

**MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING  
MINUTES  
May 21, 2014  
3rd Floor 3-240 EOC Conference Room**

**Members Present**

Dr. John Lue  
Mr. Marvell Butts  
Mr. A. Edward Cockman, RPh  
Ms. Arianne Weldon  
Mr. Dave Zilles, Advocate  
Dr. Hugo Scornik  
Mr. J. Reid Wilson  
Dr. Lori Paschal  
Dr. Ruth Shim  
Mr. Steven Barber

**Phone Conference**

Dr. Hillary Hahm  
Dr. Hogai Nassery  
Dr. Kim Hazelwood

**Members Absent**

Dr. Larry Tune  
Dr. Michael Brooks  
Dr. Sandra Reed  
Dr. William Kanto  
Dr. Jacinto del Mazo

The MCAC meeting began at 10:12 a.m. with a welcome by Ms. Patricia Jeter. Dr. John Lue, Chairperson, called the meeting to order. A motion was made to approve the February 19, 2014, minutes. The minutes were approved as written.

The following agenda items were presented:

**A. Georgia Medicaid and PeachCare for Kids Update: Jerry Dubberly, Chief Medical Assistance Plans**

Mr. Dubberly provided updates on the following:

1. Current projects
  - Integrated Eligibility System
  - Georgia Families 360°
  - ABD Care Coordination
  - ICD-10
2. Legislative Update
3. ACA Update

**Integrated Eligibility System:** The current system is antiquated. DCH is switching to a multi-program approach involving Medicaid, TANF, SNAP, WIC, Energy Assistance Program and subsidized child care. The primary benefit is a streamlined process and greater automation.

**Georgia Families 360° (formerly called Foster Care):** Program was implemented on March 3, 2014. 30% of the population is Aged, Blind or Disabled. Amerigroup Community Care has been selected as the managed care plan to support this population. Amerigroup will assist with transportation, outreach and ADD/ADHD medications. Any child prescribed three or more medications will be reviewed by Amerigroup. Children that receive adoptive state benefits were also added to the list as an enrolled population. Every child will have a primary care physician and primary dental provider.

**ABD Care Coordination:** The ABD approach involves a care coordination model for all ABD populations and has a go-Live date of November 2014. The model features a single statewide vendor that is an extension of DCH, in a fee-for-service environment. Efforts to centralize care coordination, case management and disease management are underway and require provider engagement.

**ICD-10:** Implementation postponed until at least October 1, 2015. Providers are encouraged not to delay testing. DCH will have coding changes completed by October 1, 2014. Anyone interested in being a beta tester can sign up at: [icd10project@dch.ga.gov](mailto:icd10project@dch.ga.gov).

### **Legislative Update:**

- HB 772: Medicaid to supplement drug testing for food stamp applicants.
- HB 899: Classifies a first conviction of operating an unlicensed personal care home as a felony upon evidence of abuse, neglect or exploitation of residents. Previously it was a misdemeanor.
- HB 973: Brings GA False Medicaid Claims Act in line with federal statute.
- SB 352: DCH to establish The Georgia Council on Lupus Education and Awareness.
- SR 1121: DCH and DPH to collaborate and develop strategic action steps to prevent and control Diabetes.
- SR 1175: Creates a Senate Study Committee to study the provider CMO credentialing application process.

### **ACA Update:**

- Account Transfers from the Federally Facilitated Marketplace (FFM):  
DCH has pulled down 100% of the applications in the queue (88,584 Accounts) and is working through them. Several members have already enrolled through Compass. The backlog dates back to October 1, 2013.
- Transition from 6 to 12 month eligibility reviews:  
Previously Georgia didn't provide 12 month renewals for all members. Everyone is now approved for 12 months.
- Hospital Presumptive Eligibility:  
Staff can now enroll patients for Medicaid.

### **B. Medicaid Managed Care – Update: Lynette Rhodes - Deputy Director, Medicaid Operations**

Ms. Rhodes presented an update on the Managed Care Unit in the absence of its Director. She discussed a new procurement for a Credentialing Verification Organization (CVO). This organization will credential all providers; meaning that providers will no longer have to go to each CMO for credentialing. It will be a centralized process whereby the one organization will handle the process for all healthcare providers. Providers must still ensure their applications are complete before the credentialing process can occur. The CVO will have 30 days to turn an application around. Medicaid is required to re-credential providers every three years and the CVO will also handle this process. The anticipated timeline for this is for the RFP or RFQ to be posted by 9/1/14, with an implementation date of June 2015.

