

Promoting Health Equity in Medicaid Managed Care

Bailit Health

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STATE
Health & Value
STRATEGIES

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State Health and Value Strategies (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.

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About Bailit Health

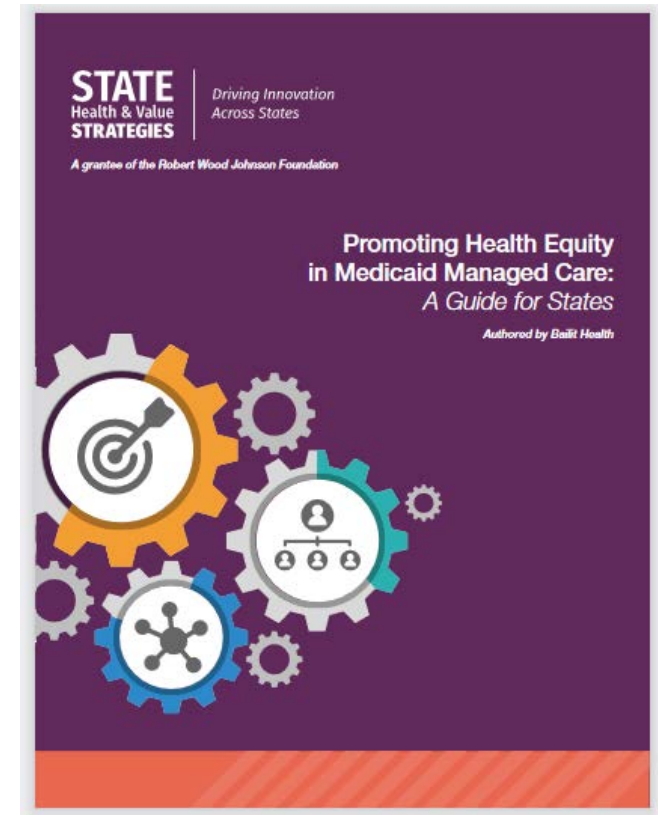
Bailit Health is a health policy consulting firm dedicated to ensuring insurer and provider performance accountability on behalf of public agencies and private purchasers. We work with state agencies and their partners to improve health care system performance for all.

<http://www.bailit-health.com/>

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Promoting Health Equity in Medicaid Managed Care: A Guide for States

- Provides states with actionable steps to develop and implement health equity strategies in managed care programs
- Includes process steps to guide health equity work focusing on
 - Internal agency commitments and changes necessary to initiate and sustain health equity work
 - Ways in which states can leverage Medicaid managed care programs
 - Examples of community engagement and state actions to promote health equity are included throughout the guide



Meaningful Community Engagement

- Medicaid programs should develop a formal engagement process with community members and population subgroups that experience inequities.
 - The engagement should be collaborative, and individuals have a **meaningful** role in shaping policies.
 - There should be **bidirectional** exchange of information, expertise, and resources to ensure outcomes are beneficial to the community.
 - A clear understanding of **how information will be used** is established at the outset by the Medicaid agency and community members involved.
- Medicaid should remove barriers to participation including by ensuring
 - Communications and meetings are accessible
 - Participants are compensated for their time and expertise and reimbursed for transportation or childcare coverage

The Guide for States: Overview

1) Health equity is a core, cross-cutting principle of Medicaid, and not a separate, standalone initiative

3) Medicaid agencies leverage their managed care strategies to pursue health equity with contracted MCOs

2) Medicaid agencies assess and change operational practices to align with and promote equity goals



Section 1: Establishing Health Equity as a Core Principle

- Identifying health equity as core to the Medicaid program, embedded within it and not a separate, standalone initiative
 - Demonstrating leadership commitment
 - Defining health equity (and related terms)
 - Articulating health equity as a priority in the agency's mission, strategies, core principles, and/or goals statements

Establishing Health Equity as a Core Principle of Medicaid: State Examples

- Louisiana created the Office of Community Partnerships & Health Equity (OCPHE) within the Department of Health in 2019 to ensure LDH's services are "equitably accessible and informed by the people, populations and communities it serves."
- Rhode Island EOHHS Secretary leads an Equity Advisory Council
- Health equity definitions from Louisiana, Oregon, and Virginia are included in the guide
- Minnesota and Pennsylvania incorporated health equity goals and principles into their states' respective strategic plans.

