



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

ABD Care Coordination Program



Presentation to: 2013 Joint Study Committee on Medicaid Reform

Presented by: Jerry Dubberly, Chief Medical Assistance Plans

Date: October 28, 2013



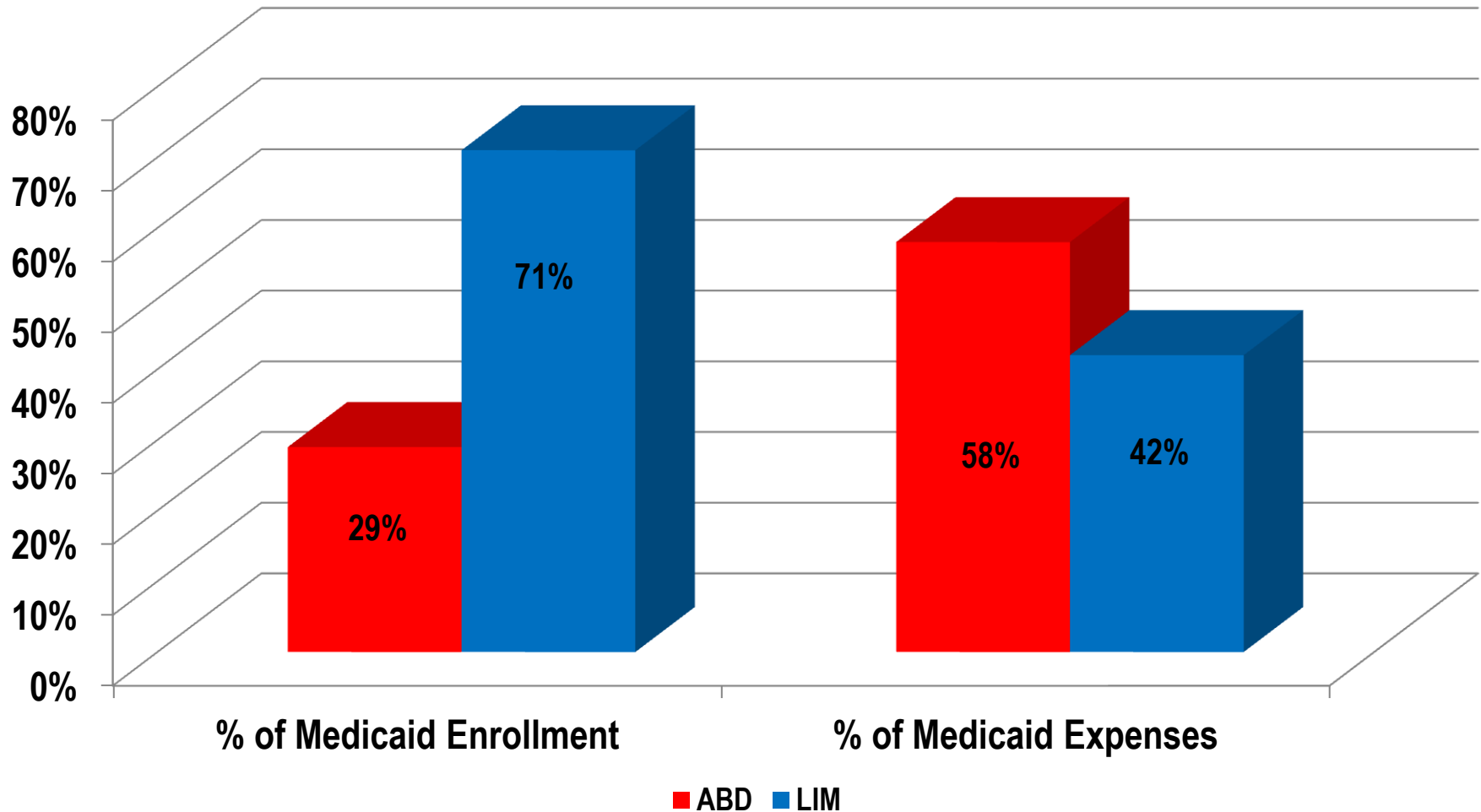
Mission

The Georgia Department of Community Health

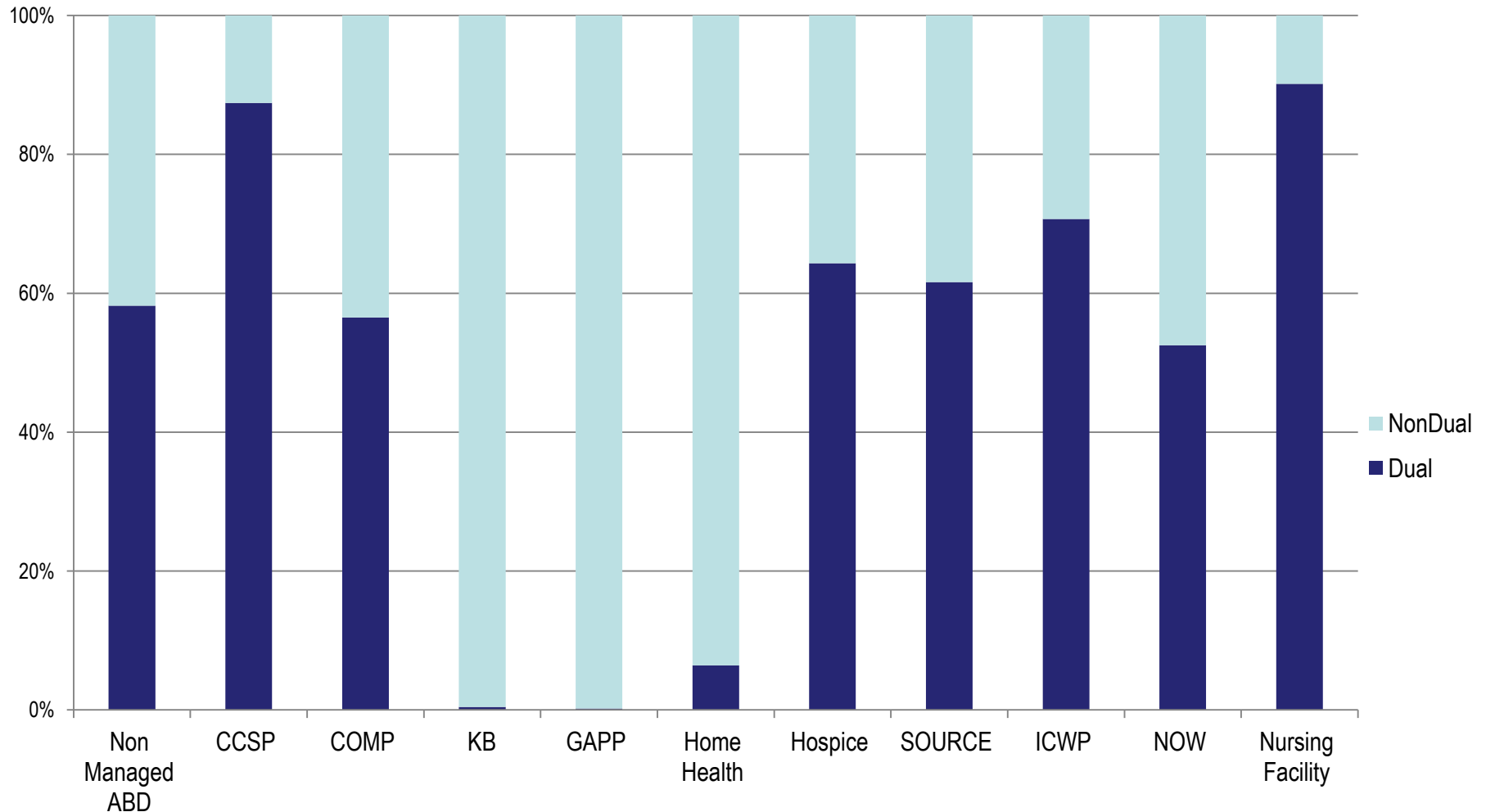
We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.

