



October 17, 2023

Responder: Alice Steiner, Senior Policy Manager - Unite Us

RE: Request For Information - Nevada Managed Care Expansion

Dear Administrator Weeks

Thank you for the opportunity to inform the expansion of Nevada's Medicaid Managed Care Program.

Founded in 2013, Unite Us is a technology company that provides cross-sector collaboration solutions, fueled by data, to connect health and social care. Our goal is to ensure every individual, no matter who they are or where they live, can access the critical services they need to thrive.

Each community has its own assets, challenges, and solutions—but all share a common goal to efficiently connect people to services. We recognize that the challenges in rural and frontier communities are particularly unique and require thoughtful solutioning inclusive of community input. The Unite Us infrastructure brings communities together and strengthens partnerships and connections to solve challenges that affect us all.

Unite Us currently serves as the Social Determinants of Health (SDOH) closed-loop referral platform for the Health Plan of Nevada and includes a network of over 200 organizations, including government agencies, education providers, housing organizations, food pantries, health care providers, and more. Through this partnership, Unite Us seeks to increase equitable access to health and social services, address the fragmentation of services that makes our health and social care systems so challenging to navigate, and confront barriers to health equity such as poverty, lack of access, racism, and discrimination.

We are pleased to provide responses to this RFI based on our experience working with government and MCOs in other states. Please contact me with any questions regarding these responses or Unite Us's products and services more broadly. We look forward to continued dialogue with the Division of Health Care Financing & Policy on these important issues.

Sincerely,

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Section I. Provider Networks

- I. A. What types of strategies and requirements should the Division consider for its procurement and contracts with managed care plans to address the challenges facing rural and frontier areas of the state with respect to provider availability and access?

Response: Too often our rural and frontier communities experience poorer health outcomes than their urban counterparts, with higher likelihoods of dying from preventable causes and facing adverse social determinants of health such as limited transportation and food insecurity. DHCFP should consider requiring that network adequacy is inclusive of contracted partnerships with community-based organizations to address member social needs.

Additionally, DHCFP should ensure that MCOs are trained and empowered to use comprehensive health and social care screening tools to identify disparities in access and needs. Community-based providers should be considered a critical component of this strategy as they meet individuals in local and accessible settings, and are thus more likely to engage populations that do not regularly interact with traditional health care settings. After needs have been identified, it is critical that MCOs and providers be supported in making referrals to the appropriate health and social services providers to address the unmet need.

- I.D. Are there best practices or strategies in developing provider requirements and network adequacy standards in managed care that have been effective in other states with respect to meeting the unique health care needs of rural and frontier communities?

Response: Unite us applauds DHCFP for recognizing the importance of network access for clinical services and that the challenges in rural and frontier areas around network adequacy are unique and need to be carefully considered.

Additionally, establishing social care network standards for MCOs and providers for social care is critical to ensuring members' identified service needs are met. It is imperative that members' SDOH needs are addressed in a timely manner and in a way that resolves the need, and are not just connected to service providers. Setting a common standard is especially critical in rural and frontier communities where social care partners face more barriers to providing services. As reference, Unite Us partners commit to acting on referrals within two business days; our partners achieved this outcome with a median time to referral acceptance for referrals sent on the Unite Us platform of two days in 2022.

Section III. Maternal & Child Health

- III. A. Are there other tools and strategies that the Division should consider using as part of the new Contract Period to further its efforts to improve maternal and child health through the

Managed Care Program, including efforts specifically focused on access in rural and frontier areas of the State?

Response: Unite Us applauds the Division’s focus on maternal and child health as we too are committed to improving maternal health and driving better outcomes for all pregnant people and new parents. We know that pregnancy-related deaths more than doubled from 1987 through 2018, rising from 7.2 deaths per 100,000 live births to 17.4 deaths per 100,000 live births.¹

For a decade, Unite Us has gained specialized knowledge, expertise, and capabilities to design effective programs focused on improving maternal health outcomes. **We recommend a collaborative approach to improving maternal health outcomes across government, hospitals and health systems, health plans, CBOs, and the safety-net system that emphasizes and invests in the importance of upstream, preventative, whole-person care for pregnant people and their children.** Specifically, Unite Us recommends that DHCFP:

- **Adopt a life-course perspective:** A life-course perspective promotes a multidisciplinary approach to understanding the overall health of individuals, incorporating mental, physical, and social health while also taking into account both life span and life stage concepts to determine meaningful health outcomes. Unite Us’ data-powered, secure platform enables care teams serving pregnant people and new parents across systems to share visibility on the total care journey, and to seamlessly coordinate care around the person's needs.
- **Address social determinants of health upstream:** Social needs impact an individual’s ability to take care of their clinical needs. Rather than waiting until a social or clinical care crisis, we see the opportunity to predict, engage, and address social needs before costly escalation.
- **Access real-time, high-quality data:** DHCFP should enable access to real-time, high-quality data that allows MCOs to understand the unique social care needs and preferences of pregnant people and new parents.
- **Leverage evidence-based, novel interventions:** We recommend evaluating and selecting evidence-based interventions that address the unique experiences of rural and frontier pregnant women and children. For example, community-based doulas have proven extremely effective in improving outcomes—including lower rates of C-sections and preterm births—for people of color, low-income people, and other marginalized communities.
- **Strengthen collaboration among stakeholders:** Collaboration among stakeholders, including between clinical and social providers and government programs, including WIC, SNAP, and Pre-K is critical to ensuring positive outcomes for pregnant people and children. This goes beyond just sharing a list of community resources or sending a

