



OPEN MINDS

Georgia Health & Human Services Market Profile



Health & Human Services Market Profile Overview

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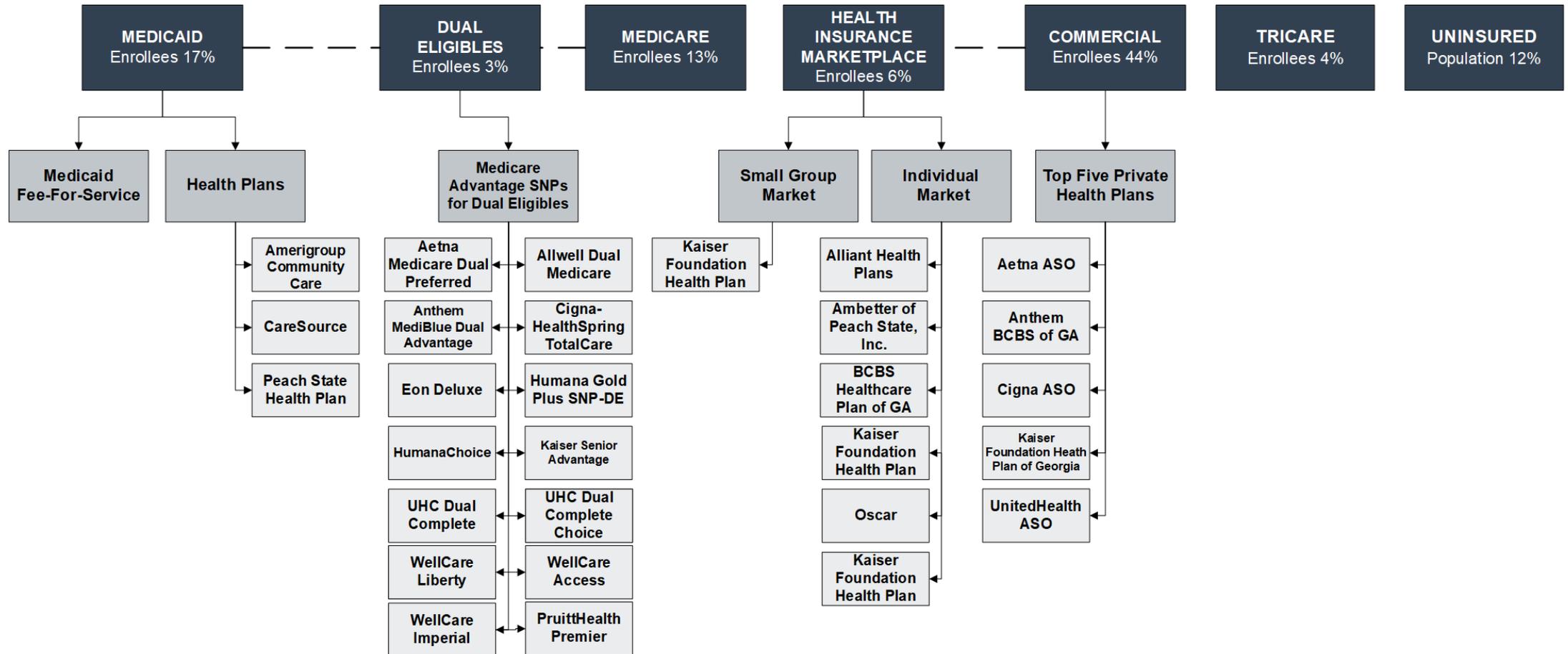
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A. Executive Summary

A.1. Georgia Physical Health Care Coverage by Payer

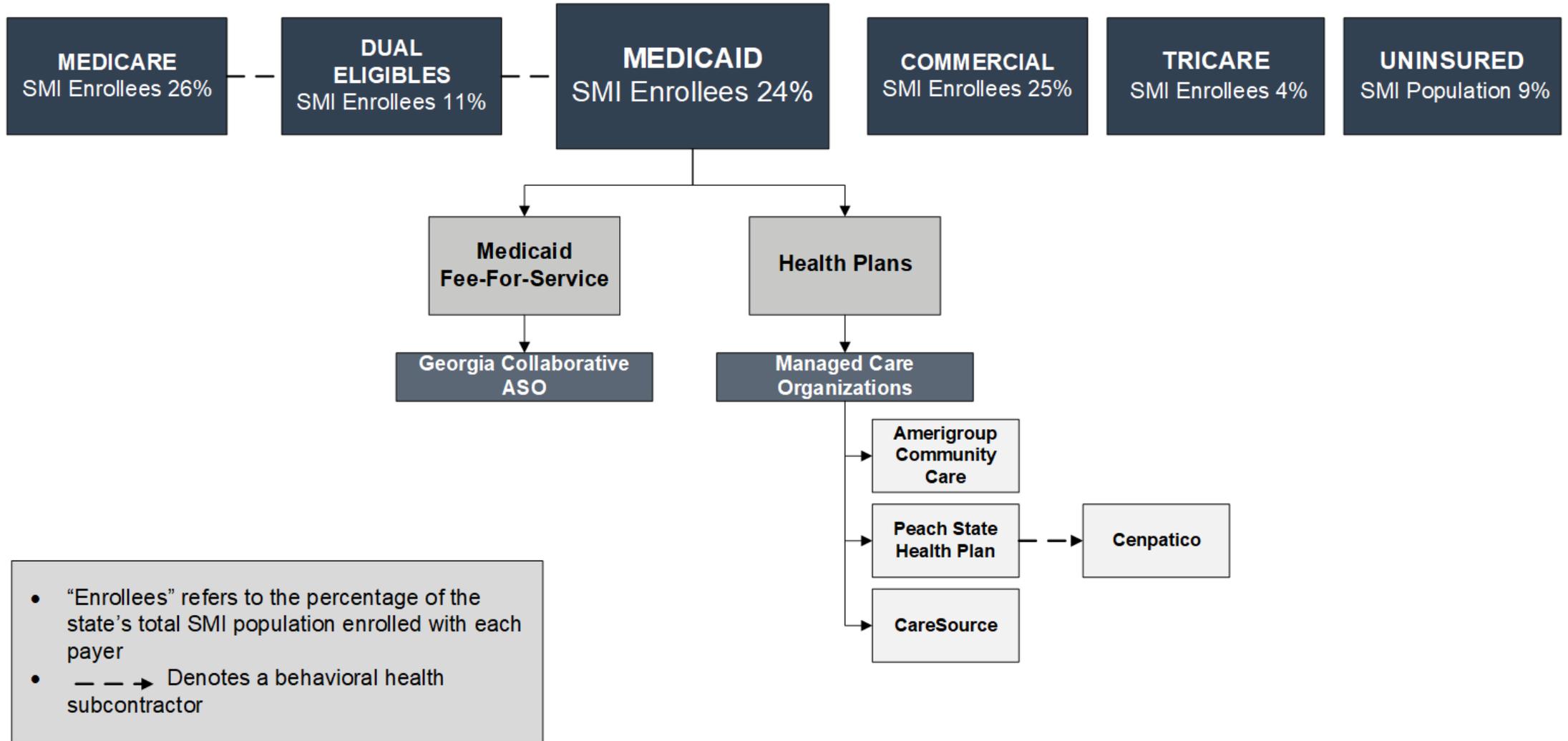
Total Georgia Population- 10,7199,566

Estimated SMI Population- 529,179



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Georgia Behavioral Health Care Coverage by Payer



A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination and integrating physical and behavioral health.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None; however, the health plans are required to develop a medical home network that includes behavioral health.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Georgia now operates five CCBHCs.
Other Care Coordination Initiative		None

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The State Office of Rural Health in the Georgia Department of Community Health provides physical health services to the safety-net population.

Mental Health Services

- The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) provides mental health services to the safety-net population through the Community Service Boards (CSBs). The Georgia Collaborative ASO, run by Beacon Health Options, provides administrative services related to the delivery of mental health safety-net services.

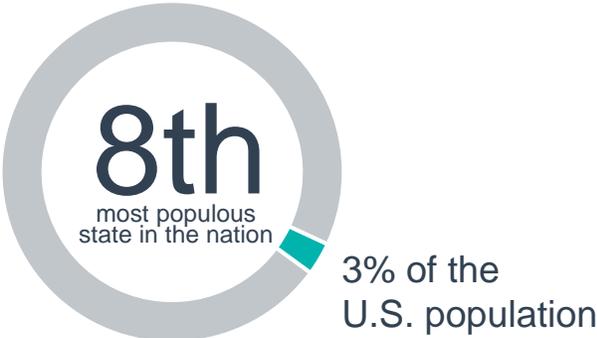
Addiction Treatment Services

- DBHDD provides addiction disorder treatment services to the safety-net population through the CSBs. The Georgia Collaborative ASO, run by Beacon Health Options, provides administrative services related to the delivery of addiction treatment safety-net services.

