September 21, 2021

The Honorable Cheri Bustos
Co-chair
The Congressional SDOH Caucus
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Cole
Co-chair
The Congressional SDOH Caucus
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The Honorable G.K. Butterfield
Co-chair
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The Honorable Markwayne Mullin
Co-chair
The Congressional SDOH Caucus
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Re: RFI – Social Determinants of Health

Dear Co-chairs Bustos, Cole, Butterfield, and Mullin:

I am writing to you on behalf of the Medicaid Health Plans of America (MHPA) to applaud the establishment of a bipartisan Congressional Social Determinants of Health (SDOH) Caucus and am pleased to provide this letter in response to your request for information (RFI). The impact of the COVID-19 pandemic on Medicaid beneficiaries across our nation has underscored the importance of addressing SDOH that can support and promote better health, well-being, quality of life, and outcomes for this vulnerable population.

MHPA represents the interests of the Medicaid managed care industry through advocacy and research to support innovative policy solutions that enhance the delivery of comprehensive, cost- effective, and quality health care for Medicaid enrollees. MHPA works on behalf of its 130+ member health plans, known as managed care organizations (MCOs), which serve more than 40 million Medicaid enrollees in 40 states, Washington, DC, and Puerto Rico. MHPA's members include both for-profit and non-profit, national and regional, as well as single-state health plans that compete in the Medicaid market.

Our response to the RFI is divided into four sections that will address: 1) SDOH and the Medicaid population; 2) the Role for Medicaid Managed Care Organizations; 3) SDOH and the COVID-19 Pandemic; and 4) Investing in SDOH & Data-Informed Decision-Making.

SDOH and the Medicaid population

SDOH encompass a wide range of non-medical factors including social and economic factors, such as housing, healthy food, and income. In a recent Issue Brief, *Medicaid Authorities and Options to Address Social Determinants of Health*[1], the Kaiser Family Foundation classified various SDOH factors into six categories as depicted in the excerpted Figure 2 below. These non-medical factors can impact overall health risk, quality of life, and well-being and can drive as much as 80 percent of health outcomes.[2] Notably, one of *Healthy People 2030*'s five overarching goals as part of its data-driven effort to identify national objectives to improve health and well-being over the next decade is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."[3]

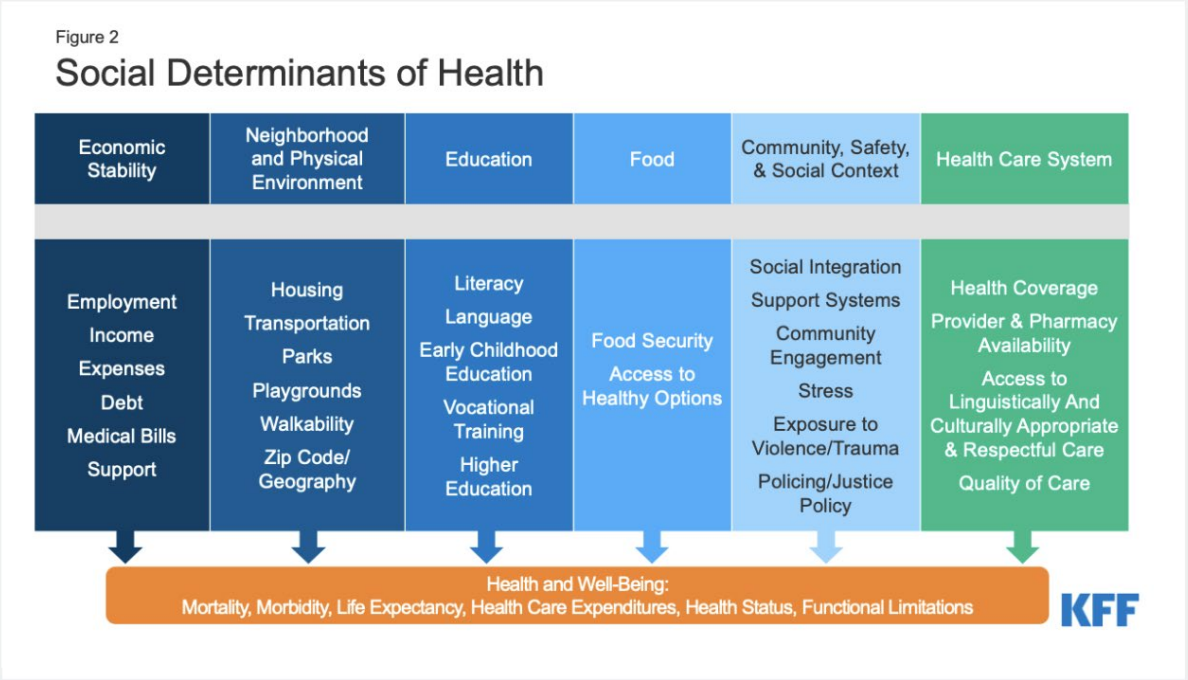

Figure 2: Social Determinants of Health

Over 75 million individuals are enrolled in Medicaid, the nation's health care program for low-income, vulnerable populations who are likely to struggle with basic needs such as lack of access to quality care, affordable housing, food, and transportation. Not surprisingly, social

