

**Comparative Data Presentation
on Medicaid Managed Care
for the Southern Legislative Conference**

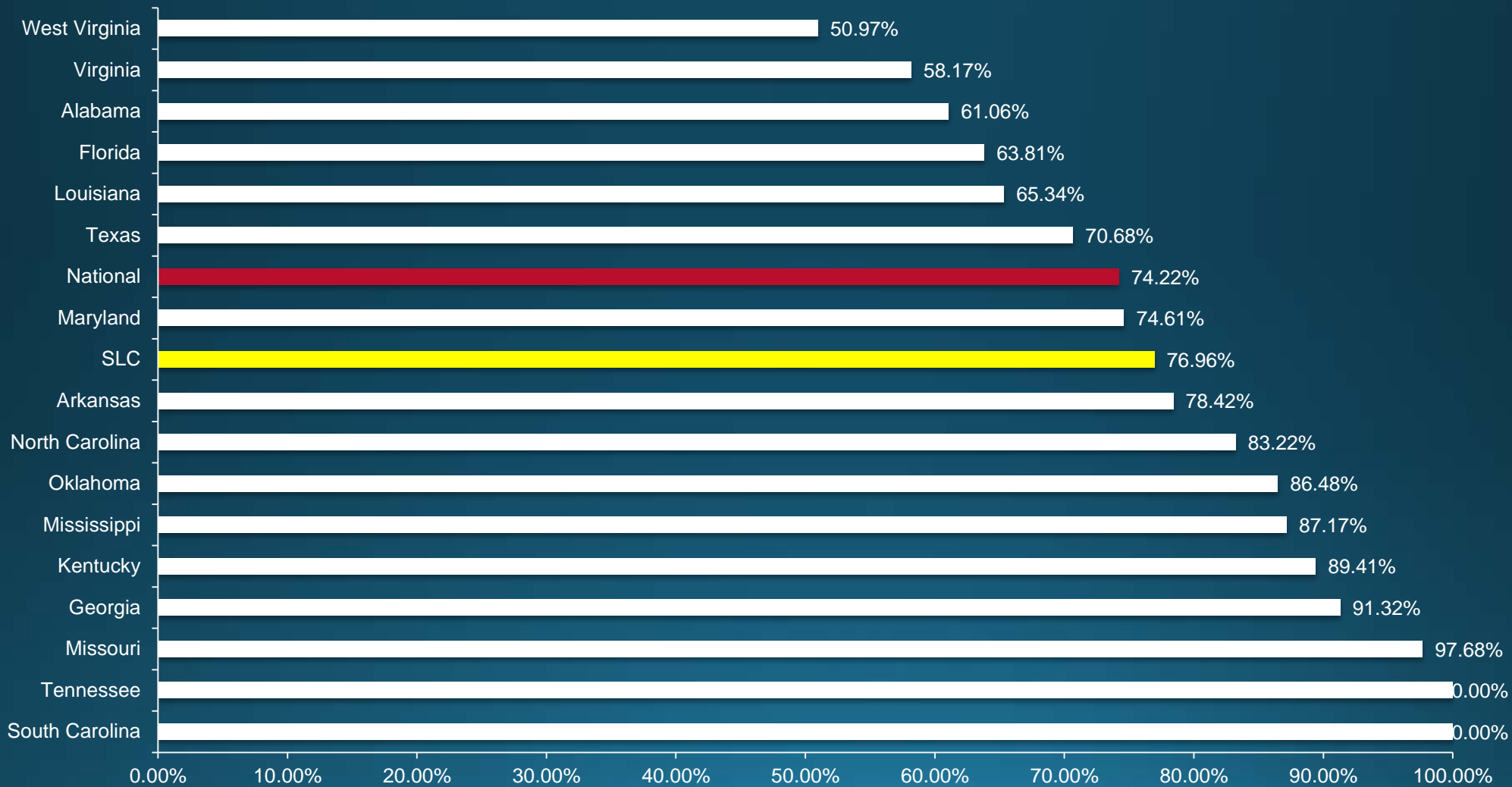
**A Presentation Submitted to the
Fiscal Affairs & Governmental
Operations Committee**

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Medicaid Managed Care Trend

- 1992 – 8% of Medicaid beneficiaries received portion or all of Medicaid benefits through capitated health plans.
- 2011 – 74% nationally in some form of Medicaid managed care. Increase from 57% enrollment from 2002.
- 2011 – 77% of Medicaid beneficiaries in SLC states in some form of Medicaid managed care.

