INSTITUTE FOR MEDICAID INNOVATION

2021 Annual Medicaid MCO Survey

Please return your completed survey to Dr. Jennifer Moore at JMoore@MedicaidInnovation.org.
Due Date: April 9, 2021

The Institute for Medicaid Innovation's (IMI)'s annual Medicaid managed care survey was developed, piloted, refined, and finalized in partnership with health plans, researchers, and policymakers. IMI's primary goal was to equip stakeholders with the information they needed to accurately articulate the national narrative about Medicaid managed care. The previous reports can be accessed at the IMI website.

IMI takes a number of steps to safeguard your health plan's data. Health plan data will be de-identified and stored in a locked room on a password-protected computer that is never connected to the internet. Only IMI research staff will have access to the survey data, and all IMI staff will have received extensive training in research, data protection, and privacy. As with all IMI surveys, we will aggregate the reported findings from the analysis as a composite, so that no health plan-level identifiable data will be released. Furthermore, for variables with a small sample size, information will not be reported so as to protect the identity of the health plans.

Section A. Contact Information

IMI staff will use the following information provided below only for the purposes of clarifying survey responses.

Name:

Email:

Phone:

Name of your health plan:

Do you work at the parent organization or in an individual market?

- ◯ Parent Organization
- ◯ Individual Market

Please proceed to the next page to begin Section B. General Information.

Section B. General Information

Definitions and Acronyms for Section B

- **Children with Special Healthcare Needs (CSHCN) –** Individuals (under the age of 18) who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.
- **FQHC -** Federally Qualified Health Center.
- **I/DD –** Individuals with Intellectual and Developmental Disabilities.
- **MAT -** Medication-Assisted Treatment.
- **OUD -** Opioid Use Disorder.
- **SMI –** Individuals with Serious Mental Illness.
- **SUD –** Substance Use Disorder.

Please respond to the following items at the **parent level** for **only the Medicaid product line.**

1. Type of health plan of your parent organization
   - ◯ Private, For-profit
   - ◯ Private, Non-profit
   - ◯ Government or Other, specify:

2. Is your parent organization provider-owned?
   - ◯ Yes
   - ◯ No

3. In what year did your health plan begin participating in Medicaid programs as a managed care organization (MCO)?

4. How many individuals were enrolled in your Medicaid MCO in all contracts and markets as of December 2020?

5. Considering your 2020 contracts, across all of your markets, indicate which populations your Medicaid MCO had experience serving? ***Check all that apply.***

- [ ] Children
- [ ] Adult Caregivers
- [ ] Aged, Blind, Disabled
- [ ] Medicare and Medicaid Enrollees (Duals)
- [ ] Children and Youth in Foster Care
- [ ] Children with Special Healthcare Needs
- [ ] Individuals with I/DD
- [ ] Individuals with SMI
- [ ] Childless Adults
- [ ] Individuals with SUD/OUD
- [ ] Pregnant Individuals
- [ ] Sexual and Gender Minorities

6. Across all of your markets in 2020, did your health plan offer targeted programs to address sexual and gender minority health?

- ○ Yes
- ○ No, but considering
- ○ No, and not considering

7. Considering your 2020 contracts, across all markets, indicate which benefits your Medicaid MCO actively managed (i.e., accepted financial risk and coordinated benefits)? ***Check all that apply.***

- [ ] Physical Health
- [ ] Behavioral Health
- [ ] Institutional Care (e.g., Nursing facility and/or intermediate care facilities for developmentally disabled.)
- [ ] Home and Community-Based Waiver Services
- [ ] Pharmacy (i.e., in-patient, out-patient and/or injectables)
- [ ] Dental
- [ ] Gender-affirming treatment, including hormone therapies and surgical procedures
- [ ] Vision

8. Does your organization currently have Medicaid contracts in...

- ○ Multiple states
- ○ Single state

9. Please indicate the following health care settings with which you had at least one contract in 2020 in any of your markets. ***Check all that apply.***

- ☐ Academic medical centers
- ☐ Public hospitals
- ☐ Urgent care clinics
- ☐ Retail clinics (e.g., CVS Minute Clinic)
- ☐ Community health centers (e.g., FQHCs)
- ☐ Maternal and child health clinics
- ☐ Family planning clinics (Title X)
- ☐ Planned Parenthood
- ☐ Behavioral health centers
- ☐ SUD agencies (e.g., methadone and other MAT clinics)
- ☐ HIV/AIDS services organizations (e.g., Ryan White providers)
- ☐ School-based clinics
- ☐ Indian Health Service providers or tribal health clinics
- ☐ Local/County health departments
- ☐ Rural health clinics
- ☐ Skilled nursing facilities
- ☐ Safety-net hospitals
- ☐ None of the above
- ☐ Other, specify:

10. Across all of your markets in 2020, identify the strategies your Medicaid MCO used to recruit and retain providers. Include strategies used for any type of provider or provider location. ***Check all that apply.***

- ☐ Prompt payment policies (e.g., guaranteed payment timeframe)
- ☐ Financial incentives (e.g., sign-on bonus or bonus payments tied to quality indicators)
- ☐ Debt repayment
- ☐ Pay rates comparable to Medicare or commercial rates
- ☐ Automatic assignment of members to primary care providers
- ☐ In-person outreach to providers
- ☐ Reduced administrative burdens (e.g., streamline reporting requirements)
- ☐ Streamlined credentialing and re-credentialing process
- ☐ Use of technology (e.g., electronic health records or provider portal)
- ☐ Streamlined referral and authorization practices
- ☐ Dedicated provider hotline for questions, problems, and needs
- ☐ Other, specify:
- ☐ None

Section C. High-Risk Care Coordination

Definitions and Acronyms for Section C

- **Care team –** Group of individuals (clinicians and non-clinicians) within and outside the health plan that supports members' access, coverage, and coordination of care.
- **Complex population contracts –** Contracts that include Individuals with Intellectual and Developmental Disabilities (I/DD), Children with Special Healthcare Needs (CSHCN), Individuals with Serious Mental Illness (SMI), Criminal Justice-Involved, and Foster Care.
- **General Medicaid contract –** Medicaid contracts with managed care that primarily focus on Medicaid benefits outlined in the state plan, typically consisting of eligibility categories for women, children, and childless adults.
- **HEDIS -** Healthcare Effectiveness Data and Information Set.
- **High-risk –** Identified by clinical data risk stratification or definitions of certain populations with focused needs that require specific or high utilization.
- **High-risk care coordination –** A specific approach within care management that targets individuals at increased risk by providing support to navigate and coordinate needed care. These services are provided directly by the MCO or a delegated entity and include programs such as Complex Member Management, Disease Management, High-Risk Maternity Management, etc.
- **MCOs –** Managed care organizations. For the purposes of this survey, we are exclusively interested in Medicaid managed care organizations.
- **MLTSS –** Managed long-term services and supports.
- **MLTSS Medicaid contract –** Contracts inclusive of institutional, home, and community-based services that are targeted to individuals who qualify for long-term care based on functional need.

