

Improving Social Determinants of Health Data Collection in KanCare

August 2021

Background: In April 2020, the KanCare Meaningful Measures Collaborative (KMMC) released a set of [recommendations](#) on what social determinants of health (SDOH) data would be important to collect for KanCare consumers. Building on these recommendations — and ongoing interest from the KMMC and other partners to better understand and address the health-related social needs of KanCare consumers — the KMMC convened a series of discussions with KMMC members, including members of the Data Resources Working Group, the three KanCare managed care organizations (MCO) and state agency partners beginning in March 2021. The objectives of these discussions were to:

- Build understanding of existing SDOH data and potential for reporting;
- Discuss reactions to the KMMC recommendations on SDOH;
- Build consensus around standard data elements and the process for collecting and reporting them; and
- Identify next steps and ways the KMMC can be supportive.

In its initial conversations, the group discussed the intended outcomes of consistent and robust KanCare SDOH data, including:

- By asking the right questions, the state can better understand the scope of social needs issues, including for different populations and geographic areas. Strategies can then be developed to address those needs, as well as direct funding to support those strategies.
- Maintaining longitudinal person-level data can allow outcomes to be tracked over time; it can also contribute to more person-centered care, including the use of non-medical interventions.
- Data can be used to influence local policymaking, as well as identify which community partners may be well-suited to assist in solutions.
- Data can also be used to understand disparities in technology availability.

To achieve those outcomes, the group developed the following recommendations.

1. **Standard Questions:** The SDOH questions outlined in *Figure 1* (page 4) should be asked of all KanCare consumers.
 - a. When SDOH questions are asked, ensure that there is a rationale for why the questions are being asked, including their connection to health outcomes. For example, see the following [question from CMS](#) about safety: “Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you?”

- b. While not listed in *Figure 1*, language — if it creates barriers to employment, medical services, social activities, or other daily living activities — could be another determinant of health and used beyond being noted as a demographic factor. It is collected already through other mechanisms and may be a particular issue for individuals in Kansas with limited English proficiency.
2. **Medicaid Application:** Add questions in *Figure 1* to the Medicaid application form. Indicate that individuals are not required to complete the questions and that their responses will not impact their eligibility. Create a mechanism by which the state shares with the MCOs any responses collected during the application process.
 - a. For examples of the types of social needs data collected by other states in the enrollment process, see [Social Needs Data in the State Medicaid Enrollment Form: A Content Analysis](#)
3. **Health Screening Tool:** Continue to require that the health screening tool (HST) be completed on an annual basis for all KanCare members, with the questions in *Figure 1* incorporated as the core set of SDOH-related screening questions. In the next KanCare RFP, penalties or incentives should be added to this requirement to increase the response rate of KanCare consumers (see recommendation #4 for potential options). Additionally, MCOs could consider any — and likely a combination — of the following mechanisms to increase response rates:
 - a. Interactive texting.
 - b. Telephone/interactive voice response (IVR).
 - c. Send out a postcard notifying members that they will be asked to complete a screening tool. In general, however, other options beyond physical mail should be considered.
 - d. Engage community health workers (CHWs) and other providers, including federally qualified health centers (FQHC). [Guidance from CMS](#) released in January 2021 highlights that rural health clinics (RHC) and FQHCs “could be reimbursed under Medicaid to screen individuals to identify social needs.”
4. **Incentivize Response Rate Improvement:** Add incentives to encourage a better response rate to the screening questions, such as:
 - a. Developing a pay-for-performance measure to assess screening rates. See [Developing a Social Risk Factor Screening Measure](#) for more information, including information on how other states that have pursued this option.

