Web Briefing: The Medicaid Managed Care Market Tracker
Kaiser Family Foundation
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MALE SPEAKER 1: I would now like to turn the conference over to JuliaParadise, Associate Director, Kaiser Commission on Medicaid and the Underinsured. Please go ahead, madam.

JULIA PARADISE: Thank you very much. Hello everybody, good morning, or good afternoon as the case may be, and thank you very much for joining us for this web briefing on the Kaiser Family Foundation's Medicaid Managed Care Market Tracker. The Managed Care Market Tracker is a new resource that grows out of our ongoing work on Medicaid managed care, and it reflects the priority we attach to understanding, analyzing, and tracking this important sector of the Medicaid program and facilitating the work of others in this area.

The purpose of today's briefing is to introduce the interactive Tracker to you and demonstrate the range of its capabilities. We know there's great interest in the substantive issues related to Medicaid managed care, and it is those issues exactly that motivated this work, but this briefing is really a how-to session, so we're going to stay focused on the mechanics today.

Before I jump in to the demonstration, I'm going to provide a little background on Medicaid managed care to provide some context for this tracking project. Then I'll take you on a brief guided tour of the Tracker and show how you can use it,

and then we'll invite your questions about the Tracker, which

will give me an opportunity to demonstrate more of its

potential and, I hope, to encourage you to explore and use it

further.

Before I get started, I want to acknowledge two of my

colleagues here, Alanna Williamson and Alix Gates, who worked

hand-in-glove with me on the Tracker and who were there helping

on the web briefing as well.

As most of you on the line probably know already, risk-

based capitated managed care, in which states contract with

managed care organizations to provide comprehensive services to

Medicaid beneficiaries, plays a large role in the Medicaid

program. The role of managed care is growing as more states

establish contracting programs, and states with the existing

programs expand to include broader geographic areas, more

medically complex beneficiary groups, and, in states that have

implemented the ACA Medicaid expansion, millions of newly

eligible adults.

I want to underscore here that we're talking about

comprehensive risk-based managed care, not limited-benefit

carve-out plans or primary care case management, or other forms

of managed care in Medicaid.

As you can see on the map, currently 39 states - the

ones shown in blue here – contract with comprehensive MCOs; the

12 states shown in white do not. Of the 39 states with MCOs,

19 - those are the dark blue ones - currently report their MCO

enrollment data on their Medicaid websites. For that reason

the MCO enrollment data in our Tracker, which we'll see soon,

reflect only these 19 states at this time.

Nationally, more than half of all Medicaid

beneficiaries are now enrolled in comprehensive MCOs. Managed

care penetration rates vary widely across the states, but in

all but four of the 19 states that report their MCOs'

enrollment data, more than half of all Medicaid beneficiaries

are enrolled in MCOs, and overall across the 19 states, two-

thirds of beneficiaries are enrolled in managed care plans.

Clearly, managed care is significant in terms of

enrollment in Medicaid. It's also significant in terms of

Medicaid spending. Nationally, more than one of every four

Medicaid dollars now goes to managed care organizations. In

fiscal year 2013, this translated into roughly $124 billion in

premium payments to MCOs.

In the states for which we have MCO-specific enrollment

data - that's 18 states - the health plans in the Medicaid

states are a mix of local and regional MCOs, shown here in

orange, and MCOs owned by multi-state firms. Local and

regional plans have roughly 55 percent of the Medicaid managed

care market as measured by enrollment, and plans owned by

multi-state parent companies have about 45 percent of the

market. Notably, most of that 45 percent market share belongs

to six Fortune 500 firms that we've broken out separately here.

Those are some of the very broad contours of the

Medicaid managed care universe. Now, I'd like to pivot toward

the Tracker. As I am going to show in a minute, the Tracker

contains a broad range of data and information on managed care,

organized into three sections: state-level indicators, MCO-

level indicators, and firm-level indicators. It can be

searched, sorted, organized, and analyzed in many different

ways for different purposes. Using the state-level data, you

can find out about Medicaid managed care in a particular state

or states, compare or rank states on selected measures, and get

a national overview of managed care and Medicaid.

Using the MCO-level data, you can identify the MCOs

that have contracts with Medicaid programs, ascertain their

current enrollment, their quality, and their ownership by

multi-state parent firms, and link to key information about

those firms. Finally, using the firm-level data, you can

determine what other insurance markets parent firms are in,

link to financial information about the firms, and see which

firms own Medicaid MCOs that have incurred state sanctions.

Looking over the horizon just a little bit, we plan to

continue to build on and enhance the Tracker over time. As

other states make their MCO enrollment data publically

available, we will add them to the Tracker. We also plan to

update the data in the Tracker at regular intervals, so trend

analysis and other assessments of change will be feasible down

the road. We will also add new indicators to the Tracker as we

identify new sources of data, and finally, we will be adding

new functionality to the Tracker this time.