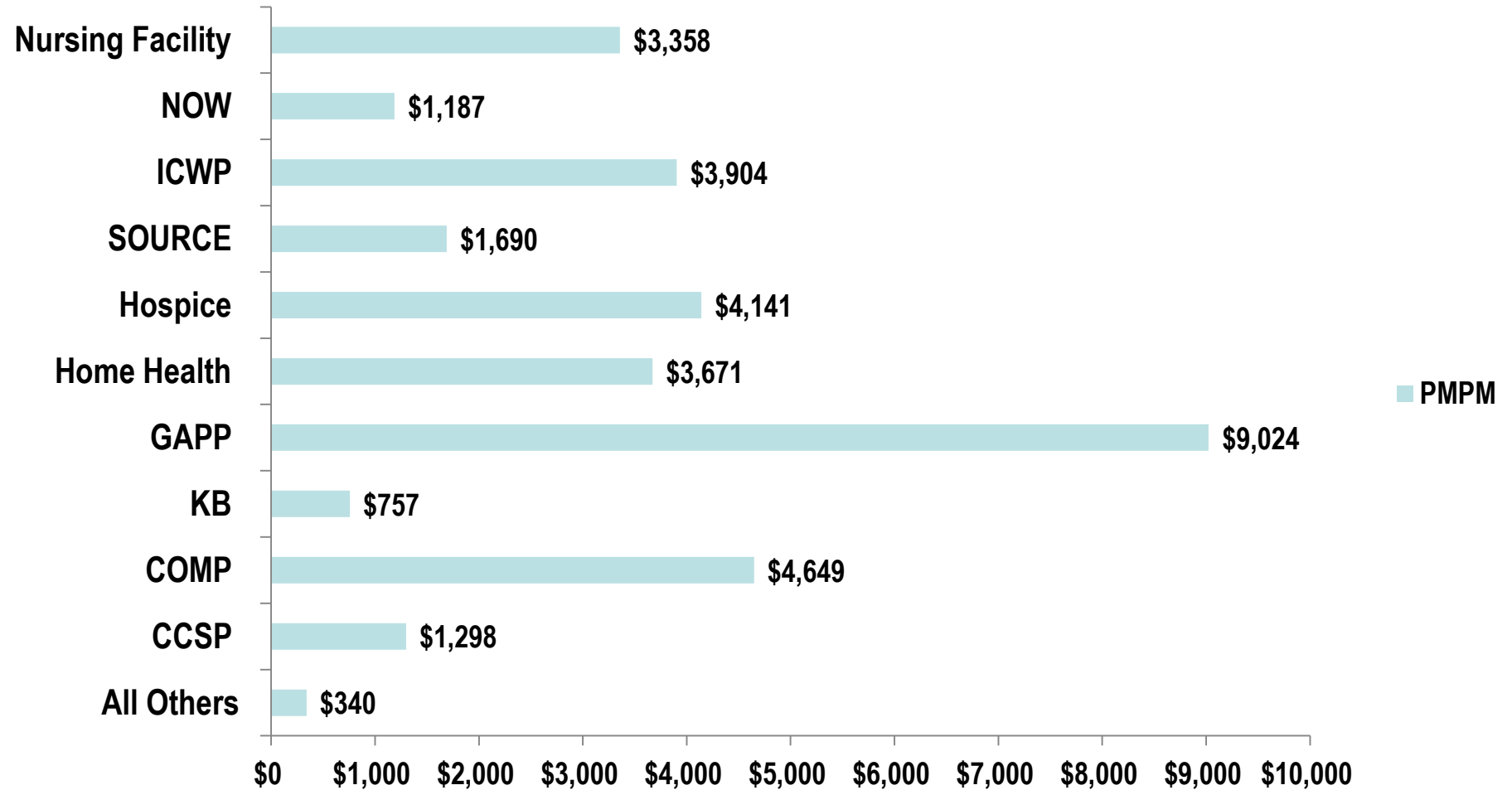
ABD: 29% Medicaid Enrollment – 58% Medicaid Expenditures



