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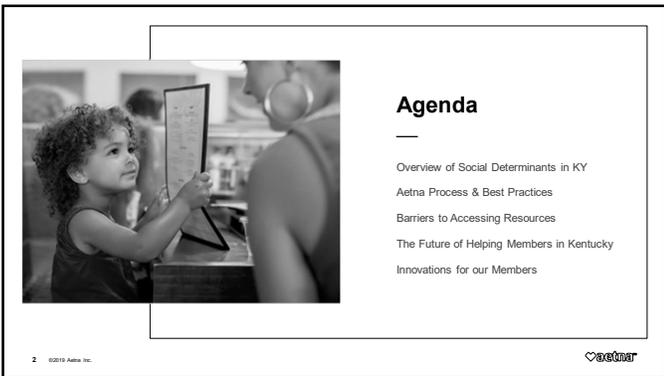
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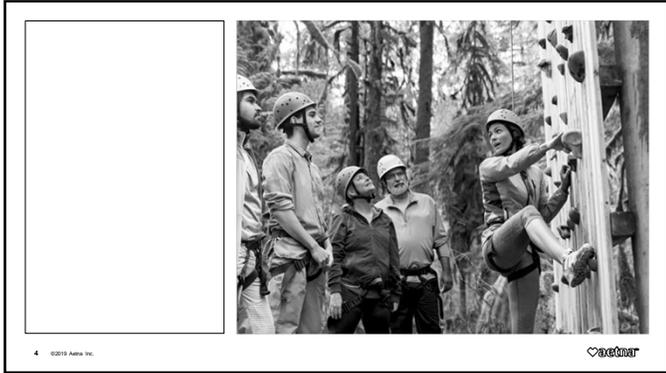
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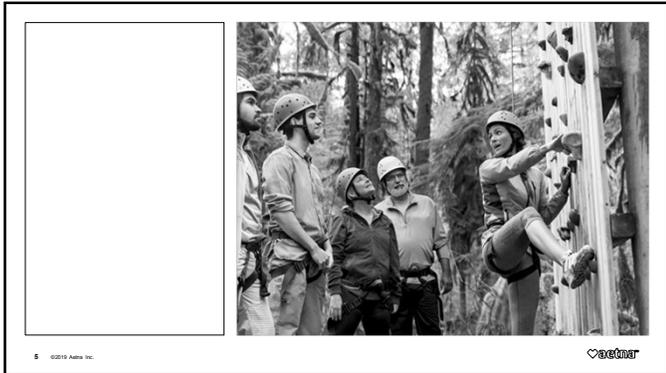
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### Regional Specific Health Outcomes<sup>3</sup>

Medicaid Region	Preventable Hospitalizations per 1000	Children in Poverty	Adult Smoking	Adult Obesity	Drug Overdose Mortality
1	68.65	25	21	34	15
2	56.85	23	22	36	17
3	58.18	18	21	34	28
4	73.01	30	24	35	24
5	54.46	23	22	35	39
6	58.00	17	20	35	58
7	65.05	31	24	37	38
8	97.40	41	26	39	34

Commonwealth of Kentucky  
Medicaid managed care regions

Area 1 (R) Area 2 (R) Area 3 (R) Area 4 (R) Area 5 (R) Area 6 (R) Area 7 (R) Area 8 (R)

