



State Medicaid Programs

MANAGED CARE ADVISORY SERVICES



EXPERTS WITH IMPACT™

Introduction

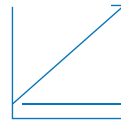
As Medicaid enrollment in most states is growing and the expenditures are increasingly becoming a larger portion of state budgets, Medicaid Managed Care serves an important role in driving innovation, quality improvement and financial performance across all programs.

Our Medicaid Managed Care experts' depth of understanding and hands-on experience allow us to work closely with payers and state governments on a host of issues involving Medicaid for health plans, providers, and vendors in publicly financed programs.

How We Help Our Clients



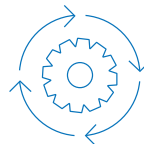
Enhance state provider management, support and oversight



Increase efficiencies by utilizing best-in-class analytics and operational processes



Access best-in-class claims data for benchmarking and trending purposes



Implement industry-leading contracting and value-based care (VBC) options



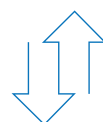
Identify major sources of operational risk and create mitigating controls



Conduct comprehensive operational and compliance reviews



Provide strategic and financial planning expertise



Reduce costs and improve value through medical finance and healthcare economics

Growth Strategy

Growing your Medicaid footprint is successful when it is intentional. Understanding the pros and cons of each market leads to successful new market launches.

Services include:

- Review of current capabilities and financial condition
- Evaluate competitor landscape including operational and financial capabilities analysis
- Develop potential other lines of business (MA, DSNP, ACA) opportunities for market entry that lead to Medicaid entry
- Develop a market tiering process that includes factors for successful market entry, weighting the important of each factor, and scoring each market
- Create a market entry strategy for Tier 1 markets
- Strategy execution and implementation support
- Advisory related to funding needs for new opportunities

Procurement

Helping your organization tell its unique story while satisfying each requirement requires a special blend of experience, compassion, and communication.

Services include:

- Develop pre-Procurement strategy, evaluation, planning, and market positioning
- Provide strategic advisory for the writing process to enable optimal messaging
- Provide technical advisory and training procurement process, evaluation, compliance and integrity services
- Independent mock scoring with an independent view of the quality of an RFP response
- Create targeted updates of requirements and program standards
- Finalist meeting preparation
- Perform competitive analysis on other bidders and post-award debriefing
- Partner with law firms on procurement protests

Capability Assessments & Roadmaps

Capabilities assessments provide ongoing review of policy and regulations for MCOs to improve operations and programs to better serves members, maintain differentiated products, prepare for upcoming procurements, and provide the optimal partnership for state Medicaid agencies.

Services include:

- Review of current Medicaid policy and regulatory trends and initiatives to pressure test current capabilities against them
- Develop operational assessment tool that incorporates policy trends, state Medicaid contract requirements, and MCO initiatives
- Conduct objective assessment and score how well the MCO meets the assessment elements and level of effort to remediate
- Develop remediation road map
- Assist with road map execution

Implementation & Readiness Review

Implementations can wear down your team with work above and beyond normal duties. Our team will be an experienced, independent party that will facilitate and guide your implementation, and align and update your people, processes and technology so the organization comes out stronger than before.

Services include:

- Project management services to oversee the implementation process and strategy
- Evaluate completeness of plan submissions and vendor readiness
- Create targeted updates of requirements and program standards
- Network development and provider contracting support

Operational and Policy Expertise

Helping plans and vendors address operational challenges to ensure programmatic compliance and maximize operational efficiencies.

Services include:

- Medicaid policy analysis and technical assistance understanding state specific requirements and regulations
- Pharmacy program optimization
- Mental Health Parity
- Population health management strategies
- Quality improvement
- Fraud, Waste and Abuse
- Technology and Digital
- Perform regulatory risk assessments
- Delegated vendor oversight programs
- Operational assessment related to mergers, acquisitions, integrations, and change
- Medicaid Managed Care executive staff augmentation

Vendor Community

A myriad of vendors (digital, PBM, dental, TPA, provider-enablement organizations, risk bearing providers, data platforms, information technology, etc.) have developed solutions to support health plans meet Medicaid program requirements.

Services include:

- Develop pre-Procurement strategy, evaluation, planning, and market positioning
- Provide strategic advisory for the writing and mock scoring process to enable optimal messaging
- Provide technical advisory and training procurement process, evaluation, compliance and integrity services
- Finalist meeting preparation
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Provider & Community Based Networks

The role of highly performing and differentiated networks is important to meeting value-based purchasing requirements, effective care management delegation, and strategies to address social determinants of health and health equity.

Services include:

- Assess contracting strategy such as value-based care to enable provider risk relationships
- Strategy for social care networks leveraging community-based networks
- Identifying best in class health, behavioral health and social care providers
- Evaluate network performance against state quality measures
- Optimize networks to fill gaps, improve quality, and achieve quality expectations
- Coordination with CCBHCs

Analytics and Financial Performance

Exceptional analytics capabilities and financial performance ensures market stability and includes accurate financial and actuarial calculations, risk adjustment, and experience evaluation. Coupled with data and analytics insights, a plan can weather market fluctuations as seen during the pandemic.

Services include:

- Design and build dashboards and reporting tools
- Capitation rate review and negotiations
- Advise on innovation in rate development and risk adjustment
- Financial analysis, forecasting and actuarial projections
- Incurred but Not Reported (IBNR) and reserve-setting
- Validate risk adjustment data quality, methodology and results
- Medical cost efficiency process improvement

CASE STUDIES



MEDICAID IMPLEMENTATION AND SYSTEMS ASSESSMENT

SITUATION

A Medicaid Health Plan was experiencing challenges related to simultaneous consolidation and integration with a competitor, during a large-scale Medicaid implementation.

OUR ROLE

FTI Consulting brought a cross-functional team of clinical, Medicaid and technology experts to help the organization choose which entity's core systems were both the best long-term choice and would best prepare the surviving entity for the critical implementation. Our group then led the execution of the system implementation, MIS workstreams, architecture, transition of vendors, financial modeling, advisory, program management, Medicaid Advisory, governance, project management, analysis, and clinical operations support

OUR IMPACT

Using FTI Consulting's expertise, the consolidated organization made the necessary people, process and technology decisions to work on multiple work streams while simultaneously doubling the size of their organization.



PACE PROGRAM CLAIMS REVIEW

SITUATION

FTI Consulting was asked by a leading Health System, which also operates as a Program of All-Inclusive Care for the Elderly (PACE), to review claims related to the PACE program.

OUR ROLE

We repriced the claims, comparing to contractual terms, and summarized the variances with Health System's leadership for purposes of recovery.

OUR IMPACT

The Health System's leadership team had both the data and a plan to move forward with claim recoveries.

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