I am going to turn at this point to the demonstration

itself. Let's get this on the screen for you. So the Managed

Care Tracker lives on the Statehealthfacts section of Kaiser's

website. It appears here as a featured data collection if we

scroll down, right here in the corner, but you can also find it

easily just by typing "managed care" into the search box on our

website overall. I am going to go directly to the landing page

for the Tracker, which looks like this.

What you see displayed here in this panel on the left

is a list of the 14 managed care indicators that we've included

in the Tracker at this point, grouped into the three sections I

mentioned earlier. As you can see, the state-level data

include a wide range of indicators from statewide managed care

enrollment and spending, to state standards for access to care

in managed care organizations, to state actions to expand

managed care.

The MCO-level data include three types of information.

MCO-specific enrollment numbers as of September 2014 for the

states that have reported this information; quality information

for about 270 MCOs that have been ranked by NCQA, and a list of

all Medicaid MCOs linked to the parent firms that, in many

cases, own them. The parent firm-level data include market and

financial information for the 16 firms now operating Medicaid

MCOs in more than one state, and also in this section, we've

identified parent firms with MCOs that have been fined or

sanctioned by states in recent years.

I'm going demonstrate a few applications of the Tracker

now with some examples that I've prepared and then I'd like to

use your questions to show more fully what it can do. Let's

start with a very basic question. Say you want to know what

Medicaid managed care enrollment looks like across the 50

states. Since we're talking about state-level data, we are

going to go to the state-level section of the Tracker and we're

going to click the enrollment indicator. What you see is the

50-state table and you can find, for the states that report

their MCO enrollment, what their MCO enrollment is at the

state-level, and then what share of the state's total Medicaid

population that represents in the second column.

In Arizona, about 1.3 million Medicaid beneficiaries

are enrolled in MCOs and they represent 88percent of all the

Medicaid beneficiaries in the state. We can also view this

information in a map. As I scroll over Arizona, there is that

88 percent, and you can do the same thing as you roll across

the country.

I am going to go back to the table for a moment and show you that you can also rank states by clicking on a column heading. I'm going to rank them according to the percent of their population that's in managed care. We have to go down here to find a state that actually reports the information, and you can see that Hawaii is the state with the highest rate of managed care penetration at 99 percent and the state with the least penetration is Illinois with 15 percent.

Rather than looking at all the states, I also have the option to select states that interest me for one reason or another, and I'm going to just to show you this. I'm going to highlight California and Florida. Now let's say you want to look a little bit more closely at California. Specifically, you want to know which are the largest Medicaid MCOs in California. For that, we are going to back to the landing page and you can use this little button here always to go back to the main page. For a query like this, about individual MCOs, we're going to go to the MCO-level section of the Tracker and we're going to click on MCO enrollment.

Since we're interested in California, I'm going to select California and what I can see is the 22 plans that contract with the state and the enrollment associated with each of them, and since I want to rank them, find out which are the largest, I'm going to click on the column head and I can see at

the very top the plans with the largest enrollment, and they're

displayed here in descending order.

You can also clear these selections and go back and see

the plans for all of the states that report MCO-specific

enrollment, listed by state along with their MCO enrollment.

Another feature of the Tracker, if I go back to the landing

page here, is that it allows you to find out which Medicaid

MCOs are owned by multi-state parent companies. To pursue this

question, we're going to stay in MCO-level section of the

Tracker, but now we're going to select the indicator "Medicaid

MCO and their Parent Firms." I'm going to select "All" so I

can show you that this table provides a list all of the MCOs

contracting with Medicaid in all 39 states with MCOs. You can

go state by state and get the complete list, and we've also

matched them in this far right column, showing the parent firm

that owns them, where that applies.

I am going to unselect all and just zero in on

California. I can see here that six of the 22 plans in

California are owned by parent firms, and also notice here that

the parent firms are hyperlinks that I can now click on. Let's

look at Centene. I can click on Centene to get additional

information about that firm. The information in this table

shows you what other health insurance markets Centene is in, in

addition to Medicaid, and in which states. It gives you a more

comprehensive profile of Centene's activity across health

insurance markets. We can see that Centene is active in 18

states. That includes 15 Medicaid markets, 5 managed long-term

services and supports markets, 8 markets for qualified health

plans, and 1 Medicare Advantage market. This information can

also be viewed on a map, an interactive map. I have to go over

here to the panel on the left and click Centene, and what

happens as I roll over the state is that I can see which states

Centene is operating in and in which market, so you can roam

and of course you can do this for any of the other parent firms

in exactly the same way.

