential threats.

The impact extends beyond the CBOs themselves. Medicaid programs that depend on CBOs to deliver critical non-medical services experience gaps in service coverage, delays in patient support and lost trust among participants. Good-faith efforts to expand care stall or fail outright.

Infrastructure is not a bureaucratic luxury. It is the operational engine that determines whether novel programs that have the potential to achieve meaningful cost-savings and improvement on health outcomes programs succeed or fail.

North Carolina's Healthy Opportunities Pilots (HOP) — a federally funded initiative integrating housing and supportive services into healthcare delivery — is a prime example of how Medicaid programs can address non-medical drivers of health through innovative partnerships. HOP was created to prove that with the right infrastructure, these efforts can scale, drive measurable outcomes and reduce overall costs.

As detailed in an interim evaluation of HOP conducted by an independent evaluator, infrastructure plays a pivotal role — not as back-office support, but as the engine that drives success. The HOP Interim Evaluation Report makes clear that for programs like HOP to deliver on their promise, infrastructure must perform three essential functions:

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These programs are being developed by states with a slowly evolving knowledge bank to draw from, meaning every state is often developing their program to meet the unique needs of their own state. What we're seeing is that while every state program is unique, the member journey is remarkably consistent and mirrors the steps a member goes through to access healthcare benefits, too. Platforms like Unite Us are designed to handle that complexity — and for Unite Us, we've now pressure-tested it in multiple states. That means we can offer structure in the middle of policy flexibility.

EMILY ANDERS
Director, Payments Strategy
Unite Us

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Accurate billing

Billing is more than getting paid. It is about ensuring that services are documented correctly, records align across stakeholders and funding mechanisms can be sustained. Accurate billing supports transparency, compliance and program evaluation. Without it, Medicaid programs cannot track performance or justify future investments.

Unlike traditional invoicing for non-medical services, billing in healthcare requires a far more complex and regulated process. Payment is tied to meticulous service documentation, proper coding, and standardized data exchange formats like 837 electronic claims. When infrastructure automates these processes, service providers are paid promptly and states gain reliable visibility into program activity and outcomes.

Faster reimbursement

Many CBOs operate on tight budgets and cannot wait months for payment. Historically, CBOs have relied on grant funding streams, an approach that varies greatly from entering and sustaining long-term reimbursement payment models with CBOs. Faster reimbursement enables organizations to maintain staffing, grow their programs and continue serving vulnerable populations without financial precarity. Without timely payment, organizations may have no other choice than to exit programs, leaving service gaps that disproportionately harm marginalized communities.

As emphasized in the HOP Interim Evaluation Report, systems that validate eligibility, match services to contracts and automate claims submission shorten the time between service delivery and payment, stabilizing networks and encouraging more organizations to participate.

Stakeholder alignment

Medicaid initiatives involving non-medical drivers of health require coordination across state agencies, managed care plans, hospitals, CBOs and other organizations. Infrastructure provides the common language and operational backbone that aligns these stakeholders, and standardized processes mean that services flow smoothly from eligibility determination to service provision to reimbursement.



A SOLUTION IN ACTION:

Infrastructure partners to put a strong foundation in place

Infrastructure partners like Unite Us exist specifically to help Medicaid programs effectively integrate non-medical services.

Success requires more than funding — it requires systems that manage eligibility, track services, standardize billing and enable cross-sector collaboration. Partners like Unite Us provide the purpose-built technology Medicaid programs and their CBOs need to succeed in delivering non-medical services.

Streamlining referrals, billing and reimbursement

Infrastructure partners can connect all parties — healthcare providers, payers and CBOs — in a single, integrated network. Referrals flow seamlessly between partners. Eligibility verification, service authorization and documentation are streamlined. Most importantly, billing and claims processes are embedded within the platform, eliminating the need for CBOs to become healthcare billing specialists.

Services delivered are automatically captured and translated into clean claims in formats payers recognize, such as 837 files. This enables faster, more reliable reimbursement, giving CBOs the cash flow they need to thrive.

Reducing administrative burden on CBOs

Infrastructure partners minimize the lift required from CBOs. Staff members can focus on service delivery rather than worrying about healthcare coding and claims management. Strong infrastructure streamlines administrative barriers while maintaining the data rigor Medicaid programs demand.

Scaling non-medical services without losing visibility or control

State agencies and MCOs benefit from comprehensive reporting and analytics that provide insight into service delivery, outcomes and cost savings. Infrastructure partners support performance monitoring, program evaluation and quality improvement without requiring agencies to invest in custom technology builds.

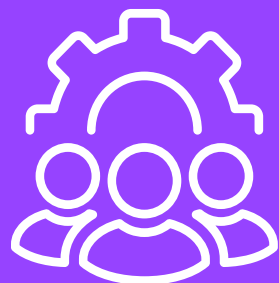
Proven success: The Healthy Opportunities Pilots

North Carolina's HOP program provides a powerful case study. With Unite Us, the program successfully enrolled more than 13,000 participants and delivered over 198,000 services across food, housing, transportation and interpersonal violence domains as of publication.