Please respond to the following items for **only the Medicaid product line.**

This section will focus on the use of high-risk care coordination within general Medicaid contracts. Unique care delivery models designed for complex population contracts or MLTSS contracts are **not** the focus of this section.

1. Of the following, select the items that prevented the completion of individual health risk assessments of your members in 2020. ***Check all that apply.***

- ☐ Lack of confirmed member record
- ☐ Dispute in resolving the identity of members
- ☐ Inaccurate member information (e.g., phone number, address)
- ☐ Difficulty reaching members
- ☐ Lack of member's willingness to participate in a needs assessment
- ☐ State deadline to complete assessments within timeframe
- ☐ Overlapping assessments tied to eligibility
- ☐ Other, specify:

2. With member approval, did your health plan share member health risk assessment information in 2020 with any of the following? ***Check all that apply.***

- ☐ Network providers
- ☐ Member
- ☐ Member's guardian or responsible party
- ☐ Member's preferred provider
- ☐ Care coordinator
- ☐ Community-based organization
- ☐ Did not share
- ☐ Other, specify:

3. Across all of your markets in 2020, which core functions were performed under high-risk care coordination? ***Select one response per row.***

	Always (i.e., Required for care coordination)	**Sometimes** (i.e., Based on member needs)	**Limited** (i.e., Small pilot program or case-by-case)	**Did Not Provide**	**Not Applicable** (i.e., Carved-out program)
Served as single point of contact for the member	○	○	○	○	○
Engaged a care team of professionals to address the needs of the member	○	○	○	○	○
Developed a plan of care	○	○	○	○	○
In addition to supplying the provider directory, supported the member in identifying and connecting with providers	○	○	○	○	○
Coordinated in-home services	○	○	○	○	○
Prepared the member for appointments	○	○	○	○	○
Arranged transportation for appointments	○	○	○	○	○
Provided information on other types of social services (e.g., faith-based, non-profit, other government programs)	○	○	○	○	○
Provided guided referrals or "hand-offs" to other needed social services (e.g., faith-based, non-profit, other government programs)	○	○	○	○	○

Section C. Question #3 continued.

	Always (i.e., Required for care coordination)	**Sometimes** (i.e., Based on member needs)	**Limited** (i.e., Small pilot program or case-by-case)	**Did Not Provide**	**Not Applicable** (i.e., Carved-out program)
Coordinated with social services (i.e. housing providers, nutrition programs) as part of care plan development and adherence	○	○	○	○	○
Shared data with social services	○	○	○	○	○
Coordinated with multiple care coordinators from health systems, provider practices, clinics, etc.	○	○	○	○	○
Other, specify:					

4. In any market in 2020, did you measure the effectiveness of high-risk care coordination?

○ Yes
○ No

If no, proceed to Question #6.

5. If yes, identify how you tracked effectiveness. ***Check all that apply.***

☐ Emergency Department utilization (HEDIS measure)
☐ Preventive care
☐ Impact on other HEDIS measures

Please list measures:

☐ Inpatient utilization (HEDIS measure)
☐ Total spending
☐ Patient experience survey results (e.g., Consumer Assessment of Healthcare Providers and Systems)
☐ Provider experience survey results
☐ Other, specify:

6. Of the following, identify the barriers that your health plan experienced in any market in 2020 in providing effective high-risk care coordination. ***Check all that apply.***

- [ ] Member's access to primary care
- [ ] Member's access to specialty care
- [ ] Ability to contact member
- [ ] Obtaining consent
- [ ] Member's willingness to engage
- [ ] Access to information from previous providers (e.g., mental health)
- [ ] Ability to share information with service providers
- [ ] Provider's willingness to engage with health plan
- [ ] Availability of social supports
- [ ] Coordination with multiple care coordinators from health systems, provider practices, clinics, etc.
- [ ] Member's unmet social needs
- [ ] Ability to connect individuals to necessary non-clinical social supports
- [ ] Churn (member or eligibility-related)
- [ ] Other, specify:
- [ ] None

7. Please list any additional information or categories of data that state Medicaid agencies could provide to help health plans better target high-risk care coordination (e.g., historical claims data, clinical encounters, school enrollment, interactions with the criminal justice system, other demographics, etc.).

8. OPTIONAL: Does your health plan offer any innovative initiatives or best practices in high-risk care coordination? If yes, please briefly describe below.

Who can we contact for more information?

Name: Phone:

Email:

9. OPTIONAL: Did we miss anything? Please share any information that you feel would be helpful in understanding how Medicaid MCOs provide high-risk care coordination services and any issues that are encountered in delivering these services.

Section D. Value-Based Purchasing

Definitions and Acronyms for Section D

- **APM -** Alternative Payment Model.
- **HEDIS -** Healthcare Effectiveness Data and Information Set.
- **VBP -** Value-Based Payment.

Please respond to the following items for **only the Medicaid product line.**

1. Across all of your markets in 2020, did your health plan use APM or VBP arrangements?
   - ◯ Yes
   - ◯ No

If no, proceed to Section E.

