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Addressing the Social Needs of Medicaid Enrollees: Lessons and Promising Practices from Managed Care

Key Findings

- Member engagement is pivotal to SDOH programming and using a high-touch approach can increase member engagement.
- Actively listening to community partners can inform a community-embedded approach to SDOH programming.
- Effective SDOH programming requires flexibility, agility, and a continuous improvement mindset.
- Innovative payment and delivery models for aligning medical and social services are needed for an effective transition to whole-person care.

The Question:

What are challenges and lessons learned from Medicaid managed care organizations working to address social determinants of health (SDOH) among their members?

Addressing inequities in health care access and outcomes among vulnerable and underserved populations is becoming a top priority for states. To improve health outcomes and lower costs in their respective Medicaid programs, many states are leveraging the care coordination and preventative care capabilities of managed care organizations (MCOs) to address the nonmedical needs of Medicaid enrollees.

With support from the Robert Wood Johnson Foundation, researchers at Georgia Southern University sought to identify Medicaid MCOs' lessons learned and emerging practices from efforts to address SDOH among their members. In interviews with eight regional and national MCOs serving eight states, the researchers asked participants to reflect on their organizations' efforts to address the social needs of Medicaid enrollees and share their successes and challenges. Full findings are available in [Population Health Management](#).

The Implications:

Medicaid MCOs are undertaking a wide range of activities to address SDOH among their members, with shared lessons learned and promising practices falling into four themes: member-centeredness, community-centeredness, structured yet adaptable SDOH programming, and realigning systems for whole-person care.

MCOs reported that increased contact and interaction with members was integral to building member trust and contributing to the success of SDOH-related programming. In-home visits by social workers and the use of community health workers were among the strategies used by MCOs to increase touch points with members and meet them where they are.

Developing and maintaining community partnerships is also critical to Medicaid MCOs' efforts to address the social needs of their members. Developing these connections requires in-depth knowledge of community needs and the resources available locally. MCOs reported that they purposefully hired from within the community they served, connected with members directly within their communities, and forged relationships with local community-based organizations and social services agencies. Partnerships with these organizations allowed MCOs to provide tailored and responsive population-based programming that could extend the capacity of the health care delivery system.

An intentional, structured, and coordinated approach to addressing members' social needs was frequently reported as a best practice for MCOs. Participants noted that a dedicated SDOH department, with selectively hired staff who were passionate advocates for enrollees' care, was helpful. MCOs also reported that having adaptable playbooks that could provide evidence-based guidelines for developing SDOH-related programming, based on lessons learned from pilot projects or from individual states, led to more success. Having this data contributed to a continuous improvement mindset that was vital for advancing their efforts.

Delivering high quality, whole-person care to address member needs requires a systemic integration of social and medical services. MCOs stressed the need for state-level policy reform that includes infrastructure support to integrate social services into the health care ecosystem. This would allow for data exchange and payment mechanism support across different sectors, making the work less time consuming and more sustainable.

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