¹ Enquobarie, D. et. al. (2021). Policies for Reducing Maternal Morbidity and Mortality and Enhancing Equity in Maternal Health. The Commonwealth Fund. <https://doi.org/10.26099/ecxf-a664>

referral. Working in a truly collaborative care model through the use of a closed loop referral platform, such as Unite Us, stakeholders continue to communicate and monitor emerging needs of their patients/clients and track 100 percent of the outcomes.

Unite Us has found that when the above approach is implemented, the outcomes are truly remarkable - including improved health and well-being for pregnant and postpartum women, significant reduction in postpartum hospital admissions, and significant cost savings to the Medicaid system. Through a program initiated in Sarasota, Florida with the Sarasota Memorial Health Care System, Medicaid clients connected to social care through a closed-loop referral platform saw a 70% reduction in the odds of all-cause related hospital readmissions, leading to ~\$350K savings to the Medicaid system. Additionally, there was a 79% reduction in odds of postpartum readmissions, leading to \$161K savings to the Medicaid system (more information on this program can be found [here](#)).

Section VI: Coverage of Social Determinants of Health

VI. A. Besides housing and meal supports, are there other services the Division should consider adding to its Managed Care Program as optional services in managed care that improve health outcomes and are cost effective as required by federal law?

Response: Unite Us applauds DHCFP seeking federal approval to cover **In Lieu of Services (ILOS) to address Health-related Social Needs (HRSN) through its MCO partners, and urges the division to include, at a minimum, services that can address food insecurity, accessibility-related home improvements, transportation insecurity, and interpersonal violence.**

VI. B. Are there other innovative strategies in other states that the Division should build into its Managed Care Program to address social determinants of health outside of adding optional benefits?

Response: As DHCFP considers further policies to addressing SDOH, we encourage the Division to consider ILOS authorities as part of a comprehensive health equity strategy. Based on our experience establishing cross-sector partnerships with Medicaid agencies, MCOs, other delivery system stakeholders, and CBOs, we offer the following framework to inform the adoption of ILOS flexibilities as part of a broader strategy to address health equity.

This comprehensive approach can be summarized in three broad steps. First, to inform accountable intervention, MCOs and their partners must build coordinated health & social care networks powered by closed loop referral capabilities. Once networks that can address care needs are established, all partners must track service referral outcomes with standardized data. Lastly, leveraging data-driven insights to help refine care networks and interventions will support continued quality improvement of the delivery system. DHCFP should require MCO plans to use a closed-loop referral platform to track person-level care outcomes, including referral and service outcomes, and to measure social care needs and network activity. We offer our

experience and assistance to DHCFP as it considers further opportunities to support MCOs and key partners in developing these kinds of comprehensive strategies to promote health equity.

Unite Us shares the following insight from our work supporting the delivery of HRSN services in other states.

Through Medicaid waivers, community reinvestment initiatives, and managed care flexibilities like the use of ILOS, state Medicaid programs are advancing new initiatives to address HRSN by directly funding CBOs that address specific needs like food or housing insecurity but traditionally have not been financed by healthcare. The implementation challenge that states now face is how to create streamlined billing and reporting infrastructure and capacity building for social care providers without overmedicalizing the delivery of needed community-level services.

Implementation efforts for these initiatives must include a plan for supporting and reimbursing CBOs that provide health-related social services to create adequate capacity. In many instances, CBOs' existing systems and workflows do not generate service-level invoices, manage reimbursements, or track outcomes. This is particularly true for smaller CBOs, which are often best positioned to serve marginalized populations. These smaller CBOs and the populations they serve are likely to be left behind if states and health plans don't provide them with the tools and support they need to participate. As Medicaid programs increasingly adopt requirements for connecting members to community partners, they must also invest in the protocols and technology needed to strengthen CBO capacity, including those needed for rate setting, reimbursement, and reporting.

With Unite Us Payments, CBOs can streamline service tracking and billing for social care services provided. Medicaid agencies using Unite Us Payments can track the flow of CBO funding and pair reimbursement with outcomes data to better understand impact and return on investment. Unite Us also generates data and insights, like our Health Equity dashboard, to provide our partners with actionable information that they can use to target resources and interventions to address local priorities, such as health disparities and inequities in access to care.