Medicaid Managed Care (MC) Enrollment (as of July 1, 2011)



Number of Enrollees in Managed Care Rank

West Virginia	50.97%	16
Virginia	58.17%	15
Alabama	61.06%	14
Florida	63.81%	13
Louisiana	65.34%	12
Texas	70.68%	11
Maryland	74.61%	10
Arkansas	78.42%	9
North Carolina	83.22%	8
Mississippi	87.17%	7
Oklahoma	86.48%	6
Kentucky	89.41%	5
Georgia	91.32%	4
Missouri	97.68%	3
Souh Carolina	100.00%	2
Tennessee	100.00%	1

Managed Care Models

- PCCM
- Comprehensive Risk Based Plans
- Limited Benefit Plans

Managed Care Entity Types

- PCCM (Primary Care Case Management)
- Commercial MCO (Managed Care Organization)
- Medicaid only MCO (Managed Care Organization)
- HIO (Health Insuring Organization)
- PIHP (Prepaid Inpatient Health Plan)
- PAHP (Prepaid Ambulatory Health Plan)
- PACE (Program for All Inclusive Care for the Elderly)

Managed Care Authority

- State Plan Authority
- Waiver authority (Section 1915(a) authority, Section 1915(b) authority, Section 1115 authority)
- Various authorities may allow states to operate managed care programs and waive certain Medicaid requirements
 - Statewideness (specific area of the state)
 - Comparability of Services (different benefits)
 - Freedom of Choice (require beneficiaries to receive services from managed care plans)

Number of Managed Care Entities

	Commercial Medicaid							
	HIO	MCO	MCO	PCCM	PIHP	PAHP	PACE	Other
Alabama	0	0	0	1	0	1	0	0
Arkansas	0	0	0	1	0	1	1	0
Florida	0	22	6	1	27	6	3	2
Georgia	0	0	3	1	0	1	0	0
Kentucky	0	0	1	1	0	1	0	0
Louisiana	0	0	0	1	0	0	2	1
Maryland	0	0	7	0	0	5	1	1
Mississippi	0	0	2	0	0	1	0	0
Missouri	0	0	12	0	0	1	1	0
North Carolina	0	0	0	2	1	0	4	0
Oklahoma	0	0	0	2	0	1	1	0
South Carolina	0	0	4	3	0	2	2	0
Tennessee	0	0	6	0	1	2	1	0
Texas	0	6	14	1	1	1	3	0
Virginia	0	3	0	1	0	0	0	0
West Virginia	0	3	0	1	0	0	0	0

