



Medicaid and CHIP Redesign Update



Presentation to: DCH Board of Directors

Presented by: Blake Fulenwider, Deputy Commissioner
Jerry Dubberly, Chief, Medicaid Division

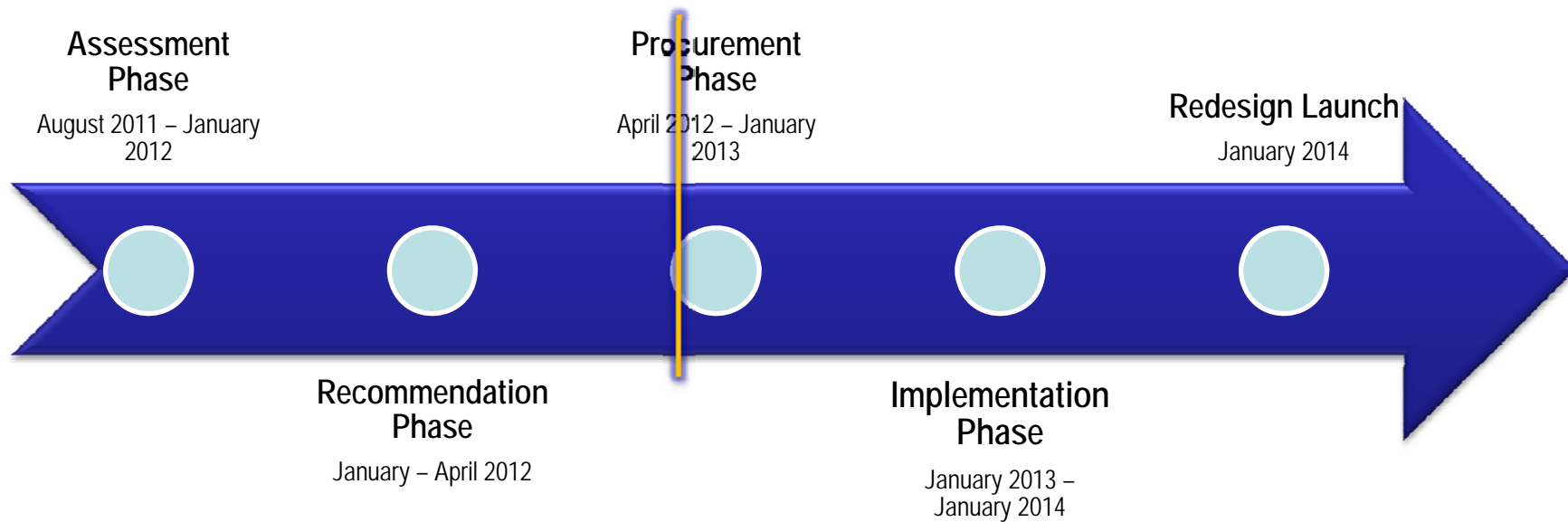
Mission

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.

Current Timeline



Timeline Reassessment

- DCH is reassessing its timeline now
- Factors include:
 - Stakeholders' desire to extend analysis phase
 - Speed of Task Force work that is ongoing
 - Speed of financial projection and actuarial analysis
 - Imminent ruling on ACA by the U.S. Supreme Court
 - Further evaluation of stakeholder proposals submitted to the Department

Limitations

- **January 1, 2014**
 - Medicaid Expansion population goes into effect
- **Operating under CMO contract extension**
 - authorized through June 30, 2014
- **Need sufficient time to procure and implement**
 - once analysis is complete
- **Legislature reduced FY13 funding for Redesign**
 - requiring quicker turn-around

Timeline Extension

- **Announcement by Commissioner David A. Cook**
 - Will be made soon after the appropriate extension period is determined
- **DCH is committed to developing the delivery model(s) that best meet our goals and strategies**
 - Additional time will be required to continue our thorough analysis and vetting
- **DCH will keep the Board informed of all developments as this process continues**

Task Force Update

Jerry Dubberly

Chief, Medicaid Division

Task Force Update

- **Task Forces Established**
 - Provider
 - Aged, Blind and Disabled
 - Children and Families
- **Workgroup Underway**
 - Substance Abuse and Mental Health

Task Force Update

- **Logistics**
 - Eight (8) meetings to date
 - Each meeting 3 to 4 hours
- **Role**
 - Advisory in nature
 - Input and feedback
 - Constituted throughout the project

Task Force Update

- **Common Themes**
 - Improve access and develop strong primary care infrastructure
 - Achieve administrative simplification
 - Promote consistency across all Care Management Organizations (CMO) vendors
 - Develop uniform and portable procedures for pre-certification/prior authorization

Task Force Update

- **Common Themes**

- Use a person-centered model encouraging achievement of NCQA Patient-Centered Medical Home status
- Allow provider-driven access to case management and coordination
- Ensure continuity of care and access to services
- Provide a true focus on quality and outcomes
- Require an “any willing provider” clause in contracts
- Prohibit all product clauses from CMO vendors

Task Force Update

- **Common Themes**

- Maximize the use of technology to disseminate information to providers
- Maximize federal funding streams (UPL, BIP, etc.)
- Re-evaluate provider reimbursement methodologies
- Ensure vendor accountability
- Make sure DCH and sister agencies work together
- Ensure proper oversight

Task Force Update

- **Common Themes**
 - Integration of Physical and Behavioral Health
 - Take a more holistic view of the individual's needs
 - Develop true "systems of care" approach
 - Peer support
 - Recovery model
 - Develop better substance abuse and mental health solutions
 - Expand access and offerings available through the Home- and Community-Based Waivers

Task Force Update

- **Common Themes**
 - Recognize unique needs of various populations served
 - Identify mechanisms to improve coordination of care for dual-eligibles between Medicare and Medicaid
 - Include foster care in a managed care model
 - Focus on wellness with incentives for members demonstrating healthy behaviors

Task Force Update

- **Common Themes**
 - Continue stakeholder input and communication
 - Implement new delivery model in phases
 - Follow a reasonable, realistic and appropriate timeline to allow for success