INSTITUTE FOR MEDICAID INNOVATION

January 2020

Social Needs Data in the State Medicaid Enrollment Form: A Content Analysis

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The Institute for Medicaid Innovation (IMI) conducted a content analysis of the Medicaid enrollment application form for each state to assess the extent to which social needs data were collected. As state Medicaid agencies, health plans, and community-based organizations design and implement interventions related to social determinants of health (SDOH), identifying the specific social needs of individuals at the point of enrollment in Medicaid has the potential to expedite the coordination of needed services and supports that will improve overall health outcomes. However, our analysis found that states varied in the type and number of specific social needs data collected. Furthermore, it is unknown whether these data are being transmitted to Medicaid stakeholders, such as health plans, as part of the EDI 834 file.

The mission of the Institute for Medicaid Innovation is to improve the lives of Medicaid enrollees through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity and the engagement of patients, families, and communities.

The World Health Organization has categorized the role of social and environmental factors on health and well-being as the social determinants of health (SDOH). These are "the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life."[1]

Unmet social needs are highly prevalent within the Medicaid program. As a safety-net program for low-income individuals, the Medicaid program is disproportionately affected by unmet social needs such as low educational attainment, food insecurity, housing instability, prior criminal justice involvement, and transportation barriers.[2] In response to the relationship between unmet social needs and poor health outcomes, along with concerns about the rising program costs, policymakers and Medicaid managed care organizations (MCOs) are developing integrated programs that weave SDOH interventions into clinical operations. Because of the characteristics of the Medicaid population, the program is uniquely positioned to identify and address the social determinants of health for those who are most affected by them.[3] Considering that all individuals seeking coverage in Medicaid must fill out an application form, the form represents an opportunity to initially collect SDOH information.

This report highlights findings from a content analysis conducted by the Institute for Medicaid Innovation (IMI) of each state's Medicaid enrollment application form across the United States, with a focus on the types and number of SDOH items included on the form.

A Content Analysis of the Medicaid Enrollment Application Form

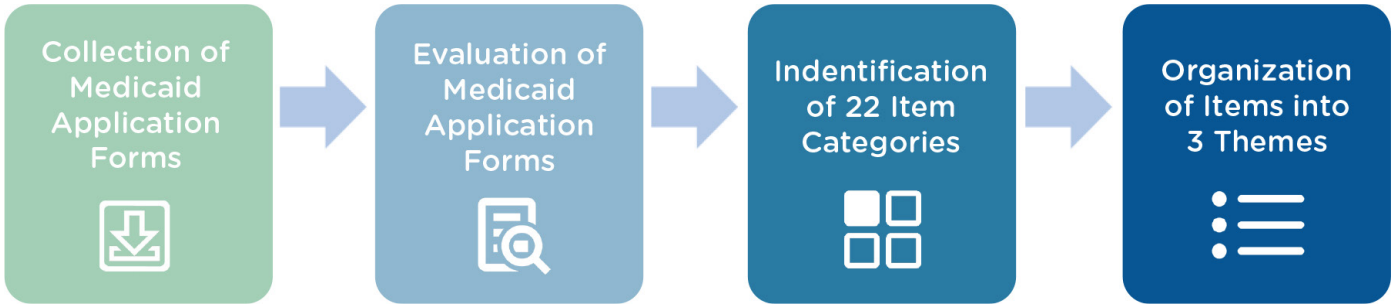
In response to the need for increased SDOH-related data collection in Medicaid, the IMI conducted a content analysis of the paper Medicaid enrollment application form for all 50 states and the District of Columbia. The primary objective of the analysis was to determine the types and number of SDOH items on the enrollment form. The secondary objective was to identify state variation in application-form SDOH items.

Methods

Over a three-month period at the beginning of 2019, the IMI's research team attempted to locate the paper Medicaid enrollment application form via the internet from each of the 50 states and the District of Columbia. With the exception of Maryland, we were able to obtain an electronic version (PDF) of the paper form from all states (n=49) as well as the District of Columbia (n=50). We utilized Google to enter search terms such as "apply for Medicaid in (State)" or "how to apply for Medicaid in (State Name)." The Maryland paper application form could not be obtained online. Requests to obtain the form were submitted by the IMI research team to the state Medicaid agency, but no response was received.

A random sample of 15 state Medicaid enrollment application forms were reviewed to a) generate an initial list of item topic categories; and b) to inform and guide the content analysis of all 50 state enrollment application forms. Twenty-eight (28) categories, including variables related to both the application form characteristics and item content areas, were identified. Twenty-two (22) of these categories represented item content areas with direct or tangential relation to the three themes of SDOH (n=9), an individual's current health status (n=7), or eligibility criteria (n=9) (Figure 1). The other six item content categories represented application form characteristics, such as page length.

Figure 1. Overview of Methodology



Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

The full sample of 50 Medicaid enrollment application forms was reviewed utilizing the 28 categories identified as part of the random sample. States were compared based on the type and number of categories included on their Medicaid application forms with descriptive statistics being generated.

Because of the potential subjective nature of the content analysis, the first and second authors reviewed all of the Medicaid enrollment application forms independently of one another and met frequently to compare findings. There was a high level of agreement (96% perfect agreement) between the two individuals, with discrepancies resolved through discussion. Examples of application items as assigned to one of the 22 content categories and 3 themes is presented in Table 1.

