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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

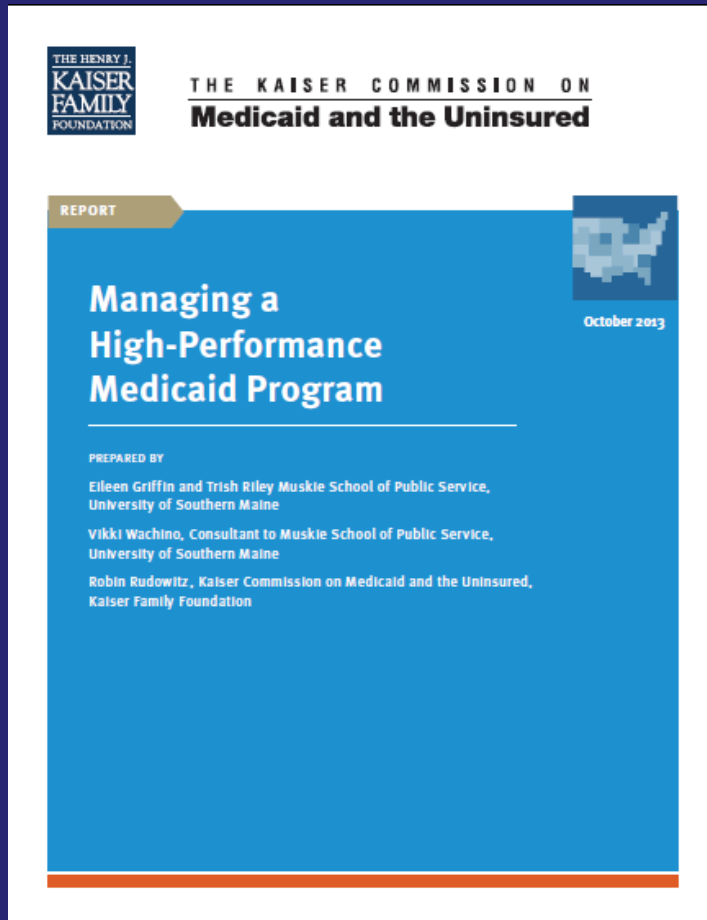


UNIVERSITY OF  
SOUTHERN MAINE

Eileen Griffin

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

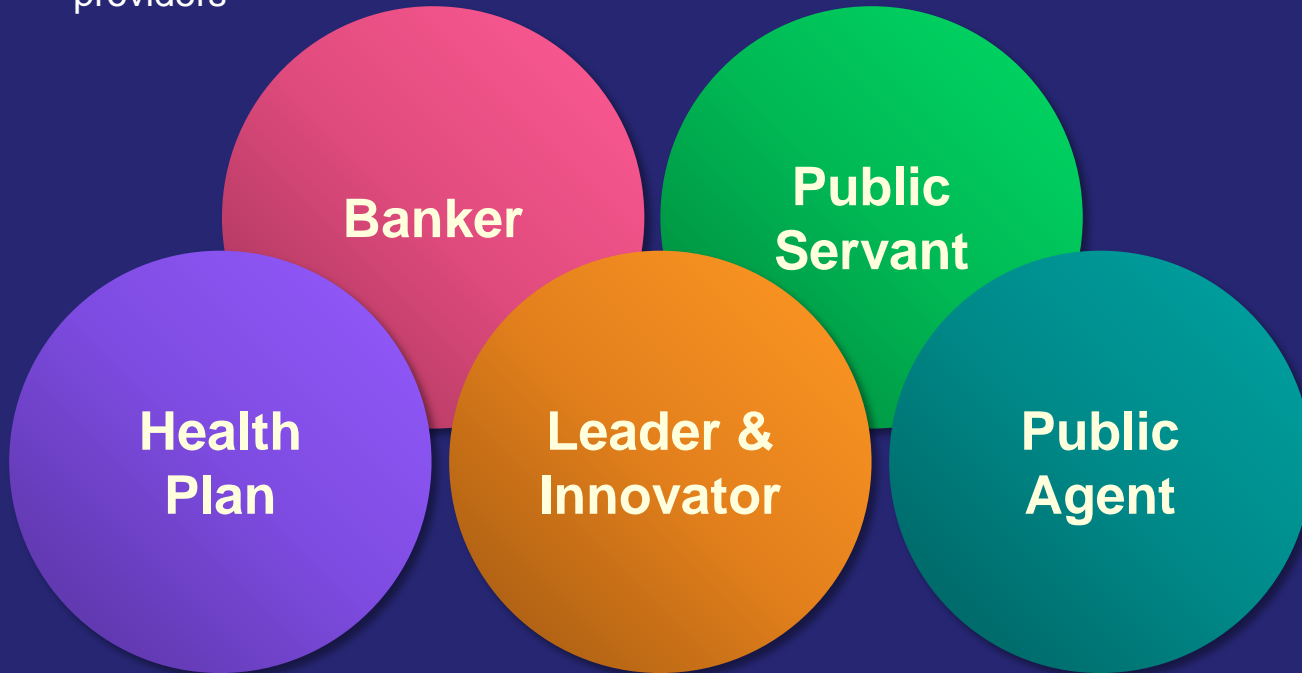
Policy review

Focus group and interviews with State Medicaid Directors

