Defining the “Glide Path”: State Medicaid Agencies’ Efforts to Promote Action on Social Determinants

July, 2022

STATE Health & Value STRATEGIES
Driving Innovation Across States

A grantee of the Robert Wood Johnson Foundation

www.shvs.org
About this work

The following findings are derived from a two-part research project that explored ways to scale and sustain social care across the health care sector. The first component, which conceptualizes social care performance measurement, can be found here.

Project implementation and analysis were led by the Social Interventions Research and Evaluation Network at University of California, San Francisco (SIREN). All activities were funded by the State Health and Values Strategies (SHVS) program.
Aim of this study

State Medicaid agencies are increasingly exploring opportunities to incorporate “social care” into strategies for improving health, decreasing healthcare costs, and achieving equity. While some target healthcare delivery organizations, most revolve around managed care organizations (MCOs).

Through a series of interviews with 13 states, we explored the choices Medicaid leaders face around selecting which monitoring mechanisms to use to ensure that social programs are implemented as they envisioned.
Pragmatism is the primary driver for how states design and monitor social care programs

State Medicaid program development decisions are shaped by answers to three key questions.

01 What is the culture and history of their relationship with the managed care and health care delivery organizations responsible for implementation?

02 How do Medicaid agencies work within and enhance stakeholder capacity to implement and monitor social care activities?

03 What can be done within their state’s existing legislative and regulatory authority?
What is the culture and history of states’ relationships with the MCOs and health care delivery organizations responsible for implementation?

States that described pre-established, trusting relationships with MCOs take a more partnership-based approach to monitoring. In these cases, MCOs are viewed as extending the reach of the Medicaid agency, and have:

- Fewer accountability mechanisms
- Fewer consequences for not achieving targets (because they find it unnecessary)

“...we are collaborative almost to a fault. We will want them to feel like they are supported and we want them to feel like we're listening.”
How do states work within and enhance stakeholder capacity to implement and monitor social care activities?

States balance the scope, scale, and rigor of social care requirements based on stakeholder’s competing obligations and capacity limitations. They actively seek to mitigate challenges faced by MCOs and delivery organizations across program **conception**, **implementation**, and **evaluation** by providing:

- Technical support
- Coaching
- Access to resources
“...the big thing is really getting providers to participate. These clinicians are already, frankly, overwhelmed, trying to get everything in the midst of that 15- or 20-minute clinic visit, and so the key is really making it super, super easy for them.”
What can be done within their existing legislative and regulatory authority?

State Medicaid agencies often start where they can within existing contracts, and then formally integrate social care into their procurement and contracting processes.
Procurement processes are used to set expectations

“[MCOs] had to say: here's all the cool social determinants stuff that we can do. And they were scored on that and they were rewarded a contract or not based on that.”

States use their procurement processes to signal a change in their expectations around social care to MCOs. They establish more detailed requirements during contracting.
Contracting processes are used to define implementation requirements

In their contracts, many states require MCOs to plan and implement specific social care projects. Some states define all project elements— including implementation and monitoring—while others give MCOs more flexibility. Regardless of their influence, MCOs generally follow the same process.

- **MCO submits social care project plan**
- **Medicaid agency provides feedback on program(s) and program monitoring**
- **MCO implements program(s) with regular reporting to SMA**
States identified several benefits and challenges of using contracts to promote social care

**Benefits**
- Maximize flexibility and innovation
- Empower MCOs
- Foster local solutions

**Challenges**
- Time-limited
- Hard to scale
- Hard to sustain
Medicaid agencies ask stakeholders to meet intermediate, process-oriented requirements

In the rare cases they do not adequately meet requirements, stakeholders (largely MCOs, sometimes health care delivery organizations) face contractual consequences.

“We do lay out in their contracts the expectation of how much the equity intervention plays into their overall quality performance which does [...] For the systems that are in a risk-based arrangement, it does impact how much they will get back of their shared savings arrangement.”
“So, we have to allow that flexibility and the compliance and if you don't, **then submit a corrective action plan and tell us how you're going to meet this contract requirement.** It's just more rigid and it doesn't have that sort of flavor of creativity and flexibility, **the compliance review process versus the withhold process.** And if they don't meet it, again, it's subjective. And so then we're saying, ‘You did not meet this and now you're at 80% in your compliance score and health plans use those compliance scores to bid on other states.’ And so they get riled up about that.”
Medicaid agencies gradually layered on accountability using a “glide path”

Recognizing that social care is new for most of their stakeholders, states integrate accountability over time so that stakeholders can focus on developing their skills.

- **Get started**
  
  “...we have to acknowledge that we're creating, we're embedding new functionality in these organizations that likely didn't really exist ever.”

- **Integrate social care explicitly into contracts**
  
  “[we wrote] contract language that would last for many, many years that would hopefully give us the ability to... at least start somewhere, but also... phase and grow and really increase this work.”

- **Increase expectations over time**
  
  “We're looking at 80% is the first benchmark, 85% is the second, 90% is the third.”
Looking ahead: Learning from state-level approaches

State-level approaches to social care program implementation and monitoring are more flexible, responsive, and localized relative to activities now emerging at the federal level, which have recently focused on social risk screening performance measures.

As federal efforts to strengthen performance measures advance, they might learn from the states’ efforts to identify and test strategies to intervene on identified social risks.
Looking ahead: Using federal resources

States are likely to need federal support to:
1. Evaluate pilots currently underway under different state contracts
2. Disseminate relevant learnings

Ideally, we can leverage the national reach of federal authorities to enact change while also harnessing the creativity, flexibility, and knowledge generated by states as they develop the glide path to action.
About SIREN

SIREN aims to improve health and health equity by advancing high quality research on health care sector strategies to improve patient and community-level social conditions. We focus on catalyzing research, collecting, summarizing and disseminating research, and increasing capacity to evaluate interventions related to social determinants of health.

https://sirenetwork.ucsf.edu/
About SHVS

SHVS assists states in their efforts to transform health and healthcare 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 School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare 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.

Questions? Email Heather Howard at heatherh@Princeton.edu.

Support for this work was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.