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#### Multiple Roles of Medicaid ...and the Administrative Capacity to **Support Them**

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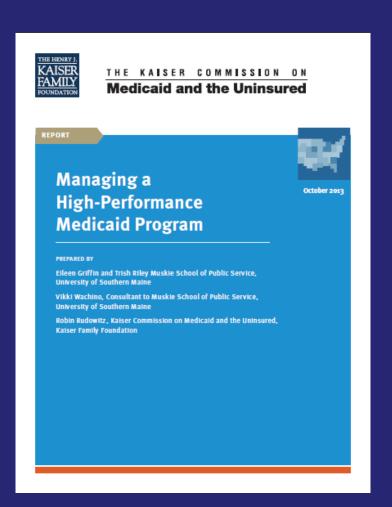
# The Multiple Roles of Medicaid ... and the Administrative Capacity to Support Them

NAMD 2014 Fall Conference, November 4, 2014





### Medicaid Program Administration



2013 Report Funded by Kaiser Commission on Medicaid and the Uninsured

Co-authors Trish Riley, Vikki Wachino, Robin Rudowitz

Policy review

Focus group and interviews with State Medicaid Directors

http://kff.org/medicaid/report/managing-a-highperforming-medicaid-program/



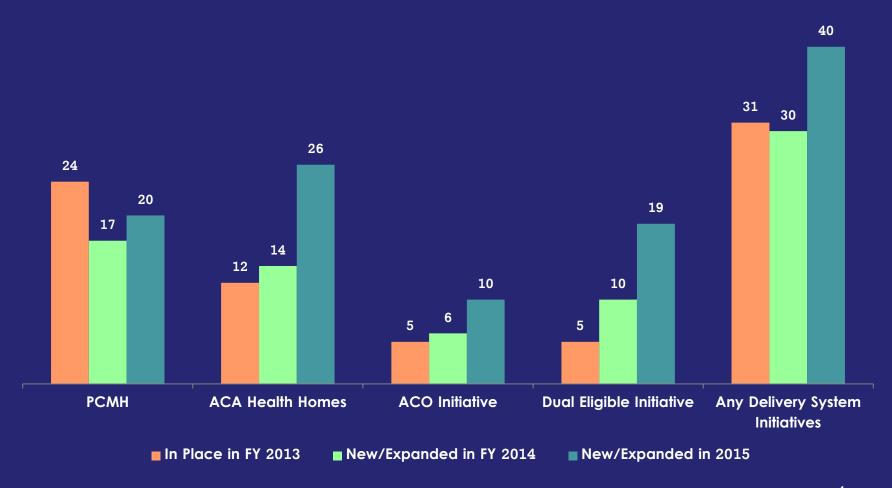
Benefit design, beneficiary enrollment, provider payment, quality and performance management

Value-based purchaser, system integrator, delivery system reformer, convener

Accountable to federal government, governor, legislature and courts

## Key Medicaid Roles

### Innovation & Leadership





## Workforce



### Quality

- Mission Driven
- Attracted by Innovation Opportunities

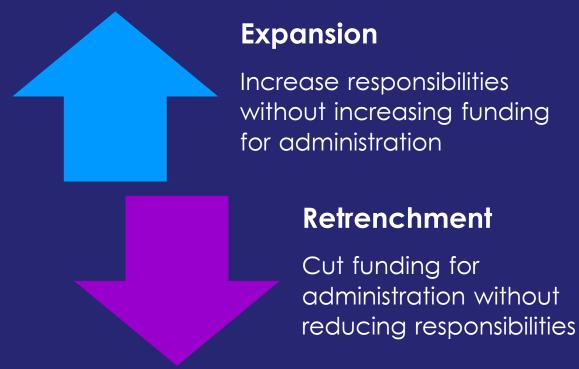
### Gaps

- The Basics: Medicaid Policy & Data Analytics
- Active Purchaser: High Level Analytic, Financial & Clinical Expertise

