

Board of Community Health
Care Management Committee Meeting
October 12, 2006

The Board of Community Health Care Management Committee met October 12, 2006, Twin Towers West, Floyd Room, 200 Piedmont Avenue, Atlanta, Georgia.

Committee members present were: Kim Gay, Chairman; Bruce Cook and Richard Holmes. Kathy Driggers, DCH Chief, Managed and Quality, also was present.

Ms. Gay called the meeting to order at 10:15 a.m. and asked Kathy Driggers to give her report.

Ms. Driggers stated that as of October 1, the care management program, Georgia Healthy Families (GHF), had gone live in the entire state. As of October 1, 1,018,000 members were enrolled among the three CMOs throughout the state. Ms. Driggers said that for all the populations of people who are eligible for GHF, there will never be a point in time when 100% of them are enrolled in plans. Since members have a thirty-day choice period there can be a window of up to 59 days when a newly eligible Medicaid member is technically in fee-for-service while they are waiting to go into the CMO.

Ms. Driggers said there were lessons learned from the June 1 Go-live, and the Department made some modifications to its implementation strategies. She stated that from DCH's perspective, the September 1 implementation has been relatively quiet due to communication to the providers as well as communication they heard from their provider peers who had gone through the implementation in Atlanta and the Central regions. One of the things the Department and the CMOs knew is that some providers would not make a decision until very late and the CMOs would have to configure and load into the system, so the plans all staffed up accordingly. There are still situations in some parts of the state where providers have been contracted but are not in the system. There was also a 30-day transition period when all three of the plans had a leniency policy for many of their prior authorizations, policies and procedures. For the September 1 implementation this was lengthened to 60 days. The Department also learned that it cannot over communicate and has tried this second time to communicate by every possible vehicle. She said she meets regularly with the Georgia Hospital Association as well as the American Academy of Pediatrics Georgia Chapter and the Georgia Academy of Family Physicians. They poll their membership regularly, and bring that feedback back to her. Jointly, all have worked really hard on issues that come up and each of those organizations hold regular communication with its membership.

Ms. Driggers said the plans continue to develop their networks. It will probably be early next year before these networks are completely fleshed-out and stable. There have been some areas of the state where there is concern about pediatric specialty access--in particular pediatric orthopedics, neurology, dermatology. Nevertheless, DCH continues to put pressure on the plans and they continue to recruit physician group practices. Regardless of whether the plans have a contract with a particular specialist, they are required to provide that care if it is medically necessary and they do not have a participating provider.

Ms. Driggers said the DCH Managed Care Division is monitoring the three CMOs, three pharmacy benefit managers, two Behavioral Health Organizations, two dental subcontractors, and a vision subcontractor, which also includes member and provider services, claims paid,

medical management, quality management, all of their call centers and member services, network management, provider relations, claims management and reporting management.

Mr. Cook asked if a data base could be pieced together on a dashboard basis. Ms. Driggers said this is what other states have done with their managed care and this is something DCH will do as well. She said most states only do this on an annual basis. It usually takes a year to get meaningful data to look back. Mr. Cook expressed concern about the amount of data and the frequency in which it is reviewed. Ms. Driggers agreed and said there are many reports given monthly, bi-monthly, quarterly, and annually. Mr. Cook asked if this could be presented to the Care Management Committee to get a feel for any kind of trending.

Ms. Driggers said the Department is actually trending claims payments and are paying very close attention to time of date of service to receipt of claim and then from receipt of claim to disposition or adjudication of claim. The two metrics tell a story about how long it takes for a claim to get paid from time of services rendered and have noted a lengthening of time between the time of services rendered and the time the claim hits the door of the plan; overall that trending is about 22 days. That is trending upward a little bit and the reason may be the providers are holding claims, waiting to make sure they are participating providers in the system. In some parts of the state there have been some EDI (Electronic Data Interface) issues. She said in fee-for-service Medicaid the average is 45-60 days from date of service to date of payment.

Ms. Driggers said the top reason for the denials with all of the plans is duplicate claims. She said DCH pays fee-for-service claims once a week. The plans are required to pay claims at least on a weekly basis. Wellcare pays claims three times a week; Amerigroup pays twice a week; and right now PeachState is paying on a daily basis. There may be situations with providers who are having claims denied for various reasons and they are seeing the impact on revenue. GHF is working with providers to make sure they understand what they need to do in order to file their claims timely. GHF will continue this kind of monitoring extremely closely.

Mr. Cook asked what Ms. Driggers thought would be next month's three biggest challenges other than what she reported today. Ms. Driggers said an ongoing challenge is the month-to-month basis of monitoring the sufficiency of the plans and making sure that the networks continue to grow.

There being no further business, the meeting was adjourned at 10:55 a.m.

KIM GAY, CHAIRMAN
Care Management Committee