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Medicaid Managed Care

Person completing this chapter: _____

Role _____

Date: _____

Additional Individuals and Affiliations Completing this Chapter: _____

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WHO IS THIS CHAPTER FOR?

- The primary audience for this chapter is state Title V program leaders and staff.

- If applicable, we encourage you to collaborate with colleagues in other departments within Title V or other state agencies who may play a larger role in Medicaid Managed Care in your state.

WHY IT MATTERS:

- Most states have some form of Medicaid managed care (MMC) arrangements. Whether or not specific Medicaid Managed Care Organizations (MCOs) are tailored to them, CYSHCN are enrolled in MMC coverage. Understanding MCOs can help Title V CYSHCN staff be prepared to engage with these entities with an eye toward collaboration to improve the system of services for CYSHCN.

- By collaborating with MCOs, Title V CYSHCN programs can help ensure the needs of CYSHCN are met and help develop innovative practices to improve the system of services, health, and quality of life for CYSHCN and their families.

WHAT YOU WILL LEARN:

- An overview of Medicaid Managed Care (MMC)

- The process of selecting and contracting with Medicaid managed care organizations

- State requirements related to MMC quality and how to find state reported quality data

1. INTRODUCTION

Medicaid managed care is a common mechanism for financing health care services for CYSHCN. In fact, 47 states use some form of Medicaid managed care (MMC) to serve children and youth with special health care needs (CYSHCN).[40]

Managed care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care (MMC) programs deliver physical and behavioral health benefits along with additional services through contractual arrangements between state Medicaid programs and managed care organizations (MCOs) through a set per member per month (PMPM) payment for services.[41] The structure of state Medicaid managed care models varies by state.

When state Medicaid programs design their managed care delivery systems, they must determine which Medicaid beneficiaries will be enrolled in managed care. In the past, many states exempted CYSHCN from enrollment in MMC because of the complex health needs and number of specialized services often required by CYSHCN. More

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[40] Honsberger, K., & VanLandeghem, K. (2017). *State Medicaid Managed Care Enrollment and Design for Children and Youth with Special Health Care Needs: A 50 State Review of Medicaid Managed Care Contracts*. https://www.nashp.org/wp-content/uploads/2017/09/50-State-Scan-Issue-Brief.pdf

[41] Ibid.

recently, however, state Medicaid agencies have begun enrolling CYSHCN into MMC with the aims of enhancing care coordination, controlling health care costs, and improving health care quality and outcomes.[42]

Title V and Medicaid often refer to CYSHCN differently. In state Medicaid agencies, for example, children and youth in certain Medicaid eligibility groups are considered CYSHCN. These groups may include those eligible for the Medicaid Aged, Blind, and Disabled (ABD) aid category, those receiving Supplemental Security Income (SSI), those who are in foster care or receiving adoption assistance, indigenous youth, and children enrolled in Home- and Community-based Service 1915(c) waiver programs. Some state Medicaid programs have also designed and implemented MMC programs to exclusively serve specific populations of CYSHCN. For example, nine states have specialized MMC programs for children and youth in foster care, six have MMC programs for children and youth eligible through the ABD Medicaid aid category, and five states have MMC programs for children and youth enrolled in 1915(c) waiver programs. (For additional information about definitions of CYSHCN, check out the Catalyst Center brief The Role of State Medicaid and Title V Program Definitions of Children and Youth with Special Health Care Needs in the Provision of Services and Supports.)

State Medicaid agencies can make programmatic decisions within their MMC programs to ensure that CYSHCN receive high-quality support. Twenty-nine states include a definition of CYSHCN in their MMC contracts to support identification of CYSHCN and determine eligibility for specific services and supports, such as enhanced assessment and care coordination.[43] Thirty-seven states also include specific MMC contract language regarding quality measures for services provided to CYSHCN.[44]

As with each chapter in this tool, it is not necessary to complete every single question for the tool be useful to you.

> If you would like support, the Catalyst Center is here to help. Reach out to us at cyshcn@bu.edu.

