

PCA + CHCs + Medicaid = ?

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“Being There”

90% of life is showing up...

The other 10% is being recognized when
you do...

BE EVERYWHERE !

Secrets for working with state Medicaid

- Bring your own money
- Enlist outside “expert” help
- Have a good “product” and be able to help the state agency workers “sell” it to their superiors – (the importance of data and what to do if you can’t get it).
- Never (well hardly ever) lose your temper

Case Study: Dental

Secured state budget funding

Found allies – Oral Health Task Force AND
the Dental Society

Identified the state's need

Solutions:

Remained on Fee Schedule with side payment

Regulation & “Model” agreement

Results & what remains to be done.

Case Study: 340B Pharmacy

Identified way to save Medicaid dollars

Found allies – MassHealth Pharmacy Director AND
Commonwealth Medicine

Identified the state's need

Implemented Pilot

Results:

- 100% of Medicaid estimated cost

- 75% of Charity Pool estimated cost

- (we're still working on this)

Went from 4 CHCs to 12+ to (28 projected) CHCs

Statewide P&T Committee

CASE STUDY: THE WAIVER

Who is Affected by the Waiver Changes?

- State and local governments
- Safety net providers
- Providers contracting with the Medicaid MCOs
- Essential Community Providers
- Uncompensated Care Pool
- Uninsured people

Critical Access Services, Essential Community Providers AND THE WAIVER

In process since 1983 (maybe earlier)..

A succession of commissions...

A change in attitude to managed care...

What's next?

Remember:

**All politics are local; all
budgets are short term.**

Continue doing your best and good luck!