



# **How the Pandemic Exacerbated Social Determinants of Health (SDoH) Barriers for Medicare Advantage Members**



# Strategies for Effective SDoH Outreach Campaigns in 2022

We all have our own unique life history, our own strengths and our own challenges.

The environments where we are born, live, work, learn, play, worship, and age all affect health, well-being, and quality of life. These factors are known as social determinants of health (SDoH) and can be sources of joy and health, or they can contribute to significant health disparities.

We have all likely heard that SDoH account for 80% of health outcomes. While SDoH barriers existed before the pandemic, COVID-19 made them more prevalent than ever before. The successful capture, support, and documentation of SDoH barriers comes with its own unique set of complexities and challenges, which were also exacerbated by the pandemic. In light of these challenges intensified by the pandemic, let us examine some trending strategies that health plans should consider implementing in their outreach campaigns in 2022.

## Human-to-Human Advocacy

Effective health communication is critical to health and well-being, especially during a pandemic. Health information and messages are often overly complex, making them hard to understand and use, particularly for the elderly Medicare population. In fact, [Healthy People 2030](#) has established a set of COVID-19 health communication objectives which includes a goal to “Increase the proportion of emergency messages in news stories that show empathy, accountability, and commitment.”

Oftentimes, integrating human elements like these can only be accomplished by establishing a human-to-human connection and meeting a member where they are — i.e., allowing them to lead the conversation by identifying their most pressing needs and concerns.

Now, more than ever, it is vital to build a human-to-human connection to give members the information they need from a person they trust. The information must be specific and accurate, but the medium of communication also matters. [Live, onshore advocacy driven by a member-centric dialogue](#) creates a personal connection that builds trust while helping to connect members with the benefits available to help them live their healthiest lives.





At BeneLynk, in addition to committing to building a human-to-human connection, team members recruit advocates from the communities they serve. They seek to “speak the language” of those they serve — both literally and figuratively. BeneLynk employs bilingual staff to engage with members in their preferred language, and utilizes veterans and active-duty military spouses to speak to veterans in their managed care memberships. This commonality with the populations they serve means that the organization is infused with diverse perspectives, driving team members to better understand and serve the Medicare and Medicaid recipients to whom they outreach.

The health plan, together with their SDoH outreach partner, both have a responsibility to instill trust in the member and to ensure that he or she knows that the plan’s advocates have the information and support necessary to provide real and meaningful help. This cannot be done using recorded messages. It requires a trained advocate.

For many services, the advocate becomes the member’s authorized representative. This authorization allows the advocate to work directly with the state on a member’s behalf, to appeal a denial that may be erroneous, or to otherwise complete tasks to help a member secure important benefits. We know that human-to-human outreach is the single best channel for more positive outcomes, and a strategy that plans should certainly consider implementing this year.

**“I don’t usually feel comfortable sharing things about my personal situation, but the way Sophia spoke made me feel comfortable enough to accept the help I needed. I did not know these things were available. Sophia helped me more than she can know.”**

- Plan Member in Colorado

## **Highly Customized Member Engagement Processes for Dual Eligibles**

As federal and state agencies pivoted to address the spread of COVID-19, their internal systems were updated, changed, or reorganized to continue to operate smoothly during lockdown and handle an influx of new enrollees. Office numbers were rerouted to agents working from home, sometimes resulting in longer hold times.





Some states suspended Medicaid renewals or had their renewal dates pushed forward as they awaited for the Public Health Emergency to come to an end. All of these processes varied state-to-state, but as an organization that helps members in all 50 states and the District of Columbia, BeneLynk worked to stay on top. This meant employing a [government relations team](#) to understand the specific state plans, developing targeted messaging with customized calls to action, and creating contingency plans based on future developments.

For now, managed care plans with Medicaid enrolled members need to develop a plan for helping members keep their Medicaid benefits, and to assist those who lose their Medicaid benefits due to failure to [complete the annual renewal process](#). Ideally, that assistance is rendered during the grace period, allowing seamless reactivation of Medicaid benefits. This necessitates a member engagement process that is dynamic.