Section 2: Changing Agency Practices and Operations

- Assessing and implementing changes necessary to translate health equity priorities into action and day-to-day practices and norms, including:
 - Internal staffing structure to promote health equity, for example, an executive-level Medicaid position
 - A health equity assessment of policies (internal and those that impact the administration of the program), structure and operations
 - Measuring progress toward health equity goals
 - Engaging staff
 - Collecting demographic information on enrollees to identify disparities and target interventions

Changing Agency Practices and Operations: State Examples of Internal Staffing Structure

- The Indiana Family and Social Services Administration (FSSA), which oversees the state's Medicaid program, created a Chief Equity and ADA Officer position that reports directly to the Secretary.
- In Minnesota, the Chief Equity Officer of the Department of Human Services reports directly to the department's Commissioner and is responsible for making the department an anti-racist institution, among other duties.



**SECTION 3: LEVERAGING MEDICAID
MANAGED CARE TO ADVANCE HEALTH
EQUITY**

Medicaid Managed Care Approaches

- 1 Performance Improvement Projects
- 2 Health Equity Reports
- 3 Procurement Process
- 4 Population Health Management
- 5 Provider Expectations
- 6 Performance Monitoring and Improvement Targets
- 7 Financial and Non-Financial Incentives
- 8 Enrollee Engagement
- 9 Engaging with Medicaid Leadership

Medicaid Managed Care Approaches

- 1. Performance Improvement Projects (PIP):** Require that health plans implement a PIP focused on health equity or identify an equity-focused PIP as an option on a menu from which health plans can select.
- 2. Health Equity Reports:** Require submission of a report focused solely on health equity to signal that it is a state priority and focus health plan attention on the topic. This should identify opportunities for improvement and action.

Medicaid Managed Care Approaches *(continued)*

- 3. Procurement Process:** Communicate health equity expectations of health plans and obtain commitments to advance equity through specific actions.
- 4. Population Health Management:** Require integration of health equity in population health management strategies and interventions, e.g., by identifying specific interventions or care models shown to reduce disparities, specifying staffing and training requirements, and ensuring that health plans are monitoring programs using a health equity lens.

Medicaid Managed Care Approaches *(continued)*

- 5. Provider Expectations:** Establish requirements for or offer guidance to network providers around health equity, including quality improvement initiatives.
- 6. Performance Monitoring and Improvement Targets:** Mandate that health plans stratify performance measures by population groups/demographic characteristics to identify disparities and their magnitude and/or use data to set improvement targets.

Medicaid Managed Care Approaches *(continued)*

- 7. Financial and Non-financial Incentives:** Develop/modify incentives to focus attention and action on health equity, e.g., through performance-based incentives aimed at reducing disparities or improving absolute performance rates for specific population groups.
- 8. Enrollee engagement:** Require that health plans engage and empower enrollees in a meaningful and substantive way and monitor to ensure that enrollee feedback is sought to set and shape health equity priorities.

Medicaid Managed Care Approaches *(continued)*

- 9. Medicaid/MCO Leadership Engagement:**
Establish formal and regular meetings with senior-level health plan officials to discuss progress in addressing health inequities and reducing disparities.

Links to SHVS Health Equity Resources

<https://www.shvs.org/health-equity-resources/>

- [Promoting Health Equity in Medicaid Managed Care: A Guide for States](#)
- [Medicaid Managed Care Contract Language: Health Disparities and Health Equity](#)

THANK YOU