2. In 2020, were any of your contracts (markets) required by the state to implement VBP or APM contracting between health plans and providers?
   - ◯ Yes
   - ◯ No, but we anticipate it with the next contract renewal
   - ◯ No, and not planned with the next contract renewal
   - ◯ Other, specify:

3. Across any of your markets in 2020, to what extent did your health plan implement VBP within specific populations?

- ○ We did not develop population-specific VBP models; our VBP arrangements are focused on the Medicaid population broadly
- ○ We explored but did not implement population-specific VBP arrangements
- ○ We piloted population-specific VBP arrangements
  List populations:
- ○ We expanded our pilots with population-specific VBP arrangements
  List populations:
- ○ We had extensive VBP arrangements that are population-specific
  List populations:
- ○ All of the Above
  List populations:

4. To what extent did your health plan, in any market, implement VBP within the following provider categories (excluding hospitals) in 2020? ***Select one response per row.***

	Worked with a Majority of Providers	Worked with Select Providers	Did Not Work with This Provider
Behavioral Health Providers	○	○	○
Dentists	○	○	○
Home and Community-Based Service Providers	○	○	○
Long-Term Care Facilities	○	○	○
Nurse-Midwives	○	○	○
OBGYNs	○	○	○
Orthopedists	○	○	○
Primary Care Providers (i.e., Physicians, Advanced Practice Nurses, Physician Assistants)	○	○	○
Other Specialists	○	○	○

5. Please identify which of the following payment strategies your health plan used in any market in 2020. ***Check all that apply.***

- ☐ Enhanced payment rates for providers in rural or frontier areas
- ☐ Enhanced payment rates for hard-to-recruit provider types
- ☐ Payment incentives for availability of same-day or after-hours appointments
- ☐ Payment incentives based on performance measures related to access to care
- ☐ Incentive payments for addressing health disparities
- ☐ Incentive payments for addressing health inequities
- ☐ Strategies to support integrating behavioral health care into primary care
- ☐ Other, specify:
- ☐ We did not use any payment strategies

6. Please indicate whether your Medicaid MCO used any of the following APMs for any providers in any of your markets in 2020. ***Check all that apply.***

- ☐ Non-payment or reduced payment for 39-week elective delivery
- ☐ Non-payment or reduced payment for patient safety issues (e.g., never events)
- ☐ Incentive/bonus payments tied to specific performance measures (e.g., pay-for-performance)
- ☐ Payment withholds tied to performance
- ☐ Bundled or episode-based payments
- ☐ Global or capitated payments to primary care providers or integrated provider entities
- ☐ Shared savings
- ☐ Risk-based agreements
- ☐ Other, specify:
- ☐ None

7. In any of your markets in 2020, which operational barriers were addressed for adoption and innovation in VBPs and/or APMs? ***Check all that apply.***

- ☐ Data reporting to providers
- ☐ IT system preparedness
- ☐ Support to providers to make determinations on VBP and/or APM
- ☐ Pricing VBP and/or APM
- ☐ Tracking quality and reporting within new structure
- ☐ Contract requirements on VBP/APM approaches
- ☐ None
- ☐ Other, specify:

8. In any of your markets in 2020, identify the external factors that influenced the adoption and innovation in VBP and/or APMs. ***Check all that apply.***

- ☐ Provider readiness and willingness
- ☐ Provider IT capabilities
- ☐ State requirements limiting VBP and/or APM models
- ☐ Medicaid payment rates
- ☐ Impact of 42 CFR Part 2 on limiting access to behavioral health data
- ☐ Uncertain or shifting **federal** policy requirements/priorities
- ☐ Uncertain or shifting **state** policy requirements/priorities
- ☐ None
- ☐ Other, specify:

9. Across all of your markets in 2020, which, if any, HEDIS measures did you consider or use as part of your VBP models?

10. OPTIONAL: Which specific changes to **state** requirements would remove barriers and assist in more effectively implementing VBP and/or APM?

11. OPTIONAL: Does your health plan have any innovative initiatives or best practices in VBP and/or APM? If yes, please briefly describe.

Who can we contact for more information?

Name: Phone:

Email:

12. OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how Medicaid MCOs are leveraging VBP and/or APM, along with any issues that are encountered in implementing these arrangements.

Section E. Pharmacy

Definitions and Acronyms for Section E

- **DUR -** Drug utilization review.
- **EHR -** Electronic health record.
- **FFS -** Fee-for-service.
- **MTM -** Medication Therapy Management.
- **PBM -** Pharmacy benefit manager.
- **PDL -** Prescription drug list.

Please respond to the following items for **only the Medicaid product line.**

1. During 2020, in any market, was your health plan at-risk for pharmacy benefits under any of your contracts?

   - ◯ Yes
   - ◯ Yes, but only a portion of the pharmacy spend
   - ◯ No

If no, proceed to Section F.

2. Did you use pharmacists for any aspects of MTM in any market in 2020?

   - ◯ Yes
   - ◯ No

3. Across all of your markets in 2020, select the ways your health plan used community-based provider contracts with pharmacists? ***Check all that apply.***

   - ☐ Medication adherence rate
   - ☐ Drug utilization rate (e.g. duplicative therapies)
   - ☐ Identification of lower-cost medication alternatives
   - ☐ Hospital readmissions
   - ☐ Emergency department visits
   - ☐ Pharmacotherapy consults
   - ☐ None
   - ☐ Other, specify:

4. For 2020, across all of your markets, identify the challenges that your health plan faced when managing the prescription drug benefit. ***Check all that apply.***

- ☐ Pharmacy benefits or subset of benefits carved out of managed care
- ☐ Difference between plan formularies and methodologies and state requirements
- ☐ Utilization and cost history unknown for new drugs entering a market; impacted capitation rates and pricing
- ☐ Members' comprehension of and engagement in programs
- ☐ Formulary notification requirements as part of Medicaid MCO Final Rule
- ☐ Pharmacy network requirements
- ☐ Single PDL/formulary requirements
- ☐ Increase in number of specialty pharmacy medications
- ☐ None
- ☐ Other, specify:

5. In any of your markets in 2020, did you support an e-prescribing system through your contracted PBM (e.g., sending eligibility, formulary status, med history, DUR to the prescribers)?

- ◯ Yes
- ◯ No

6. In any market in 2020, did your health plan have an electronic prior authorization system?

- ◯ Yes, it was available through a separate electronic prior authorization portal
- ◯ Yes, it was integrated into the provider's EHR
- ◯ No, but is in development
- ◯ No

7. In 2020, how did the state(s) you had contracts with address the costs of new or high-cost drugs for Medicaid MCOs? ***Check all that apply.***

- ☐ Carved-out the drug costs completely/Pay FFS for certain drug(s)
- ☐ Transition period where drug(s) are offered in FFS to get claims data then rolled into contracts
- ☐ Stop-loss provision to cap the plan's cost for the drug
- ☐ Capitation rate adjustments made off the normal rate cycle
- ☐ Capitation rate adjustment as part of regular rate adjustments
- ☐ States have not addressed the cost
- ☐ Risk corridor for high-cost medications
- ☐ Risk sharing
- ☐ None
- ☐ Other, specify:

8. OPTIONAL: Does your health plan have any innovative initiatives or best practices in pharmacy management? If yes, please briefly describe.

