

COMMUNITY HEALTH SERVICES *of Georgia*

July 3, 2012

Mr. David A. Cook, Commissioner
Dr. Jerry Dubberly, Director, Medicaid Division
Georgia Department of Community Health
2 Peachtree St. NW
Atlanta, Georgia, 30303-3159

Gentlemen,

Thank you for the opportunity to serve on the ABD Task Force for Medicaid Redesign. I appreciate the invitation to submit recommendations at this time and look forward to continued work with this task force.

I am an associate of Community Health Services of Georgia which provides long term services and supports to Georgia Medicaid beneficiaries in every one of the 159 counties of the State with services that include skilled nursing facilities, SOURCE care management, long term care pharmacy, home health care, hospice, rehabilitation. These comments and recommendations are based on the observations, experience and commitment to quality of the 6,000 employees that carry out our mission and our daily relationships with those we serve.

We do not believe enrollment of Georgia's Medicaid beneficiaries who receive long term supports and services in managed care plans is the best policy or practice. We do believe:

A) The resources available to Georgia's hospitals and nursing homes in the Upper Payment Limits program should not be forfeited by enrollment of ABD beneficiaries in managed care. There are no proposed efficiencies or restrictions on utilization that can offset the loss of this annual revenue of approximately \$250 million.

B) Georgia's current program for payment for skilled nursing facility (SNF) services for Medicaid beneficiaries is already a capitated payment system. The SNF is responsible for all long term care and support costs for each resident at a fixed rate set by both the cost report for the particular facility and its Case Mix Index (CMI) which reflects the care needs and related costs for individual residents. SNFs are the care managers for Medicaid benefits for their residents. No value is added to this service by the insertion of a third party in decisions about an individual's care and the cost of such additional services reduces resources available for direct care.

C) Georgia's SOURCE Program is a better case management system for long term services and supports than any currently operated by any managed care companies in other states. We have visited and studied them, they have studied SOURCE. This Georgia program, developed in partnership with the Department of Community Health, includes key elements that would and should be replicated for all community-based Medicaid beneficiaries in Georgia requiring long term services and supports including;

- * Community-based case management with offices and care managers in all regions of the state.
- * Formal contractual relationships with primary care physicians including required and disciplined communication/coordination protocols and performance objectives.
- * Formal contractual relationships with support services providers including required and disciplined communications/coordination protocols and performance objectives.
- * Mandatory concurrent review processes, standardized case management tools, common care objectives and reporting requirements consistent with State goals to reduce the need for long term institutional placement. Standardized measureable outcomes based on risk factors for institutionalization which are long term care focused and exceed any proposed or currently in use by managed care companies.

We believe a thoughtful application of the lessons learned from SOURCE for the organization and delivery of long term services and supports is feasible and would be much more effective than contracting with managed care companies for this population. We would commit the leadership and resources of Community Health Services of Georgia to the development of such a system.

We do not believe any other states' efforts to date to serve the ABD with long term services and supports have adequate assurances for beneficiaries and providers. We do believe:

A) Any managed care program is defined in the development of the Request for Proposal process and resulting negotiation with selected companies. That process should be completely transparent and it should be possible for any interested citizen to attend related meetings, see related documents and have the same access to Medicaid utilization data as registered bidders. Submitted bids should be available for public review before contracts are completed.

B) Any proposal to contract managed care companies to serve Georgia's ABD populations must require similar or better program elements at no greater cost than the current SOURCE program. An expansion of the key elements of this and other existing programs with committed leadership by DCH is the best option for improvement of Medicaid long term services and supports. Managed care companies if engaged in Georgia to serve the ABD must utilize or replicate the SOURCE networks of local case management, primary care physician engagement and performance standards for support services at a minimum.

C) The Department of Community Health must expand its investment in personnel and systems to oversee managed care companies. It must employ sufficient experienced senior managers who are familiar with health plan policy, design, operations and analysis. Oversight and direction of managed care contracts must be competent, diligent, timely and effective. DCH does not currently have the staff or experience to do that. An organizational plan to do this, and an accurate budget for its operations, must be part of the public discussion of Medicaid Redesign.

D) The Department of Community Health must expand its investment in personnel and systems to ensure transparent, timely and easily navigated appeals processes for beneficiaries and providers who disagree with decisions made by managed care companies. The appeals staff should be independent, impartial, trained in the needs and programs for long term services and supports and experienced at dispute resolution. These processes should be quick in collection of information and decisions, should have transparent and readily accessible rules and should include the right to face and cross exam witnesses. Appeal processes must result in timely, definitive and informative written decisions.

E) Georgia's current Medicaid home and community services are unavailable to many eligible and needy beneficiaries because of limits on enrollment volume and waiting lists and cumbersome state processes to manage admission and enrollment. Managed care companies offering their services for the ABD population must agree to enroll and serve all ABD beneficiaries meeting level of care criteria for long term services and supports.

We thank you for the continued dialog with so many representatives of providers and beneficiaries of Medicaid services as you work on redesign. The continuation of this process will ensure the very best outcome for Georgians.

Sincerely,



Hunter Hurst
Senior Vice President
Community Health Services of Georgia