The End of the COVID-19 Public Health Emergency: Flexibilities Addressing Social Determinants of Health

UNITED STATES of CARE

Contrary to beliefs that COVID-19 would be a great equalizer, the COVID-19 pandemic has disproportionately impacted certain populations. Social determinants of health (SDOH) – like poverty, racism, physical environment, food security, and others – have a profound impact on health outcomes. Some flexibilities enacted during the COVID-19 pandemic that helped address SDOH include:

★ American Rescue Plan Act (ARPA) state funds

★ The Centers for Medicare & Medicaid Services' (CMS) relaxed enforcement of its prohibition on mid-year benefit enhancements (MYBE) for Medicare Advantage (MA) organizations

★ Federal policies that addressed health-related social needs, such as the eviction moratorium and increased Supplemental Nutrition Assistance Program benefits

Impact

★ ARPA funds that were used to address SDOH include:
- $1.247 trillion addressed economic stability
- $482 billion addressed neighborhood and built environment
- $182 billion addressed education access and quality
- $126 billion addressed health care access and quality
- $19 billion addressed social and community contexts

★ MA organizations were able to redesign benefit packages mid-year to address social needs such as meal delivery and transportation services in response to the pandemic
- Humana increased its monthly Healthy Foods Card allowances for several dual-eligible special needs plans
- Independence Blue Cross collaborated with United by Blue to offer four weekly grocery deliveries for enrollees in Health Maintenance Organization plans with chronic obstructive pulmonary disease

Implications at the End of the PHE

★ The current health care system infrastructure does not adequately address drivers of health like economic security, food, housing, and education

★ Without permanent approaches to addressing SDOH, populations that have been historically marginalized will continue to disproportionately experience negative health outcomes

★ Current MYBE for MA plans are only allowed if they are provided in connection with the COVID-19 outbreak and may end with the end of the COVID-19 PHE, which limits the ability of MA plans to respond to changing circumstances and meet the needs of their enrollees after the COVID-19 PHE

Tracked funds

$1,663,930,412,841

Proportions of funds to social determinant of health
Use to categorize relevant federal departments

- Economic stability
- Neighborhood & built environment
- Education access & quality
- Health care access & quality
- Social & community context
- Not applicable

> "The realities of the difficulties of life don't happen on an annual schedule."
>
> *- Lauren Driscoll, Leadership Council Member*

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Initiatives

Federal Initiatives

★ CMS issued a State Health Official letter in January 2021 identifying opportunities for states to better address SDOH under Medicaid and CHIP and to support states with designing programs, benefits, and services that address SDOH

★ The Centers for Disease Control and Prevention launched the Closing the Gap with Social Determinants of Health Accelerator Plans pilot project to accelerate the development of action plans that address SDOH and reduce chronic diseases among people experiencing health disparities

State Initiatives

★ Many states require their Medicaid managed care organizations (MCOs) to address SDOH:
  - Twenty-seven states require MCOs to screen for SDOH
  - Thirty-five states require MCOs to make referrals to social services
  - Thirty-seven states require MCOs to coordinate social services for their members
  - Twenty-one states require MCOs to coordinate with other state and federal programs
  - Twenty-three states require MCOs to partner with community-based organizations (CBOs) to support unmet social needs

★ Several states are using value-based payment in Medicaid to address social needs through section 1115 waivers, MCO contracts, or Accountable Care Organizations

★ Many states established health equity task forces to apply a cross-sectoral approach and address SDOH

Recommendations

Federal Policy Recommendations

IMMEDIATE OPPORTUNITIES

★ Allow MA plans to have benefit flexibilities that meet the needs of their enrollees, with guardrails outlining that changes are limited to those that improve coverage or reduce cost-sharing and benefits cannot be limited or eliminated to offset the costs of increasing the generosity of other benefits

LONGER-TERM SOLUTIONS

★ Invest in efforts that identify and address underlying systemic and environmental factors that impact health

State Policy Recommendations

IMMEDIATE OPPORTUNITIES

★ Use unspent ARPA funds on data initiatives to fill in data gaps on health disparities and understand people's social needs

★ Require MCOs to identify and address social needs

LONGER-TERM SOLUTIONS

★ Use Section 1115 demonstrations (and other waivers) to address health-related social needs, such as housing

★ Provide Medicaid benefits that address social needs directly or mitigate access barriers, such as non-emergency Medicaid transportation, case management, and others

★ Allow Medicaid managed care plans to have benefit flexibilities that meet the needs of their enrollees with guardrails outlining that changes are limited to those that improve coverage or reduce cost-sharing and benefits cannot be limited or eliminated to offset the costs of increasing the generosity of other benefits

★ Provide sustainable funding for CBOs to help them address the increased demand for services

★ Direct and encourage the use of community benefit spending towards identified community needs and SDOH

> " [We don't want to create a] bridge to nowhere: all new inbound demand with the same finite resources to fill them."
>
> *- Robert Garber, member of United States of Care network*