

**MEDICAL CARE ADVISORY COIMMITTEE MEETING  
FEBRUARY 15, 2012  
34<sup>th</sup> FLOOR CONFERENCE ROOM**

**Members Present**

Dr. John Lue  
Mr. Marvell Butts  
Dr. Les Richmond  
for Gloria Chen  
Kim Hazelwood, Pharm. D.  
Dr. Lori Paschal  
Dr. Larry Tune  
Mr. Dave Zilles, Advocate  
Dr. William Kanto (by phone)

**Members Absent**

Dr. Jacinto del Mazo  
Dr. Flavia Mercado  
Cindy Ritchie, R.N.

The MCAC meeting began at 10:05 a.m. with a welcome by Ms. Patricia Jeter and introductions to the Committee members, DCH staff and other guests. Ms. Jeter reminded the members to submit both the memoranda for reappointment and their travel expense vouchers after the meeting or email to her. Members who are interested in serving on the MCAC for another two year term can self-nominate and submit the letter to Ms. Jeter no later than March 16, 2012, at the Department of Community Health. Ms. Jeter then turned the meeting over to Dr. John Lue, Committee Chairperson.

Dr. Lue called the meeting to order and requested a motion to adopt the minutes of December 14, 2011, meeting. Adoption of the minutes was unanimous by the Committee.

**NEW BUSINESS**

**MEDICAID and SCHIP REDESIGN – Dr. Jerry Dubberly**

Dr. Jerry Dubberly, Chief, Medicaid Division, gave a presentation on the Medicaid and SCHIP Redesign initiative which will promote a long-term program and financial sustainability. He stated this process is necessary to be prepared for the 600,000 potential new Medicaid members in 2014. He welcomed and encouraged Committee participation so that they can be an integral part of the process as changes are implemented. Web site addresses were provided for the members to provide any comments, view status and recommendations that have been made to DCH.

DCH contracted with Navigant Consulting to assess and recommend redesign strategies. This firm has worked with other states' Medicaid agencies. Their focus was to research other states and payers' models to determine the best industry practices, improvements and design models that may work best for Georgia's Medicaid and SCHIP populations. The Assessment Phase was recently completed with community forums input from various providers and associations.

The second phase is the Recommendation Phase which begins in April 2012, involving an interactive process with more public forums.

Dr. Dubberly stated that whatever model is considered for Georgia Medicaid, DCH will need some solution for the populations that we serve, such as the Aged, Blind and Disabled and our Foster Care members with Disease Management, Case Management, Care Coordination, etc. The finalized model is anticipated in August 2012 with procurement by January 2013. There will be a twelve (12) month implementation period. The new model(s) for Medicaid redesign will be implemented in January 2014.

The Navigant Strategy report is now posted on the DCH website for review and comments. The ultimate goal is to achieve long term savings with objectives of:

- timely and appropriate service for our members;
- consumers being more accountable for their health care with certain incentives which may be the most difficult objective to reach;
- payment reform to incentivize providers - providers are currently incentivized by volume; and
- A Medicaid program that is more attractive for providers to continue in the program.

All are encouraged to provide comments and feedback via the Department's website.

Dr. Dubberly stated that a variety of delivery options were presented by Navigant for the Department's review and consideration for the development of the design strategy. Each option was evaluated. The report reflects each proposed options ability to meet the goals and strategies as defined by the Department.

Committee members provided the following comments:

- Dr. Lue asked if any emphasis will be placed on prevention, such as tobacco cessation. This type of prevention would require investment up front.
- Mr. Zilles reported that there is a large concern from AB&D members whether the SOURCE program will be put under Managed Care. Will this group be automatically added? Jerry responded that the ABD Workgroup is reviewing this and making recommendations.
- Dr. Paschal responded that as a pediatric dentist she includes all information in the members' records, which is available for all to see. The Georgia Health Information Exchange (HIE) requires providers to use Electronic Health Records which would avoid repeated services and eliminate multiple duplications.

**MEDICAID UPDATES – David Schuster**

Mr. David Schuster, Interim Deputy Chief, Medicaid Division, reported on two grants that are available. Two organizations, The Georgia Partnership for TeleHealth and the Child Welfare Collaborative have applied for the Centers for Medicare and Medicaid Services Health Care Innovation Grant and DCH has provided letters of support. These grants were collaborative efforts with the Department of Behavioral Health and Developmental Disabilities (DBHDD) and Department of Human Services. If approved, this will provide federal funds to these non-profit agencies to improve both quality and access to care within the State of Georgia, working in conjunction with the State. The second grant is by the Casey Foundation (Child Welfare-foster care children on anti-psychotics) which our Pharmacy Director, Ms. Linda Wiant is Project Lead. This grant will enable the State to receive additional federal funds.