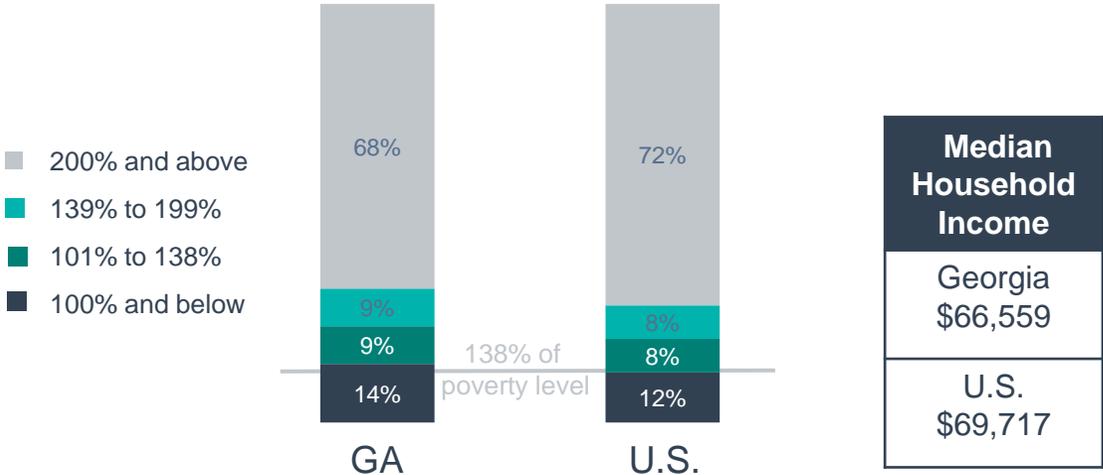
B. Georgia Health Financing System Overview

B.1. Population Demographics

Total Georgia Population- 10,799,566
 Estimated SMI Population- 529,179



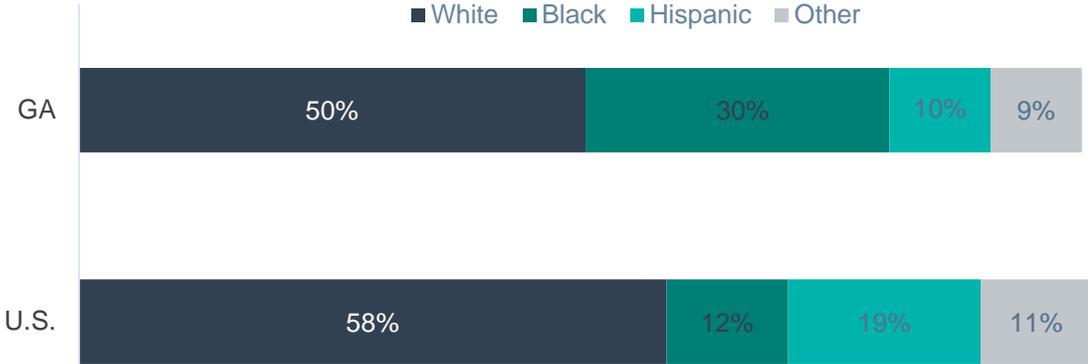
Population Distribution By Income To Poverty Threshold Ratio*



Population Distribution By Age



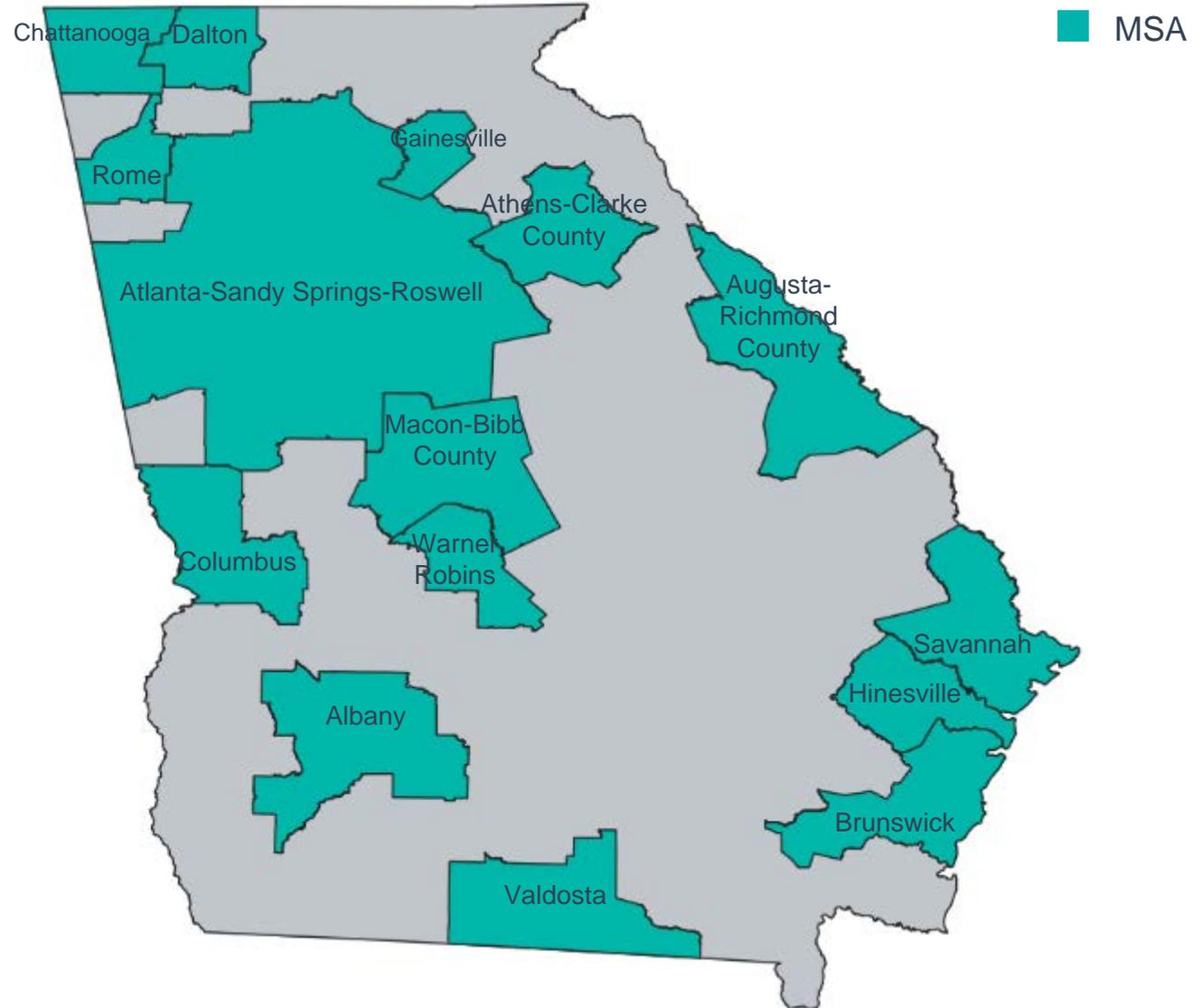
Georgia & U.S. Racial Composition*



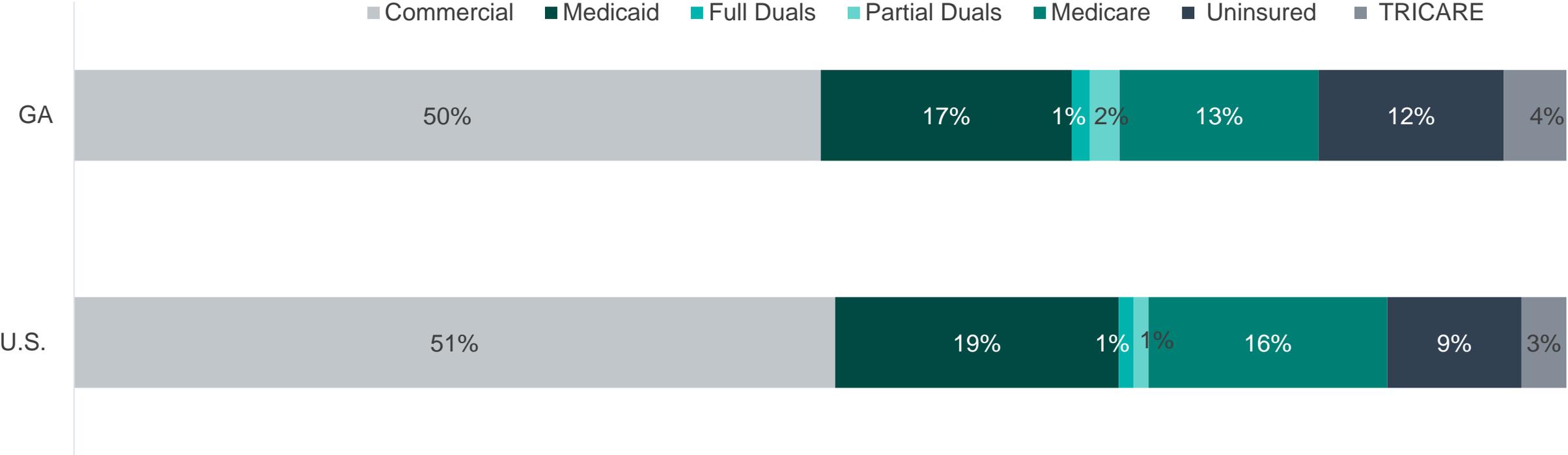
* Total may be more than 100% due to rounding