- b. Providing payment to providers who complete screenings. [Guidance from CMS](#) released in January 2021 highlights that, “a state may require managed care plans to implement alternative payment models or incentive payments that incentivize providers to screen for socioeconomic risk factors.” An example from North Carolina’s Medicaid program can be found [here](#).
5. **Member Contact Information:** Explore ways to improve completeness and correctness of contact information available for KanCare members.
 - a. See [Contacting Hard-to-Locate Medicare and Medicaid Members: Tips for Health Plans](#).
 - b. This could include focusing on having access to a current cell phone number, as a 2018 guide to engaging Medicaid members highlighted that, “the smart phone number remains constant and serves as a modern proxy of a home address—and the leading channel for communication.”
6. **Reporting:** Develop a central repository within KDHE where screening results can be tracked over time.
7. **Linking Members to Resources:** Develop a mechanism through which to link individuals to resources if needs are identified (e.g., North Carolina’s NCCare360, which is a statewide resource referral platform).

Figure 1. Selected Social Determinants of Health Domains and Questions

SRF	Question(s)	Source
SDOH: Housing		
Homelessness	What is your living situation today? <ul style="list-style-type: none"> • I have a steady place to live • I have a place to live today, but I am worried about losing it in the future • I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) 	Accountable Health Communities Health-Related Social Needs Screening Tool (AHC)
Poor-quality housing ¹	Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY <ul style="list-style-type: none"> • Pests such as bugs, ants, or mice • Mold • Lead paint or pipes • Lack of heat • Oven or stove not working • Smoke detectors missing or not working • Water leaks • None of the above 	AHC
Safety	Because violence and abuse happen to a lot of people and affect their health, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you? (Note: This question should be asked privately, if possible, to allow an individual to answer honestly without an abusive partner in the room.) <ul style="list-style-type: none"> • Yes • No 	Modified from KanCare HST
SDOH: Food		
Food insecurity ²	1. Within the past 12 months, you worried that your food would run out before you got money to buy more. <ul style="list-style-type: none"> ○ Often true ○ Sometimes true ○ Never true 	AAFP Social Needs Screening Tool & AHC

¹ Additional comment received: *Other SDOH related to housing are the crime rate/general safety of the neighborhood, ease of access to public transportation and emergency service response time.*

² One comment suggested considering asking about reliable food storage.

SRF	Question(s)	Source
	2. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. <ul style="list-style-type: none"> ○ Often true ○ Sometimes true ○ Never true 	
Low-quality nutrition	1. Do you have a health condition that requires a specific diet? <ul style="list-style-type: none"> ○ Yes ○ No 2. Are you easily able to get enough healthy food to eat? <ul style="list-style-type: none"> ○ Yes ○ No 	Newly developed question & Kaiser Permanente's Your Current Life Situation
SDOH: Transportation		
Lack of transportation	In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living (e.g., groceries)? <ul style="list-style-type: none"> • Yes • No 	AHC
SDOH: Technology		
Access	Do you have reliable access to the Internet? <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always 	American Community Survey (modified)
Tech literacy ³	Is it easy to use technology to make choices in your personal/daily life? <ul style="list-style-type: none"> • Never/Rarely • Sometimes • Often • Almost Always/Always 	HCBS Outcome Measures (still being tested)
SDOH: Employment		
Unemployment	Are you employed and want help finding or keeping work or a job? <ul style="list-style-type: none"> • I am employed, and I need or want help • I am employed, and I do not need or want help • I am not employed, and I need or want help 	AHC

³ One comment suggested alternate response options: *Very Difficult, Difficult, Easy, Very Easy.*

SRF	Question(s)	Source
	<ul style="list-style-type: none"> • I am not employed, and I do not need or want help 	
SDOH: Education		
Low literacy	<p>How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy that is provided in your primary language?</p> <ul style="list-style-type: none"> • Never • Sometimes • Usually • Always 	KanCare HST
Education level	<p>What is your highest level of education?</p> <ul style="list-style-type: none"> • Some high school • High school diploma • Trade school • Some college • College degree • More than a college degree 	KanCare HST
Education assistance	<p>Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.</p> <ul style="list-style-type: none"> • Yes • No 	AHC

Note: SDOH = social determinant of health, defined as the conditions in which people are born, grow, live, work and age. SRF = social risk factor, defined as an individual-level adverse social determinant of health.