2019 Call for Proposals

Letter of Intent Deadline: July 2, 2019 (3 p.m. ET)

Robert Wood Johnson Foundation

Research in Transforming Health and Health Care Systems

Using Managed Care Payment and Contracting Strategies to Address Medicaid Enrollees' Social Needs

BACKGROUND

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Since 2017, the Foundation's Research in Transforming Health and Health Care Systems (RTHS) program has helped advance this vision by supporting rigorous, empirical studies that help policymakers, practitioners, stakeholders, and others understand the effects of current or potential policies intended to transform health and health care systems.

Health care policymakers increasingly recognize the many ways in which factors outside the health care system can affect the health and well-being of individuals and communities. These social determinants of health, defined by the World Health Organization as "the conditions in which people are born, grow, live, work, and age" (World Health Organization, 2008) are often associated with specific social needs such as stable housing, food security, employment, and access to transportation, among others.

For many state Medicaid programs, identifying and addressing enrollees' social needs is a growing priority. While Medicaid programs may pursue this in numerous ways, one approach utilizes the payment and contracting strategies that states employ with Medicaid managed care organizations (MCOs), which provide services to a large and growing share of Medicaid enrollees nationwide (Congressional Budget Office, 2018). Specifically, these strategies provide a vehicle through which states may require or incentivize their managed care partners to undertake activities that identify and respond to Medicaid enrollees' social needs, including by referring enrollees to social service providers in the community.[1] In some cases, states may implement these payment and contracting strategies as part of value-based payment initiatives, use of accountable care organizations, or other state-based health reform efforts (Crumley et al., 2018). Not surprisingly, states' strategies vary greatly, as does their progress to date. In this complex and evolving landscape, there is a significant need to understand states' Medicaid managed care payment and contracting strategies related to addressing enrollees' social needs, the implementation of these efforts, and the impact of these strategies on Medicaid enrollees, states, MCOs, and community partners.

[1] For a discussion of emerging trends in state activities, see Guyer J, Boozang P and Nabet B. "Addressing Social Factors That Affect Health: Emerging Trends and Leading Edge Practices in Medicaid." *Manatt Health*. April 2019.

PURPOSE

The 2019 RTHS call for proposals (CFP) seeks to fund research studies that examine how state Medicaid programs are using managed care payment and contracting strategies to address enrollees' social needs; the ways MCOs are responding; and the effect of these activities on enrollees, plans, community-based organizations, and other stakeholders. We strongly encourage applicants to consider how these activities affect health equity, meaning that everyone has a fair and just opportunity to be as healthy as possible.[2] The goal of this funding opportunity is to generate timely evidence on the experiences of states, MCOs, Medicaid enrollees, and community-based organizations in order to inform future decision-making by state and federal policymakers and other key stakeholders.

Proposals within the scope of this CFP will examine: a) issues related to the implementation of managed care payment and contracting strategies by states and related activities by Medicaid MCOs to address enrollees' social needs; b) the impact of these strategies and activities on health equity, costs, utilization, health, and other outcomes of interest to state and federal policymakers, MCOs, community-based organizations, or other stakeholders; or c) both. Major topics and questions of interest may include, but are not limited to:

1. Early work suggests that state Medicaid programs are using a range of payment and contracting strategies to require or incentivize MCO activities related to enrollees' social needs, with variation in the social needs and target populations of interest; the level of specificity or direction provided to MCOs; and the level of integration with other health reform efforts (Crumley et al., 2018). What are the opportunities and challenges associated with these myriad approaches? Are certain managed care payment and contracting strategies more or less effective for achieving specific state objectives related to addressing Medicaid enrollees' social needs? To what extent are states implementing managed care payment and contracting strategies alongside other policies or programs related to Medicaid eligibility and affordability of coverage?

2. What activities are MCOs undertaking to address enrollees' social needs in response to requirements or incentives from state Medicaid programs?[3] How do MCOs decide where to target their efforts when enrollee needs are complex and significant? Where do MCO leaders look for guidance and support? What operational changes are needed to support activities that meaningfully address enrollees' social needs? To what extent are MCOs building out new competencies or services versus partnering with existing entities that have the capacity to administer services in a community? What motivates MCOs to undertake these types of activities and how willing are they to sustain these activities during economic downturns or when not explicitly required by states? How do MCOs think about return on investment in relation to these activities?

3. In the context of addressing enrollees' social needs, how are states and Medicaid MCOs addressing challenges and opportunities related to data, data systems, and data sharing? For example, how well are MCOs able to track enrollee referrals, costs, and service utilization in sectors outside of health care? How granular are they able to get with this data? How well do current data systems help MCOs identify which of

[2] Braveman P et al. *What Is Health Equity?* Robert Wood Johnson Foundation. May 2017.

[3] For an early systematic review on this topic, see Gottlieb LM et al. "Clinical Interventions Addressing Nonmedical Health Determinants in Medicaid Managed Care." *Am J Manag Care*, 22(5): 370–376, May 2016.

their interventions or programs targeting social needs works and why? What are promising solutions to common data challenges?