B.2. Population Centers

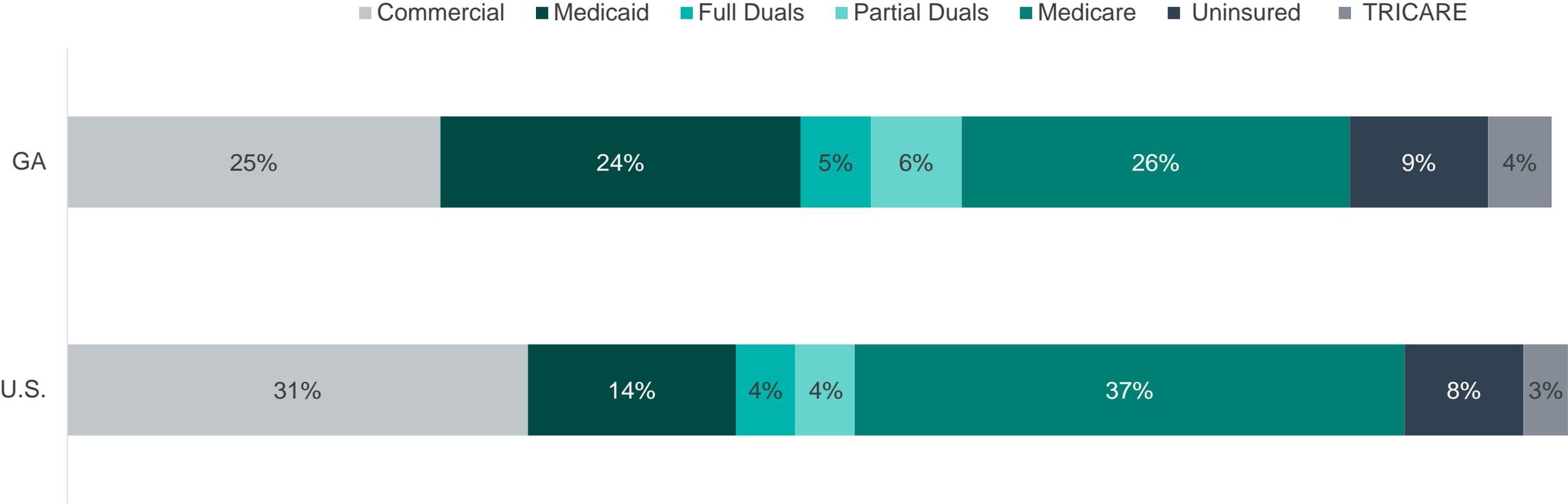
Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	10,254,746	95%
Atlanta-Sandy Springs-Roswell, GA	6,144,050	60%
Augusta-Richmond County, GA-SC	615,933	6%
Chattanooga, TN-GA	567,641	6%
Savannah, GA	410,008	4%
Columbus, GA-AL	327,536	3%
Macon-Bibb County, GA	233,883	2%
Athens-Clarke County, GA	217,759	2%
Gainesville, GA	207,369	2%
Warner Robins, GA	195,246	2%
Valdosta, GA	149,152	1%
Albany, GA	147,773	1%
Dalton, GA	142,799	1%
Other MSAs	295,597	3%



B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



B.4. Largest Georgia Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield Healthcare Plan of Georgia	Commercial	2,600,637
Blue Cross Blue Shield of Georgia	Commercial	2,073,064
Peach State Health Plan	Medicaid managed care	977,135
Medicare Fee-for-service (FFS)	Medicare	717,147
Medicaid FFS	Medicaid	598,333
Amerigroup Georgia Families	Medicaid managed care	547,244
Cigna	Commercial ASO	501,354
TRICARE	Other Public	441,080
UnitedHealthcare	Commercial ASO	411,975
CareSource	Medicaid managed care	389,706

*Medicaid enrollment as of May 2022; TRICARE as of July 2021; Commercial as of May 2022; Medicare enrollment as of May 2022

B.4. Largest Georgia Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	717,147	229,487
Blue Cross Blue Shield Healthcare Plan of Georgia	Commercial	2,600,637	106,626
Blue Cross Blue Shield of Georgia	Commercial	2,073,064	84,996
Peach State Health Plan	Medicaid managed care	977,135	84,033
HumanaChoice	Medicare Advantage	170,586	54,588
Medicaid FFS	Medicaid	598,333	51,457
Amerigroup Georgia Families	Medicaid managed care	547,244	47,062
Sierra Health and Life Insurance Company	Medicare Advantage	135,750	43,440
Aetna Medicare	Medicare Advantage	126,945	40,644
CareSource	Medicaid managed care	389,706	33,514

*Medicaid enrollment as of May 2022; TRICARE as of July 2021; Commercial as of May 2022; Medicare enrollment as of May 2022

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	4%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2023 Individual Market Health Plans
1. Aetna
2. Alliant Health Plans
3. Ambetter of Peach State, Inc.
4. Blue Cross Blue Shield of Georgia, Inc.
5. Bright Health
6. CareSource
7. Cigna
8. Friday Health Plans
9. Kaiser Foundation Health Plan of Georgia
10. Oscar
11. UnitedHealthcare

2023 Small Group Market Health Plans
1. Kaiser Foundation Health Plan of Georgia

B.6. Accountable Care Organizations

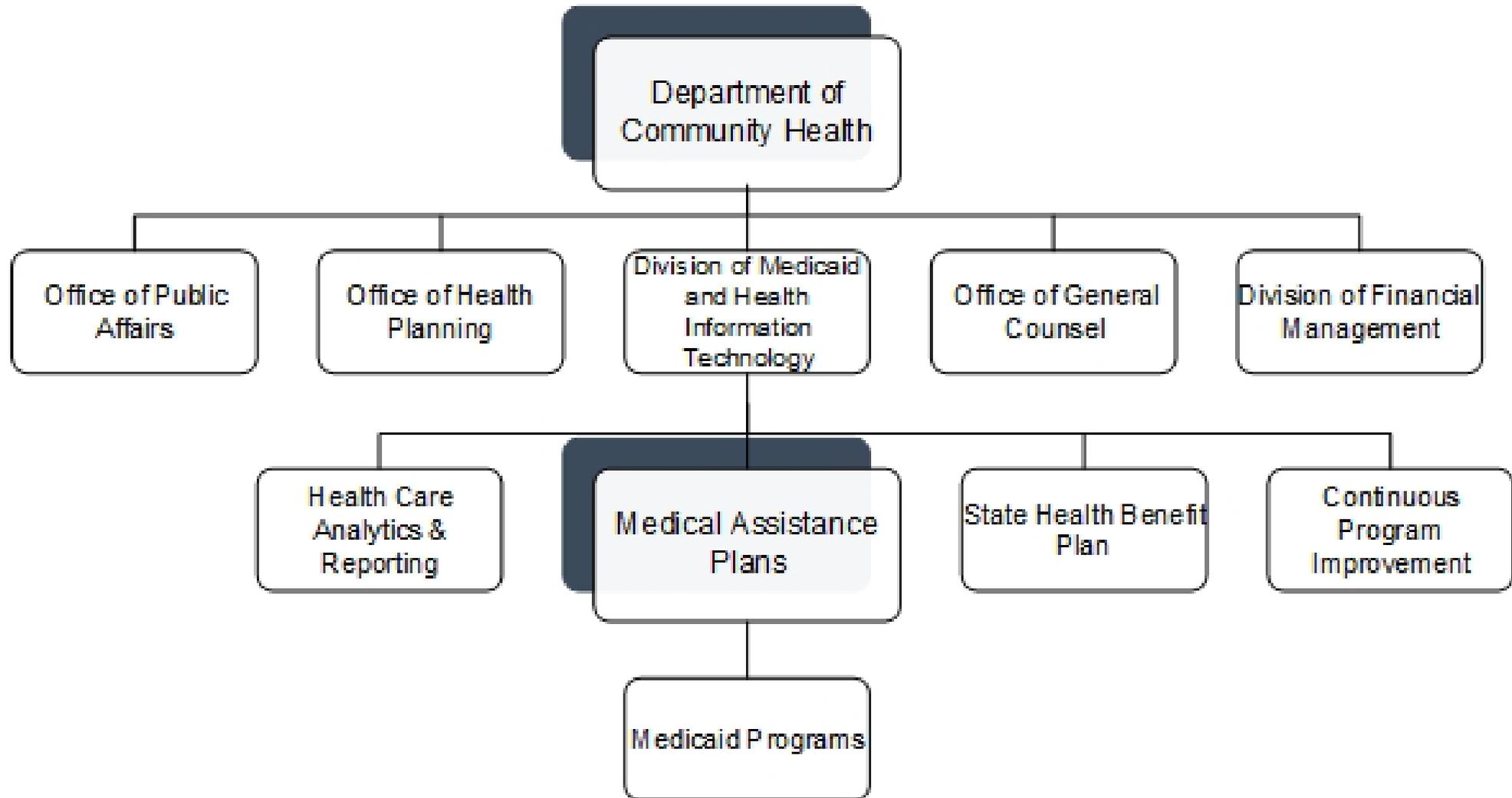
Medicare Shared Savings ACOs	
1. Accountable Care Coalition of Georgia	16. Georgia Physicians for Accountable Care
2. Accountable Care Coalition of Northeast Georgia, LLC	17. Mission Health Care Network, LLC
3. Accountable Care Medical Group of Florida (ACMG)	18. Morehouse Choice ACO and Education System
4. Accountable Care Medical Group of Florida (ACMG Health Systems)	19. North Georgia HealthCare Partnership, Inc (dba Live Oak Care)
5. ACO of North Delaware, LLC (dba Connected Care of East Tennessee)	20. Northeast Georgia Health Partners
6. Aledade Accountable Care 22, LLC (dba Opportunity 2019 ACO)	21. Piedmont Clinic
7. Aledade Accountable Care 34, LLC (dba Georgia 2020 ACO)	22. PQN – Georgia, LLC
8. American Health Alliance, LLC	23. St Vincent’s Accountable Care Organization, LLC
9. Baptist Physician Partners ACO, LLC	24. Statera Health, LLC (Southeast Health)
10. CareConnectMD ACO, Inc	25. TC2, LLC
11. CHSPSC ACO 21, LLC	26. The Premier Healthcare Network
12. DeKalb Physician Hospital Organization	27. VillageMD Chicago ACO, LLC (Village MD ACO)
13. Doctors ACO	28. Wellstar Clinical Partners Medicare ACO
14. Emory Healthcare Network	
15. Fresenius Seamless Care of Atlanta*	

