MEDICAL CARE ADVISORY COMMITTEE (MCAC) MEETING
MINUTES
August 20, 2014
3rd Floor 3-240 EOC Conference Room

Members Present	**Phone Conference**	**Members Absent**
Dr. John Lue	Mr. A. Edward Cockman, RPh	Dr. Hogai Nassery
Mr. Marvell Butts	Dr. Hugo Scornik	Dr. Jacinto del Mazo
Ms. Arianne Weldon	Mr. Steven Barber	Dr. Larry Tune
Mr. Bryan Williams	Dr. William Kanto	Dr. Lori Paschal
Mr. Dave Zilles, Advocate		Dr. Sandra Reed
Dr. Hillary Hahm		
Mr. J. Reid Wilson		
Dr. Kim Hazelwood		
Dr. Michael Brooks		

The MCAC meeting began at 10:07 a.m. with a welcome by Ms. Patricia Jeter. She then announced that Dr. Ruth Shim had resigned from the Committee due to a change in employment out of state.

Dr. John Lue, Chairperson, called the meeting to order. A motion was made to approve the May 21, 2014, minutes by Dr. Hahm; Mr. Wilson seconded the motion and the minutes were approved as written.

The following agenda items were presented:

A. 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 the CMOs will not conduct credentialing. It will be a centralized process whereby the one organization will handle the process for all Ga Medicaid healthcare providers. Providers must still ensure their applications are complete before the credentialing process is initiated. The CVO will have 30 days after receipt to process applications that are clean (no information missing). Providers submitting applications that are unclean (i.e., missing information) will be allowed 10 days to submit the requested information and the corrected forms be processed in 45 days. Medicaid is required to re-credential providers currently enrolled every three years in compliance with NCQA guidelines. The CVO will also handle this re-credentialing process, issue a reminder to update credentials near expiration, check for monthly sanctions and license expirations. DCH conducted a multi-state survey to determine how the various states established their CVOs and to model our CVO after some of the states (W. VA, MS, AZ).

The anticipated timeline for posting the RFP or RFQ is October 1, 2014, with an implementation date of July 1, 2015.

Mr. Cockman posed the question "Will the re-credentialing for providers currently enrolled be done on a set schedule across the board (three years from the new process effective date) or will it be amended to reflect an earlier date based on their previous re-credentialing dates?" Ms. Rhodes responded that a final decision has not been reached regarding this process.

B. Integration and Dissemination of Clinical, Population Health, and Educational Data - Bryan Williams, Ph.D.; Emory University, School of Nursing, Rollins School of Public Health

Dr. Williams provided a presentation on the academic achievement of America's youth being strongly linked to their health, from the viewpoint that:

- Healthy Students Are Better Learners
- Schools are the Right Place for a Healthy Start
- Attendance rates are tied to graduation rates with the impact being felt as early as the 6th day of absence.

According to Dr. Williams' data, contributing to the problem is the fact that schools know little about a child's health (especially between 0-3 years of age) and pediatric providers know little about a child's birth history and the perinatal health of the mother. Pediatrician selection and involvement have become very disconnected, partially as a result of the selection being conducted after the newborn has been discharged and left the hospital. Very few pediatricians participate in the birth process today; resulting in their not getting involved with their patients prior to the first monthly check-up.

There is a high correlation between prematurity and the risk of CRCT failure from grades 1 through 3. The relationship between a child's health and educational achievement has proven to be mutualistic but the respective data systems are not. There is a tremendous amount of data on any given child especially those at highest risk of morbidity and school failure but the information is rarely shared in way that will benefit the child. One viable recommended solution calls for the design and validation of an integrated data model with predictive capabilities, that is evidence-based integration of maternal and child health data, provides parental ownership of data, and is relevant to both clinical and educational practice.

C. <u>Overview on Medicaid Redesign – Foster Children: Marcy Alter,</u> Director, Aging and Special Populations

Ms. Alter introduced the program's new staff to the Committee and provided an update on Georgia Families 360° (the new name for Foster Care). Children previously carved out of managed care are now enrolled in a Care Management Organization (CMO) to ensure better health outcomes and continued care coordination. The program was implemented on March 3, 2014 which is composed of the Aged, Blind or Disabled population - 30% and the population with behavioral health issues - 70%-80%. The implementation process is complete; the current focus is on operations. Children that receive adoptive state benefits were added to the list as enrolled members. Every child will have a primary care physician and primary dental provider.

D. <u>Status Update on Medical Policy and Pharmacy Units: Heather Bond,</u> Deputy Director, Medical Policy and Provider Reviews

Ms. Bond provided a brief update on Medical Policy and Pharmacy units. Medicaid is hiring an external contractor for Durable Medical Equipment (DME) recycling program that is under development. Under this program, DME that is no longer needed by Medicaid members will be given to the contractor for refurbishing. Once refurbished, the equipment will be provided to other members needing equipment. Medicaid is also in the process of developing a paperless process for appeals, claim adjudication, and other GAMMIS administrative functions, etc.

E. <u>MCAC Members' Round Table Discussion (general discussions were held)</u>

What are the MCAC goals?

1. Provide a vessel for healthcare provider in state to express their opinions
2. Accountability for issues and items (Why does the process take so long?)
3. Placement on the internet
4. A forum to bring concerns. A mechanism is needed to get information from providers.
5. Identify barriers of participation for members and providers.
6. What is Medicaid's expectation from MCAC?

Meeting was adjourned at 12:02 p.m.

The next MCAC meeting is November 19, 2014 at 10 a.m. 3rd Floor 3-240 EOC Conference Room.

MCAC future meeting date:

February18, 2015

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED, THIS 19th DAY OF November, 2014.

_____

John Lue, MD, FACP, Chairperson