

# Promoting Health Equity in Medicaid Managed Care

Bailit Health

November 1, 2021

**STATE**  
Health & Value  
**STRATEGIES**

*Driving Innovation  
Across States*

*A grantee of the Robert Wood Johnson Foundation*

# About State Health and Value Strategies

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State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

**Questions?** Email Heather Howard at [heatherh@Princeton.edu](mailto:heatherh@Princeton.edu).

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

# Housekeeping Details

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All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at [www.shvs.org](http://www.shvs.org).

# SHVS Resources for States

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- COVID-19
  - [www.shvs.org/covid19/](http://www.shvs.org/covid19/)
  - Webpage is designed to support states seeking to make coverage and essential services available to all of their residents during the COVID-19 pandemic
- Health Equity
  - [www.shvs.org/health-equity-resources/](http://www.shvs.org/health-equity-resources/)
  - Webpage featuring SHVS products on health equity as well as state examples and models

# About Bailit Health

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Bailit Health is a health policy consulting firm dedicated to ensuring insurer and provider performance accountability on behalf of public agencies and private purchasers. We work with state agencies and their partners to improve health care system performance for all.

<http://www.bailit-health.com/>

# Webinar Presenter and Guests

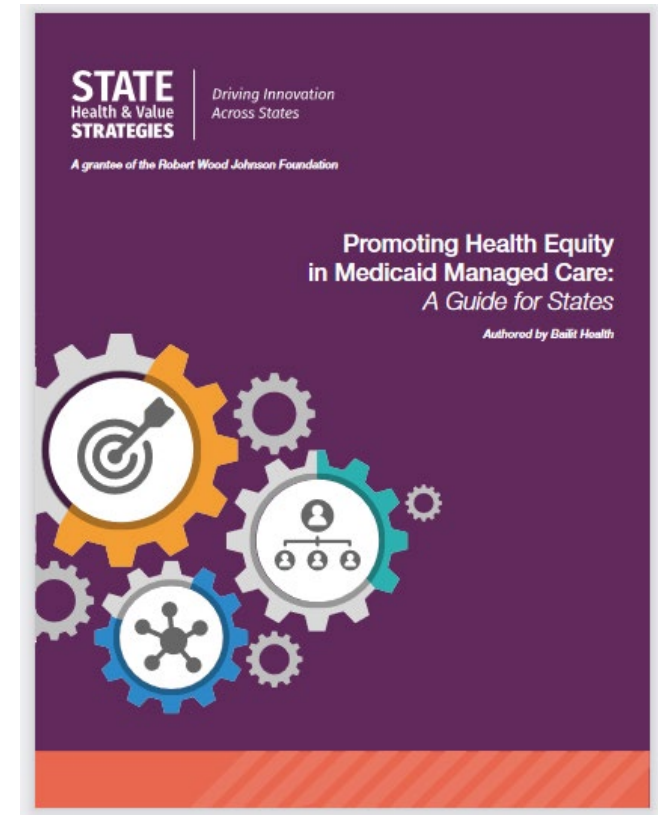
**Erin Taylor**, Bailit Health, *Presenter and Facilitator*

## Guest Panelists

- 1. Quyen Huynh**, Health Equity, Social Justice & Strategy Manager, Washington Health Care Authority (HCA)
- 2. Kolynda Parker**, Section Chief, Quality Improvement and Innovations, Louisiana Department of Health
- 3. Cheryl Roberts**, Deputy of Programs and Operations, Virginia Department of Medical Assistance (DMAS)

# Promoting Health Equity in Medicaid Managed Care: A Guide for States

- Provides states with actionable steps to develop and implement health equity strategies in managed care programs
- Includes process steps to guide health equity work focusing on
  - Internal agency commitments and changes necessary to initiate and sustain health equity work
  - Ways in which states can leverage Medicaid managed care programs



# The Guide for States: Overview

1) Health equity is a core, cross-cutting principle of Medicaid, and not a separate, standalone initiative