#### Turnover

- Baby Boomer retirements
- Competition with High-Paying Private Sector

## Pressures

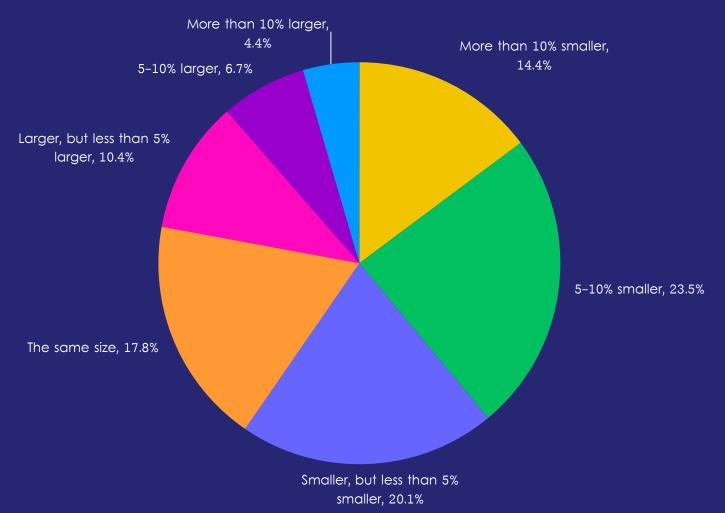


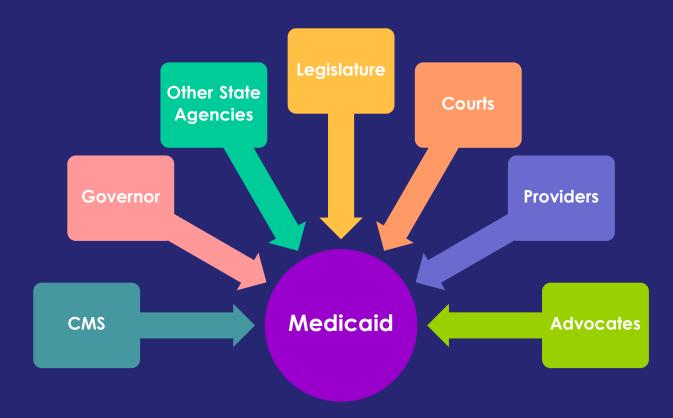
Few if any constituencies advocate for increased investment in Medicaid administrative capacity

\$1 cut in state funding = \$2 cut in total funding for Medicaid program administration

58% of 298 state and local governments continue to operate with a smaller workforce than they had before the 2008 economic downturn.

## Set Backs





Medicaid answers to multiple masters and stakeholders

- Shifting directions with changes in leadership
- Cumbersome decision making processes

## Decision Making

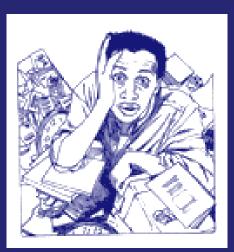
Leading

Overseeing

Negotiating

Collaborating

Communicating



Planning
Integrating
Answering To
Problem Solving
Running Interference

## Demands



### How to Stifle Creativity

- 1. Take away all discretion & autonomy
- 2. Create fragmented work schedules
- 3. Create tight timelines and rigid processes
- 4. Provide insufficient resources
- 5. Focus on short-term goals
- 6. Discourage collaboration & coordination
- 7. Keep people happy with the status quo



## Misplaced Priorities?

Investment	Program Administration	Program Integrity
Strategy	Upstream Prevention	Downstream Intervention
Workforce	50/50 match	90/10 match
Federal Sponsored Training Programs	None	Medicaid Integrity Institute



### OIG Findings

#### Single State Agency Errors

- \$160 million (32 percent of all recommended federal refunds)
- Did not follow own procedures to ensure proper claiming, did not adequately monitor risk-sharing mechanisms in MCO contracts, misinterpreted federal guidelines, issued incorrect guidance to providers, etc.

#### Sister Agency Errors

- \$213 million (48 percent of all recommended federal refunds)
- Failed to adequately monitor, failed to recoup overpayments, insufficient controls to prevent claiming for unallowable costs, etc.



# Build In-House Capacity?

- Does Civil Service Code limit ability to offer competitive salary?
- Is there a hiring freeze?
- Is it a mature program?
- 50/50 match

# Buy Outside Expertise?

- How burdensome is the procurement process?
- Can you amend the contract or do you have to go out to bid again?
- Is the program still in early stages of development?
- FMAP for MCO administrative costs?



### State and University Partnerships



Build data analytic and public administration capacity, and Medicaid expertise

Support data analytics, program design and evaluation, policy research



### State and Federal Partnership?

Develop accreditation standards and financial incentives for adherence?

Increase match for Medicaid administrative capacity?

Develop Medicaid workforce training program



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