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The Changing Landscape: SDOH Partnerships with Health Plans

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Impetus for Health Plan Initiatives



Factors driving
health plan
commitment to
SDOH

1. CMS opened the door
2. States are explicitly asking about it in Medicaid RFPs
3. States are also asking for very specific commitments to value-based payments models
4. Their data tells them the ROI is there in savings from reduced ER and hospital use.

Better SDOH -> Better Outcomes -> Better Value

Timing and Opportunity

- Additional program requirements on health plans – such as SDOH -- come through procurement or reprocurement of Medicaid managed care plans.
- In recent years, some procurements have been tied to Medicaid expansion, some have not.
- North Carolina, Texas, Florida and Kansas had RFPs in 2017-2019 but no expansion.
- Ohio and others expanded Medicaid but so far have not reprocured.

The primary predictor for new SDOH requirements is reprocurement.

The Role of Health Plans As Funders and Payors is Evolving



Health plan responses

INDIVIDUAL LEVEL:

- Screen for SDOH issues
- Connect to local community resources
- If member is in case management, address SDOH in care plan and have case manager coordinate.

POPULATION LEVEL:

- Use available data to identify most prevalent SDOH issues, preferably by region.
- Identify community resources and partner with them to expand or extend their current efforts.

Role Of Community Organizations

AS “RESOURCES”:

- Health plans connect their members to resources offered by community organizations.
- Health plans find non-contractual ways to support community organizations, e.g. give grants to expand or extend existing efforts.

AS “PARTNERS”:

- Use available data to identify most prevalent SDOH issues, preferably by region.
- Identify community resources and partner with them to expand or extend their current efforts.

UnitedHealth Care

Just in Reach:

Project with partners including LA County, the Conrad Hilton Foundation, U.S. HUD and the CA Board of State/Community Corrections to end chronic homelessness among people experiencing repeat jail stays.

- Supportive housing for 300 homeless individuals who are currently in custody of county jail. Connections to MH/SUD care, physical health services and intensive case management.
- Pay for Success approach: county's payment to community partners based on housing stability and jail avoidance outcomes. 100 people housed since 10/17

UnitedHealth Care

Health + Housing:

- Developing interventions to address the SDOH needs of families in publicly assisted housing.
- Wrap services around UHC members in public housing and provide intensive case management (may be daily, rather than 30 minutes/wk. counseling)
- Happy with their outcomes and expanding to other areas

What CBO partners need to know: Requires flexibility and speed to place members quickly; requires willingness to work closely with the health plan. “We’re not going to place members and walk away.”

UnitedHealth Care

Investment Initiatives:

- As of March 2019, invested \$400M in public housing in 80 communities, creating 4,500 homes.
- Phoenix: Helped regional housing authority purchase 400 units; UHC members use 100, receiving wraparound services.
- Wraparound services: transportation, food (including special diets), clothing, furniture, employment assistance.

Centene

Social Health Bridge

- Aggregates scale from both sides
- Reduces administrative burden
- Delivers a standard product
- Enables value-based contracting



Health Companies

- Payers
- At-risk providers
- Government purchasers
- Others



Community-Based Organizations

- Low-income housing
- Community Centers
- Violence protection & homeless shelters
- Food delivery & pantries
- Others



Scalability — Sustainability — Value

Centene

Social Health Bridge

What Health Care Entities Get

- A single, easy way to engage with many, previously fragmented CBOs
- The ability to track performance and outcomes of different CBOs
- The ability to meet health goals by solving member's/patient's SDOH barriers
- A partner ready to share savings and risk

What Community Organizations Get

- New funding for services from health care organizations and funders.
- A single easy way to engage with the fragmented health care ecosystem
- Differentiation when seeking other grants/funding
- Ability to connect and collaborate with other CBOs

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