Who can we contact for more information?

Name: Phone:

Email:

9. OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how Medicaid MCOs provide pharmacy services and any issues that are encountered in delivering these services.

Section F. Behavioral Health

Definitions and Acronyms for Section F

- **SUD -** Substance use disorder.

Please respond to the following items for **only the Medicaid product line.**

1. In 2020, across any of your markets, were you at-risk for behavioral health services?

   ◯ Yes
   ◯ No

If no, proceed to Section G.

2. Please indicate the barriers that your health plan experienced in 2020 across any of your markets when addressing **behavioral and physical health integration**. ***Check all that apply.***

Operational Barriers

- ☐ Staffing in care management to align skills sets with integrated care needs
- ☐ Communication between care management and behavioral health
- ☐ Access to data between care management and behavioral health teams
- ☐ System differences with subcontractor
- ☐ Other, specify:

Network Barriers

- ☐ Provider capacity to provide integrated physical and behavioral health at point of care
- ☐ Behavioral health provider readiness for managed care
- ☐ Behavioral health provider adoption of electronic health records
- ☐ Other, specify:

Policy Barriers

- ☐ 42 CFR Part 2 limitations on SUD treatment information being shared
- ☐ Institutions of Mental Disease (IMD) exclusion
- ☐ Fragmentation in program funding and contracting for physical and behavioral health services
- ☐ State-specific substance use confidentiality laws
- ☐ State-specific behavioral health confidentiality laws
- ☐ Other, specify:

3. Across any of your markets in 2020, did your health plan's contract(s) with the state include the following types of services for most Medicaid members? ***Please select one response per row.***

	Yes, Managed by Our Medicaid MCO	Yes, Sub-contracted to a Vendor	Varied by Population	No
Behavioral health assessment/ screening	○	○	○	○
Outpatient mental health services	○	○	○	○
Inpatient mental health services	○	○	○	○
Outpatient substance use treatment services	○	○	○	○
Inpatient/residential substance use treatment services	○	○	○	○
Detox services (outpatient or residential)	○	○	○	○
Outpatient substance use treatment services	○	○	○	○

4. OPTIONAL: Does your health plan have any innovative initiatives or best practices specific to behavioral health? If yes, please briefly describe.

Who can we contact for more information?

Name: Phone:

Email:

5. OPTIONAL: Did we miss anything? Please share anything that might be helpful in understanding how MCOs provide behavioral health services and any issues that are encountered in delivering these services.

Section G. Women's Health

At the Institute for Medicaid Innovation, we recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gendered identities and do not always identify as "women" or "mothers." In recognition of the diversity of identities, this survey uses both gendered terms such as "women" or "mothers" and gender-neutral terms such as "people," "pregnant people," and "birthing persons."

Definitions and Acronyms for Section G

- **LTSS -** Long-term services and supports.
- **Social Need -** The needs that create social value and opportunities for people to have active and effective role in society.

Please respond to the following items for **only the Medicaid product line.**

1. Across any of your markets in 2020, did your health plan offer targeted programs to address women's health?

   ◯ Yes
   ◯ No

If no, proceed to Section H.

2. In 2020, across any of your markets, please indicate your health plan's women's health priorities. ***Check all that apply.***

   ☐ Prenatal and postpartum care
   ☐ Family planning
   ☐ Heart disease
   ☐ Cancer screening and treatment
   ☐ Diabetes
   ☐ Obesity
   ☐ Substance use disorder
   ☐ Depression/Anxiety
   ☐ Eating disorders
   ☐ Behavioral health, generally
   ☐ Sexual health
   ☐ Health disparities
   ☐ Social needs
   ☐ Aging/LTSS
   ☐ Intimate partner violence
   ☐ Other, specify:

3. In 2020, in any market, please identify the health priorities that had a specific targeted program(s) or engagement strategies. ***Check all that apply.***

- ☐ Prenatal and postpartum care
- ☐ Family planning
- ☐ Heart disease
- ☐ Cancer screening and treatment
- ☐ Diabetes
- ☐ Obesity
- ☐ Substance use disorder
- ☐ Depression/Anxiety
- ☐ Eating disorders
- ☐ Behavioral health, generally
- ☐ Sexual health
- ☐ Health disparities
- ☐ Social needs
- ☐ Aging/LTSS
- ☐ Intimate partner violence
- ☐ Other, specify:
- ☐ None

4. In 2020, in any of your markets, which of the following provider types served as a primary care provider for women? ***Check all that apply.***

- ☐ Family physicians
- ☐ Nurse practitioners
- ☐ Nurse-midwives
- ☐ Obstetricians/Gynecologists
- ☐ Pediatricians
- ☐ Geriatricians
- ☐ Internists
- ☐ Physician assistants
- ☐ Other, specify:
- ☐ None

5. In 2020, for any market, please identify the provider settings where members were provided with contraception. ***Check all that apply.***

- ☐ Freestanding family planning clinics
- ☐ Planned Parenthood clinics
- ☐ Community health/Rural health centers
- ☐ Federally qualified health centers
- ☐ State or local health departments
- ☐ School-based clinics
- ☐ Hospital-based clinics
- ☐ Other, specify:
- ☐ None

6. In 2020, across all of your markets, when did your health plan most frequently provide information to Medicaid enrollees about post-partum contraception or sterilization?

- ◯ Never
- ◯ If the member asked
- ◯ Immediate postpartum (i.e., during inpatient stay for delivery)
- ◯ Within 6 weeks post-partum
- ◯ Prior to birth
- ◯ Annually to all women of reproductive age

7. In any of your markets in 2020, did your health plan have any initiatives to improve maternal health outcomes and experiences including but not limited to efforts focused on health inequities, safety, and respectful care?

- ◯ Yes
- ◯ No

8. Across all of your markets in 2020, did your health plan initiate new policies and programs to address social needs of childbearing people?

- ◯ Yes
- ◯ No

9. Across all of your markets in 2020, what was the overall degree of commitment to addressing social needs of childbearing people for the following groups?
Select one response per row.

	Strong	Moderate	Limited	No Interest
Vendors your MCO contracted with	○	○	○	○
Leaders at your MCO	○	○	○	○
Providers & facilities your MCO contracted with	○	○	○	○

10. Across all of your markets in 2020, did the vendors you contracted with provide any additional or dedicated resources for the purpose of meeting the social needs of childbearing people?

