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Center for Health Care Strategies

Using Housing Data to Address Medi-Cal Member Needs: A Guide for Managed Care Plans

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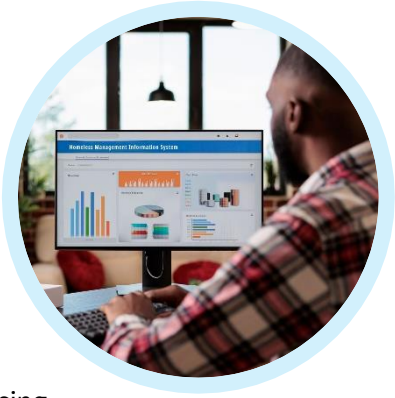
KEY TAKEAWAYS

- In California, Medi-Cal (Medicaid) managed care plans (MCPs) can use different data sources to better understand the housing status of their members.
- Understanding the housing status of Medi-Cal members can support MCPs' population health management strategies and connect members to appropriate supports to meet their health and housing needs.
- This tool outlines how MCPs can use various data sources to better understand the housing status of their members and adjust their interventions, networks, and activities accordingly.

Homelessness is a risk factor for both poor health and early death. If a person becomes homeless, their existing health conditions are more likely to worsen, and they are less likely to seek necessary health care compared to those who are not experiencing homelessness. This can lead to acute and more frequent use of health services, including through emergency department visits and inpatient hospitalization.

In California, CalAIM — the state's Medi-Cal reform effort — presents new opportunities for managed care plans (MCPs) to better address the health and housing needs of their members. Some of these opportunities include Enhanced Care Management (ECM), which provides comprehensive care management to help coordinate health and social care for members with complex needs, as well as housing Community Supports designed to help members secure and maintain housing.



To take advantage of these opportunities, MCPs need to establish a housing data strategy that supports efforts to understand members' housing status and assist members experiencing or at risk of homelessness. However, there is no standardized way for MCPs to use data to determine member housing status. Moreover, common measure sets that plans report on, such as the Healthcare Effectiveness Data and Information Set (HEDIS), do not typically measure housing status or outcomes. Therefore, each health plan must build its own approach to incorporate housing status into population-, program-, and member-level analyses to support member health. Of note, many MCPs began or accelerated work related to understanding member housing status through California's Housing and Homelessness Incentive Program that ran from 2021 to 2024.

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This tool offers guidance for MCPs looking to better understand the housing status of their members through data and how to use these data to meet the housing and health needs of members experiencing housing instability. While developed for the California context, this resource can inform other states seeking to improve services for individuals experiencing homelessness and housing insecurity. The tool is a product of ***Partnerships for Action: California Health Care & Homelessness Learning Collaborative***, led by the Center for Health Care Strategies with support from the California Health Care Foundation.

Maximizing the Use of this Tool

MCP staff looking to better understand the housing status of members can use the following principles to guide the creation of an effective housing data strategy.

- **Member-oriented**: Center your housing data strategy around members' experience and needs. Collect data that will help meet these needs.
- **Multidisciplinary**: Involve staff from different teams and departments, including those with different experience and expertise. Consider including people working in quality improvement, social services, population health management, care management, IT, and data informatics, among others.
- **Holistic**: Think of your housing data strategy as a whole, even if you work on one piece of the strategy at a time.
- **Iterative**: Update your approach over time as needs change and capacity evolves.
- **Integrated**: Incorporate housing and homelessness data work into your existing data analytics and population health management approaches where possible.

How to Identify Housing Status and Address Related Needs

MCPs can pursue key strategies to better understand the housing status of their members and apply this information to support members' health and housing needs. At the same time, MCP staff who focus on issues of housing and homelessness may find it challenging to secure time and resources to implement their housing data strategy, given competing priorities. This tool outlines the following practical steps to help MCPs get started with or improve upon their housing data strategy:

Step 1: Identify Data to Determine Member Housing Status

Step 2: Assess Member Risk Based on Homelessness and Housing Insecurity

Step 3: Take Action to Address Member Needs

Step 4: Evaluate Processes and Outcomes

STEP 1: Identify Data to Determine Member Housing Status

MCPs can use various data sources to identify the housing status of members, including people experiencing or at risk of homelessness. Regardless of the sources used, it is important to remember that housing status is fluid and can evolve over time. This means that MCPs should carefully consider the frequency at which they evaluate and update housing status.

