

Understanding Medicaid Managed Care in the School Based Services Environment

NAME Conference, October 2017

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

Understanding Medicaid Managed Care in the School Based Services Environment

2

Speakers:

Melinda Hollinshead is a Senior Advisor with PCG, and serves as a subject matter expert for health policy, Medicaid and managed care. She holds a PhD in Public Administration and has more than 25 years of health policy and program experience.

Christopher Connor is a Manager at Public Consulting Group and has more than 22 years of experience in all aspects of school-based claiming, reimbursement and consulting. He has had the pleasure of working with state and district clients in more than 35 states.

Valeria Williams is currently a Program Director with South Carolina Department of Health and Human Services. She oversees the Medicaid School Based Services, Enhanced Care, and Private Rehabilitation programs. In her role at Medicaid, Ms. Williams develops policy, and provides project management leadership for major policy implementations.

Agenda

3

- ▶ 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

4

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

5

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



6

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.

7

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

8

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.

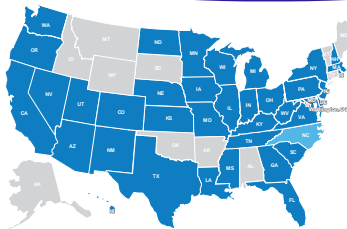
VS

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.

9

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



Medicaid Managed Care by State

- States that have Contracts with MCOs (39 states including DC)
- States that have no current Medicaid MCO contracts
- NC has passed Medicaid managed care legislation, but is still in the implementation phase

Source: KFF Medicaid Managed Care Market Tracker

10

Why Managed Care?

- ▶ Cost Containment
- ▶ Capitation
- ▶ Provider/Network Management

11

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

12

Considerations: *Provider*

- ▶ Credentialing
- ▶ Contract negotiations
- ▶ District or provider level enrollment
- ▶ Network capacity
- ▶ Network availability

13

Considerations: *Student/Member*

- ▶ Documenting medical necessity
- ▶ Requirements and timelines for Prior Authorization and Reauthorization
- ▶ Parental Consent

14

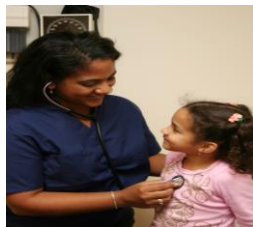
Considerations: *Claiming*

- ▶ Multiple MCOs and systems
- ▶ Student/member identification
- ▶ Third Party Liability (TPL)
- ▶ State Share

15

What Does the Future Hold

- ▶ Expansion of Managed Care for Medicaid
- ▶ Managed Care for School Based Services
- ▶ Competing for a Piece of the Pie



16

Stakeholder Engagement



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

17

Question/Answer Session

18

Contact Information

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

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

Chris Connor
Manager
Public Consulting Group
CCONNOR@PCGUS.COM
