Georgia Department of Community Health

Medicaid Redesign Update

Presentation to: Medical Care Advisory Committee

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February 20, 2013

Medicaid Redesign Initiatives

- DCH assessed opportunities for enhancing outcomes and coordination of care for populations currently in Medicaid Fee-for-Service (FFS)

- Initiatives for Foster Care / Adoption Assistance (FC/AA) and ABD populations were developed based on feedback and input from stakeholders:
  - Partner agencies (DHS, DBHDD, DJJ, DPH and DOE)
  - Task forces and work group (Children and Families, ABD, Provider, and Mental Health and Substance Abuse)
  - Advocates

Medicaid Redesign Initiatives

- To address questions/issues, DCH initiated regular teleconferences with the Georgia-specific Medicaid State Technical Assistance Team (MSTAT) which includes CMS representatives from the RO and CO.

- Navigant Consulting is assisting with the development of waiver application(s), contract language and the ABD RFP

- Aon Hewitt is assisting with development of capitation rates for FC/AA and fees for ABD

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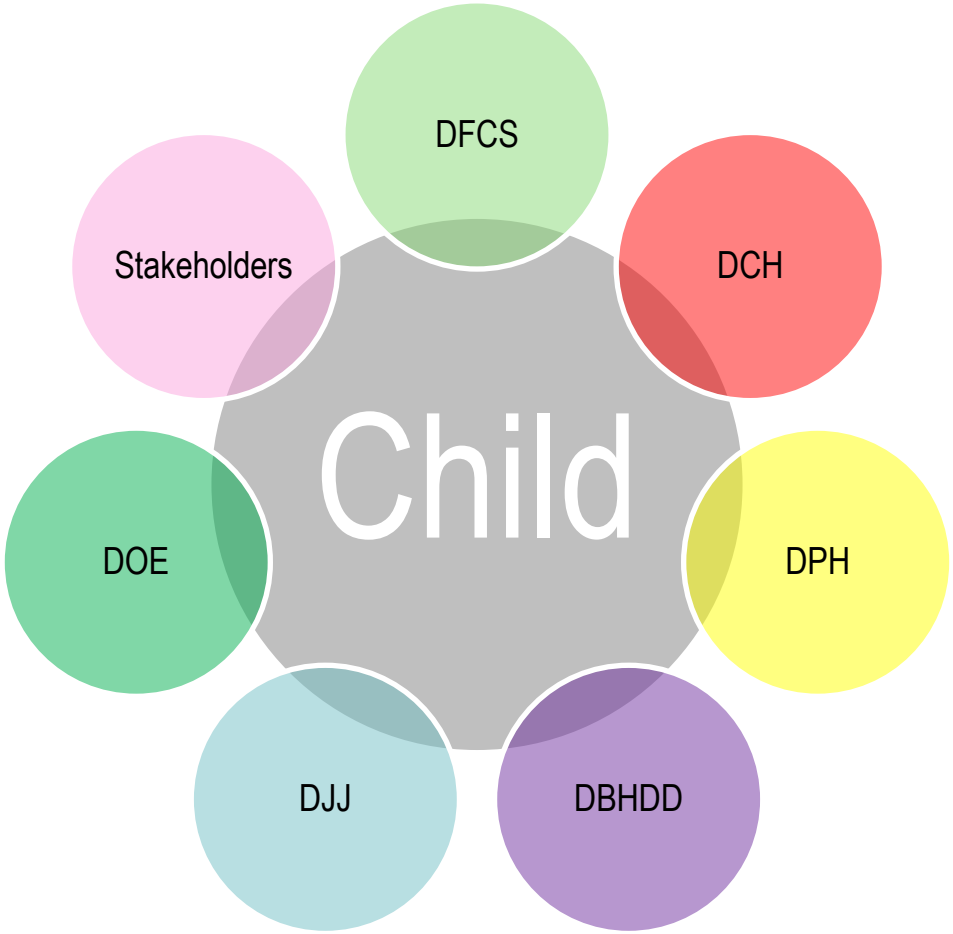
Transition of Children in Foster Care and Adoption Assistance to Georgia Families

Foster Care and Adoption Assistance

- Select a single, state-wide CMO from the incumbents
- Targeted implementation: January 2014
- Develop a portable health record
- Improve medical oversight and outcomes
- Better coordinated care through care coordination teams
- Enhance coordination across sister agencies
- Implement Quality Committee for oversight and monitoring of the FC/AA CMO
- Value-based Purchasing

Multi-Agency/Partner Effort



FC / AA Timeline

- Late March – Early April 2013: Interview the 3 incumbent CMOs
- April 2013: Select the FC/AA CMO
- June – December 2013: Implementation activities
- November – December 2013: Conduct readiness reviews
- January 2013: Implement FC/AA CMO

