Non-Medical Drivers of Health (NMDOH) Strategies:

Findings from a 2022 Survey of Managed Care Organizations (MCOs) in Texas

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Background and Purpose

In late 2018, the Episcopal Health Foundation (EHF) partnered with the Texas Association of Health Plans (TAHP) and the Texas Association of Community Health Plans (TACHP) to conduct the first ever Texas survey to capture Medicaid health plans activities to address non-medical drivers of health care (NMDOH). The survey highlighted that while Texas Medicaid managed care organizations (MCOs) are committed to addressing NMDOH there are challenges in financing, incentivizing and sustaining non-medical interventions. The survey responses also highlighted that there is a lack of understanding of Texas Medicaid policies and regulations that authorize MCOs to advance NMDOH activities. The survey findings were also published in a Health Affairs blog article in the summer of 2019. As a result of this collaborative effort, EHF, TAHP, TACHP and Texas Health and Human Services (HHSC) partnered to form the Texas MCO NMDOH Learning Collaborative.

In 2020, EHF, in partnership with TAHP and TACHP, initiated a second MCO NMDOH survey that focused on identifying MCO strategies to address NMDOH during the COVID-19 pandemic. This survey focused on questions around the following domains; MCO screening and referral practices, NMDOH services offered by MCOs, COVID implications of MCO work, MCO telehealth strategies, challenges and facilitating factors in NMDOH investment, and barriers and technical assistance needs expressed by MCOs. The survey highlighted that during the COVID-19 pandemic, MCOs saw an increased need to address NMDOH and MCOs also observed that many community-based organizations (CBOs) were overwhelmed with increased social service needs but were short on funding resources.

The Learning Collaborative entered its' fourth year in January 2023. Year four will focus on infrastructure to advance initiatives and reimbursement of activities to address NMDOH and ensure that the MCOs, providers and HHSC have the infrastructure in place to make NMDOH initiatives successful and ensure outcomes are measurable. The 88th Legislature is currently convening and if legislation is passed, it is important now, more than ever, to ensure that infrastructure is in place to ensure NMDOH pilots, programs and initiatives are operational.

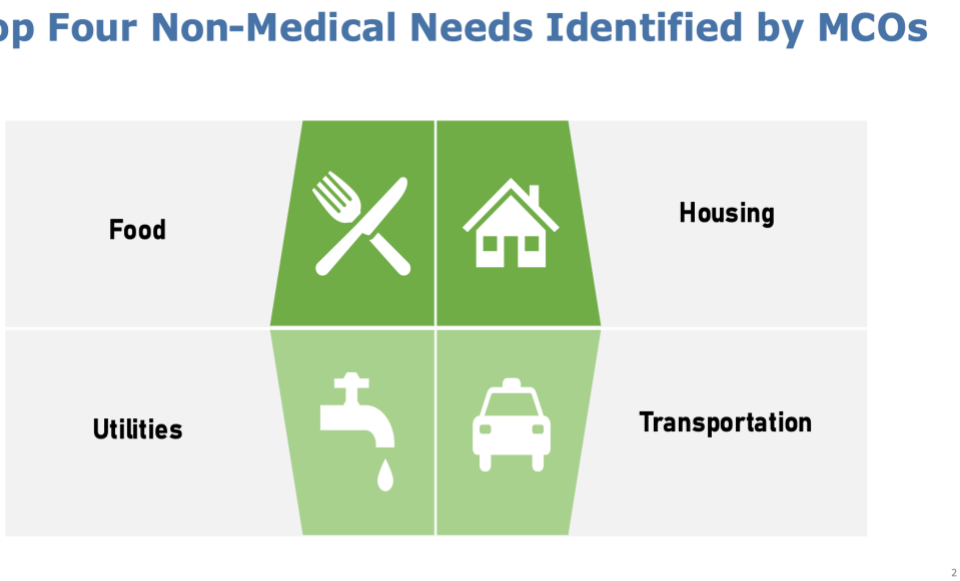
To support the year four work plan, a third Medicaid health plan NMDOH survey was launched in December 2022. The goals of this survey are to better understand the challenges and opportunities of addressing Medicaid Members' NMDOH needs, identify the infrastructure needs to support NMDOH investment and initiatives, understand barriers to health plan NMDOH investment, and identify potential policy changes needed to incentivize health plan NMDOH investment.

