



Breaking Barriers – Understanding Medicaid Food Access Through New Data-Driven Insights

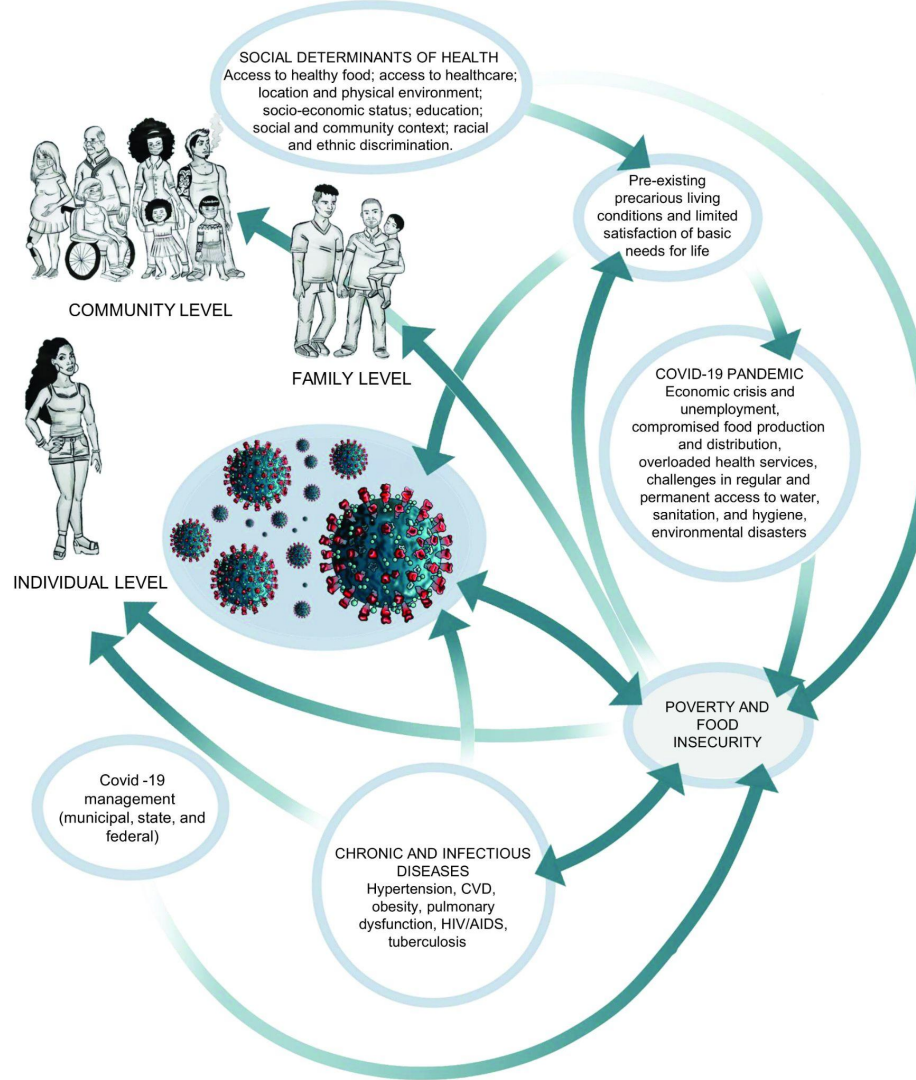
Presenters



Sara Ratner
**SVP, Government Markets
& Strategic Initiatives**
Icario



Lora Alexander
VP, Engagement & Design
Icario



Icario Harris Poll

Barriers Healthcare

Icario, in partnership with The Harris Poll, studied the role of food security as a barrier to healthcare. In the poll, both Medicaid and Medicare members indicated specific and actionable barriers to access to care.

Americans with Medicaid are more likely than those with employer-sponsored or Medicare insurance plans to cite the following as significant barriers to them when it comes to accessing healthcare services:

Barrier	Medicaid	Employer Sponsored	Medicare
Cost	62%	67%	58%
Not having access to healthcare provider	60%	52%	48%
Technology	61%	44%	47%
Location/Transportation	60%	40%	45%
Language	50%	36%	35%

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Barriers Healthcare

Medicaid members who have children and or are married have even more significant barriers to care

Medicaid members with children under 18 are more likely than those who do not have children under 18 to say that the following are barriers to care.

	Medicaid w/kids under 18	Medicaid no kids under 18
Cost	69%	55%
Not having access to healthcare provider	67%	54%
Technology	74%	49%
Location/Transportation	70%	52%
Language	62%	39%

Medicaid members who are married are more likely than those who are not to say that the following are barriers to care.