Average Cost

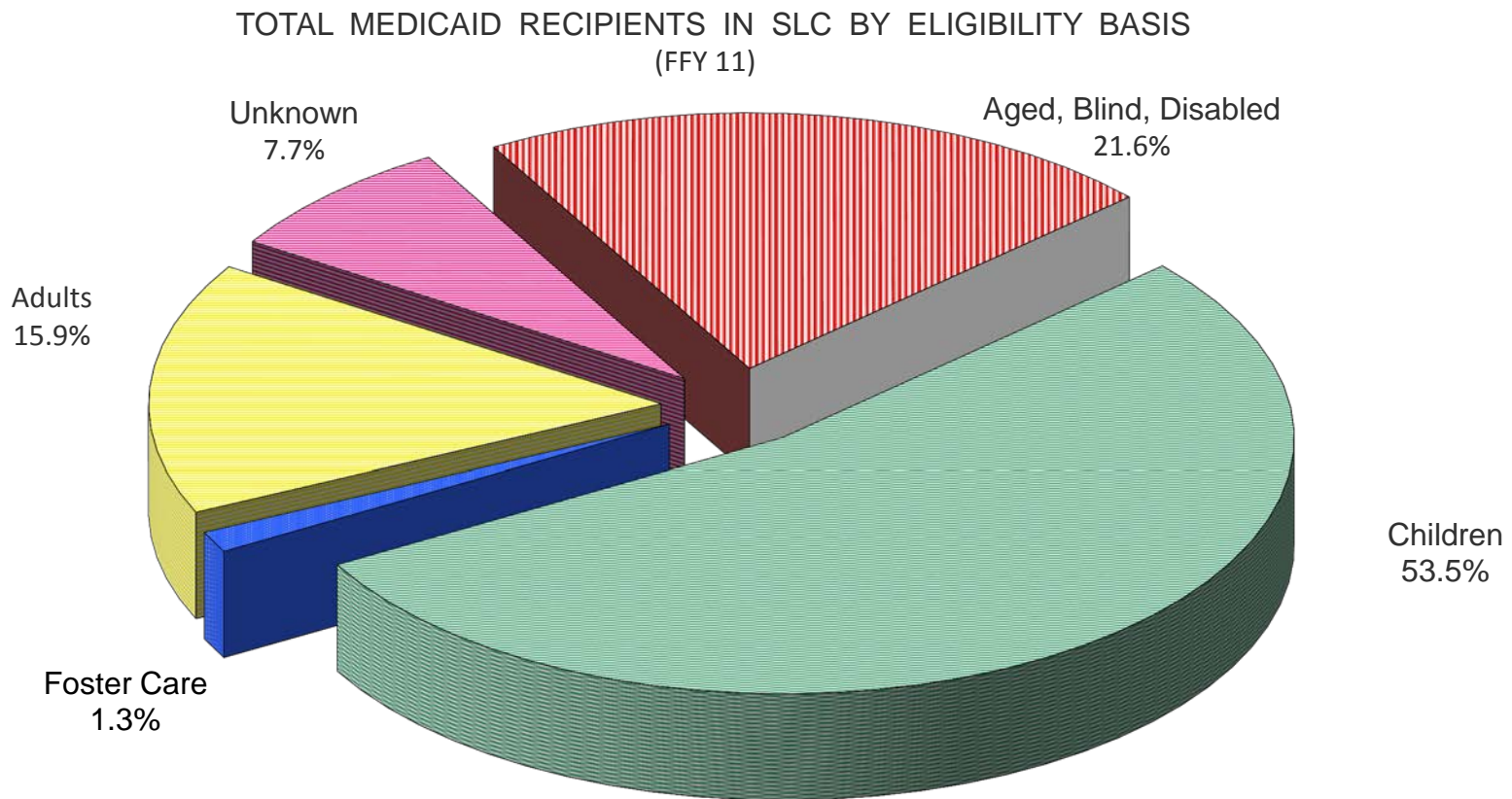
PCCM		Prepaid	
Florida	\$0.00	Oklahoma	\$37.94
Maryland	\$0.00	Arkansas	\$67.29
Mississippi	\$0.00	North Carolina	\$170.43
Missouri	\$0.00	Kentucky	\$955.63
Tennessee	\$0.00	Missouri	\$1,171.48
Georgia	\$15.16	Alabama	\$1,189.51
Louisiana	\$22.73	West Virginia	\$1,447.41
Alabama	\$24.07	Florida	\$1,468.58
West Virginia	\$28.11	Mississippi	\$1,548.51
Arkansas	\$29.16	South Carolina	\$1,585.41
Virginia	\$29.50	Georgia	\$1,870.41
Oklahoma	\$36.41	Texas	\$1,925.37
Kentucky	\$36.59	SLC	\$2,074.03
Texas	\$41.02	Virginia	\$2,786.61
SLC	\$48.97	Maryland	\$3,230.07
North Carolina	\$89.27	Tennessee	\$6,380.26
South Carolina	\$116.51	Louisiana	\$30,076.00

Managed Long Term Services & Supports

- Half of states nationally operate PACE programs, 11 SLC states operate PACE programs (Arkansas, Florida, Louisiana, Maryland, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia).
- 11 states nationally operate additional Medicaid managed long term care service capitated programs (non-PACE), 3 states in the SLC (as of 2011).
- In SLC states in 2011, this population represents approximately 21.6% of total Medicaid recipients, but accounts for 58% of total Medicaid expenditures.

