



# *Health*

2023 SOA MEETING

Inspiring Innovative Health Solutions

# Session 1A: Addressing SDOH, Health-Related Social Needs (HRSN), and Health Inequities in Medicaid

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# Agenda

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- SDOH, HRSN, & Health Equity - Background
- Medicaid approaches to HRSN benefits
- Actuarial considerations

# HRSN, SDOH, & Health Inequities

Health related social needs (HRSN) and social determinants of health (SDOH) –  
What are they and why are they important?

*“HRSN refers to the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They include things such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more.*

*SDOH, on the other hand, refers to the conditions in which people are born, grow, work, live, and age that are shaped by the distribution of money, power and resources and impacted by factors such as institutional bias, discrimination, racism, and more.*

*In a way, disparities in HRSN can be understood as a result of the Social Determinants of Health.”*

*Oregon Health Authority*

According to the [CDC](#): “Addressing social determinants of health is a primary approach to achieving **health equity**.”

# Health-Related Social Needs



Source: [Oregon Health Authority](#)

# Historical Challenges in Medicaid

- Many HRSN benefits require up-front investments with uncertain long-term benefits
- Medicaid regulation generally prohibit inclusion of most HRSN costs for most populations in Medicaid FFS expenditures and managed care capitation rates for federal match purposes



# Why Medicaid, and why now?

## CMS/Federal Perspective

Addressing HRSNs in Medicaid aligns with a number of federal objectives under the current administration:

- Advance Health Equity, one of 5 [strategic objectives for CMS](#)
- [End hunger by 2030](#)
- [Reduce homelessness](#)

## State Perspectives

In addition to federal considerations:

- Innovation to explore better member outcomes
- Flexibility to address state-specific priorities
- Increased federal funding/investment in state depending on mechanism used
- Better coordination of efforts across various state programs/initiatives

# Recent Approaches to Medicaid HRSN coverage

## In-lieu of services (ILOS) benefits

- No additional federal funding
- Examples: CA CalAIM

## 1115 waiver authority

- Allows for increased federal funding
- More flexibility than ILOS
- Examples: AZ, AR, MA, OR

# Examples of CMS Approved HRSN Benefits



## Housing Supports

- Post-transition rent/temporary housing (up to 6 months)
- Utility costs
- Pre-tenancy and tenancy sustaining services
- Housing transition navigation services
- One-time transition and moving costs
- Housing deposits
- Medically necessary home accessibility modifications and remediation services



## Nutrition Supports

- Nutrition counseling and education
- Meals delivered to the home (for up to 6 months)
- Cooking supplies
- Medically-tailored meals (for up to 6 months)
- Fruit and vegetable prescriptions (for up to 6 months)
- Meal or pantry stocking