	Medicaid married	Medicaid not married
Cost	75%	57%
Not having access to healthcare provider	70%	57%
Technology	73%	56%
Location/Transportation	71%	57%
Language	64%	45%

How significant are each of the following barriers for you when it come to accessing healthcare services? (Costs, access to health providers, technology, service location/transportation, language) Harris Polls/Icario – April 2021

Food and Healthcare: Facts

Food security: access to foods that support healthy eating patterns.

- difficulty with consistently obtaining access to adequate amounts of healthy, affordable food

According to USDA, impacts 11% of households (4% in 2018)

23.5 million urban and rural Americans live in food deserts, with nearly half of them in low-income areas

- Rural makes up 63% of counties in US and 87% of counties with highest rates of overall food insecurity
- 86% of counties with the highest percent of children at risk for food insecurity are rural
- Living below the poverty line: 13.3% rural, 10% urban

42 million people (1 in 8), including 13 million children (1 in 6), may experience food insecurity in 2021.

Racial disparities in food insecurity:



1 in 12 white, non-hispanic individuals (8.1%) lived in a food-insecure household, compared to:



1 in 6 Latino individuals (15.8%)



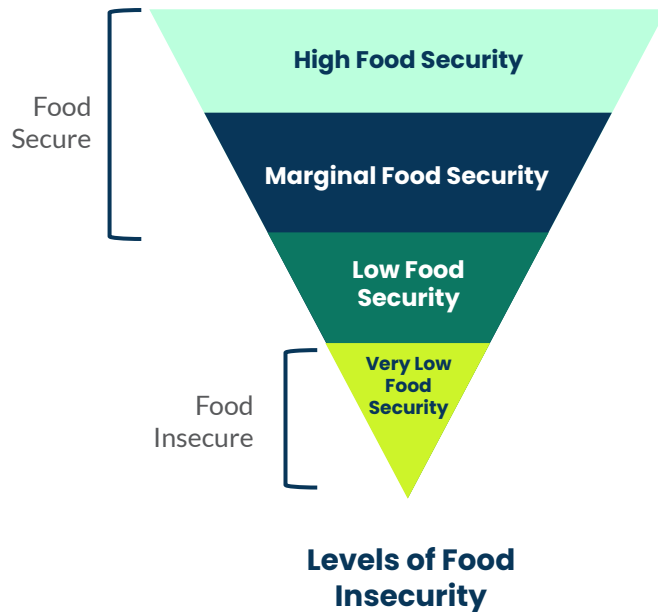
1 in 5 Black, non-Hispanic individuals (19.3%)



1 in 4 Native American individuals (23.5%)

Food Security Status Lies Along a Continuum

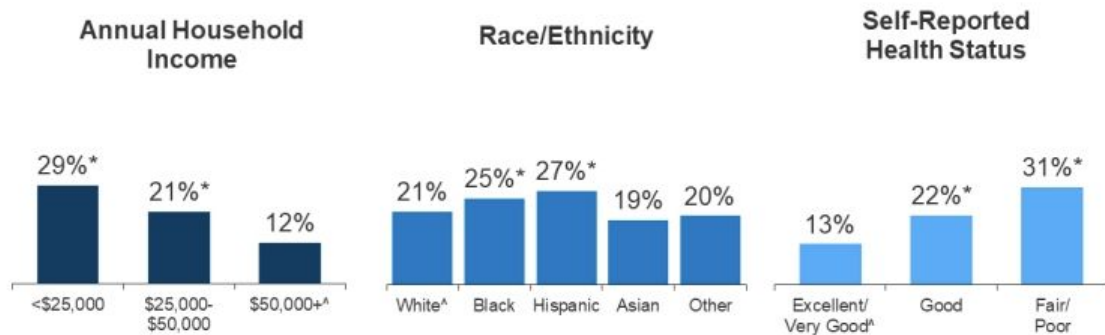
(based on the number of affirmative responses to the food security module questions)



Food Insecurity in Medicaid

Food Insufficiency Among Medicaid Enrollees during the Coronavirus Pandemic

Share of Medicaid Adults Reporting their Household Faced Food Insufficiency During Week of July 16-21, 2020, by Selected Characteristics



NOTE: * Indicates statistically significant difference from the reference group (indicated with ^) at the $p < 0.05$ level. Food insufficiency is defined as sometimes or often not having enough to eat. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Demographics with the highest rates of food insecurity shown here, see Appendix Table 2 for full demographic data.

SOURCE: KFF analysis of Week 12 of the Household Pulse Survey Public Use File (July 16-July 21).

