Medicaid SDOH Action Plan— maternal health, behavioral health, family planning, managed care

Federally Qualified Health Centers (FQHCs) participate in the Medicaid program by providing primary care, behavioral health services and dental services integral to the program. As community-based providers serving mostly low- and moderate-income patients, FQHCs understand the effects of social drivers of health (SDOH) on health risks and outcomes. Health centers have first-hand knowledge of the burden SDOH places on clinic users and the communities they serve. This guidance assists health centers to better serve their patients by highlighting Medicaid reimbursable services that address SDOH and distills CMS SDOH guidance[1] to assist health centers in obtaining payment for SDOH-related services.

- Health centers use assessment tools such as the Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) to better understand the needs of clinic users.
- NACHC's Full-Toolkit.pdf (prapare.org) details how health centers and states may collect and use PRAPARE to target services.
- FQHCs can develop innovative, community-specific strategies to meet the SDOH needs of their patients.

SDOH SERVICES AND SUPPORTS THAT STATES MAY COVER UNDER MEDICAID[2]

- housing-related services and supports
- non-medical transportation
- home-delivered meals
- educational services
- employment services
- community integration and social supports
- case management

MEDICAID SDOH OPPORTUNITIES FOR FQHCS

Maternal Health

Two out of every three adult women enrolled in Medicaid are in their reproductive years (ages 19-44), and Medicaid currently finances about 42 percent of all births in the United States.[3] Providing a full range of pre- and post-natal care and well child visits, FQHCs are a significant source of community-based maternal health care and the only Medicaid provider charged with providing such care in a culturally competent manner. In communities

1 Social Determinants of Health (SDOH) State Health Official (SHO) Letter (medicaid.gov)
2 Ibid
3 National Center for Health Statistics. Key Birth Statistics (2018 data, released 2019)

experiencing health professional shortages, FQHCs are the only significant source of comprehensive maternal health care services. In 2021, two-thirds of health centers (66%) reported providing prenatal care in-house and these health centers served a total of 550,000[4] patients. In the event they do not provide services in house, they are able to provide a referral. Through coverage of Extended Services to Pregnant Women, health centers may receive additional payment for services that improve health outcomes by improving SDOH.

Through *"Extended Services to Pregnant Women"* a state may provide broader/more intensive services than otherwise available. For example, a state could elect to cover "community transition costs to facilitate individuals transitioning from an institutional or another provider-operated congregate living arrangement (such as a group home or homeless shelter) to a community-based living arrangement in a private residence where the person is personally responsible for his or her own living expenses. One-time community transition costs may include payment of necessary expenses to establish a beneficiary's basic living arrangement, such as security deposits, utility activation fees, and essential household furnishings, for example."[5] Health centers should work with their states to help define coverage parameters that promote access to services that, among others, address lack of housing security. FQHCs can use SDOH assessment data available from PRAPARE to target services they recommend covering under Extended Services to Pregnant Women.

EDUCATIONAL SERVICES

Medicaid offers the possibility of payment under the Medicaid program for educational services directly affected by SDOH, services that FQHCs may already be providing. Among them are lactation support, pre- and post-natal classes, smoking cessation, and others. By using an SDOH assessment tool like PRAPARE, health centers can provide data to their states, thus documenting the need for coverage and payment of educational services. In advocating for coverage of educational services, FQHCs should emphasize their readiness to provide them as Medicaid reimbursable services.

Educational services in the form of lactation support, pre- and post-natal classes may be covered by a state to support clinic users experiencing lack of community integration and social supports. As stated in the Health and Human Services issue brief,[6] a state may cover Prenatal Breastfeeding Classes/ Childbirth Education Classes – group and individual sessions provided by Medicaid qualified providers. A FQHC may be paid PPS when services are provided by or under the direct supervision of one of the FQHC "core" providers (physician, nurse practitioner, physician assistant, nurse midwife, clinical psychologist, clinical social worker and visiting nurse services).

Educational services to support smoking cessation for pregnant women can be used to help patients who lack other means of support in their communities to quit smoking. "Section 4107 of the Affordable Care Act provides for Medicaid coverage of comprehensive tobacco cessation services for pregnant women, including both counseling and pharmacotherapy, without cost sharing. It offers States flexibility with respect to how the services shall be provided: 1) by or under the supervision of a physician; 2) by any other health care professional who is legally authorized to furnish such services under state law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or 3) by any other health care professional legally authorized to provide tobacco cessation services under State law and who is designated by the Secretary of Health and Human Services to provide these services."[7]

4 2021 Uniform Data Set
5 National Center for Health Key Birth Statistics (2018 data, released 2019)
6 Ibid
7 Medicaid Coverage of Lactation Services (Medicaid.gov)

MATERNAL HEALTH

Medicaid is the largest single payer for deliveries, covering approximately 42 percent of them nationally. Additionally, Medicaid funds more than four in ten births in the United States and more than half in several states.[8] At the same time, there is concern about poor birth outcomes among Medicaid beneficiaries. In response, CMS has issued maternal quality measures that help states and providers, such as FQHCs, assess progress in this area. The data collected through the measures, such as timeliness of care, are indicative of SDOH that include, among others, access to transportation, community integration and social supports that all may impact birth outcomes. Importantly, achievement on these measures offers FQHCs an opportunity to receive additional payment through an APM based on quality for existing workflows.

