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Reforming Medicaid, reforming Georgia's future

Since Georgia implemented the current managed care system in 2007, pediatric providers from across the state have witnessed declines in patient access to care and reimbursements for providing care to these vulnerable children. We have struggled with the administrative burden of operating within a system that is inefficient, uncoordinated and thus far ineffective in making significant improvements in the health outcomes of Georgia's children.



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Chief Medical Officer

In response to this growing crisis, pediatric providers from throughout Georgia, including the Georgia AAP, Kids Health First, The Children's Health Network and Georgia Pediatric Subspecialists, and the state's five children's hospitals, have formed a coalition to address the issue. We have identified an opportunity to work with the Georgia Department of Community Health (DCH) to improve the Medicaid system for pediatrics. DCH has hired an outside firm, Navigant, for a Medicaid and CHIP re-design initiative. Navigant began their review in early September and submitted it to the state in December, 2011.

Our goal is to influence the state to create a sustainable Medicaid system that improves care to Georgia's children, and develop a collaborative model that brings together the pediatric provider community to create a more efficient system. The member organizations have agreed to the following key principles to help guide the transition to a more effective and efficient model:

1. Recognize the unique healthcare needs of children and align Medicaid's payment and care delivery systems to achieve significant gains in children's health.
2. Streamline Medicaid enrollment to facilitate access to pediatric providers who can have maximum impact on disease prevention and early-stage care management.
3. Increase quality care using well-defined metrics while containing costs.
4. Broadly implement a patient-centered medical home with providers accountable for quality outcomes, cost containment and clinical efficiencies.

Focusing on Improving Access and Efficiency

At the Nov. 9 meeting with DCH, the coalition provided quantitative and qualitative data on the current inefficiencies within Medicaid that contribute to an ever-decreasing ability for pediatric patients to access pediatric care. More importantly, the coalition representatives outlined several easy-to-implement solutions to simplify the eligibility, enrollment and renewal processes for children.

12-Month Enrollment for Children

Every state in the country except Georgia and Texas has instituted a 12-month renewal period for children, the maximum allowed under federal law. During a 12-month renewal period, families are still expected to report changes in their circumstances to the state—although half of the states guarantee a child's coverage even if circumstances change during the year.

The current system in Georgia, which places undue burden on families with complicated policies, forms, and eligibility reviews, too frequently results in children losing coverage only to re-enroll

within a few months. This cyclical process burdens the state, which must re-process the applications, and causes unnecessary delays in care when patients arrive without proof of eligibility. Providing continuous coverage would help ensure children receive ongoing preventative, primary and condition-based care.

In addition, the currently disjointed transition of coverage between Medicaid and CHIP can result in discontinuity of coverage for children at transitional birthdays—often key markers for important vaccines, well child visits and other developmental screening visits. This discontinuity is preventable if Medicaid implements what is called “administrative renewal” in which the state would automate certain administrative tasks currently left to the families. Families would then verify, update and sign pre-populated forms to document eligibility, or renew their coverage online or via phone. As part of the Affordable Care Act, administrative renewal is required by all states by 2014—adopting it now would put Georgia ahead of the curve, improve patient care and physician satisfaction.

Additional Options for Streamlining Eligibility Process

- **Presumptive Eligibility:** Thirteen other states have adopted presumptive eligibility for children, a process in which the state trains specific entities like hospital systems, healthcare providers and government and community-based agencies to screen and temporarily enroll children until the state can verify eligibility as part of the normal application process.
- **Express Lane Eligibility (ELE):** Six states have adopted ELE to enroll children in Medicaid, with three allowing state to use it to renew coverage. ELE allows states to use data and eligibility findings from other agencies (i.e. school lunch programs, Head Start, Supplemental Nutrition Assistance Program, etc.) to determine eligibility in children and expedite the process.

Find out what other states are doing to address Medicaid Managed Care:

California: <http://www.healthcare.ca.gov/>

Colorado: <http://www.cchap.org/nl49/>

Minnesota: <http://minnesota.publicradio.org/features/2011/01/documents/minnesotas-healthcare-imperative.pdf>

New York: <http://senwww.senate.state.ny.us/sws/SD06/GNYHA-2011%20Medicaid%20Reform%20proposal%20.pdf>

North Carolina: <http://www.communitycarenc.org/>

Ohio: <http://oneohiounited.com/medicaid>

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