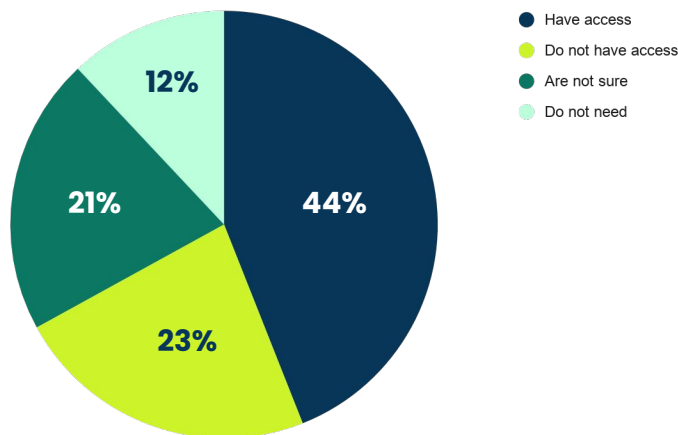


- Minimum income eligibility limit for Medicaid is 138% FPL (\$16,588 for one individual in 2020) for children, pregnant women, and parents and other adults in states with ACA Medicaid expansion
- The income eligibility limit for SNAP is 130% FPL gross monthly income and 100% FPL net monthly income
- BUT less than half (47%) of all Medicaid enrollees were enrolled in SNAP
- “Treat or eat” phenomenon

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Access to Food Support Programs

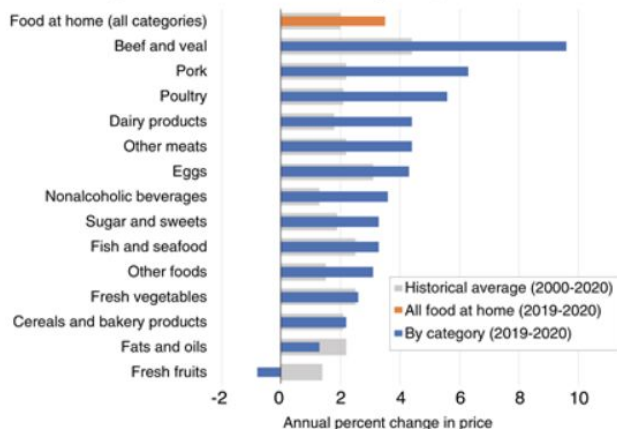
Medicaid Members who have access to the food support programs they need through their health insurance plan



44% of Medicaid subscribers report having access to the food support programs they need through their health insurance plan, 23% say they do not, and 20% are not sure. Only 12% of Medicaid subscribers say they do not need food support programs.

Food Prices Sets Stage for Insecurity

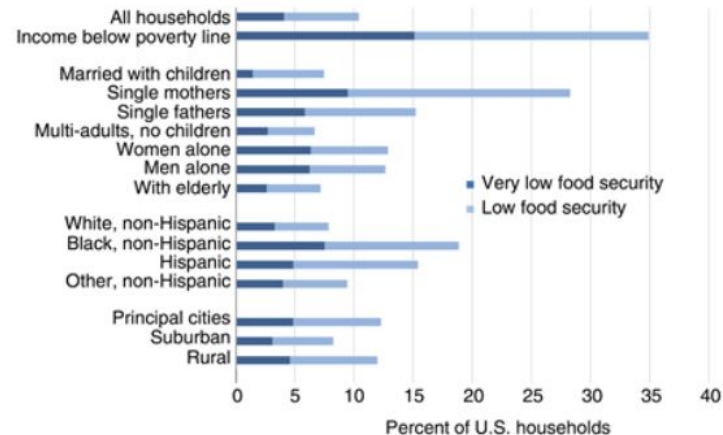
Price changes for CPI food-at-home categories, 2019–2020



Note: CPI = Consumer Price Index.

Source: USDA, Economic Research Service using U.S. Department of Labor, Bureau of Labor Statistics Consumer Price Index data.