* End-State Renal Disease Model

Commercial ACOs	
ACO	Commercial Insurer
Dekalb Physician Hospital Organization	Cigna, Humana, UnitedHealthcare
Emory Healthcare Network	Aetna
Harbin Clinic	Cigna
Piedmont Physicians Group Collaborative Accountable Care	Cigna

C. Medicaid Administration, Governance & Operations

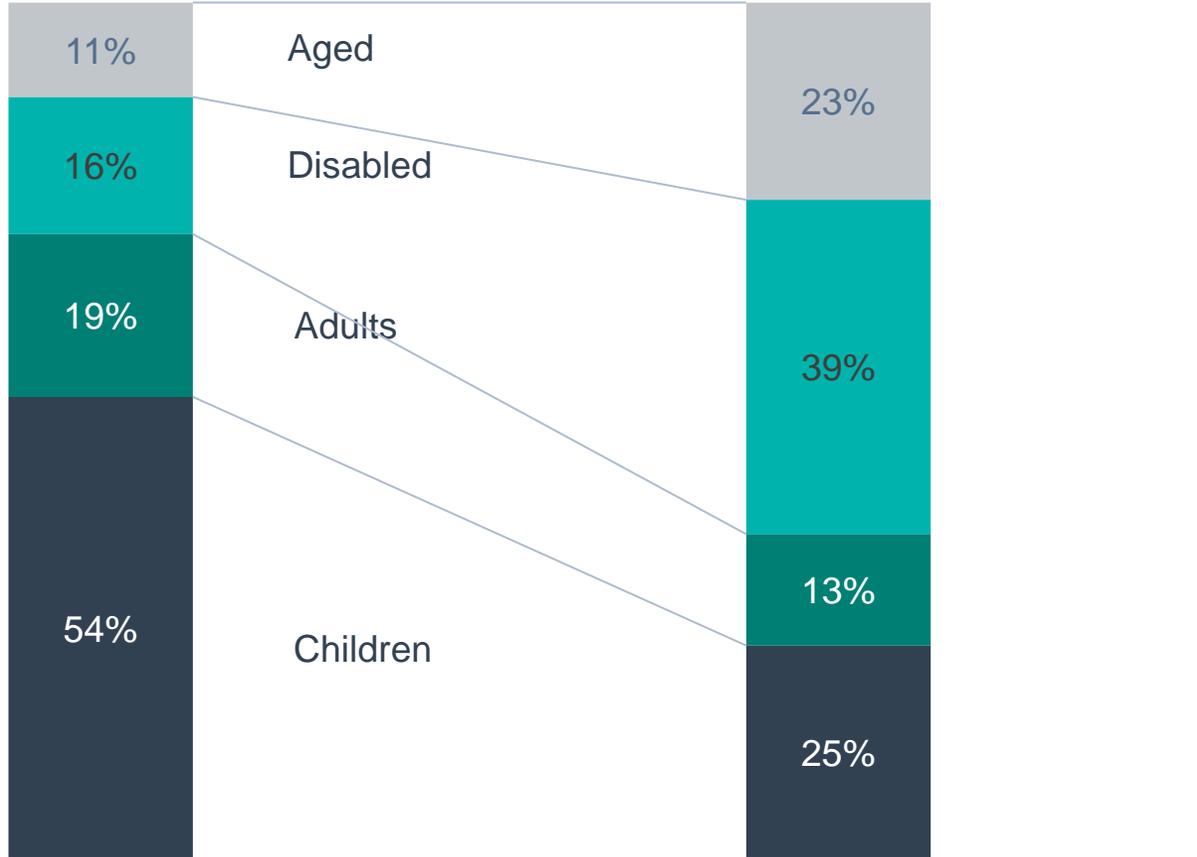
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Caylee Noggle	Commissioner	Georgia Department of Community Health (DCH)	caylee.noggle@georgia.gov
Joseph Hood	COO	DCH	joseph.hood@dch.ga.gov
Russel Carlson	Chief Health Policy Officer	DCH, Medical Assistance Plans Division	N/A
Lynette Rhodes	Executive Director	DCH, Medical Assistance Plans Division	lrhodes@dch.ga.gov
Daphanie Keit	Executive Director	DCH, Analytics and Program Improvement	dkeit@dch.ga.gov
Louis Amis	Executive Director	DCH, State Health Benefit Plan	N/A

C.2. Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

Percent of Total Medicaid Spending

Based on FY 2020 data

Medicaid Spending Per Enrollee, FY 2020		
	U.S.	GA
All populations	\$8,718	\$5,405
Children	\$3,495	\$2,432
Adults	\$5,461	\$4,231
Expansion adults	\$7,227	N/A
Blind and disabled	\$23,123	\$12,556
Aged	\$18,552	\$11,052

C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Managed care and premium assistance	\$4,547,000,000	37%
Hospital	\$2,420,000,000	20%
Home- and community-based LTSS	\$1,643,000,000	13%
Institutional LTSS	\$1,643,000,000	11%
Other acute	\$771,000,000	6%
Medicare premiums and coinsurance	\$595,000,000	5%
Physician	\$508,000,000	4%
Drugs	\$343,000,000	3%
Other practitioner	\$37,000,000	<1%
Clinic and health center	\$20,000,000	<1%
Dental	\$17,000,000	<1%
Budget Total: \$12,284,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	72.2%
CY 2023 Newly Eligible FMAP (expansion population)	N/A
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Georgia's Optional Services

1. Podiatry services
2. Optometry services
3. Private duty nursing
4. Clinic services
5. Dental services
6. Physical therapy, occupational therapy, and services for speech, language, and hearing disorders
7. Prescribed drugs
8. Dentures, prosthetic devices, and eyeglasses
9. Diagnostic, screening, preventive, and rehabilitation services
10. Intermediate care facilities services for other than mental diseases
11. Inpatient psychiatric services for individuals under age 21
12. Nursing facility services for individuals under age 21
13. Case management
14. Hospice services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (May 2022)	598,333	2,414,392
SMI Enrollment	The dual eligible population and aged, blind, and disabled populations—including the SMI population—are mandatorily enrolled in Medicaid FFS. Therefore, more than 80% of the SMI population is enrolled in Medicaid FFS.	
Management	<ul style="list-style-type: none"> Physical Health: Georgia Department of Community Health Behavioral Health: The Georgia Collaborative administrative services organization (ASO) 	Four health plans
Payment Model	<ul style="list-style-type: none"> Physical Health: FFS Behavioral Health: FFS and administrative fee 	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 3,012,725 | Total Medicaid With SMI: 259,094

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	As of May 2022: 20% in fee-for-service (FFS), 80% in managed care	
SMI population inclusion in managed care	<ul style="list-style-type: none"> Georgia requires dual eligibles and the aged, blind, and disabled population—including the SMI population—to enroll in Medicaid FFS. SMI population is estimated at more than 80% of population in FFS, <1% in managed care 	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> All dual eligibles are excluded from managed care, and mandatorily enrolled in the FFS delivery system. Dual Eligible population is estimated 100% of population in FFS, 0% in managed care 	
Long-term services and supports (LTSS) inclusion in managed care	Georgia requires dual eligibles and the aged, blind, and disabled population—including the LTSS population—to enroll in Medicaid FFS.	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals	X		
Aged individuals	X		
Dual eligibles	X		
Medicaid Expansion			X*
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care		X	
Other populations	<ul style="list-style-type: none"> Children in the Georgia Pediatric Program (GAPP) or Children's Medical Services Program Individuals receiving hospice care 		<ul style="list-style-type: none"> Refugees Women eligible due to breast and cervical cancer Pregnant women with children under 19 Children, adolescents, and young adults in the juvenile justice system

*Starting in July 2021, Parents/Caretakers and Childless Adults who have not been incarcerated with income up to 100% of the FPL are enrolled in Medicaid managed care.

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of May 2022 was 598,333.

D.2. Medicaid FFS Program: Behavioral Health Overview

- The Department of Community Health delegates the day-to-day management of Medicaid community behavioral health rehabilitative services to the Department of Behavioral Health and Developmental Disabilities (DBHDD).
- Under a contract with DBHDD, the Georgia Collaborative administrative services organization (ASO), operated by Beacon Health Options, serves as the community behavioral health care ASO for the Medicaid FFS population.
- Beacon Health Options subcontracts with the following organizations:
 - Statewide Georgia Crisis and Access Line—provided by Behavioral Health Link
 - External Review Organization for Behavioral Health—Qlarant (formerly Delmarva Foundation)
- Georgia Collaborative ASO's functions include prior authorizations, provider organization credentialing, claims submission, data collection and reporting, health analytics, audits, and the 24/7 behavioral health crisis and access line.