Combining diverse data allows MCPs to proactively identify members at risk of experiencing homelessness and individuals they did not know were unhoused. Bringing together various data sources can also help Californians with housing challenges by coordinating work not only within MCPs, but also across plans, state agencies, and community organizations. This is important as most people experiencing homelessness have not received formal assistance in finding housing. The California Statewide Study of People Experiencing Homelessness found that fewer than 46 percent of survey respondents reported receiving formal assistance in finding housing during an episode of homelessness, either from a case manager, housing navigator, or someone else from an agency or community organization. In addition, of those respondents who received housing support, nearly half had not received assistance more than once or twice in the previous six months, if at all.

Key Definitions

In this tool, the definitions of a person who is "homeless" and a person "at risk of homelessness" align with those used by California's Department of Health Care Services (DHCS). DHCS generally uses the same definitions as the U.S. Department of Housing and Urban Development with the following modifications:

- A person exiting an institution or state prison, county jail, or youth correctional facility is considered homeless if they were homeless immediately prior to entering that institution or facility, regardless of the length of stay; and
- The timeline for an individual or a family who will imminently lose housing is 30 days for people considered homeless and those at risk of homelessness.

Identifying Data Sources

MCPs should initially select one or two data sources to better understand the housing status of their members and then add more data sources over time. In general, MCPs should carefully consider the volume of available data, how much work it will be to access and maintain the data, and how reliable the data are as they plan how to incorporate it into their overall homeless data strategy. Potential data sources that MCPs can use include, but are not limited to:

- Homeless Management Information System (HMIS);
- Diagnosis codes;
- Place of Service (POS) codes;
- Condition codes;
- Address;
- ECM;
- Community Supports; and
- Plan/provider screening or assessment tools.

MCP staff responsible for homelessness and housing efforts will need to collaborate closely with technical counterparts to develop and implement an identification process that is both useful and sustainable. A **companion matrix to this tool** provides details on the data sources listed above. The matrix includes a description of the data source, how to access the data, and code sets, when available.

