Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.
# Medicaid & CHIP Redesign Goals

<table>
<thead>
<tr>
<th>Goal</th>
<th>Weight</th>
<th>Rationale</th>
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</thead>
<tbody>
<tr>
<td>1. Enhance appropriate use of services by members</td>
<td>33%</td>
<td>Appropriate use of services will decrease inappropriate utilization, improve outcomes and decrease costs.</td>
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<tr>
<td>2. Achieve long-term sustainable savings in services</td>
<td>33%</td>
<td>Medicaid is one of the most expensive public programs in Georgia. Limited budgets in a challenging economy require a cost efficient strategy that has budget predictability.</td>
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<tr>
<td>3. Improve health care outcomes for members</td>
<td>34%</td>
<td>Improving health care outcomes for members is part of DCH’s mission for Medicaid. Healthier individuals will lead to more productive lives and possibly decreased program costs.</td>
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## Medicaid & CHIP Strategic Requirements

<table>
<thead>
<tr>
<th>Strategic Requirement</th>
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<tr>
<td>1. Gain administrative efficiencies to become a more attractive payer for providers</td>
<td>20%</td>
<td>Developing a program that decreases administrative burdens for providers may help to attract more provider participation and increase access.</td>
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<tr>
<td>2. Ensure timely and appropriate access to care for members within a reasonable geographic area</td>
<td>20%</td>
<td>Access to care for members will help to improve health outcomes.</td>
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<tr>
<td>3. Ensure operational feasibility from a fiscal and administrative oversight perspective</td>
<td>20%</td>
<td>Limited budgets in a challenging economy require a cost efficient strategy that has budget predictability. Additionally, it must be one for which DCH can appropriately operate and provide a sufficient level of oversight.</td>
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## Medicaid & CHIP Strategic Requirements

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<td>4. Align reimbursement with patient outcomes and quality versus volume of services</td>
<td>18%</td>
<td>Limited budgets in a challenging economy require a strategy that incorporates payment reform so as to be cost efficient and have budget predictability while also improving outcomes and quality.</td>
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<tr>
<td>5. Encourage members to be accountable for their own health and healthcare with a focus on prevention and wellness</td>
<td>18%</td>
<td>Implementing a strategy that incorporates member responsibility may help to decrease inappropriate utilization, improve outcomes and decrease costs.</td>
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<tr>
<td>6. Develop a scalable solution to accommodate potential changes in member populations, as well as potential changes in legislative and regulatory policies</td>
<td>4%</td>
<td>Given potential implementation of the ACA and the significant number of new lives Georgia would cover due to Medicaid expansion, the strategy must be able to accommodate new membership.</td>
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Medicaid Redesign Collaboration

- Medicaid Redesign
- DCH
- CMS
- Other Stakeholders
- Task Forces & Workgroups
- Navigant Consulting, Inc.
- Sister Agencies (DBHDD, DPH, DHS)
- Aon Hewitt (Actuary)
- OPB
- Vendors
Task Forces and Workgroups

• Task Forces
  – Providers
  – Aged, Blind and Disabled
  – Children and Families

• Workgroups
  – Mental Health & Substance Abuse
  – Redesign Finance
  – Value-based Purchasing
Supreme Court Decision Impact

• Unexpected ruling cobbled together with different opinions
  – Medicaid expansion optional; all other provisions left in place
  – November 2012 elections
  – Possible repeal of Patient Protection & Affordable Care Act (PPACA)
  – New possibilities on the table (PPACA waivers, block grants)
  – Ongoing federal budget concerns, negotiations
  – Potential loss of Upper Payment Limit funding to hospitals

• Imprudent to proceed with wholesale redesign amid federal uncertainty
Moving Forward

• Current Care Management Organization (CMO) Population
  – Maintain CMO population within full at-risk CMO environment
  – Incorporate foster children

• Current Aged, Blind and Disabled (ABD) Population
  – Maintain fee-for-service (FFS) program
  – Focus on Long-Term Care Rebalancing
  – Identify key drivers and implement strategies to improve
Key Improvements

• Foster Children
  – Cover under a CMO plan
  – Continuity and coordination of care statewide
  – Portable electronic health record
  – Improve cross-agency collaboration to serve foster children

• Credentialing Collaborative
  – Streamline credentialing process for providers
  – Single Credentialing Verification Organization (CVO) to reduce paperwork and processing time
Key Improvements

• Provider Web Portal
  – Enhance access to patients’ clinical and claims information
  – Improve treatment and outcomes
  – Reduce administrative burdens with common portal
    • For Pre-certification/Prior Authorization services
    • Single point of entry to request PC/PA from CMO
  – Increase transparency of provider benchmarks
    • Access to current individual performance metrics
    • Ability to track and compare metrics among providers across a broad geographic scale
Key Improvements

- **Patient-centered Medical Homes (PCMH)**
  - Encourage growth of NCQA-accredited PCMHs in Georgia
  - Well-coordinated care
  - Enhance Provider collaboration

- **Common Pharmacy Preferred Drug List**
  - Common PDL for targeted therapeutic classes
  - Streamlined administration, ease burden on providers
Key Improvements

• Task Force & Workgroup Collaboration
  – Maintain ongoing collaboration to continually identify improvement opportunities

• Home- and Community-based Services (HCBS) Rebalancing
  – Encourage delivery of patient care to HCBS settings vs. skilled nursing facilities when possible
  – Support independence and enhance member choice
Key Improvements

• **Value-based Purchasing**
  – Greater value for taxpayers
  – Enhanced oversight of CMO operations
  – Improved patient outcomes
VBP: Key Characteristics

- Long-term goals
- Builds multi-year partnerships
- Leadership and ongoing attention to change process
- Accountability for vendor and provider performance
- Instills consumerism concepts
- Shared goals with other purchaser programs
- Tie incentives and disincentives to measures
Benefits of Key Improvements

- **Quality of patient care**
  - Coordination and continuity of quality care
  - Strengthen Home- and Community-based Service options for members

- **Administrative simplification for providers**
  - Provider Web Portal
  - Process simplification for PC/PA, provider credentialing
  - Enhanced patient info access
  - Common Preferred Drug List

- **Ongoing program improvements**
  - Continued involvement of Task Force and Workgroup members, other key stakeholders
  - Enhanced program oversight
  - Ongoing process improvement
Timeline Update

Low Income Medicaid Managed Care and PeachCare for Kids®

Assessment Phase
August 2011 – January 2012

Recommendation Phase
January – July 2012

Procurement Phase/Contract Negotiation Phase
July 2012 – April 2013

Implementation Phase
April 2013 – July 2014

Contract Extension Period Begins
July 1, 2014

Contract Extension Period Ends
June 30, 2016
Thank You

• Questions?