

Texas MCO NMDOH Learning Collaborative: Medicaid Member Engagement & Medicaid Innovation Collaborative

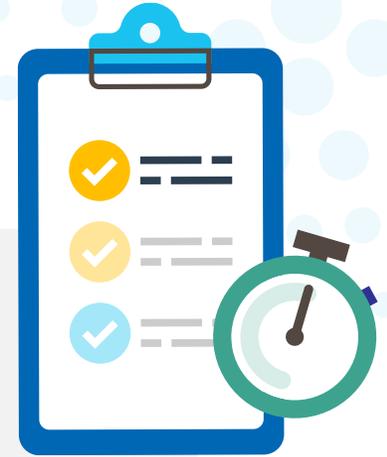
Anna Spencer, Center for Health Care Strategies

Veenu Aulakh, Acumen America

May 31, 2024, 11:00am – 12:30pm CT

Agenda

- Welcome and Introductions
- Medicaid Member Engagement
 - CMS Ensuring Access & Eligibility in Medicaid Final Rule
 - Member Engagement Best Practices
- Medicaid Innovation Collaborative
- Q&A



Today's Speakers



Shao-Chee Sim, PhD

Executive Vice President for Health Policy,
Research & Strategic Partnerships
Episcopal Health Foundation



Anna Spencer, MPH

Senior Program Officer
Center for Health Care Strategies



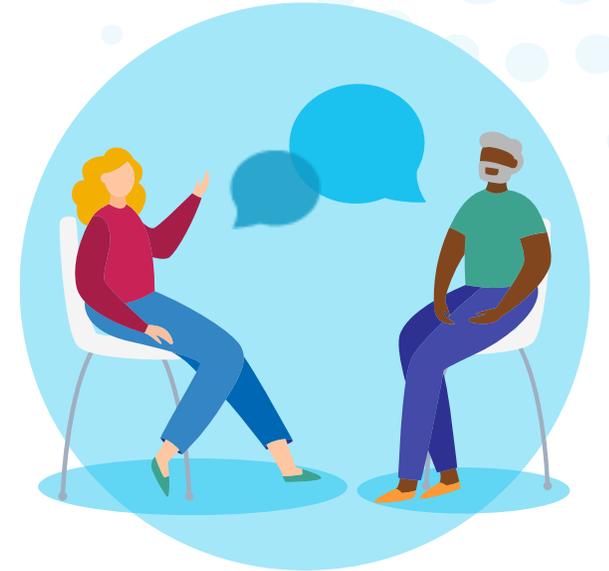
Veenu Aulakh

Executive Director,
Medicaid Innovation Collaborative

CMS Access and Eligibility in Medicaid Final Rule

Engaging Medicaid Members: New Requirements In Medicaid

- April 2024, CMS released “Access Rule”
 - Establishes new requirements for states to create two new member advisory groups: **Medicaid Advisory Committee (MAC)** and **Beneficiary Advisory Council (BAC)**
 - Replaces the Medical Care Advisory Committee
 - Fundamentally changes the role members will play in shaping Medicaid policies and programs
 - Includes new requirements on structure, transparency, support



Medicaid Advisory Committee

- Expands focus of MCAC beyond health and medical care services
- MAC will include Medicaid serving stakeholders
 - MCOs
 - Providers
 - Patient advocates
 - One additional state agency
 - Members



Beneficiary Advisory Council

- Member only group
 - Participants must have Medicaid-lived experience, including family members, paid/unpaid caregivers
- Some BAC members will also serve on the MAC
- BAC meetings to occur in advance of the MAC meetings
- Closed to the public, unless BAC decides otherwise



MAC/BAC Shared Requirements

- **Term limits**

- 2 years max

- **Defined member selection process**

- Medicaid director will select members

- **Meeting Frequency**

- MAC/BAC must meet quarterly

- **Public Access**

- MAC/BAC related materials publicly available

- **Reporting**

- Annual report

State Support for the MAC/BAC

- States must provide staffing, administrative and financial support
- States are encouraged to provide support to members
 - Reimbursements do not count as income for Medicaid eligibility (i.e., Meals, mileage, lodging)
 - Daily stipends would be countable as income
- States can claim federal financial participation (FFP) for MAC/BAC at standard administrative match rate of 50%

Scope of MAC/BAC

- Changes to covered services
- Coordination of care
- Quality of services
- Eligibility, enrollment, renewal processes
- Cultural competency, language access, health equity
- Access to services



