

FREQUENTLY ASKED QUESTIONS

GEORGIA FAMILIES ASSESSMENT

○ Is this Assessment the only monitoring and oversight activity of the Care Management Organizations (CMOs) that the Georgia Department of Community Health (DCH) requires?

- No. DCH contractually requires each CMO to provide a number of weekly, monthly and quarterly reports, which include but are not limited to the number of well child visits, network adequacy, immunizations, claims payment outcomes, quality of care and customer service.

○ Are the issues that the Georgia Families program faced unique to Georgia?

- No. When State Medicaid programs substantially alter their care delivery model, it is not unusual to experience certain challenges and issues during the transitional phase, including: high volume of claims denials, claims mispayments, duplicate payments, payment delays, communication issues, provider setup delays and contracting issues. Due to the magnitude of this project, DCH has been monitoring the progress of the implementation phase by phase.

○ Why couldn't Georgia anticipate and avoid the challenges that were presented in other states?

- Georgia's managed care program is unique compared to other states in the nation. While the program in Georgia is a traditional managed care model, no other state has attempted a program of this scope and magnitude in both rural and urban areas. More than 900,000 members were transitioned into managed care during the four-month start-up time period, which began in June 2006.

○ Why does the Georgia Families Assessment only address hospital concerns?

- The scope of the entire project was to analyze and summarize a sample of the concerns reported to Myers and Stauffer by all provider types. It was determined that this needed to be done in waves; therefore, Myers and Stauffer started with hospitals and are in the process of assessing the physician related issues. This will be followed by an assessment of issues presented by the ancillary service providers.

GOALS OF GEORGIA FAMILIES

- Member care coordination
- Enhance access to health care services
- Achieve budget predictability and cost containment
- Create system-wide performance improvements
- Improve health care quality
- Improve efficiency at all levels of care

GEORGIA FAMILIES ASSESSMENT TOPICS

- Analysis of provider-related issues
- Claims payment and denial issues
- Review of Georgia Families policies and procedures
- Review of CMO policies and procedures

GEORGIA FAMILIES ASSESSMENT

○ Did Myers & Stauffer compare Georgia Families to other state managed care models?

- Yes. Myers & Stauffer analyzed Florida, Indiana, Michigan, Missouri, Pennsylvania and Virginia, and identified best practices across six contractual provisions, including:
 1. Provider Complaint System
 2. Disease Management
 3. Quality Improvement – General
 4. Quality Improvement – Quality Assessment Performance Improvement Program
 5. Quality Improvement – Performance Improvement Project
 6. Quality Improvement – Other Requirements
 7. Improve efficiency at all levels

○ How did Myers and Stauffer substantiate the information in the report?

- Required hospitals to submit data and other documentary evidence to support their positions
- Required both hospitals and the CMOs to sign letters attesting to the accuracy and completeness of the information and documentation submitted
- Confirmed issues through a series of meetings with hospital representatives, CMO management, and Myers and Stauffer conducted in November 2007

○ What improvements has the Georgia Families program had on Georgia's Medicaid member and provider communities?

Member Knowledge and Responsibility

- Members are choosing health plans, often based on added benefits, for the first time: Plan choice rates exceed 80 percent
- Members are choosing Primary Care Physicians (PCP): PCP choice rates exceed 40 percent
- CMO member education activities and materials reinforce healthier lifestyles and lead to a “healthier” population
- CMO community partnerships with local resources
 - Members are engaged at community events, churches, supermarkets, schools, DFCS offices
- CMO member communication is appropriate for members
 - Part of strengthening member responsibility for their own health care is making sure the information they receive is tailored to their needs and abilities (i.e. visual impaired, reading proficiency, etc.)

Achievements in Member Clinical Care

- CMO implementation of case management (CM) and disease management (DM) programs
 - DM for asthma and diabetes
 - CM for prenatal care, complex cases and developmental delay
- Annual CMO Member Satisfaction surveys
 - Required for National Committee for Quality Assurance (NCQA) accreditation
- Preliminary results show a high level of satisfaction, particularly with children's services
- Creation of the Quality Strategic Plan in collaboration with the health care professionals, medical associations, managed care health plan medical directors. Establishment of goals, performance measures and targeted improvements in health outcomes