

Board of Community Health  
**Care Management Committee Meeting**  
**August 25, 2005**

The Board of Community Health Care Management Committee held its meeting in the Floyd Room, 20<sup>th</sup> Floor, West Tower, Twin Towers Building, 200 Piedmont Avenue, Atlanta, Georgia.

Committee members present were Dr. Chris Stroud (chairman), Kim Gay, and Dr. Buddy English. Kathy Driggers, DCH Chief of Managed Care and Quality, was also present. Ms. Gay called the meeting to order and then asked Kathy Driggers to give her report.

Ms. Driggers began by announcing that the Department chose three new CMO partners and they are: Wellcare, Amerigroup, and Peach State Health Plan. She said a protest was received after the awarding of the bids; however, it was resolved and was found to be without merit. The awards are by region. All three plans will participate in the Atlanta Region; in the North, East and Southeast regions, it will be Wellcare and Amerigroup; and in the Southwest and Central Regions, it will be WellCare and Peach State Health Plan. DCH signed those contracts effective July 18, 2005. The announcement was made on the July 19. On August 5, the Department also awarded Maximus the Enrollment Broker contract. The Department is already in meetings with them as with all of our partners including ACS.

Ms. Driggers said a two-day summit was held with all of the partners on Information Management Systems issues. Approximately 150-200 people from the three plans, Maximus, ACS and the department engaged in dialog about the data interchange that is needed to take place from all of these vendors. It is a fairly complicated set of interfaces and certainly needs to happen smoothly. The eligibility information will continue to come from the sources that it comes from now, DCFS SUCCESS system and Social Security, into ACS as it does now on a daily basis. ACS will scan the eligibility file for the people who are eligible for this program, feed that immediately to Maximus, who will do the outreach to the member, mail packets to them, and do the outreach calls to members about their choices. The enrollment broker feeds that information back to ACS. Then once a month the assignment run will be made so members will be assigned to their chosen plan. Those people who have not chosen a plan will be auto assigned to a plan based on an auto assignment algorithm.

Ms. Driggers said there is a misconception for providers that if they do not sign a contract with the CMOs by the end of this month they will not be in the network and nothing could be further from the truth. She acknowledged that the Department has a very aggressive timetable. The Department's goal is for Maximus to begin loading eligibility information around the middle of October. That means the first assignment run will be towards the end of November to give the plans as much time as possible to reach out to those new members and get their ID cards to them. The people who did not choose a plan and are auto assigned to a plan will not have a primary care physician compared to those who chose a plan and a primary care physician. The plans will want to have their network, particularly their primary care physicians, as complete as possible because they have to be credentialed, load those providers into their data bases, and publish directories which they have to get to Maximus in order to complete those enrollment packages. She said she's sure the plans are strongly urging providers to sign contracts because they want those networks as complete as can be.

Ms. Driggers began discussion on the ongoing implementation activities. The Managed Care division will administer and manage the CMO and Enrollment Broker contracts. The Manage

Care division has grown from a half dozen to about 30 people. The CMOs will be monitored primarily from the Managed Care division, but the Department will also use a matrix management approach because there are some issues that will be handled in other divisions within DCH.

Ms. Driggers said none of the plans are receiving payment from the Department until January 1. Their implementation activities are funded by their companies. The plans have to secure office space and staff, complete their networks, and ready their call and claims payment centers to handle the additional volume of calls and claims from Georgia.

The Enrollment Broker has similar activities. They are hiring staff and have massive amounts of telecommunication equipment coming in because they will be located here in Georgia.

Other activities include weekly internal Core Implementation Team staff meetings. The team is composed of the Commissioner, executive staff, other key staff designated by the Commissioner and the consultants used on this project. Weekly meetings are held with the plans to talk about issues.

Ms. Driggers stated that the name of the program has been officially changed to *Georgia Healthy Families*, and a great logo and tag line have been created and will be shared with the Board at a later date. In addition the Department is about to start a public relations drive within the next week or so to make the public aware and the members need to know there is a big change coming. Part of the public campaign is geared towards Medicaid members with emphasis that good changes are coming their way as it relates to how their healthcare is going to be delivered.

Ms. Driggers concluded her report after addressing questions from the Committee.

There being no further business, the meeting was adjourned.

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CHRISTOPHER BYRON STROUD, M.D.  
Chairman, Care Management Committee