Treaty Oak Strategies conducted an online survey from December 6, 2022, to January 21, 2023, via SurveyMonkey™. Fourteen of the sixteen contracted Texas MCOs, responded to the survey, reflecting an 87.5% response rate. This report outlines the survey findings in the following domains: MCO NMDOH screening and referral practices, data sharing, APM infrastructure, and current investments. This report also offers takeaways for consideration, including a comparison of the three MCO NMDOH surveys.

Current MCO NMDOH Investments

In the two previous surveys it was important to get a snapshot of how MCOs were investing in non-medical services and interventions and to understand the current needs of Medicaid Members. That trend was continued in this survey.

In this survey the MCOs were asked, other than food (addressed in other survey questions), what non-medical needs are the highest among their Members and to rank the need. The MCOs ranked access to permanent or safer housing, trouble paying utilities and other basic living expenses, and transportation as the highest needs among their Members.



MCOs were also asked to identify the types of investments they are making in the communities they serve to help their Members become less dependent on government assistance. Eight MCOs are investing in educational resources for their Members, four indicated that they provide employment resources, and other detailed responses include:

- We provide support to assist Members in accessing community services for self-empowerment.
- We provide a Member Community Health Worker (CHW) training program that allows Members or their representatives to complete CHW training and certification to broaden their skills set and open employment opportunities.
- Housing is a major expense for most families; expanding access to affordable housing in our communities helps Members and others sustain housing needed to stay healthy, complete education, and maintain employment.
- We have invested in dozens of Texas CBOs that support community health, address non-medical drivers of health, support workforce development, and improve economic mobility in a variety of ways.

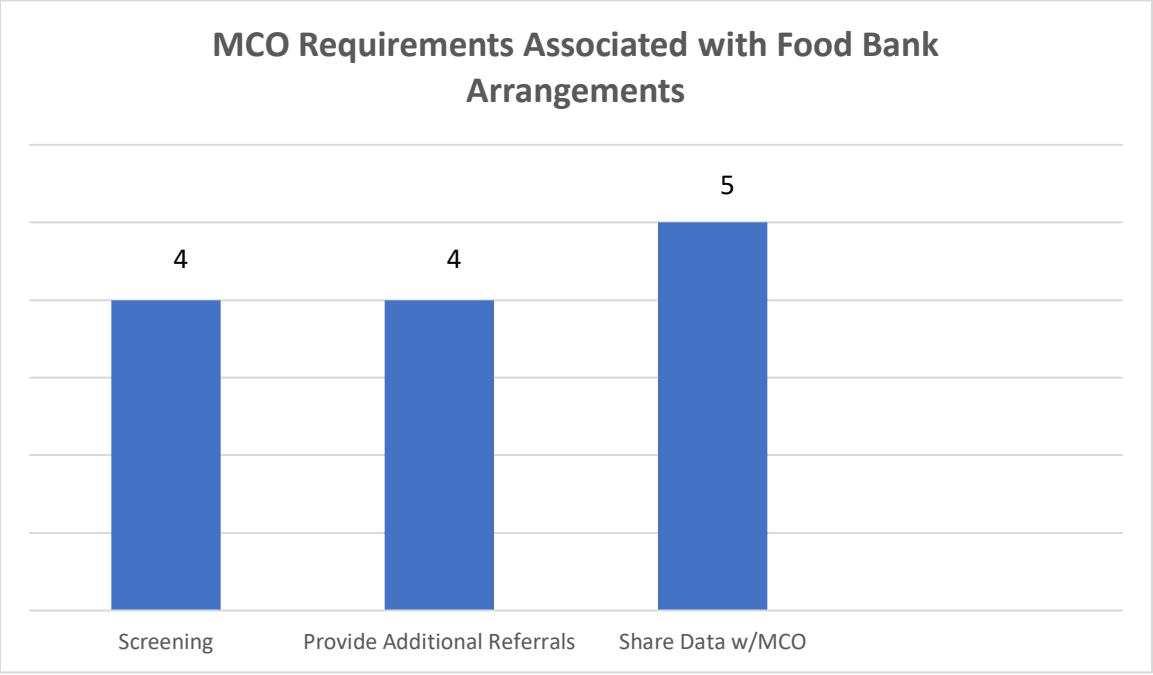
- We adopted 4 social determinants of health: food security, housing, transportation, and education. Our organization makes social investments based on programs and entities that support these social determinants of health.

