Understanding Medicaid Managed Care in the School Based Services Environment

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Valeria Williams, South Carolina
Melinda Hollinshead, PCG
Chris Connor, PCG

Agenda
- Objectives
- Structure of Medicaid
- Current Medicaid Environment
- Fee For Service vs. Managed Care
- Why Managed Care?
- Managed Care, School Based Services and South Carolina
- Considerations: Providers, Claiming, and More
- What Does the Future Hold? Challenges and Opportunities
- Q & A
Objectives

1. Understand how Medicaid managed care works
2. Identify three areas (provider, member, claiming) in which a move to managed care will have a direct impact on school based programs
3. Importance of engaging with other stakeholders in the process early and often

Structure of Medicaid

- Medicaid was established as an entitlement program designed as a cooperative program funded by both federal and state governments.
- State programs are administered in accordance with an Approved State Plan.
- All elements of a state program must meet all limitations and guidelines established by Federal law.
- Medicaid Governing Tenets
  - Statewide
  - Comparability
  - Payor of Last Resort

Medicaid Developments and Expansion

- In the 1990s many states started to examine alternative approaches and funding mechanisms to relieve state budget restrictions and to expand the scope of Medicaid coverage.
- This led to many new programs such as: Revenue Maximization, Disproportionate Share, and other funding initiatives.
- This also led many states to incorporate various models of Managed Care within their Medicaid programs.
Current Medicaid Landscape

- Affordable Care Act (ACA)
- Repeal and Replace Efforts
- American Health Care Act (AHCA)
- Better Care Reconciliation Act (BCRA)
- State Cap/Block Grants
- Managed Care

Fee for Service vs. Managed Care

Traditional Fee-For-Service Model
- Health care approach in which particular services are paid for individually rather than provided as part of a comprehensive plan.

Managed Care
- Health care approach where enrollees (patients) visit an approved set of health care providers (doctors, hospitals, etc.) and the cost of providing treatment is monitored by a managing company. The goal is to obtain better health care outcomes at lower costs.

States Contracted with Managed Care Organizations (MCOs) Providing Services To Medicaid Beneficiaries March 2017

Source: KFF Medicaid Managed Care Market Tracker

Medicaid Managed Care by State
- States that have Contracts with MCOs
- States that have no current Medicaid MCO contracts
- States that have passed Medicaid managed care legislation but are still in the implementation phase
- NC has passed Medicaid managed care legislation but is still in the implementation phase
Why Managed Care?

► Cost Containment
► Capitation
► Provider/Network Management

Managed Care, School Based Services (SBS) and South Carolina

► Medicaid and managed care history in South Carolina
► SBS before vs. SBS now
  ► Rehabilitative and Behavioral Health Services (RBHS)
► Why did South Carolina choose to move RBHS under managed care
► Future of SBS/managed care

Considerations:

► Credentialing
► Contract negotiations
► District or provider level enrollment
► Network capacity
► Network availability
Considerations:
Student/Member
► Documenting medical necessity
► Requirements and timelines for Prior Authorization and Reauthorization
► Parental Consent

Considerations:
Claiming
► Multiple MCOs and systems
► Student/member identification
► Third Party Liability (TPL)
► State Share

What Does the Future Hold
► Expansion of Managed Care for Medicaid
► Managed Care for School Based Services
► Competing for a Piece of the Pie
Stakeholder Engagement

- Importance of State Level Relationships
- Identify State Specific Stakeholders
- Getting in at the Ground Level
- Educating Stakeholders

Question/Answer Session

Contact Information

Valeria Williams
Program Director
SC Dept. Of Health And Human Services
WILLVAL@SCDHIHS.GOV

Melinda Hollinshead
Senior Advisor
Public Consulting Group
MHOLLINSHEAD@PCGUS.COM

Chris Connor
Manager
Public Consulting Group
CCONNOR@PCGUS.COM