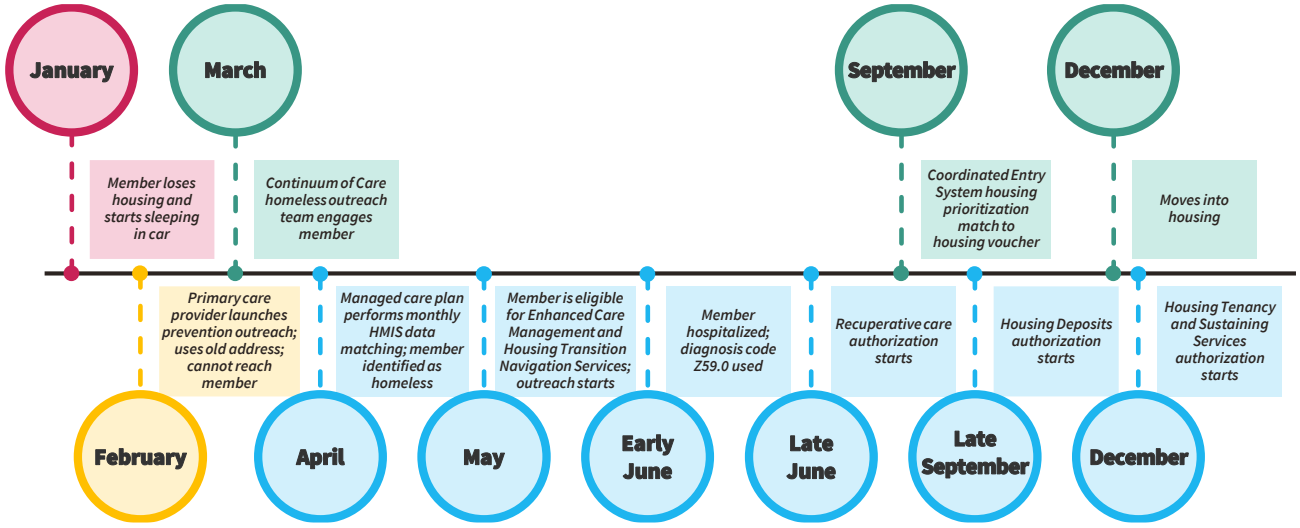
Integrating Data Sources

When planning how to integrate new data sources to better identify members experiencing, or at risk of homelessness, MCPs should consider the following:

- **Organize the data to allow for flexibility and change**. Housing status is fluid and will change over time. Members may lose their housing and move into new housing, or they may develop and then resolve threats to housing stability. There may be a delay between a member's interactions with a service provider and an MCP receiving housing-related data, or conflicting housing status data within or across data sources.

  MCPs may wish to prioritize data sources that are updated more frequently or considered more reliable, such as data based on direct member interactions by individuals observing or asking about housing status. See **Exhibit 1** for a simplified example of how data might reach an MCP over time as a member's housing status changes.

Exhibit 1. Example Member Housing Journey



- **Frequency and timing to monitor and update member housing status**. MCPs should consider the cadence and timing of collecting and operationalizing housing status data, how this relates to the desired interventions, and their capacity to collect, analyze, and operationalize data. When establishing a homeless data strategy, it is important to consider how frequently a plan will update lists of members experiencing or at risk of homelessness for various interventions. For example: *How frequently can in-network providers reasonably add new members to a list for care coordination or program outreach? Can the MCP align with existing Community Supports or ECM file cadences (often biweekly or monthly)?* Many MCPs begin with annual retrospective population evaluations, followed by quarterly, and then monthly or biweekly lists for various program interventions.

- **Coding housing status**. Consider, for example, whether it would be more helpful for a particular intervention to look at members who are currently homeless or at members who have ever been homeless. Some data sources outlined earlier in this section are point-in-time snapshots (e.g., diagnosis and POS codes), while others cover a longer period (e.g., Housing Transition and Navigation Service (HTNS) enrollment). Some ways of coding might include: (1) currently versus formerly

homeless; (2) stably housed versus unstably housed; and (3) whether a person meets the DHCS definition of homeless or at risk of homelessness versus other housing problems that do not meet those definitions. When coding, MCPs may want to establish clear business rules for how to address conflicting housing status data (e.g., data source "X" is primary, or most recent data are primary).

- **Potential outputs**. Most MCPs begin identifying member housing status by creating new lists or reports for internal use. For example, lists of all recently homeless members for population analysis, lists of unhoused members with high service use who have been identified for ECM and/or care management program outreach, or members who recently moved into supportive housing and qualify for the Housing Tenancy and Sustaining Services Community Support (HTSS). MCPs may also use these housing status data to enhance the quality of other reports (e.g., the ECM Member Information File or Community Supports Authorization Status File). With additional time, sophistication, and resources, MCPs may consider adding housing status indicators to internal clinical care systems or external provider portals so that all partners who encounter the member have recent information on a person's housing status and needs, without needing to check a separate list.
- **Understanding expected magnitude**. It can be hard to know if the MCP's process for identifying members experiencing or at risk of homelessness is pulling in the right number of members. MCPs may wish to look at multiple external references for comparison, including as Point-in-Time (PIT) counts for the local Continuum of Care (CoC). However, MCPs should know that the PIT counts are just that, a representation of how many individuals were identified as homeless during a single recent point-in-time; the annual count would be much higher, since people exit and enter homelessness every day. MCPs might estimate how many local people experiencing homelessness would be their members based on their local Medi-Cal market share and the California Statewide Study of People Experiencing Homelessness, which estimates that 71 percent of people experiencing homelessness had Medi-Cal coverage and an additional four percent had both Medi-Cal and Medicare coverage.