2. MEDICAID MANAGED CARE IN YOUR STATE

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RESOURCES

To find information in this section, try the following resources:

- Review your state's profile on the Commonwealth Fund's Medicaid Managed Care Database, https://www.commonwealthfund.org/medicaid-managed-care-database#/
- Visit your state's Medicaid agency website and use the site map to navigate to pages that may focus specifically on managed care
- Find information on Medicaid Managed Care for CYSHCN using this NASHP resource, National Academy for State Health Policy. 2020. State Medicaid Managed Care Program Design for Children and Youth with Special Health Care Needs. https://www.nashp.org/state-medicaid-managed-care-program-design-for-children-and-youth-with-special-health-care-needs/
- The Centers for Medicare and Medicaid Services (CMS) publishes reports on Medicaid Managed Care enrollment, https://www.medicaid.gov/medicaid/managed-care/enrollment-report/index.html
- If you get stuck, reach out to the Catalyst Center at cyshcn@bu.edu

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[42] Ibid.

[43] Randi, O., & Honsberger, K. (2020). *States Are Increasing Their Use of Medicaid Managed Care for Children and Youth with Special Health Care Needs.* https://www.nashp.org/states-are-increasing-their-use-of-medicaid-managed-care-for-children-and-youth-with-special-health-care-needs/.

[44] Ibid.

Essential Public Health Service #4 & #10	What are the Medicaid Managed Care Organizations (MCO) in your state that serve children, including CYSHCN?

What are the Medicaid Managed Care Organizations (MCO) in your state that serve children, including CYSHCN?

The first row in the table below shows an example of how to complete it.

- *Population Served* refers to whether the MCO serves all children, including CYSHCN, or a specific population of children (e.g., children in foster care)
- *Specific Services* refers to whether the MCO covers specific types of services only (e.g., dental or behavioral health)
- *Geographic Area* refers to the part of the state that the MCO covers (e.g., statewide, specific counties, etc.)
- The Kaiser Family Foundation's State Health Facts page, especially the Medicaid Managed Care Market Tracker, may be a place to start (keep in mind that MCO contracts may have been updated since the date the resource was last revised: https://www.kff.org/state-category/medicaid-chip/

MCO Name	Population Served	Specific Services (if any)	Geographic Area
Kids R Us	*children in foster care*	*N/A*	*State-wide*

State MCO contracts vary in length. For each of the MCOs you listed above, record the start and end of the contract.

TIP: This information will be helpful for the section below on the MMC Procurement Process.
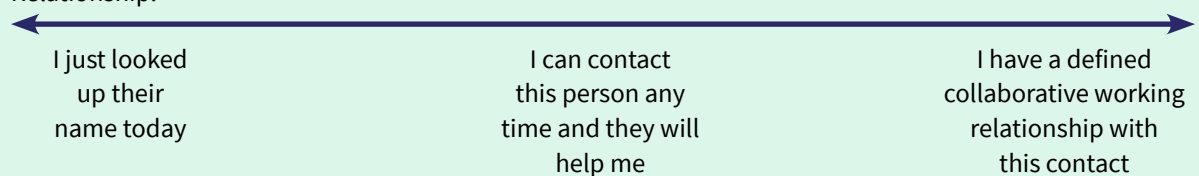
MCO Name	Start of Contract	End of Contract

Who are the MCO staff that the state CYSCHN program has relationships with? What is their contact information?

MCO Name	Staff Name	Job Title	Contact Information	Brief Role Description

For each of the individuals above, assess the relationship with Title V using the scale below:

Staff name:

Relationship:

⟵――――――――――――――――――――――――――⟶

I just looked up their name today	I can contact this person any time and they will help me	I have a defined collaborative working relationship with this contact

For each contact, consider where you might want the relationship to be, and how you could move it along the continuum above.