Table 1. Medicaid Enrollment Application Form Item Content Categories, Examples, and Identification of Social Determinants of Health, 2019 (n=50)

Assignment of 3 Theme(s) to Question Items	22 Content Categories for Question Items	Example Application Question Items*
Social Determinant of Health	Language Preference	What language should we write to you in? What language do you want us to speak to you in?
	Family Violence	Check this box if you fear harm to yourself or your children as a result of opening a child support case.
	Housing & Food Assistance	Do you have shelter or utility expenses, dependent care expenses, or child support expenses? Does someone other than a parent (if you are under 18) or spouse help pay for your food OR housing each month?
	Homeless Status	Check here if you are homeless.
	Transportation	Tell us if you need Transportation.
Social Determinant of Health **Eligibility Status**	Student Status	Are you a full-time student?
	Foster Care Status	Are you 18 to 26 years old? If yes, were you in foster care in any state on your 18th birthday?
	Incarceration Status	Is anyone that is applying for health coverage on this application currently in prison or jail or has been released in the past three months?
	Prior Convictions	Has anyone been convicted of welfare fraud?
Eligibility Status	Citizenship	Are you a U.S. citizen or U.S. national?
	Immigration Status	If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status?
	Military Service/Veteran Status	Are you, your spouse, or an unmarried dependent child an honorably discharged veteran or active-duty member of the U.S. armed forces?
	Tribal Status	Are you or is anyone in your family American Indian or Alaska Native?

Table 1. Medicaid Enrollment Application Form Item Content Categories, Examples, and Identification of Social Determinants of Health, 2019 (n=50), continued

Assignment of 3 Theme(s) to Question Items	22 Content Categories for Question Items	Example Application Question Items*
Eligibility Status	Family Changes	Any member of your household recently lost or expects to lose health insurance coverage within the next 60 days? Any member of your household recently became a citizen or lawful immigrant in the U.S.? Any existing tax filer in your household recently gained a new tax dependent?
Health Status	Pregnancy Status	Are you pregnant? If yes, how many babies are expected during this pregnancy? What is the expected delivery date?
	Disability Status	Do you have a physical, mental, or emotional or developmental disability?
	ADL Status	Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.)?
	Long-Term Services and Supports	Do you need help with long-term care or home and community-based services?
	Vision Status	Is anyone that is applying for coverage on this application blind or permanently disabled?
	Tobacco Use	Has any household member on this application regularly used tobacco products in the past 6 months? (Your response to this question does not affect your eligibility.)
	Mental Health / Substance Use Disorder Status	Are you in a residential treatment program for mental illness or drug or alcohol dependency?

*Note: Example questions were taken directly from the state Medicaid enrollment forms that were part of this analysis.

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

Results of Medicaid Enrollment Application Form Content Analysis

In alignment with the Centers for Medicare & Medicaid Services' (CMS's) requirements under 42 CFR, Subpart J and Subpart M, states are allowed to: [4, 5]

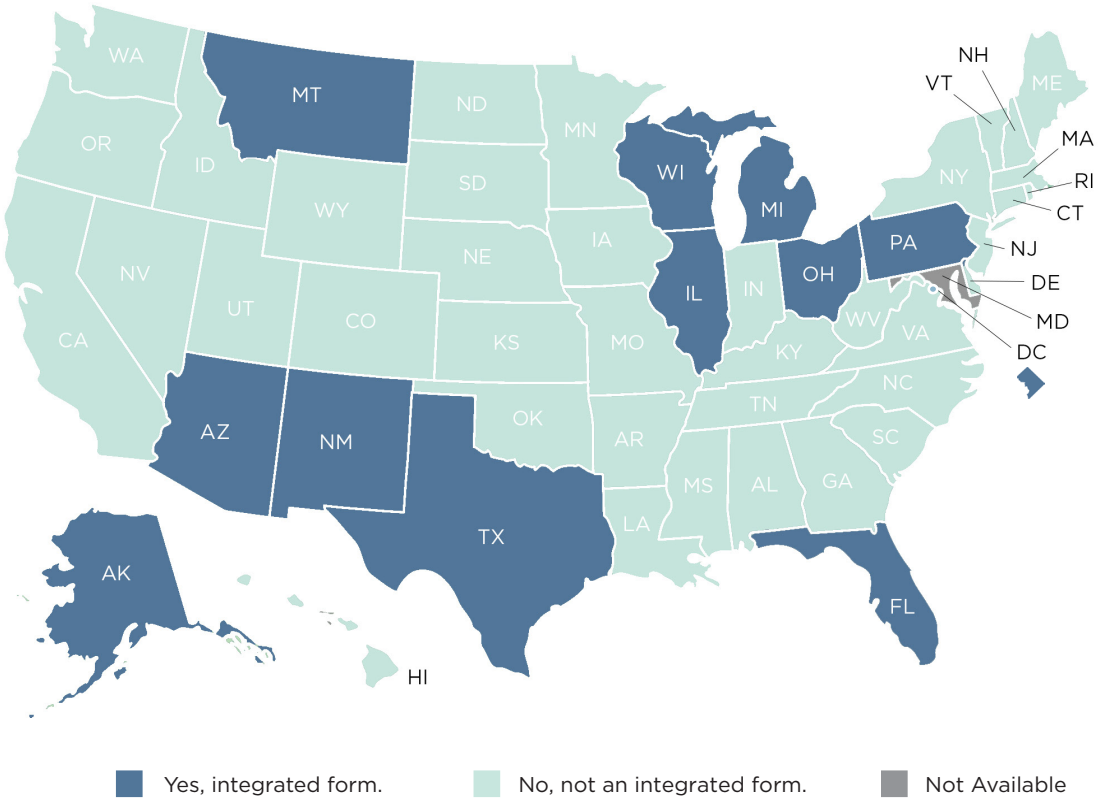
a) utilize a streamlined Medicaid enrollment application form for all insurance affordability programs developed by CMS in accordance with section 1413 (b)(1)(A) of the Affordable Care Act,

b) develop an alternative application form in accordance with 1413 (b)(1)(B) of the Affordable Care Act, or

c) develop an alternative single, integrated application used to apply for multiple social service programs.