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits

1. Inpatient services
2. Assertive community treatment (ACT)
3. Case management and intensive case management
4. Assessment and plan development
5. Individual, group, and family services
6. Crisis services
7. Community support services (youth only)
8. Nursing services
9. Residential treatment
10. Peer support
11. Psychosocial rehabilitation
12. Task-oriented rehabilitation
13. Community living support
14. Medication administration

FFS Addiction Treatment Benefits

1. Inpatient detoxification and crisis stabilization
2. ACT
3. Assessment and plan development
4. Ambulatory detoxification
5. Crisis services
6. Residential treatment
7. Medication assisted treatment
8. Psychiatric treatment
9. Intensive outpatient treatment
10. Individual, group, and family services
11. Peer support
12. Addictive disease support services

D.2. Medicaid FFS Program: SMI Population

- Georgia requires dual eligibles and the aged, blind, and disabled population, including—the SMI population—to enroll in Medicaid FFS.
- As of May 2022 , *OPEN MINDS* estimates that 80% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Georgia FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Optum.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, anxiolytics, antimania, anticonvulsant, antidepressants, and antipsychotics are included in the state's PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, addiction treatment drugs are covered under other central nervous system/autonomic drugs.
Coverage Of Antipsychotic Injectable Medications	Yes
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Restrictions vary by drug and may include quantity limits, prior authorization, age limits, and/or step therapy.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, individuals are in the pharmacy lock-in program if they mis-utilize items or services at a frequency or amount deemed medically unnecessary. Under the lock-in, beneficiaries are restricted to one provider organization to prescribe controlled substances, and one pharmacy to obtain their Medicaid prescriptions.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of May 2022 was 2,414,392.
- The Medicaid managed care program is called Georgia Families.
- The health plans, called care management organizations (CMOs), deliver physical health and behavioral health benefits for children, parents, and caretaker relatives.
 - Plans are available statewide, and individuals have a choice of any plan.
- Georgia also operates a voluntary managed care program called Georgia Families 360° for children in foster care, receiving adoption assistance, or involved in the juvenile justice system. Amerigroup is the sole health plan serving this population.
- Georgia withholds 5% of the health plan capitation rate, which is returned to the health plan based on performance on selected quality measures. The health plans are required to share 50% of the incentive payments with provider organizations.
- In 2019, Georgia started a Performance Improvement Project for their managed care organizations. Each program was authorized to establish a clinical and a nonclinical measure. The results of this program are available in the 2022 External Quality Review.

D.3. Medicaid Managed Care Program: Performance Improvement Project

Health Performance Incentive Measures For Health Plan Contracts*			
Managed Care Plan	PIP Topic	Baseline Quarter Results	Designated Goal
Amerigroup	Administrative timeliness of prenatal care	93.99%	96.99%
	Clinical obstetric case management	25.3%	30.26%
Amerigroup 360°	Behavioral health readmissions	14.7%	-
	Increasing transition area youth membership	66.9%	-

D.3. Medicaid Managed Care Program: Performance Improvement Project (cont.)

Health Performance Incentive Measures For Health Plan Contracts*			
Managed Care Plan	PIP Topic	Baseline Quarter Results	Designated Goal
CareSource	Increase % of pregnant members who receive prenatal care visit with 42 days of pregnancy confirmation	80.0	-
	Increase % of pregnant members identified as at risk or complex who enroll in CCM	22.5%	-
Peach State	Improving timely prenatal visits	56.3%	59.6%
	Increasing enrollment into the high-risk obstetric program	22.4%	24.18%

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Amerigroup Community Care

- 1. Profit status: For-profit
- 2. Parent company: Anthem
- 3. Behavioral health subcontractor: None
- 4. Pharmacy benefits manager: IngenioRx
- 5. Enrollment share: 24%

CareSource

- 1. Profit status: Non-profit
- 2. Parent company: CareSource
- 3. Behavioral health subcontractor: None
- 4. Pharmacy benefits manager: ExpressScripts
- 5. Enrollment share: 16%

Peach State Health Plan

- 1. Profit status: For-profit
- 2. Parent company: Centene-WellCare
- 3. Behavioral health subcontractor: Centpatico
- 4. Pharmacy benefits manager: Envolve
- Enrollment share: 40%

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

All behavioral health and pharmacy benefits are included in the health plan’s capitation rate.

Managed Care Mental Health Benefits
1. Inpatient services
2. Assertive community treatment (ACT)
3. Case management and intensive case management
4. Assessment and plan development
5. Individual, group, and family services
6. Crisis services
7. Community support team
8. Nursing services
9. Residential treatment
10. Peer support
11. Psychosocial rehabilitation
12. Task-oriented rehabilitation

Managed Care Addiction Treatment Benefits
1. Inpatient detoxification and crisis stabilization
2. ACT
3. Assessment and plan development
4. Ambulatory detoxification
5. Crisis services
6. Residential treatment
7. Medication assisted treatment
8. Psychiatric treatment
9. Intensive outpatient treatment
10. Individual, group, and family services
11. Peer support
12. Addictive disease support services

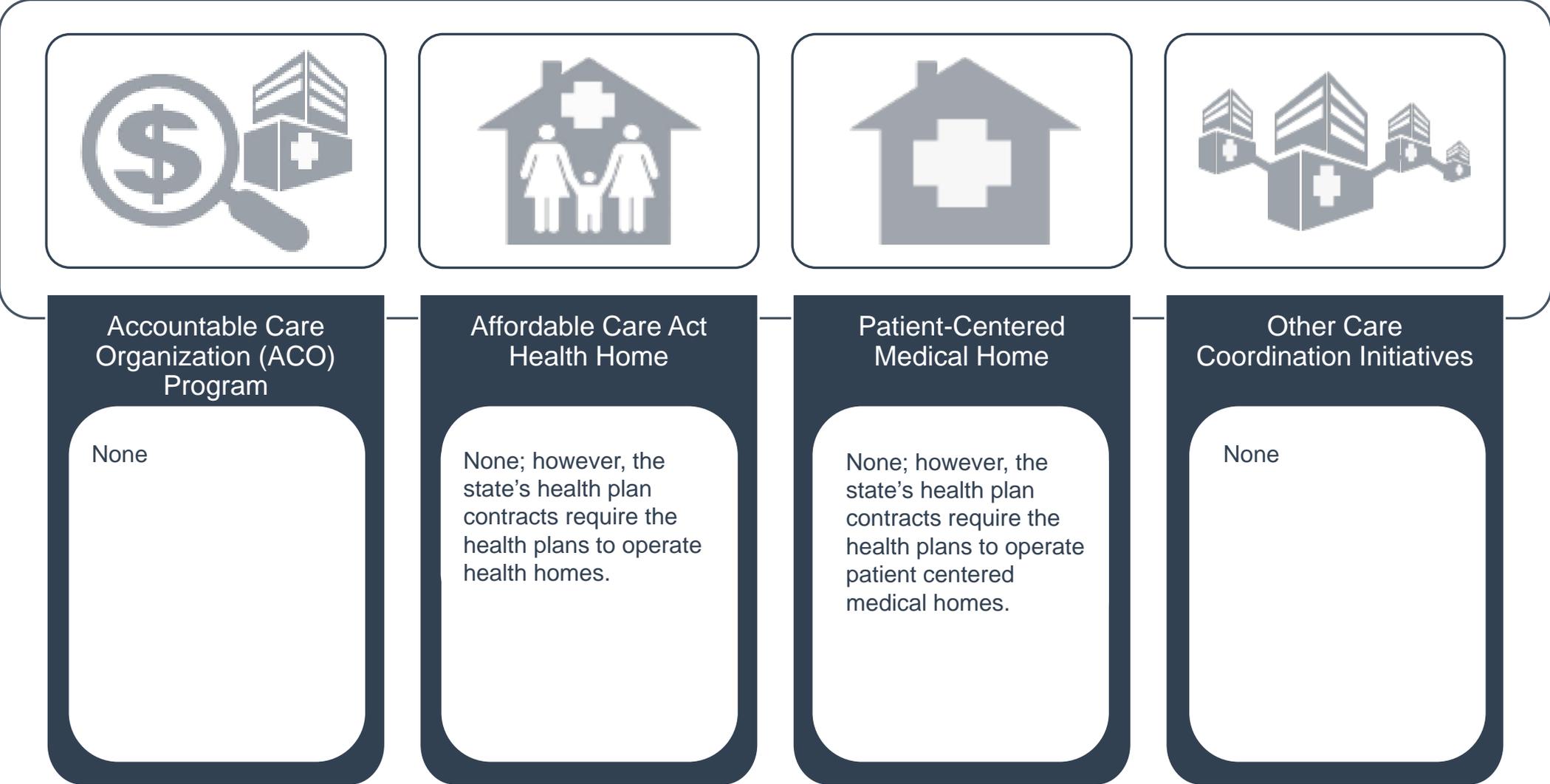
D.3. Medicaid Managed Care Program: SMI Population

- The SMI population is excluded from managed care if they are dual eligible or aged, blind, and disabled.
- As of May 2022, *OPEN MINDS* estimates that 20% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Georgia Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Health plans may set their own PDL if it includes an appropriate selection of drugs from therapeutic drug classes that are accessible and are sufficient in amount, duration, and scope to meet the medical needs of members.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	The health plans may set their own utilization controls, including—but not limited to—age/gender limits, step therapy, quantity limits, and prior authorization.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Health plans may—but are not required to—implement a pharmacy lock-in program. Health plans may set their own criteria for the program with approval by DCH. If a health plan decides to operate a pharmacy lock-in program, it must annually assess the need for lock-in, provide case management, report on the number of enrollees monthly, and not allow the individual to transfer to another Medicaid health plan.