[1] https://www.kff.org/medicaid/issue-brief/medicaid-authorities-and-options-to-address-social-determinants-of-health-sdoh/
[2] https://www.rwjf.org/en/library/research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html
[3] https://health.gov/healthypeople/objectives-and-data/social-determinants-health

determinants are often associated with negative outcomes and higher cost of medical care for Medicaid beneficiaries. Increasingly, state Medicaid programs are seeking to address non-medical drivers of health through strategies that consider a whole-person approach; in other words, these holistic efforts seek to meet the medical and non-medical needs of these individuals. The Centers for Medicare and Medicaid Services (CMS) have increasingly supported these efforts through recent waiver approvals and guidance.

The Role for Medicaid Managed Care Organizations

Medicaid Managed Care Organizations (MCOs) play a critical role in addressing SDOH for its enrollees. Over two-thirds of Medicaid beneficiaries are enrolled in comprehensive, risk-based managed care plans nationally. Medicaid services delivered through the managed care model are reflective of a successful public-private partnership providing the necessary infrastructure to appropriately manage a beneficiary's whole-person needs while being innovative and flexible in the approach to care management. While options had traditionally been limited, state partners may select from various mechanisms described in the Medicaid managed care statutes and regulations to address SDOH. For example, Medicaid MCOs can be given flexibility to pay for non-medical services through "in-lieu-of" authority and/or "value-added" services. States may also include SDOH requirements in their Medicaid MCO contracts or include quality requirements linked to SDOH or SDOH-related outcomes.

In a 2019 KFF survey of Medicaid directors[4], over three-quarters (35 states) of the 41 states that partner with managed care reported leveraging Medicaid MCO contracts to promote at least one strategy to address social determinants of health in FY 2020. Three-quarters of MCO states reported requiring MCOs to screen enrollees for social needs; provide enrollees with referrals to social services; or partner with community-based organizations. Almost half of states reported requiring MCOs to employ community health workers (CHWs) or other non-traditional health workers.

Medicaid MCOs are well-positioned to support Medicaid beneficiaries with their social risk needs given our experience and capacity for identifying and supporting the needs of individuals with complex conditions and managing and coordinating the delivery of home and community based services. Although states have looked to Medicaid managed care for many years to help them ensure quality and cost-effective care for Medicaid populations, in recent years, states have increasingly turned to Medicaid MCOs to cover more complex populations including seniors with long-term care needs and complex populations including individuals with intellectual and developmental disabilities and children in foster care. These populations often face multiple barriers to health care including social health needs. Medicaid MCOs have been able to effectively serve these complex populations with person-centered care, including providing services that address social determinants of health such as home delivered meals and transportation services. This has positioned us to understand how to best meet the non-clinical needs of individuals.

[4] https://www.kff.org/medicaid/report/a-view-from-the-states-key-medicaid-policy-changes-results-from-a-50-state-medicaid-budget-survey-for-state-fiscal-years-2019-and-2020/

Medicaid MCOs also utilize a whole-person approach that is data-informed to maximize beneficiary outcomes. This person-centric approach enables the allocation of supports that are appropriate and tailored to meet individual needs. This also provides for flexibility and allows for changes or adjustments as the needs of the individual changes and encourages innovative approaches. In addition to the specific needs of individual Medicaid beneficiaries, Medicaid MCOs often invest in the larger community's social needs through engagements with community organizations that address issues such as housing and food insecurity; funding programs and evaluations; and conducting community resource and gap assessments.

We would also note that the Medicaid MCO-State partnerships enable the Medicaid program to remain a viable and sustainable approach for meeting the varied and often complex health and social needs of Medicaid beneficiaries. Medicaid MCOs provide states with financial accountability and budget predictability as well as experienced management of health care costs and risk. This arrangement is mutually beneficial and contributes to the long-term sustainability of the Medicaid program.