Members should be given state-specific information and renewal options. Generic calls-to-action will be inadequate in what will inevitably be a confusing time for some members. Instead, all communications, including mailings and scripts, need to reflect the most recent information, and the specific options for recertification being offered by the relevant state Medicaid agency.

The traditional low rates of Medicaid and MSP participation are exacerbated by [a new population gaining eligibility](#) in the midst of a global pandemic. Especially now, it is essential that Medicare Advantage plans conduct dual eligible outreach to as many members as possible. While there has been much discussion around helping members keep their Medicaid benefits through the COVID-19 public health emergency, plans will succeed post-pandemic based on their ability to deliver actionable information in an effective manner.

**"I am a 77-year-old lady and I appreciate how patient Andria was with me. Andria was extremely nice, attentive to detail, and very knowledgeable."**

- Plan Member in California





# Technology-Enabled Outreach

Technology is essential to successful SDoH outreach execution. Systematically connecting advocates with members via a technology-enabled program allows them to work quickly and effectively. Time of day, caller-ID display, and phone numbers are just a few of the factors that go into a member's decision to answer their phone. Using reporting and technology improves training to make the most of each call. Each call campaign must have a data-driven approach to:

- Who to outreach
- When to outreach
- What other mediums of outreach should be integrated with the call campaign
- What messages will resonate with the target population

The first step to answering these fundamental questions is generally found in an analysis of available data — whether it is known information about the member, or past performance of analogous populations.

As an example, [BeneLynk's proprietary predictive tools](#) use advanced statistical modeling techniques, individual member demographic information, member condition profile, and socio-economic factors to identify those individuals most likely to qualify for specific benefit programs. BeneLynk supplements targeting with nontraditional factors to include potentially eligible individuals who have not been the focus of historical SDoH outreach campaigns. Since the onset of the pandemic, finding and including more eligible individuals in SDoH outreach campaigns has helped to alleviate some of the barriers these members are facing.

BeneLynk then looks at how those different members' profiles behave and uses that actual behavior and model-predicted behavior to inform their outreach strategy. And that outreach strategy can differ based on the member profile. For this reason, BeneLynk has baked that flexibility into an integrated cloud-based outreach platform.

From there, the company built an outreach system that allows for constant learning and improvement — either by integrating evolving information about a population (and all its subpopulations) — or by running tests that allow them to tinker around the edges and learn how different populations respond to different strategies. Technology drives all of this. Integrating technology into outreach campaigns in 2022 will help plans achieve best-in-class execution and best-in-class advocacy.

**“Betsy was kind and well informed. She took the time to educate me on different programs that I was in need of and had no idea they were available to me!”**

- Plan Member in Tennessee



# Leveraging SDoH Documentation for Member Prioritization and Actionable Insights

It is an obvious, but prevalent, challenge in addressing SDoH that managed care plans cannot impact what they cannot measure. The foundation of any SDoH advocacy must be a systematic understanding, at the member level, of what barriers each individual is known to be facing. Fortunately, our healthcare system is proactively addressing the value of documenting and impacting SDoH barriers through the expansion of Z codes.

Z codes, which are ICD-10-CM codes used to identify non-medical factors that may affect a patient's health status, are a useful way to track social determinants of health and capture standardized data for Medicare beneficiaries. However, they are underused, with Z codes reported for only 1.59% of beneficiaries in 2019, according to a new Centers for Medicare and Medicaid Services (CMS) [report](#). The Centers for Disease Control and Prevention (CDC)/ National Center for Health Statistics (NCHS) approved new SDoH code assignments that took effect on October 1, 2021. Health plans should start incorporating these additional codes into member detail SDoH reports.

In January of this year, CMS issued a proposed rule that would require all Special Needs Plans (SNPs) to include standardized questions on housing stability, food security, and access to transportation as part of their health risk assessments (HRAs). While this requirement is not proposed to extend to the wider MA industry, it is a clear indication of a likely direction that CMS is heading.

