Debra Miller

The CSG webinar “Medicaid Managed Care: Asking the Right Questions,” broadcast on January 12, 2012, addressed one way policymakers are looking to bend the Medicaid cost curve. States are using managed care to cover about two-thirds of all Medicaid members.

Kathleen Gifford, the first panelist, summed up the promise of managed care when she said that at its best, managed care gives what fee-for-service cannot: accountability, a structure to align incentives, and budget predictability. As for whether managed care really saves money she was more sanguine, observing that states are betting it does as more and more states move more and more Medicaid enrollees into managed care.

The second panelist, Chuck Ingoglia, Vice President of Public Policy for the National Council for Community Behavioral Health Care, provided information to consider on whether to “carve-in or carve-out” behavioral health services. Under some managed care systems, behavioral health services are completely separated from physical health with their own manager and separate per member per month payments (carved out).

Finally, Representative John A. Zerwas from Texas provided the policymaker perspective. Last year the Texas legislature was tasked with closing a 27 billion dollar budget shortfall. As part of the solution, the legislature passed a bill sponsored by Rep. Zerwas to require the state submit a Medicaid waiver that would among other things expand managed care to as many as 3 million Medicaid members.

Click here to view webinar slides and hear an audio of the webinar.

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