Food and Nutrition in the Medicare and Medicaid Programs

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Overview of LTSS and SDOH in Medicare and Medicaid
### Medicaid and Medicare: An Overview

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
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<tbody>
<tr>
<td>&gt;65, disabled, ESRD</td>
<td>Low-income adults, children and families, &gt;65, disabled</td>
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<tr>
<td>Federal govt designs and administers</td>
<td>States design and administer based on federal requirements</td>
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<td>Federal govt finances</td>
<td>Federal govt and states share financing</td>
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<td>Typically acute, medical services</td>
<td>Acute and long-term services, some SDOH</td>
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<td>Medicare Advantage in 95% of US counties</td>
<td>Managed care as a state option and may include limited benefits</td>
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Medicaid and Medicare: Social Service and LTSS Benefits

Medicare LTSS
- Standard benefits are acute and medical (SNF, HH, DME)
- 2019 supplemental benefits: expanded “primarily health related”

Medicare SDOH
- Clinical model/ referrals
- 2020 supplemental benefits: provision of benefits not primarily health related

Medicaid LTSS
- Mandatory NF, HH, NEMT
- Optional HCBS, personal care, case management, self-direction, respite

Medicaid SDOH
- Optional: case management, assessment, screening and navigation, housing supports, quality measures, community investment, value-based payment pass-thru
Medicare policy changes will allow limited provision of LTSS and Social Services

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<tr>
<th>Year</th>
<th>Policy Change</th>
<th>Examples</th>
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<tr>
<td>2019</td>
<td>CMS expands definition of “primarily health related” to allow services typically viewed as custodial/maintenance</td>
<td>Adult day, respite, safety home modifications</td>
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<td>2020</td>
<td>Congress allows for provision of services not primarily health related targeted to medically complex, chronically ill individuals</td>
<td>Healthy food, socialization activities, housing supports</td>
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Medicaid programs are incorporating SDOH into managed care programs through various approaches

**Relationships with the community**
- Identify strengths and opportunities within the local Community Based Organizational infrastructure
- Contract with community orgs
- Collaborate on community health needs assessments

**Connectivity to community resources**
- Develop resource directory
- Refer individuals to appropriate services
- Navigate connectivity to community services

**Assessments and data**
- Evaluate members' health-related social needs, including food insecurity
- Utilize data to inform solutions and future investment
- Share info with community orgs
- Integrate data to understand healthcare needs of shared populations
Part 2 Considerations
The Scope of Medicare Supplement Benefits is Limited

Example Monthly Costs

- Home Health Aide: $4,200
- Adult Day Care: $1,560
- One home-delivered meal, M-F: $230

2018 Medicare Advantage Monthly Amounts

- National Medicare Advantage Benchmark: $837
- Avg Medicare Advantage Value Add: $88
- Avg DSNP Value Add: $62
Medicaid programs focus on navigation and connectivity as well as service provision based on medical need

**NC Model**

- One-on-one case management and/or educational services
  - Identifying programs, completing applications, arranging services
  - Connecting with food pantries, farmers market vouchers, cooking classes
  - Advising on transportation-related barriers
- Evidence-based group nutrition class
- Fruit and vegetable prescription/voucher for diet and/or nutrition-related chronic illness
- Healthy Food Box and Healthy Meal (pick-up or delivery depending on ability to shop for self/social support) for diet and/or nutrition-related chronic illness
- Medically Tailored Home Delivered Meal
Example Contract Requirements/Payment Criteria

• Eligibility
• Payment terms and timeliness
• SOW
  - Assessments
  - Homes visits
  - Education
  - Reporting
  - Outcome metrics
  - Telephonic availability

North Carolina Healthy Opportunity Pilot “Fee Schedule” Components:

• Service Name
• Service Description
• Frequency of service
• Duration of Services
• Setting
• Eligibility Standards
• Relevant Benchmarks
• Service Provider Standards
• Unit of Service
• Payment Approach
• Billing Thresholds/Limits
• Provider Staffing and Salaries
• Staffing Ration/Case Load
• Other Pricing Inputs
Family Medical Center, Rocky Mount, NC
- Provide 150+ low-income individuals in Nash and Edgecombe counties who have diabetes and/or another chronic disease with 4+ weekly nutrition education classes, fresh fruits/foods/vegetables, and intensive case management services for those with diabetes.

San Diego Food Bank
- In 2014 the Jacobs & Cushman San Diego Food Bank launched a program that modernizes and streamlines the collection of data from recipients, eliminating registration redundancies and drastically reducing wait times. Clients are issued a simple, personalized food ID card that they can use at multiple San Diego Food Bank sites without having to provide basic household information or complete duplicate paperwork.

- UnitedHealthcare awarded the Jacobs & Cushman San Diego Food Bank a $375,000 grant to help them expand their database pilot program. Currently used with much success at 82 Food Bank sites, the grant will allow the Food Bank to add an additional 50 sites and support the delivery of more than 10 million pounds of food while improving client experience across multiple bank locations and connect people to vital social services.
Approaches to Build Meaningful Partnerships

• Understand and respect the cultural/historical differences between the health care and social services sectors.

• Language matters in building partnerships and relationships.

• Being clear and open on intent is critical to building trusted partnerships and meaningful relationships with local providers.

• Understand what data can be shared and how

• Be Present
Questions?
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