3. THE MEDICAID MANAGED CARE PROCUREMENT PROCESS
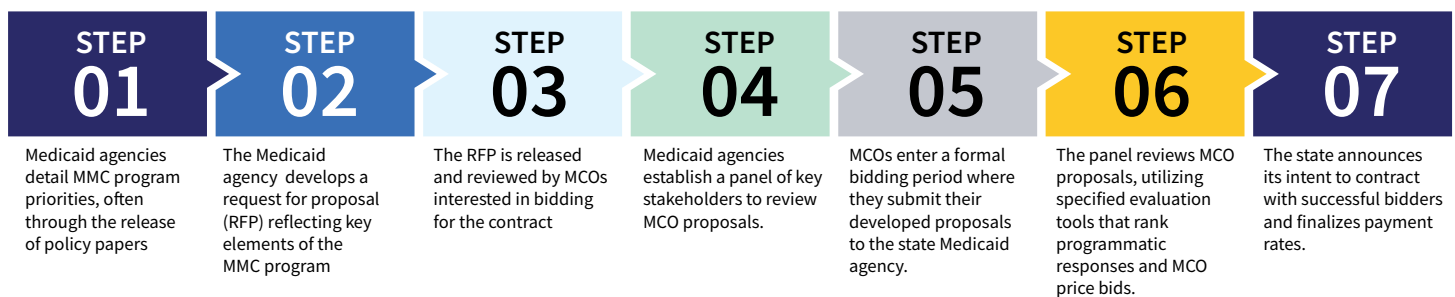
BLOCK GRANT TIP:

Incorporate information from this section into the Overview of the State in your Block Grant Application/Annual Report.

The MMC procurement process is the process by which state Medicaid agencies solicit bids from one or more Medicaid Managed Care Organizations (MCO), and then contract with the ones that meet their requirements to provide services to Medicaid beneficiaries in the state.

The following are the essential steps to the MMC program procurement process. It is important to note that at certain stages of the process, a state Medicaid agency will be required to enter into a "quiet period" during which external discussion of the MMC program procurement can be prohibited. As mentioned above, state contracts with MCOs vary in length. States also have specific laws and regulations for procurement timelines. Minnesota, for example, requires MCO re-procurement to occur every five years.[45]

Engagement in the MMC procurement process can be an important way for Title V to contribute their subject matter expertise to the design of a MMC program, support the alignment of Title V and Medicaid mutual goals and priorities, and improve the system of services for CYSHCN.[46]

Title V has opportunities at various stages of the MMC procurement process to collaborate with Medicaid colleagues. The examples below illustrate these opportunities.

STEP 01	STEP 02	STEP 03	STEP 04	STEP 05	STEP 06	STEP 07
Medicaid agencies detail MMC program priorities, often through the release of policy papers	The Medicaid agency develops a request for proposal (RFP) reflecting key elements of the MMC program	The RFP is released and reviewed by MCOs interested in bidding for the contract	Medicaid agencies establish a panel of key stakeholders to review MCO proposals.	MCOs enter a formal bidding period where they submit their developed proposals to the state Medicaid agency.	The panel reviews MCO proposals, utilizing specified evaluation tools that rank programmatic responses and MCO price bids.	The state announces its intent to contract with successful bidders and finalizes payment rates.

Step 1: Medicaid agencies detail MMC program priorities, often through the release of policy papers.

- North Carolina issued a series of policy papers highlighting the state's goals and strategies for advancing primary care as it transitions to a MMC model.[47] The state's paper on their behavioral health and intellectual/developmental disability-tailored MMC program focuses on care coordination, family-centered care, and approaches to delivering whole-person care to children with complex health conditions.[48] Louisiana published a white paper on the vision for its MMC program with a focus on care coordination, health equity, and delivery system reform.[49] Policy papers can be valuable resources to learn more about and establish MMC program priorities.