Let's go back to the table now and I'm going to

highlight Centene one more time to show you one more thing

here. Centene is hyperlinked here, too, as are the other

firms, and by clicking on Centene in this table, I get to a new

table that provides financial information about Centene. I can

see that it's a for-profit firm. I can find out its revenues

and profits in 2013 and I can find out if it's ranked in the

Fortune 500 and, if so, what its rank is. I want to point out

that we can get all of this firm-level information – the market

activity I just showed you and this financial information – by

by going directly to the parent firm-level section on the same

page and you can see the indicators right here.

I'm going to stop with my formal part of the

demonstration right here. I want to mention that, along with

the Tracker, we released a short report here, that highlights

some key findings about Medicaid managed care based on the

Tracker, but now I'd to take your questions as they come in to

us and use that as a way to show you what we can do with the

Tracker. We will switch gears.

I have a question here from Philip asking, "is it

possible to look at spending per enrollee by state or MCO

type?" The answer to that question is no, not in this Tracker.

There are places, if you explore the statehealthfacts section

of our website, other parts of it provide data on per enrollee

spending by state, but we don't have that information in this

tool and we don't have that information by MCO type either.

Another question from Eric who asks, "In the state-

level data, would it be possible to add in another filter on

the spending section to break out state versus federal spending

within each state?" Here again, that information is not in

this Tracker, but you can find out, state by state, what the

state versus federal share of Medicaid spending is in other

parts of the statehealthfacts section of our website, and the

state-federal matching rate is the same in managed care as it

is in other state spending.

Wendy asks, "In the states that report MCO enrollment,

do any of them break down enrollment by age, how many children

versus adults, especially in states that have expanded? We did

not collect that information and I think that that information

is probably unevenly available from state websites. Surely the

states know that information, but not all of that data is

public and so we don't have it in the Tracker, but that's

something that we should and will consider for additions to the

Tracker downstream.

Isis asked how up to date is the data and how

frequently is it updated. The answer to that question depends

on which indicator you're looking at. The enrollment data are

current as of September 2014 and we plan to update it on a

quarterly basis. For other data, it just depends on the year

for which the data were available in the primary source. Some

of the data are published annually and so we would update them

on that basis, so it will depend, but the enrollment data,

which I think a lot of people are interested in, is something

we'll update quarterly.

"What do you have on dental in general?" Marco asked.

"For example, do you have the percent of Medicaid kids in

dental MCOs?" This Tracker is confined to enrollment and other

information about comprehensive Medicaid MCO, so we do not have

information separately about dental or other limited-benefit

MCOs, dental MCOs, behavioral health organizations. We are

interested in those issues, but this Tracker is dedicated to

comprehensive managed care.

Lincoln asks, "Do you have financial data at the MCO

level?" We do not at this time. This is another item that we

are interested in adding as we can to the Tracker over time.

Christian asks to demonstrate any quality indicator information that is part of this tool. Let's go back to the Tracker and we're going to go into the MCO-level section of the Tracker and I'm going to highlight the quality ranking indicator and what we provide here are for about 270 Medicaid MCO ranked by NCQA: the accreditation status of the plan, the NCQA ranking 1-5 on three different measures – a consumer satisfaction measure, a prevention measure and a treatment measure – and then the plan's overall score. And as we've done before, for example, you can rank those, so we can see – well, if we scroll way down, we can see the plans according to their score. Let's see. I want to go back to the questions now.

"How does the data get updated?" we're asked by Dana. "If an MCO finds a discrepancy can they submit a request for change?" Absolutely. If a MCO finds a discrepancy, please let us know. We want the data to be absolutely accurate. The data gets updated by us. We have collected the enrollment information by going directly to state websites. If the data comes from secondary sources, the data will be updated from those sources.

"Can we use the Tracker to demonstrate the value of managed care organizations to state in terms of better health outcomes and lower costs?" Well, as I mentioned before, we do not have cost or spending information at the MCO level here. We do have the quality information that I just showed you from

NCQA and I think that as we build out the Tracker over time, we may be better able to get to those kinds of questions and we look forward to being able to do that.

Amber asks, "Will the Tracker be expanded to include other types of managed care, like behavioral health organizations?" The answer to that question is probably no. We want to keep this Tracker focused on comprehensive managed care, but this is part of a larger body of work that the Kaiser Family Foundation is involved in and we remain very interested in behavioral health, oral health, and other specific kinds of care that may be outside these comprehensive plans and delivered separately.

Gary asks, "Does the Tracker have the ability as yet to show us what types of Medicaid populations are handled by the plans?" It does not as yet, but that is one of the things at the top of our list for indicators to add and we'd like to know at least which populations states either mandate or permit on a voluntary basis to enroll in managed care organizations. So look for that please over the next several months.

We have a question from Rob. "Would it be possible to add additional information under states about which populations are counted in the managed care waivers?" The Tracker includes people who are covered in waivers, people who are in managed care under waivers, and we have been having some discussions internally about how to deal with the information about the

dual eligible demonstration project. I can't quite answer that

question just yet.

