INSTITUTE FOR MEDICAID INNOVATION

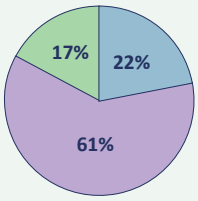
Annual Medicaid Managed Care Organization Survey
Social Determinants of Health (SDOH)

Demographics

In its seventh year, the 2024 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.

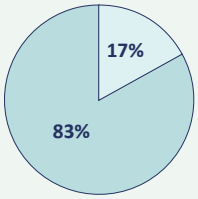
Health Plan Tax Status

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



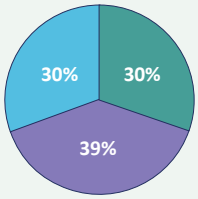
Health Plan Markets

- Single State
- Multistate



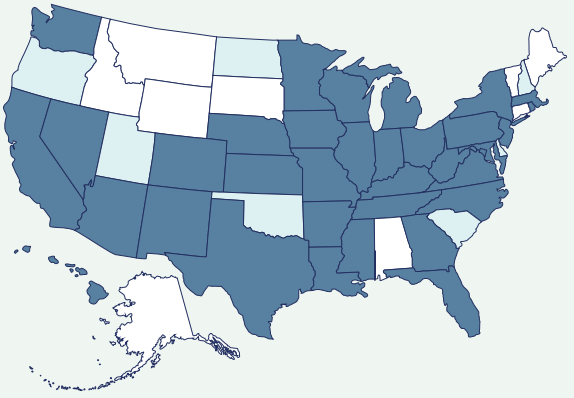
Health Plan Size

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



Note: Percentage does not equal 100% due to rounding.

Health Plan States



- Managed Care States Represented in Findings (states with capitated managed care)
- Managed Care States NOT Represented in Findings
- States without Medicaid Managed Care

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Specific Populations for which Medicaid Health Plans had Social Determinants of Health Programs

Pregnant and postpartum individuals	74%
People experiencing homelessness or housing insecurity	74%
Adults with a substance use disorder	65%
People with limited English proficiency	61%
Medicare and Medicaid enrollees (dual eligible)	57%
Our SDOH programs are open to all members	57%
People with justice system involvement	52%
Foster care youth or youth transitioning to adulthood	52%
Adults with disabilities (e.g., physical, intellectual, developmental)	52%
Adults with serious mental illness	52%
Adults transitioning from institutions (e.g., nursing homes, assisted living facilities, rehabilitation)	48%
Child welfare—or child protective services—involved families	48%
People living with HIV/AIDS	44%
Aged, blind, and disabled	44%
Children or adolescents with behavioral health diagnoses (mental health or substance use)	44%
Children with disabilities	39%
Long-term services and supports population	35%
Expansion members	30%
Other*	26%

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Notes: *Other includes those who are socially isolated and people with cognitive issues, dementia, and Alzheimer's; children with autism; Indigenous populations; members with less than a high school diploma; members facing food insecurity; members experiencing employment, transportation, and isolation challenges; high inpatient or emergency department utilizers; and veterans. Four percent (4%) of health plans selected "we do not have SDOH programs for specific populations." Expansion members are adults with low-incomes under age 65 who are not eligible for other enrollment categories.

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Trends in Social Determinants of Health Screening Tools used by Medicaid Health Plans	2018	2019	2020	2021	2023	2024
Internally developed tool that is not based on one of the tools listed	-	47%	53%	52%	42%	48%
Adaptation of one or more of the tools listed	-	27%	47%	33%	38%	39%
Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE)	36%	27%	37%	19%	21%	35%
CMS Accountable Health Communities Health-Related Social Needs Screening Tool	29%	20%	16%	14%	17%	30%
Tool(s) embedded in provider electronic health record (EHR)	-	13%	26%	24%	33%	22%
State-mandated tool	-	20%	16%	14%	21%	13%
American Community Survey data	15%	13%	11%	0%	8%	13%
Vulnerability Index—Service Prioritization Decision Assistance Tool (VISPDAT)	22%	20%	21%	14%	8%	13%
Social Needs Screening Toolkit, HealthLeads USA	0%	7%	0%	0%	4%	13%
Arizona Self-Sufficiency Matrix	0%	0%	0%	0%	4%	4%
Self-Sufficiency Outcomes Matrix, OneCare Vermont, Center for Health Care Strategies version	0%	0%	0%	0%	0%	4%
Social Determinants Screening Tool, AccessHealth Spartanburg, Center for Health Care Strategies version	0%	7%	0%	0%	0%	4%
We do not use SDOH screening tools	14%	13%	0%	5%	4%	0%
The EveryOne Project: Advancing Health Equity in Every Community Toolkit by American Academy of Family Physicians	0%	0%	0%	0%	0%	0%
Other*	50%	27%	16%	24%	21%	17%

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Notes: *Other includes enrollment broker survey and the Health Information Form/Member Evaluation Tool. Dash (-) indicates that the answer option was not included in the survey. 2022 data is not available as the survey was changed from retrospective to current in 2023.

