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To: My Opinion
Subject: Comments on Medicaid Redesign

In response to Navigant's recommendations that DCH should consider including Special Populations and Services in its selected delivery system, it should be pointed out that the state already has in place an extensive distribution of providers. However, unlike the CMS-driven Quality Measures that exist for nursing homes, there is no similar scoring mechanism or grading system in place to inform payers of the quality or efficiency of providers of behavioral health services, home and community based services, dental, transportation or pharmacy services.

In considering the elements of outcomes that should be measured, consider that home and community based providers or provider groups must:

- *Be capable of serving all special populations – the elderly, the physically disabled, individuals with developmental disabilities, and children with medical needs.*
- *Be capable of delivering **both** in-home and residential services to accommodate the needs of individuals whose conditions continue to worsen as they age.*
- *Have statewide geographic coverage – to include remote areas in rural Georgia and the mountain region.*
- *Be able to begin services quickly following referral.*
- *Be accessible 24 hours a day to start care and manage issues that arise.*
- *Have high reliability outcomes, i.e., services ordered are delivered, on time and consistently.*
- *Be strong financially and have borrowing power.*
- *Be able to assume some elements of shared risk.*
- *Have capable leadership and infrastructure to meet demands.*
- *Have significant experience with private payers, specifically private insurance payers.*
- *Have history and solid experience with the state as a waiver provider.*
- *Be able to produce electronic batch billing in the 5010 format*

Additionally, users of services should have at least two providers to choose from in each region.

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