Dalen asks whether we can add the Medicaid enrollment

requirements by state. So far, we do have the state standards

for access to primary and speciality care in managed care

organizations. We have that information by state and that's

drawn from a recent IG report that surveyed the states on this.

As we can, we're very interested in adding to the Tracker more

information about state requirements.

Noel asked, "Is the number or percentage for individual

populations in managed care by state available?" Again, we

don't have population-specific data just yet.

David asked whether we can show the medical loss

ratios. Again, let's go back to the tracking tool, and we do

indeed have an indicator on medical loss ratios. We do not

have information yet, although we plan to add it, on state

minimum medical loss ratios, which some states do have, but we

do have data here in the state-level section on the average

medical loss ratios across the MCOs that participate in

Medicaid in any given state. Here you have Arizona's average

medical loss ratio among Medicaid MCO, which is 85 percent.

Alright, heading back to questions. "Is it possible to

break out profits per firm by state and market?" We will look

at that. If we were able to display that information, it would

be coming from firm's annual reports, which is where the profit

and revenue data come from now, so we will examine that. Nice question.

Michael asked if trending over time is possible, for example, with selectable time range. It will be. We only have a snapshot right now, with enrollment data for September 2014 and other data just for the year in which they're available – year or month – but as we update the Tracker, you will be able to trend the data over time.

We are asked whether plans with only managed long-term services and supports are included. No, as I mentioned earlier we've only included comprehensive Medicaid managed care plans in this Tracker.

"Is there any indication," we're asked, "whether additional states will begin providing MCO enrollment on their websites." I don't have an indication of it. We hope that, by publishing these data, one effect will be to encourage other states to make these data available publically. We're interested in seeing whether that happens, too.

Cost or Case [misspelled?] asked whether per-member per- month spending data are available. I'm not sure if whether you — I think you're referring to the premium payments to MCOs, and we do not have that information now, but again, we're extremely interested in identifying and reporting on spending data related to MCOs at the state-level and at the MCO-level if possible. We will continue to work on that.

Emily asked if there's a plan to add to the Tracker an indicator of quality section for any publically reported HEDIS data for MCOs. The NCQA data, if I'm not mistaken, are built up from various HEDIS and CAHPS measures. Whether we're going to add anything specifically related to HEDIS measures or potentially to the core measures that HHS has designated, is something we'll look at as we move forward with the Tracker.

We are asked by Ken, "When MCO contracts are re-bid, will the Tracker be updated? When the new contracts go live, or when the first enrollment reports for the new MCOs are released, will we update the Tracker?" States are operating on different schedules, so we can't update the Tracker every time there is a new RFP, but we do plan to update the Tracker, not just enrollment, but of course update it for plan entry and exit on a regular basis, as I mentioned, quarterly probably. It's possible that, episodically, if something big happens in the market – for example, Blue Shield of California announced its plan to acquire CareFirst to get into the Medicaid market in California – we might take a step to provide that new information outside the regular cycle.

I think that's about the end of the questions so far. I've got one more follow-up here on dental coverage. "Since dental coverage for kids is mandatory in Medicaid and CHIP, can you assume comprehensive care MCOs include dental?" We cannot assume that. It is possible that dental coverage is carved out

and we don't have that information. It's possible that it's

carved out and that the state contracts directly with the

dental health organization. Alternatively, it's possible that

the comprehensive MCO actually subcontracts this out, but we

don't have information at that level at this time.

Charlene asks whether MCO expenditures — I'm having a

little trouble reading this question. Let's go on to the next

one here and maybe we can come back to that. Sita

[misspelled?] asks, "Would it be possible to track by specific

population, such as people with mental illness, children,

pregnant women, etc.?" Again, we don't have population-

specific information here yet, but that is a priority. We

might not know immediately what the enrollment numbers look

like by population, but that's something we would strive for at

the very least. We'd like to know which populations the states

enroll in MCOs.

John asked. "Is there any pharmacy data available

through the Tracker? For example, does the MCO have to follow

the state's preferred drug list?" We do not have data specific

to pharmacy available on the Tracker at this time.

Jeffrey asks whether MCOs' timeliness or lack thereof,

with respect to payments to providers, can be determined from

the data. No, it is not possible.

Sheldon asks, "What does the expenditure include –

administrative costs, or just premium payments?" The spending

includes premium payments, but those premium payments are

comprehensive payments that would cover both the plans'

administrative and medical spending.

I think that we are out of questions at the moment. I

want to thank you all for your great questions, which have also

given us some great ideas for indicators to add going forward.

We have some information about how you can contact us for

follow-up information and we look forward to hearing more from

you and to some future webinars to get into more of the

substance. Thanks so much.

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