



# MEDICAID ADVOCACY

Coalition to Assure Redesign Effectiveness  
for Medicaid (CARE-M)

October 28, 2013

Jerry Dubberly  
Chief, Medicaid Division  
Georgia Department of Community Health, Division of Medicaid  
2 Peachtree St., NW  
Atlanta, GA 30303

Dear Dr. Dubberly (Jerry):

The Coalition to Assure Redesign Effectiveness for Medicaid (CARE-M) is a coalition of organizations who advocate on behalf of vulnerable populations, patients, and health care consumers in Georgia. The coalition was formed shortly after the Georgia Department of Community Health (DCH) announced plans to explore redesigning Georgia's Medicaid and PeachCare for Kids (CHIP) programs to ensure that the voices of patients and consumers were heard in the process. On behalf of CARE-M, we submit written comments in response to the DCH-proposed Medicaid State Plan Amendment for the ABD population that was released on October 10, 2013.

Core Comments & Recommendations Related to the Georgia Medicaid Plan Amendment:

1. We strongly support the need for members to have the choice of opting out of care coordination that is emphasized in the proposal, but these mechanisms need be clearly spelled out and communicated to all affected populations in a timely and culturally appropriate manner.
2. Each population included in ABD care coordination must be fully engaged in designing, implementing, and monitoring the outcomes and effectiveness of that care coordination and be empowered to bring issues occurring in care delivery forward to the attention of the coordinated care entities and the Department of Community Health. This involvement should not end with the awarding of contracts, but should continue with providing feedback on system performance and recommendations for plan improvement.
3. There is no explicit assurance in the State Plan Amendment that the State and its contracted PCCM vendor will lay out procedures for necessary and recommended measures, including Quality Assessment and Performance Improvement, External Quality Review, and Grievance Systems. These procedures should be clarified and opportunity given with adequate notice to obtain input from stakeholders at all levels and advisory groups.
4. There is a need for multiple clear and meaningful measurements of both health outcomes and financial soundness to be established prior to the beginning of care coordination.

In addition to these comments, we are also providing a Gap Analysis and an Executive Summary of the Gap Analysis. It is our hope that these comments and Gap analysis are useful tools that support further integration of the recommendations of CARE-M and the task forces into the contract & managed care procedures for the ABD population.

Thank you for your collaboration with us.

Sincerely,  
Members of CARE-M