



MeridianHealth

Karen Brach, President Meridian-Illinois
**Medicaid Waivers –
A Future of Innovation, A Danger of Disruption**



Who We Are

“We need to be clear on what our value proposition is with our State customers. Anybody can be a TPA and answer phones; Meridian’s value proposition is improving outcomes.”



Dr. David Cotton
CEO/Founder, Meridian

- Privately-held, Physician led
- Responsible for over 390,000 IL Medicaid beneficiaries
- Only NCQA **Commendable** Accredited IL Medicaid MCO
- **9 Highest Performing Measures**
- Dedicated to Strong Provider/ Stakeholder Relationships
- Locally-based Staff with over 100 Years of collective Medicaid experience

What We Hold True: Care. Above All Else.



Who We Are: Dedication to Illinois

2008

MeridianHealth launches in Illinois-Voluntary Program

Membership: 9



2012

Chicago office moves



2014

Meridian Complete (MMAI) launches operations in IL



“Migration”-Mandatory Enrollment into managed care regions (FHP/ACA, ICP)

Addition of ACE’s and CCE’s

Membership: 147,461

2016

Meridian transitions **over 137,000** Advocate and CCP Enrollees

Meridian launches new logo and brand identity



Prepare for Central Illinois expansion

Membership 355,921

1997

Meridian Founded

Dr. Cotton obtains Central Michigan Health Plan



2011

Integrated Care Plan (Implementation May, 1 2011)



MeridianRx launches



Meridian Medicare launches

Membership: 6,744

2013

Meridian expands to additional counties at HFS request

Membership: 31,948

2015

Continued Migration of over 60% of Medicaid lives to managed care plans

Membership: 342,844

2017

HFS issues state-wide RFP

Meridian awarded contract, **expands state-wide all 102 counties**



Membership 382,748

Impact of Waivers

- Involve health plans at the beginning of the conversation to:
 - Minimize member transition of care disruption
 - Increase provider awareness and preparedness at transition
 - Support provider “engagement”
 - Encourage stakeholder involvement in program development

Every state has nuances- health plans have experience in a variety of markets managing various waivers

Payor to State: What We Need

1

Formal Documentation of Changes in Policy

2

Ongoing Communication

3

Understanding of Payor Systems and Processes

4

Stakeholder Education

5

Recognition of Implementation Timeframes

Example of Collaboration

- **Michigan Behavioral Health Carve-In**

- Initial Stakeholder engagement
- Collaboration amongst plans and providers
- Pilot program
- Program/Pilot evaluation