We found that 25 percent of states selected the last option to develop an alternative, integrated Medicaid enrollment application form for services such as SNAP, WIC, LIHEAP, TANF, Cash Assistance, or Medicare Shared Savings Program (Figure 2). The integrated forms collect more social-related data at the point of enrollment and may present an opportunity to assist in early identification of individuals who are at-risk or in need of immediate social services and supports.

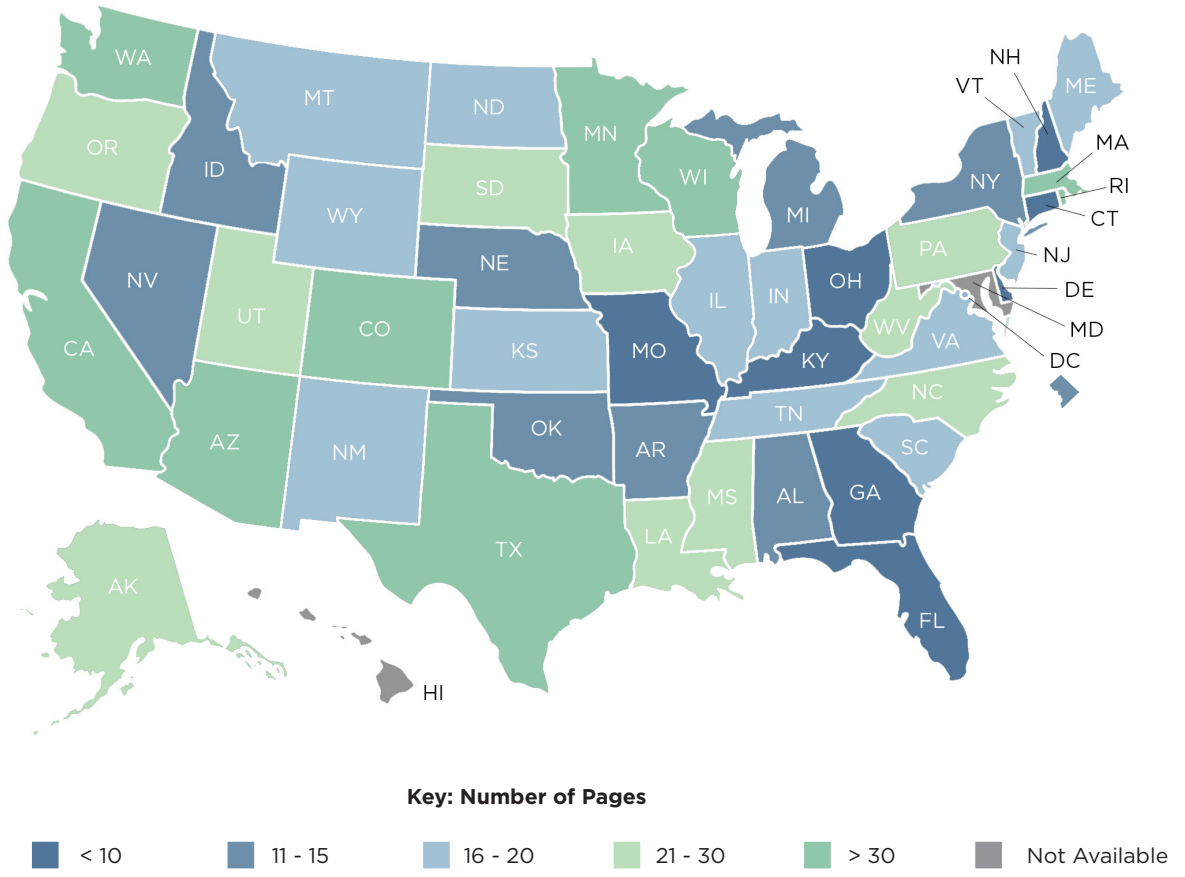
Figure 2. Analysis of States Utilizing Integrated Medicaid Enrollment Application Forms, 2019 (n=50)



Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

The content analysis also identified variation in the total number of pages for each state Medicaid enrollment application form. The average number of pages was 20.6 (±10.6 s.d.). The longest application form was Arizona's at 50 pages (Note: Arizona has an integrated form), while the shortest form was Connecticut's at 6 pages (Figure 3). The length of the form may contribute to the level of difficulty that an individual may experience when completing it. This may be because of the higher volume of information required for completing the form, the time burden, and the potential increased likelihood of error as a result of both. Higher page length could therefore prove to be a barrier to enrollment and eligibility determination, and lead to failure in providing coverage for eligible individuals. At the same time, longer applications collect more data, which may provide significant benefit to Medicaid programs and managed care organizations that administer the programs.

Figure 3. State Variation in Medicaid Application Form Page Length, 2019 (n= 50)



Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

Analysis of Content Item Areas: Health Status, Eligibility, and Social Determinants of Health

Across all 50 enrollment forms analyzed, it was found that certain information was universally collected by all states at the point of application. Some of the common items included income, race, ethnicity, employment-related information, and contact information (Table 2).

Table 2. Medicaid Enrollment Application Form Universally Collected Information, 2019 (n=50)

- Income
- Tax Returns
- Race
- Ethnicity
- Employment Status
- Contact Information
- Gender
- Additional Sources of Income
- Existing Health Coverage Options
- Household Members
- Relationship Status
- Personal Identifying Information

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

As noted earlier, the item content analysis identified 22 categories that were grouped into three themes: health status, eligibility criteria, and SDOH (Table 1). Some of the items in the Medicaid enrollment application form applied to multiple themes. As an example, items that inquired about an applicant's foster care status were considered both an eligibility and social determinant of health item. Refer to Table 1 to identify the other items with multiple themes.