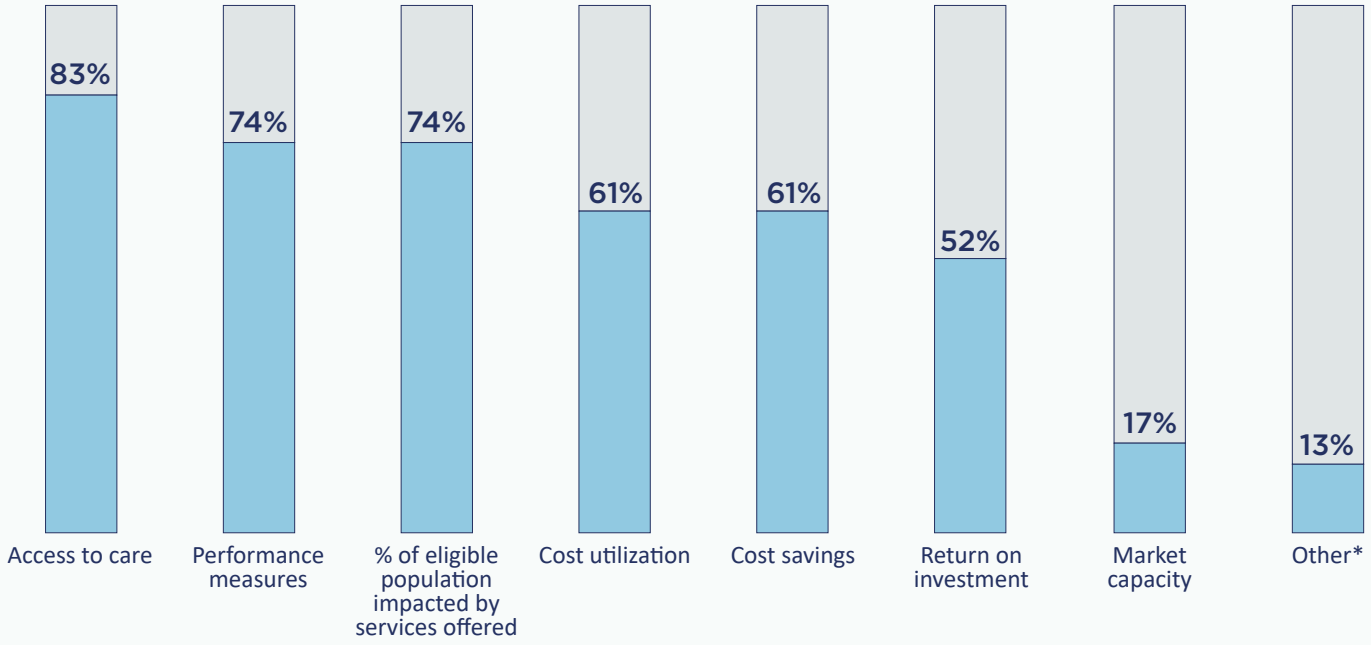
How States Supported Medicaid Health Plans' Social Determinants of Health Initiatives

Make policy or regulatory changes to support Social Determinants of Health (SDOH) initiatives	65%
Submit and receive approval for a Medicaid waiver that included support of SDOH initiatives	52%
Provide financial support	48%
Provide tools and support for data analysis	44%
Allow or improve data sharing	44%
Provide screening tools	39%
Provide support for cultural and linguistic competency	35%
Provide administrative assistance (e.g., staff resources)	26%
Other*	26%

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Notes: *Other includes recently added in-lieu-of services to state contract, cultural services, faith-based services, digital connectivity, childcare, partnered on a learning collaborative, SDOH Medicaid waivers are submitted, but not yet approved and/or applying for a waiver. Four percent (4%) of health plans selected "states do not support social need initiatives."

Metrics Used by Medicaid Health Plans to Assess and Evaluate Social Determinants of Health Initiatives



Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Notes: *Other includes number of members engaged with community health workers, peer specialist or health coordinator, internal data measuring SDOH drivers based on admission, readmission, engagement with community-based organizations, and metrics tailored to the specific program. Nine percent (9%) of health plans selected "no performance metrics used."

How State Medicaid Agencies Could Further Assist Medicaid Health Plans in Addressing Social Determinants of Health Needs

91%	Standardize 834 enrollment file to include social needs information
87%	Improve data sharing between state and health plans
83%	Improve data sharing between government agencies (e.g., child welfare system, criminal justice system) and health plans
83%	Improve data sharing between health plans and community-based organizations
78%	Improve data sharing between health plans and provider groups
78%	Increase financial resources from state to health plans
78%	Increase resources to support capitated payments models, pay-for-performance, and risk programs with providers
65%	Increase resources to support facilitation of partnerships
65%	Facilitate contracting with community-based organizations
57%	Increase technical assistance resources
57%	Purchase tools and resources that require a license and provide access to all health plans
17%	Other*

Source: Institute for Medicaid Innovation. "2024 Annual Medicaid Health Plan Survey."

Notes: *Other includes states to share additional information with health plans, expanded benefits for SDOH, improve data-sharing specifically by ensuring that engaged community-based organizations can also access data, add SDOH billing codes to the fee schedule and reimburse for services. No health plans selected "states cannot provide any further assistance."