ISSUE	MCOs	EXCHANGE CARRIERS
Annual Program cost increase	Annual average rate of increase 3.8%	2018 rate increases exceed 40%
Rate setting	Rates set by DHHS's actuary and contract between DHHS and the MCOs	Carriers set rates subject to NHID approval
Care Management	MCOs have expertise in specialized care management programs for complex Medicaid members with emphasis on social determinants of health	Less expertise in care management of complex low income individuals among some carriers
Integrated Services	MCOs have an integrated platform where transportation assistance, behavioral health and SUD services among others are managed and centrally coordinated	DHHS must provide wrap around services. Members do not have "one stop shopping" to coordinate their needs
Reporting/Accountability	MCOs advance accountability through their required reporting on every level of performance, quality initiatives, payment reform efforts, and delivery system performance giving the state clear insight into what it is buying and providing cost and quality transparency for public funds	Carriers have less robust accountability requirements for cost and quality.
Provider Reimbursement	MCOs reimburse providers based on the Medicaid fee schedule	Carriers pay providers commercial reimbursement rates
Managing Churn Costs	MCOs have the ability to support DHHS efforts to decrease churn and avoid unnecessary gaps in coverage that increase costs	Significant churn occurring
Individual Market Stability	Expansion adults returning to managed care insulates other QHP members from rate spikes attributable to the NHHPP members	Continued coverage of Medicaid expansion population impacts individual rates
Risk Management	MCO rate setting can be more precise based on member complexity, and MCOs work directly with members and providers to manage complex member needs	Redirecting high cost members into managed care may not be permitted under current model; high cost is not a proxy for medically frail
Network	MCOs have comprehensive state wide networks	Some carriers have limited networks
Community Health Workers	MCOs have community health workers on staff who conduct home visits for at risk members with chronic conditions	Carriers rely on FQHCs and other community agencies to provide community health workers leaving access to the service highly variable across the state
PMPM	Bridge program claims PMPM risk adjusted and trended forward $445	PAP claims PMPM (2016) $538 excludes wrap around benefit costs.

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