The health status-related items solicited information about an applicant's current health conditions, disabilities, use of care facilities, and substance use (Table 3). Items in this category were primarily included in Medicaid application forms to screen for service lines and make coverage determinations (eligibility). State variation in inclusion of health status question item categories can be found in Appendix A.

Table 3. Health Status Item Content Category, 2019 (n=50)

Health Status Item Content Category	States that Included Items on Form, % (n)
Pregnancy Status	96% (49)
Long-Term Care Facility Status	80% (41)
ADL-Related Status	71% (36)
Disability Status	67% (34)
Vision Status	35% (18)
Mental Health	18% (9)
SUD Status	12% (6)
Tobacco Use	8% (4)

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

The Medicaid application forms across the U.S. consistently included pregnancy-related items, with 96 percent of states asking at least one question about current pregnancy status, 94 percent asking about the number of babies expected for this pregnancy, and 88 percent of states collecting estimated date of delivery (EDD) information. Pregnancy status is one of the potential criteria that can be used to assess Medicaid eligibility. States, to a lesser extent, collected data on applicants' long-term care needs or institutionalized status (80%), data on challenges with activities of daily living (ADLs) (71%), disability status (67%), and vision status (35%) indicated by the applicant. This information is likely collected to determine eligibility for home and community-based services (HCBS) or long-term services and supports (LTSS) but can also allow for identification of individuals who may be at risk for increased health care utilization if incorporated into risk stratification methods.

Approximately 18 percent of states collected information on mental health needs. Of those nine states, seven have Medicaid managed care contracts (see Appendix A). This is particularly relevant in states where managed care provides coverage for both behavioral health and physical health management.[6] Early identification of self-reported mental health needs could be beneficial for care management and ensuring that enrollees receive necessary services and supports. Mental health conditions are considered a risk factor for higher health service utilization, which could be mitigated through early identification of gaps and prompt intervention (Mauer, 2006).[7] Furthermore, risk for development of mental health conditions is strongly associated with social inequalities such as low socioeconomic status, low educational attainment, unemployment, and lack of social supports.[8] Early identification of social needs could aid mental health prevention efforts. Similarly, 12 percent of states collected data on substance use disorder (SUD) at the point of completing an application. With the increased attention on opioid use disorder and SUD, improving collection and use of this self-reported information could facilitate early enrollment in treatment programs. However, the items might be sensitive in nature, which could deter individuals from self-reporting SUD and/or other sensitive information that could be perceived as an enrollment disqualifier.

Uniquely, four states (8%) include an item related to tobacco use on their enrollment application. With the strong body of evidence linking tobacco use to higher health care costs and the development of chronic conditions and oncologic diseases, the collection of tobacco-use data could also facilitate the early identification of individuals eligible for tobacco cessation programs in order to improve health outcomes and reduce health service utilization. This proactive investment in screening and intervention could prove to be beneficial for Medicaid programs and health plans as cost continues to be a major focus of the industry.

Eligibility item content categories included population and demographic information and provide a mechanism for states to search for additional health coverage, receive appropriate matching funds for certain populations, validate eligibility of applicants, and ensure program integrity. Items that fall into this category collect information about citizenship, foster care status, current occupation other than employment (student or military), incarceration, and recent changes to family, income or employment, residence, insurance coverage, or incarceration status (Table 4). State variation in inclusion of eligibility item categories can be found in Appendix B.

Table 4. Eligibility Status Item Content Category, 2019 (n=50)

Eligibility Status Item Content Category	States that Included Items on Form, % (n)
Citizenship	96% (49)
Immigration Status	96% (49)
Tribal Status	86% (44)
Foster Care Status*	86% (44)
Student Status*	76% (39)
Incarceration*	69% (35)
Military/Veteran Status	55% (28)
Family Changes	20% (10)

*Also included in the SDOH content category.

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

Ninety-six percent (96%) of states included items about citizenship and immigration status. Tribal status was included by 86 percent of states, with the primary purpose of identifying individuals who may be eligible for services through the Indian Health Services. Similarly, student status was included as an item on the Medicaid enrollment application form by 76 percent of states, with the potential of finding either family-based coverage or school-based coverage for those individuals. Student status data collected could also be used to obtain education information, with some state forms containing additional items inquiring about educational level.

Items about military service and veteran status were included by 55 percent of states with the potential for the state Medicaid program to identify individuals who may be eligible for coverage through their prospective branch, if currently active, the Veterans Health Administration (VHA), or other veteran-focused programs such as the Department of Housing and Urban Development-Veterans Affairs Supportive Housing vouchers (HUD-VASH). Information collected about veteran status could prove useful for identifying additional social services and supports specifically for veterans.

Twenty percent of states used standardized, or slightly altered, items related to any recent family changes. For example, question items included loss or expected loss of health care coverage within 90 days, marriage within the previous 60 days, a birth/adoption/foster care placement in the past 60 days, an immigration eligibility status change in 60 days, someone moving in the past 60 days, and/or someone being released from incarceration in the past 60 days.

Items that were identified for the SDOH question item content category that were included on the Medicaid enrollment application forms were used to make coverage determinations for other social service programs and supports, to ensure program integrity, and to receive appropriate federal matching funds for certain populations. Items of this nature collected information about language preferences, food and housing stability, family violence and safety, transportation, incarceration and prior convictions, and foster care status (Table 5). (State variation in inclusion of SDOH question item categories can be found in Appendix C.)