Maternal quality measures, as specified in the 2020 Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP (Maternity Core Set), consist of seven measures from CMS's Child Core Set and four measures from the CMS Adult Core Set, and is designed to help evaluate progress toward improvement of maternal and perinatal health in Medicaid and Children's Health Insurance Program (CHIP). A state may elect to offer quality incentive payments to health centers based on achievement of these measures for beneficiaries. Moreover, a state may modify the list of measures if FQHCs negotiate to add the use of an SDOH assessment tool, such as PRAPARE to the quality measures.

Behavioral Health (BH)

FQHCs are a significant source of non-institutional BH services including mental health and substance use disorder (SUD) services impacted by SDOH, such as employment, community integration, social supports, and case management.

Medicaid offers multiple opportunities for FQHCs to receive payment for BH services they already have deep experience in providing. Specifically, FQHCs may increase revenue by providing emergency after-care associated with Community-Based Mobile Crisis Services, a newly defined Medicaid benefit. FQHCs may receive monthly payment by enrolling as Section 1945 Health Home Services providers and additional payment as Case Management/Targeted Case Management providers. Finally, FQHCs may receive incentive payment for achievement of BH Quality Measures defined by CMS.

- **FQHCs served 2.7 million patients seeking mental health services.**
- **Sixty-seven percent of patients 12 years and older received depression screening and follow-up plans as appropriate, up three percentage points from 2020.**
- **Health centers provided SUD services to 286,000 patients.**
- **FQHCs delivered 138,000 more BH visits, compared to 2020, and added 603 BH full-time equivalents nationally.**

Source: 2021 Uniform Data Set Highlights[1]

8 New Medicaid Tobacco Cessation Services "SMD11-007.pdf (medicaid.gov)

Medicaid Community-Based Mobile Crisis Intervention Services have been launched by CMS, to help Medicaid beneficiaries access the services of a multi-disciplinary team composed of professional and para-professional providers. Mobile crisis services can provide critical support to beneficiaries affected by SDOH such as homelessness and lack of social supports. FQHCs may participate in their state's community-based mobile crisis service program principally by providing after-care that avoids more costly hospitalization. Health centers should collaborate with their states to offer after-care, leveraging their experience in providing community-based BH services that helps avoid more costly hospitalization.

Section 1945 Health Home Services are highlighted by CMS in their recent SDOH guidance[9] as a type of Medicaid service well-suited to meeting the needs of certain beneficiaries with SDOH-related needs. Section 1945 defines Health Home Services as: comprehensive care management; care coordination and health promotion; comprehensive transitional care, including appropriate follow-up, from inpatient to other settings; individual and family support; referral to community supports. FQHCs may enroll as Health Home providers and receive a per member per month amount when at least one qualifying service is delivered within the month. In crafting a coverage and reimbursement proposal for the state, NACHC suggests reviewing the criteria for Health Home Services, taking patient SDOH needs documented through a formal SDOH assessment into consideration.

Case Management and Targeted Case Management (TCM) Case management services, "as defined under sections 1905(a)(19) and 1915(g) of the Act and 42 CFR § 440.169 and 42 CFR § 441.18, assist Medicaid-eligible individuals in gaining access to needed medical, social, educational, and other services. Under 42 CFR § 440.169(d), case management services must include all of the following: comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social, or other services; development and periodic revision of a specific care plan; referral to services and related activities to help the eligible individual obtain needed services; and monitoring and follow-up activities. Case management services can also include assisting individuals transitioning from a medical institution to the community."[10] Targeted Case Management results when a state directs services to a specific population. For example, TCM may be provided to individuals with serious mental illness and/or substance use disorder who are experiencing or at risk of experiencing homelessness and youth transitioning out of foster care. CMS notes that case management services need to include activities to help connect a patient to community-based medical, social, and educational services and that these case management services could be provided through a multi-disciplinary team approach.[11] FQHCs, which frequently serve patients with complex social and medical needs, could work with their states to define a Case Management/TCM benefit that meets the SDOH needs of their patients as documented through a formal SDOH assessment by the health center.

Behavioral health measures[12] collect data indicative of SDOH factors that adversely affect a patient's wellbeing. For example, data which shows lack of follow-up care after an Emergency Department visit may be indicative/correlate to unstable housing and poor social supports. The Core Set of Behavioral Measures for Medicaid and CHIP issued by CMS contains 20 measures—seven from the Child Core Set and 13 from the Adult Core Set. FQHCs can work with their states to amend the measures by adding administration of and SDOH assessment tool such as PRAPARE.

NACHC Offers SDOH Technical Assistance to Health Centers

Please contact NACHC at parapare@nachc.org if you have questions on how to take advantage of these SDOH services for your patients.

9 Many States Look to Strengthen Medicaid Coverage for Maternal Health in FY2022, According to New KFF Report | KFF8
10 Ibid
11 Social Determinants of Health (SDOH) State Health Official (SHO) Letter (medicaid.gov)
12 2022 Core Set of Behavioral Health Measures for Medicaid and CHIP (Behavioral Health Core Set)