○ Yes
○ No

11. Please identify any resources (e.g., white paper or toolkit on a specific topic) that would be helpful to support the development or expansion of policies and programs to address social needs of the childbearing population.

12. OPTIONAL: Does your health plan have any innovative initiatives or best practices specific to women's health? If yes, please briefly describe.

Who can we contact for more information?

Name: Phone:

Email:

13. OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how MCOs provide women's health services and any issues that are encountered in delivering these services.

Section H. Child & Adolescent Health

Definitions and Acronyms for Section H

Children with Special Healthcare Needs (CSHCN) – Individuals (children up to age 21) who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

Please respond to the following items for **only the Medicaid product line.**

1. In 2020, in any of your markets, did your health plan offer targeted programs to address children's health?

   - ◯ Yes
   - ◯ No

If no, proceed to Section I.

2. In 2020, across all of your markets, indicate your health plan's health **priorities** for children and adolescents, in addition to well-child visits and immunizations. ***Check all that apply.***

   - ☐ Asthma
   - ☐ Obesity
   - ☐ Diabetes
   - ☐ Autism spectrum disorder
   - ☐ ADHD/ADD
   - ☐ Depression/Anxiety
   - ☐ Adverse Childhood Experiences
   - ☐ Children with Special Healthcare Needs
   - ☐ Behavioral health screening and treatment
   - ☐ Substance use disorder
   - ☐ Dental health
   - ☐ Success in school
   - ☐ Sex education
   - ☐ Transitioning to adulthood and independence
   - ☐ Tobacco use
   - ☐ Teen pregnancy
   - ☐ Readiness to start school
   - ☐ Health disparities impacting sexual and gender minorities
   - ☐ Other, specify:
   - ☐ None

3. In 2020, in any market, please identify the health **priorities that had a specific targeted program(s) or engagement strategies** for children and adolescents, in addition to well-child visits and immunizations. ***Check all that apply.***

- [ ] Asthma
- [ ] Obesity
- [ ] Diabetes
- [ ] Autism spectrum disorder
- [ ] ADHD/ADD
- [ ] Depression/Anxiety
- [ ] Adverse Childhood Experiences
- [ ] Children with Special Healthcare Needs
- [ ] Behavioral health screening and treatment
- [ ] Substance use disorder
- [ ] Dental health
- [ ] Success in school
- [ ] Sex education
- [ ] Transitioning to adulthood and independence
- [ ] Tobacco use
- [ ] Teen pregnancy
- [ ] Readiness to start school
- [ ] Health disparities impacting sexual and gender minorities
- [ ] Other, specify:
- [ ] None

4. Please indicate which of the following barriers your health plan encountered in 2020 in any market when serving children. ***Check all that apply.***

- [ ] Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)
- [ ] Engaging family members who are not enrolled in the same plan to address social determinants of health
- [ ] Policies or program structures that create barriers if the parent(s) has/have more than one child (e.g. transportation policies)
- [ ] Program fragmentation
- [ ] Language barriers within families
- [ ] Churn (member or eligibility-related)
- [ ] Other, specify:
- [ ] None

5. In 2020, across any of your markets, did states contract with your health plan for CSHCN?

- ◯ Yes
- ◯ No

6. Across any of your markets in 2020, please indicate which of the following barriers your health plan encountered when serving CSHCN. ***Check all that apply.***

- ☐ Consistency in identification parameters
- ☐ Misinformation about managed care value to CSHCN
- ☐ Carved-out services created an increased risk for duplication and costs
- ☐ Carved-out services created inefficient services for families (e.g., too many coordinators)
- ☐ Poor communication among multiple providers to families
- ☐ Lack of consistent quality measures specific to unique needs of CSHCN
- ☐ Insufficient information regarding the goals and preferences of CSHCN and their families
- ☐ Churn (member or eligibility-related)
- ☐ Other, specify:
- ☐ None

7. OPTIONAL: Does your health plan have any innovative initiatives or best practices in child and adolescent health? If yes, please briefly describe below.

Who could we contact for more information?

Name: Phone:

Email:

8. OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how MCOs provide child and adolescent health services and any issues that are encountered in delivering these services.

Section I. Managed Long-Term Services and Supports

Definitions and Acronyms for Section I

- **AAA -** Area Agency on Aging.
- **ADL/IADL -** Activities of Daily Living/Independent Activities of Daily Living.
- **CIL -** Centers for Independent Living.
- **MLTSS -** Managed Long-Term Services and Supports.

Please respond to the following items for **only the Medicaid product line.**

1. In any of your markets in 2020, were you at-risk for managed long-term services and supports?

   ◯ Yes
   ◯ No

If no, please proceed to Section J.

2. In 2020, across any of your markets, did your health plan use a different clinical model of care for individuals enrolled in MLTSS programs than used for your general Medicaid managed care contracts?

   ◯ Yes
   ◯ No

3. If you used MLTSS care teams in 2020 in any of your markets, what was the standard team composition? ***Check all that apply.***

- [ ] Individual member
- [ ] Family member
- [ ] Guardian
- [ ] Representative from primary care clinician's office
- [ ] Member's primary care provider
- [ ] Other health care professional not employed by the health plan
- [ ] Natural/community supports other than guardian
- [ ] Care coordinator within the health plan
- [ ] Behavioral health specialist within the health plan
- [ ] Pharmacist within the health plan
- [ ] Community health worker within the health plan
- [ ] Peer support specialist within the health plan
- [ ] Any person the member wanted to invite
- [ ] Other, specify:
- [ ] Our health plan did not use care teams

4. Across all of your markets in 2020, identify the program design considerations that affected your health plan's ability to manage MLTSS in any of your markets. ***Check all that apply.***

- [ ] Fragmented Medicaid benefit design – behavioral health and/or physical health benefits – limits ability to serve the whole individual
- [ ] Medicare and Medicaid misalignment creates challenges and financial disincentives
- [ ] State requirements for health plans to contract with specific organizations or providers for care coordination
- [ ] State program requirements that limit the effectiveness of managed care strategies (e.g., any-willing-provider provisions, continuity-of-care provisions)
- [ ] Waiver waitlists
- [ ] Institutional level-of-care requirements that do not align with state goals (e.g. ADL/IADL requirements that are too low or too high to support appropriate utilization)
- [ ] Appropriate benefit and program design to allow for community transitions and long-term sustainability
- [ ] Churn (member or eligibility-related)
- [ ] Other, specify:
- [ ] None