Table 5. SDOH Item Content Category, 2019 (n=50)

SDOH Item Content Category	States that Included Items on Form, % (n)*
Language Preference	90% (46)
Foster Care Status*	86% (44)
Student Status*	76% (39)
Incarceration Status*	69% (35)
Housing or Food Assistance	36% (18)
Homeless Status	18% (9)
Prior Convictions	18% (9)
Family Violence-related	16% (8)
Transportation-related	8% (4)

*Also included in the eligibility information content category.

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

State SDOH data collection at the point of application for enrollment varied greatly. Language preference was included by 90 percent of states for use in communication materials, availability of a translator or translation services, and other enrollee engagement needs. Foster care status of any individuals in the household was included by 86 percent of states, primarily to ensure that states received full federal matching funds for this population. Because of evidence of poorer health outcomes in individuals involved in the foster care system, this information could be useful for Medicaid organizations that are looking to provide additional services or programs for this population.[9]

The incarceration/justice-involved status of any individuals in the applicant's household was also frequently included (69%). This is likely to the result of coverage provisions by the justice system and Medicaid ineligibility for those who are incarcerated in most states. In addition, it allows state Medicaid agencies to maintain program integrity. However, it has been established that justice-involved individuals have worse health outcomes and require more health services, which makes these data useful for Medicaid programs and MCOs looking to address this disparity upon an individual's release and enrollment in Medicaid.[10] Similarly, 18 percent of states included an item related to prior convictions. This primarily occurred in states with integrated benefit application forms, as prior drug convictions and SNAP-related offenses are disqualification criteria for SNAP and other social safety-net programs. However, information related to drug use and prior justice involvement data can be derived from these items for use in early identification of risk and inclusion in intervention programs.

Rent expense (31%), rent assistance (27%), and food assistance (27%) are included by roughly a quarter of states, primarily those states that utilized an integrated benefit application form, to assess eligibility for SNAP and other social safety-net programs. These data may not be stored by the state Medicaid agencies and may not be currently available for use by managed care organizations looking to identify enrollees with food or housing-related needs. Rent expense information, combined with universally collected income data, could also be used to stratify enrollees by rent burden (the ratio of monthly income spent on rent to the total monthly income) for use in early identification of individuals who may be at risk for high health care utilization. Medicaid managed care organizations have been developing programs aimed at food and housing insecurity, but data collection is a major barrier, as noted in the recent annual Medicaid MCO survey released by the IMI.[11] Collection of this information at the point of application has the potential to support early identification of needs to improve health service utilization.

An item specifically related to homelessness is included by 18 percent of states. Although many states provided a field to indicate the mailing address of a homeless shelter, or other option when requiring an address, 18 percent of these states explicitly included a question about homelessness. As a well-known social determinant of health, resulting in poor health outcomes and higher health service utilization, collecting this information at the point of enrollment could enhance the connection of individuals to programs and agencies that can assist with housing issues.[12]

Sixteen percent of states included an item related to interpersonal violence (IPV). This item was typically asked in the context of identifying any potential danger that may occur if the state goes after unpaid child support payments for enrollees of Medicaid and other social programs. Data on IPV could be an early identification of higher-risk individuals, as domestic/family violence is a factor related to both higher behavioral health service utilization and increased physical health spending.[13] If available, this information can be included by Medicaid MCOs as part of the risk stratification process and identification for care management. Similar to the items about substance use, this may be a sensitive area for the applicant to complete. These items should be framed and approached with appropriate measures to ensure accuracy of the self-reported data, confidentiality, and safety of the applicants.

Transportation-related questions are asked at the lowest rate among states, at 8 percent. Transportation is also a well-known barrier to health care access in Medicaid.[14, 15] Many Medicaid MCOs and programs have begun addressing this barrier through the facilitation of non-emergency medical transport (NEMT) or other transportation-related services.[11] The identification of individuals with transportation barriers is a crucial step in ensuring adequate access to health care for enrollees.

Many of the social determinants asked about by states could provide important information about risk factors for adverse childhood experiences (e.g. parent incarceration, family violence, housing insecurity) that have long lasting physical and mental health implications for children.[16] Collection of this SDOH data could equip state agencies, Medicaid MCOs, community-based organizations and care providers with relevant data to identify risk, protect the health of child and adolescent enrollees, and build resilience.

Finally, a common question item among states was a request for permission to access electronic income data to allow for auto re-enrollment. This item was included by twenty-five (49%) states. Auto re-enrollment can improve operational and administrative efficiency by reducing the resources needed and allocated to making eligibility determinations. An example from Minnesota of this question item is provided in Figure 4.

Figure 4. Minnesota's Medicaid Enrollment Form Question Item on Auto Re-enrollment

Verifying Eligibility and Renewing Coverage

Each year, MNsure matches data to verify and renew eligibility for help paying for health coverage. MNsure needs consent to use information from tax returns to verify and renew your financial assistance for coverage. If you do not give consent to use this data, your financial assistance cannot be verified during the year and renewed. You can change your consent at any time. If you do not check a box, **you are agreeing to the use of your information for 5 years.**

I agree to the use of tax return information to verify and renew my eligibility for help paying for health coverage for:

❑ 5 years ❑ 4 years ❑ 3 years ❑ 2 years ❑ 1 year

❑ Do not use information from tax returns to renew my eligibility for help paying for health coverage

Source: Minnesota Department of Human Services. (n.d.). Printable application forms for health care programs. Retrieved from https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/resources/paper-applications.jsp

State Variation of SDOH-Specific Item Content Categories

The inclusion of the 22 SDOH item content categories in state Medicaid enrollment application forms varied widely. For example, states with integrated benefit forms included more content categories in their Medicaid enrollment application forms than did those without. Table 6 depicts the extent to which each state included all the item content categories. Oregon had the highest number of items (21), while Missouri had the lowest (7).

