How are university-state partnerships structured?

Examples, case studies and discussion
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  - Coordinates transformation of post acute care services with federally qualified health center sites.
  - Enhances inter-professional education among OSU's health sciences colleges.

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- Manages federal revenue claiming, compliance and third-party liability activities.
- Consults with government agency clients and universities seeking to develop public partnerships.
- **Background**: Managing Director of Federal Revenue for UMass, Assistant General Counsel for Massachusetts departments of Medicaid and Public Welfare

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History of University-State Partnerships

- The 1990s brought sweeping changes to Medicaid; program became largest budgetary item in many states.
- Most states turned to private sector consultants for assistance; others also turned to their state universities.
- More than a dozen relationships have developed between state agencies and public university systems.*
- Services provided include research, program evaluation, clinical and policy guidance, IT, data collection & analytics.
- ACA will continue to bring challenges to Medicaid.

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Partnership Examples

• The Cutler Institute for Health and Social Policy at the University of Southern Maine’s Muskie School of Public Service
• The Florida Center for Medicaid and the Uninsured, housed within the College of Public Health and Health Professions at the University of Florida
• The Hilltop Institute at the University of Maryland, Baltimore County
• The California Medicaid Research Institute (CaMRI) at the University of California San Francisco’s Philip R. Lee Institute for Health Policy Studies

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Rationale for Partnerships

• Public Medical Schools’ founding missions typically drive them to serve the same disadvantaged populations that receive services through public agency programs.
• Model affords the opportunity to repurpose state university systems and maximize the public’s investment in them.
• Best practice health care delivery guidance and clinical “smarts” can be leveraged by public agencies to improve the quality of programs.
• Offers translational research and clinical training opportunities for medical school staff and potential margin for expanding services.
Partnership Benefits

• Opportunities for federal grants to support mutually beneficial projects.
• Federal matching funds for Medicaid administrative tasks.
• Leveraging private foundation grants and donations.
• Simplified procurement processes.
• Extensive expertise and resources within universities that often do not exist at the agency level.
• More resources dedicated to improving Medicaid, ultimately benefiting the most vulnerable.
• Insourcing, rather than outsourcing, builds institutional knowledge base.
Quality Assurance

Structure

Outcome

Process

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Case Study: Ohio Colleges of Medicine Government Resource Center (GRC)

• GRC was founded in 2008 to act as the connector between academic health sciences and state health and human service agencies.

• GRC serves all of Ohio’s Colleges of Medicine and health sciences colleges, health and human services state agencies, and local health organizations.

• **Purpose:** To identify, research, and spread innovative practices to improve access to quality healthcare for all Ohioans through partnerships with healthcare, state, and academic leaders.
Context for GRC Origins

• Economic downturn and structural deficits
• Decreased state funding, including for higher education and medical education
• Counter-cyclical Medicaid growth
• States lacked depth of clinical and healthcare analytic expertise necessary for Medicaid policy evaluation and development
GRC Structure

Academic Environmental Factors
- OSU Office of Sponsored Programs
- OSU Office of Health Sciences
- Seven Ohio Colleges of Medicine

State Government Environmental Factors
- Office of Health Transformation
- Medicaid
- Health & Human Services agencies & Commissions
- Other executive agencies & boards

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## Research Areas of Focus

- Healthcare Access
- Maternal and Child Health
- Integrated Physical and Behavioral Health
- Health Services Research and Data Analysis
- Quality Improvement Science
- Individuals with Developmental Disabilities

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MEDTAPP

- Medicaid Technical Assistance and Policy Program (MEDTAPP) enables the use of federal Medicaid administrative funds.
- A contract relationship at the request of the Ohio Department of Medicaid (ODM).
- An ODM/State Agency/University research partnership.
- Academic Medical Center activities must contribute to effective and efficient administration of Medicaid program.
- Ohio’s colleges and universities provide technical assistance to achieve ODM strategic objectives.
## Academic Medical College Services, Potential Funding, and Data Availability

<table>
<thead>
<tr>
<th>Academic Medical College Services Available</th>
<th>Health Services Research</th>
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<tbody>
<tr>
<td><strong>Medicaid Operations</strong></td>
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<td>Clinical Management</td>
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<td>Quality Improvement</td>
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<td>Revenue Recovery</td>
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<td>Cost Avoidance</td>
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<td><strong>Medicaid Program Assessment</strong></td>
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<td>Program Evaluation</td>
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<td>Policy Research</td>
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<td>Bio-Medical Research</td>
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<tr>
<td><strong>CMS Federal Funding Matching Rates</strong></td>
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<tr>
<td>Clinical: as much as 75%</td>
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<tr>
<td>Operations: 50%</td>
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<tr>
<td>Consulting Services: 50% of Medicaid related</td>
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<tr>
<td>No funding available</td>
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<tr>
<td><strong>Medicaid Data Available</strong></td>
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<tr>
<td>All data including protected health information deemed necessary</td>
<td>All data including protected health information deemed necessary</td>
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Medicaid Federal Financial Claiming and Flow of Funds

**GRC**
- Incurs cost and submits to OSU Office of Sponsored Programs
- Receives payment for costs incurred and a portion of the F&A

**Ohio State University (OSU)**
- Certifies invoice FFP cost share and submits claim to ODM
- Receives payment for costs incurred and F&A. Submits payment to GRC for invoices

**Ohio Department of Medicaid**
- Prepares claim for administrative FFP and submits to CMS
- FFP payment passed through ODM to OSU Office of Sponsored Programs