<http://kff.org/medicaid/report/managing-a-high-performing-medicaid-program/>

Doorway to federal dollars for other state agencies and community providers

Steward of public dollars, protector of vulnerable populations, promoter of health, and safety net for Safety Net Providers



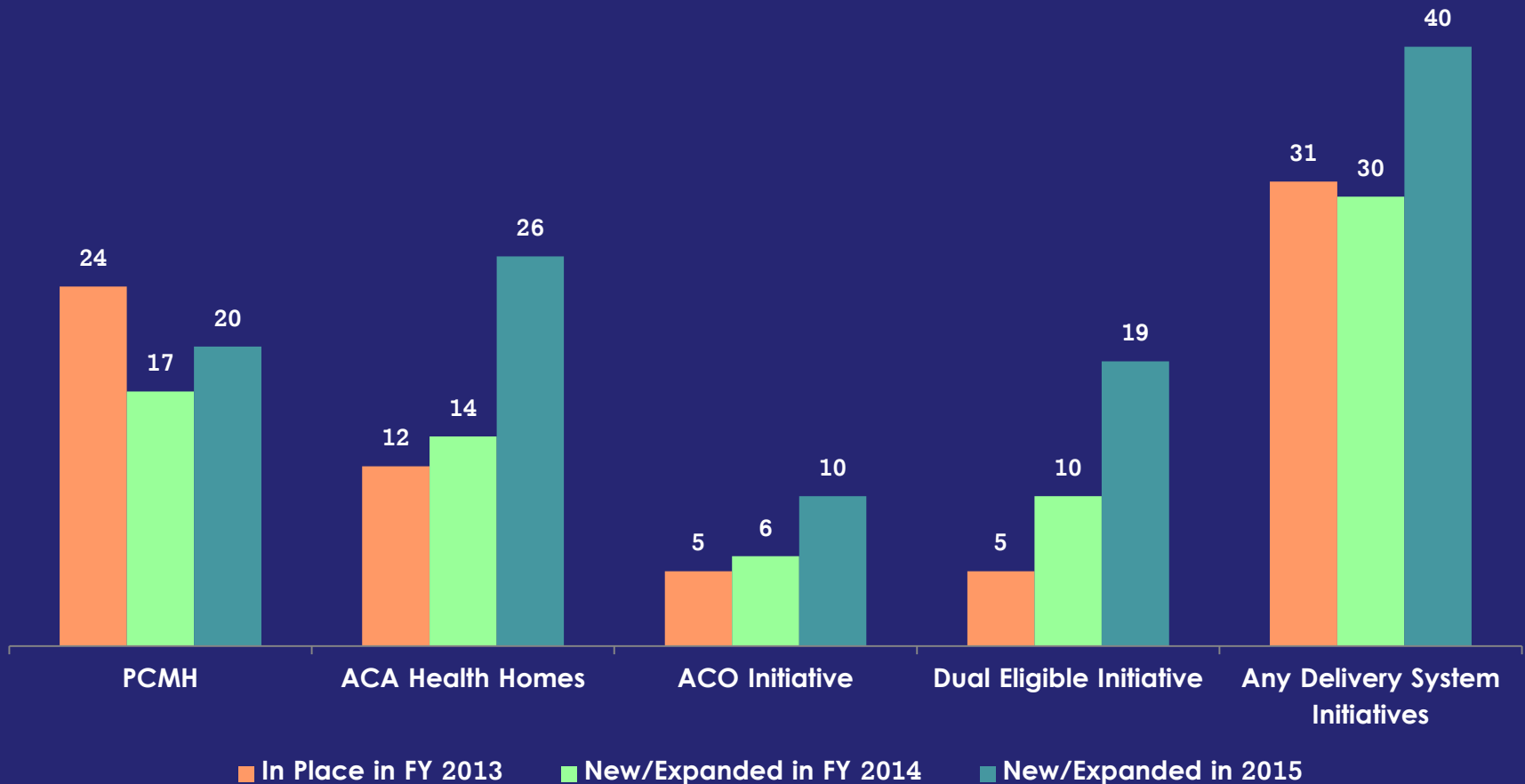
Benefit design, beneficiary enrollment, provider payment, quality and performance management

