

Board of Community Health  
Care Management Committee Meeting  
December 14, 2006

The Board of Community Health Care Management Committee met December 14, 2006, Twin Towers West, Floyd Room, 200 Piedmont Avenue, Atlanta, Georgia.

Committee members present were: Kim Gay, Chairman; Bruce Cook, Dr. Buddy English and Richard Holmes. Kathy Driggers, DCH Chief, Managed and Quality, also was present.

Ms. Gay called the meeting to order at 9:14 a.m. The minutes of the October 12, 2006 meeting were unanimously approved.

Ms. Gay said she, Kathy Driggers, and Chip Cantrell visited the three Care Management Organizations. She wanted to see their operation--how they ran things, what their focus is, and how they run their businesses. Although some problems exist, she was overall impressed with their operations, particularly their outreach programs. The CMOs are working hard to educate members and each plan provides outreach in a different way. Ms. Driggers added that all three plans are a little different. They all specialize in Medicaid managed care not only here but in other states. However, their goals are the same—to provide the most appropriate care at the most appropriate time.

Dr. English said that one of the problems CMOs are still having is in the area of pediatric subspecialists. Ms. Gay agreed that this is still a problem or a concern and the CMOs are working on it. She said the CMOs are paying the subspecialists and are getting care for these children. Dr. English said the primary care doctors can help by making referrals to only those providers who accept Medicaid and PeachCare members. Ms. Driggers said she thinks Dr. Michaels, who is the Chair of the Georgia Chapter of the American Academy of Family Pediatrics, has actually helped by making several calls to the senior partners in some groups who have been reluctant to join. CMOs still have some shortages for pediatric orthopedics, neurology, and dermatology. There are general orthopedists who care for children so there is pediatric coverage for the kids, but there are some providers who are highly utilized.

Mr. Cook asked if there is an actual quantifiable number that we are short by category. Ms. Driggers said it is hard to say there is a quantifiable number. In some of the pediatric subspecialties, there are very few providers actually practicing. Ms. Driggers explained the dynamic. The plans are responsible for having a network of adequate sufficient network of providers. They want to have contract providers because they work better with one. If they do not have a participating network of providers, it does not mean the CMO gets out of delivering the care. They are still responsible for delivering the care. For example, there have been a number of cases where if a pediatric subspecialist is needed, each of the CMOs have approached and asked the out-of-network provider about negotiating a single case agreement.

Mr. Cook asked what is Ms. Drigger's best assessment of cases, situations or parts of the state where CMOs are not able to deliver that service to the client. Ms. Driggers said she has an assessment of this and it is updated on a monthly basis. The pediatric subspecialty is a problem statewide. Mr. Cook asked her to share the report with the Committee to trend this issue.

Ms. Driggers reviewed enrollment as of December 1, by plan and by region. Mr. Cook said it would be helpful if the Department could trend enrollment by type persons. He said since DCH is managing the costs, the other side would be the utilization of enrollment and it might be helpful to trend those things as part of the committee. Ms. Driggers said watching enrollment is beyond the scope of managed care--enrollment has to do with the economy and eligibility. A discussion ensued. Ms. Driggers said she would provide the Committee with a spreadsheet to show eligibility on a month-to-month basis.

Ms. Driggers reviewed month over month of payments to the plans. Plans are paid a premium or capitation. Delivery payments are a different type of payment; therefore GHF chose to pull out delivery costs and pay them in what is called a maternity kick payment. The capitation is just like any other insurance premium paid month to month. The kick payments are pulled out of the whole actuarial pot of medical costs, i.e., all costs associated with a birth including prenatal care and the delivery costs. It is then calculated in an average payment per birth.

She reviewed the claims dashboard. The claims dashboard shows the professional and facility claims which includes claims received, paid and denied. Ms. Driggers reviewed each page of the dashboard, discussed each section and addressed questions from the Committee regarding this dashboard report. Mr. Cook suggested that instead of aggregating data, report current month data to eliminate getting variances lost in an aggregation.

Mr. Holmes asked a question about an article he read in the *Atlanta Journal Constitution* this morning about Grady Health System's financial issues. He said the article listed several issues, and comments made by Grady suggest the efficiency of CMO payments is causing them an issue. Mr. Holmes asked what is meant by that and is there any validity to that. Ms. Driggers said in general, providers who have a large volume of GHF members may be paid by three different plans at different times instead of one; therefore the cash stream is different than what they are used to. Another reason providers may be getting paid less is utilization may be decreasing, which is one of the goals of GHF. Mr. Holmes asked if there is a mechanism in place to review provider concerns to determine if the issue is widespread, symptomatic. He said this is another reason why looking at the claims data on a current month view is important.

Mr. Cook said at the last Care Management Committee Ms. Driggers said the ongoing challenge is the month-to-month basis of monitoring the sufficiency of the plans and making sure the networks continue to grow. Mr. Cook asked Ms. Driggers if this is still the challenge. Ms. Driggers said this goes back to today's discussion when the Committee talked about lack of pediatric subspecialty access. Although there is a shortage of subspecialists in the network, members are still receiving services that are medically necessary; however, the biggest concern is the delay in getting to the specialists and that is what the lack of having the ready access may cause. This concluded Ms. Driggers' report.

There being no further business, Ms. Gay adjourned the meeting at 10:05 a.m.

---

**KIM GAY, CHAIRMAN**  
Care Management Committee