



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Medicaid Redesign Update



Presentation to: Medical Care Advisory Committee

August 21, 2013

Medicaid Redesign Initiatives

- DCH assessed opportunities for enhancing outcomes and coordination of care for populations currently in Medicaid Fee-for-Service (FFS)
- Two key initiatives:
 - Transition of children / youth in Foster Care and Adoption Assistance and Select Youth in Juvenile Justice (FC/AA/JJ) to Georgia Families
 - Implementation of Medical Care Coordination program for ABD population

Georgia Families Transition for Children in Foster Care, Children Receiving Adoption Assistance and Selection Youth in Juvenile Justice



Transition: Background

- DCH worked with partner agencies and stakeholders to develop the Foster Care/Adoption Assistance/Juvenile Justice (FCAAJJ) Georgia Families program
- DCH selected Amerigroup as the single statewide Care Management Organization (CMO) to serve eligible populations
 - DCH publicly announced the selection of Amerigroup on July 22, 2013
- Eligible Populations – approximately 27,000 members
 - Children, youth and young adults in foster care (new ACA rule up to 26 years)
 - Children and youth receiving adoption assistance
 - Children and youth enrolled in a home- and community-based waivers (excluding the GAPP waiver) and in SSI
 - Youth in juvenile justice system placed in community residential care

Transition

- The transition of members in FCAAJJ will create a new level of collaboration between DCH, partner agencies and Amerigroup with a focus on:
 - Development of new relationships and processes to facilitate the coordination of care for FCAAJJ members
 - Measureable improvement in physical and behavioral health outcomes
 - Safety and permanence
 - Exchange of health information

FCAAJJ Georgia Families Program

- FCAAJJ Georgia Families program:
 - Provide additional care coordination and improved medical oversight and health outcomes
 - Improve continuity of care when members transition into and out of foster care
 - Improve access to necessary physical and behavioral health services covered by the Medicaid program
 - Every member will have Medical Home and Dental Home
 - Utilize Virtual Health Records
 - DCH and Amerigroup will have Ombudsmen
 - Employ Value-based Purchasing model



ABD Intensive Medical Care Coordination Overview

ABD Approach

- ABD data illustrates opportunities for improving clinical, quality and financial outcomes
- Intensive Medical Care Coordination model
- Features:
 - Single statewide vendor
 - Fee-for-Service environment
 - Intensive Medical Care Coordination
 - Patient Centered Medical Home
 - Primary Care Case Management Model
 - Provider Engagement
 - Value Based Purchasing

Timeline

The timeline is contingent upon CMS' response and turnaround time:

- File State Plan Amendment with CMS
- Release ABD Medical Care Coordination RFP – within 60 days
- Bidders have 75-90 days to respond to RFP
- DCH: 45 days to evaluate responses
- Vendor selection: 60-75 days after receipt of bidders' responses
- ABD Medical Care Coordination Program launch – 2014

Program Design for Medical Care Coordination

Issue Area	High-level Overview
Populations	<ul style="list-style-type: none"><li data-bbox="392 434 1846 739">• <i>Included Populations (Members):</i> Individuals in aged, blind or disabled eligibility category, including children with special health care needs, dually eligible individuals and individuals who are enrolled in HCBS waiver programs or who are in long-term institutional settings<li data-bbox="392 848 1846 1088">• <i>Excluded Populations:</i> Individuals in Georgia Families or in the following eligibility categories: Qualifying Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLMBs) and Qualifying Individuals 1 (QI1s).

Program Design

Issue Area	High-level Overview
Program Administration	<ul style="list-style-type: none">• DCH will conduct procurement to select single statewide Vendor to administer Program• DCH will provide oversight and monitoring of the Vendor's activities
Medicaid State Plan Benefits and Home- and Community-based Services	<ul style="list-style-type: none">• DCH will continue to provide and reimburse Medicaid benefits and home- and community-based services (HCBS) through the fee-for-service delivery system• Vendor will coordinate with DCH sister agencies as needed specific to medical coordination activities• Services will complement existing waiver case management services

Program Design

Issue Area	High-level Overview
Identifying Level of Service Needs	<ul style="list-style-type: none"><li data-bbox="392 365 1860 586">• Vendor will conduct ongoing analysis and screening of Members to identify individuals in need of intensive medical coordination services<li data-bbox="392 608 1860 829">• Members identified as potentially in need of intensive medical coordination services will receive health risk assessments<li data-bbox="392 851 1860 1072">• Members identified as needing intensive medical coordination services will receive those services, but may opt out at any time

Program Design

Issue Area	High-level Overview
Intensive Medical Coordination Services	<p>Members identified as “highly impactable”, “high risk” or “potential high risk” and in need of <u>intensive</u> medical coordination services will receive:</p> <ul style="list-style-type: none">• Assignment of an Intensive Medical Coordinator to provide support such as helping to obtain medically necessary care and health-related services and coordinating care• Enrollment into a medical home, which could be a primary care provider or a specialist based upon member needs• Access to inter-disciplinary treatment teams to assist with development and implementation of individual medical treatment plans <p>Scope of intensive medical coordination services will be tiered based upon the results of Members’ health risk assessments, with “highly impactable” and “high risk” members receiving more intensive medical coordination services</p>