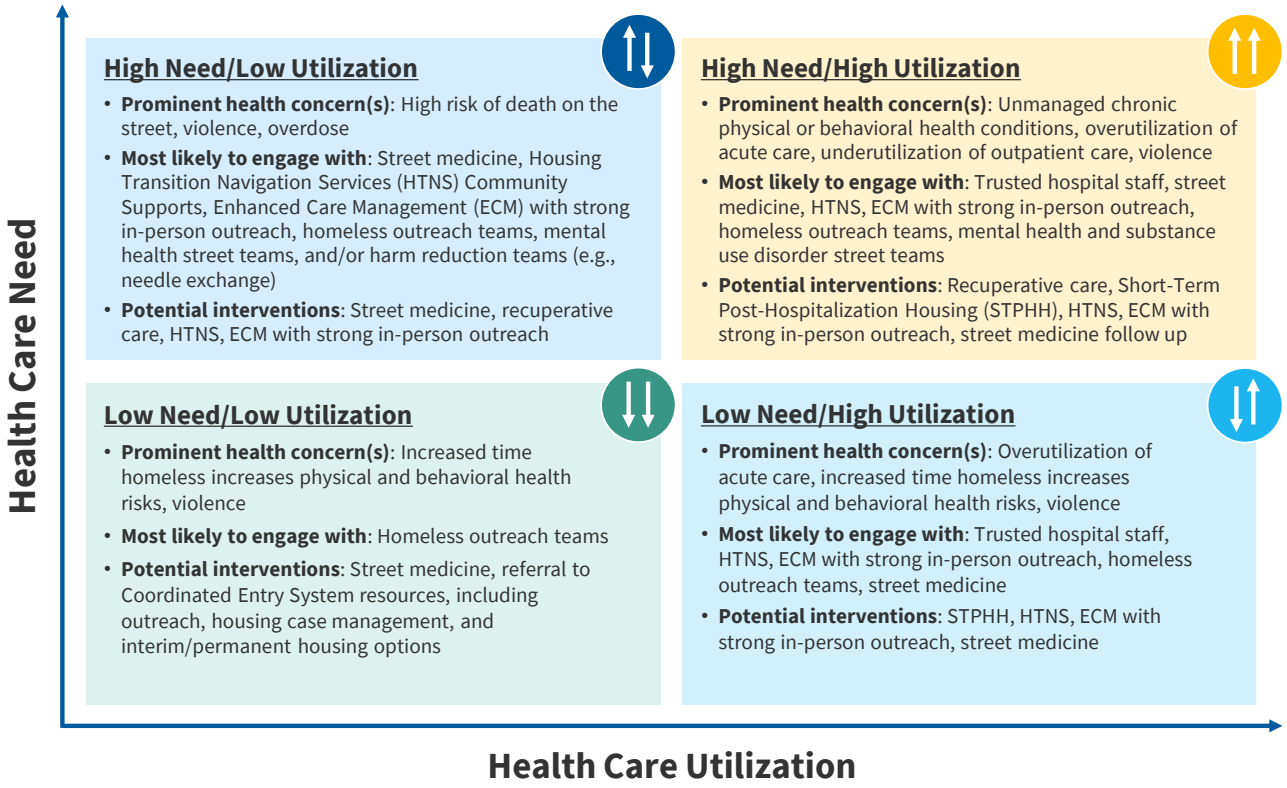
MCP Spotlight: CalOptima Health

CalOptima Health developed an internal indicator to identify potentially homeless members as well as track changes in housing status as part of the HHIP program. Their algorithm incorporates data from matching with their local HMIS, diagnosis and condition codes from claims and encounters, address information, ECM outreach data, authorizations for housing Community Supports, self-reported housing status from various member assessments, and admissions information from inpatient and emergency department visits. Member housing status is updated monthly and is available for use in assessments, interventions, and analyses via the internal data warehouse.