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[45] Marquardt, J., & Weiner, P. (2019). *Managed Care Procurement and Contracting*. Minnesota Department of Human Services. https://www.senate.mn/committees/2019-2020/3095_Committee_on_Health_and_Human_Services_Finance_and_Policy/DHS%20Managed%20Care%20Procurement.pdf

[46] Steps in the procurement process adapted from: Girmash, E., & Creveling, E. (2021). *Strengthening Title V - Medicaid Managed Care Collaborations to Improve Care for CYSHCN*. https://ciswh.org/wp-content/uploads/2021/09/MMC-mini-brief-final.pdf

[47] North Carolina Department of Health and Human Services. (n.d.). *Policy Papers*. https://www.ncdhhs.gov/divisions/aging-and-adult-services/nc-emergency-solutions-grant/policy-papers.

[48] North Carolina Department of Health and Human Services. (2019). *North Carolina's Care Management Strategy for Behavioral Health and Intellectual/Developmental Disability Tailored Plans*. https://files.nc.gov/ncdhhs/TailoredPlan-CareManagement-PolicyPaper-FINAL-20180529.pdf.

[49] Louisiana Medicaid Bureau of Health Services Financing. (2018). *Paving the Way to a Healthier Louisiana: Advancing Medicaid Managed Care*. https://ldh.la.gov/assets/HealthyLa/LDH_MCO_RFP_WP.pdf.

Step 2: The state develops a request for proposals reflecting key elements of the MMC program.

- Ohio recently released an RFP for their MMC program that focused on access to telehealth services for members as a part of a population health approach to center the needs of families and remove barriers to care.[50] A recent Minnesota RFP asked potential MCOs to detail strategies for connecting families to social supports as well as efforts to address structural racism within systems and processes.[51]

- Texas uses workgroups comprised of subject matter experts to develop the priorities and details of RFPs, including service coordination, continuity of care, behavioral health services, and quality measurement.[52] In 2019, Michigan's Title V CYSHCN program joined the state Managed Care Plan Division.[53] The state's Title V program was involved in the contracting process and included language encouraging MCOs to discuss medical transition with clients transferring from pediatric to adult care in the new managed care program

Step 3: The RFP is released and reviewed by MCOs interested in bidding for the contract.

Step 4: Medicaid agencies establish a panel of key stakeholders to review MCO proposals.

- During the procurement process for Virginia's largest MMC program called Medallion 4.0, the Medicaid agency invited Title V representatives to participate in the procurement review panel that selected the participating MCOs.[54]

Step 5: MCOs enter a formal bidding period where they submit their developed proposals to the state Medicaid agency for review.

Step 6: The panel reviews the submitted MCO proposals using specified evaluation tools that rank the proposals and the MCO price bids.

Step 7: The state announces its intent to contract with successful bidders and finalizes payment rates.

FOCUS ON EQUITY:

Participating in the Medicaid Managed Care procurement process is an opportunity to advance equity in your state by:

- Engaging interested parties to ensure that managed care organizations will meet their needs

- Elevating the population-specific needs of CYSHCN in the design of managed care programs, including the needs of children in foster care

- Naming the role of ableism in impacting health outcomes

- Emphasizing network adequacy for rural populations

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[50] Ohio Medicaid Managed Care. (2021, June). *Managed Care Procurement*. https://managedcare.medicaid.ohio.gov/wps/portal/gov/manc/managed-care/managed-care-procurement/managed-care-procurement

[51] Bailit Health. (2021). *Medicaid Managed Care Contract Language: Health Disparities and Health Equity*. https://www.shvs.org/wp-content/uploads/2021/02/SHVS-MCO-Contract-Language-Healthy-Equity-and-Disparities_February-2021.pdf.

[52] Mercer Health & Benefits LLC. (2019). *Medicaid Managed Care Procurements Assessment*. https://cdn.ymaws.com/www.tahp.org/resource/collection/58370A51-FC37-4215-8FDA-6CFD83BBC17D/12-17-19_HHSC_Medicaid_Managed_Care_Procuremen.pdf.