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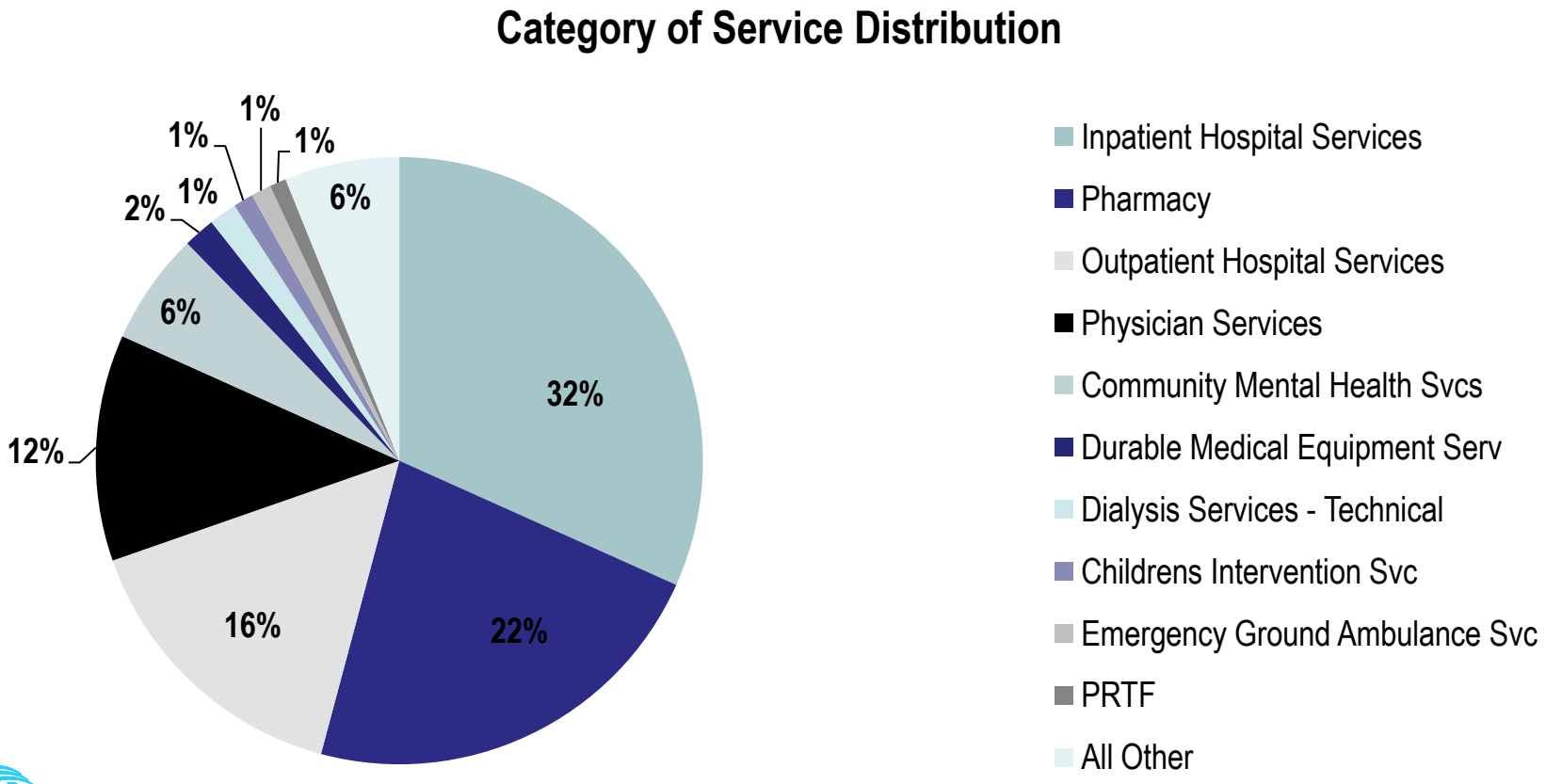
ABD Intensive Medical Care Coordination Overview

ABD Non-managed Population

In FY2011, 347,691 ABD members were not in a managed plan. The total PMPM was $340.02. 36% of this population is dually eligible for Medicare.



ABD Approach

- ABD data illustrates opportunities for improving clinical, quality and financial outcomes
- Designing Intensive Medical Coordination model for all ABD populations
- 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

ABD Intensive Medical Care Coordination Model

ABD Care Coordination model supported by stakeholder feedback:

- 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

Program Goals

- Provide intensive medical care coordination for all enrolled members
- Provide Intensive Care Management services for targeted high-risk, impactable populations
- Improve access to and quality of coordinated health care services
- Provide a medical home for members receiving Intensive Care Management
- Coordination and collaboration with partner agencies
- Implement a value-based purchasing model that incentivizes cost-efficient care while improving health outcomes

Scope of Services

- Services for all members:
  - Health screening; health risk stratification; and predictive modeling
  - Member services, such as call center and educational information
  - Access to a navigator to assist with issues such as locating a provider and identifying community-based care
  - Care coordination, as needed
- Intensive Care Management services for members identified by Vendor as impactable, high-cost or potentially high cost, or other qualifying criteria
  - Intensive Care Managers coordinate with a multi-disciplinary team to develop and implement Individual Service Plans
- Provider services, such as outreach, education and technical assistance

Member Eligibility

- Enrollment of all Medicaid members who are aged, blind or disabled, including:
  - Dually eligible individuals
  - Members participating in home- and community-based services waiver programs
  - Members residing in long-term institutions
- Members determined eligible for Intensive Care Management may “opt out” of or decline to receive services Intensive Care Management services

Roles of Providers

- Providers must have a significant role in the Care Management Model
- Provider will sign Letters of Agreement with Vendor
- Providers agreeing to do so will serve as medical homes for members receiving Intensive Care Management services
- Providers will participate in care planning activities for members receiving Intensive Care Management services
- Providers will participate in quality improvement initiatives

Payment Structure

- Claims paid on a fee-for-service basis
- Value-based purchasing
  - Shared savings methodology for Vendor payment
  - Vendor performance subject to liquidated damages
- Providers may be incentivized
- Provider Profiles key component
  - Informatics support change and outcomes

ABD Timeline

- Developing RFP requirements; will seek stakeholder input
  - Vendor experience with ABD populations
  - Tools: Health assessment, risk stratification, predictive modeling
  - Relationship with providers
  - Value-based purchasing
  - Communication and education plan for members and providers
  - Oversight and monitoring
- Post RFP: late 1st quarter 2013 with raw claims data
- Vendor selection: 2nd quarter 2013
- Targeted implementation: January 2014

Questions