

Managed Care in Georgia

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, about 90 percent of Medicaid beneficiaries were enrolled in managed care. Georgia began operating managed care with the introduction of **Georgia Better Health Care**, the state's original PCCM program, in 1993. Since then, the state has experimented with and expanded a number of managed care arrangements, ultimately transitioning its Medicaid program from a *primarily* fee-for-service delivery system to a risk-based managed care model with the statewide introduction of its current Medicaid managed care organization (MCO) program, **Georgia Families**, in 2006. Georgia Families plans cover primary care, acute, and specialty services, including behavioral health, dental, and transportation. Almost all Medicaid and PeachCare for Kids (the state's CHIP program) beneficiaries are required to enroll in Georgia Families, including low-income adults and children, foster care children, and pregnant women; however, individuals with disabilities or long term care needs are not eligible to enroll. In 2007, the state also began its **Non-Emergency Transportation Brokerage Program** to extend transportation services on a mandatory basis to most Medicaid beneficiaries in the state, including those not enrolled in Georgia Families.

Georgia has made a number of recent changes to its Medicaid managed care programs. Georgia Better Health Care was terminated in September 2011 and replaced shortly after with an enhanced primary care case management program called Service Options Using Resources in a Community Environment (SOURCE). The SOURCE program allows frail elderly and disabled Medicaid beneficiaries who require a nursing home level of care to enroll with a primary care physician responsible for integrating primary care, specialty care, and home and community-based services.

Participating Plans, Plan Selection, and Rate Setting

Georgia contracts with three **national, for-profit plans** (WellCare, Peach State Health Plan, and Amerigroup Community Care), to deliver services within at least three of six designated geographic regions in the state. The state selects plans through a competitive bidding process and sets rates through an actuarial process that adjusts expected costs based on demographic factors.

Quality and Performance Incentives

Like most states, Georgia requires MCOs to report data on HEDIS, AHRQ, and CHIPRA core measures, monitoring a total of 41 performance metrics. The state rewards high performing plans by auto-assigning a greater proportion of Medicaid enrollees to the plan that reports the highest scores on quality measures. In addition, the state allows MCOs to develop performance incentives for their network providers that encourage them to meet performance targets. The state may apply liquidated damages if a plan fails to achieve established performance targets.

Table: Managed Care Program Features, as of August 2014

Program Name	GA Better Health Care*	GA Families	Non-Emergency Transportation Brokerage Program
Program Type	PCCM	MCO	Transportation PAHP
Program Start Date	October 1993	June 2006	January 2007
Statutory Authorities	1932(a)	1932(a)	1902(a)(70)
Geographic Reach of Program	Statewide	Statewide	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)			
<i>Aged</i>	X		X
<i>Disabled Children & Adults</i>	X		X
<i>Children</i>		X	X
<i>Low-Income Adults</i>		X	X
<i>Medicare-Medicaid Eligibles ("duals")</i>			X
<i>Foster Care Children</i>			X
<i>American Indians/ Alaska Natives</i>			
Mandatory or Voluntary enrollment?	Mandatory	Mandatory	Mandatory
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package</i>)			
<i>Inpatient hospital</i>		X	
<i>Primary Care and Outpatient Services</i>	X	X	
<i>Pharmacy</i>		X	
<i>Institutional LTC</i>			
<i>Personal Care/HCBS</i>		X	
<i>Inpatient Behavioral Health Services</i>		X	
<i>Outpatient Behavioral Health Services</i>		X	
<i>Dental</i>		X	
<i>Transportation</i>		X	X

Program Name	GA Better Health Care*	GA Families	Non-Emergency Transportation Brokerage Program
Participating Plans or Organizations	1. Georgia Better Health Care – participating providers	1. WellCare 2. Peach State Health Plan 3. Amerigroup Community Care	1. Non-Emergency Transportation Brokerage
Uses HEDIS Measures or Similar	Yes	Yes	NA
Uses CAHPS Measures or Similar	No	Yes	NA
State requires MCOs to submit HEDIS or CAHPS data to NCQA	NA	X	NA
State Requires MCO Accreditation	NA	X	NA
External Quality Review Organization	Health Services Advisory Group		
State Publicly Releases Quality Reports	Yes		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

*In December 2011, Georgia terminated the PCCM program in December 2011. The state plan amendment authorizing this change can be found at http://dch.georgia.gov/sites/dch.georgia.gov/files/related_files/document/GA_T-N_11-008_GBHC_Termination.pdf.