D.4. Medicaid Program: Care Coordination Initiatives



D.4. Medicaid Program: Care Coordination Initiatives – Medical & Health Homes

- As part of their contract agreement with the state, the Medicaid health plans must develop a medical home network.
- Each health plan must submit an implementation plan to the state that includes:
 - Payment methodology
 - Provision of technical support to assist primary care providers in meeting accreditation standards
 - Facilitation of data exchange between primary care and other provider organizations
- The medical home network must also include behavioral health homes (BHHs). Provisions for BHHs include:
 - The number of proposed BHHs based on the prevalence of SMI among enrollees
 - A proposed algorithm for identifying members with SMI, and an enrollment strategy
 - BHHs do not need to provide all the services of a traditional medical home; however, must ensure that the full array of primary and behavioral health services are available, integrated, and coordinated.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Georgia Planning for Healthy Babies	Provides family planning services to eligible low-income individuals, ages 18 to 44, who do not otherwise qualify for Medicaid. Additionally, this waiver authorizes inter-pregnancy care including primary care and primary care case management (PCCM) for individuals who have delivered a low-birth-weight baby.	1115	None	10/31/2010	12/31/2029
Georgia Pathways to Coverage	Provides Medicaid coverage or employee sponsored insurance to individuals aged 19-64 who are below 100% the FPL. Beneficiaries covered under this waiver are required to participate in workforce requirements, a reward program that is similar to a HAS, and payment programs.	1115	None	10/15/2020	9/30/2025

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
GA Elderly and Disabled* (0112.R07.00)	Individuals who are physically disabled ages 0 to 64, and individuals aged 65+	34,826	Aging and Special Operations	No
GA Comprehensive Supports Waiver Program (GA.0323.R05.00)	Individuals of any age with I/DD	9,089	The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Division of Developmental Disabilities	No
GA Georgia New Options Waiver* (GA.0175.R06.00)	Individuals of any age with I/DD	5,026	DBHDD, Division of Developmental Disabilities	No
GA Independent Care Waiver Program (4170.R05.00)	Individuals who are physically disabled ages 21 to 64	2,459	Department of Community Health, Long Term Care Unit	No

*These waivers expired in November 2022 but the state has not yet announced renewal or termination of these programs

D.6. Medicaid Program New Initiatives: Medicaid Expansion

1. On December 23, 2019, Georgia submitted a 1115 Demonstration Waiver to the Centers for Medicare & Medicaid Services (CMS) for the purpose of expanding their Medicaid program, titled Pathways to Coverage.
 - The waiver was approved on October 15, 2020 with a planned go live date for August 1, 2021 for all components. The waiver is planned to go live in July 2023.
2. This demonstration expands Medicaid to adults in households making up to 100% of the FPL. The state will amend its current MCO contracts to enroll the expansion population.
 - Enrollment is projected to be 31,093 within the first year of the demonstration.
 - Benefits will be similar to those offered under the Medicaid State Plan, differing in that Non-emergency medical transportation will not be covered.
3. Individuals will be required to participate in workforce activities that include meeting a threshold of 80 hours per month.
 - Required activities include employment, job readiness training, community service, or enrollment in higher education
 - Short term exceptions will be made for individuals who have failed to meet the hours if one of the following events occurs: Family emergency, Birth/Death of a family member, serious illness/hospitalization, severe weather, temporary homelessness, or other good causes as determined by the state.
4. Individuals eligible for Employer Sponsored Insurance (ESI) are required to enroll in that. Additionally, if eligible for ESI, the individual must also enroll in the Health Insurance Premium Payment Program (HIPP).
5. Some individuals in the Pathways to Coverage program will be required to pay sliding scale flat rate monthly premium payments.
 - Individuals are given a one-month grace period if they miss a premium. After two months they are placed in suspended status and claims may be left pending. If no payments are made by the end of the third month they will be removed from the program.

D.6. Medicaid Program New Initiatives: Medicaid Expansion Sliding Scale Premiums

1. The following individuals would be required to take part in the premium.
 - Childless adults with income between 50% and 100% of the FPL who become eligible for Medicaid through Pathways.
 - Parents who have an income between 50% and 100% of the FPL who become eligible for Medicaid through Pathways.
2. The following individuals are exempt from premiums
 - Individuals enrolled in the HIPP program.
 - Individuals who are enrolled in vocational education programs for highly sought-after trades. This would extend two months past graduation.
 - Individuals with an income under 50% of the FPL.
 - All other populations not enrolled in Pathways.

Percent of the FPL	Monthly Single	Monthly Spouse	Tobacco Surcharge
50%-84%	\$7.00	\$4.00	\$3.00
85%-100%	\$11.00	\$7.00	\$5.00

D.6. Medicaid Program New Initiatives: Medicaid Expansion Copayments

1. The following individuals would be required to pay copayment for services.
 - Childless adults with income between 50% and 100% of the FPL who become eligible for Medicaid through Pathways.
 - Parents who have an income between 50% and 100% of the FPL who become eligible for Medicaid through Pathways.

2. The following individuals are exempt from copayment for services
 - Individuals enrolled in the HIPP program.
 - Individuals who are enrolled in vocational education programs for highly sought-after trades. This would extend two months past graduation.
 - Individuals with an income under 50% of the FPL.
 - All other populations not enrolled in Pathways.

Service	Copay
Inpatient Hospitalization	\$12.50 for entire stay
Outpatient Hospital Visit	\$3.00 per visit
Non-emergency use of the emergency department	\$30.00 per visit.
Primary Care	\$0.00
Specialist	\$2.00
Durable Medical Equipment	\$3.00 \$1.00 for rentals and supplies
Pharmacy- Copayment varies based on the cost to the state	\$10.00 or less: \$0.50 \$10.01 to \$25.00: \$1.00 \$25.01 to \$50.00: \$2.00 \$50.01 or more: \$3.00

D.6. Medicaid Program New Initiatives: Medicaid Expansion Status Member Rewards Account

1. Pathways to Coverage will incorporate a Members Rewards Account, similar to a health savings account, as an incentive to individuals to improve their health. Funds in the account will be eligible for use towards copayments or towards services not covered by Medicaid.
2. The following individuals would be a part of the Members Rewards Account program.
 - Childless adults with income between 50% and 100% of the FPL who become eligible for Medicaid through Pathways.
 - Parents who have an income between 50% and 100% of the FPL who become eligible for Medicaid through Pathways.
3. Currently, the state intends for the following criteria to determine the allocation of funds to the Reward Account.
 - Being a non-smoker or quitting smoking
 - Completing annual well care visits
 - Complying with a diabetes program

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics	
Characteristics	Medicaid Fee-For-Service (FFS)
Enrollment (March 2021)	209,506
Estimated SMI Enrollment	67,041
Management	<ul style="list-style-type: none"> Physical Health: Georgia Department of Community Health Behavioral Health: The Georgia Collaborative administrative services organization (ASO)
Payment Model	FFS
Geographic Service Area	Statewide

Total Dual Eligible Enrollment: 209,506 | Total Dual Eligible Enrollment With SMI: 67,041

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	May 2022 Enrollment	Estimated SMI Enrollment
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	31,044	9,934
Aetna Medicare Dual Preferred	Aetna, Inc	Medicare Advantage D-SNP	23,165	7,413
Eon Deluxe	Eon Health, Inc	Medicare Advantage D-SNP	23,099	7,392
Sonder Dual Complete	Sonder Health Plans, Inc	Medicare Advantage D-SNP	11,883	3,803
CareSource Dual Advantage	CareSource	Medicare Advantage D-SNP	8,231	2,634
Cigna-HealthSpring Total Care	Cigna HealthCare of Georgia, Inc	Medicare Advantage D-SNP	8,171	2,615
UnitedHealthcare Dual Complete Choice	UnitedHealthcare, Inc	Medicare Advantage D-SNP	7,097	2,271
WellCare Liberty	WellCare of Georgia, Inc	Medicare Advantage D-SNP	6,244	1,998
WellCare Access	WellCare of Georgia, Inc	Medicare Advantage D-SNP	5,352	1,713
PruittHealth Premier	PruittHealth, Inc	Medicare Advantage D-SNP	4,787	1,532

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of March 2021 was 209,506.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are required to enroll in Medicaid FFS to receive Medicaid benefits.
- Total D-SNP enrollment as of May 2022 was 134,615, SMI enrollment for D-SNP was 43,077.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Georgia does not have any pending initiatives related to dual eligibles at this time.

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

- Georgia does not operate a MLTSS program. All LTSS beneficiaries are enrolled in FFS.

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2022)	N/A
Estimated SMI Enrollment	N/A
Management	Medicaid FFS
Payment Model	Medicaid FFS
Geographic Service Area	Statewide

*Long-Term Services & Supports

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults	X		
Disabled children	X		
Blind individuals	X		
Aged individuals	X		
Dual eligibles	X		
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X		
Other populations	X		

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Georgia does not offer MLTSS services and instead, all individuals receive care through the FFS system.

F.3. Medicaid LTSS Program: Health Plan Characteristics

- Georgia does not offer MLTSS services and instead, all individuals receive care through the FFS system.