The pandemic has intensified the opportunity to leverage SDoH documentation to inform solutions to deployment to maximize the positive impact. For example, the pandemic has increased public awareness of [loneliness and social isolation](#) — as more of us have now experienced isolation. While these issues may be new for many, they are not new to the elderly. By appropriately documenting this barrier and others exacerbated by the pandemic, health plans can prioritize patient outreach, surface solutions, and help to customize care plans. BeneLynk screens members for SDoH challenges, documents their barriers using ICD-10 Z codes, and assists them with programs to help them live their best lives.

**"I'm disabled. Any food or help I can get makes me happy since I don't get much income. Brian was able to get me connected to some great community programs. They could not have come at a better time."**

- Plan Member in Washington D.C.

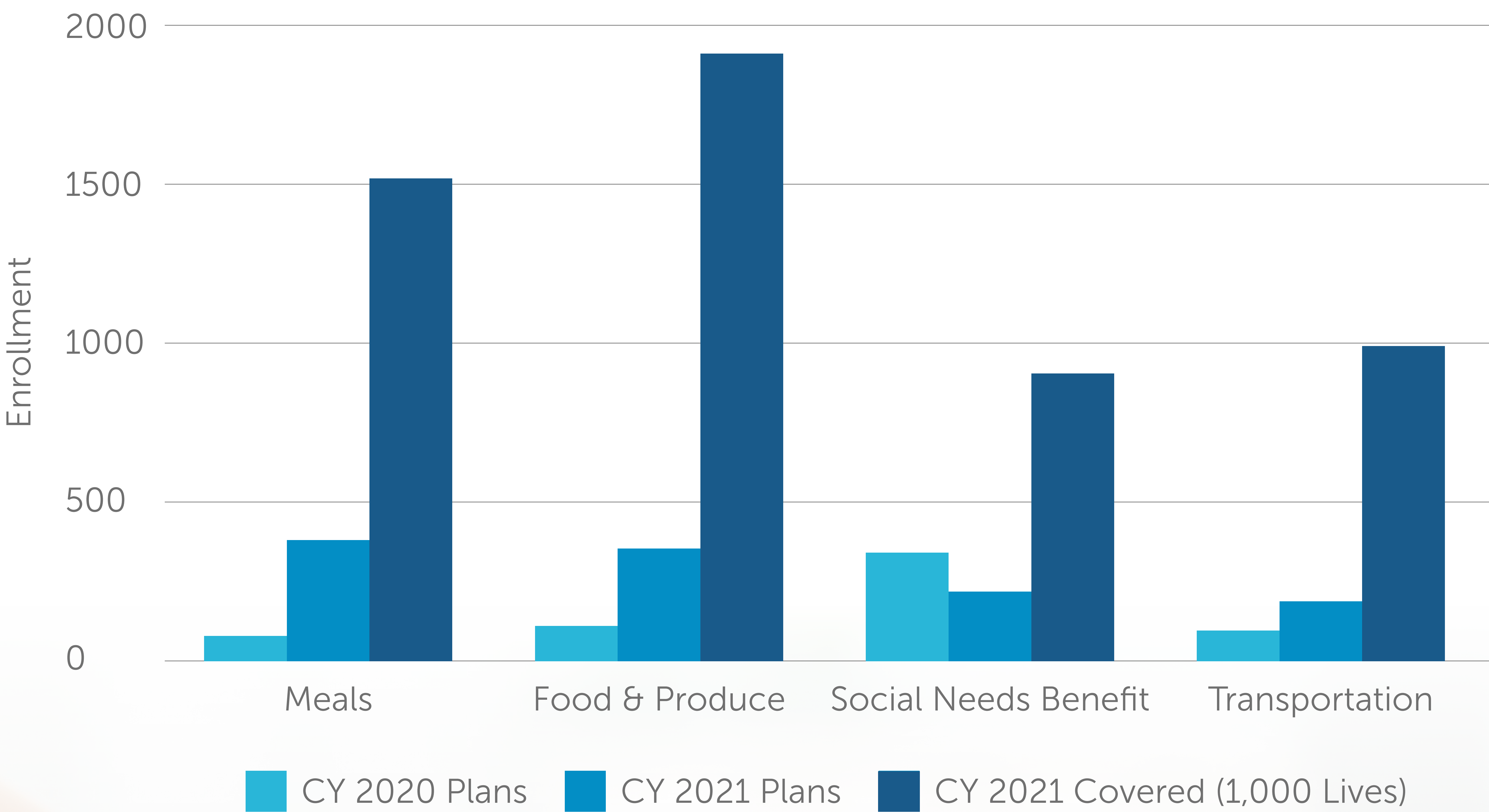


# SDoH Advocacy as a Medicare Advantage Plan Benefit

As the importance of SDoH factors grows in recognition, CMS has given indications that documenting and addressing barriers to healthy living will become a responsibility of Medicare Advantage plans. Currently, some plans are addressing SDoH barriers through Special Supplemental Benefits for the Chronically Ill (SSBCI). According to The [Commonwealth Fund](#), these offerings have been increasing, with 46% of plans offering a meal delivery service and 35% of plans offering some form of a transportation benefit in 2020.

The number and type of benefits have grown rapidly in just over two years since SSBCI went into effect:

SSBCI Benefits by Plan Count and Enrollment, 2021



Source: [Overview of Medicare Advantage Supplemental Benefits and Review of Contract Year 2021 Offerings](#). Milliman, February 2021.





# Addressing SDoH Barriers and Reducing Health Disparities

The CDC defines health disparities as preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Addressing SDoH barriers and closing healthcare disparity gaps go hand-in-hand. The COVID-19 pandemic [exacerbated already existing health disparities](#) for a broad range of populations, but particularly for people of color and low-income households.

Prioritizing the [measurement and reporting of health disparities based on race](#) and other disproportionate SDoH barriers is essential. These barriers prevent people, who often have lower incomes and live in disproportionately challenged areas, from living their healthiest lives. Rarely do we get as concrete and concentrated an opportunity to examine the health disparities that exist in today's society as in the case of a pandemic virus — one to which everyone is equally susceptible, but where different populations can call upon different resources to meet the challenges.

As the pandemic shines a brighter light on racial and economic equity, many organizations are making diversity and inclusion a strategic priority not only for their outreach strategies, but also for their entire organization. Many organizations are emphasizing and implementing training, cultural competency, or [workforce diversity initiatives](#).