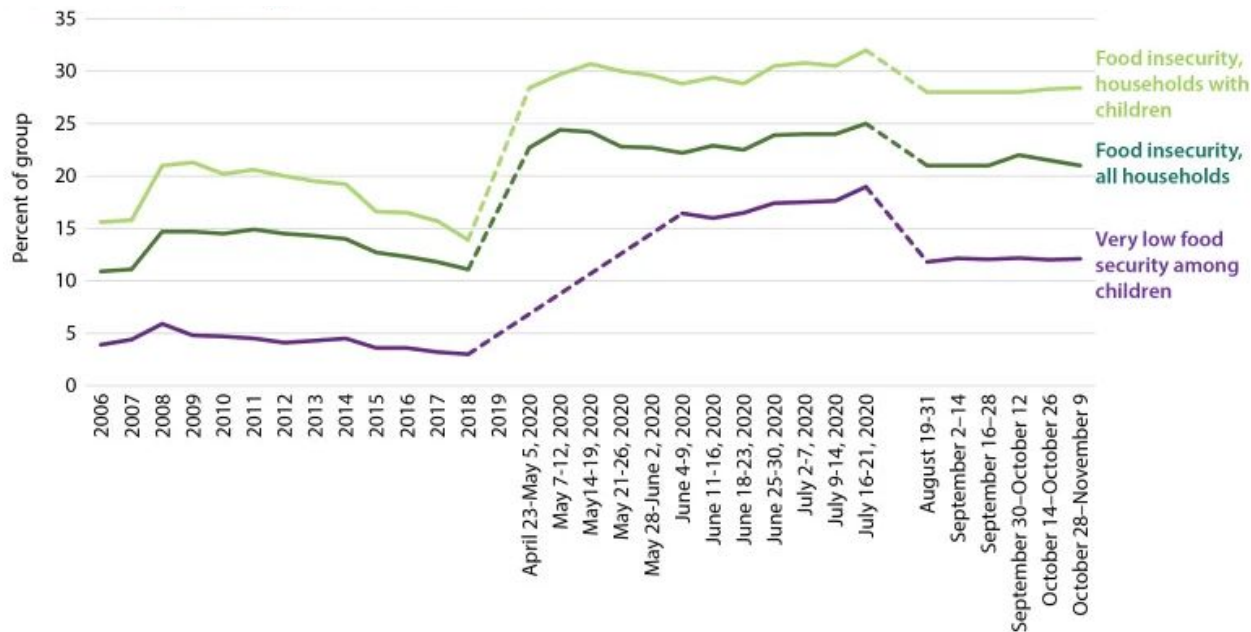
Prevalence of food insecurity by selected household characteristics, 2019



- Global food prices rose close to 20% in the last year (January 2020-January 2021)
- Average annual food-at-home prices were 3.5% higher in 2020 than in 2019.
- The 20-year historical level of retail food price inflation is 2.0 percent per year—meaning the 2020 increase was 75% above average.
- 2020 was a year of high food price inflation due to shifts in consumption patterns and supply chain disruptions resulting from the coronavirus pandemic

- Food insecurity rates are highest for single mother households and households with incomes below poverty line
- According to the USDA, adults with incomes in the top fifth of society spent 8% of their income on food last year; for the bottom fifth, it was 36%.

Food Insecurity and Children



2020 → food insecurity among all households and households with children remained elevated over 2019 levels and levels of food insecurity reported during the Great Recession.

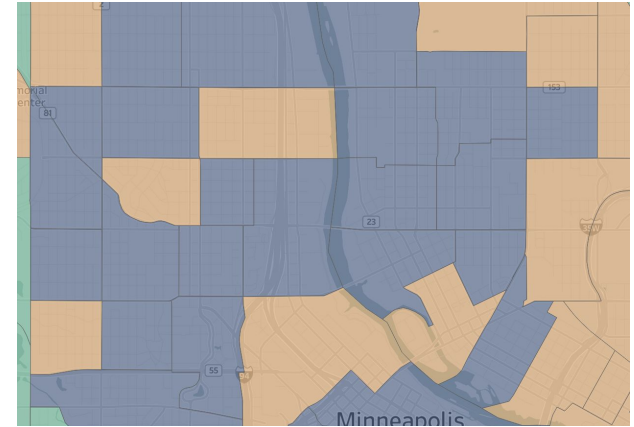
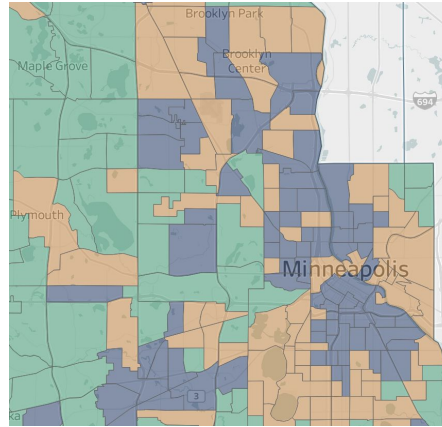
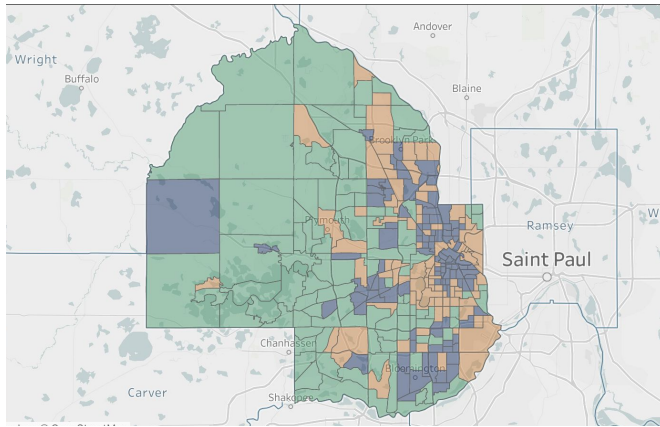
→ Food insecurity rates have declined since summer due to income support packages, declining unemployment as states have reopened their economies in recent months, and some children returning to school in some states, expanding the reach of school meal programs.