Currently, we are looking at other states (W. VA, MS, AZ) to see how they are handling their CVOs. DCH is in the process of deciding whether it wants the entire application process handled by the CVO or just the credentialing aspect. There are only a few states that have implemented a credentialing process; making our avenue of reference limited.

Mr. Cockman posed the question "Who will be the final authority on credentialing?" DCH is currently interviewing the CMOs to find out what processes they have in place and from that it will be determined what the final process will be, but it will no longer be a function of the CMOs. They have been made aware that their rate will be affected because they won't have responsibility for that component any longer. Thus far, there have not been any push backs and the Finance Department has already discussed the rate adjustment with the CMOs.

**WellCare and Therapy Network of GA Update:** WellCare outsourced the management of its outpatient physical, occupational and speech therapy services to a company called Therapy Network of Georgia (TNGA). It is a WellCare subcontractor retained to manage and oversee provision of therapy services. TNGA recruits and enlists local therapists to enter into contract to render services to the WellCare population. Several providers were reluctant to sign up because of TNGA's reimbursement methodology. TNGA offers a case rate which sets a flat rate it will pay for each member visit, according to where they fall in levels 1-6. Depending on the severity of the child's condition, provider rates will fall into one of the six levels. Exceptions have been made for some programs, including Babies Can't Wait,

which will be paid at the fee-for-service rate. WellCare recruited border providers to sign single case agreements to fill in the gaps in areas outside their network so those members could receive treatment. If there are no providers enrolled in an area where the member needs service, TNGA will offer a Single Case Agreement to get the member serviced. This should help fill in any gaps. DCH is conducting weekly sessions with the Tri-Alliance Group, who serves as our ears in the community.

**C. Status Update on ICD-10: Camilla Harris - ICD-10 Overview and Lena Gomes -Testing Update**

Ms. Harris (ICD-10 Communications Lead) and Ms. Gomes (External ICD-10 Testing Lead) provided updates on the ICD-10 project (i.e., reminders, external testing, and helpful resources) including the fact that the implementation of the transition to ICD-10 Code Sets has been delayed by federal law (HR 4302) until at least October 1, 2015. DCH will continue its initiative for system remediation, internal and external testing, provider awareness and provider education as scheduled. DCH is encouraging providers not to stop moving forward because of the deadline. Some providers are just getting started and 50% are not ready to start Beta testing.

**Ongoing Outreach/ Awareness:** Some of the changes made due to the ICD-10 delay, effective June 2014 through January 2015, are that DCH will decrease its webinars to one per month and increase outreach to more face-to-face interactions with its associations. DCH currently hosts two webinars monthly, except for the months that the Medicaid Fair is held.

Ms. Gomes provided the following update on the **ICD-10 External Testing Phase:**

Testing is being conducted on a weekly basis and is scheduled through August 2014. DCH has completed testing with five providers, one clearinghouse and one CMO. Testing officially started on April 7, 2014. We are testing with our State sister agencies, state auditors to ensure their ability to receive ICD-10 extracts from Georgia Medicaid and PA vendors. The majority of external testing denials result from the use of unspecified codes rather than a more specified ICD-10 code in the same family of diagnoses codes.

**D. Medicaid Fair: Erica Dimes – Program Director, Medical Policy**

Ms. Dimes provided an update on the upcoming Medicaid Fair, scheduled for May 22, 2014 at the Gwinnett Convention Center. The Medicaid Fair is an opportunity to address concerns, pose questions to CMOs and initiate contact. There are 600 participants registered for the upcoming Fair. The majority of the focus will be on ICD-10, however, other program area representatives will be present as well (i.e., GMCF, claim teams, CMOs.)

**E. MCAC Members' Round Table Discussion (general discussions were held)**

**Follow up was requested for these topics:**

1. The change from rural hospitals to urgent care and ER facilities
2. Health and Education Outcomes (educational levels) – presenter, member A. Weldon
3. Georgia Families 360°
4. Incentives to providers for decreased numbers of pre-term births beyond 39 weeks

Meeting was adjourned at 11:48 a.m.

**The next MCAC meeting is August 20, 2014 at 10 a.m. 3<sup>rd</sup> Floor 3-240 EOC Conference Room.**

MCAC future meeting date for 2014:

November 19, 2014

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED, THIS 20th DAY OF August, 2014.

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**John Lue, MD, FACP, Chairperson**