



Georgia Medicaid: Moving Forward



Presentation to: DCH Board
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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

Goal	Weight	Rationale
1. Enhance appropriate use of services by members	33%	Appropriate use of services will decrease inappropriate utilization, improve outcomes and decrease costs.
2. Achieve long-term sustainable savings in services	33%	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.
3. Improve health care outcomes for members	34%	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.

Medicaid & CHIP Strategic Requirements

Strategic Requirement	Weight	Rationale
1. Gain administrative efficiencies to become a more attractive payer for providers	20%	Developing a program that decreases administrative burdens for providers may help to attract more provider participation and increase access.
2. Ensure timely and appropriate access to care for members within a reasonable geographic area	20%	Access to care for members will help to improve health outcomes.
3. Ensure operational feasibility from a fiscal and administrative oversight perspective	20%	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.



Medicaid & CHIP Strategic Requirements

Strategic Requirement	Weight	Rationale
4. Align reimbursement with patient outcomes and quality versus volume of services	18%	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.
5. Encourage members to be accountable for their own health and healthcare with a focus on prevention and wellness	18%	Implementing a strategy that incorporates member responsibility may help to decrease inappropriate utilization, improve outcomes and decrease costs.
6. Develop a scalable solution to accommodate potential changes in member populations, as well as potential changes in legislative and regulatory policies	4%	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.

Medicaid Redesign Collaboration



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

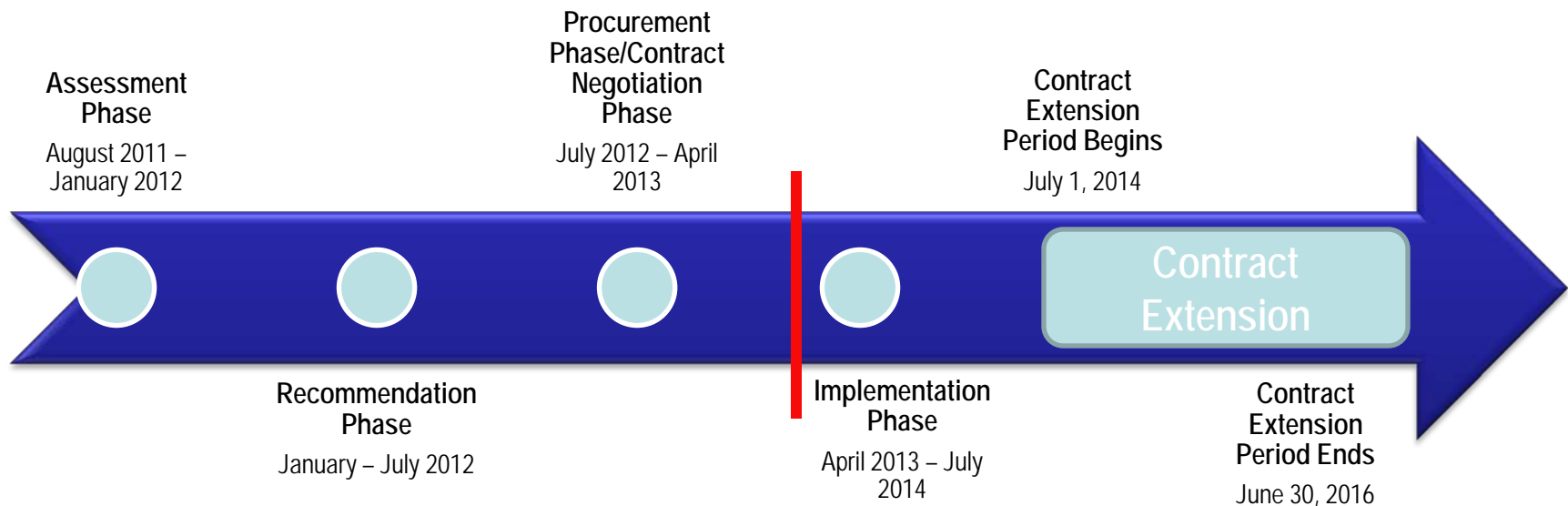
Benefits of Key Improvements

- **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®



Thank You

- Questions?