Sources: U.S. Census Bureau (Household Pulse Survey) 2020b; Current Population Survey Food Security Supplement 2006-2018; Schanzenback and Tomer 2020.
Note: Food insecurity measures assess whether households have enough money for adequate food consumption. For additional details, see the technical appendix to Bauer et al., 2020.

Updated November 26th, 2020: Incorporated additional multipliers for the sufficiency to security conversion, so that respondents with children are using different multipliers than respondents overall. In effect, food insecurity rates for respondents overall have changed.

Location Tied to Food Barriers

Barriers to Food Access Classification For Minnesota: All



Legend



Low



Moderate

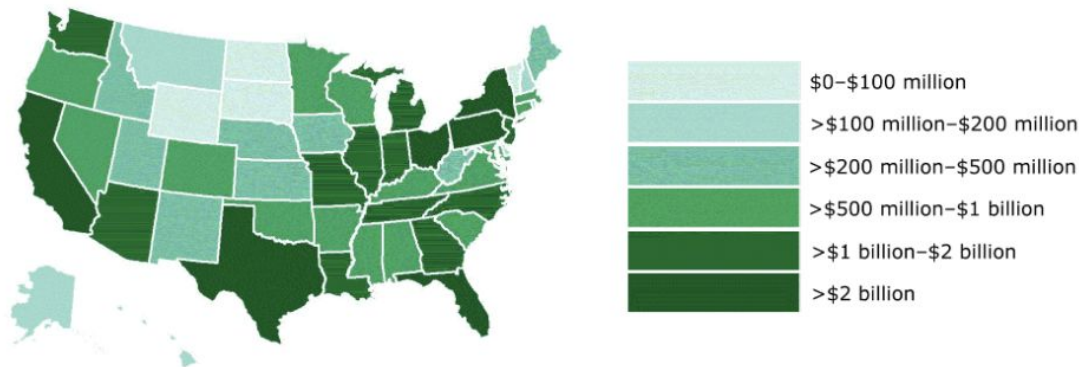


High

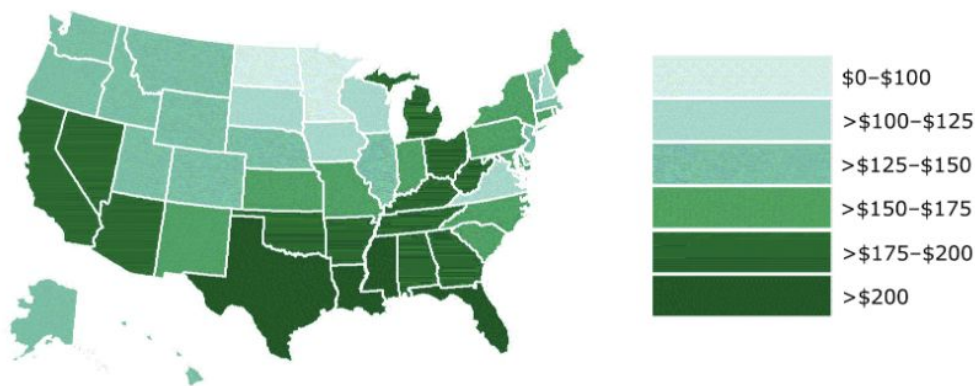
Correction to Health Care

- Costs the health system an additional \$53 billion a year.
- On average, healthcare costs for food insecure adults is \$1,834 higher than people who are food secure.
- The state with the highest healthcare cost per capita associated with food insecurity is Mississippi, at \$243 per person. Texas, Louisiana, Florida, and Oklahoma are also among the top five states.
- The state with the lowest healthcare cost per capita associated with food insecurity is North Dakota, at \$78 per person.

