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State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-24-0036

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Children and Adults Health Programs Group

March 13, 2024

Stefanie Ashlaw
Director, Peach Care for Kids
State of Georgia, Department of Community Health
2 Peachtree Street, NW, 37th Floor
Atlanta, GA 30303

Dear Stefanie Ashlaw:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) GA-24-0036, submitted on January 16, 2024, has been approved. This SPA has an effective date of July 1, 2023.

Through this SPA, Georgia updates its strategic objectives and performance goals related to:

- increasing CHIP enrollment;
- increasing access to care;
- promoting utilization of preventive care;
- increasing access to behavioral health services; and
- improving beneficiary satisfaction with care.

To measure progress on these goals, the state will utilize claims data, CAHPS survey data, and eligibility or enrollment data. This SPA also removes outdated objectives and goals from section 9 of the state plan.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters. His contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8117
E-mail: joshua.bougie@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (443) 934-2064. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

State of Georgia State Plan Amendment number: GA-2024-0036

This State Plan Amendment will update the following sections:

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA number: GA-2024-0036

Purpose of SPA: Update Section 9, Strategic Objectives and Performance Goals and Plan Administration, to align with Section II of the CHIP Annual Report, and update verbiage of Section 9.9.1 regarding federally recognized tribes.

Proposed effective date: 07/01/2023

Proposed implementation date: 07/01/2023

1.4-TC Tribal Consultation. (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State of Georgia has no recognized Tribes and therefore no Tribal Consultation is necessary.

Section 9. Strategic Objectives and Performance Goals and Plan Administration

Guidance: States should consider aligning its strategic objectives with those discussed in Section II of the CHIP Annual Report.

9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

The ~~six~~ five strategic objectives of PeachCare for Kids® are to:

1. Increase insurance coverage among Georgia's low-income children
2. Increase the percentage of low-income children with timely access to a regular source of care.
3. Promote utilization of preventative care including Health Check (EPSDT) services.
4. ~~Decrease unnecessary use of emergency departments for non-emergency services.~~ Increase access to Behavioral Health Services.
5. ~~Minimize preventable hospitalizations.~~ Improve patient satisfaction with care.
6. ~~Promote the appropriate use of health care services by children with asthma~~

~~(as defined by national standards).~~

Guidance: Goals should be measurable, quantifiable and convey a target the State is working towards.

9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

Objective 1: Increase insurance coverage of Georgia's low-income children.

Performance goals:
1.1 ~~Enroll 75% of uninsured, non-Medicaid~~ Increase enrollment of uninsured PeachCare for Kids® eligible children with family income at or 247% of the federal poverty level by 0.5% annually until the state achieves 90% of all eligible children in our CHIP program.

~~Measure: Percent of eligible children enrolled.~~

~~1.2 Employ marketing and outreach techniques that encourage parents of eligible, low-income children to enroll their children in PeachCare for Kids®. Measure: Percent of eligible children enrolled and survey data of applicant families.~~

~~Baseline and Target Improvement Levels: Within one year, Georgia exceeded our two-year enrollment goal of 60,000 children, as indicated in our original state plan. For the upcoming fiscal year, we have set the goal of enrolling 85% of the estimated eligibles (169,142 children enrolled on June 30, 2003).~~

Objective 2: Increase the percentage of low-income children with timely access to a regular source of care.

Performance goals:
2.1 ~~Over time, decrease the percent of children matched to a PCP through auto assignment~~. Maximize the number of PeachCare for Kids® members who report timely access to needed care to achieve and maintain 90% by increasing the percentage of children surveyed by 0.25% annually.

~~Measure: Percent of children who selected PCP on enrollment.~~

2.2 ~~Encourage use of PCP through health plan policies and education~~. Increase the number of PeachCare for Kids® members who have primary care doctors to 90% by increasing the percentage by 0.25% annually.

~~Measure: Percent of enrolled children who seek care from their assigned PCP.~~

~~2.3 Maximize the number of enrollees who stay with their PCP for 12 months.~~

~~Measure: Percent of enrollees who stay with their PCP at least one year.~~

~~Baseline and Target Improvement Levels: As of November 30, 1999, there were 17,120 children who were matched to a PCP through auto assignment, and 41,713 (71%) who chose their own PCP. Our target improvement level is 80% by the end of federal fiscal year 2005.~~

Objective 3: Promote utilization of preventative care including Health Check (EPSDT) services ~~to achieve targets set by the Centers for Medicare and Medicaid Services and GF. These are 80% for screening and 90% for immunizations.~~

Performance goals:

3.1 ~~Assess how many children receive recommended~~ Increase the number of PeachCare for Kids® children and adolescents by 0.5% annually until we reach 80% of enrollees receiving recommended well visits that include Health Check (EPSDT) services. ~~well visits and screenings.~~

~~Measure: Percent of enrolled children receiving each screening on or about the recommended schedule.~~

~~3.2 Assess how many children receive immunizations.~~
~~Measure: Percent of enrolled children receiving each immunization on or about the recommended schedule.~~

3.~~3~~2 ~~Increase provider and patient compliance with use of primary and preventive services by feeding back information to providers and health plans about their rates of screening for the enrolled population.~~
Increase the number of PeachCare for Kids® children and adolescents receiving age-appropriate immunizations by 0.5% until 90% is achieved and maintained annually.