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

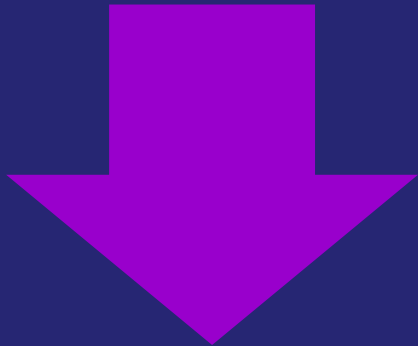
- Baby Boomer retirements
- Competition with High-Paying Private Sector

# Pressures



## Expansion

Increase responsibilities without increasing funding for administration



## Retrenchment

Cut funding for administration without reducing responsibilities

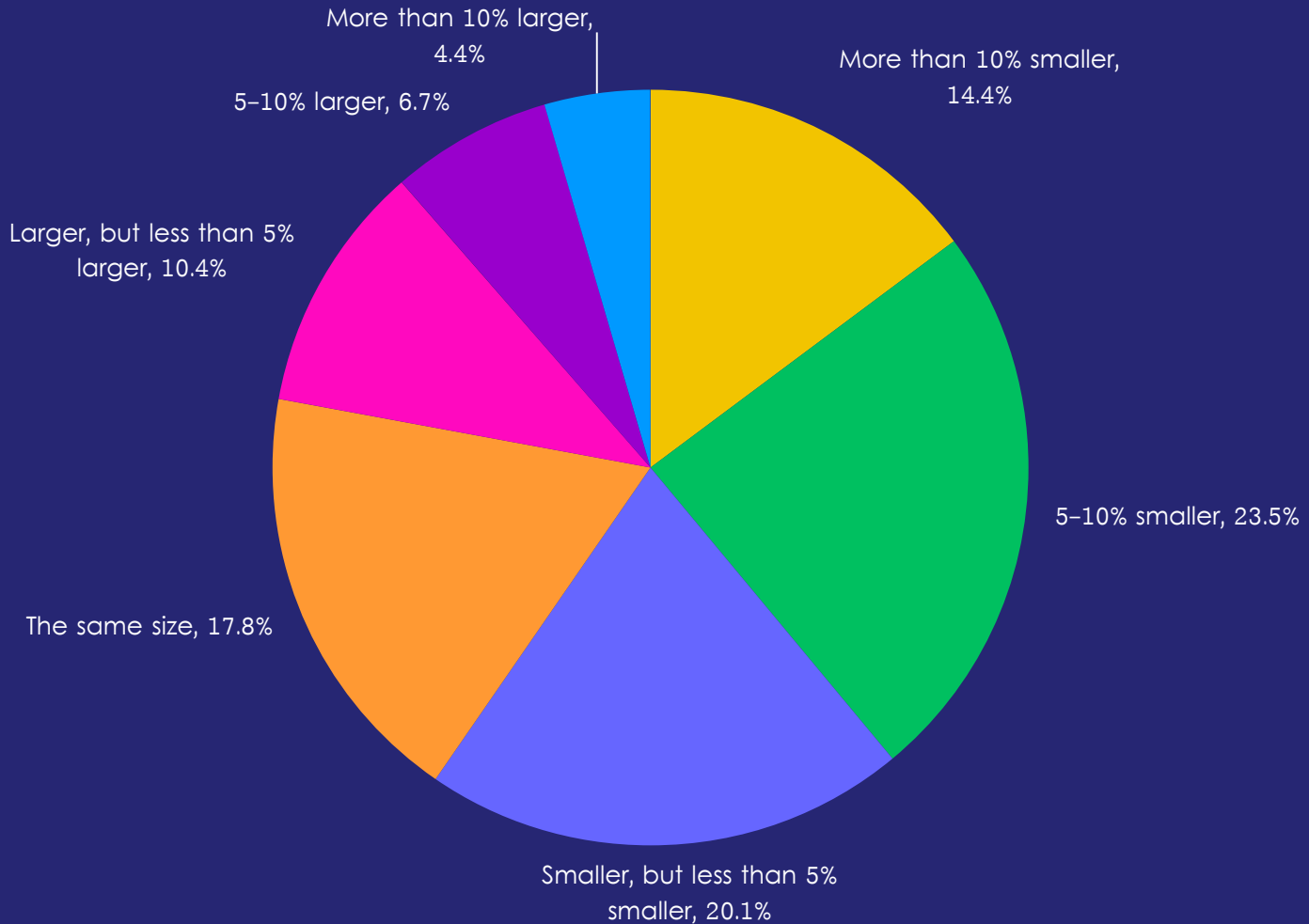
Few if any constituencies advocate for increased investment in Medicaid administrative capacity

