CHCS Center for Health Care Strategies, Inc.

Advancing innovations in health care delivery for low-income Americans

Texas MCO SDOH Learning Collaborative: Kick-Off Webinar

DSRIP SDOH Expert Panel Learnings

October 27, 2020

1:00 – 2:30p CST

Made possible by the Episcopal Health Foundation

Instructions for Participating

All lines are **unmuted** so please mute your phone or computer audio when not speaking.

Mute/Unmute Telephone Audio

Either use the mute button on your phone or press *6 on your telephone keypad to mute/unmute your line.

Mute/Unmute Computer Audio

Press the microphone icon in the toolbar at the bottom of the Zoom window to mute/unmute your line.

Please feel free to submit any questions or comments you might have to the Chat feature

Agenda

I. Welcome and Introductions

II. MCO SDOH Learning Collaborative

III. Texas' Health and Human Services Commission (HHSC): DSRIP Transition Milestone Update

IV. DSRIP SDOH Expert Panel Learnings

V. Question & Answer

VI. Next Steps

Welcome and Introductions

Meet Our Speakers

Anna Spencer, Senior Program Officer, Center for Health Care Strategies

Shao-Chee Sim, Vice President for Applied Research, Episcopal Health Foundation

Greg Howe, Senior Program Officer, Center for Health Care Strategies

Emily Sentilles, Director, Healthcare Transformation Waiver Team, Medicaid & CHIP Services

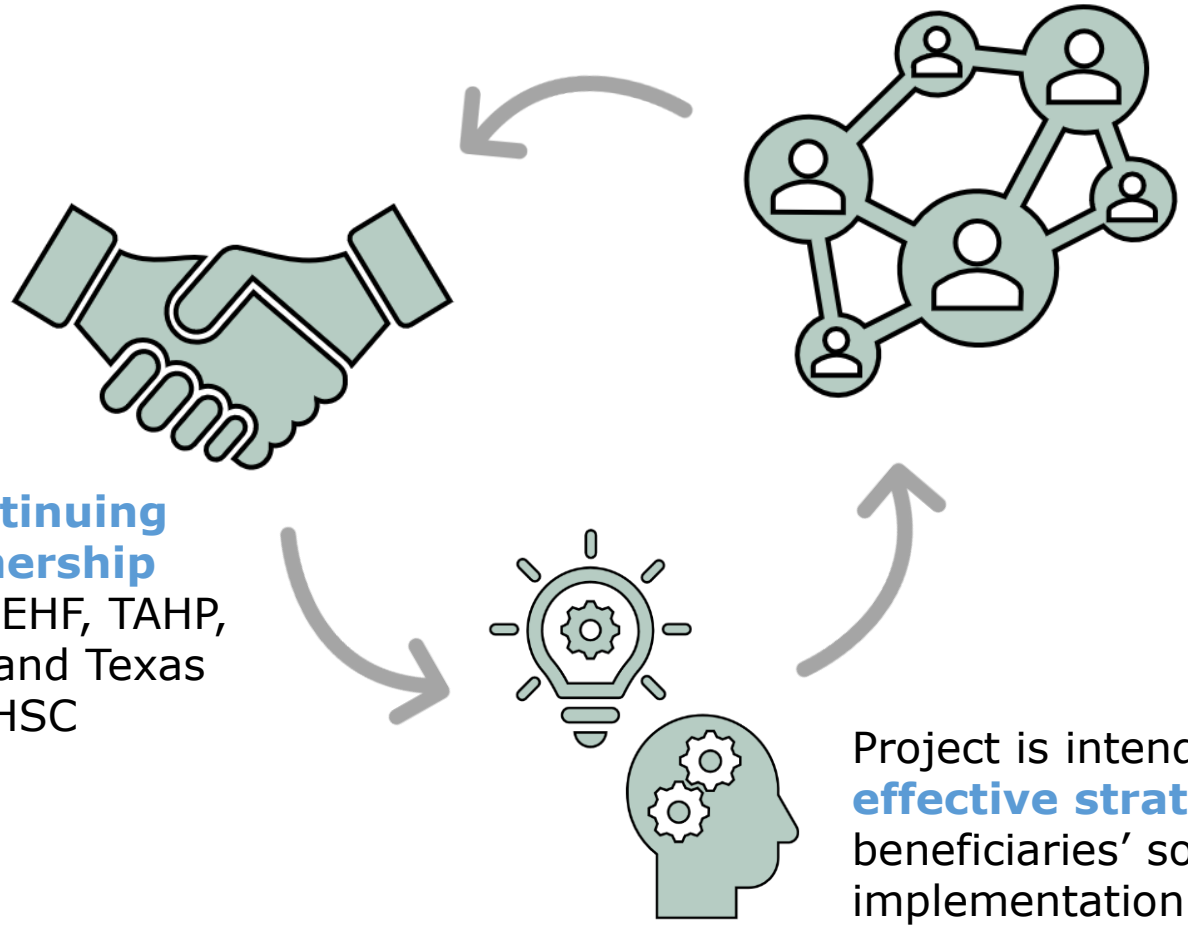
Matthew Ralls, Program Officer, Center for Health Care Strategies

