

Domain 1 Findings – Knowledge of SCD and Focus on SCD

- **A majority of respondents were “very familiar/familiar/somewhat familiar” with how SCD is covered by Medicaid in their state, but indicated their state did not have any specialized programs or policies specifically designed to improve access to care and treatment for individuals with SCD.**

- **A minority of respondents highlighted some existing tailored approaches specifically designed to improve access to care and treatment for individuals with SCD, including states in which:**
 - Medicaid is required to conduct an annual review of treatments for individuals with SCD.
 - The Medicaid program puts out an annual SCD report.
 - The state has a focus for kids with SCD, including a transition program for young adults.
 - Medicaid has quality requirements for MCOs, including a disease management program for SCD.
 - The state’s MCOs have contracts and collaborate with specialized SCD providers and includes a focus on care coordination.

- **Respondents identified key policies and strategies that current Medicaid directors can use to improve access to care and treatment for individuals with SCD.** These strategies are identified below.
 - **Addressing Utilization Management.** A majority of respondents noted that states can design coverage policies for treatments to minimize barriers to care caused by imprecise utilization management, such as inappropriate prior authorization requirements. It was additionally noted that it would be useful to consider exemptions to drug lock-in programs.
 - **Harnessing Medicaid Health Homes.** Multiple respondents highlighted that Medicaid Health Homes (created under Section 1945 of the *Social Security Act*) can be utilized to help ensure individuals with SCD get the services they need.
 - **Optimizing Managed Care Organization (MCO) Strategies.** Respondents noted opportunities for leveraging MCOs to improve access to care and treatment, such as: including requirements in MCO contracts related to care management and uniform requirements regarding the placement of treatments for SCD on preferred drug lists; requiring MCOs to report certain measures; adding MCO risk mitigation strategies for costly SCD therapies to remove disincentives/adverse selection concerns; giving extra points in managed care procurements for specialized SCD programs, especially in regions with higher concentrations of beneficiaries with SCD; and monitoring MCO network adequacy requirements to ensure timely access to needed specialty care.

- **Leveraging Available Data.** Respondents noted that states could integrate current, local, and reliable data to help build a holistic picture of the availability of care and gaps in care. States could publish information on the number of individuals with SCD served by Medicaid, which health plans they are enrolled in, which areas they live in, and what types of services they need.
- **Building State and Local Partnerships.** Respondents identified opportunities to partner with state and local entities. This includes opportunities like partnering with health care organizations (such as community health centers and hospitals) who are at the forefront of SCD care in the state. Another opportunity is empowering Medicaid directors with education on SCD and connecting directors with local community-based SCD organizations.
- **Utilizing Care Management Strategies.** Respondents highlighted opportunities states could take, such as implementing disease management programs, including targeted case management and medication management programs. States could also expand telemedicine policies to open access to specialty care consultation from home. Further, states can consider implementing the [interprofessional consultation program](#) now allowed by the Center for Medicaid and CHIP Services within the U.S. Department of Health and Human Services.