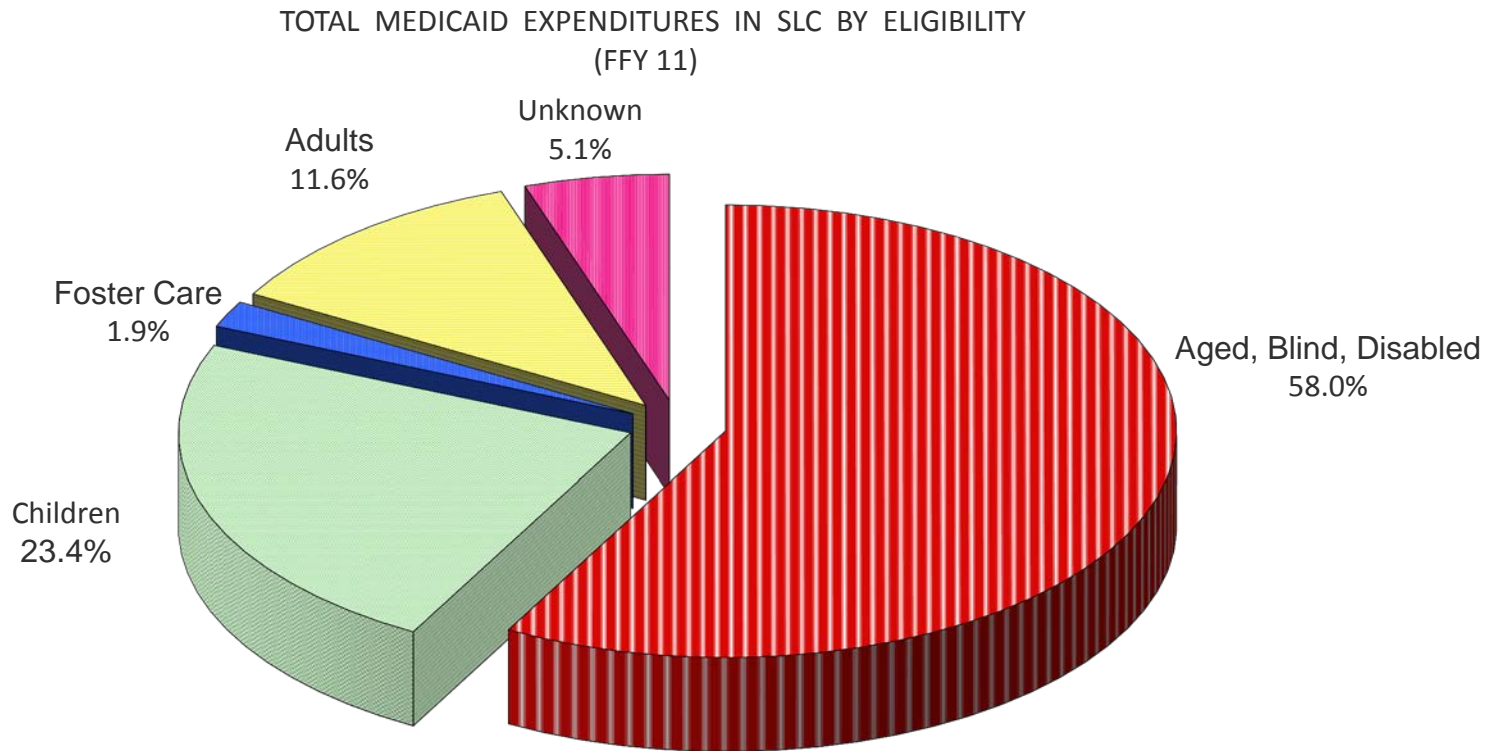
Medicaid Recipients in SLC by Eligibility

Chart 1



Medicaid Expenditures in SLC by Eligibility

Chart 2



Medicaid Managed Care Impact

- Payment Predictability
- Access to Care (Network adequacy, Primary Care)
- Performance (HEDIS, CAHPS, state initiatives)
- Potential Savings
 - Rates (Cost of services of eligible populations)
 - Utilization management (managed care efficiency)
(Primary Care vs Emergent Care, Disease Management, minimize duplication of services, member education, and hospital discharge planning).

CMS Proposed Rule CMS-2390-P

- Modernize Medicaid managed care regulation
- Last major Medicaid managed care rule change/update in 2002
- Goal to address beneficiary experience and reflect changes in delivery systems

CMS-2390-P Major Provisions

- Align Medicaid managed care with other health coverage plans
- Fiscal and Program Integrity
- Beneficiary Experience (Protections)
- Regulatory Requirements

- Impact on states?

Sources

Medicaid Managed Care Enrollment Report, Summary Statistics as of July 1, 2011, CMS

Managed Care, Medicaid.gov, CMS

Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs, September 2011.

Department of Health and Human Services, CMS, 42 CFR Parts 431,433,438,457,495, (CMS-2390-P), Proposed rule.

THE END!!