STEP 2: Assess Member Risk Based on Homelessness and Housing Insecurity

Once an MCP has begun collecting data on members' housing status, the plan can incorporate these data into risk stratification tools to inform member assessments. For example, MCPs in California are required to participate in the CalAIM Population Health Management initiative to help ensure that all Medicaid members can access the services they need and prefer, as well as promote improved health outcomes. As part of the Population Health Management initiative, MCPs must gather data to understand members' health and social needs and then use these data to inform risk stratification and segmentation. Housing reports should be used to inform risk stratification and segmentation, but DHCS provides MCPs flexibility to select the data sources they use based on what data are available and most relevant. In general, members experiencing or at risk of homelessness have higher health risks compared with those whose housing is stable, which may stratify these members into a high-risk tier. MCPs may also stratify members who are experiencing or at risk of homelessness by health acuity and utilization due to varying needs within the population; see **Exhibit 2** for an example.

Exhibit 2. Example of Risk Stratification and Segmentation by Housing Status



Beyond risk stratification, MCPs can use data about housing status to inform member assessments. For initial assessments of high-risk members, MCPs may want to inform staff or providers conducting health risk assessments of a member's housing status so they can address housing in their conversation. Example housing status assessment questions are available online from sources such as the U.S. Interagency Council on Homelessness. NCQA also provides a list of housing screening instruments that are eligible for the Social Needs Screening and Intervention HEDIS measure.

MCP Spotlight: L.A. Care

L.A. Care incorporates member housing status into its assessment approach in several ways. The plan found that few providers were systematically screening members for social needs, including housing status, so they added a social determinants of health coding incentive as part of their value-based payment program. Based on this and other data sources including address, diagnosis codes, and HMIS data matching, members experiencing homelessness are included as a subpopulation in the plan's population health assessment, which looks at demographic, geographic, and other indicators within and across homeless and housed members. L.A. Care is also updating its risk stratification algorithms to include information on social determinants of health, including housing status.

STEP 3: Take Action to Address Member Needs

Understanding member housing status and needs can help MCPs improve services and member experience, as well as support the development and quality of their provider network. It is important, however, for MCPs to be mindful of member privacy as some people may not want their housing status shared with some of their care team due to fear of stigma.

Following are key areas for MCPs to consider as they develop or enhance services, member experience, and quality for members experiencing homelessness or housing insecurity.

Outreach and Service Provision

- **Housing Community Supports Data Use and Outreach Support**: Several Community Supports specifically help members who are experiencing or at risk of homelessness to address housing needs, including HTNS, housing deposits, HTSS, and transitional rent starting as soon as July 2025. Recuperative care and short-term post-hospitalization housing also offer interim housing settings for these members following transitions of care. MCPs can proactively identify members by using housing status data to meet the "experiencing or at risk of homelessness" eligibility criterion, combined with other data to identify clinical risk factors, transitions, or other criteria by service (see the **companion matrix to this tool**).

  For example, MCPs could create inpatient admissions alerts for members experiencing homelessness to begin early planning for recuperative care placement or use housing and clinical data to create a preauthorized list of members approved to receive HTNS. MCPs can also use housing status data to facilitate outreach to members by sharing information on HMIS numbers, homeless services providers, health providers, recent locations, or other details with Community Supports providers. CMS' health-

related social needs guidance issued in December 2024 means that MCPs will also need to track episodic interventions with clinical services with room and board (Recuperative Care and Short-Term Post-Hospitalization Housing Community Supports), and room and board only support (Transitional Rent) to ensure that members receive only six months of MCP-provided room-and-board interventions in any rolling 12-month period; specific guidance on tracking requirements is forthcoming.