5. In 2020, in any market, indicate to what extent your health plan leveraged the following innovations. ***Select one response per row.***

	Always (i.e., A required part of our approach to MLTSS)	**Sometimes** (i.e., Based on members' needs)	**Limited** (i.e., Small pilot program or case-by-case)	**Not Provided**
Remote monitoring	○	○	○	○
Telehealth other than remote monitoring that is specific to the MLTSS population	○	○	○	○
Care coordination communication tools with caregivers, direct services workers, and other in-home providers or support organizations	○	○	○	○
Partnerships with community-based organizations (e.g. AAAs, CILs)	○	○	○	○
Electronic Visit Verification	○	○	○	○
Value-based payment arrangements with MLTSS providers	○	○	○	○
Caregiver supports and services (outside of administering benefits required by state plan)	○	○	○	○
Wellness initiatives	○	○	○	○
Healthy eating or nutrition programs outside of administering benefits required by state plan	○	○	○	○
Unique housing strategies outside of administering benefits required by state plan	○	○	○	○
Money Follows the Person or other community transition programs	○	○	○	○
Self-advocacy	○	○	○	○
Employment initiatives outside of administering benefits required by state plan	○	○	○	○
Tools for self-direction	○	○	○	○
Transportation innovations	○	○	○	○

6. OPTIONAL: Does your health plan have any innovative initiatives or best practices specific to managed long-term services and supports? If yes, please briefly describe.

Who can we contact for more information?

Name: Phone:

Email:

7. OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how MCOs provide MLTSS and any issues that are encountered in delivering these services.

Section J. Social Determinants of Health

Definitions and Acronyms for Section J

- **CBO -** Community-Based Organization.
- **CMS -** Centers for Medicare and Medicaid Services.
- **COC -** Continuum of Care.
- **CSHCN -** Children with special health care needs - Individuals (under age 18) who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.
- **EHR -** Electronic Health Record.
- **IEP -** Individualized Education Plan.
- **IMD** - Institution for Mental Diseases.
- **NEMT** - Non-Emergency Medical Transportation.
- **PHA -** Public Housing Agencies.
- **SDOH -** Social determinants of health, also referred to as social influencers of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functional, and quality-of-life outcomes and risks. For example, housing, food, and public safety.
- **SNAP -** Supplemental Nutrition Assistance Program.
- **TANF -** Temporary Assistance for Needy Families.
- **WIC -** Special Supplemental Nutrition Program for Women, Infants, and Children.
- **Z codes -** Codes for the reporting of factors influencing health status and contact with health services.

Please respond to the following items for **only the Medicaid product line.**

1. In any of your markets in 2020, did you have targeted SDOH programs for specific populations?

   ◯ Yes
   ◯ No

If no, proceed to Section K.

2. In any of your markets in 2020, which populations did you offer targeted SDOH programs to? ***Check all that apply.***

- ☐ Criminal justice involved
- ☐ HIV/AIDS
- ☐ Pregnant women
- ☐ Foster care youth/Youth transitioning to adulthood
- ☐ CSHCN
- ☐ Homeless/housing insecure
- ☐ Adults with substance use disorder
- ☐ Adults transitioning from institutions (e.g., nursing homes, assisted living facilities, rehabilitation)
- ☐ Individuals in IMD
- ☐ Residential institution/Facility placed individuals
- ☐ Child welfare/Child protective services involved families
- ☐ Adults with disabilities (e.g., physical, intellectual, developmental)
- ☐ Expansion members
- ☐ Adults with serious mental illness
- ☐ Sexual and gender minorities
- ☐ Medicare and Medicaid Enrollees (Duals)
- ☐ Geographic location
- ☐ Other, specify:
- ☐ None of the above

3. Across all of your markets in 2020, which SDOH issues were identified for your members? ***Check all that apply.***

- ☐ Housing
- ☐ Nutrition/Food security
- ☐ Social Isolation/Sense of belonging
- ☐ Education
- ☐ Financial literacy (i.e., assistance with household budgets and finances)
- ☐ Non-emergency medical transportation (NEMT)
- ☐ Non-medical transportation
- ☐ Utilities
- ☐ Employment, job placement, and/or skills training
- ☐ Environmental health (e.g., lead abatement)
- ☐ Violence/Interpersonal violence
- ☐ Trauma
- ☐ Application assistance (e.g., TANF, SNAP, WIC)
- ☐ Not assessed/No information collected
- ☐ Other, specify:

4. In any of your markets in 2020, did your health plan use any of the following strategies specific to SDOH? ***Check all that apply.***

Strategies	Housing/Supportive Housing (i.e. rent and utilities assistance, building housing for consumers)	Nutrition/Food Security/Food Access	Social Isolation/ Sense of Belonging	Education	Financial Literacy	NEMT	Non-medical transportation	Utilities	Employment/ Skills Training	Environmental Health	Violence	Trauma
Maintained a database of community and social service resources	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Assessed/ screened for member needs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Provided application assistance (e.g., TANF, SNAP, WIC)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Provided caregiver support	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Utilized peers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Used community health workers	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Engaged interdisciplinary community care team including CBOs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Identified and coordinated with CBOs to link members with needed social services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Provided guided referrals or "hand-offs" to other needed social services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Question #4, continued.

	Housing/Supportive Housing (i.e. rent and utilities assistance, building housing for consumers)	Nutrition/Food Security/Food Access	Social Isolation/ Sense of Belonging	Education	Financial Literacy	NEMT	Non-medical transportation	Utilities	Employment/ Skills Training	Environmental Health	Violence	Trauma
Engaged in direct community investment and capacity building (e.g., provided funding, in-kind contributions)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Worked with local health departments to address challenges or coordination of services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Coordinated with schools to provide IEP services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Coordinated with social services as part of care plan development and adherence	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Established agreement for data sharing with social services and community partners	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other, specify:												

5. Across any of your markets in 2020, select the types of programs and initiatives that your health plan led or participated in to assist members experiencing homelessness or housing instability. ***Check all that apply.***