As reported at the last meeting, the focus toward the Medical Policy Unit is moving to a more clinical approach. There is a current job posting for a Clinical Program Director to be involved with physicians and hospitals. The Department is considering adding a dentist or a dental hygienist on staff to work with the dental program.

This Committee is now down to nine members which is considerably less than the guidelines require. A minimum of eight additional members are needed to reach the desired number of 15 – 17 members. The Committee is required to have at least fifteen members. This added number of members will provide greater professional diversity, a stronger voice and greater involvement.

There are very few bills in the 2012 Legislature session that significantly impact Medicaid at this time.

**RESOLUTION for Dr. Martin Michaels**

Chairman Lue read Commissioner Cook's proclamation in commemoration of Dr. Michaels' service on the Committee. He dedicated his life as a patient advocate and physician champion for Medicaid and all Georgians. The proclamation will be sent to Dr. Michaels' family.

**MMIS – UPDATES – 5010 and ICD-10 - Ms. Joyce Wilson**

Ms. Joyce Wilson, MMIS Manager, was introduced and briefly informed the members of her role in the IT Department. She reported that March 31, 2012, is the deadline for the 5010 transition from 4010. CMS granted a 90 day extension on January 1, 2012. Meetings are being held with Hewlett-Packard (HP) our fiscal agent, concerning the mandated 5010 change by CMS to transition from the 4010 claims processing format to 5010, which is a method of transaction. CMS requires this change from 4010 since 5010 relates to the pending ICD-10 code change scheduled for October 2013. All CMO's are 5010 compliant.

Dr. Lue questioned if providers can find free access to ICD-10 codes on the website and the response is “No”. Ms. Wilson reported that Ms. Argartha Russell, Director of Medical Policy, is leading the clinical team’s effort for the Department.

Dr. Kanto asked if DCH is working closely with HP in order to avoid the April 2000 debacle which occurred with ACS when there was a major delay in paying providers’ claims. Ms. Wilson acknowledged his concern and replied that both DCH and HP staff are working closely to ensure there is adequate time for testing.

Ms. Wilson assured the members that adequate testing is being addressed with both the 5010 transition and with the pending implementation of the ICD-10 codes.

### **Balancing Incentive Program – Long Term Care - Catherine Ivy**

Ms. Catherine Ivy, Deputy Director, Aging & Special Populations, presented a CMS program which allows states to receive an additional two percent federal match. This represents \$19M - \$57M per year for a duration of three years. CMS wants to re-balance LTC facilities versus home-based, non-institutional services (i.e., Money Follows the Person) to address those members with developmental disabilities, elderly needing day care, and those needing to transition from an institutional setting back into the community. Georgia Medicaid is taking advantage of this program by trying to meet the three requirements: Single Entry Point or No Wrong Door (NWD), Approach for long term care, Core Assessment or at a minimum use the required Standardized Assessment, and Conflict-free Case Management. The program provides the enhanced federal match with a streamlined eligibility and enrollment process. DCH must provide assurance to CMS that it will cost less to provide alternative living facilities. The State must also submit letters of support with its application.

Georgia Medicaid is the second State after Vermont to submit an application.

Dr. Tune voiced support for this effort by stating this program must cost less to keep the members in their homes rather than in institutions. He also reported that many patients are misplaced only because they cannot properly answer questions that would qualify them for other alternative services.

Ms. Ivy stressed the importance of getting the information out to those who can be supported physically and financially at home. Letters of support are being collected for submission as condition of the State’s participation in the program.

Mr. Zilles added that his son is in one of the community waivers and volunteered to write a letter of support.

**Medicaid Managed Care (Update) – Leticia Mayfield**

Leticia Mayfield, Director, CMO Provider Services, gave an update on the providers' network. There were minimal changes since the last MCAC meeting. The third quarter is below the benchmark of 90%. WellCare previously was in all 159 counties. Amerigroup serves 92 Counties, and Peach State serves 90 counties.

All three CMOs are now statewide which should show some improvement and allow for direct comparisons.

**Coding Updates - Erica Dimes**

Ms. Erica Dimes, Program Director, Medical Policy Unit, reported that the annual CMS files of HCPCS and Diagnoses codes should be completely downloaded in the Georgia MMIS by the end of February 2012. DCH will re-price all claims affected by the new updates. A Banner message will be posted regarding the new codes.

The meeting adjourned at 11:50 a.m.

The next meeting is scheduled for May 16, 2012.