

## MEDICAID MANAGED CARE ORGANIZATIONAL STRATEGIES TO ADDRESS ENROLLEE SOCIAL NEED

Summary Prepared by the Office of Data Analytics Division of Analytics

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### What is Known on This Topic?

Managed Care Organizations (MCOs) screen enrollees for unmet social needs and connect them to community-based organizations (CBOs) that can help them. Research on the strategies and effectiveness of these MCO-CBO collaborations is largely limited.

### What Did This Project Do?

This study was designed to understand how MCOs have strategized with CBOs and to examine the effectiveness of those collaborations.

### What Could Medicaid Do with These Conclusions?

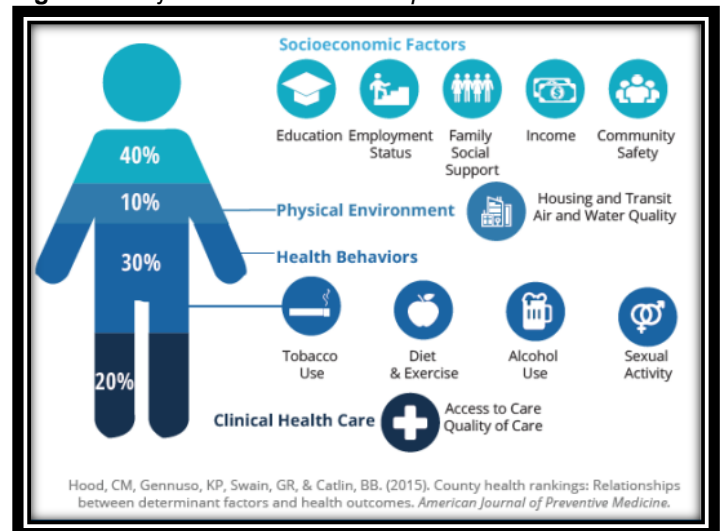
CBOs may be a more effective healthcare and social need delivery method than MCOs, consistently ranking higher in trust and value.

depends on the development of strong and sustainable linkages between MCOs and CBOs. However, the evidence that describes these linkages is very limited, mainly because of the undeveloped nature of initiatives. With over 90% of Medicaid enrollees in MCO plans, KY provides a valuable learning laboratory for examining how MCO-CBO partnerships can address unmet social needs.

This study evaluated how Kentucky MCOs and local CBOs are cooperating to address unmet social needs and their impact on health outcomes. The study's objectives were to (1) examine how MCOs and CBOs are engaging to address enrollee unmet social needs; (2) collect and analyze network data from six KY communities to study MCO-CBO relationship structure and assess CBO/enrollee perceptions and experiences through focus groups; (3) develop preliminary evidence for the impact of MCO-CBO partnerships on enrollee health outcomes using Medicaid claims.

Figure 1 illustrates a summary of the aforementioned population health research on the estimates the relative contributions of major determinants of health in American communities.

**Figure 1. Major Determinants of Population Health Outcomes**



Source: <https://www.impactinc.org/wp-content/uploads/211-SDOH-White-Paper-Rev-2022.pdf>

## Introduction

It is now a broadly accepted tenet of the healthcare field that roughly only 20% of health outcomes can be explained by the formal clinical operations of healthcare providers. Much more of the overall status of a population's health can be explained by factors like health behaviors, economic wellbeing and the environmental quality of their air and water. This suggests that organizations who help people alleviate the struggles of poverty, such as those that provide food or job training, are likely making meaningful contributions to population health alongside the clinical providers in their communities. In response to this knowledge, many Medicaid managed care organizations (MCOs) are now screening enrollees for their unmet social needs and connecting them to community-based organizations (CBOs) that are better suited to address these needs. The success of these strategic partnerships

**Project Methods & Results**

**Conclusion**

**Aim 1: Examination of MCO-CBO Engagement**

Key stakeholders in leadership roles were identified in six Kentucky Medicaid MCOs and a subset of CBOs for semi-structured interviews. The interviews focused on how potential partners were identified, how services were prioritized, how organizations tracked referrals and shared information across organizations, and methods for sustaining partnerships. In total, 26 MCO leaders and 20 individuals from CBOs were interviewed. Qualitative descriptive analysis, an inductive, low-inference method designed to gain an accurate accounting of an event, was used to code and interpret the data. Initial analyses focused on two major themes: the impact of COVID-19 on MCO-CBO partnerships and the use of technology by MCOs and CBOs to manage population health efforts. The main findings suggest that partnerships evolve in response to changing needs and resources and require continuous innovation and flexibility. Results are summarized in Figure 2 below.

**Aim 2: Analyses of Network & Focus Group Data**

Working with a Study Advisory Board (SAB), six communities were identified for analysis using the Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER) tool. Focus groups with CBO contacts identified by the PARTNER tool survey were conducted to learn more about experiences with specific MCO-CBO partnerships. Focus groups with Medicaid enrollees who have accessed CBO services were also conducted to assess perceptions of and experiences with MCO-CBO partnerships. Focus groups were summarized using methods similar to Aim 1

**Aim 3: Development of Preliminary Evidence for the Impact of Medicaid MCO-CBO Partnerships**

Guided by the SAB, work is underway to identify four MCO-CBO partnerships that are sufficiently large and mature to yield reliable pre- and post-implementation data. In collaboration with the Kentucky Department for Medicaid Services (KDMS), Medicaid claims will be used to evaluate these partnerships. An analysis will be conducted to compare trends in healthcare utilization for individuals either receiving or not receiving services through an MCO-CBO partnership - focusing on hospitalizations and ED visits associated with Ambulatory Care Sensitive Conditions (ACSCs).

**Figure 2.**  
*Beliefs about the Success of MCO/CBO Partnerships*



**Findings To Date**

Pandemic-associated disruptions have been found to have exacerbated existing gaps in unmet social needs for many Medicaid enrollees. The data suggest that MCO-CBO partnerships have been successfully evolving in response to changing needs and resources, highlighting the critical role of innovation and flexibility in effectively meeting the needs of KY Medicaid enrollees. Efforts by KDMS and CMS to continue offering flexible support and capacity-building opportunities for MCO-CBO partnerships may play a crucial role in improving enrollee health and quality of life.

**Lessons Learned**

The turnover at both CBOs and MCOs has been high and is difficult to track. Within the relatively short time frame of this project, almost every MCO has appointed a new contact to the SAB. While employee turnover has been an issue for years, it has been exacerbated by the COVID-19 pandemic along with higher volumes of those with unmet social needs, increased demand for services, safety concerns, and funding fluctuations. The pandemic has also introduced new challenges for the researchers of this study across all three aims, but network analysis results are in the works and should be expected in the near future.

**Implications of Findings**

Evidence supporting the use of collaborative arrangements to address individual unmet social needs is emerging. Much of the work focuses on efforts to screen patients on their unmet social needs in clinical settings, most often hospitals, with mixed results regarding the effectiveness of these initiatives in improving health outcomes. Absent is an examination of the various ways that organizations are working in multisector partnerships to connect patients with health and social services, the relative effectiveness of various approaches, and the impact of increased referrals on the CBOs. Research examining the role of payers is also limited, although early work suggests payers are developing approaches to address social needs and improve population health.

This study contributes to the emerging knowledge base by examining how KY Medicaid MCOs and local CBOs are engaging to address unmet social needs and the impact of these efforts on health outcomes. Understanding how these sectors are cooperating can inform future multisector strategies for addressing unmet social needs.

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