

Care Management Organizations' Problems Are Not Good for Georgia's Health

Last year Georgia began outsourcing the delivery of Medicaid and PeachCare services to private Care Management Organizations (CMOs). CMO administrators promised this move would create overall program savings and deliver more efficient care than traditional service delivery models.

How is it going one year later? The Univ. of Georgia surveyed 4,000 CMO participating providers recently to assess whether the Medicaid/ PeachCare provider network was as robust as the CMOs and Department of Community Health contended and to solicit the opinion of the provider community on the success of the CMO initiative.

Since CMO implementation fewer patients can access quality care. Ten percent of dentists and almost 35% of therapists now see fewer Medicaid or PeachCare patients in their practice. Twenty percent of mental health providers and primary care providers report they are restricting acceptance of new Medicaid/PeachCare patients since CMO implementation. Primary care providers also report declining proportions of Medicaid/PeachCare patients.

Providers give CMO program a disappointing grade. Two-thirds of providers rated the CMO program as Poor or Fair, with 31% rating it Good and only 3% rating it Excellent. Therapists gave the least favorable overall ranking with 91% saying the program was only Fair or Poor. Therapists, Dentists, and Surgeons/Surgical Specialists registered the most intense unhappiness with over 40% of each giving the program at rating of Poor.

(over)

Quality consumer care depends on an adequate provider network. Some quotes excerpted from the open-ended question portion of the survey reveal the level of frustration providers have with the CMOs:

- I do know that it has delayed surgeries that we cannot get the CMOs to authorize, which has led to a delay in their care and that can result in negative outcomes.
- It has caused an increase in paperwork, manpower, and confusion, and has limited the ability of the specialists.
- When I say we have lots of problems, basically we had a child who had a CATHA score and it said he needed help. He was failing and now he's on the honor roll. The CMO just said he'd have to go into crisis and then we can help him again. Now he has to fail to do well again.

CMOs need to be administratively simple for patients and providers alike. The three CMOs each have different regulations with different rules and different pay. Understanding multiple coverage arrangements for adults and children is time consuming and confusing. Increased paperwork and reimbursement hassles can cause providers to leave the network.

House Bill 1234 (Channell) is a strong first step toward holding the CMOs accountable. When the State privatizes certain government services it must also be responsible for closely monitoring contract providers. Legislation requiring CMOs reimburse care costs when physicians rely on CMO eligibility determinations and streamline processes which hurt patient care are part of good government oversight. Outsourcing healthcare does not absolve elected officials of accountability when issues arise.

SOURCE: This information is taken from a 4,000 provider survey conducted by the University of Georgia Survey Research Center between October and December 2007. The survey was designed to assess whether the Medicaid/ PeachCare provider network was as robust at the CMOs and Department of Community Health contended and to solicit the opinion of the provider community on the success of the CMO initiative. In addition, Voices for Georgia's Children contacted 19 different statewide health provider organizations, with 8 responding, to corroborate data for the survey.

**Women's Policy Group
P.O. Box 55553
Atlanta, GA 30308**

Capitol Representative:

**Janice Barrocas, Attorney at Law
Cell: 404.805.5134; janicebarrocas@yahoo.com**