Member Engagement Best Practices

Member Engagement Continuum

Engagement Level	Inform	Involve	Collaborate	Community-Led
GOAL	Provide members with information to support their understanding of a program, resource, or opportunity.	Understand member concerns and aspirations regarding programs and policy.	Incorporate member insights into each aspect of the decision-making process, including the identification of priorities, preferred solutions, and alternatives.	Place decision-making in the hands of community members to co-create, implement, and evaluate processes and priorities.
EXAMPLES	<ul style="list-style-type: none"> • Print materials • Web, video, and social media updates • Text message and email campaigns • Open houses and informational booths 	<ul style="list-style-type: none"> • Member interest and experience surveys • Focus groups • Requests for information • Public hearings and requests for written feedback • Ad hoc advisory groups 	<ul style="list-style-type: none"> • Listening sessions • Structured advisory groups, such as PFACs, CABs, and BACs/MACs, with clearly defined leadership roles for members • Hiring current former members as consultants on special projects • Partnerships with community-based organizations • Community-centered research • Community liaison, ambassador, or navigator programs • Co-developed outreach strategies 	<ul style="list-style-type: none"> • Co-development of program policy, priorities, and member engagement protocol • Co-facilitation of meetings and groups • Participatory budgeting and decision-making • Retaining current/former members as agency staff and leadership

Member Engagement Best Practices

- ***Prioritize Trust***

- Building trust takes time, requires explicit and ongoing commitments to member engagement activities
- Messaging should consistently and clearly communicate the goals and value of understanding member experiences

- ***Be Transparent***

- Clearly define goals and objectives of engagement activities upfront
- Provide regular updates on how member feedback has been applied – or not.

- ***Provide Equitable Compensation***

- Compensation/reimbursement ensures that those most impacted by Medicaid programs and policy can participate in conversations

Member Engagement Best Practices

- ***Ensure Diversity and Inclusion***

- Solicit input from members who reflect the full diversity of the program
- Understand and address barriers to participation (i.e., language, accessibility, information technology)

- ***Use a Trauma-Informed Approach***

- Information policymakers/MCOs seek is often closely connected to experiences of personal trauma
- Trauma-informed approaches involve giving choice/empowerment to members, recognizing historic biases in accessing health care

- ***Devote Sufficient Resources to Member Engagement***

- Includes staff and member capacity building
- Supports effective and sustainable engagement activities

Medicaid Innovation Collaborative



Tech-Enabled Solutions for Addressing Non- Medical Drivers of Health



**Medicaid Innovation
Collaborative**

Run by an organization committed to alleviating poverty



Acumen America

A non-profit impact investment firm focused on serving low-income communities

Medicaid is at the core of Acumen America's investment strategy, and MIC grew out of that work.

Generous support from our funders enable us to deliver this program for free to our state, managed care, and community participants.

Partnering to provide technical assistance through:



Center for Health Care Strategies

A leader in policy design and implementation devoted to improving health care delivery for low-income Americans



HOPE LAB



THE LEONA M. AND HARRY B.
HELMSLEY
CHARITABLE TRUST

Private-sector innovation has the potential to address persistent health challenges in Medicaid

...addressing social determinants



...filling in maternity care gaps



...engaging members



...delivering more effective behavioral care



...monitoring for real-time, preventative, proactive care



+100s More

Startup health tech companies raised a record of \$15.3b in 2020, offering a range of solutions that can support the U.S.'s most vulnerable patient populations

A fragmented Medicaid ecosystem makes high-impact innovations difficult to scale

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FEDERAL REGULATOR

56

STATE MEDICAID
OFFICES

290+

MANAGED CARE
ORGANIZATIONS

75M

BENEFICIARIES WITH
UNIQUE NEEDS

1000s

MEDICAID POLICIES
AND REQUIREMENTS

100s

CONSTANTLY
EMERGING HEALTH
INNOVATIONS

“If you’ve seen one Medicaid program, you’ve seen one Medicaid program.”

The Medicaid Innovation Collaborative (MIC) aims to improve the health and wellbeing of individuals on Medicaid by advancing the adoption of tech-enabled innovations.

States Participating in the 2023 program focused on addressing non-medical drivers of health



The program focuses on three key phases to coordinate across the Medicaid ecosystem

DEFINE + DISCOVER

DEFINE the problem and align on state, managed care, provider and community goals and expectations.

DISCOVER the unique context of inequities within a geography or population through conversations with beneficiaries and research.

SOURCE + SELECT

CONNECT + CATALYZE

EQUITY THROUGH INNOVATION

Medicaid beneficiaries are at the center of our model



Medicaid beneficiary market research (led by Goodwin Simon Research)



Medicaid beneficiary advisory board



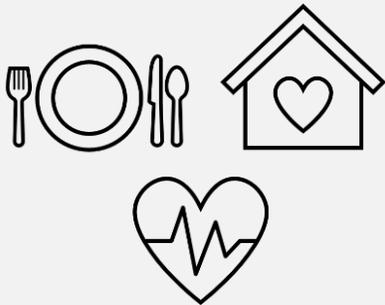
Survey of evidence for social needs interventions

Targeted RFI focusing in 6 key areas within health-related social needs:

- Food and nutrition security
- Housing affordability and quality
- Transportation services
- Economic stability through education and employment
- Navigation and coordination of care, resources and services
- Infrastructure and data tools for providers, plans and states for non-medical drivers of health management

Key findings: a need for innovative solutions to food and housing insecurity, as well as care coordination

Medicaid participants struggle with interrelated non-medical drivers of health



Research identifies a need for providing innovative assistance leveraging technology



Unwillingness to share information creates barriers to support; tech solutions will have to establish trust and overcome this barrier



“I think it is easier when you [communicate] online... going back to the whole stigma thing, if you are able to do that online it just makes it less uncomfortable.”