**CMS**
- Reviews claim, processes FFP, and sends payment to ODM
GRC Financing

- Revenue stream is cost-based, inclusive of F&A.
- All seven Ohio medical colleges pay an annual membership fee.
- University subcontractors pay a surcharge (a percentage of the non-federal match for each project) when the university is financing the non-federal match.
Case Study: UMass Medical School, Commonwealth Medicine (CWM)

• CWM's foundation is the public mission of UMMS, the state's only public medical school, to serve the Commonwealth's most disadvantaged populations.
• CWM addresses some of the most pressing healthcare service needs of the Commonwealth.
• CWM is a multi-faceted organization with significant healthcare policy, healthcare financing, health services research and evaluation, and healthcare operations expertise.
• CWM is capable of designing, implementing, operating and evaluating a wide range of programs in response to state agency priorities.
A History of CWM’s Work in Massachusetts

1983: Commonwealth Medicine established as the public service consulting, operations and service delivery division of the University of Massachusetts Medical School

1993: Worcester State Hospital Consent Decree

1994: Disability Evaluation Services – EOHHS/MassHealth/DTA Request

1995: Center for Health Policy and Research Founded

1996: Drug Utilization Review – MassHealth Request

1997: Nursing Home Initiative – Rolland vs. Celucci

1999: Prescription Advantage – Legislative Mandate

2000: Community Case Management – Sabbag vs. Swift

2001: Learning Disability Assessments – Office of Civil Rights Advocate Complaint

2002: Health Safety Net Call Center – Legislative Mandate

2003: Center for Health Law and Economics – Founded

2004: Shriver Center merges with UMass CDER Founded


2006: Child Adolescent Needs and Strengths (CANS) – Rosie D. Lawsuit

2007: Acquired Brain Injury Program – Olmstead Community First Plan

2008: Money Follows the Person Demonstration

2009: Community Case Management Expansion to Include Adults – State Auditor’s Report

2010: Integrating Care for Dual Eligibles

2011: Patient Centered Medical Home Initiative

2012: Pre-eligibility Asset Verification

2013: Nursing Home User Fee Collections

2014: State Supplement Plan Administration

2015: Home and Community Based Services Policy Lab – Executive Office of Elder Affairs

2016: Balancing Incentives Program

Blue Ribbon Panel Convened to Assess Prison Inmate Care

Medicaid Infrastructure and Comprehensive Opportunities (MICEO) Grant – EOHHS/MassHealth Request
Functional Organization Chart

Central Office
Program Development/Project Management • Communication and Client Relations • Compliance and Review
Custom Consulting • Human Resources • Marketing Analytics • Information Technology

Health Care Operations and Administration
- Health & Criminal Justice Program
- Disability Evaluation Services
- Clinical Pharmacy Services
- Care Management
- Clinical and Administrative Call Centers
- Newborn Screening
- Prior Authorization and Utilization Management

Health Law and Economics
- Health Care System Reform
- Health Program Redesign
- Medicaid, SCHIP Expertise
- Policy Analysis
- Health Economics
- Payment Reform and Cost Containment
- Health Law Impact Analysis
- Health Law Reform and Compliance

Research, Evaluation and Training
- Data Analysis/Decision Support
- Policy Development
- Outcomes and Evaluation Research
- Medical Leadership/MassHealth Quality Office
- Workforce Development, Education and Training
- Medical Home Practice Redesign
- Shriver Center

Health Care Financing
- Cost Avoidance
- Third Party Identification
- Program Integrity
- Federal Claiming
- Estate / Accident Recovery
- Medicare Appeals
- Coordination of Benefits
- State Supplement Plan Administration
- SNAP Claiming
Statutory Authorization for Partnership

• State budget act provides that EOHHS may have an ISA with UMass for
  – “… activities that the secretary [of HHS]…determines appropriate and within
    the scope of the proper administration of [Medicaid and all other federally funded
    programs] to support the programs and activities of the executive
    office….including] administrative services.”
  – medical expertise to support or administer utilization management activities,
    determining eligibility based on disability, supporting case management activities;
  – consulting services related to quality assurance, program evaluation and
    development, integrity and soundness, and project management; and
  – activities and services to pursue federal reimbursement or avoid costs, third-party
    liability, and recoup payments made to third parties;
• UMass can claim costs, including indirect, and retain FFP
• UMass is paid on a performance basis for revenue and savings projects
Medicaid Federal Financial Claiming and Flow of Funds

**Commonwealth Medicine**
- Incurs Cost and Submits Claim to Medicaid Agency
- Receives Payment for Costs Incurred

**Medicaid Agency**
- Prepares Claim for Administrative FFP and Submits to CMS
- FFP Payment Passed Through to CWM

**Center for Medicare and Medicaid Services (CMS)**
- Reviews Claim, Processes FFP and Sends Payment to Medicaid Agency
Necessary Components for Partnerships

- Internal champions, at the highest level of leadership, to move forward
- Faculty/staff with Medicaid/governmental experience
- Recognition of the partnership boundaries and limitations
- Understanding the financing potential and pitfalls
- Trust that the relationship is mutually beneficial
Necessary Components for Partnerships (continued)

• Policy and procurement practices that allow for public-to-public contracting
• Ability for the university to retain FFP
• Negotiate issues of data sharing and publication rights
• University-based activities must contribute to the effective and efficient administration of the Medicaid program
How to make things hum…
(in addition to doing great work)

• Nurture and develop key client relationships with Secretariat and Medicaid leadership.

• Provide an efficient and consistent administrative experience relative to contract processing and coordination of other administrative components of the partnership.

• Establish a “front door” point of contact for orientations to the partnership, contract renewals and other administrative procedures.

• Resilience to change — internal and external.
Questions?

• Visit us at www.universitypartnerships.org.
• Join the directory of other entities interested in or currently engaging in partnerships.