An Overview of the Texas MCO SDOH Learning Collaborative

Shao-Chee Sim
Episcopal Health Foundation

Texas MCO SDOH Learning Collaborative

Timeline: **2019 – 2021**
Facilitated by: **Center for Health Care Strategies**

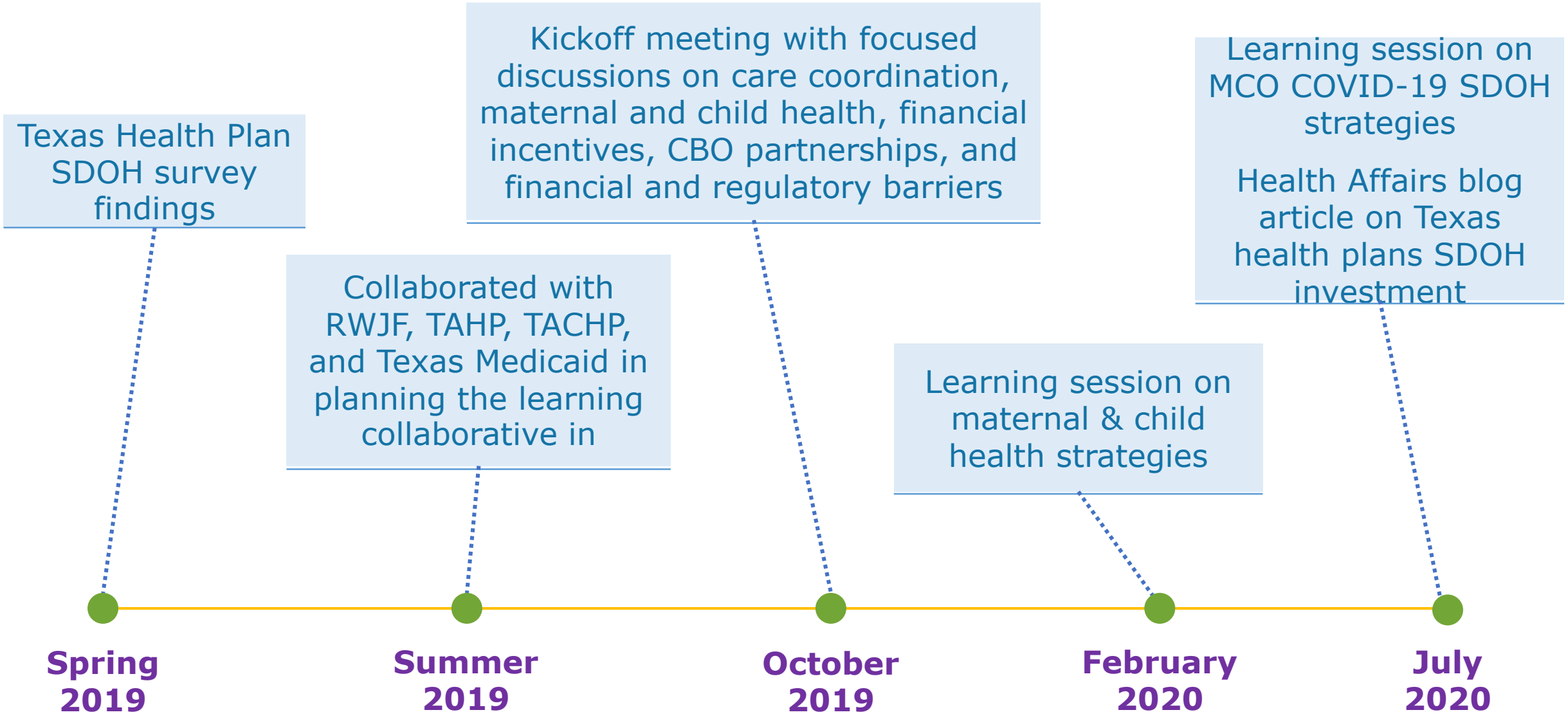


A **Continuing Partnership** between EHF, TAHP, TACHP, and Texas HHSC

The **learning collaborative** will bring together Texas MCOs alongside with national and local experts via two in-person meetings, quarterly webinars on MCO-defined topics and ad-hoc group learning calls.