A Healthcare Cost Associated with Food Insecurity, by State

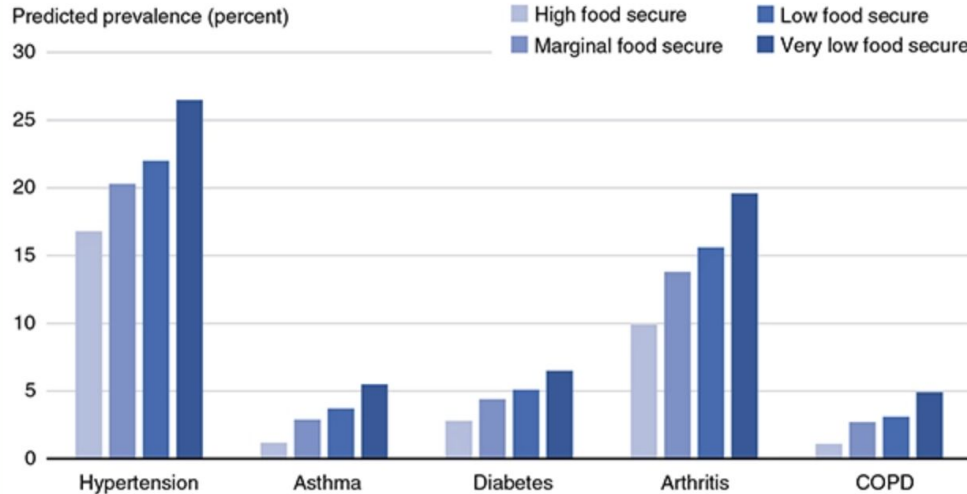


B Per Capita Healthcare Cost Associated with Food Insecurity, by State



By Disease State

Predicted prevalence of more common chronic diseases by food security status, adults in low-income households



COPD = chronic obstructive pulmonary disease.

Source: USDA, Economic Research Service calculations using National Health Interview Survey data 2011-2015. Predicted prevalence estimates are adjusted for: survey year indicators, age, gender, employment, marital status, race/ethnicity, insurance status, highest education of any adult in household, number of children, family size, and household income-to-poverty ratio. Sample includes working-age adults in households at or below 200 percent of the Federal poverty line.

The level of a person's food security was an even greater predictor of chronic illness than income.

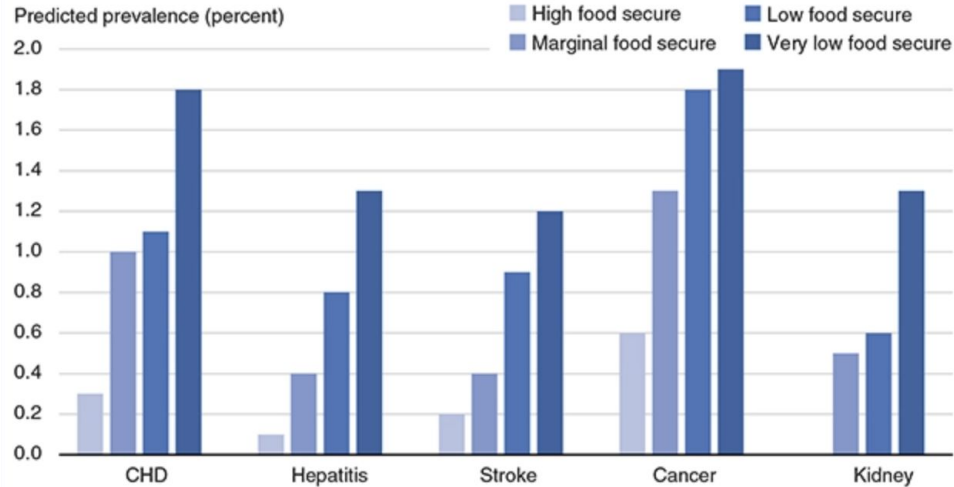
Income is significantly associated with only 3 of the 10 chronic diseases — hepatitis, arthritis, and COPD—while food insecurity is significantly associated with all 10.

Prevalence of diagnosed high blood pressure: 19.7% with high food security, 23.6% with marginal food security, 28% with low food security

Economic Research Service/USDA

By Disease State

Predicted prevalence of less common chronic diseases by food security status, adults in low-income households



CHD = coronary heart disease.

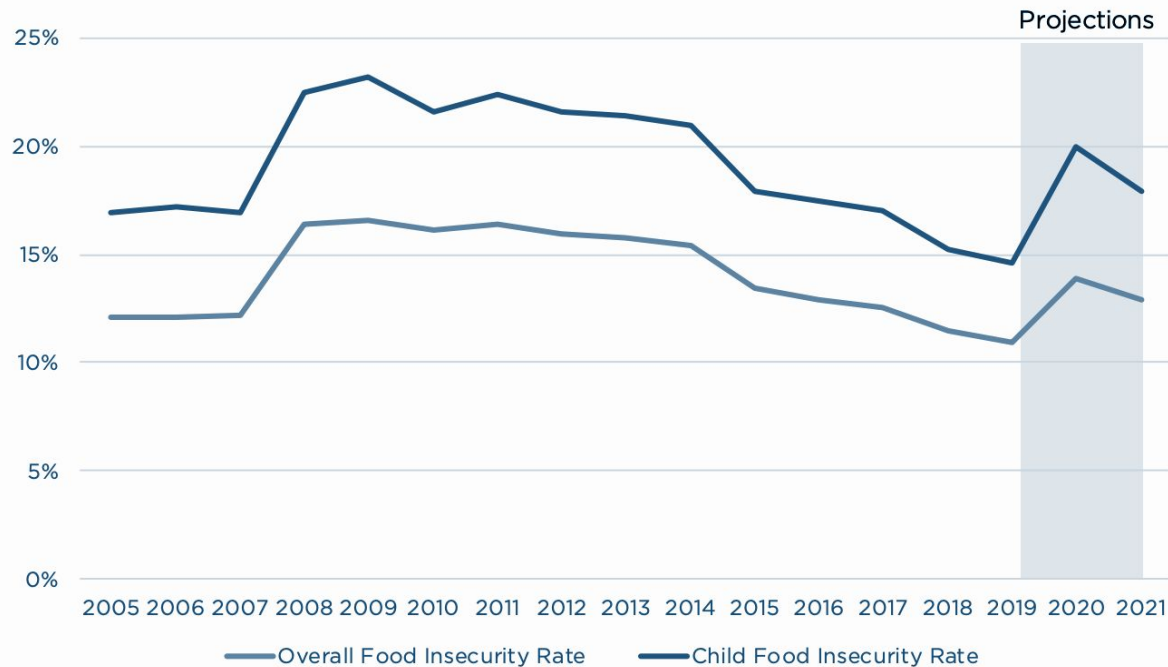
Source: USDA, Economic Research Service calculations using National Health Interview Survey data 2011-2015. Predicted prevalence estimates are adjusted for: survey year indicators, age, gender, employment, marital status, race/ethnicity, insurance status, highest education of any adult in household, number of children, family size, and household income-to-poverty ratio. Sample includes working-age adults in households at or below 200 percent of the Federal poverty line.