- ☐ Outreach to members or potential members who were homeless or housing insecure to help them access health care coverage and services
- ☐ Case management or care coordination for homeless or housing-insecure individuals
- ☐ Respite, palliative, or recuperative care for homeless or housing-insecure individuals
- ☐ Strategy for developing agreements and/or protocols with public housing agencies (PHAs) and/or continuum of care (COCs) programs to submit applications for housing assistance
- ☐ Payment for Medicaid-covered housing-related services
- ☐ Participation in a state-level Medicaid-housing initiative
- ☐ Partnership with state or local housing agencies or organizations
- ☐ Healthcare for the Homeless outreach/coordination
- ☐ Other, specify:
- ☐ None

6. In any of your markets in 2020, what SDOH screening tools did you utilize? ***Check all that apply.***

- ☐ American Community Survey
- ☐ The EveryOne project: Advancing health equity in every community, Toolkit by American Academy of Family Physicians
- ☐ Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE)
- ☐ Social Needs Screening Toolkit, HealthLeads USA
- ☐ Social Determinants Screening Tool, AccessHealth Spartanburg, Center for Health Care Strategies version
- ☐ Self-Sufficiency Outcomes Matrix, OneCare Vermont, Center for Health Care Strategies version
- ☐ Arizona Self-Sufficiency Matrix
- ☐ Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)
- ☐ CMS Accountable Health Communities Health-Related Social Needs Screening Tool
- ☐ Tool(s) embedded in provider EHR
- ☐ Adaptation of one or more of the tools listed above
- ☐ Internally developed tool that is not based on one of the tools listed above
- ☐ State-mandated tool, list states:
- ☐ Other, specify:
- ☐ None

7. In any of your markets in 2020, in what ways did the state support your health plan's SDOH initiatives for Medicaid members? ***Check all that apply.***

- ☐ Provided administrative assistance
- ☐ Improved analytic capacity
- ☐ Allowed or improved data sharing
- ☐ Provided financial support
- ☐ Provided screening tools
- ☐ Made policy/regulatory changes to support SDOH initiatives
- ☐ Submitted/received approval for a Medicaid waiver(s) that included support of SDOH initiatives
- ☐ Provided support for cultural and linguistic competency
- ☐ Other, specify:
- ☐ States did not support social need initiatives

8. In any of your markets in 2020, what types of support were provided by your health plan to providers to screen, refer, and/or follow-up on SDOH needs? ***Check all that apply.***

- ☐ Staff
- ☐ Pay-per-performance incentives
- ☐ Data or information sharing
- ☐ Member stratification
- ☐ Ability to bill for multiple codes, joint billing
- ☐ Other, specify:
- ☐ No incentives/supports were provided

9. In any of your markets in 2020, what metrics were used to assess and evaluate SDOH initiatives? ***Check all that apply.***

- ☐ Cost utilization
- ☐ Cost savings
- ☐ Performance measures (please identify specific measures):

- ☐ Access to care
- ☐ Other, specify:
- ☐ No performance metrics were used

10. In any of your markets in 2020, please identify the barriers that state Medicaid agencies could remove to assist health plans in addressing SDOH needs of Medicaid members. ***Check all that apply.***

- ☐ Improve data sharing between **state** and MCOs
- ☐ Improve data sharing between **government agencies** (e.g., foster care system, criminal justice system) and **MCOs**
- ☐ Improve data sharing between **MCOs** and **community-based organizations**
- ☐ Improve data sharing between **MCOs** and **provider groups**
- ☐ Increase financial resources from **state** to **MCOs**
- ☐ Increase **technical assistance** resources
- ☐ Increase resources to support **capitated payments models, pay-for-performance, and risk programs** with providers
- ☐ Increase resources to support **facilitation of partnerships**
- ☐ Facilitate contracting with **community-based organizations**
- ☐ Standardize **834 enrollment file** to include social needs information
- ☐ Other, Specify:

11. Across all your markets in 2020, what Z codes were used by providers? ***Check all that apply.***

- ☐ **Z55 –** Problems related to education and literacy
- ☐ **Z56 –** Problems related to employment and unemployment
- ☐ **Z57 –** Occupational exposure to risk factors
- ☐ **Z59 –** Problems related to housing and economic circumstances
- ☐ **Z60 –** Problems related to social environment
- ☐ **Z62 –** Problems related to upbringing
- ☐ **Z62.819 -** Personal history of unspecified abuse in childhood, parent-child conflict, and sibling rivalry
- ☐ **Z63 –** Other problems related to primary support group, including family circumstances
- ☐ **Z64 –** Problems related to certain psychosocial circumstances
- ☐ **Z65 –** Problems related to other psychosocial circumstances

12. OPTIONAL: Does your health plan have any innovative initiatives or best practices in addressing SDOH? If yes, please briefly describe.

Who can we contact for more information?

Name: Phone:

Email:

13. OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how Medicaid MCOs assist in addressing SDOH needs for members and any issues that are encountered in delivering the benefits of these services.

Section K. COVID-19 Pandemic

Definitions and Acronyms for Section K

- **CBO -** Community-Based Organization.
- **Coronavirus disease 2019 (COVID-19) -** Respiratory illness caused by a virus identified in 2019.
- **COVID-19 Pandemic -** Global prevalence and spread of COVID-19.
- **ED -** Emergency Department.
- **HEDIS -** Healthcare Effectiveness Data and Information Set.
- **Public Health Emergency (PHE)** - Declaration from the secretary of the Department of Health and Human Services that 1) a disease or disorder presents a PHE or 2) a PHE, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exist. A PHE declaration allows the secretary to take actions to respond to the PHE.
- **Telehealth -** The use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely.

Please respond to the following items for **only the Medicaid product line.**

1. Across all of your markets in 2020, reflecting on your health plan's response to the COVID-19 pandemic, **list the changes** that have been made that will be beneficial in preparing for the next public health emergency (e.g., changes to the plan's operations and staffing accommodations or changes concerning contracted providers and enrollees).

2. Across all of your markets in 2020, **briefly describe** how your health plan supported transitional care (e.g., skilled nursing facilities and acute rehab units) for enrollees who were housing insecure and recovering from COVID-19.

3. In any of your markets in 2020, **list the ways**, if any, that your health plan provided resources or support to CBOs during the pandemic.

4. Across all of your markets in 2020, **list the challenges and barriers** you have identified with telehealth (e.g., lack of connectivity, inability to reach members) during the pandemic.

5. Across all of your markets in 2020, what changes did your health plan make related to telehealth? ***Check all that apply.***

   - ☐ Expanded coverage to new services
   - ☐ Payment parity between telehealth and equivalent in-person service
   - ☐ Incentivization of telehealth services over in-person visits
   - ☐ Implementation of telehealth triage prior to ED visits
   - ☐ Commitment to rendering care via telehealth
   - ☐ Other, specify:

6. Across all of your markets in 2020, **briefly describe** how your plan's utilization management changed over the year?