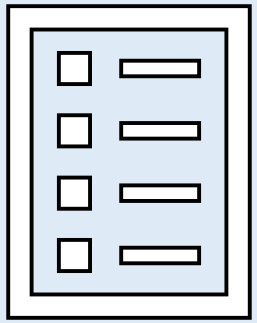
Project is intended to help MCOs **learn about effective strategies** for addressing Medicaid beneficiaries' social needs and support the implementation of SDOH Interventions.

Texas MCO SDOH Learning Collaborative: Year One



Texas MCO SDOH Learning Collaborative: Year Two

Planned Activities



Implement Texas MCO COVID-19 **SDOH survey**

Create group-wide **learning opportunities** and smaller multi-stakeholder advisory groups

Areas of Focus

1. Quality improvement cost methodology
2. ROI of SDOH interventions
3. MCO/provider collaborations
4. Maternal and child health strategy
5. Health Equity
6. Leveraging technology

Texas' Health and Human Services Commission (HHSC):

DSRIP Transition Milestone Update

DSRIP Transition Plan

- As required by the Medicaid 1115 Waiver Special Terms and Conditions (STC), Texas HHSC submitted a draft DSRIP Transition Plan to CMS, explaining how Texas will transition from the DSRIP funding pool (ending September 30, 2021) to sustainable reforms.
- The draft includes five goals and eight milestones to further develop delivery system reform efforts in Texas Medicaid without DSRIP funding
- One milestone is the **Assessment of Social Factors** (Milestone 8, internally)

TEXAS
Health and Human Services

Assessment of Social Factors

- The Assessment of Social Factors milestone deliverable will be submitted to CMS by March 31, 2021.
- The milestone's objective is to **assess which social factors may be correlated with Texas Medicaid health outcomes** as well as help inform possible new program proposals, policy changes, and strategies for quality improvement in Texas Medicaid related to social determinants of health (SDOH).

TEXAS
Health and Human Services

SDOH Focus Study

- To meet the milestone's objective, the assessment is being conducted by The University of Texas School of Public Health, a subcontractor of the Texas Medicaid External Quality Review Organization (EQRO).
- The Focus Study evaluates the association between a comprehensive set of social, environmental and behavioral factors and key health care outcomes for
  1. the CHIP and Medicaid population under age 19,
  2. pregnant women in 2018, and
  3. the Medicaid STAR+PLUS population age 65 or older or who have disabilities.

TEXAS
Health and Human Services

SDOH Focus Study

- The Focus Study deliverable including populations 1 and 2 was submitted to HHSC in August 2020.
- The final piece of the Focus Study deliverable analyzing population 3 will be submitted to HHSC by November 30, 2020.
- While the Focus Study is the major analytic piece for the milestone deliverable (e.g. the assessment), HHSC has also been exploring additional projects to help inform the direction of future policy or program proposals addressing SDOH in Texas Medicaid.

TEXAS
Health and Human Services

SDOH Expert Panel

- With support from the Episcopal Health Foundation (EHF), the Center for Health Care Strategies (CHCS) has convened and facilitated a series of monthly virtual meetings (three total) with a panel of national and local SDOH subject matter experts.
- The objective of the SDOH Expert Panel series was to provide input on and discuss topics identified by HHSC as key for informing possible new program proposals, policy changes, and strategies for quality improvement in Texas Medicaid related to SDOH.

TEXAS
Health and Human Services

SDOH Expert Panel

- SDOH Expert Panel discussions centered around environmental scans produced by CHCS on the following SDOH topics:
  - Evidence-based SDOH Interventions (i.e., Food Insecurity, Transportation, Housing Stability)
  - SDOH Quality Measures and Screening
  - Value-Based Payment Arrangements involving SDOH
  - Medicaid Managed Care Contracting Requirements and Incentives involving SDOH
- The SDOH Expert Panel series kicked off in August 2020 and concluded this month (October 2020).