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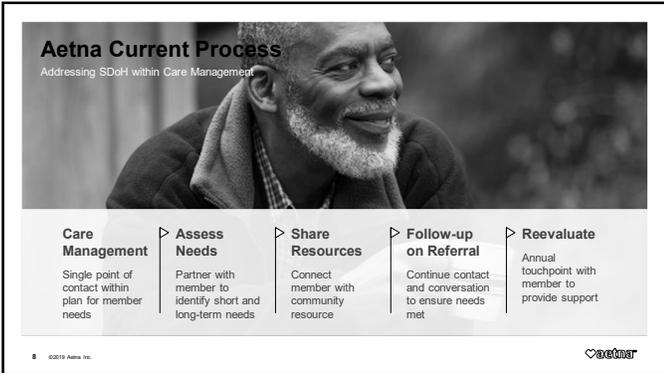
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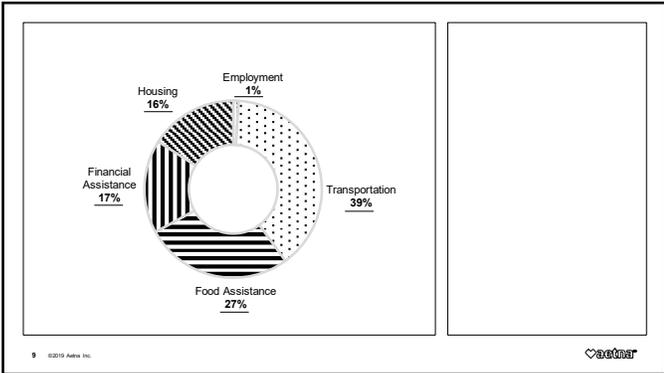
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**Best Practices to Solving Social Needs**



**Conversations**  
Our consistent dialogue with members allows us to provide support when and where it is most needed.



**Real-time Resources**  
It is imperative that our referral network is up to date. We value our CBO partnerships and ensure we keep in close communication with them.



**Regional Awareness**  
Kentucky is a diverse state and understanding the difference in region help us to match the best resources with our members.

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**Barriers to Addressing Social Needs**

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**Challenges to Closing the Loop**

Inability to reach a member

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Sharing of story with multiple entities

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Transportation to receive services

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Ongoing issue and limited resources

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**Lessons Learned through Current Process**

**Need a broader reach**  
 Current process skews more toward supporting those enrolled in case management

- Social needs cannot be identified through claims, so we rely on our conversations
- Touchpoints with non-CM engaged members need to be re-evaluated

**Outreach modalities**  
 Primary outreach methodology is telephonic

- Successful telephonic outreach attempts are low
- Engaging providers in conversation will broaden reach and capitalize on in-person interactions that are already occurring

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**Lessons Learned through Current Process**

**Changing the Conversation**  
 Our members do not think of their MCO as capable of supporting these types of needs.

- Community partnerships and presence within the community will raise awareness
- Current state initiatives parallel our work at the health plan (Resource Engine)

**Successful Evaluation**  
 If it isn't documented, it didn't happen!

- Tracking the success or failure of referrals will help us evaluate our approach
- Robust reporting will lead to better identification of gaps in the network of CBOs within the State
- Proving ROI and impact on claims is always a good thing
- Documentation needs to be standardized and categorized (service types, categories and sub-categories)
- Develop performance metrics include TAT

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**The Future of Addressing Social Needs in KY**



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### Destination Health

Kentucky is one of the first locations for full-stop SDoH platform.

- Aetna, is a CVS Health Company
- Destination Health is the platform under which Aetna will implement a universal system to provide wrap around services within the community to address unmet social needs.
- An electronic network of CBOs providing real-time access to services for the community; sending and receiving referrals for supportive and supplemental services
- Our members need the support
- We have strong partnerships within the state and school board buy-in
- Access to a universal platform for both CBOs and health plan will ensure timely follow-up, eliminate certain barriers and establish metrics to support evaluation of impact

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### Destination Health – Building the Network

#### Proof of Concept in Kentucky

Aetna utilizing Kentucky as first location for implementing universal system to provide wrap around services within the community to address unmet social needs.

- Mobilize CBOs
- Access to universal platform
- Evaluate impact of successful referrals

#### Building the Network Inside/ Out

Together with our existing long-standing partnership and a new social care coordination company we are furthering our commitment to provide wrap around services for our members and the community at large.