- **ECM Data Use and Outreach Support**: Similar to Community Supports, MCPs can use housing status and other data to identify ECM Population of Focus 1 eligible members and share housing status and homeless service provider information with ECM providers to facilitate outreach (see the **companion matrix to this tool** for more on ECM criteria).
- **Improving Care Coordination and Health Services Outreach**: MCPs can share data on housing status, such as HMIS numbers, homeless services providers, health providers, recent locations, or other details with primary care providers (PCPs), street medicine providers, medical groups, and behavioral health providers, among other providers. For example, PCPs often have difficulty engaging members experiencing homelessness due to auto assignment, changes in address, and telephone availability. MCPs could provide information that can help improve outreach to homeless members and connect them with needed care and services.
- **Coordination with County Behavioral Health Services and Programs**: MCPs can share data on housing status for members with behavioral health needs as part of their existing DHCS-required data sharing with county behavioral health departments. Once shared members/clients are identified, MCPs and county behavioral health can coordinate Community Supports from the MCP, including transitional rent, with Behavioral Health Services Act housing interventions available through county behavioral health so that eligible members have a seamless housing experience. MCPs may also be able to identify members experiencing homelessness who have behavioral health needs but are not yet connected to county-funded services, and refer them to county behavioral health for both clinical services and Behavioral Health Services Act housing interventions.
- **Coordination with Continuums of Care**: MCPs who match data with CoCs may be able to share some of their data to improve access to CoC-administered homeless and housing services for members, or to improve coordination between CoC and MCP provider networks. For example, MCPs could share data to help CoCs more effectively prioritize high acuity individuals for limited housing opportunities. Even if the MCP determines that individual member diagnoses are not shareable without explicit consent, MCPs can create indicators for larger categories, such as high acute-care utilizers or members with any serious health condition. MCPs can also share information on members who are eligible for or enrolled in ECM or Community Supports, so that CoCs can share with their providers to facilitate increased referrals and care coordination. MCPs can also consider sharing redetermination dates so that CoC providers can assist members in maintaining Medi-Cal coverage or share state-provided demographic information to help improve HMIS data quality.

Member Experience

- **Alternate Communication Methods**: Many MCP communications still occur by postal mail, which is especially challenging to maintain for members experiencing or at risk of homelessness. MCPs can offer members experiencing homelessness or housing instability additional options for communication, such as through member portals, phone, or text message outreach to complement regulatorily required letters.
- **Phone and Address Changes**: Some data sources, such as HMIS data matching and ECM and Community Supports referral forms, may offer updated telephone or address information. MCPs can update their member contact records based on these data and potentially establish partnerships with county social services departments to update official Medi-Cal records.
- **Align Internal Member Records**: Multiple departments within an MCP reach out to members, such as member services, care management, and utilization management. This can mean that members are asked about their housing status multiple times, potentially causing frustration and assessment fatigue. Making housing status data available across teams (e.g., through a flag or indicator in the core and/or clinical systems) can improve the member experience.

Provider Network

- **Provider Matching**: MCPs can use information on member housing status to connect members to providers with expertise serving people experiencing homelessness, such as street medicine providers and the Health Resources and Services Administration-funded Health Care for the Homeless programs. Ideally, this matching could occur during initial PCP assignment for members who have not chosen a PCP, among other events.
- **Network Development**: MCPs can use housing status data to map the location, capabilities, and types of providers that can effectively serve members experiencing or at risk of homelessness. Plans can seek out providers who prioritize and choose to work with challenging populations, practices with clinical and operational expertise working with people experiencing homelessness, and street medicine or mobile access programs, and Health Care for the Homeless programs.
- **Street Medicine**: MCPs can contract with street medicine providers to expand access for members experiencing homelessness. Per DHCS' All Plan Letter 24-001, street medicine providers may be contracted as PCPs, direct access providers, ECM or Community Supports providers, and/or via other arrangements that meet local member and plan needs.

Quality and Performance

- **HEDIS Social Needs Screening (SNS-E) Measure**: MCPs may use data from various sources to meet the housing screening and housing intervention sections of the SNS-E measure. For housing screenings, only NCQA-approved screening instruments count for that numerator. For housing interventions, an intervention on, or up to 30 days after, the date of the first positive screening may count, including MCP services such as ECM and Community Supports, but also community interventions such as those found in HMIS data.