TEXAS
Health and Human Services

SDOH Expert Panel Members

1. **Laura Gottlieb**: Director, Social Interventions Research and Evaluation Network (SIREN); Professor, UCSF
2. **Len Nichols**: Director, Center for Health Policy Research and Ethics (CHPRE); Professor, George Mason University
3. **David Labby**: Health Strategy Adviser; Health Share of Oregon
4. **Eliot Fishman**: Senior Director of Health Policy, Families USA; Past DSRIP Program Director at CMS
5. **Amanda Van Vleet**: Associate Director of Innovation, North Carolina Medicaid Strategy Office: DSRIP Project Lead
6. **JD Fisher**: Manager, Value-based Purchasing; Washington State Health Care Authority
7. **Scott Leitz**: Senior Fellow, University of Chicago; Project Director, MCO Learning HUB
8. **Adrianna Rojas**: President and CEO; United Way of Texas
9. **Celia Cole**: Chief Executive Officer; Feeding Texas

TEXAS
Health and Human Services

SDOH Evidence-Based Policy

- Integrating findings from the environmental scans with the SDOH Expert Panel discussions, CHCS will produce a final report to describe evidence-based SDOH policies that could benefit the Texas Medicaid managed care program.
- These findings may be used to inform new proposals or policies under the DSRIP Transition Plan or within a broader strategy to address SDOH in the Texas Medicaid program.

TEXAS
Health and Human Services

TEXAS
Health and Human Services

Thank you! Questions?

Website & Draft Transition Plan:
https://hhs.texas.gov/laws-regulations/policies-rules/waivers/medicaid-1115-waiver/dsrip-transition

Email: txhealthcaretransformation@hhsc.state.tx.us

DSRIP SDOH Expert Panel Learnings

SDOH-Specific Interventions

Food Insecurity

What we learned:

- 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

What we learned:

- 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. **This may be of particular importance as COVID-19 continues.**
- 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

What we learned:

- 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

SDOH Quality Measures and Screening

SDOH Quality Measures and Screening

What we learned:

- 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 as a first step

SDOH Quality Measures and Screening: State Examples

SDOH Screening Requirements	
Standardized Tool	
North Carolina	Prepaid Health Plans (PHPs) are required to use a standardized screening tool, which includes four priority domains: food insecurity; transportation; housing instability; and interpersonal violence. As part of the state's overall care managements strategy, plans are required to screen members for SDOH needs. Plans are held accountable for the percent of members screened for SDOH.
Approved Screening Tool	
Rhode Island	A central component of Rhode Island's Accountable Entities Program is the integration of strategies to address SDOH. AEs are required to assess members' of social needs, and screen and refer members to community resources, and leverage community partnerships to address identified needs. AEs are required to use a screening tool approved by the state and are held accountable for the percentage of members screened.

Value-Based Payment (VBP) Arrangements

VBP Arrangements and SDOH

What we learned:

- Tying MCO incentives to performance on quality measures or requiring MCOs to implement VBP arrangements may incent 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.

VBP Arrangements and SDOH: State Examples

Examples of VBP and SDOH	
SDOH Integration	
Rhode Island	Requires the MCO to work toward incorporating value-based purchasing initiatives that integrate medical care with social determinants of health and related social services.
Community Health Workers	
New Mexico	Incorporates a community health worker (CHW) delivery system improvement performance target: 3% of the MCO's total enrollment to be served by CHWs, Community Health Representatives, and Certified Peer Support Workers. This metric is assigned 20 points out of 100. If targets are not met, the state can impose performance penalties of 1.5% of the capitation rate.
Auto Assignment	
North Carolina	A plan that voluntarily contributes at least 0.1 percent of its annual capitation revenue in a region to health-related resources may be awarded a preference in auto-assignment to promote enrollment in each region in which the plan contributes.

MCO Contracting Requirements and Incentives

MCO Contracting Requirements and Incentives

What we learned:

- 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 or in health outcomes for members.
- Plans are addressing health equity through mandating health equity directors, cultural competency training, and community reinvestment.

MCO Contracting Requirements and Incentives: State Examples

Health Equity and Member Engagement Provisions in Managed Care Contracts	
Member Engagement	
North Carolina	Pre-paid health plans are expected to use NCCare360, which is a statewide resource referral platform.
Cultural Competency	
Minnesota	Requires the MCO to utilize race and ethnicity data provided by the state in developing population-informed programming.
Disparities	
Oregon	Requires the MCO to carry out health improvement strategies to eliminate health disparities and improve the health and wellbeing of all members. Also requires the MCO to collect social determinants of health-related data and partner with diverse community organizations to use these data to address the causes of health disparities.

This table is based on information from the following report: https://www.chcs.org/media/Addressing-SDOH-Medicaid-Contracts-1115-Demonstrations-121118.pdf

Question and Answer

Wrap Up and Next Steps