

## Texas MCO SDOH Learning Collaborative: Kick-Off Webinar

October 27, 2020, 1:00 pm - 2:30 pm CT (2:00 pm - 3:30 pm ET)

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This webinar, supported by the Episcopal Health Foundation and the Robert Wood Johnson Foundation, and in partnership with the Texas Health and Human Services Commission, the Texas Association of Health Plans and the Texas Association of Community Health Plans, marked the kick-off for Phase Two of the Texas MCO SDOH Learning Collaborative. The goal of this webinar was to provide an update on Texas' DSRIP transition plan and to provide an overview of findings from the DSRIP SDOH Expert Panel Project on program and policy considerations for addressing SDOH in the Medicaid Managed Care context.

### Agenda

#### *I. Welcome*

Anna Spencer, Senior Program Officer at the Center for Health Care Strategies (CHCS), welcomed participants and provided a brief overview of the webinar agenda and goals of the call. Shao-Chee Sim, Vice President for Applied Research at Episcopal Health Foundation, offered opening remarks about Phase Two of the MCO SDOH Learning Collaborative.

#### *II. Texas Health and Human Services Commission (HHSC) Update*

Emily Sentilles, Director, Healthcare Transformation Waiver Team, Medicaid & CHIP Services at the Texas HHSC provided an update on state's evolving SDOH strategy, the DSRIP Transition Planning process, and the development of the DSRIP Transition Plan. Emily Sentilles described ongoing work to meet their Assessment of Social Factors milestone, which includes initiatives such as the SDOH Focus Study and SDOH Expert Panel. HHSC aims to use the results of these deliverables to develop evidence-based policy for addressing SDOH.

#### *III. Expert Panel Takeaways*

Matthew Ralls and Greg Howe, CHCS, provided an overview of the DSRIP SDOH Expert Panel project and a summary of key findings in the following topic areas: SDOH specific strategies related to food insecurity, housing instability, and non-emergency medical transportation; SDOH quality measures and screening; value-based payment arrangements; and MCO contracting requirements.

#### ***SDOH-specific strategies related to food insecurity, housing instability, and non-emergency medical transportation***

- Food insecurity
  - Medically tailored meals (MTM) improve food security and some health outcomes measures for individuals with chronic conditions, women with high-risk pregnancies;
  - Actively linking Medicaid beneficiaries to food assistance programs (i.e. SNAP, WIC, food pharmacies) have been shown to significantly reduce health care utilization;
  - Several states require MCOs to screen for food insecurity and to have mechanisms in place to refer at-risk members to food and nutrition services;
  - "Active referral" programs, or directly connecting patients with community/government agencies that provide food/nutritional services, are most effective.
  
- Housing instability

- Medicaid cannot cover rent but states can choose to cover housing-related services, such as transition services, housing and tenancy sustaining services, and housing-related collaborative activities;
- Addressing transitional housing services, like respite care, is a way of providing housing services without building new units;
- For high-risk populations, medical respite produces cost-savings/improved health outcomes;
- Some states allow housing modification, such as air-conditioning or lead abatement, to be a covered service.
- Non-emergency medical transportation (NEMT)
  - On-demand or rideshare companies can add flexibility and expand transportation options, but drivers may not have adequate training to serve vulnerable populations;
  - Most frequent concerns with NEMT services are related to customer service/strong quality assurance monitoring and reporting is critical;
  - Strategies to ensure that NEMT is meeting the needs of beneficiaries:
    - Evaluating customer service and resolving disputes
    - Responding to time-sensitive needs, e.g. changes in schedule
    - Ensuring that drivers are trained to serve vulnerable populations
    - Implementing safeguards for transporting dependent children
  - Attendees asked if there were state examples of “carve-ins” for ridesharing.

### ***SDOH Quality Measures and Screening***

- Several SDOH screening tools exist, though there is wide variation in the SDOH domains included in each tool;
- With the exception of the Hunger Vital Signs measure, there is relatively little consensus on measures to assess SDOH domains;
- States are beginning to require Medicaid providers/MCOs to screen for SDOH, either through an approved screening tool or allowing providers to select from a range of approved tools;
- Adopting a standardized screening tool enables comparison across regions/MCOs and reduces burden on CBOs;
- Identifying a core set of domains and measures within each domain is a good starting point;
- Questions focused on operationalizing SDOH screening, including who does the screening and how often; what role HIEs can play; and how to do closed loop referrals.

### ***Value-Based Payment Arrangements***

- Tying MCO incentives to performance on quality measures or requiring MCOs to implement VBP arrangements may incentivize providers and MCOs to address SDOH in an effort to provide more quality and efficient care;
- Several states require plans to address SDOH through VBP initiatives and include SDOH-related measures in MCO incentive and withhold arrangements;
- Several states are incentivizing non-traditional health workers (e.g. CHWs, doulas) as part of care management teams;
- Massachusetts/Minnesota account for social risk factors in their Medicaid Accountable Care Organization payment methodology.

### ***MCO Contracting Requirements***

- States take a wide variety of approaches to requiring or incentivizing MCOs to address SDOH, including mandating alignment of MCO efforts with other initiatives/reforms; care coordination teams; community investment; and member engagement;

- Being mindful of CBO bandwidth to incorporate difference processes (i.e. screening requirements/reporting) and referral load is important;
- Different types of investments made by plans with CBOs may not create equal returns, both financially and/or in health outcomes for members;
- Plans are addressing health equity through mandating health equity directors, cultural competency training, and community reinvestment.

#### IV. Resources

1. **Webinar Recording:** <https://youtu.be/mghlgNFWpl>
2. **Addressing Social Determinants of Health via Medicaid Managed Care Contracts and Section 1115 Demonstrations.** *Center for Health Care Strategies*. December 2018. Available at: <https://www.chcs.org/resource/addressing-social-determinants-of-health-via-medicare-managed-care-contracts-and-section-1115-demonstrations/>
3. **Social Risk Factor Screening in Medicaid Managed Care.** *Bailit Health*. October, 2020. Available at: <https://www.shvs.org/wp-content/uploads/2020/10/Social-Risk-Factor-Screening-in-Medicare-Managed-Care.pdf>
4. **Medicaid Managed Care Contract Language: Health Disparities and Health Equity.** *Bailit Health*. October, 2020. Available at: <https://www.shvs.org/medicaid-managed-care-contract-language-health-disparities-and-health-equity/>