7. Across all of your markets in 2020, **briefly describe** (if applicable) how your health plan closed gaps in HEDIS measures with fewer in-person visits (e.g., in-home testing, vaccine drive-throughs)?

8. OPTIONAL: Does your health plan have any innovative initiatives or best practices specific to your response to the COVID-19 pandemic? If yes, please briefly describe.

Who can we contact for more information?

Name: Phone:

Email:

9. OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how Medicaid MCOs responded to the COVID-19 pandemic and any issues that were encountered in that response.

Section L. Health Equity & Structural Racism

At the Institute for Medicaid Innovation, we recognize and respect that individuals have a range of racial and ethnic identities, and do not always identify with or prefer the language of the categories used by state Medicaid programs. In recognition of the diversity of identities, this survey tool reflects terms used by both the state Medicaid programs including, White, American Indian or Alaska Native, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, and Other, as well as other terms such as "people of color," "Indigenous" and "Black, Indigenous, and people of color (BIPOC)" to be responsive to the range of identities.

Definitions and Acronyms for Section L

- **Distrust-** the feeling that someone or something cannot be relied upon. When someone doubts the honesty or reliability of; regard with suspicion.
- **Health disparities-** refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. Although the term *disparities* is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location are some of the factors that influence the social position and power afforded to any particular individual. How society, organizations, and individuals perceive and respond to these factors influence an individual's ability to receive high-quality health care and achieve good health. Disparities can also refer to differences between groups in health insurance coverage, access to and use of care, and quality of care.
- **Health equity-** is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically, or geographically.
- **Health equity plan-** an action-oriented, results-driven approach for advancing health equity by improving the quality of care provided to minority and other underserved members.
- **Health inequities-** are differences in health status or in the distribution of health resources among various population groups, arising from the social conditions in which people are born, grow, live, work, and age. Health inequities are unfair and could be reduced by the right mix of government policies.
- **Mistrust-** to be suspicious of; have no confidence in. To lack trust or have suspicion.
- **Racial equity-** defined as just and fair inclusion into a society in which all people, regardless of their race or ethnicity, can participate, prosper, and reach their full potential.
- **Racism-** prejudice plus power that lead to different consequences for different groups.
- **Small and Diverse Business -** refers to a business that is owned by a person of color; a female; someone who is service-disabled; someone who identifies as lesbian, gay, bisexual, or transgender (LGBT); and/or someone with a disability.
- **Small Disadvantaged Business -** refers to a business that is at least 51 percent owned and controlled by a socially and economically disadvantaged individual or individuals.
- **Structural Racism -** A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist.

Please respond to the following items for **only the Medicaid product line.**

1. In any of your markets in 2020, did your health plan have a health equity plan?

- ◯ Yes
- ◯ No

If yes, please continue to complete Section L. Health Equity & Structural Racism.

If no, you have completed the survey. Thank you. Please email your completed survey to Dr. Jennifer Moore at JMoore@MedicaidInnovation.org by **April 9, 2021.**

2. In any of your markets in 2020, for which of the following did your health plan have a dedicated person or team focused on addressing? ***Check all that apply.***

- ☐ Health disparities
- ☐ Health equity
- ☐ Racial equity
- ☐ Structural racism
- ☐ Other, specify:
- ☐ None

3. In any of your markets in 2020, did your health plan have a health equity or disparities strategy or approach?

- ◯ Yes
- ◯ No

If no, please proceed to question 6.

4. In 2020, in any of your markets, for which of the following groups did you have a strategy or approach? ***Check all that apply.***

- ☐ Specific member population

  Please identify populations:

- ☐ All members
- ☐ Provider groups
- ☐ Health plan internal staff
- ☐ Other, specify:

5. In 2020, in any of your markets, how was public health data incorporated into your strategy or approach? Briefly describe.

6. The historic mistreatment and dehumanization of African American/Black people and other people of color by providers and the health care system have led to persistent mis-/dis-trust by both patients of color and the providers who treat them. In any of your markets in 2020, what did your health plan do, if anything, to address issues of mis-/dis-trust and rectify trauma associated with past interactions with the health care system for members? Briefly describe.

7. Across all of your markets in 2020, for which of the following categories did your health plan track the proportion of providers? ***Check all that apply.***

- ☐ Race
- ☐ Ethnicity
- ☐ Sex
- ☐ Gender
- ☐ Language(s) spoken
- ☐ Other, specify:
- ☐ None

8. In any of your markets in 2020, did your health plan have a strategy for working or contracting with Small Disadvantaged Businesses/Small and Diverse Businesses?

- ○ Yes, Small Disadvantaged Businesses
- ○ Yes, Small Diverse Businesses
- ○ Yes, both Small Disadvantaged Businesses **and** Small and Diverse Businesses
- ○ No

9. In any of your markets in 2020, what did your health plan do, if anything, to **address structural racism and promote racial equity?** ***Check all that apply.***

- [ ] Programs/policies for **health plan internal staff**
- [ ] Programs/policies for **members**
- [ ] Programs/policies for **provider groups**
- [ ] Changes to health plan governance or operations
- [ ] Actions to address bias in risk models. Please identify:
- [ ] Other, specify:
- [ ] Our health plan did not actively combat structural racism or promote racial equity

10. At the corporate level in 2020, did your plan have a chief equity officer or equivalent role?

- ○ Yes
- ○ No, but considering
- ○ No, and not considering

11. In any of your markets in 2020, in what ways did your health plan stratify data by race and ethnicity? ***Check all that apply.***

- [ ] Cost
- [ ] Quality
- [ ] Outcomes
- [ ] Other, specify:
- [ ] We did not stratify data by race and ethnicity

12. OPTIONAL: Does your health plan have any innovative initiatives or best practices in addressing health equity and structural racism? If yes, please briefly describe below.

Who can we contact for more information?

Name: Phone:

Email:

13. OPTIONAL: Did we miss anything? Please share anything that you feel would be helpful in understanding how Medicaid MCOs address health equity and structural racism and any issues that were encountered in that response.

Thank you for completing the survey.
Please return your completed survey to Dr. Jennifer Moore at JMoore@MedicaidInnovation.org by April 9, 2021.

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The views expressed here do not necessarily reflect the views of the Foundation.