MCO and Food Bank Collaborations

Year 3 of the Learning Collaborative included a workgroup focused on exploring opportunities for MCOs to collaborate with food banks to address NMDOH. To determine if this work had an impact on MCO investments and partnerships and to inform work in year 4 the survey included several questions to identify current initiatives to address food insecurities.

Five MCOs responded that they currently have an agreement with a food bank to provide funding. One MCO commented that they are working on alternative solutions to address food insecurities at local grocers rather than just focusing on food banks. A second MCO indicated that they have some specific food meal programs when there is a clear connection between food and the individual's medical condition because without that medical indicator, they find it difficult to show correlation. A third indicated they have a Food Rx program. This is consistent with the recent report findings published by Feeding Texas and Texas Association of Community Health Plans relating to the partnership activities between MCOs and Food Banks.

To gain additional information, the survey asked if the five MCOs had any specific requirements associated with their food bank arrangements. The five MCOs responded as follows:



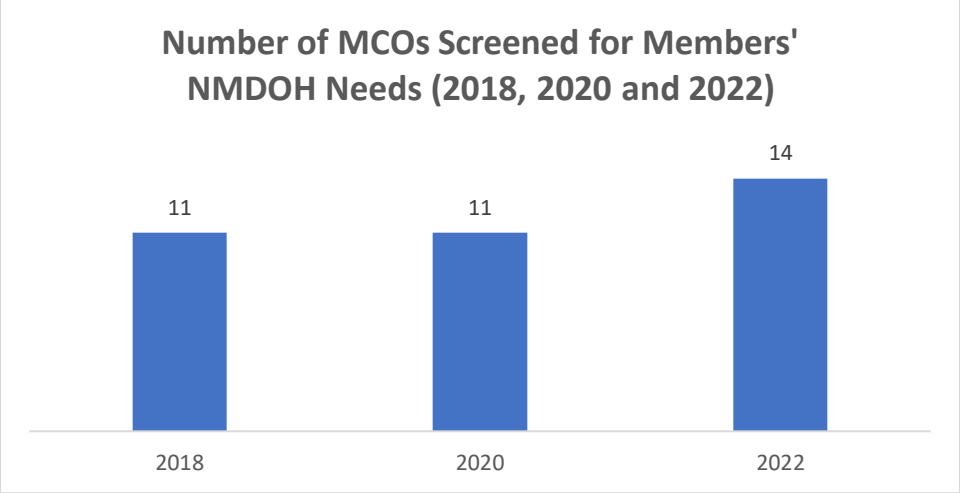
The MCOs were asked what barriers are keeping them from reimbursing food benefits. All but one MCO responded. Twelve indicated food not being a covered Medicaid benefit as a barrier and nine indicated it is difficult to develop payment models with food banks. One MCO stated that some local food banks have been reluctant to set up agreements and share data.

Based on the findings in this survey and previous surveys, addressing food insecurities continues to be a focus for MCOs. In both the 2018 and 2020 surveys all respondent MCOs indicated they were investing in interventions to address food insecurities and access to healthy foods. Additionally, in the previous surveys, all MCOs indicated they would invest more to address food insecurities and create greater access to healthy foods if they were allowed to classify the investment as quality improvement costs or if these interventions were Medicaid covered benefits.

MCO NMDOH Screening

The Texas Health and Human Service Commission's Uniform Medicaid Managed Care Contract requires MCOs to conduct an initial risk assessment of their Members to inform Service Coordination and other health plan activities and there are increased MCO Service Coordination requirements in the new STAR and CHIP RFPs released in December 2022. Year 4 of the Learning Collaborative will explore how MCOs are screening clients for NMDOH during that initial risk assessment and the role of MCO Service Coordination in identifying and addressing NMDOH.

In the 2022 survey all fourteen of the health plan respondents indicated they screen for NMDOH needs, as compared to the 2020 and 2018 with 11 plans screening for NMDOH needs (see below chart). Questions were not included in the current survey to inform what may have caused the increase, but nationally the discussion around NMDOH is trending and it is likely that the increased discussions around NMDOH at HHSC and participation of the MCOs in the Learning Collaborative may have had an impact on the recognition of the importance of screening and referring for non-medical services.