Table 6. State Variation in Inclusion of SDOH-Related Item Content Categories, 2019 (n=51)

State	Number of Included Categories
OREGON	21
ARIZONA	20
FLORIDA	20
MINNESOTA	20
NEW MEXICO	19
ILLINOIS	19
UTAH	19
DC	18
PENNSYLVANIA	18
VIRGINIA	18
DELAWARE	17
MASSACHUSETTS	17
ALASKA	16
HAWAII	16
INDIANA	16
IOWA	16
LOUISIANA	16
MONTANA	16
NEVADA	16
NORTH DAKOTA	16
SOUTH DAKOTA	16
TENNESSEE	16
TEXAS	16
VERMONT	16
COLORADO	15
FEDERAL	15
KENTUCKY	15
MAINE	15
NEBRASKA	15
OKLAHOMA	15
RHODE ISLAND	15
WYOMING	15
ARKANSAS	14
CALIFORNIA	14
CONNECTICUT	14

Table 6. State Variation in Inclusion of SDOH-Related Item Content Category, 2019 (n=51), continued

State	Number of Included Categories
IDAHO	14
NEW YORK	14
SOUTH CAROLINA	14
WASHINGTON	14
WEST VIRGINIA	14
ALABAMA	13
GEORGIA	13
MICHIGAN	13
MISSISSIPPI	13
NEW HAMPSHIRE	13
NORTH CAROLINA	13
WISCONSIN	13
NEW JERSEY	12
KANSAS	11
OHIO	10
MISSOURI	7
MARYLAND	N/A

Note: The Maryland state Medicaid enrollment application form was not available for the analysis.

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

However, inclusion of the SDOH question item content category does not mean that the collected information is being used or transmitted to the appropriate Medicaid MCOs. More information is needed to better understand how this information is being used, analyzed, stored, and shared. Therefore, states that include more items related to the social determinants of health are not necessarily doing so to address social needs. Some questions, such as those about tobacco use, are used to assess fees. An example from Indiana is presented in Figure 5.

Figure 5. Indiana Medicaid Enrollment Form Question Item on Tobacco Use

If you are eligible for the Healthy Indiana Plan (HIP) and you are a tobacco user, you may have an increased POWER Account contribution in your second year of coverage.

Have you used tobacco four (4) or more times per week in the last six (6) months? *(The definition of tobacco includes: chewing tobacco, cigarettes, cigars, pipes, hookah, and snuff. It does not include the use of nicotine delivery services.)*

- ❑ **Yes** *(if you do not stop using tobacco within the next twelve months you will be assessed a 50% surcharge to your POWER Account contribution. Contact your health plan for help in quitting tobacco.)*
- ❑ **No** *(FSSA reserves the right to audit claims in order to identify member tobacco use.)*

Source: Indiana Family and Social Services Administration. (n.d.). Indiana Application for Health Coverage. Retrieved from https://www.in.gov/fssa/dfr/2689.htm

Although the program's financial disincentive might encourage members to stop using tobacco, it might also deter individuals from accurately responding to the question or from applying to Medicaid altogether. In addition, it is important to consider the purpose behind inclusion of certain questions. Although this disincentive for tobacco use may be framed as a mechanism for protecting the health status of members, its inclusion could also serve the purpose of deterring applicants to decrease overall enrollment.

Similarly, items about auto-reenrollment can reduce the administrative burden on state Medicaid agencies to validate eligibility and simultaneously make it easier for Medicaid enrollees to maintain continuous coverage. However, with frequent churn in the Medicaid population because of inconsistent income status, states may use the access to tax and income information to disenroll members when possible. Missouri has recently gained attention as more than 100,000 members have been dropped from the state's Medicaid program in recent months because of its new online automatic eligibility verification tool.[17] Importantly, child enrollment numbers have dropped 9.6 percent, which indicates that significant changes in income level for many families must have occurred to justify the disenrollment of such a large number of children (Brooks, 2019). State officials cite an improved economy and a better certification process for the disenrollment numbers; however, experts say that those factors alone cannot account for the decrease (Associated Press, 2019).

Looking Ahead

This content analysis has important relevance to the early identification of social needs as part of the Medicaid enrollment application. Some states have taken advantage of this initial point of contact to collect important health status and SDOH data, but overall this is an area that can be leveraged for future innovation. States with an integrated social program application form already collect more SDOH data, but the degree to which other social program data are leveraged by Medicaid programs is an area for further exploration. The use of an integrated form may be the simplest vehicle through which Medicaid programs can begin to collect relevant SDOH data. Issues about data in the enrollment form being used to reduce the number of Medicaid enrollees is concerning and needs to be monitored closely. There are several opportunities within clinical, research, and policy areas to improve the collection and sharing of information as part of the state Medicaid application enrollment form to improve early identification of social needs.

Clinical Opportunities

Explore potential clinical partnerships to address social factors.

As screening and data collection improve, it is important for the clinical delivery system to adequately address unmet social needs. The development of partnerships with community-based organizations and implementation of referral mechanisms and stand-alone programs could make a significant impact. Continuation of screening at the clinician-patient level is another key area where SDOH data can be collected.

Address data-sharing barriers to enhance early identification efforts.

In some circumstances, SDOH-related data are collected by organizations at the community level. Exploring potential partnerships that identify and address barriers to data sharing could be beneficial.

Research Opportunities

Identify data collection that facilitates early identification of at-risk individuals.

Continued SDOH data acquisition and screening tools could be used to direct the development of programs that address enrollees' needs. Improved data collection may help define the scope of the problem and identify individuals for inclusion in interventions.

Evaluate the effect of asking sensitive questions on the Medicaid enrollment form.