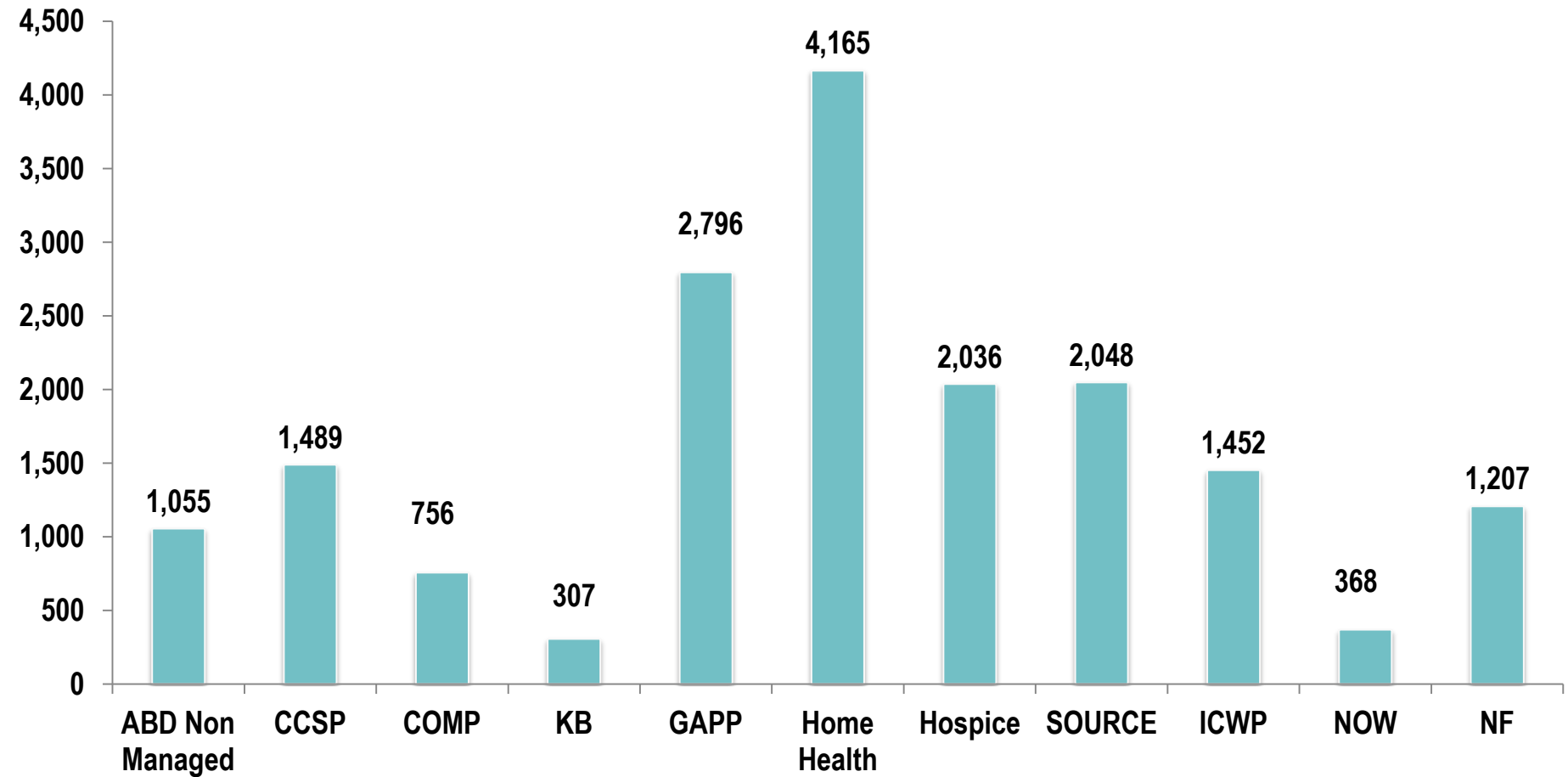
ABD Population – Medicare Eligibility



ABD Population Costs (PMPM)