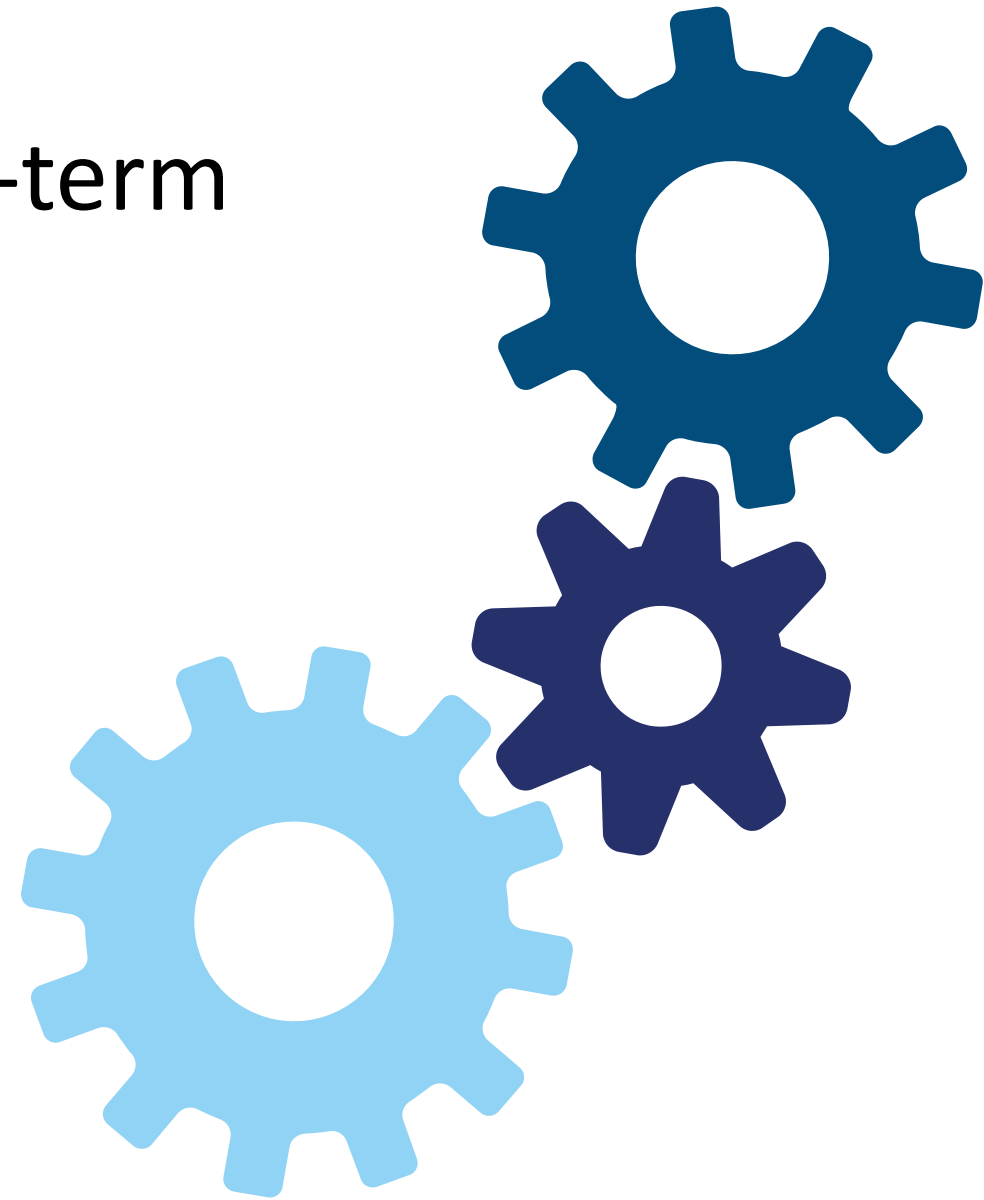


## Other Supports

- Case management, outreach, and education, including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees

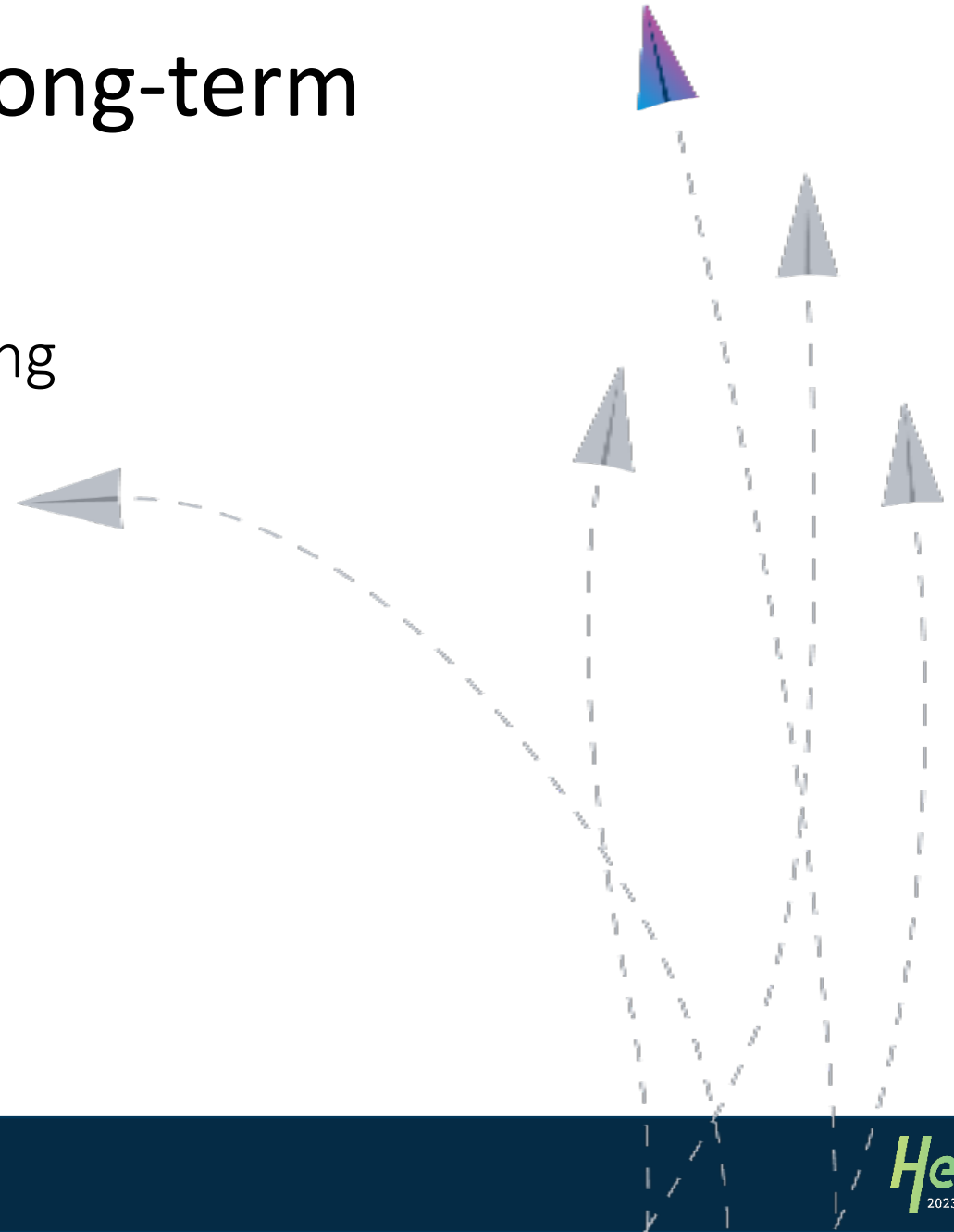
# Actuarial considerations – short-term

- Pricing HRSN benefits
  - Units definitions
  - Unit costs
  - Utilization
  - Billing/coding considerations
- Inclusion of non-traditional providers
- Risk mitigation options



# Actuarial considerations – long-term

- Are HRSN benefits effective at achieving intended goals?
- When will downstream medical cost offsets materialize?



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Q&A

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