SDOH-related, including trauma and violence, and behavioral health questions may collect important information for Medicaid programs. Understanding how these types of questions influence responses and the completion of applications is important. Potential enrollees may be deterred from filling out the application or responding accurately to certain questions if it is not clear how the information will be used. Accuracy of the self-reported information is essential for meaningful use of these data by Medicaid organizations for early identification or referrals to targeted programs or services.

Explore the impact of integrating SDOH data into the EDI 834 file to enhance data sharing.

An opportunity exists to better understand the usage and accessibility of the current data that are collected at the point of enrollment application, where it is stored, who has access to it, what is transmitted through the EDI 834 file, and what is the impact of transmitting the information on addressing social needs.

Policy Opportunities

Explore opportunities to adopt integrated social benefit forms.

Integrated application forms may be used to streamline social enrollment processes and increase access to and sharing of SDOH-related data across agencies. Furthermore, it has the potential to increase access to other community resources and social programs.

Evaluate inclusion of SDOH screening items on enrollment forms.

In addition to adopting integrated forms, states may consider including supplemental questions that ask about social factors and health status information to facilitate early identification of needs. Once collected, this information may be utilized by and shared with Medicaid MCOs, community-based organizations, and other organizations to enhance SDOH programs. Creating statewide SDOH screening questions may improve inefficiency in linking the individual needs with services and supports.

Appendix A. State Variation in Inclusion of Health Status Question Items Across 22 Content Categories, 2019 (n= 51)

State Name	Pregnancy Status	LTC/Facility Status	ADL Status	Disability Status	Vision Status	Mental Health Status	Substance Use Disorder	Tobacco
Alabama	✔		✔	✔		✔		
Alaska	✔		✔					
Arizona	✔	✔	✔	✔		✔		
Arkansas	✔	✔	✔	✔	✔			
California	✔	✔		✔				
Colorado	✔	✔	✔		✔	✔		
Connecticut	✔	✔	✔	✔				
DC	✔	✔		✔	✔			
Delaware	✔		✔					
Federal	✔	✔	✔					
Florida	✔	✔	✔	✔	✔	✔	✔	
Georgia	✔		✔					
Hawaii	✔	✔		✔				
Idaho	✔	✔	✔	✔				
Illinois		✔	✔	✔	✔			
Indiana	✔	✔		✔	✔			✔
Iowa	✔	✔	✔					
Kansas	✔	✔		✔				
Kentucky	✔	✔	✔	✔	✔			
Louisiana	✔	✔	✔					
Maine	✔	✔	✔	✔				
Maryland								
Massachusetts	✔			✔	✔	✔		
Michigan	✔	✔	✔	✔		✔	✔	
Minnesota	✔	✔	✔	✔	✔			✔
Mississippi	✔	✔	✔	✔				
Missouri		✔		✔	✔			
Montana	✔			✔		✔	✔	
Nebraska	✔	✔	✔					

Appendix A. State Variation in Inclusion of Health Status Question Items Across 22 Content Categories, 2019 (n= 51), continued

State Name	Pregnancy Status	LTC/Facility Status	ADL Status	Disability Status	Vision Status	Mental Health Status	Substance Use Disorder	Tobacco
Nevada	✔	✔	✔		✔			
New Hampshire	✔	✔	✔					
New Jersey	✔		✔					
New Mexico	✔	✔		✔				
New York	✔	✔		✔	✔			
North Carolina	✔	✔	✔	✔	✔			
North Dakota	✔	✔	✔					
Ohio	✔	✔	✔	✔				
Oklahoma	✔	✔	✔					
Oregon	✔	✔	✔	✔	✔	✔	✔	
Pennsylvania	✔	✔	✔	✔			✔	
Rhode Island	✔		✔	✔	✔			
South Carolina	✔	✔		✔				
South Dakota	✔	✔			✔			
Tennessee	✔	✔		✔	✔			
Texas	✔	✔		✔				
Utah	✔	✔	✔	✔				✔
Vermont	✔	✔	✔					
Virginia	✔		✔	✔		✔	✔	
Washington	✔	✔	✔	✔				✔
West Virginia	✔	✔	✔					
Wisconsin	✔			✔	✔			
Wyoming	✔	✔	✔					

Note: We were unable to obtain the Maryland enrollment form for this analysis.

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

Appendix B. State Variation in Inclusion of Eligibility Question Items Across 22 Content Categories, 2019 (n= 51)

State Name	Citizenship	Immigration Status	Tribal Status	Foster Care	Student Status	Incarceration Status	Military Service	Family Changes
Alabama	✔	✔		✔	✔	✔		
Alaska	✔	✔	✔	✔	✔	✔	✔	
Arizona	✔	✔	✔	✔	✔	✔	✔	
Arkansas	✔	✔	✔			✔		
California	✔	✔	✔	✔	✔			✔
Colorado	✔	✔	✔		✔	✔		✔
Connecticut	✔	✔		✔			✔	
DC	✔	✔	✔		✔	✔	✔	
Delaware	✔	✔	✔	✔	✔	✔	✔	
Federal	✔	✔	✔	✔	✔	✔	✔	✔
Florida			✔	✔	✔	✔		
Georgia	✔	✔	✔	✔	✔	✔		
Hawaii	✔	✔	✔	✔	✔	✔	✔	
Idaho	✔	✔		✔				✔
Illinois	✔	✔	✔	✔	✔	✔	✔	
Indiana	✔	✔	✔	✔	✔	✔	✔	
Iowa	✔	✔	✔	✔	✔	✔	✔	✔
Kansas	✔	✔	✔	✔	✔			
Kentucky	✔	✔		✔		✔		
Louisiana	✔	✔	✔	✔	✔	✔		
Maine	✔	✔	✔	✔	✔	✔	✔	
Maryland								
Massachusetts	✔	✔	✔	✔		✔	✔	
Michigan	✔	✔	✔	✔	✔	✔	✔	
Minnesota	✔	✔	✔	✔		✔	✔	✔
Mississippi	✔	✔	✔	✔			✔	
Missouri	✔	✔						
Montana	✔	✔	✔	✔	✔		✔	
Nebraska	✔	✔	✔	✔	✔	✔		
Nevada	✔	✔	✔	✔	✔	✔	✔	