4. What are the experiences of Medicaid enrollees who are served by MCOs undertaking activities to address social needs? Are these activities associated with higher satisfaction and retention among enrollees? To what extent are state Medicaid programs soliciting input from enrollees, advocates, and other stakeholders to inform their managed care payment and contracting strategies? Are MCOs engaging with enrollees to design their efforts and in what ways? To what extent are states requiring MCOs to provide services (e.g., an ombudsman program) to identify and address enrollee concerns?

5. How are MCOs partnering with community-based organizations (CBOs) to respond to Medicaid enrollees' social needs? What do these partnerships look like, what types of CBOs are involved, and how are CBOs paid for the services they provide? What is the impact of these partnerships on Medicaid enrollees' health care costs and utilization, social service utilization, and health outcomes? What is the impact on the capacity and finances of the CBOs involved? Given differences between MCOs and CBOs in terms of resources, infrastructure, and culture, what are best practices for developing and sustaining these partnerships?

6. To what extent are states engaging consultants and other third party organizations to provide data management, technology solutions, coordination of cross-sector partners, or other services related to addressing Medicaid enrollees' social needs? How are these arrangements structured and funded and what is their impact on costs, services delivered to enrollees, and other outcomes? What are emerging challenges and opportunities for engaging these organizations? To what extent are their activities integrated with other state efforts to address social needs affecting Medicaid enrollees or other populations?

7. How are states and MCOs approaching some of the significant financing and logistical challenges associated with addressing Medicaid enrollees' social needs through managed care? For example, are there innovative efforts underway to address "premium slide," in which plans' successful efforts to address social needs reduces future capitation rates, creating a disincentive to engage in these efforts? How are plans working with their contracted providers to ensure they have the capacity and resources to meet new requirements to address social needs? How are states and MCOs approaching the challenges posed by churn in the Medicaid program?

8. How are states assessing MCOs' efforts to address enrollees' social needs? What processes are they using to determine whether MCOs' activities are appropriate and responsive to community needs? Do states have adequate capacity to undertake this kind of oversight work? Regarding specific activities implemented by plans, to what extent do states and MCOs have the staff capacity, data, and other resources needed to evaluate the effectiveness of these activities? To what extent are enrollee perspectives included in evaluations? Among states and MCOs that are furthest along in this work, are there evaluation best practices or lessons learned that may be useful to other states and MCOs?

We will prioritize proposals that address health equity and stand to contribute significant, new information to the evidence base and to current and future policy decisions. We are particularly interested in understanding enrollees' perspectives on the strategies and activities discussed above, as well as understanding unintended consequences associated with these strategies. We strongly encourage applicants to include Medicaid enrollees, patients, and the public in the research process, from the earliest research stages through to dissemination of the findings. We welcome proposals that focus on one or more states and that employ quantitative, qualitative, or mixed methods approaches as appropriate. Applicants should consider the timeliness of the proposed research questions at both the

time of submission and when findings are expected to be released. In addition, applicants should demonstrate support from state officials, MCOs, CBOs, and other entities with whom they intend to partner or request data or other resources.

TOTAL AWARDS

- Up to $1.5 million will be available under this CFP.
- Project funding will range from $150,000 to $250,000 per project to accommodate studies of 12 to 24 months.
  - We expect that applicants proposing descriptive studies examining implementation issues would request funding of up to $150,000 for projects of up to 12 months.
  - For projects that go beyond implementation to assess the impact of managed care payment and contracting strategies, we expect applicants may request funding of up to $250,000 for projects lasting between 12–24 months.
- Six to eight studies will be funded.
- We expect to fund a diverse range of studies with varying budgets and time lines.

ELIGIBILITY CRITERIA

- Researchers, as well as practitioners in the public and private sector working with researchers, are eligible to submit proposals through their organizations.
- Projects may be generated from disciplines including health services research; economics; sociology; program evaluation; political science; public policy; public health; public administration; law; business administration; or other related fields.
- The Foundation may give preference to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or Type III supporting organizations. The Foundation may require additional documentation.
- Applicant organizations must be based in the United States or its territories.

OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals' perspectives are shaped by a host of factors, such as their race, ethnicity, gender, physical and mental ability, age,

socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

SELECTION CRITERIA

- Importance and policy relevance of the question to be addressed and the potential of the study to contribute significant new information to the evidence base and to policy decisions.
- Able to incorporate patient and public perspectives into the design and conduct of the research.
- Research study or outcomes has a focus on health equity.
- Strength of the proposed methodology and incorporation of reasonable and relevant empirical methods.
- Appropriateness and availability of proposed data sources.
- Qualifications and expertise of the applicant.
- Ability to create timely deliverables for wide dissemination (e.g., issue briefs, webinars, blog posts, fact sheets, etc.), including products based on preliminary findings and throughout the life of the grant, in addition to papers suitable for peer-reviewed publication. In order to ensure that research products are available to a wide and diverse audience, grantees who publish findings in peer-reviewed publications are encouraged to publish in open-access journals or must budget grant funds to cover the cost of making resulting publications open access, typically $5,000 per manuscript.
- Appropriateness of the time line and budget.