Even though all fourteen health plans screen for non-medical needs, the screening tools that are used by health plans vary. Here are health plan responses regarding the types of tools they are using:

- One plan indicated they use the tool imbedded in the Findhelp platform.
- Three health plans indicated that they use a population health management database to assist with identifying NMDOH needs.
- Seven plans indicate that they have their own internal health needs screenings and risk assessments.
- Two health plans use the PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences) tool.
- One MCO uses the American Academy of Pediatrics' (AAP) and American Medical Association (AMA) screening along with other tools as appropriate to the age of the Member.

Additional survey questions regarding screening provide a deeper insight into MCO expectations of contracted providers. Three MCOs indicated that they require providers to screen for non-medical needs in various situations and to share screening information with the MCO. For example, one MCO requires medical home contracted providers to screen Members and to provide aggerate reporting on the needs identified during those screenings. A second MCO explained that they have arrangements with in-home long-term services and supports providers that require aggregate reporting on any non-medical needs identified and any actions taken to address those needs. A third MCO shared that they are currently in the first year of a pilot program in which the MCO is sharing all NMDOH ICD10 Z-Codes they receive for their population with primary care providers (PCPs). The MCO plans for this pilot program to inform future alternative payment models (APM) used to incentivize PCPs to screen for NMDOH needs though a pay-for-reporting arrangement. Six of the MCOs indicated that while they do not require screening, they do provide education and highly encourage their providers to screen for social needs.

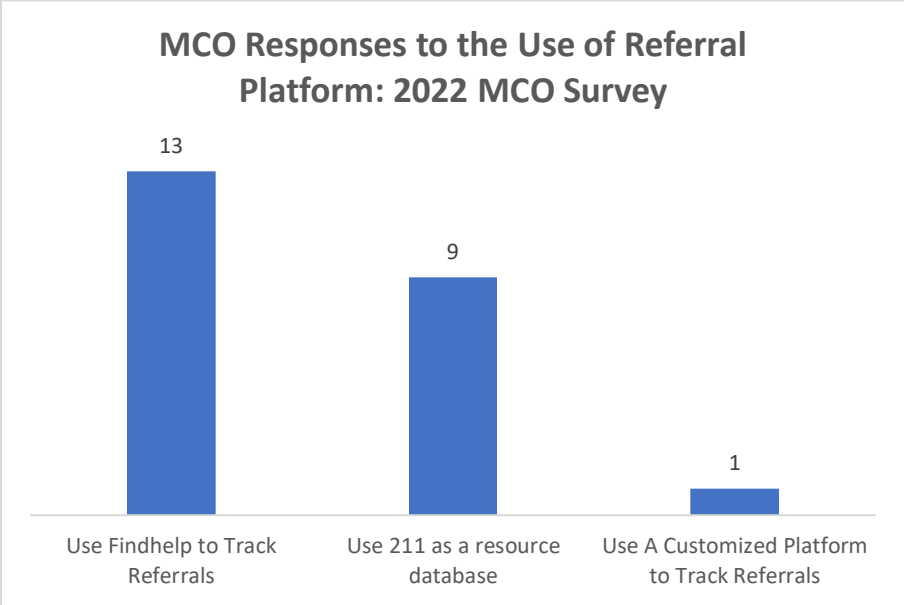
The information provided in this survey indicates that MCOs are putting much more thought into ways to use screening at both the health plan and provider level. The *Screening and Referrals - Challenges and Recommendations* and *Data Sharing – Recommendations* sections of this report provides even greater insight into what is needed to improve and streamline screening processes.