Black man, Kentucky

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SOURCE + SELECT

SOURCE scalable innovations to meet the needs defined through discovery.

SELECT innovations best suited to meet the needs with input from community, managed care, state, and subject matter representatives.

EQUITY THROUGH INNOVATION

At each stage, solutions reviewed by stakeholders for viability and impact

Source
RFI for entrepreneurs to pitch solutions targeted at non-medical drivers of health

Evaluate
Solutions presented at showcase were evaluated by MCOs, states, Medicaid beneficiaries



MIC Innovation Showcase highlighted solutions to address non-medical drivers of health across four categories

Food Insecurity



Transportation / housing



Care navigation



Data infrastructure



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CONNECT + CATALYZE

CONNECT state, managed care plan, and community representatives to scalable innovations through a showcase event.

CATALYZE adoption of innovations by facilitating state and managed care alignment. Support pilots and evaluation.

EQUITY THROUGH INNOVATION

MIC supports MCOs and states to implement selected solutions

Facilitated conversations
between health plans and
State Medicaid



Incentives to de-risk
pilots with health plans,
with cost sharing by
MCOs to ensure buy-in



Evaluation support to
define success for
sustainability



Each state selected partnerships to contract, pilots & learn

State	Vendor(s)	Intervention	Partner(s)
		Healthy food shipments, live education sessions	Molina, Dare to Care Food Bank, Play Cousins Collective
		Food-as-medicine and nutrition coaching	Anthem
		Housing support	Aetna, Humana
	 	Housing support, referrals to CBOs	Healthfirst, Staten Island PPS
		Non-emergency medical transportation	Wellpoint, IA Total Care, Molina

Samaritan / Kentucky



Pilot overview

Pilot co.	
MCO partners	Aetna and Humana health systems
Geography	KY State
Pilot scale	100 members with insulin-requiring diabetes or with housing instability, in transition from hospital, or substance abuse disorder
Focus area:	Housing



Intervention description

Samaritan platform and smart wallets used to provide direct social and financial support to keep enrollees engaged with services at Community Based Orgs (CBO) that can provide support for social needs. Referrals to CBO and case management network (e.g., VOA, St. Vincent De Paul, Hope Buss, Goodwill)



Outcomes and evaluation metrics

Short-term metrics of success

- At least 100 patients will enroll into the Samaritan platform/system
- 80% of patients engage with case management, social worker, and/or are connected with CBOs
- 75% of patients completing action steps, including connecting back to the plan
- Number of patients spending funds on transportation, food, utilities, and different professional services

Longer-term metrics

- >60% of identified members improving engagement rates with primary care, critical utilities, housing, or another SDOH measure
- >10% reduction in total ED visits
- >12% reduction in overall cost of care
- Track patients completing annual visits, having controlled A1C, (BP, HT, CRC screening weight)
- The program will be sustained if justified by the ROI to Aetna and Humana
- We can demonstrate a significant correlation between housing-insecurity and medication adherence, utilization of BH services or MAT, and more.

MiC collaboration resolves implementation hurdles faced by states to sustain innovative practices

MiC as a neutral convener helps coordinate complex collaboration across government, MCO and contractor stakeholders to advance and sustain innovations

MiC narrows wide field and “filters out the noise” to a set of vetted solutions that have high potential for scalable impact on health equity

Beneficiary input incorporated in each step of the process: decision criteria, selection, and showcase event

State-directed process provides input and coordination over MCO priorities, including potential for cross-MCO collaboration around innovative solutions

MIC program aligns with NMDOH priorities in Texas

NMDOH priorities

Align with **priorities:**

- Food insecurity
- Housing
- Transportation

Align with new policies in TX and help inform new ones

SUPPORT ACTION PLANS

Solutions can support **NMDOH action plans**

Solutions can **complement** offerings by CBOs and broaden partnerships with MCOs

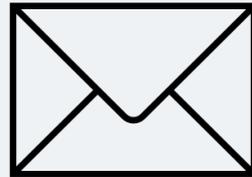
LEARN THRU ACTION

PILOTS and alignment with ecosystem provides learning and impact by testing and evaluating solutions for longer-term sustainability.

Opportunity to learn from other states in the program and continue partnership with **CHCS**

We would like to work with Texas Medicaid & MCOs to support your goals.

**Contact us if interested in joining MIC:
vaulakh@acumen.org**



<https://www.acumenamerica.org/medicaid>