

Medicaid Health Plans Best Practices for Compliance Oversight

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1.800.778.1359
www.burchfieldgroup.com
1295 Northland Drive Suite 350 St. Paul, MN 55120

About The Burchfield Group

Presenters



Brian Bullock, RPh, MBA
Founder

Brian is the founder and CEO of The Burchfield Group and brings over 30 years of pharmacy industry experience to Burchfield.



Sonya Henderson
Practice Leader, Health Plan Market

As a strategic consultant, Sonya works with Burchfield's health plan clients to support their strategic and operational needs. Sonya has 30 years of experience working within health plans in the areas of corporate compliance, government programs and operations.



Derek Frye, CISA, MBA
Practice Leader, Audit & Compliance Services

Derek leads the Burchfield audit teams, conducting over 150 audits annually in service of Burchfield's clients. He brings eleven years of technical and auditing experience to Burchfield.

Learning Objectives

- Contract areas and requirements that Medicaid state auditors focus on
- The Medicaid requirements that tend to trip up health plans the most
- The value of conducting an organizational Medicaid risk assessment
- High-level outline of a Medicaid risk assessment
- Next steps: today and tomorrow
- FAQs and best practices

Contract areas and requirements that Medicaid state auditors are focusing on

○ Medicaid Mega rule

- **Purpose:** To support State efforts to advance delivery system reform, improve the quality of care, strengthen the beneficiary experience, strengthen program integrity and align key Medicaid and CHIP managed care requirements. Effective date July 5, 2016, with 3 years for full implementation.
- **Goals:** Delivery System Reform (DSR) (payment approaches); Modernization and Improving Quality of Care (network adequacy, quality rating system); Strengthen Beneficiary Experience (enrollment); Payment and Accountability Improvements (encounter data, program integrity); Alignment with Other Insurers (appeals and grievances, CHIP with Medicaid)
- **State Requirements**
 - **Operational Oversight**
 - ✓ Appeals and grievances
 - ✓ Enrollee materials and customer service
 - ✓ Finance (including MLR)
 - ✓ Information Systems (including encounter data)
 - ✓ Program Integrity
 - ✓ Provider Network Management (including provider directories)
 - ✓ Availability and Accessibility (including network adequacy)
 - ✓ Quality
 - ✓ LTSS areas
 - **Readiness Reviews**
 - **Annual Program Report**

Contract areas and requirements that Medicaid state auditors are focusing on

○ Medicaid and CHIP (MAC) Scorecard

- Purpose: To increase public transparency and accountability about the Medicaid Program's administration and outcomes. Allows the public and state and local governments to compare state Medicaid and CHIP performance on various quality metrics. Published on June 4, 2018, with annual updates expected.

○ Goal to track the following measures:

- The State Health System Performance measures show how states serve Medicaid and CHIP beneficiaries
- State Administrative Accountability measures provide insight into how states and the federal government work together to administer Medicaid and CHIP
- Federal Administrative Accountability measures provide insight into how the federal government and states work together to administer Medicaid and CHIP

○ Components of the MAC Scorecard:

- ✓ Annual expenditures for CHIP and Medicaid
- ✓ CHIP and Medicaid beneficiary information
- ✓ Data that CMS and States are collecting to support CHIP and Medicaid improvements

Includes measures like Well-Child Visits, Postpartum Care, promoting communication and care coordination, promoting prevention & treatment of chronic diseases

The Medicaid contract requirements that tend to trip up health plans the most

- Appeals and Grievances
- Encounter Data processing
- Enrollment processing
- Claims administration

Although many plans struggle in these areas, if you have not completed an overall Medicaid Risk Assessment, you may not know your areas of risk.

The value of conducting an organizational Medicaid risk assessment

- Strengthens your Medicaid Program
- Exposes your operational risk areas so you can remediate
- Avoids financial penalties and other regulatory sanctions
- Good Governance

High Level Outline of a Medicaid Risk Assessment

- **Identify potential risk areas**
 - Review recent financial penalties/sanctions and low performing areas
 - Identify newly implemented and upcoming contract changes
 - Consider Mega-rule and Medicaid Scorecard focus areas

- **Perform a detailed gap analysis**
 - Develop a phased plan (don't attempt to boil the ocean)
 - Secure leadership buy-in
 - Develop a clear, easy to use template
 - Include interviews and guided discussions
 - Include "sample testing" for some areas (i.e. appeals)

- **Report the results**
 - Leadership and the Governing body
 - Understand potential feedback

- **Mitigate your risks**
 - Prioritize your risk areas
 - Develop and implement corrective action plans

Next Steps: Today and Tomorrow

- Identify operational challenges in your State (e.g., frequent contract changes)
- Identify your Medicaid compliance risks
- You don't have to outsource your risk assessment project, if you have the internal resources to be objective.
- Build an audit and monitoring plan
- Determine the resource investment (internal vs. external)
- Develop a process to assess risks of new requirements

Frequently Asked Questions & Best Practices

FAQ's

- What are the pitfalls to avoid when conducting a Medicaid Risk Assessment?
- Why use an external auditor?
- How to get the best value from a Medicaid Risk Assessment?

Best Practices

- Obtain leadership buy in
- Appropriate resource planning
- Engagement of internal stakeholders (not just the compliance team)

Open Questions & Presenter Contacts

Survey: <http://bit.ly/BurchfieldMedicaidOversight2018>

Sonya Henderson

Practice Leader, Health Plan Market
shenderson@burchfieldgroup.com
(612) 419 – 1221

Derek Frye

Practice Leader, Audit and Compliance
dfrye@burchfieldgroup.com
(651) 389 – 5673

Website: www.burchfieldgroup.com