Appendix B. State Variation in Inclusion of Eligibility Question Items Across 22 Content Categories, 2019 (n= 51), continued

State Name	Citizenship	Immigration Status	Tribal Status	Foster Care	Student Status	Incarceration Status	Military Service	Family Changes
New Hampshire	✔	✔	✔	✔	✔	✔	✔	
New Jersey	✔	✔	✔	✔	✔			
New Mexico	✔	✔	✔	✔	✔	✔	✔	
New York	✔	✔	✔		✔		✔	
North Carolina	✔	✔	✔	✔				
North Dakota	✔	✔	✔	✔	✔	✔		
Ohio								
Oklahoma	✔	✔	✔	✔	✔	✔		✔
Oregon	✔	✔	✔	✔	✔	✔	✔	
Pennsylvania	✔	✔	✔	✔	✔		✔	
Rhode Island	✔	✔	✔	✔	✔	✔	✔	
South Carolina	✔	✔	✔	✔	✔	✔		
South Dakota	✔	✔	✔	✔	✔	✔	✔	✔
Tennessee	✔	✔	✔	✔	✔		✔	
Texas	✔	✔	✔	✔	✔		✔	
Utah	✔	✔	✔	✔	✔		✔	
Vermont	✔	✔	✔	✔	✔	✔		✔
Virginia	✔	✔	✔	✔	✔	✔	✔	
Washington	✔	✔	✔			✔		
West Virginia	✔	✔	✔	✔	✔	✔		
Wisconsin	✔	✔	✔	✔				✔
Wyoming	✔	✔	✔	✔	✔	✔		

Notes: We were unable to obtain the Maryland enrollment form for this analysis.

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

Appendix C. State Variation in Inclusion of SDOH Question Items Across 22 Content Categories, 2019 (n= 51)

State Name	Language Preference	Foster Care	Student Status	Incarceration Status	Housing/Food Assistance	Homeless	Prior Convictions	Family Violence	Transportation
Alabama	✔	✔	✔	✔					
Alaska	✔	✔	✔	✔	✔		✔		
Arizona	✔	✔	✔	✔	✔	✔	✔		
Arkansas	✔			✔					
California	✔	✔	✔		✔				
Colorado	✔		✔	✔					
Connecticut	✔	✔							
DC	✔		✔	✔	✔	✔			✔
Delaware	✔	✔	✔	✔	✔		✔		
Federal	✔	✔	✔	✔					
Florida	✔	✔	✔	✔	✔	✔	✔	✔	✔
Georgia	✔	✔	✔	✔					
Hawaii	✔	✔	✔	✔		✔			
Idaho	✔	✔						✔	
Illinois	✔	✔	✔	✔	✔	✔	✔		
Indiana	✔	✔	✔	✔					
Iowa	✔	✔	✔	✔					
Kansas	✔	✔	✔						
Kentucky	✔	✔		✔					
Louisiana	✔	✔	✔	✔				✔	
Maine		✔	✔	✔					
Maryland									
Massachusetts	✔	✔		✔				✔	
Michigan	✔	✔	✔	✔	✔		✔	✔	
Minnesota	✔	✔		✔		✔			
Mississippi	✔	✔							
Missouri					✔				
Montana		✔	✔		✔		✔		
Nebraska	✔	✔	✔	✔					

Appendix C. State Variation in Inclusion of SDOH Question Items Across 22 Content Categories, 2019 (n= 51), continued

State Name	Language Preference	Foster Care	Student Status	Incarceration Status	Housing/Food Assistance	Homeless	Prior Convictions	Family Violence	Transportation
Nevada	✔	✔	✔	✔					
New Hampshire		✔	✔	✔					
New Jersey	✔	✔	✔						
New Mexico	✔	✔	✔	✔	✔	✔		✔	✔
New York	✔		✔		✔				
North Carolina	✔	✔							
North Dakota	✔	✔	✔	✔		✔			
Ohio	✔				✔				
Oklahoma	✔	✔	✔	✔					
Oregon	✔	✔	✔	✔				✔	✔
Pennsylvania		✔	✔		✔		✔		
Rhode Island	✔	✔	✔	✔					
South Carolina	✔	✔	✔	✔					
South Dakota	✔	✔	✔	✔					
Tennessee	✔	✔	✔		✔				
Texas	✔	✔	✔		✔	✔	✔		
Utah	✔	✔	✔		✔			✔	
Vermont	✔	✔	✔	✔					
Virginia	✔	✔	✔	✔					
Washington	✔			✔					
West Virginia	✔	✔	✔	✔					
Wisconsin	✔	✔			✔				
Wyoming	✔	✔	✔	✔					

Notes: We were unable to obtain the Maryland enrollment form for this analysis.

Source: Institute for Medicaid Innovation. (2019). *Analysis of Social Needs Data Collected as Part of the Medicaid Enrollment Application.* Washington, D.C

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Prior to publication of the final report, the Institute for Medicaid Innovation sought input from independent clinical, scientific, and policy experts as peer reviewers who do not have any financial conflicts of interest. However, the conclusions and synthesis of information presented in this report do not necessarily represent the views of the individual peer reviewers or their organizational affiliation(s).

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