



A SNAPSHOT OF GEORGIA

MEDICAID



Overview

In 1965, an amendment to the federal Social Security Act established two major national health care programs, Title XVIII (Medicare) and Title XIX (Medicaid). Georgia began serving members in 1968 with expenditures of \$28 million. In fiscal year 2006, Georgia Medicaid served 1.5 million members with \$5.9 billion in state and federal funds. States administer their programs under federally approved state plans. Georgia Medicaid currently receives \$1.63 in federal funds for every \$1 of state funds.

Medicaid reimburses health care providers for services to eligible members. The objectives of the Medicaid program are to:

- Provide broad health care coverage to certain lower income populations
- Offer special community-based coverage for certain disabled and elder populations
- Extend supplemental coverage to lower income Medicare beneficiaries
- Offset the high costs of institutional care for lower and moderate income Georgians

Medicaid Initiatives

Georgia Families provides health care services to children enrolled in PeachCare for Kids™ and certain men, children, pregnant women and women with breast or cervical cancer covered by Medicaid. Children in foster care are not enrolled in Georgia Families. The remainder of Georgia's Medicaid population includes lower income and aged, blind and disabled citizens and is not included in the Georgia Families program.

Georgia Enhanced Care is a disease management program for 100,000 members of the Social Security Disabled (SSI) population of Medicaid. The program began in late 2005 and provides enhanced care management to members with chronic illnesses such as diabetes, congestive heart failure, asthma, coronary artery disease, hemophilia and schizophrenia. Annual net savings to the Medicaid program is projected to be \$42 million for the first full year of implementation. This projection is valid pending the financial reconciliation process slated for early November 2007.

The Indigent Care Trust Fund supports programs and facilities serving medically indigent patients in Georgia. In FY 2006 and 2007, the Georgia Department of Community Health distributed \$417.7 and \$408.5 million to 106 and 110 hospitals in Georgia, respectively.

GEORGIA MEDICAID MANDATORY SERVICES

- Inpatient Hospital Services
- Intermediate Care—Mental Retardation
- Skilled Care/Nursing Facility
- Outpatient Hospital Services
- Pre-Admit Screening Resident
- Physician Services
- Free Standing Rural Health Clinic
- Health Check Services (EPSDT)
- Family Planning Services
- Durable Medical Equipment Services
- Oral Maxillofacial Surgery
- Independent Laboratory Service
- Chiropractics—Medicare Only
- Advanced Nurse Practitioners
- Physical Therapy—Medicare Only
- Nurse Midwifery
- Rehab Therapy—Medicare Only
- Federally Qualified Health Center
- Licensed Clinical Social Work
- Physician Assistant Services
- Speech Therapy—Medicare Only
- Home Health Services

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The Nursing Home Quality Initiative is a collaboration of DCH and their partners in the long-term care industry to promote successful measures to monitor quality indicators. All Georgia nursing homes participate by conducting self-improvement assessments.

The Administrative Services Organization (ASO) will offer care management for the aged, blind and disabled Medicaid population. The ASO model of eligibility, clinical and fraud and abuse components are scheduled for implementation during state FY 2007.

Eligibility Determination

In FY 2007, DCH will be contracting with an outside vendor to enhance the state's Medicaid eligibility determination and management functions. This vendor will be expected to verify income against numerous databases and require certain documentation for eligibility certification. DCH will correspondingly restructure certain policy functions and processes to improve efficiency and enhance application of policy as discussed in the next section below.

The department engaged with GHT Development Corporation in early 2005 to perform a comprehensive study of current eligibility processes and policies and determined that there are many opportunities to improve the procedures and the technologies used currently. Furthermore, the federal government is requiring that every state provide verification that they are paying properly for services, providing services for properly enrolled members, and adhering to policy through its national Payment Error Rate Measurement (PERM) program.

Three Areas of Eligibility Enhancements

ASSURANCE & CONTROL

Redefine Quality Assurance's importance in Medicaid eligibility by building programs focused on prevention, feedback, awareness, and training so that errors might be substantially reduced. Aids in minimizing or eliminating federal PERM-related sanctions.

VALIDATION & VERIFICATION

Eliminate self-declaration and implement centralized third-party verification of income and assets for both enrollment and re-enrollment.

DECISION SUPPORT & BUSINESS INTELLIGENCE

Employ information gathered through other key initiatives and third party providers to create base-line data and improve management of key processes; evaluate trends to prevent overuse of programs such as Emergency Medical Assistance (for undocumented persons).

Average Monthly Enrollment for Medicaid and PeachCare for Kids™ for fiscal years:

FISCAL YEAR	MEDICAID	PEACHCARE FOR KIDS™
FY 2005	1,369,592.3	209,281.3
FY 2006	1,383,253.7	239,875.5
FY 2007	1,275,258.8	274,428.2
FY 2008	1,253,453.8	250,070.6

Note: The average monthly enrollment figures does not include March and June 2007, given they are not final pending retro eligibility