Referrals for NMDOH Needs

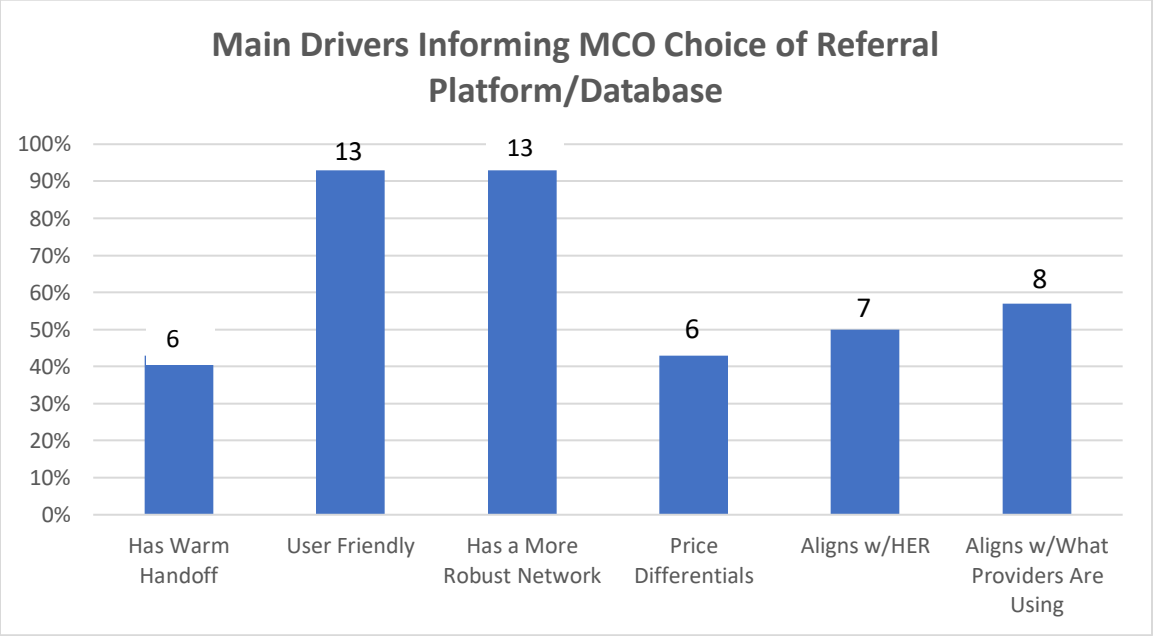
This section of survey questions was included to obtain a landscape of what is currently happening in regard to Member referrals for non-medical services. Nine of the MCOs responded that if a provider refers a client for a non-medical need that information is shared with the MCO. The majority of the MCOs indicated that they use ICD10 Z-Codes to capture this information from providers.

The MCOs were also asked to provide details about what type of technology or system they are using providing and tracking referrals. All except one of the MCOs indicated that they use

Findhelp, with one providing additional information explaining that they are considering other technology options for the future. The one respondent not using Findhelp indicated they use a proprietary customized tool. Secondarily, the MCOs were asked if they use 2-1-1 as a resource database. Three of the twelve respondents said “no” and did not provide an explanation as to why they are not using this resource.



The MCOs were asked about the main drivers that have helped them choose a platform or database. One MCO provided a note that they would like a better reporting functionality on closed loop referrals. All fourteen MCOs responded to the question and were given the option to choose all of the multiple-choice answers that apply.



Screening and Referrals - Challenges and Recommendations

The MCOs were asked to describe the main reasons that keep them from requiring providers to address social needs or share information. Lack of reimbursement and provider burden issues were the main reasons why MCOs do not require providers to screen for NMDOH. Here are some of the narrative responses:

- We try to balance what is asked of our providers based on all they are expected to accomplish during the course of their services.
- Some Providers find it difficult and resource intensive in screening for social needs. And do not have resources available to them.
- Adding assessments to providers' workflows adds administrative burden.
- If providers are not comfortable doing formal screenings for non-medical drivers of health, requiring the assessment may not be best for Members because assessments may not be paired with follow-up, or may cause provider frustration.
- We do not require providers to share information on needs identified because we prioritize finding ways to help providers act on needs identified.
- When a Member is comfortable sharing a need with a provider or community partner, we believe the best next step is for that trusted person to help the Member connect to resources if the Member wants help. Our focus has been on trying to support providers to act as if that is part of their process.
- Workforce constraints, and communication tools vary/non-existent.
- There is not a consistent platform at this time between MCOs nor are providers truly incentivized to take time to assess and report.
- Sharing this type of data is not required or reimbursed and is a relatively new concept. We have met with providers to understand their screening practices but many of them have shared concerns about responsibility/resources to help if a Member screens positive for social needs.

Data Sharing

Data sharing between providers and MCOs continues to be a barrier impacting the development and implementation of alternative payment models, improving Service Coordination, and developing coordinated efforts to address non-medical needs. Given this challenge, year 4 of the Learning Collaborative will hold meetings to focus on data sharing in hopes of identifying the major barriers and recommend solutions.