By treating people as individuals with their own history and unique set of challenges related to health equity and acknowledging these factors as an integral part of their care, BeneLynk helps to increase awareness about community assistance programs and assists in the application process in underserved populations, because health encompasses so much more than healthcare.

**"I was connected with the best programs! I don't have transportation and I'm lacking on food as well. It's been a struggle for me, so grateful I was connected to these great programs."**

- Plan Member in South Carolina



# Conclusion

The pandemic brought about increased concerns around social determinants of health barriers such as food insecurity, financial instability, housing, and mental health issues for millions of Medicare and Medicaid customers. As we continue to face unprecedented times in the midst of a pandemic, building partnerships and executing successful outreach campaigns will be of the utmost importance.

BeneLynk's process for identifying barriers to good health and well-being, along with its ability to provide solutions that meet the unique SDoH needs of an individual, enables BeneLynk to connect members with benefits and resources that are crucial during a pandemic. Its member-centric process inherently adapts to uncover, document, and meet a member's unique needs. BeneLynk's team of Medicaid experts and vast network of social programs allows the company to assist members with state, federal, and local services that alleviate these concerns.

With professional advocates that take the time to understand the challenges that members face, BeneLynk stands ready to help managed care plans remove the barriers to all people living their healthiest lives.

## About BeneLynk

BeneLynk is a national provider of social determinant of health solutions for Medicare Advantage and Managed Medicaid health plans. We serve plans and their members by creating a human-to-human connection and providing the assistance a member needs to get the benefits they deserve.

By employing one dynamic conversation that flows organically to meet social determinant of health challenges, we build stronger human connections that are supported by innovative technology. We help Medicaid members to retain their benefits through a comprehensive outreach campaign, providing information and assistance. All of our services are customized to the specific geography where we provide services and provide members with the specific information they need to keep their benefits in place.

Our mission is to improve lives and positively impact social determinants of health barriers by providing our healthcare partners with the information they need, and people with the advocacy they deserve.





## More Info

To learn more about our SDoH solutions,  
please visit [www.BeneLynk.com](http://www.BeneLynk.com)