Economic Research Service/USDA

- Very low food security - 15% more likely to have any chronic illness than adults in households with high food security.
- Chronic conditions for adults with low food security - 18 % higher than for those in high food-secure households.
- Adults in households with marginal food security were 9 % less likely to report excellent health, compared to those in households with high food security.

Impact of COVID

Food Insecurity Trends & Projections

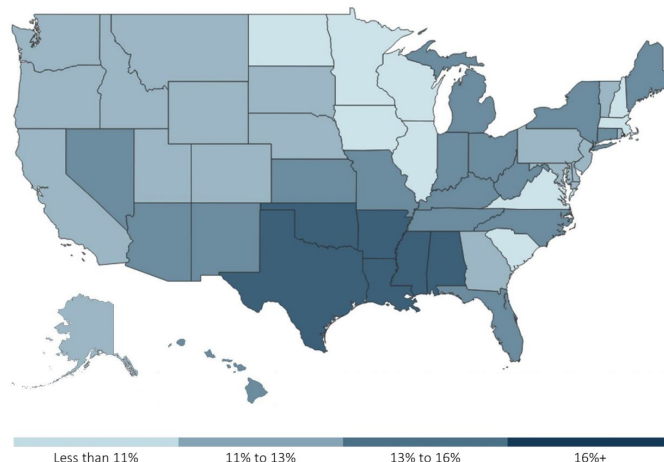


Impact of COVID

Areas with the highest projected food insecurity rates, numbers, and changes, 2021

Highest Projected:	State		County		Congressional District	
	Overall	Children	Overall	Children	Overall	Children
Rate (2021)	Mississippi (18.7%)	Louisiana (26.0%)	Presidio County, TX (29.2%)	Zavala County, TX (46.5%)	New York's 15th District (24.8%)	New York's 15th District (38.3%)
Total number of people (2021)	Texas (4.8 million)	Texas (1.7 million)	Los Angeles County, CA (1.5 million)	Los Angeles County, CA (465,060)	New York's 15th District (183,250)	New York's 15th District (77,520)
Percent increase (2019 rate vs. 2021 rate)	New Jersey (+36%)	New Jersey (+55%)	Williams County, ND (+113%)	Morris County, NJ (+139%)	New Jersey's 11th District (+66%)	New Jersey's 11th District (+169%)
Increase in number of people (2019 vs. 2021)	California (+760,070)	Texas (+295,550)	Los Angeles County, CA (+373,270)	Los Angeles County, CA (+143,360)	Nevada's 3rd District (+36,970)	Texas' 22nd District (+15,170)

Figure 1. Projected rates of food insecurity among the overall population in 2021 by state



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Access to Food Support Through Health Insurance

	Men	Women
Yes	50%	39%
No	20%	27%
Not Sure	21%	20%
Do Not Need	9%	15%

Among Medicaid members, Men are more likely than women to say that they do have access to the food support programs they need through their health insurance plan (50% vs. 39%)

	Home owner	Renter	Married	Not Married
Yes	53%	35%	57%	40%
No	19%	31%	20%	25%
Not Sure	17%	21%	13%	23%
Do Not Need	11%	13%	10%	12%

