

Medicaid Administration through Medicaid Managed Care Plans

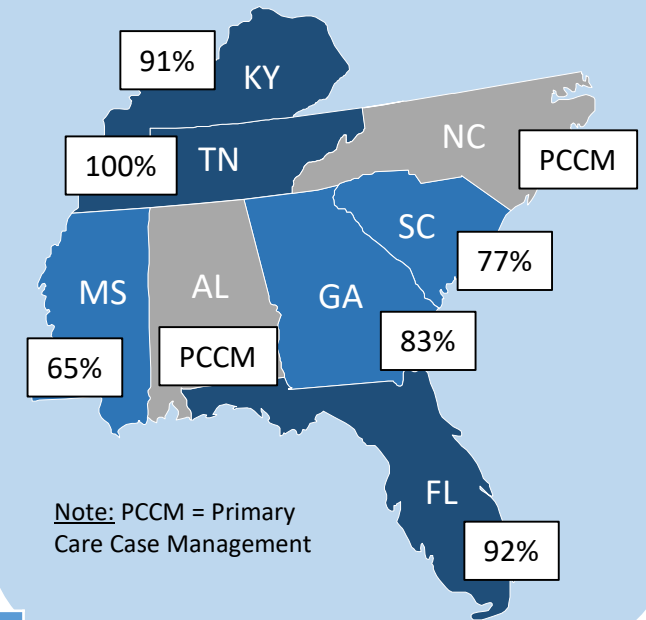
States have considerable flexibility in determining how they will administer benefits in Medicaid:

- Can administer their Medicaid programs directly or through contracted **Medicaid Managed Care** plans.
- **How many MCOs** will be contracted with (e.g., 4 in Georgia)
- Whether MCO contracts will be **statewide** or **regional** within the state.
- Whether beneficiaries enroll in MCOs on a **mandatory** or **voluntary** basis. Within some states, such as Mississippi, this policy may vary by eligibility group (e.g., non-disabled vs. disabled children).

Sometimes called Managed Care Organizations (MCOs) or Care Management Organizations (CMOs)

If enrollment is voluntary, many beneficiaries will remain in state-administered fee-for-service Medicaid).

% of all Medicaid Beneficiaries Enrolled in Medicaid Managed Care Plans¹



The proportion of Medicaid beneficiaries enrolled in an MCO varies across states.

| | Alabama ² | Florida ³ | Georgia ² | Kentucky ⁴ | Mississippi ⁵ | North Carolina ⁶ | South Carolina ² | Tennessee ² |
|------------------------------------|---|---|----------------------|---|--|-----------------------------|-----------------------------|------------------------|
| Total # of MCOs | 0 | 17 (Regional, 5.7 plans per service region) | 4 (Statewide) | 5 (Statewide) | 2 (Statewide) | 0 | 5 (Statewide) | 4 (Statewide) |
| Mandatory or voluntary enrollment? | PCCM Mandatory for most patient groups | Voluntary | Mandatory | Mandatory (except Duals and Native Americans/ Alaska Natives) | Mandatory (except SSI under age 19, disabled children living at home, foster children) | No MMC* | Voluntary | Mandatory |

Sources:

1. Centers for Medicare & Medicaid Services.
2. Kaiser Family Foundation.
3. Florida Agency for Health Care Administration.
4. Kentucky Cabinet for Family Health and Family Services
5. Mississippi Division of Medicaid
6. "N.C.'s path to Medicaid managed care gets complicated"

* North Carolina⁶ is currently shifting their Medicaid program to a managed care system - the plan is expected to go live in November 2019 for 27 counties.

PCCM: Primary Care Case Management



Southeast (HHS Region 4)

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Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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Behavioral Health Benefits in Medicaid Managed Care

Medicaid is the largest payer for behavioral health services in the U.S. Most states—including 6 of 8 states in the Southeast region—administer their Medicaid programs through contracted **Medicaid Managed Care** plans (or Managed Care Organizations [MCOs]).

An MCO might NOT administer behavioral health (BH) benefits for either of two reasons:

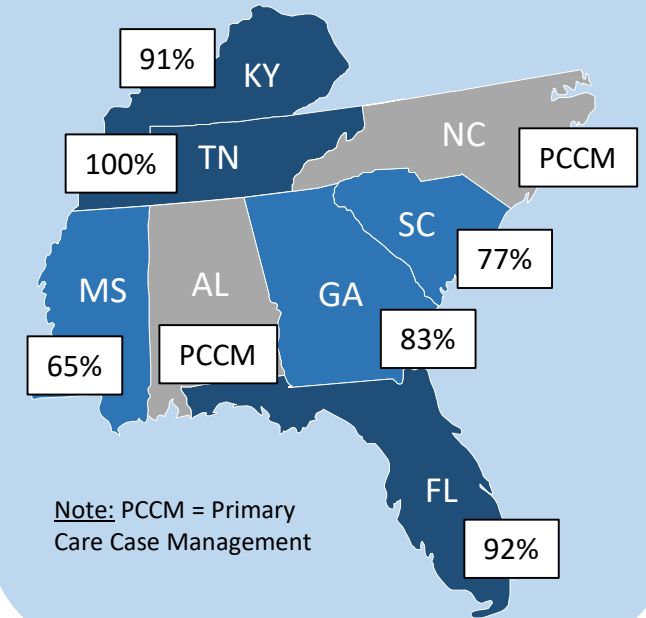
1. 30-50% of MCOs **subcontract** with managed behavioral health companies to administer BH benefits for their members.⁷
2. Some states, such as Florida, “**carve out**” BH benefits from the set of benefits MCOs are responsible for. These states may administer BH benefits themselves (fee-for-service) or through separate managed behavioral health companies.

| | Alabama | Florida | Georgia | Kentucky | Mississippi | North Carolina | South Carolina | Tennessee |
|---|---------|-------------------------|---|------------------------|------------------------|----------------|------------------------|-------------------------|
| Outpatient BH services carved-in or carved-out? | N/A | Carved-Out ⁷ | Carved-In ¹⁰ (separate program for disabled SSI) | Carved-In ⁹ | Carved-In ⁸ | N/A | Carved-In ⁸ | Carved-In ¹⁰ |

Sources:

1. Centers for Medicare & Medicaid Services.
7. Institute for Medicaid Innovation
8. Managed Care Initiatives 2018 - Kaiser Family Foundation
9. Managed Care Initiatives 2017 – Kaiser Family Foundation
10. Health Management Associates Report

% of all Medicaid Beneficiaries Enrolled in Medicaid Managed Care Plans¹



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Because of the behavioral health benefit “carve-out” in Florida, it is not clear what proportion of beneficiaries in the state receive behavioral health benefits through an MCO.



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