

# Medicaid's Role in Prevention, Population Health, and Building a Culture of Health

March 20, 2017 3:30-4:45 pm ET



**Trish Riley**  
Executive Director, Co-Chair NASHP Study Panel  
National Academy for State Health Policy

## Medicaid's Role – Culture of Health

- Supported by the Robert Wood Johnson Foundation
- Charge to Study Panel & Membership

# Study Panel

**Sara Rosenbaum**, *Co-Chair*, Harold and Jane Hirsh Professor of Health Law and Policy, Milken Institute School of Public Health, The George Washington University

**Trish Riley**, *Co-Chair*, Executive Director, National Academy for State Health Policy

**John Auerbach**, Associate Director for Policy, Centers for Disease Control and Prevention

**Deborah Chang**, Senior Vice President for Policy and Prevention and Corporate Officer, Nemours Children's Health System

**Ajay Chaudry**, Senior Fellow, New York University and Visiting Scholar, Russell Sage Foundation

**Julie Cox-Kain**, Deputy Secretary of Health and Human Services and Senior Deputy Commissioner, Oklahoma State Department of Health

**Leonardo Cuello**, Director, Health Policy, National Health Law Program

**Deborah De Santis**, President and Chief Executive Officer, Corporation for Supportive Housing

**Patricia A. Gabow**, Professor Emerita of Medicine, University of Colorado School of Medicine

**Daniel Hawkins**, Senior Vice President, Public Policy and Research Division, National Association of Community Health Centers

**Paloma Hernandez**, Chief Executive Officer and President, Urban Health Plan

**Kathy Ko Chin**, President and Chief Executive Officer, Asian & Pacific Islander American Health Forum

**Paula Lantz**, Associate Dean for Academic Affairs and Professor of Public Policy, Gerald R. Ford School of Public Policy, University of Michigan

**MaryAnne Lindeblad**, Medicaid Director, Washington Health Care Authority

**Jewel Mullen**, *Federal Liaison*, Principal Deputy Assistant Secretary for Health, U.S. Department of Health and Human Services

**Margaret A. Murray**, Chief Executive Officer, Association for Community Affiliated Plans

**Matt Salo**, Executive Director, National Association of Medicaid Directors

**Christian Soura**, Director, South Carolina Department of Health & Human Services

**Marilyn Tavenner**, President and Chief Executive Officer, America's Health Insurance Plans

**Cathy Ficker Terrill**, Senior Advisor, The Council on Quality and Leadership

**Julie Trocchio**, Senior Director of Community Benefit and Continuing Care, Catholic Health Association of the United States

**James D. Weill**, President, Food Research & Action Center

**Leana S. Wen**, Commissioner of Health, Baltimore City

**Gail Wilensky**, Senior Fellow, Project HOPE

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## Advisers to the Panel

**Lynn Etheredge**, Consultant, The Rapid Learning Project

**Judith Solomon**, Vice President for Health Policy, Center on Budget and Policy Priorities

**Karin VanZant**, Executive Director, Life Services, CareSource

# Medicaid's Role – Culture of Health

- Largest Public Insurer
  - Low income and medically vulnerable families
  - Facile – accommodates changing needs
- Health care as entry point for more comprehensive responses to address social determinants of health
- Medicaid as partner, not piggybank

## Administrative Options: System transformation, quality improvement, and payment reform

A1. Develop health improvement demonstrations that employ a longer-term savings time frame, focus on the social determinants of health, recognize health related expenditures as qualified for federal funding, and count a broader range of estimated cost offsets when calculating budget neutrality.

A2. Develop a fast-track approval process, a clear implementation roadmap, and a series of definable outcome measures for promising service delivery transformation models.

A3. Better align federal health, nutrition, housing, and social support eligibility, benefit, and expenditure policies to enable coordination with Medicaid coverage and system transformation efforts in order to extend the reach of programs and ensure that people are connected to the full range of assistance needed to improve health.

## Administrative Options cont.

A4. Restructure Medicaid payment policies to improve access to behavioral health services.

A5. Improve data sharing between physical health, mental health, and substance use disorder services and providers to enhance care coordination.

A6. Modernize and update Medicaid's role in improving the health of children.

## Administrative Options cont.

A7. Strengthen access standards for individuals whose primary language is not English who require language services and people with disabilities who experience challenges in communication.

A8. Develop and disseminate information on best practices in coverage of comprehensive preventive and primary care for adults.

A9. Disseminate social determinants screening tools for utilization in managed care and integrated delivery systems and adopt payment methods that foster comprehensive care and the integration of health and social services.

## Administrative Options cont.

A10. Develop safety net health care payment reform models that promote access, quality, efficiency, and a Culture of Health.

A11. Include consultation with state Medicaid and public health agencies as an express requirement for tax-exempt hospitals in developing community health needs assessments under the Internal Revenue Code.

A12. Make Medicaid an equal priority to Medicare for the Center for Medicare and Medicaid Innovation (CMMI), with special emphasis on pilots aimed at health improvement and prevention





# Thank You

Trish Riley

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