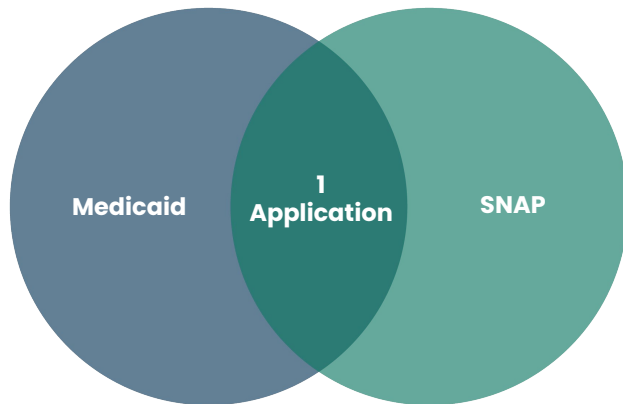
Medicaid members who are homeowners' vs renters (53% vs 35%) and those who are married vs not married (57% vs 40%) are more likely to say that the do have access to the food support programs they need through their health insurance plan.

What States and Plans Are Doing

Strategies to support food security and Medicaid:

1. Classify certain social services as covered benefits under the state's Medicaid plan;
2. Explore the additional flexibility afforded states through Section 1115 and HCBS 1915(c) waivers
3. Use value-based payments to support provider investment in social interventions;
4. Use incentives and withholds to encourage plan investment in social interventions;
5. Integrate efforts to address social issues into quality improvement activities; and
6. Reward plans through higher rates for effective investments in social interventions.
7. "Food Purchasing Incentives" that encourage beneficiaries to purchase medically appropriate foods.

Tying Medicaid and Food Benefits



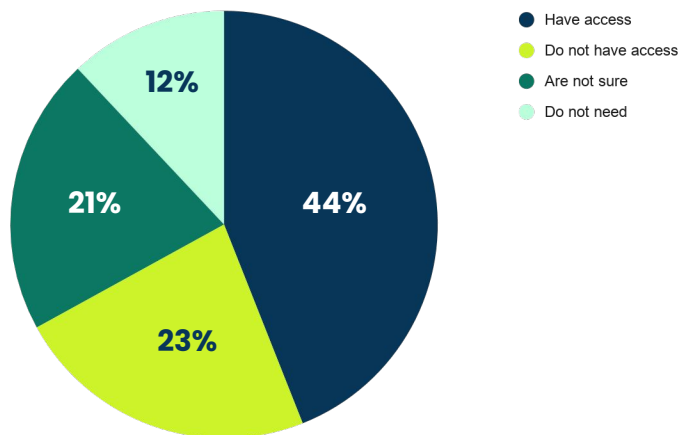
States can use eligibility findings from Medicaid to support nutrition assistance program eligibility determinations and vice versa

- 26 states allow individuals to apply for Medicaid and SNAP through a single online application
- 24 states make eligibility determinations for Medicaid and SNAP through a single shared system

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Examples of Health Plan Food Benefits

Health Partners Plan (HPP) – delivered “food as medicine” to chronically ill Medicaid and Medicare members who struggle with food-related social needs. Participants of the program receive home-delivered meals tailored to their health conditions and dietary counseling.

Humana:

Well Dine Meal Program

- Fully prepared nutritious meals to eligible Medicare-covered patients
 - Those recovering from an inpatient stay in a hospital or nursing facility
 - People enrolled in a qualified chronic-condition special needs plan.
- Patients also receive a guide to nutrition and eating well.

Debit Cards

- Preloaded debit cards to buy healthy food each month.

UHC – Dual health plan “healthy food” benefit with \$60/month to assist with groceries

Alignment Healthcare – launched a crisis meal delivery program for two weeks of meals to those who cannot otherwise access.

BCBS SC – five free meals weekly to eligible homebound elderly

Cigna – post-discharge meal benefit for MA members.

Magnolia Health – offering 14 home-delivered meals at no cost to Medicare Advantage members.

State Food Benefits

- **Virginia** - at least one plan covers home-delivered meals for patients and family members for a limited time after discharge from a hospital.
- **Michigan** - Medicaid managed care contractors to coordinate services and referrals for people who face challenges accessing food.
- **North Carolina** - healthy food boxes, fruit and vegetable prescriptions, healthy meals, and medically tailored meals will be reimbursed by Medicaid according to a standardized fee schedule for the state's Healthy Opportunities pilots, part of its Medicaid Section 1115 waiver
- **New York** - some Medicaid plans contract with a community-based organization to deliver medically tailored meals to people with life-threatening illness.
- **California** - Medically Tailored Meals Pilot Program launched in eight counties providing three meals a day for three months for people with congestive heart failure.
- **Massachusetts** - require the state Executive Office of Health and Human Services to establish a Food and Health Pilot Program that would provide food subsidies and medically tailored food and meals to Medicaid enrollees.
- **Iowa** - submitted section 1115, 1135, and 1915(c) waivers to allow the State to provide home-delivered meals for non-waiver members who are homebound, and waiver members where the waiver does not have meals as an allowable service.

Thank You