F.4. Medicaid LTSS Program: Health Benefits

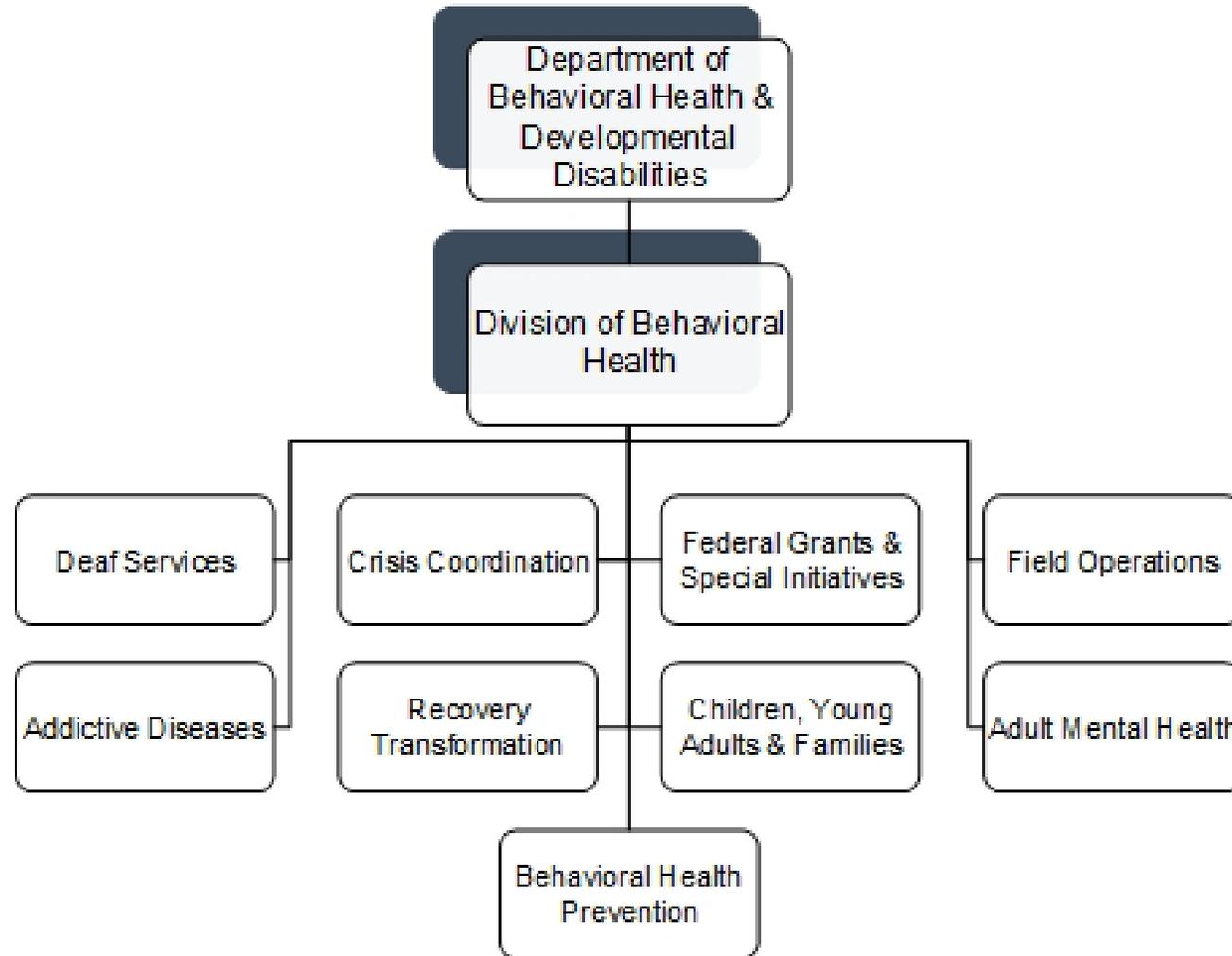
- Georgia does not offer MLTSS services and instead, all services are the same as the FFS program.

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Georgia has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

G. State Behavioral Health Administration & Finance System

G.1. Georgia Department Of Behavioral Health & Developmental Disabilities: Organization Chart



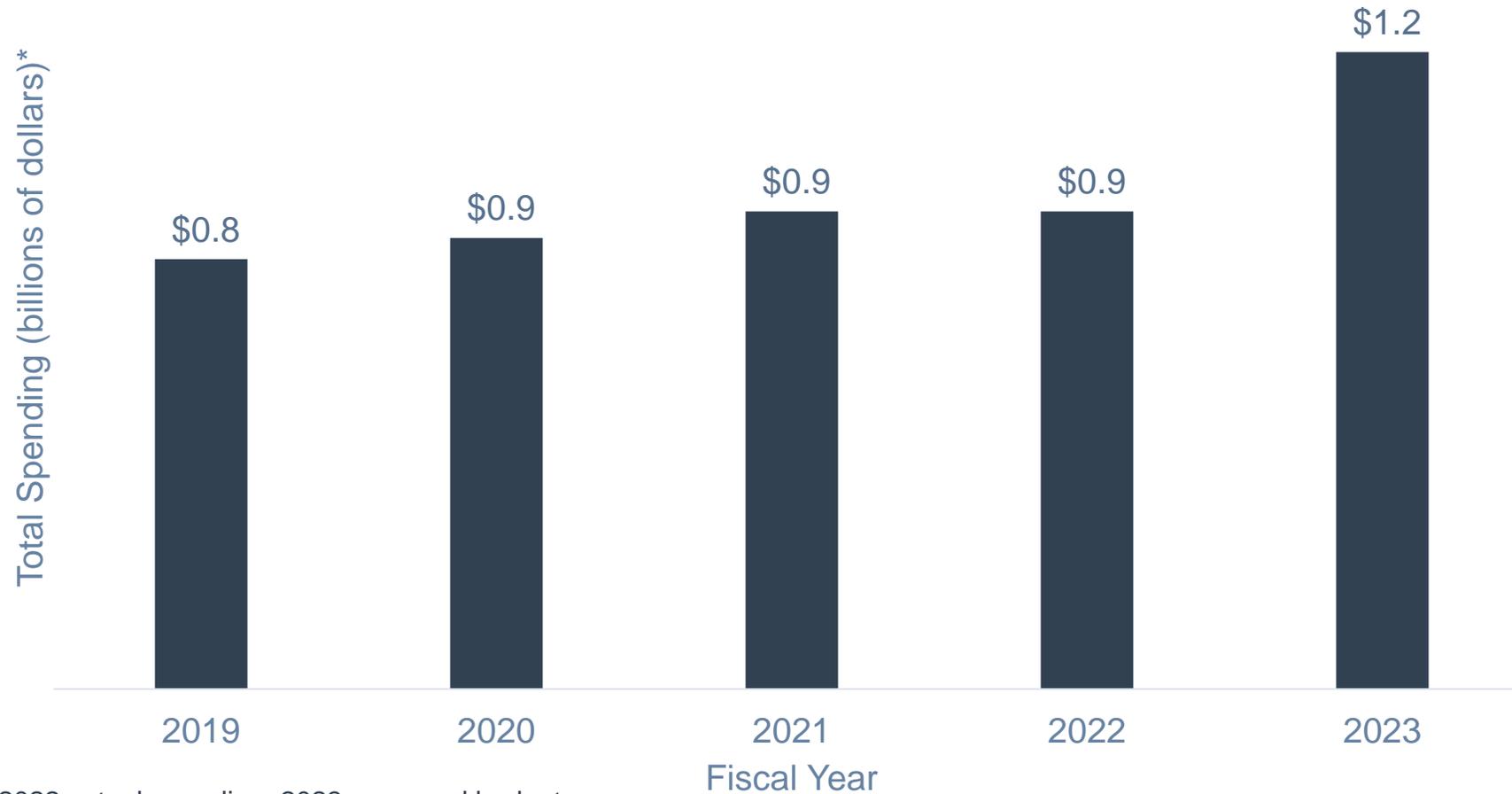
G.1. Georgia Department Of Behavioral Health & Developmental Disabilities: Key Leadership

Name	Position	Department	Email
Kevin Tanner	Commissioner	Department of Behavioral Health and Developmental Disabilities	kevin.tanner@georgia.gov
Jeff Minor	Deputy Commissioner	Department of Behavioral Health and Developmental Disabilities	jeff.minor@dbhdd.ga.gov
Monica Johnson	Director	Division of Behavioral Health	monica.johnson@dbhdd.ga.gov
Ron Wakefield	Director	Division of Developmental and Intellectual Disabilities	rfwakefield@dbhdd.ga.gov
Dana McCrary	Director	Office of Recovery Transformation	dana.mccrary@dbhdd.ga.gov
Kelly Sterling	Director	Office of Deaf Services	kelly.sterling@dbhdd.ga.gov

G.2. Georgia Department Of Behavioral Health & Developmental Disabilities: Spending

Budget Item	SFY 2023 Budget Requested	Percent Of Budget
Adult mental health	\$528,839,282	52%
Direct care and support services (state hospitals)	\$140,572,568	14%
Adult forensic services	\$125,572,568	12%
Adult addictive disease services	\$98,343,163	10%
Children and adolescent mental health services	\$60,082,885	6%
Departmental administration	\$39,708,293	4%
Children and adolescent addictive disease services	\$11,250,499	1%
Substance abuse prevention	\$10,346,780	1%
Children and adolescent forensic services	\$7,017,488	1%
Budget Total: \$1,022,021,122		

G.2. Department Of Behavioral Health & Developmental Disabilities: Spending Over Time



