mhpa Medicaid Health Plans of America

Issue Brief

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Supporting Health Equity in Medicaid

Healthy People 2030 defines **health equity** as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[i]

A **health disparity** is considered "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."[ii]

Social Determinants of Health (SDOH) defined as "the conditions in the places where people live, learn, work, and play that affect health and quality of life" such as employment, housing, food, and education, can be particularly impactful to overall health and well-being.[iii]

Disproportionate effects of the COVID-19 pandemic based on race and income highlighted longstanding health inequities in the United States. A 2019 study found that "for a variety of reasons, low-income individuals, people of color (POC), and residents of rural areas in the United States experience a significantly greater burden of disease and lower life expectancy relative to their higher income, white, and urban counterparts, and this gap has been growing over time."[iv] Considering the impact of the COVID-19 pandemic, a literature review published in 2021 found the consequences and complications after COVID-19 infection significantly elevated for vulnerable populations with "social determinants of health play(ing) a central role in the disparities."[v]

Public policy changes seek to improve the availability of health care coverage and access to care for marginalized and vulnerable populations. Simultaneously, an increased focus on addressing SDOH supports improvements in health outcomes and overall well-being while contributing to reductions in health disparities and the promotion of health equity.

A joint federal and state program, Medicaid provides free or low-cost health coverage to 90 million Americans, including some low-income individuals, families and children, pregnant women, the elderly, and people with disabilities. Delivering high quality health care to nearly three-quarters of Medicaid enrollees, Managed Care Organizations (MCOs) support the Medicaid program as a critical source of health care coverage for people of color and underserved groups with more than half of the adults in Medicaid being individuals of color.[vi]

MHPA POLICY POSITION

MHPA supports health equity as a priority for the Medicaid program and encourages the consideration of Medicaid policies through a health equity lens. MHPA believes that Medicaid is a health equity program designed to support individuals who are underserved and face complex socioeconomic and clinical circumstances. In furtherance of health equity, MHPA supports efforts to identify and address barriers to care, promote social engagement through tailored outreach and communications, and collect and analyze data to inform and improve outreach and quality of care for traditionally underserved and vulnerable populations.

Medicaid Eligibility, Enrollment & Expansion

MHPA supports efforts by the Centers for Medicare & Medicaid Services (CMS) to consider the Medicaid program through a health equity lens to ensure that individuals who are eligible for Medicaid and CHIP can apply for and retain coverage and that health coverage is both accessible and equitable for Medicaid beneficiaries. In 2021, nearly two-thirds of the 7.4 million uninsured people who were eligible for Medicaid but not enrolled were people of color.[vii] Our member MCOs continue to work with CMS and their state partners to improve the consumer experience with eligibility and enrollment and to enhance program efficiencies.

- ***Partnerships, Outreach & Engagement.*** In communities of color, Medicaid MCO partnerships with community organizations bridge language barriers and facilitate enrollment of vulnerable and underserved populations such as Spanish-preferring speakers.
- ***Communication Methods.*** Educating, engaging, and empowering Medicaid beneficiaries is key to ensuring uninterrupted health coverage and access to care. The ability of MCOs to communicate with their members in the way the members prefer (mobile/text, email, mail) supports and reinforces state eligibility determination and redetermination outreach efforts. A recent MHPA survey[viii] found that during the post-COVID-19 public health emergency Medicaid redetermination process, 98% of our Medicaid health plan members used texting for redetermination outreach noting that coupling outreach modalities, such as text followed by live person calls to offer application assistance, further improves member engagement.
- ***Medicaid Expansion.*** Studies have found that extending health care coverage through Medicaid expansion has been shown to help address health disparities through reductions in uninsured rates and increased access to care.

Access to Health Care & Services

MHPA supports CMS' goal of ensuring Medicaid enrollees have equitable access to health care. MHPA believes that provider partnerships and community engagement are important pathways for promoting the delivery of culturally competent care and services in support of equitable access for Medicaid enrollees.

- ***Provider Partnerships.*** Medicaid MCOs are required to meet federal and state standards around network adequacy and work to develop robust provider networks. Engaging providers as partners, including clinical and non-clinical health workers, can facilitate connections to needed care and services. Non-clinical health workers such as community health workers, doulas, and certified peer support specialists are vital in reaching hard-to-reach populations. These groups are trusted members of the communities they help and serve as a link between health and social services and the population served by the community.
  - Community health workers are "frontline health workers" who can help "improve health care quality, reduce provider burden, and strengthen relationships and trust within the communities for which they provide care."[ix]
  - Medicaid covers more than two-thirds of births among Black and American Indian and Alaska Native individuals who have a higher rate of pregnancy related mortality and morbidity as compared to Whites.[x] Doulas offer a unique opportunity to impact maternal health outcomes by reaching populations that may be hesitant to trust the health care establishment during pregnancy and postpartum.
  - Certified peer support specialists can be vital in providing support to people living with mental health conditions and substance use disorders.

These paraprofessionals are individuals with lived experience of recovery from a mental health disorder or substance use disorder. Peer support specialists can help reach populations struggling with mental health and substance use issues about Medicaid coverage and services.