3) Medicaid agencies leverage their managed care strategies to pursue health equity with contracted MCOs

2) Medicaid agencies assess and change operational practices to align with and promote equity goals



# Section 1: Establishing Health Equity as a Core Principle

- Identifying health equity as core to the Medicaid program, embedded within it and not a separate, standalone initiative
  - Demonstrating leadership commitment
  - Defining health equity (and related terms)
  - Articulating health equity as a priority in the agency's mission, strategies, core principles, and/or goals statements

## Section 2: Changing Agency Practices and Operations

- Assessing and implementing changes necessary to translate health equity priorities into action and day-to-day practices and norms, including:
  - Internal staffing structure to promote health equity for example, an executive-level Medicaid position
  - A health equity assessment of policies (internal and those that impact the administration of the program), structure and operations
  - Measuring their progress toward health equity goals
  - Engaging staff
  - Collecting demographic information on enrollees to identify disparities and target interventions



# PANELIST DISCUSSION





# **SECTION 3: LEVERAGING MEDICAID MANAGED CARE TO ADVANCE HEALTH EQUITY**

# Medicaid Managed Care Approaches

- 1 Performance Improvement Projects
- 2 Health Equity Reports
- 3 Procurement Process
- 4 Population Health Management
- 5 Provider Expectations
- 6 Performance Monitoring and Improvement Targets
- 7 Financial and Non-Financial Incentives
- 8 Enrollee Engagement
- 9 Engaging with Medicaid Leadership

## Medicaid Managed Care Approaches (cont'd)

State Approach	Description
1. Performance Improvement Projects (PIP)	Require health plans to implement a PIP focused on health equity or identify an equity-focused PIP as an option on a menu.
2. Health Equity Reports	Require submission of a report focused solely on health equity to signal that it is a state priority and focus health plan attention on the topic. This can identify opportunities for improvement and action.
3. Procurement Process	Communicate health equity expectations of health plans and obtain commitments to advance equity through specific actions.
4. Population Health Management	Require integration of health equity in population health management strategies and interventions, e.g., by identifying specific interventions or care models shown to reduce disparities, specifying staffing and training requirements, and ensuring that health plans are monitoring programs using a health equity lens.



# PANELIST DISCUSSION



## Medicaid Managed Care Approaches (cont'd)

State Approach	Description
5. Provider Expectations	Establish requirements for or offer guidance to network providers around health equity, including quality improvement initiatives.
6. Performance Monitoring and Improvement Targets	Mandate that health plans stratify performance measures by population groups / demographic characteristics to identify disparities and their magnitude and / or use data to set improvement targets.
7. Financial and Non-financial Incentives	Develop / modify incentives to focus attention and action on health equity, e.g., through performance-based incentives aimed at reducing disparities or improving absolute performance rates for specific population groups.
8. Enrollee engagement	Require that health plans engage and empower enrollees in a meaningful and substantive way and monitor to ensure that enrollee feedback is sought to set and shape health equity priorities.
9. Medicaid / MCO Leadership Engagement	Establish formal and regular meetings with senior-level health plan officials to discuss progress in addressing health inequities and reducing disparities.



# PANELIST DISCUSSION



# Reminder: State Technical Assistance Opportunities

- States can request SHVS support for technical assistance (TA) with projects, including:
  - Session with an expert on a specific topic
  - Limited, well-defined TA engagement (spans a few months)
- Some states have used SHVS TA from Bailit Health to promote health equity as they draft and release new Medicaid managed care RFPs and model contracts.

# Discussion

The slides and a recording of the webinar will be available at [www.shvs.org](http://www.shvs.org) after the webinar

# Links to SHVS Health Equity Resources

<https://www.shvs.org/health-equity-resources/>

- [Promoting Health Equity in Medicaid Managed Care: A Guide for States](#)
- [Medicaid Managed Care Contract Language: Health Disparities and Health Equity](#)
- [Health Equity Language Guide for State Officials](#)

# Thank You

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