- **Quality Improvement and Member Incentives**: MCPs can offer quality improvement or incentive programs focused on members experiencing homelessness or housing instability. For example, MCPs might offer technical assistance to providers on improving care quality for homeless patients or offer gift cards to homeless members who complete preventive care visits.
- **Coding**: DHCS' All Plan Letter 21-009 identifies 25 priority diagnosis codes related to health-related social needs that MCPs and their providers should use to document member needs, including housing-focused Z-codes in the Z.59 series. MCPs can encourage and support documentation of housing status by providing detailed coding guidance or training to providers, comparing diagnosis data with other housing status sources to identify providers who may need extra coding support, as well as by providing financial support for IT system upgrades that support tracking these data.
- **Value-Based Payment**: MCPs can use housing status data to enhance payment for providers who care for a disproportionate share of members experiencing or at risk of homelessness. For example, MCPs might use housing status as a risk adjustment factor for capitated payments or might include homeless health measures in pay-for-performance programs.

MCP Spotlight: Anthem Blue Cross

Anthem Blue Cross is implementing a value-based payment program for Community Supports providers in its network that includes two measures related to housing. One measure rewards providers who adopt Anthem's guidance on how to effectively participate in HMIS and Coordinated Entry Systems. The other measure looks at the rate of successful housing placements for individuals receiving HTNS at the Community Supports provider agency. While the value-based payment will start with HTNS, as a part of this roll out Anthem will begin collecting and monitoring housing placement data across all housing Community Supports services. Anthem will be collecting housing outcome data directly from Community Support providers and aligning successful housing placements definitions with U.S. Department of Housing and Urban Development criteria. Anthem envisions using HMIS for data collection and reporting in the future across its 16 counties in California as more Community Support housing providers begin using HMIS to document services.

STEP 4: Evaluate Processes and Outcomes

MCPs can use member housing status data to better understand their members, improve program offerings, and evaluate the impact of their interventions. What we measure matters, and it is important for MCPs to analyze their processes and understand the outcomes of their investments.

MCPs can consider the following domains when designing an approach to evaluating processes and impact related to serving members experiencing homelessness or housing instability:

- **Population Analysis**: MCPs can use data to identify members who are experiencing or at risk of homelessness and then build a population health and utilization profile to better understand their needs and outcomes. Compared with members with stable housing, these members will often have different demographic profiles. For example, Black, American Indian or Alaska Native, and Native Hawaiian and

Pacific Islander individuals and families are more likely to experience homelessness than non-Hispanic white individuals and families. Homeless members also often use different high-volume PCPs and hospitals, or have different prominent health concerns, such as higher rates of hepatitis C.

To build this member profile, MCPs should look at population health assessment metrics with only members experiencing or at risk of homelessness in the denominator. Common descriptive metrics to look at include demographics (age, gender identity, sexual orientation, race, ethnicity, language), geography, provider relationships (PCPs, hospitals, other high-volume providers), health conditions, pregnancy status, service utilization, and mortality. MCPs may also compare homeless members against their non-homeless populations or look at their local CoC's most recent homeless count to understand how the plan's homeless member population compares with all people experiencing homelessness in their region. This analysis can both inform program development and interventions for members experiencing and at risk of homelessness and help MCPs meet their NCQA and Population Health Management initiative and health equity requirements. For example, MCPs can assess their housing related program offerings against their homeless member profiles to ensure that they have providers and services that meet member health and social needs.

A Word of Caution about Correlation

When planning an evaluation approach, MCPs should think critically about how to use housing status data to understand both descriptive and causal relationships. Many health conditions and outcomes are correlated with homelessness, but causality is complex. Health challenges can be a predictor of homelessness; however, the experience of homelessness often worsens many health conditions. MCP staff should be cautious about assuming causation. As the well-known statistics class example goes: Ice cream consumption rises when murder rates rise, but one does not cause the other; instead, both are associated with warmer weather!