- Informational sessions with our CBOs
- Engage each CBO one-on-one, identify staff, register organization
- Expand existing network, identify gaps and provide solutions to address network deficiencies

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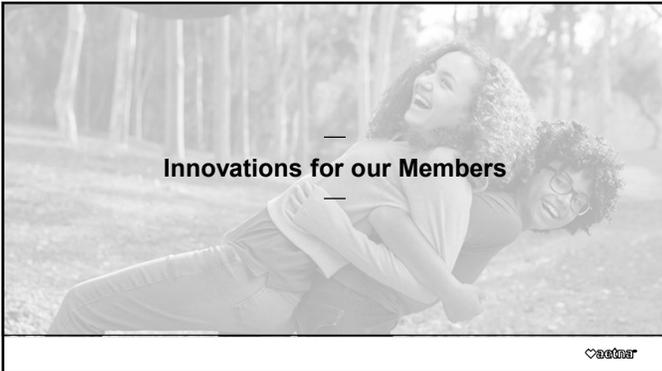
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### Innovations for Social Needs

**Challenge:** Our provider partner uncovered a lack of food, hygiene supplies and other basic necessities for our shared members in Region 4.

#### Solution

Aetna is partnering with independent pharmacies to address SDOH needs in Region 4.

- Providing emergency kits to Rx home delivery drivers
- Kits are being distributed to any community member in need regardless of insurance coverage
- Pharmacies include Rice, Edmonson, Alford, Hines, Stovall



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### Innovations for Social Needs

**Challenge:** Regions 1 and 2 have among the state's lowest ratios of food outlets per capita. (2.70 food outlets per 100,000 people versus a State Wide average of 3.65 per 100,000).<sup>1</sup>

#### Solution

Aetna is partnered with local food pantries to address food insecurity and access to healthy foods.

- Planting, growing and harvesting vegetables
- Vegetables were donated to local food pantries and used in slow cooking nutrition courses
- Garden donations, In-kind support and sponsorships provided to local food pantries across the state



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### Innovations for Social Needs

**Challenge:** The rate of recidivism in Kenton County is 70%.

#### Solution

Aetna embedded a social worker within the Kenton County jail to support members with next steps after release from jail or prison. START STRONG is designed to reduce recidivism, improve health and quality of life, while strengthening the workforce, and putting an end to the opiate crisis in Kenton County, Northern Kentucky and throughout the Commonwealth of Kentucky.

We help with the following:

- State-issued ID, Social Security card or birth certificate
- Job search
- Housing
- Sober living solutions or treatment options
- Rides



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### Community Health Workers

**Field based** support who are the experts in what their community needs

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**Credentialed** through the state as CHW under new credentialing requirement (10/1)

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**Regionally based** to be accessible to members in-person

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**Finger on the pulse** in reporting back to health plan for gaps in network



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### Bonus Benefits

#### Meal Delivery Service

Delivery of nutritious, medically-appropriate meals and nutrition counseling to members who are post inpatient discharge.

- Allows members to focus on their healing during critical transition time
- Reduces financial burden and removes transportation barriers
- Improves likelihood of adherence to dietary recommendations

#### Remote Patient Monitoring

Virtual support for members who are managing a chronic condition via self monitoring technology and intensive health coaching.

- Improves access to care and removes transportation barrier
- Promotes self-sufficiency
- Coordinated approach with member PCP

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### Bonus Benefits

#### Opioid Lockbox

"Lock it Up" Lockbox Program is a part of Aetna's national campaign to fight the opioid crisis.

- Intervention to support safety by providing guardians with a lockbox to secure medications
- Reduce the number of accidental opioid exposures

#### CVS Weight Management Program

Nutrition & Weight Loss counseling. Members are evaluated and offered the opportunity to join the DASH for Health online program where personalized goals and plan are established.

- Individualized plan delivers up to a total of 16 visits over the course of 26 weeks. Every week for the first 4 visits; every other week for remaining visits.

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**Bonus Benefits**

**Back to School Assistance Program**

Outreach team works with school based Family Resource Coordinators (FRYSC) to offer backpacks filled with school supplies.

- Additionally, school supplies, food and other resources are provided ongoing throughout the year to FRYSC. Items provided to expand resources to meet the needs of students statewide.

**Second Chance Support Services**

Job & Resource fair held in our partner agency facilities.

- Resources include: 2<sup>nd</sup> chance employers, health screenings, mock interviews, resume-building and expungement assistance.



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