The survey asked the MCOs to identify the main barriers they encounter with sharing data with providers. Thirteen responses focused on the lack of infrastructure and interoperability. One of the detailed responses highlighted challenges for both the provider and the MCO and summarizes the other MCO responses received:

> *The primary challenge we have with sharing data with Providers on non-medical drivers of health is providing timely, meaningful, actionable data that fits into Provider workflows so the data can be easily used. The primary challenge with receiving data from providers is to identify which information is most important and receiving that data in a format that is quickly actionable so it can be used. Exchanging data without a specific need or purpose adds administrative burden for Providers and does not help*

Members. The key for us is whether the information will be helpful and consideration of Member privacy and consent.

The MCOs were also asked if there are any barriers that providers have shared with them that prohibit them from sharing Member information. This was an open-ended question and twelve of the MCOs responded. The majority of responses referenced provider resources and burden, connectivity, and Member privacy once again as the major barriers. One MCO explained that social care platforms are typically not able to seamlessly share data, making data sharing more of a manual process.

Data Sharing - Recommendations

The last question for this section inquired if the MCOs had any recommendations that could improve data sharing. This was another open-ended response with twelve MCOs providing recommendations.

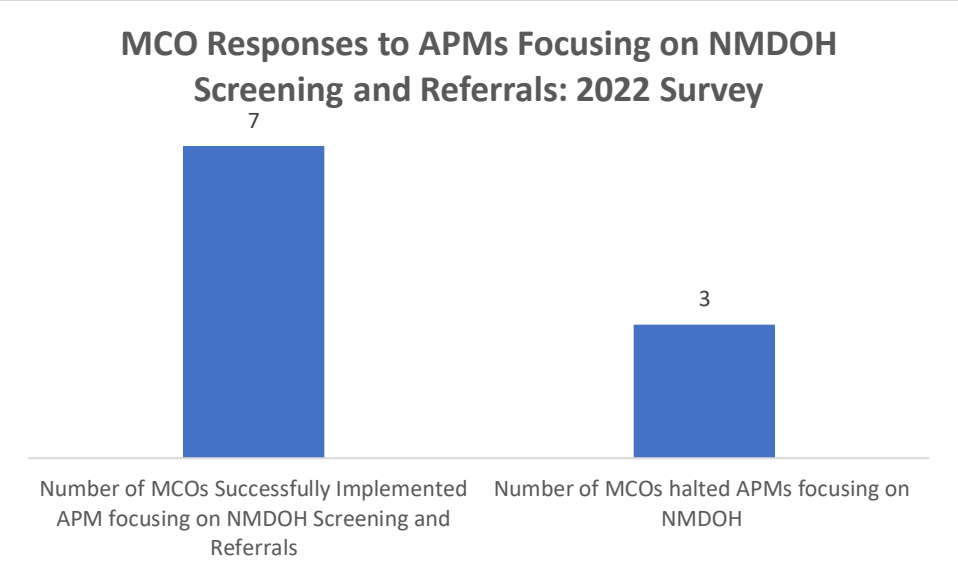
- One MCO recommended HHSC develop a fee schedule and allow for follow-up visits and reimbursement to address NMDOH.
- Another MCO indicated that there is a need for MCOs to continue to collaborate with providers to encourage information sharing.
- One recommendation stated that the MCOs should align questions being asked and metrics being tracked to ensure that the MCOs are requesting the same information from providers. This will ease the burden on the providers and make tracking the impact at the state level easier.
- The remaining recommendations focused on the need for more connectivity and integrated systems that share information about the outcomes of Member referrals, the need to standardize data sharing tools and streamline questions and metrics being tracked.

These survey responses indicate that many of the MCOs are interested in streamlining these processes and provides the Learning Collaborative a set of recommendations to start working through over the next year to develop concrete recommendations for policymakers.

Alternative Payment Model Infrastructure

During year four, the Learning Collaborative will focus on infrastructure needed to advance alternative payment models (APMs), with an emphasis on reimbursement for interventions related to non-medical drivers of health. This series of questions was aimed at identifying MCO APM efforts focused on non-medical interventions.