[53] Michigan Department of Health and Human Services. (2020). *Michigan Maternal and Child Health Services Title V Block Grant 2021 Application / 2019 Annual Report*. https://www.michigan.gov/documents/mdhhs/MI_Title_V_Print_Version_FY21_PUBLIC_COMMENT_v.5_693092_7.pdf

[54] Virginia Department of Health. (2019). *Virginia Maternal and Child Health Services Title V Block Grant 2020 Application / 2018 Annual Report*. https://www.vdh.virginia.gov/content/uploads/sites/16/2019/07/FINAL-FY20-FY18-VA_TitleV_PrintVersion_FY20_fbdf0bf5-17d9-44f5-a1e8-d26df865a47c.pdf.

Essential Public Health Service #4 & #7	**Reflection Questions:**	
	What stages of Medicaid Managed Care procurement have staff from your state's Title V program been engaged with to date? • What was the impact of the engagement? • What did you want the impact of the engagement to be? • What lessons did you learn from the experience?	
	What could your state's Title V role be in each of the stages? • Define and articulate Title V role • Describe assets and strengths related to that role • Identify places Title V can influence • Identify strategies or actions you might take to participate in the MMC procurement process	

4. MEDICAID MANAGED CARE QUALITY

Quality of care and services is always important, but especially so for Medicaid beneficiaries as state Medicaid programs serve the most vulnerable individuals in the state, especially among children. The Centers for Medicare and Medicaid Services (CMS) currently uses a definition of quality from the National Academy of Medicine, "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."[55] States are required by federal regulation 42 CFR § 438.340 to develop and maintain a quality strategy that assesses and improves the quality of Medicaid managed care services.[56] Requirements include the development of a state quality strategy and external quality review (EQR).

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55 Centers for Medicare & Medicaid Services. (2021, December 1). *Quality Measurement and Quality Improvement.* https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Quality-Measure-and-Quality-Improvement-

56 Managed Care State Quality Strategy, 42 CFR § 438.340 (2016). https://www.law.cornell.edu/cfr/text/42/438.340.

State Quality Strategy

According to 42 CFR 438.340(c) (1) each state is responsible for submitting a copy of its quality strategy to CMS. States must also submit regular reports on the implementation and effectiveness of the quality strategy.

According to the National Health Law Program, the Healthcare Effectiveness Data and Information Set (HEDIS) is the most common set of performance measures in MMC.[57] Many states also incorporate the CMS Medicaid/CHIP Child Core Set measures into their quality strategy. The state quality strategy must include the following at a minimum:

- The state's standards for access to care, structure and operations, and quality measurement and improvement;

- Procedures for regularly monitoring and evaluating plan compliance with state standards;

- National performance measures identified and developed by the Centers for Medicare & Medicaid Services (CMS);

- Arrangements for external independent reviews of quality outcomes and access to services;

- Intermediate sanctions for plans;

- A state information system that supports operation and review of the state's quality strategy

- State-defined network adequacy and availability of services standards for managed care;

- Measurable goals and objectives for continuous quality improvement, taking into account population health status;

- Performance targets, performance measures, quality measures, and performance outcomes that will be measured and reported;

- Performance improvement projects and other interventions proposed to improve access, quality, or timeliness of care;

- Description of the state's care transition policy;

- Description of the state's plan to address health care disparities; and,

- Mechanisms to identify persons who need long-term services and supports or persons with special health care needs (42 CFR 438.340).

States must make the quality strategy available for public comment and obtain input from its medical care advisory committee, beneficiaries, and other stakeholders before submitting the draft strategy to CMS for review. States must also conduct an evaluation of the effectiveness of the quality strategy and update the strategy as needed, but no less than once every three years. The quality strategy must also be made available online to the public.

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[57] Machledt, D. (2021). *Finding and Analyzing Medicaid Quality Measures*. https://healthlaw.org/wp-content/uploads/2021/01/NHeLP_AnalyzingCoreMeasures01202021_embeddedlinks.pdf.

You should be able to find your state's Medicaid Quality Strategy through an internet search. Take a moment to search for it now and bookmark the website. If the state quality strategy is open for public comment, consider lending Title V's expertise to comment on the strategy.

