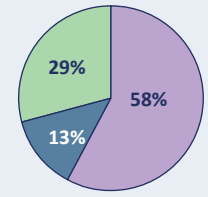
INSTITUTE FOR MEDICAID INNOVATION

Annual Medicaid MCO Survey
Social Determinants of Health (SDOH)

Demographics

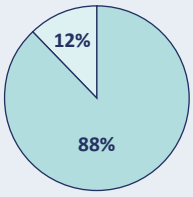
In its sixth year, the 2023 survey findings represent health plan data from almost every state with Medicaid managed care. The annual survey collected information at the parent company/corporate levels and is intended to equip Medicaid stakeholders with the information needed to accurately articulate the national narrative about Medicaid managed care. The survey respondents are representative of the national demographics of all Medicaid health plans.

Health Plan Tax Status



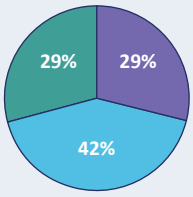
- Private Nonprofit
- Private For-Profit
- Government or Other

Health Plan Markets



- Single State
- Multistate

Health Plan Size



- Small Health Plan (<250K Covered)
- Medium Health Plan (250K–1 Million Covered)
- Large Health Plan (>1 Million Covered)

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

How States Supported Medicaid Health Plans' SDOH Initiatives

Made policy/regulatory changes to support SDOH initiatives	79%
Submitted/received approval for a Medicaid waiver(s) that included support of SDOH initiatives	42%
Provided financial support	38%
Allowed or improved data sharing	33%
Provided tools and support for data analysis	29%
Provided screening tools	29%
Provided support for cultural and linguistic competency	29%
Provided administrative assistance (e.g., staff resources)	17%
States did not support social need initiatives	13%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

How State Medicaid Agencies Could Further Assist Medicaid Health Plans in Addressing SDOH Needs

Improve data sharing between government agencies (e.g., foster care system, criminal justice system) and Managed Care Organizations (MCOs)	88%
Improve data sharing between state and MCOs	79%
Improve data sharing between MCOs and community-based organizations	79%
Standardize 834 enrollment form to include social needs information	79%
Increase financial resources from state to MCOs	75%
Increase resources to support facilitation of partnerships	67%
Facilitate contracting with community-based organizations	67%
Increase resources to support capitated payments models, pay-for-performance, and risk programs with providers	63%
Improve data sharing between MCOs and provider groups	58%
Increase technical assistance resources	58%
Purchase tools and resources that require a license and provide access to all health plans	58%

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Robert Wood Johnson Foundation

Support for this project is provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

Specific Populations for Which Medicaid Health Plans had SDOH Programs

Population	% of Health Plans
People experiencing homelessness/housing insecurity	83%
Pregnant and postpartum individuals	79%
Adults with a substance use disorder	75%
Adults transitioning from institutions (e.g., nursing homes, assisted living facilities, rehabilitation)	71%
People with justice system involvement	67%
Adults with disabilities (e.g., physical, intellectual, developmental)	63%
Adults with serious mental illness	63%
Medicare and Medicaid enrollees (Dual enrollees)	58%
Children with disabilities	58%
Foster care youth/youth transitioning to adulthood	54%
Aged, blind, and disabled	54%
Children/adolescents with behavioral health diagnoses (mental health or substance use)	54%
Medicaid expansion members	50%
People living with HIV/AIDS	46%
Child welfare/child protective services involved families	46%
People with limited English proficiency	46%
Long-term services and supports (LTSS) population	46%
Other*	29%
We do not have SDOH programs for specific populations.	8%

Note: Other* includes all members, members with cognitive issues, high inpatient utilizers, and members without a high school diploma/general education development (GED).

