

Introduction

There is an extensive body of evidence that shows social determinants of health (SDOH) play a powerful role in shaping health and health outcomes. State policymakers are increasingly focused on SDOH because of the influence they have on health, health care outcomes and Medicaid spending. Social determinants include a broad array of social and environmental risk factors such as poverty, housing stability, adverse early childhood experiences, access to primary care, access to healthy food, incarceration, and discrimination, among others.

As state Medicaid agencies consider addressing SDOH, there are a range of models they can employ. State Health and Value Strategies (SHVS) has published resources and hosted webinars with information for state health officials on approaches to addressing SDOH, including the resources described in more detail below.

- › The issue brief and accompanying webinar *Medicaid and Social Determinants of Health: Adjusting Payment and Measuring Health Outcomes*, provides a broad scale approach to addressing SDOH by offering practical guidance on methods to examine health disparities in Medicaid populations and factor SDOH into Medicaid managed care payment models.
- › The issue brief, related toolkit and accompanying webinar *Improving Care for Medicaid Beneficiaries Experiencing Homelessness: Emerging Best Practices and Recommendations for State Purchasers*, spotlights the specific challenge of addressing the needs of homeless enrollees and details how state Medicaid agencies can improve care for these high utilizers with complex health needs.

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Adjusting Payment and Measuring Health Outcomes

Medicaid and Social Determinants of Health: Adjusting Payment and Measuring Health Outcomes examines the value to Medicaid programs of accounting for SDOH in setting payments. As the brief illustrates, by doing so, plans and accountable care organizations are provided with more accurate payments, and states with a better understanding of quality across providers and populations. The issue brief also explores the methods Medicaid programs use to examine SDOH and account for them in their payment and quality improvement policies. Case studies of two states, Massachusetts and Minnesota, describe their efforts to use SDOH data to improve Medicaid managed care. The Massachusetts Medicaid program has developed a model to adjust payments for social risk factors such as poverty, education, employment, family status and housing. Minnesota has designed an approach that identifies key SDOH factors that are predictive of poor health outcomes or health disparities and Medicaid spending. As a companion to the issue brief, SHVS hosted a webinar *Using Social Determinants of Health Data in Medicaid Managed Care* which provided an overview of methods for gathering SDOH data and possible uses of the data by state policy makers.

Improving Care for Medicaid Beneficiaries Experiencing Homelessness

A growing body of evidence shows supportive services and related housing interventions can help achieve significant savings by reducing avoidable emergency room visits, hospitalizations and readmissions when the most vulnerable and high-cost Medicaid beneficiaries experiencing homelessness are targeted. *Improving Care for Medicaid Beneficiaries*

Experiencing Homelessness: Emerging Best Practices and Recommendations for State Purchasers provides information for state purchasers, Medicaid plans and providers interested in learning more about the role of supportive housing and how they can leverage existing resources to provide housing and services to vulnerable Medicaid beneficiaries. SHVS also developed tools that accompany the brief which state agencies can use for discussion and training with Medicaid staff, managed care organizations, providers and other stakeholders interested in improving care for Medicaid beneficiaries experiencing homelessness. In addition, SHVS hosted a webinar, *Improving Care for Medicaid Beneficiaries Experiencing Homelessness* to share the experiences of staff from California’s Medicaid agency and from the Medicaid managed care plan and provider organization all working to link Medicaid services with housing to improve care for homeless Medicaid beneficiaries.

Conclusion

With an improved understanding of how SDOH factors influence cost and quality of care for Medicaid populations, states and managed care entities can take actions to develop new strategies to better address disparities in outcomes for these populations in a more cost-effective manner. The SHVS resources profiled in this Highlight illustrate two avenues that are currently being implemented, and provide actionable strategies that other states can adapt and employ to address SDOH in their state.

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State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University’s Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies and brings together states with experts in the field. Learn more at www.shvs.org.

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