



Coordinated Care Improvement Group Minutes of December 14, 2011 Meeting

Members Present:

Dr. Francis Middleton
Cindy Helling
Cesar Martinez
Sue Berkowitz
Dan Gallagher
Dr. Barbara Freeman
Charles Beaman, Jr.
Todd Atwater
Dr. Greta Harper
Scott Graves
Paul T. Accardi

Members Absent:

J.T. McLawhorn
Dr. Otis Engleman
Dr. Mark Lyles
Dr. Caughman Taylor
John Magill
Thornton Kirby

The meeting was called to order by Director Keck who introduced the framework for the meeting. He then turned it over to Tim Hartnett who discussed the Arizona Model regarding improving quality through auto-assignments. Tim gave a brief overview of the model focusing on the auto-assignment algorithm for those members who do not exercise their right to choose a health plan. He says the algorithm allows members to be distributed to plans in a predictable and consistent manner. This process allows states to reward managed care health plans for meeting and exceeding clinical performance measures as defined by the state. SC is looking at the Arizona model as we move forward on transforming our current managed care model. Tony noted that the first step is to minimize auto assignment, but there is always going to be those who do not choose a plan. Jennifer Campbell pointed out that the Arizona model differs across counties and is specialized by regions. Discussion followed and although the group says auto-assignment has helped plans grow, there is lack of care coordination due to the randomness of the assignment. Questions came up about why some members do not make a choice. Who are the people that don't choose? Where are they 90 days after auto-assignment? Roy Hess pointed out that at least 5 attempts are made to reach an individual. He also mentioned the pilot in Greenville that provided a courtesy phone in a provider office that



auto dialed the enrollment broker. It was a success. John Supra mentioned that soon the provider web tool will allow providers to view anniversary dates which will allow them to notify individuals of their anniversary date at the time of service.

Next, Dr. Ana Lopez – De Fede provided details regarding rural and urban differences in the HEDIS measures. There was no notable difference between rural and urban areas but rather, the difference among counties led the group to discussion and agreement that further understanding of quality by geographical location is important. Tony stated that he'd like Ana to dig in even further to the HEDIS measures so the group can compare among counties.

Finally, Sam Waldrep spoke about the SC Dual Eligible Demonstration (SC DuE) Project Team, noting that SC is one of 15 states selected by CMS to design new approaches to better coordinate care for dual eligible individuals. The purpose is to improve quality, reduce costs, and improve the beneficiary experience. The State's dual eligibles account for approximately 16% of Medicaid's total enrollment and constitute nearly 50% of its annual expenditures. This makes dual eligibles an ideal target for the care coordination model. The SC DuE Team and its stakeholders are exploring new models of care that have traditionally been difficult to establish. Specifically, the project is searching for ways to integrate care for high-cost users of medical services in primary care, behavioral health and long-term supports and services. With the addition of the dual eligibles population, South Carolina's annual coordinated care program expenditures could potentially increase from \$1.7 billion to approximately \$3 billion. Tony noted that the CMS timeline will be difficult to meet as the final report and plan is due in April. Sam notified the group of the next SCduE meeting which is Thursday, January 5th. A question was raised as to whether or not the Department would allow duals to enroll in MCOs as they are currently only able to enroll in MHNs. Tony stated that he is open to duals having full options available as long as it is allowed through CMS. He advised staff to explore this option.

Tony then led the group in discussion of the issues voted on at the last meeting. He grouped them according to topic and vote. Tony questioned the group to determine if everyone was in agreement to focus on the topics outlined. Further discussion followed and an additional topic of direct contracts was added to the list. There were no objections to moving forward on the topic outline. Tony indicated that although the contract renewal is due in April and the CCIG may not have come to final conclusions by then, the Department would use group input during the contract process.

Meeting was adjourned.