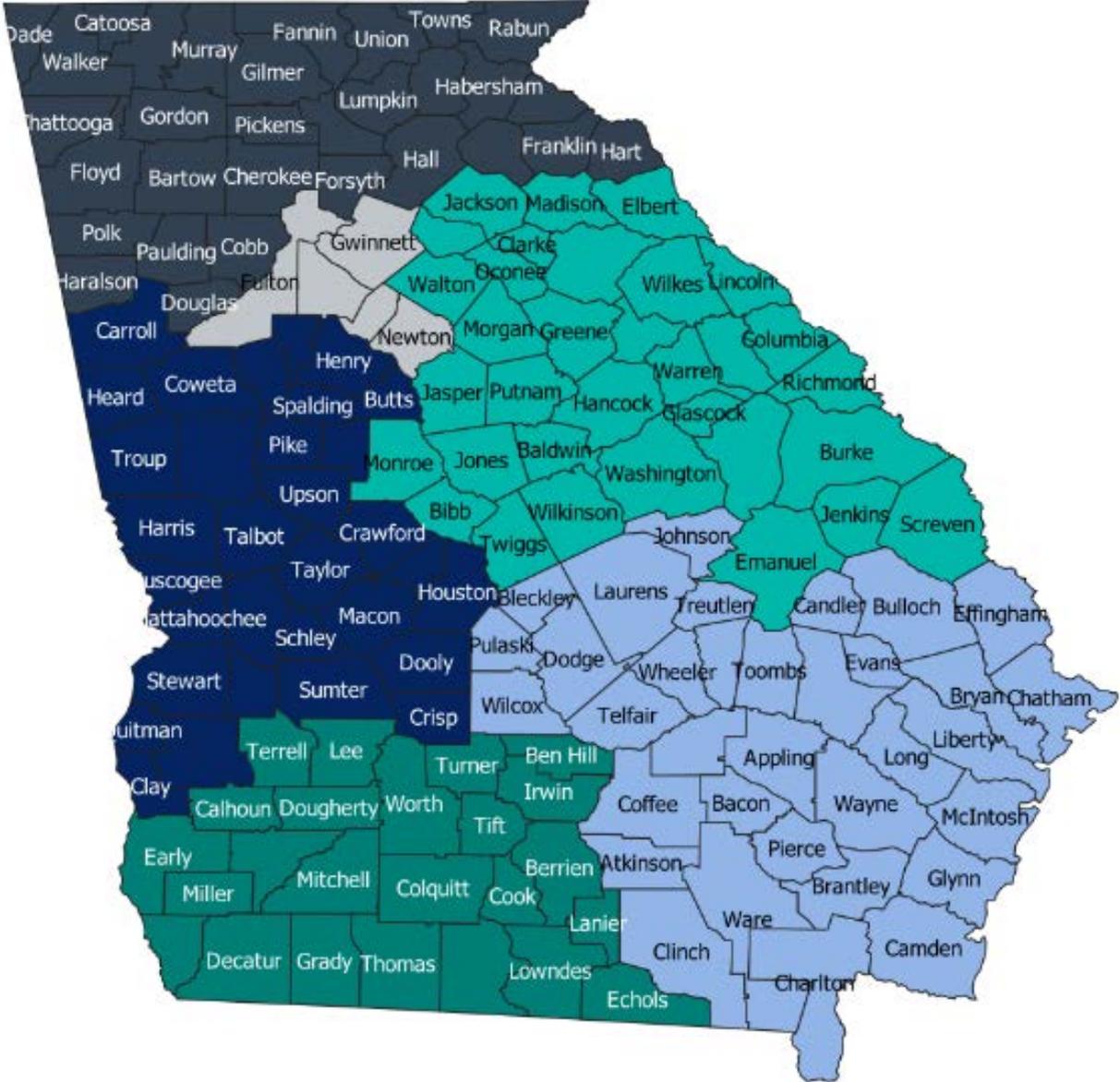
*201-2022 actual spending, 2023 proposed budget.

G.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Region	Beds
Central State Hospital (forensic only)	Milledgeville	N/A	182
East Central Regional Hospital	Augusta and Gracewood	2	390
Georgia Regional Hospital- Atlanta	Decatur	3	334
Georgia Regional Hospital- Savannah	Savannah	5	179
West Central Regional Hospital	Columbus	6	194
Total		N/A	1,279

G.3. State Psychiatric Institutions – Regional Service Areas

Region	Institution
Region 1	Individuals are served by private hospitals contracted by the state.
Region 2	East Central Regional Hospital
Region 3	Georgia Regional Hospital-Atlanta
Region 4	Individuals are served by private hospitals contracted by the state.
Region 5	Georgia Regional Hospital-Savannah
Region 6	West Central Regional Hospital



G.4. Behavioral Health Safety-Net Delivery System

1. Georgia's mental health and addiction treatment safety net is overseen by The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD).
2. Six regional DBHDD offices coordinate the provision of community-based services in their respective regions and manage contracts with the Community Service Boards (CSBs) and other state-funded service provider organizations.
3. The CSBs (also known as Tier 1 Comprehensive Community Providers) are public entities in either a single county or region that receive state funds to provide the core services and act as a clinical home for an individual's behavioral health needs.
4. CSB services include:
 - a. Crisis stabilization
 - b. Peer support
 - c. Testing and assessment
 - d. Observation
 - e. Addictive diseases support services
 - f. Psychiatric treatment
 - g. Medication administration
 - h. Case management
 - i. Group, individual, and family outpatient services
 - j. Pharmacy and lab services
 - k. Nursing assessment and health services
5. The Department contracts with the Georgia Collaborative Administrative Services Organization (ASO), operated by Beacon Health Options, to manage the 24/7 crisis action line, make eligibility determinations, credential provider organizations with state-funded services, perform utilization review, and process claims for safety net services.

G.4. Behavioral Health Safety-Net Delivery System: Community Service Boards



Community Service Board Regions

- Advantage Behavioral Health Systems
- Aspire BH and DD Services
- Avita Community Partners
- Clayton Center CSB
- Cobb CSB and Douglas CSB
- CSB of Middle Georgia
- Dekalb CSB
- Fulton County DHBDD
- Gateway BH Services
- Georgia Pines CSB
- Highland Rivers Health
- Legacy Behavioral Health Services
- McIntosh Trail CSB
- Middle Flint CSB
- Multiple CSBs
- New Horizons BH
- Oconee Center CSB
- Pathways CSB
- Pineland BHDD
- River Edge Behavioral Health
- Serenity Behavioral Health System
- Unison BH
- Viewpoint Health

G.4. Behavioral Health Safety-Net Delivery System: Community Service Boards

Region	CSB	Counties Served
Region 1	Avita Community Partners	Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White
	Cobb CSB and Douglas CSB*	Cobb, Douglas
	Highland Rivers Health	Bartow, Cherokee, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Whitfield
	Lookout Mountain Community Services	Catoosa, Chattooga, Dade, Walker
Region 2	Advantage Behavioral Health Systems	Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton
	Oconee Center CSB	Baldwin, Hancock, Jasper, Putnam, Washington, Wilkinson
	River Edge Behavioral Health	Baldwin, Bibb, Jones, Monroe, Putnam, Twiggs, Wilkinson
	Serenity Behavioral Health System	Columbia, Lincoln, McDuffie, Richmond, Taliaferro, Warren, Wilkes
Region 3	Clayton Center CSB	Clayton
	DeKalb CSB	DeKalb
	Fulton County DBHDD	Fulton
	View Point Health	Gwinnett, Newton, Rockdale

*While Cobb CSB and Douglas CSB are often listed as separate CSBs, they combine administrative functions and share a chief executive officer.

G.4. Behavioral Health Safety-Net Delivery System: Community Service Boards

Region	CSB	Counties Served
Region 4	Aspire Behavioral Health and Developmental Disability Services	Baker, Calhoun, Dougherty, Early, Lee, Miller, Terrell, Worth
	Georgia Pines CSB	Colquitt, Decatur, Grady, Mitchell, Seminole, Thomas
	Legacy Behavioral Health Services	Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner
Region 5	CSB of Middle Georgia	Bleckley, Burke, Dodge, Emanuel, Glascock, Jefferson, Jenkins, Johnson, Laurens, Montgomery, Pulaski, Screven, Telfair, Treutlen, Wheeler, Wilcox
	Gateway Behavioral Health Services	Bryan, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh
	Pineland BHDD	Appling, Bulloch, Candler, Evans, Jeff Davis, Tattnall, Toombs, Wayne
	Unison Behavioral Health	Atkinson, Bacon, Brantley, Charlton, Clinch, Coffee, Pierce, Ware
Region 6	McIntosh Trail CSB	Butts, Fayette, Henry, Lamar, Pike, Spalding, Upson
	Middle Flint Behavioral Health	Crawford, Crisp, Dooly, Houston, Macon, Marion, Peach, Schley, Sumter, Taylor, Webster
	New Horizons Behavioral Health	Chattahoochee, Clay, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot
	Pathways CSB	Carroll, Coweta, Heard, Meriwether, Troup

H. Appendices

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer

Enrollment Category*	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	38.2% of adults age 18 to 64, not dually eligible for Medicare, who qualify for Medicaid based on a disability	Medicaid and CHIP Payment and Access Commission. (2022, June). Report to Congress on Medicaid and Chip. Retrieved October 2022 from https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicare-and-chip/
	8.1% of persons in the Medicaid expansion population	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved October 2022 from https://www.cms.gov/files/document/reporttocongressmmco.pdf

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 12, 2017 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August 7). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved October 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023 the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; however, have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants; however, are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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