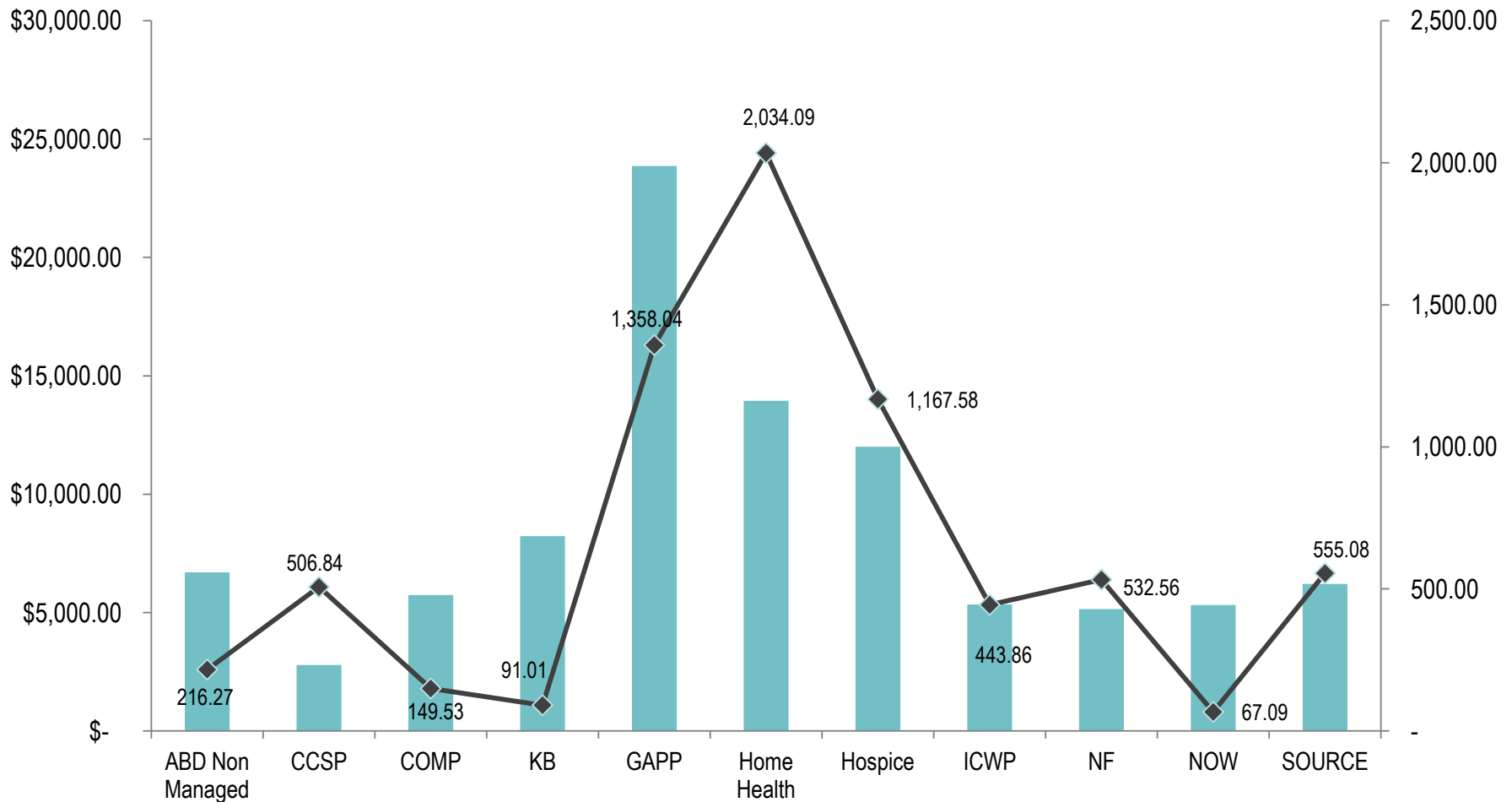


ABD Emergency Room Rates Per 1000 Members

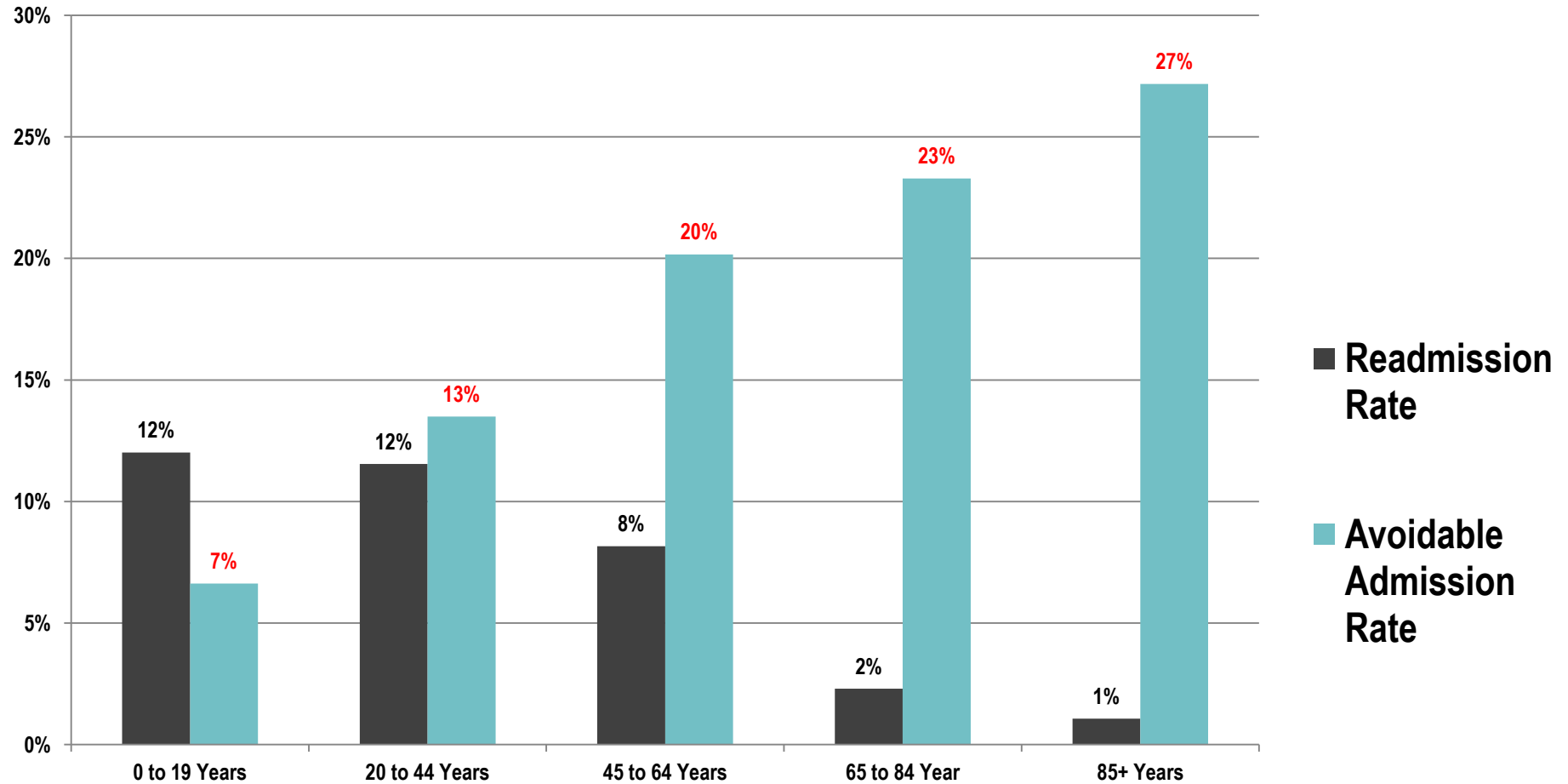


*Total cost represents both waiver and non waiver FFS expense

ABD Inpatient Admission Utilization



ABD Readmissions and Avoidable Admission Rates





Aged, Blind and Disabled Care Coordination Program

ABD Care Coordination Model

What we heard from stakeholders:

- *Segments of ABD population would significantly benefit from intensive care management*
- *Use navigators to help members obtain timely needed services*
- *Use a person-centered model with a holistic view of an individual's needs*
- *Improve care coordination for Medicaid/Medicare dual eligibles*
- *Contractor monitoring and oversight must be DCH priority*

ABD Care Coordination Program

- Care Coordination model for all ABD populations
- Voluntary – all members will have the ability to opt-out
- Features:
 - Single statewide vendor
 - Fee-for-Service environment
 - Care coordination, case management, disease management
 - Patient Centered Medical Home
 - Primary Care Case Management Model
 - Provider Engagement
 - Value Based Purchasing



ABD Care Coordination Program

- All members will have access to:
 - Member Care Coordination Call Center
 - 24/7 Nurse Call line
 - Outreach and Education relevant to patient's healthcare and disease state(s)
- Providers will be able to refer issues and opportunities for better coordination to Vendor for follow up and intervention.

ABD Care Coordination Program