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

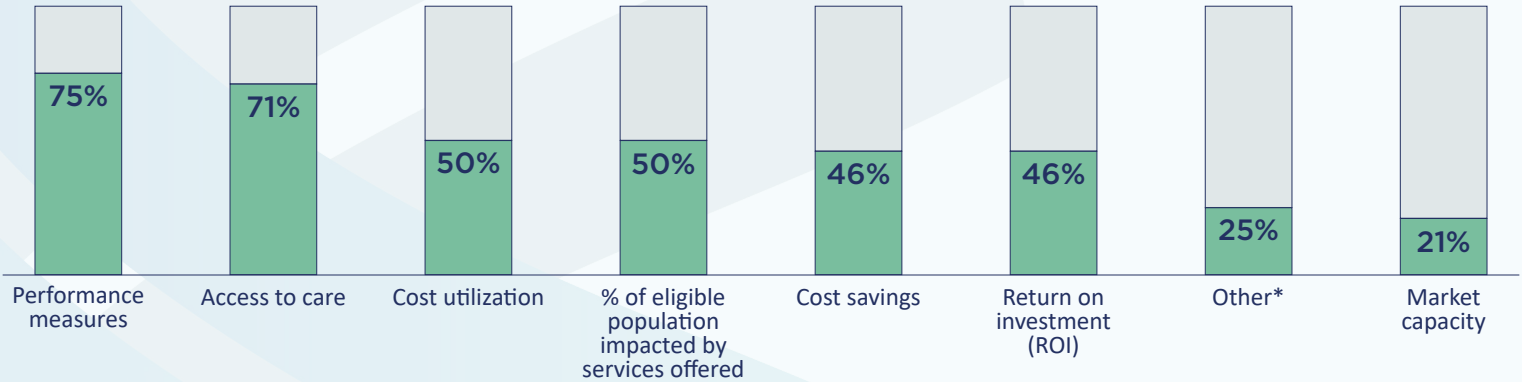
SDOH Screening Tools Used by Medicaid Health Plans

	All Health Plans
Internally developed tool that is not based on one of the tools listed	42%
Adaptation of one or more of the tools listed**	38%
Tool(s) embedded in provider electronic health record (EHR)	33%
Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE)	21%
State-mandated tool	21%
Other*	21%
CMS Accountable Health Communities Health-Related Social Needs Screening Tool	17%
American Community Survey data	8%
Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT)	8%
Social Needs Screening Toolkit, HealthLeads USA	4%
Arizona Self-Sufficiency Matrix	4%
We do not use SDOH screening tools	4%

Note: Other* includes ACES AWARE (PEARLS), proprietary tools, and Epic EHR SDOH survey.
**Other tools not listed in the table include "The EveryOne Project: Advancing Health Equity in Every CommunityToolkit by American Academy of Family Physicians"; "Social Determinants Screening Tool; AccessHealth Spartanburg, Center for Health Care Strategies version"; or "Self-Sufficiency Outcomes Matrix, OneCare Vermont, Center for Health Care Strategies version."

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Metrics Used by Medicaid Health Plans to Assess and Evaluate SDOH Initiatives



Note: Other* includes qualitative experience of members, SDOH changes over time, and rate of SDOH screening and identification.

Source: Institute for Medicaid Innovation. "2023 Annual Medicaid Health Plan Survey."

Trends in SDOH Screening Tools Used by Medicaid Health Plans	2018	2019	2020	2021	2023
Internally developed tool that is not based on one of the tools listed	-	47%	53%	52%	42%
Adaptation of one or more of the tools listed	-	27%	47%	33%	38%
Tool(s) embedded in provider electronic health record (EHR)	-	13%	26%	24%	33%
Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE)	36%	27%	37%	19%	21%
State-mandated tool	-	20%	16%	14%	21%
CMS Accountable Health Communities Health-Related Social Needs Screening Tool	29%	20%	16%	14%	17%
American Community Survey data	15%	13%	11%	0%	8%
Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT)	22%	20%	21%	14%	8%
We do not use SDOH screening tools	15%	13%	0%	5%	4%

Notes: Dash (-) indicates that the answer option was not included in the survey for that year. 2022 data are not available as the survey was changed from retrospective to current in 2023. Tools not listed in the table includes the Arizona Self-Sufficiency Matrix; Social Needs Screening Toolkit, HealthLeads USA; Self-Sufficiency Outcomes Matrix, OneCare Vermont, Center for Health Care Strategies version; Social Determinants Screening Tool, AccessHealth Spartanburg, Center for Health Care Strategies version; and The EveryOne Project: Advancing Health Equity in Every CommunityToolkit by American Academy of Family Physicians.

Source: Institute for Medicaid Innovation. “2023 Annual Medicaid Health Plan Survey.”