Seven of the fourteen respondent MCOs indicated they have successfully implemented an APM that incorporates screening and referring for NMDOH. APMs can be extremely time-consuming and take a significant amount of time to implement. Through this survey, it was important to identify additional challenges and gain insight into the MCO experience with implementing APMs focused on NMDOH interventions.



Three MCOs indicated that they have had to halt an APM focused on NMDOH. All fourteen of the MCOs also responded when asked to explain the major barriers they have faced when implementing APMs. Here are some of their narrative responses:

- Having a clear measuring mechanism to show progress of NDOH over time and clear cause and effect relationships.
- Ensuring a closed-loop process and payment to non-traditional providers and/or funding for non-covered services.
- Difficult to get to an agreement.
- Our MCO has yet to formalize what an APM would look like regarding non-medical drivers of health.
- The major barriers are creating reports that track performance, distributing timely data the MCO can verify, creating non-medical drivers that lead to improved care or cost savings and standardizing non-medical drivers.
- We have not determined how to appropriately incorporate this into an APM as this screening is a relatively new concept for many providers.
- While we provide education on what NDOH is and why it's important, there's still not a comprehensive understanding from providers on how to report on it.
- We anticipate the typical groups focused on addressing SDOH are not medical providers, but CBOs that may not submit claims. The current guidance and requirements do not allow us to count a financial arrangement with this type of organization as an APM.
- Resources, due to other competing priorities we just have not been able to stand this up, but we are looking at it for 2023.
- Provider buy-in and support.

One of the MCOs that has not encountered barriers provided the following information:

> *We have found that incorporating non-medical drivers often requires tailoring arrangements to each provider based on their current workflows or interest in expanding*

activities. We have arrangements for 2023 that include screening and referring for non-medical drivers of health as part of Provider care coordination activities. We are also talking with Providers about arrangements that would be focused primarily on screening and referring. We are working with CBOs to implement or design outcomes-based payment models for services to address NMDOH.

APM and NMDOH - Recommendations

The last question for the data section asked the MCOs for specific recommendations for additional flexibilities or policy changes that could help improve the development and implementation of APMs focused on NMDOH. Twelve MCO respondents provided an answer to this open-ended question. Below is a summary of recommendations:

- Include APMs with CBOs or other organizations that cannot submit claims in calculations for APM targets.
- Develop billable codes for addressing SDOH and/or reimburse z-codes.
- Require providers to screen for NMDOH needs and share that information with the MCOs.
- Develop methods to track data in a timely way to impact improvements in providing care, cost savings and standardization of non-medical drivers.
- We need to better enhance our capabilities regarding the cost of care, utilization metrics, bundled payment reporting, etc. to better enter agreements and reporting.
- We need to better understand how we are performing against other health plans.

Responses to the APM survey questions will help the Learning Collaborative identify barriers and issues that can be built into year four discussions. Responses throughout the survey continue to indicate that many MCOs struggle with how to develop meaningful relationships with non-traditional providers and CBOs. Exploring best practices for contractual arrangements with CBOs and researching policy levers to allow Medicaid funds to flow to CBOs could advance initiatives aimed at addressing NMDOH. Additionally, giving MCOs "credit" for incorporating CBO relationships into APMs could further incentivize MCO investment in addressing NMDOH.

Conclusion

This survey has yielded many important insights in terms of MCO practices and strategies on NMDOH screening, referral, data sharing, APM and investment strategies. We have shared recommendations made by MCO leaders throughout various sections of the report. Reflecting on our survey efforts over the past 5 years, it is clear that MCOs have now, more than ever, integrated NMDOH issues as they consider strategies to improve the health outcomes of their Members. The survey data is very timely to inform and shape the content of the MCO NMDOH Learning Collaborative sessions as well as the work of HHSC, MCOs and providers. Further, given recent federal and state policy momentum relating to MCO NMDOH strategies, we hope the survey data could be used to inform future policy and practice development, implementation and evaluation of NMDOH strategies.

Appendix: Medicaid Managed Care Organization Survey Respondents

Health Plan
Aetna Better Health of Texas
Blue Cross Blue Shield of Texas
Community First Health Plan
Community Health Choice
Dell Children's Health Plan
Driscoll Health Plan
El Paso Health
FirstCare Health Plans
Molina Healthcare of Texas
Parkland Community Health Plan
Scott and White Health Plan
Superior
Texas Children's Health Plan
UnitedHealthCare Community Plans of Texas