External Quality Review

States that utilize MMC must also contract with at least one External Quality Review Organization (EQRO). Under its contract, the EQRO conducts the annual External Quality Review (EQR) and produces an annual EQR report. According to CMS, an External Quality Review is the analysis and evaluation by an external review organization of information on quality, timeliness, and access to health care services that a managed care plan provides to Medicaid beneficiaries.[58]

Required EQR activities are described in 42 CFR 438.358. CMS requires that all states have final EQR reports available to CMS and the public by April 30 of each year.

Explore the EQR report for your state and enter some of your state's data in the table below.

Essential Public Health Service #1 & #7	Data available here: https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html Scroll down to "EQR Annual Reporting" and download the findings from the 2020-2021 reporting cycle. Open the document "EQR_Table_1_EQROs" and find your state.	
	What is the name of the EQRO for your state?	
	Open the document "EQR_Table_3_Measures" Did your state include the following performance measures in the 2020-2021 EQR report? If so, record the data in the corresponding cell below.	
	Childhood Immunization Status	
	Developmental Screening in the first three years of life	
	Leading screening in children	
	Well-child visits in the first 15 months of life	
	Follow-up care for children prescribed ADHD medication	
	Further, explore Table 3 or other table and record two additional items of interest below.	
	Indicator 1:	
	Indicator 2:	

[58] United States Department of Health and Human Services. (n.d.-a). *Quality of Care External Quality Review*. https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html

Essential Public Health Service #4	**Reflection Questions:**	
	What is Title V's current role related to MMC quality and CYSHCN?	
	What would you like Title V's role related to MMC quality and CYSHCN to be?	

5. MEDICAID MANAGED CARE DATA

Medicaid Managed Care organizations collect their own data, and as described above, data is collected and reported as part of the process for ensuring quality under a managed care model.

Essential Public Health Service #4	Reviewing the state Medicaid and/or state MCO websites and any reports you found related to the MCOs that serve CYSHCN in the state, complete the table below.			
	MCO Name	**What quality-related data is reported that has relevance to CYSHCN?**	**Is the data related to CYSHCN available by demographic categories? (e.g., race/ethnicity, age, geography, primary language, etc.)**	**Does Title V and the MCO have a data sharing agreement? If so, what data relevant to CYSCHN does it include?**

Essential Public Health Service #1 & #4	**Reflection Questions:**	
	What data that Title V collects could be shared with MCOs?	
	What data from MCOs would Title V find valuable?	

6. TITLE V ROLE AND MEDICAID MANAGED CARE

As described in the introduction, the 10 Essential Public Health Services are a key framework underpinning this workbook. Complete the table below to assess your state Title V program's level of activity related to Medicaid Managed Care and level of capacity to participate in work related to MMC.

In addition to the examples of Title V collaboration in the MMC Procurement process described in Section 3, state Title V agencies can also:

- Share their expertise in delivering services, including care coordination, to CYSHCN[59]

- Elevate the importance of transition planning as an important service within managed care arrangements and contribute to establishing financing for transition services within managed care[60, 61]

- Partner with MMC to establish quality measures that reflect the needs of CYSHCN[62]

- Elevate examples of MCO contract language that is specifically tailored to support CYSHCN. The Following resources may be especially helpful:

  - [Serving Children and Youth with Special Health Care Needs in Medicaid Managed Care: Contract Language and the Contracting Process](#)

- Elevate the *National Standards for CYSHCN* as a resource to inform MMC contracting processes

  - For examples, see [How States Use the National Standards for CYSHCN to Strengthen Medicaid Managed Care for Children with Special Health Care Needs](#)

[59] Eichner, H., & Honsberger, K. (2018, July 18). *How State Medicaid and Title V Partnerships Improve Care for Children with Special Health Care Needs in Medicaid Managed Care*. https://www.nashp.org/how-state-medicaid-and-title-v-partnerships-improve-care-for-children-with-special-health-care-needs-in-medicaid-managed-care/