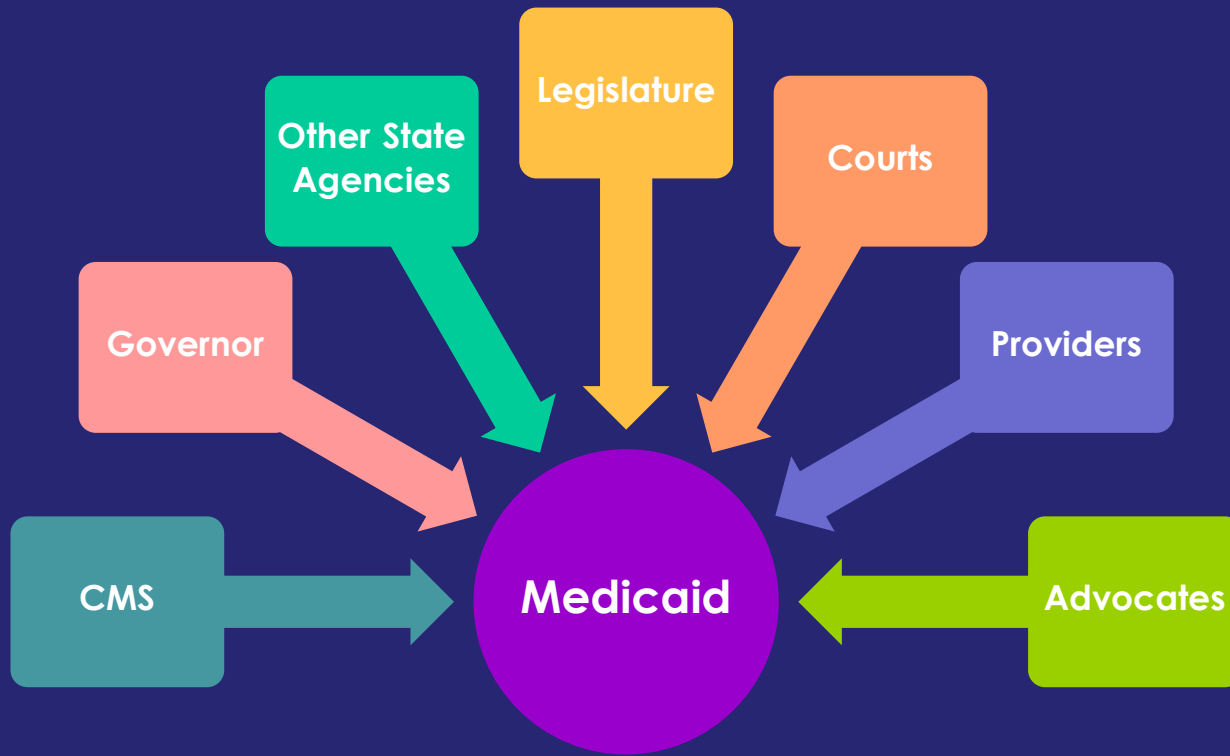
\$1 cut in state funding = \$2 cut in total funding for Medicaid program administration