The HOP Interim Evaluation Report found that HOP participants experienced:

- Fewer non-medical needs over time
- Significantly lower emergency department utilization
- Estimated healthcare savings of \$85 per beneficiary per month

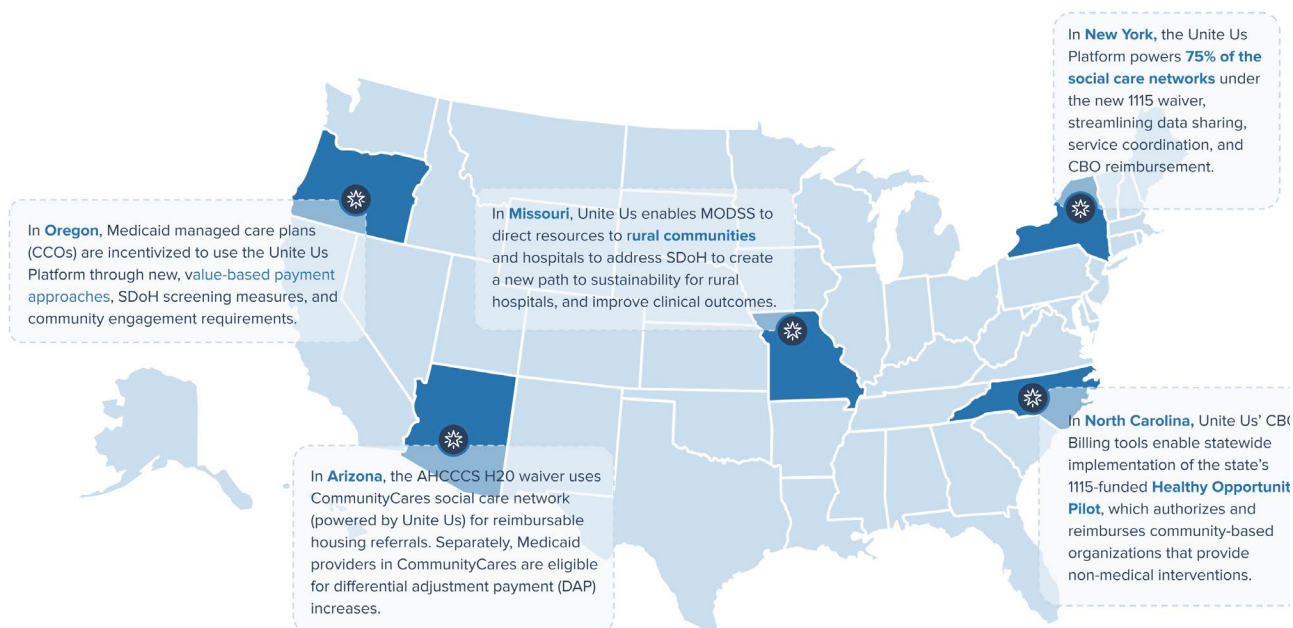
These outcomes were achieved because infrastructure made it possible to connect, document and reimburse services effectively. The success of the North Carolina pilots validates the role of infrastructure as a core component of Medicaid transformation efforts.



"Few realize it's not as simple as enabling CBOs to bill for non-medical services the same way that healthcare providers bill for medical services. The complex coding requirements that healthcare billing requires simply don't make sense for non-medical services.

So while we're working with payers and state Medicaid agencies to share knowledge about how to accept non-medical healthcare claims so that they can implement these new programs, we're also working with stakeholders at the local, payer, state, and national levels to raise awareness and accelerate both common billing guidance and exchange standards so that everyone has a common blueprint to leverage that makes sense for these new types of services."

EMILY ANDERS
Director, Payments Strategy
Unite Us



With infrastructure first, impact follows

Change is hard. But it's even harder to watch a bold idea fail because it lacks the infrastructure support it needs to survive. Medicaid programs have proven they are willing to think differently to fund what truly drives health, but without the technology supporting these programs, even the best intentions falter.

Infrastructure technology offers a different path. When states invest in infrastructure first, they do more than just pay bills faster or track services better. They make transformation possible. They turn grants into sustainable programs, pilot projects into proven solutions and hope into measurable impact.

The path forward starts with three truths: ROI takes time and requires stakeholder alignment from day one. Medicaid billing systems must evolve to support a new kind of care. And scalable infrastructure must be powered by purpose-built, user-friendly technology that connects sectors and enables real-time learning.

In health and community care, as in architecture, what is invisible often matters most. The beams that hold up a bridge. The systems that hold up a program. Infrastructure is that invisible strength. It is time to build it — and cross into a future where community care and healthcare move forward together. ■

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What's often left out of cost savings conversations are the secondary benefits — things like increased wages, reduced reliance on public benefits, and long-term health stability. Infrastructure enables us to see those effects more clearly and measure them over time.

HALIMA AHMADI-MONTECALVO
Vice President, Research and Evaluation
Unite Us

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Unite Us is the nation's premier technology provider for integrating health and community-based care. Our advanced product suite is used to proactively coordinate services using data-driven insights, streamline referral and case management, and facilitate eligibility assessments and reimbursements across government, healthcare, health plans, and community organizations. The first of its kind, our closed-loop referral system prioritizes privacy and dignity and has integrated data and analytics tools used to measure impact, optimize programs, and shape policy. With over 1.7M services, we host the nation's largest network of community-based health and economic services dedicated to improving whole-person health.

Learn more at UniteUs.com and [LinkedIn](https://www.linkedin.com/company/unite-us).