- Certain members will have access to Intensive Medical Coordination Services
 - High risk, high utilizing, highly impactable members
- Intensive Medical Coordination Service
 - Engage members and conduct health risk assessments
 - Form treatment plans utilizing interdisciplinary treatment teams
 - Connect members with medical homes by developing, engaging, and incentivizing a provider network
 - Improve coordination of care



ABD Care Coordination Program

- Desired results:
 - Improve patient outcomes
 - Connect members with necessary and appropriate care
 - Reduce unnecessary utilization
 - Fiscal improvement

ABD Care Coordination Program

- Vendor will not:
 - Establish Medicaid policy
 - Pay claims for Medicaid services
 - Set reimbursement rates
 - Authorize or deny Medicaid services
 - Supplant or replace existing care coordination services

ABD Care Coordination Program Timeline*

Date	Event
November 15, 2013	RFP Release
February 10, 2014	Responses Due from Offerors
May 7, 2014	Contract Executed
May 7, 2014 through September 31, 2014	Implementation Phase
September 1, 2014	“Go/No Go” Decision
October 1, 2014	Go Live

**Timeline as of 10/28/2013*



Questions

Data Reference

- Total expense and utilization measures in this analysis represent FY2011 incurred data with claims paid through July 2012
- Total expense represents state and federal dollars
- Pharmacy rebates are not accounted for in total expense
- Unless otherwise noted, expense represents net payments for fee for service claims
- This analysis includes members with Medicare coverage