» ***Community Engagement.*** Community-Based Organizations (CBOs) often serve hard-to-reach and vulnerable groups as part of their mission and daily work. CBOs can include, but are not limited to, schools, food pantries, housing agencies, and faith-based organizations. In communities of color and communities where English is a second language, CBOs can serve as a bridge connecting health plans with Medicaid enrollees. During the COVID-19 PHE, Medicaid MCOs worked with state partners and CBOs to facilitate equitable access to COVID-19 vaccines.

» ***Culturally Competent Care.*** Cultural competency yields appropriate understanding and action based upon beneficiary health care related behavior and tendencies. MCOs ensure network providers deliver culturally competent and linguistically appropriate care through various approaches such as providing cultural competency/humility trainings to all providers. Our member plans have identified several best practices that include, but are not limited to: providing written, culturally competent translations of our key documents and communications into multiple languages; providing access to free language services; enhancing access to qualified oral interpreters and hiring multilingual staff in call centers; and communicating information about language services in both written and digital materials.

» ***Health Care Workforce Diversity***. MHPA supports the findings in the June 2022 MACPAC report that "a workforce that is representative of the beneficiaries it serves and also provides care with cultural competence, regardless of cultural congruence, can drive improvements in equity for Medicaid beneficiaries."[xi] Building and growing a diverse health workforce as part of a broader effort to address barriers to care and promote health equity for underserved communities should include increasing access to education opportunities and offering incentives for people of color, people from rural communities, and people with disabilities to pursue career goals in health care and health equity.

» ***Virtual Connections to Care.*** The COVID-19 pandemic exacerbated the pre-existing health workforce shortages particularly related to behavioral health in rural and underserved areas. TeleBehavioral Health (TeleBH) allows Medicaid enrollees to receive behavioral health treatment safely and in the comfort of their own homes providing greater access to care for those who are homebound or have a disability. TeleBH, like other telehealth services, can connect members with providers who can meet their unique cultural needs and improve access to specialists, giving all members an equal opportunity to obtain specialized care. Additionally, TeleBH removes barriers that can be present with in-person care including SDoH (for example, access to reliable transportation), stigma, and time away from work. MHPA encourages support for building increased capacity for broadband internet availability to advance goals of improving access to care, health quality, and equity.

Health Equity: Data Availability, Access, and Quality

In alignment with the Office of Minority Health's (OMH) COVID-19 Health Equity Task Force, MHPA believes that accurate, consistent data can play an important role for reducing health disparities. We believe that data can enhance the deployment of effective, targeted efforts to improve health outcomes and drive programs that enable health equity. We support the availability of complete and accurate data in furtherance of health equity goals through the following :

» ***Data Accuracy.*** Current limitations of the usefulness of some data include the use of archaic terminology and limited

selections for race or ethnicity that make it difficult for individuals of multiple races to identify themselves. In addition, some states limit the information they share with Medicaid MCOs. Data collection should be improved to ensure greater accuracy and consistency.

» ***Standardization of Demographic Data Collection.*** Standardization of demographic data is an important step for enabling stratification within and across data sets to help identify specific health disparities. Federal standards for a minimum demographic dataset across all states (i.e., specific data fields for race, ethnicity, sex, gender identity, primary language, and disability status) would inform tailored interventions, support the identification of potential best practices, and ground health equity work.

» ***Quality Measurement.*** The availability and access to timely and complete data can inform quality measurement and enable Medicaid MCOs to continuously improve their ability to support health equity.

» MHPA's support for health equity is grounded in the belief that all Medicaid enrollees should have access to services and supports that are appropriate, improve quality of life, and best meet the needs of the individual. We encourage the incorporation of health equity goals into Medicaid policy development as a pragmatic means to advance health equity and make a meaningful difference in health outcomes and quality of care for historically underserved and vulnerable populations.

[i,ii] Health Equity in Healthy People 2023, https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030

[iii, vi, xii] MACPAC, https://www.macpac.gov/wp-content/uploads/2022/06/Chapter-6-Medicaids-Role-in-Advancing-Health-Equity.pdf; see also, Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2021b. Strategic direction. Baltimore, MD: CMS. https://innovation. cms.gov/strategic-direction

[iv] Escarce J. Health inequity in the United States: A primer. Philadelphia, PA: Penn Leonard Davis Institute of Health Economics; 2019, https://ldi.upenn.edu/our-work/research-updates/health-inequity-in-the-united-states-a-primer/

[v] Andraska EA, Alabi O, Dorsey C, Erben Y, Velazquez G, Franco-Mesa C, Sachdev U. Health care disparities during the COVID-19 pandemic. Semin Vasc Surg. 2021 Sep;34(3):82-88, available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8349792/pdf/main.pdf

[vii,x] KFF Medicaid and Racial Equity. June 2023 , https://www.kff.org/medicaid/issue-brief/medicaid-and-racial-health-equity/

[viii] MHPA Survey, On the Ground Enrollment: Results from a National Survey of Medicaid Managed Care Organization Experiences During Redetermination, Sept. 2023, https://medicaidplans.org/wp-content/uploads/2023/09/MHPA-Research-On-the-Ground-Enrollment-MCO-Engagement.pdf

[ix] On the Front Lines of Health Equity: Community Health Workers, April 2021, https://www.cms.gov/files/document/community-health-worker.pdf