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

# Set Backs



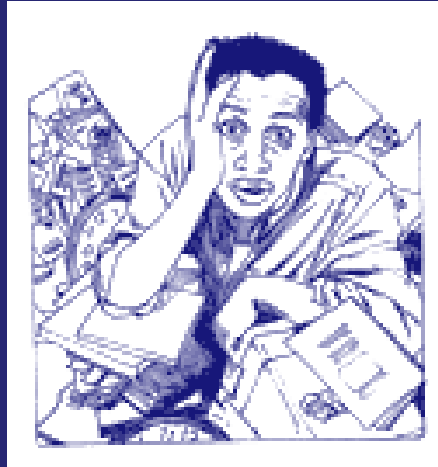


Medicaid answers to multiple masters and stakeholders

- 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?

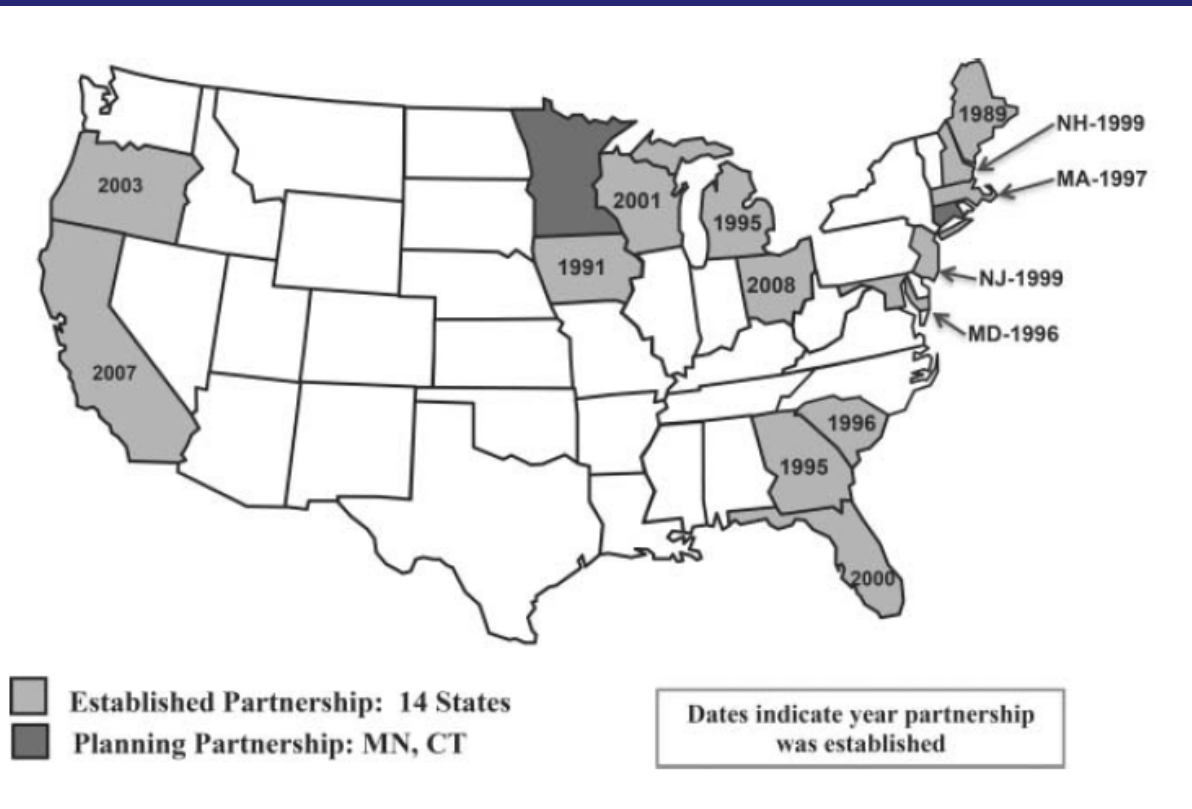
- Does Civil Service Code limit ability to offer competitive salary?
- Is there a hiring freeze?
- Is it a mature program?
- 50/50 match

## 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



## Contact Information

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