



Leveraging Medicaid Managed Care for Justice Populations

This brief is for public safety leaders, state Medicaid agency personnel, Medicaid managed care organizations, and policymakers who work on issues related to criminal justice and behavioral health. It explains how operationalizing relationships between managed care organizations and public safety agencies can better facilitate access to community-based healthcare for individuals being released from jails or prisons.

What is managed care, and how does it relate to Medicaid?

Managed care is a system of monitoring the costs, utilization, and quality of healthcare service delivery. Toward these goals, states contract with various types of managed care organizations (MCOs) to manage the delivery of Medicaid-covered services to some or all of their Medicaid populations. About eight out of 10 Medicaid enrollees also are enrolled in some form of managed care.¹ There are usually at least two different health plans for enrollees to choose from in each state. As more justice-involved individuals sign up for healthcare coverage, they are also becoming members of these Medicaid managed care plans.

Most states contractually require MCOs to administer a care management program for individuals with chronic conditions that can put the individual and the plan at risk. Once enrolled into this program, each member has an assigned care coordinator who is responsible for facilitating access to care. Connecting high-risk individuals who are enrolled in Medicaid managed care to their care coordinators leverages additional resources entitled to the individuals, but for which they may not be able to access on their own.

How does Medicaid managed care intersect with the justice system?

There is an opportunity for partnership between justice agencies and interested MCOs, whereby all individuals being released from jail or prison who are enrolled in Medicaid managed care can be connected to a care coordinator, so that the MCO can leverage Medicaid resources to make the individual's transition to the community seamless. MCOs can schedule appointments and arrange transportation to primary care and behavioral health treatment or to the pharmacy.

By successfully connecting individuals released from jail or prison to Medicaid MCOs and their care management programs, large numbers of people with unmet behavioral health needs who cycle in and out of the criminal justice system can begin receiving treatment in the community. This has the potential to transform the way in which public resources are applied to these problems. By working across systems, the factors underlying justice-system involvement for many individuals—untreated or undertreated substance use and/or mental health disorders—can be identified at the earliest possible point of system contact, and individuals can be connected to community-based care. This will help reduce justice costs by right-sizing the system and healthcare costs through targeting resources to high-risk populations at a point of heightened chance of overdose, hospitalization, and death.^{2,3,4}

How can connections be made between justice-involved individuals and MCO care management?

Several important steps are necessary to systematically facilitate these connections:

1. Insurance verification and enrollment. First, there must be a process by which justice agencies can determine whether or not an individual is enrolled in Medicaid. Each state has an information technology system that allows Medicaid providers to make eligibility inquiries using information such as name and date of birth. There are two ways for the justice system to access this information:
 - The state Medicaid agency can grant the justice agency access to the system.
 - The justice agency can contract or partner with an existing, community-based organization that is a Medicaid provider with the ability to perform the eligibility inquiries.

Individuals who are not already enrolled can be screened for eligibility and assisted with applications. In regions with managed care, individuals approved for Medicaid are soon thereafter enrolled into a managed care plan. Some states, such as Ohio, require the managed care enrollment to occur the same day as release to expedite the connection between enrollees and their health plan.⁵ In other states, the managed care enrollment process happens after an individual is released.

2. Warm handoff between the justice agency and MCO care coordinators. Agreements between justice agencies and MCOs can help to make connection to care more certain and structured. Such agreements can be initiated between MCOs and public safety agencies, or they can be required by state Medicaid agencies through contracting requirements. For example, the state of Ohio contractually requires MCOs to coordinate with public safety agencies regarding the transitioning of individuals from detention into the community.⁶

About the Center for Health and Justice at TASC

TASC, Inc. (Treatment Alternatives for Safe Communities) provides evidence-based services to reduce rearrest and facilitate recovery for people with substance use and mental health issues. Nationally and internationally, TASC's Center for Health and Justice offers consultation, training, and public policy solutions that save money, support public safety, and improve community health.

TASC's Medicaid Policy Series is designed to help leaders maximize the opportunities of Medicaid expansion in order to more swiftly and effectively connect justice populations to healthcare services in the community. The lead author of the series is TASC Administrator of Medicaid Policy and Program Development Sherie Arriazola.

For further information, or to find out about TASC's consulting services, contact:

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Endnotes

- ¹ Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. (n.d). *Managed care*. Retrieved from <https://www.medicare.gov/medicaid-chip-program-information/by-topics/delivery-systems/managed-care/managed-care-site.html>.
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- ⁴ Wang, E. A., Wang, Y. F., & Krumholz, H. M. (2013). A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: A retrospective matched cohort study, 2002 to 2010. *JAMA Internal Medicine*, 173(17), 1621-1628. doi:10.1001/jamainternmed.2013.9008.
- ⁵ Ohio Department of Medicaid. (2015). *Ohio medical assistance provider agreement for managed care plan*. Retrieved from <http://medicaid.ohio.gov/Portals/0/Providers/ProviderTypes/Managed%20Care/Provider%20Agreements/ManagedCare-PA-201601.pdf>.
- ⁶ Ibid.