Questions to Explore:

- *How large is my homeless and at-risk member population?*
- *What are their demographics, provider relationships, health needs, and utilization patterns?*
- *How is this population similar to and different from my members with stable housing?*
- *How is this population similar to and different from other people experiencing homelessness in my region?*

- **Program Analysis**: MCPs can use data to understand how well their homeless-focused interventions and programs are serving their members experiencing or at risk of homelessness. For homeless-focused interventions, such as housing Community Supports, MCPs might want to compare the demographics of members who participate with those who do not to determine if there are any inequities (e.g., English-speaking members are over-represented in a recuperative care program, suggesting a potential need to expand linguistic supports). For broader MCP programs, such as complex care management, analyzing participation rates among members experiencing or at risk of homelessness could help MCPs identify potential service gaps, such as challenges related to postal mail outreach. MCPs can also look at how members without stable housing access Medi-Cal carveout programs such as specialty mental health or Drug-Medi-Cal services.

Questions to Explore:

- *Are my provider network and program aligned with the needs of my members experiencing or at risk of homelessness? Are there service gaps that could be addressed?*
- *Which members experiencing or at risk of homelessness are enrolled in our programs? Which members are we missing? Are there potentially systemic gaps or disparities?*

- **Impact Analysis**: MCPs can use data on member housing status to better understand plan and provider impact on housing and health outcomes. For housing Community Supports, MCPs can look at housing placements and retention as a key outcome measure for service quality. For example, a plan can look at the percentage of members in HTNS who are placed into permanent housing within one to two years, or the percentage of members in HTSS who retained permanent housing a year after move-in. Stratifying by member demographics (e.g. age, gender, race, ethnicity) can help MCPs identify and address potential disparities in care and service delivery. Stratifying by provider can help MCPs understand performance and identify providers using replicable best practices; however, sample sizes may be too small to draw firm conclusions.

  MCPs can also consider weighting provider performance scores by the number of members served who experience or are at risk of homelessness to better understand which providers are offering the highest quality care. Often, health providers who serve a disproportionately high volume of people experiencing homelessness are concerned that MCPs will misinterpret their HEDIS and other quality results as representing lower quality of care, when in fact the underlying issue is a more challenging patient population. Centers for Medicare & Medicaid recently adjusted hospital payments to reflect higher costs for patients experiencing homelessness. MCPs might decide to do the same for PCP or other provider payments. Controlling for member housing status, among other social factors, can help to clarify provider impact among members with complex needs.

Questions to Explore:

- *Are my housing Community Supports programs helping members find and maintain housing? Are there demographic disparities in housing outcomes with services? Are certain ECM or Community Supports providers producing better housing outcomes?*
- *Of providers serving a high proportion of people experiencing homelessness, which offer the best quality of care? (Use caution and adjust for other differences between patient populations.)*
- *Does the percentage of homeless members need to be a factor in my performance measurement and incentive strategy, or my provider payment approach?*

MCP Spotlight: Blue Shield Promise of California

Blue Shield Promise of California used HMIS data on its San Diego and Los Angeles County Medi-Cal members to conduct a one-year lookback of healthcare utilization by homeless and formerly homeless members. They analyzed utilization rates and costs for emergency department and inpatient care, as well as visit rates for assigned PCPs. They compared their population to the findings from the California Statewide Study of People Experiencing Homelessness and found similar results, which helped to validate their findings. This population analysis helped leadership and program staff plan effective community investment strategies related to housing and homelessness, and was also shared with the local CoC to facilitate collaboration on addressing the health needs of local people experiencing homelessness.

In Summary

Addressing homelessness through a comprehensive housing data strategy is crucial for MCPs to effectively meet the health and housing needs of their members. By using the guidance provided in this tool, MCPs can develop tailored approaches to assess and address housing instability, ultimately improving health outcomes for their members and reducing the strain on emergency and inpatient services. This approach not only aligns with California's goals for CalAIM, but also fosters a more integrated and responsive health care system that supports the well-being of all members, including those experiencing or at risk of homelessness.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit **www.chcs.org**.

ABOUT KLURFELD CONSULTING

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