SDOH and the COVID-19 Pandemic

Medicaid MCOs have played and continue to play an essential role in supporting their state Medicaid program partners and Medicaid beneficiaries during the ongoing public health crisis. A combination of increased needs, social isolation, heightened mental health concerns, and the digital divide during the COVID-19 pandemic have put additional strain on individual and community resources as well as on the broader safety net infrastructure. The additional federal flexibilities granted during this time have allowed for innovative approaches and support for Medicaid MCO initiatives including, but not limited to, food assistance, expanded pharmacy home deliveries, and MCO-provided gift cards to purchase food and other goods. A 2020 KFF survey of state Medicaid directors[5] revealed an increasing focus on SDOH in response to the COVID-19 pandemic, including among Medicaid managed care plans. Some examples of Medicaid MCO initiatives include:

- ***Vaccine Access – Encouragement & Support*.** Many people with Medicaid can face significant socioeconomic challenges to getting vaccinated, and it can take a localized and personal approach to help them. This could include telephone calls and text messages with information on where to get the vaccine, coordination of free transportation to vaccine sites, and, at times, financial incentives for vaccination. Another approach is using stratified data to identify enrollees in specific zip codes with high COVID-19 infection rates and to partner with local faith-based and community-based organizations to provide vaccine clinics in those local areas.

- ***Food Insecurity*.** Connecting those in food insecure zip codes to food sources could mean coordinating grocery delivery or food boxes through national grocery chains, community based organizations (CBOs), and federally qualified health centers. Using Z-codes has been an important avenue for identifying food insecurity related to the COVID-19 emergency in vulnerable geographical areas and minority populations. After

[5] https://www.kff.org/medicaid/report/state-medicaid-programs-respond-to-meet-covid-19-challenges/

understanding these needs, community investment dollars can be targeted to address gaps in access to food.

Notably, the pandemic exacerbated issues related to health inequities and spotlighted the SDOH needs of communities of color. Some examples of what our member health plans have done and are doing about SDOH impact due to COVID in communities of color include:

- ***Administering COVID-19 Tests in Communities***. Partnerships with local CBOs in a variety of cities administered COVID tests coupled with social supports (i.e. food, safety kits, housing/utility assistance) with locations based on disparity data to target communities most in need.

- ***Multi-Week COVID-19 Vaccine Clinic***. An 8-week vaccination clinic, in partnership with a local hospital system, public schools, state and city governments, held at an elementary school in a predominantly Black and Brown neighborhood, as part of a larger effort, helped ensure more equitable access to vaccines for the entire community. More than 75% of the vaccines where given to people who lived within targeted zip codes and 90% came back to get their second dose at the clinic. Outreach included door hangers on every door in the neighborhood (@45,000 door hangers), used static and roaming billboards, and worked with local churches, community centers, and leaders to encourage vaccinations.

- ***Community Outreach***. Working with Black, Indigenous, and People of Color (BIPOC) and Intellectual and Developmental Disabilities (I/DD) CBOs helped support the development of culturally congruent education materials regarding COVID-19 and amplified voices in those communities.

Investing in SDOH & Data-Informed Decision-Making

Activities to address SDOH-related issues can range from identifying and delivering services that address an individual's social needs, such as securing transportation for a doctor's appointment, to supporting community infrastructure, such as investing in mobile health clinics in underserved areas or areas with provider shortages. With evidence of the impact of addressing SDOH still emerging, we call for improved systems for collecting and sharing data across health systems. Standardization of SDOH data could provide opportunities to better collect, understand, leverage, and report SDOH data. Putting systems in place to promote data-informed decision-making facilitates the customization of supports to meet individual needs while simultaneously building an inventory of best practices of SDOH interventions that lead to better outcomes and spur innovation.

In addition to infrastructure and data systems, investing in SDOH can also mean the consideration of additional coverage options for non-clinical services to address SDOH issues that contribute to higher morbidity and mortality rates for low-income beneficiaries. In other words, investing in non-medical support systems for an individual at high-risk can mean better outcomes and often lower costs. For example, tackling SDOH issues related to maternal health, such as barriers to care faced by low-income pregnant and postpartum beneficiaries, can

facilitate access to needed resources and promote positive maternal health outcomes. As noted in a 2017 study, "[p]overty, lack of education, poor nutritional status, smoking, and neighborhood have been associated with poor maternal and infant outcomes."[6] We encourage the Congressional SDOH Caucus to work with your colleagues to seek additional avenues to meeting the diverse and varied health and social needs of these vulnerable populations, many of whom are currently served through state Medicaid programs.

Thank you for the opportunity to respond to this RFI. We believe that Medicaid MCOs have the expertise and capacity to continue to make a meaningful difference in the quality of the lives of Medicaid beneficiaries and look forward to continuing to work with our federal and state partners.

Please feel free to reach out to me directly at sattanasio@mhpa.org with any questions or should you need any additional information.

Sincerely,

/s/

Shannon Attanasio
Vice President, Government Relations and Advocacy

[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5592149/