



MERCER GOVERNMENT HUMAN SERVICES CONSULTING

Leveraging Medicaid

Strategies For Efficient Use Of Funds

For over 35 years, we have worked with 45 US states and territories. We bring the right mix of battle-tested experts and multi-disciplinary practitioners to the table to shape real-world solutions and face the toughest issues.

As states face declining tax revenues and the changing health care environment, the efficient use of state funds is more critical than ever. Leveraging Medicaid through state plan design and the strategic use of waivers can help finance critical services. States cannot afford to ignore strategies that leverage Medicaid and “braid” state funds and block grants to provide cost-effective services with proven outcomes.

Mercer has a deep knowledge bank, with winning strategies, creative ideas, tested innovations and industry-recognized

guidelines. This is our foundation, but our people bring everything to life, sharing their experience and knowledge to improve every outcome.

Fact based approaches bolstered by industry leading experience, pricing and analytics. Each approach to every project is backed by rigorous analysis and industry leading experience.



HOW MERCER CAN HELP

Mercer's team offers state health and human services leaders opportunities for improved leveraging of state funds, increased accountability, and sound strategies that accomplish service and financial goals by:

- Comparing a state's current Medicaid program to options for leveraging additional funds
- Braiding other state-only and block-grant funding sources to leverage Medicaid funds
- Proposing research-based and best practice alternatives to restrictive high-cost services and those with known poor outcomes
- Identifying standards that must be included in the state plan as distinct from the details necessary for state regulations and provider manuals.
- Defining the services and utilization goals and costs that become the basis for rate setting and determining the fiscal impact of state plan or waiver changes
- Setting Centers for Medicare and Medicaid Services (CMS) approvable fee-for-service and actuarially sound capitated rates

ACHIEVING RESULTS

- Inclusion of more than \$50 million in cost-effective service alternatives in a state plan to reduce the risk of a CMS audit while having a cost-neutral impact on the state's budget.
- A rewrite of hospital, other licensed practitioner, rehabilitation and early periodic screening, diagnosis, and treatment state plans to protect the state from further CMS disallowances.
- A review of the state plan and home- and community-based services definitions of targeted case management to ensure compliance with changing federal requirements.

We help ready our clients for what's next: the next policy, the next budget, the next administration, the next opportunity.

We deliver an individualized focus, powered by industry-leading experience, integrated capabilities and passionate people. We help clients achieve better outcomes, develop and deploy defensible strategies, and reshape the delivery of health care.

Offices in Atlanta, Minneapolis, Phoenix and Washington, DC
Contact us at (612) 642 8889
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