MONITORING

RWJF monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit periodic narrative and financial reports.

APPLICANT SURVEY PROCESS

For selected programs, the Principal Investigator of the proposal will be contacted after the deadline by SSRS, an independent research firm. The Principal Investigator will be asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposal in any way.

SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

HOW TO APPLY

Proposals for this solicitation, including the letter of intent, must be submitted via the RWJF online system. Visit *http://www.rwjf.org/cfp/rths2* and use the "Apply Online" link. If you have not already done so, you will be required to register at *http://my.rwjf.org* before you begin the proposal process. All applicants should log in to the system and familiarize themselves with online submission requirements well before the submission deadline.

There are two phases in the competitive proposal process:

Phase 1: Letters of Intent

Applicants must submit a letter of intent describing the proposed project. **Applicants should not begin drafting their letter of intent until they have familiarized themselves with the detailed instructions and formatting requirements displayed in the online application system.** The letter should be no more than two pages and include the following information:

- The proposed research question; the significance of the issue being addressed; and the potential of the study to inform health policy.
- The methodology and data sources to be used.
- The names and affiliations of members of the project team. Applicants should simply list this information in the letter of intent; detailed descriptions of applicant qualifications are not necessary at this stage.
- The number of months needed to carry out the project and the amount of funding requested. Detailed information about the proposed budget is not necessary at this stage.

Applicants must submit a letter of intent by the deadline provided in order to advance to the full proposal phase. AcademyHealth staff will review letters of intent to ensure that proposed projects fall within the scope of the call for proposals, but no feedback will be provided to applicants at this stage. Projects that are within the scope of the call for proposals will be invited to move forward to the full proposal phase.

Phase 2: Full Proposals:

In the week following the letter of intent deadline, applicants who have submitted a letter of intent describing a project within the scope of the call for proposals will receive an email notification from RWJF inviting them to submit a full proposal. The proposal narrative should be no more than 10 pages, accompanied by a line-item budget and budget narrative.

Invited full proposals will undergo peer review by external, subject matter experts, as well as staff at RWJF and AcademyHealth.

All applicants should log in to the system and familiarize themselves with online submission requirements well before the submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline.

Please direct inquiries to *transformhealth@rwjf.org*. Be sure to include your phone number. We will make every effort to respond to all inquiries within 24 hours.

PROGRAM DIRECTION

Responsible staff members at the Robert Wood Johnson Foundation are:

- Mona Shah, PhD, *senior program officer*
- Alexis Levy, *senior communications officer*
- Stephen Theisen, *senior program financial analyst*

AcademyHealth supports the RTHS program. Responsible staff members at AcademyHealth are:

- Bonnie Cluxton, JD, MPH, *vice president*
- Lauren Gerlach, MPP, *director*
- Laurel Downie, *research assistant*

KEY DATES AND DEADLINES

- **May 28, 2019**
  Call for proposals released.
- **July 2, 2019 (3 p.m. ET)**
  Deadline for receipt of letters of intent.
- **July 8, 2019**
  Applicants receive email invitation to submit full proposals.
- **August 12, 2019 (3 p.m. ET)**
  Deadline for receipt of full proposals.

- **December 2, 2019**
  Notification of finalists.

- **February 1, 2020**
  Grants begin.

Late Submissions

RWJF will accept only those proposals that are completed/submitted at the time of the deadline. Because one of our Guiding Principles is to treat everyone with fairness and respect, RWJF's deadline policy applies to all applicants. Applicants are expected to notify the program administrator immediately after experiencing difficulty with the online proposal system that may interfere with a timely submission. To do so, click on the "Contact Us" link found in the "Resources" area on the left side of most screens within the online proposal site. We encourage you to submit your proposal in advance of the deadline so that any unforeseen difficulties, e.g., technical problems, may be addressed well before the deadline.

REFERENCES

Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Geneva: World Health Organization, Commission on Social Determinants of Health, 2008. *https://www.who.int/social_determinants/thecommission/finalreport/en/* (accessed April 2019).

Crumley D et al. *Addressing Social Determinants of Health via Medicaid Managed Care Contracts and Section 1115 Demonstrations*. Hamilton, NJ: Center for Health Care Strategies, 2018. *https://www.chcs.org/resource/addressing-social-determinants-of-health-via-medicaid-managed-care-contracts-and-section-1115-demonstrations/* (accessed April 2019).

Exploring the Growth of Medicaid Managed Care. Washington: Congressional Budget Office, 2018. *https://www.cbo.gov/publication/54235* (accessed April 2019).

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 45 years, the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit *rwjf.org*. Follow the Foundation on Twitter at *www.rwjf.org/twitter* or on Facebook at *www.rwjf.org/facebook*.

Sign up to receive email alerts on upcoming calls for proposals at *www.rwjf.org/manage-your-subscriptions.html.*

50 College Road East
Princeton, NJ 08540-6614