[60] McManus, M., White, P., & Schmidt, A. (n.d.). *A Guide for Designing a Value-Based Payment Initiative for Pediatric-to- Adult Transitional Care*. https://static1.squarespace.com/static/5871c0e9db29d687bc4726f2/t/62a1430da00186530349c9fc/1654735630307/Guide+for+Designing+VBP+Initiative+for+HCT+-+Updated.pdf

[61] Eichner, H., & Honsberger, K. (2018, July 18). *How State Medicaid and Title V Partnerships Improve Care for Children with Special Health Care Needs in Medicaid Managed Care*. https://www.nashp.org/how-state-medicaid-and-title-v-partnerships-improve-care-for-children-with-special-health-care-needs-in-medicaid-managed-care/

[62] Girmash, E., & Creveling, E. (2021). *Strengthening Title V - Medicaid Managed Care Collaborations to Improve Care for CYSHCN*. https://ciswh.org/wp-content/uploads/2021/09/MMC-mini-brief-final.pdf

The table below is adapted from State Title V Roles in Health Reforms Including the Affordable Care Act: A Title V State Access to Care Assessment Tool*, A product of the* National MCH Workforce Development Center*.*

1 – Not applicable   2 – No activity/capacity   3 – Low activity/capacity   4 – Moderate activity/capacity   5 – Strong activity/capacity

Essential Public Health Service	Current Activity and Capacity	Comments
Assess and monitor population health status, factors that influence health, and community needs and assets	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Investigate, diagnose, and address health problems and hazards affecting the population	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Strengthen, support, and mobilize communities and partnerships to improve health	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Create, champion, and implement policies, plans, and laws that impact health	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Utilize legal and regulatory actions designed to improve and protect the public's health	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Assure and effective system that enables equitable access to the individual services and care needed to be healthy	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Build and support a diverse and skilled public health workforce	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	
Build and maintain a strong organizational structure for public health	Activity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Capacity ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

7. RESOURCES

- The Association of Maternal and Child Health Programs & the National Academy for State Health Policy. 2018. Serving Children and Youth with Special Health Care Needs in Medicaid Managed Care: Contract Language and the Contracting Process. https://amchp.org/resources/serving-children-and-youth-with-special-health-care-needs-in-medicaid-managed-care-contract-language-and-the-contracting-process/

- The Commonwealth Fund. Medicaid Managed Care Database. https://www.commonwealthfund.org/medicaid-managed-care-database#/

- Georgetown Center for Children and Families. 2021. Medicaid Learning Lab, Session 6: Medicaid Managed Care. https://ccf.georgetown.edu/2021/02/05/medicaid-learning-lab/

- Georgetown Center for Children and Families. Managed Care Resource Page. https://ccf.georgetown.edu/subtopic/managed-care/
Kaiser Family Foundation. 2022. 10 Things to Know about Medicaid Managed Care. https://ccf.georgetown.edu/2021/02/05/medicaid-learning-lab/

- Kaiser Family Foundation. Medicaid Managed Care Market Tracker. https://www.kff.org/data-collection/medicaid-managed-care-market-tracker/

- Manatt. 2018. Webinar: Children with Special Healthcare Needs in Medicaid Managed Care. https://www.manatt.com/insights/webinars/nine-part-medicaid-managed-care-webinar-series

- Medicaid and CHIP Access and Payment Commission (MACPAC). Managed Care Topic Page. https://www.macpac.gov/topics/managed-care/

- Medicaid.gov. Managed Care Topic Page. https://www.medicaid.gov/medicaid/managed-care/index.html

- National Academy for State Health Policy. Medicaid Managed Care Resource Center. https://www.nashp.org/noslo-medicaid-managed-care/

- National Academy for State Health Policy. 2020. State Medicaid Managed Care Program Design for Children and Youth with Special Health Care Needs. https://www.nashp.org/state-medicaid-managed-care-program-design-for-children-and-youth-with-special-health-care-needs/

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