

Managed Medicaid

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SelectHealth Overview

- Subsidiary of Intermountain Healthcare located in Salt Lake City, Utah
 - Integrated delivery system (hospitals, medical clinics, health plan, pharmacy benefit management, other ancillary services)
- Shared non-profit mission and vision with our delivery system
 - Provide access to high-quality health care and the lowest appropriate cost
 - Commitment to serve all market segments
 - Leadership and community support in addressing the underlying medical costs of healthcare
- Recently entered into a strategic alliance with St. Luke's Health System

Managed Care Benefits

Benefits

- Managed care offers *integrated* services not typically found in Fee for Service
 - Member and provider customer service
 - Case and disease management, and care coordination
 - Data systems capable of identifying gaps in care, over utilization, and high risk enrollees, and predictive modeling
 - Member outreach and education
 - Accredited plans - provide confidence that operational, quality, and service standards have been met

Important Provisions in Managed Medicaid

- Integrate as many benefits as possible under the administration of the plan to reduce fragmented services
- Where services are fragmented: requirements to coordinate
- Aligned incentives to encourage payment for value versus volume
- Quality reporting for purchaser and consumer comparisons
- Fixed enrollment periods to help stabilize populations within plans (exceptions made based on defined criteria)
- Lock-in programs for inappropriate use of services
- Preferred Drug Lists – demonstrated savings that can be re-invested in the Medicaid system
- Resources to facilitate management of enrollee “churn”

Medicaid Managed Care Models

- Integrated care in systems that align incentives between plans and providers and create shared accountability for
 - Administrative and medical costs
 - Quality and evidence based practice
 - Service
- Case and disease management with a focus on the highest cost/risk populations
- Patient advocates to assist in establishing enrollee and provider relationships



Models - Continued

- Information systems that enable data sharing to strengthen primary care, for example
 - Quality data to identify gaps in care
 - Utilization patterns – especially out of network use that providers may not see, such as ER visits
 - Predictive modeling
 - Prescription reviews for fill rates, duplicate prescribing, and contraindicated medications

Models - Continued

- Outreach programs designed to promote better health, patient engagement, and community improvement
- Cultural competency programs for staff and providers
- Facilitated enrollment programs at the point of service, and within the plan, to reduce “churn”
- Partnerships with FQHCs, health departments, and other usual points of service for Medicaid enrollees
 - Expertise and a commitment to serve Medicaid enrollees
 - Connections with social services agencies for low income populations



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Questions?