~~Measure: Percent of PCP panels with improved screening rates in subsequent years.~~

3.3 Increase the percentage of PeachCare for Kids® eligible young women who are identified as sexually active are receiving at least one Chlamydia screening by 0.5% annually until a target goal of to 80% is achieved and maintained.

3.4 Increase the number of children enrolled in PeachCare for Kids® ages 5-18 who adhere to having their asthma medication managed through appropriate care by 0.5% annually to achieve and maintain 90%.

3.5 Reduce the number of PeachCare for Kids® preventable hospitalizations by 0.05% annually until to 25% is reached and maintained.

3.6 Reduce the number of PeachCare for Kids® Emergency Room visits by 0.05% annually until 25% is reached and maintained.

~~Baseline and Target Improvement Level: From claims data for fiscal year 2000,~~
~~41% of all children enrolled 10 to 12 months had an EPSDT visit. Of the children ages 1 to 5, 55% had an EPSDT visit. Georgia's goal is to increase this to 80% by the end of federal fiscal year 2005. With enhancements in our fiscal management system and the reporting provided by GF CMO plans, we anticipate being able to track services among children who have EPSDT services as their coverage changes among Medicaid and PeachCare for Kids®. This will allow us to evaluate more children with 10 to 12 months of coverage and have a more complete picture of the percentage of children who are receiving these services, either through PeachCare exclusively or intermittent coverage through the Medicaid program.~~

Objective 4: ~~Decrease unnecessary use of emergency departments for non- emergency services. A non-emergency service is one that does not meet the prudent layperson definition of emergency.~~
Increase access to behavioral health services.

Performance goals:

4.1 ~~Reduce the number of ED visits for non-emergency services~~. Increase the number PeachCare for Kids® enrollees screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the first three years of life by 0.5% annually to achieve and maintain 80%.

~~Measure: Rate of non-emergency ED visits per year for the population enrolled.~~

~~Baseline and Target Improvement Level: From claims data for fiscal year 2000,~~
~~66% of visits to emergency departments met the criteria for an emergency. Georgia's goal is to increase the percentage of emergency department visits for diagnoses considered to be medical emergencies to 70% by the end of federal fiscal year 2005.~~

4.2 Increase the number of PeachCare for Kids® enrollees receiving recommended screening for depression with an appropriate follow-up plan by 5% annually to achieve and maintain 80%.

4.3 Increase by 0.5% annually the number of PeachCare for Kids® enrollees newly prescribed ADHD medication who had at least 3 follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD Medication was dispensed until 80% is achieved and maintained.

4.4 Increase by 0.5% annually the number of PeachCare for Kids® enrollees ages 1-17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as a first line treatment until 80% is achieved and maintained.

Objective 5: ~~Reduce preventable hospitalizations.~~ Improve patient satisfaction with care.

Performance goals:

5.1 ~~Reduce preventable hospitalizations.~~ Increase the number of PeachCare for Kids enrolled children who rated their personal doctors with a score of 8, 9, or 10 by 0.25% with a target goal of 95% annually.

5.2 Increase the number of children enrolled in PeachCare for Kids who rated their health plans with a score of 8, 9, or 10 by 0.25% to a target goal of 95% is achieved and maintained annually.

~~Measure: Percentage of hospitalizations for preventable diagnoses.~~

~~Baseline and Target Improvement Level: From claims data for fiscal year 2000,~~
~~32% of hospitalizations were for diagnoses which could be considered preventable. Georgia's goal is to decrease the percentage of preventable hospitalizations to 25% by the end of federal fiscal year 2005.~~

~~**Objective 6:** Promote the appropriate use of health care services by children with asthma (as defined by standards of the National Heart Lung and Blood Institute of the National Institutes of Health).~~

~~Performance goals:~~

~~6.1 Assess the number of children whose asthma is managed through appropriate outpatient care.~~
~~Measure: Percent of children seeing PCP within two weeks of ER or hospital visit.~~

~~Baseline and Target Improvement Level: From claims data for fiscal year 2000,~~
~~93% of children had a follow-up visit within 2 weeks of a visit to an emergency department or a hospitalization. Georgia's goal is to increase the percentage of children who have a follow-up visit within 2 weeks of a visit to an emergency department or a hospitalization due to asthma to 95% by 2005.~~

Guidance: The State should include data sources to be used to assess each performance goal. In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard to reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) 2008 contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS 3.0 contains measures for the general population, for which breakouts by children's age bands (e.g., ages < 1, 1-9, 10-19) are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures can be found in the HEDIS 2008 manual published by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states should check the HEDIS 2008 manual for detailed definitions of each measure, including definitions of the numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the State's performance, taking into account suggested performance indicators as specified below or other indicators the State develops: (Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

Check the applicable suggested performance measurements listed below that the State plans to use: (Section 2107(a)(4))

9.3.1. ☐ The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.

9.3.2. ☒ The reduction in the percentage of uninsured children.

9.3.3. ☒ The increase in the percentage of children with a usual source of care.

9.3.4. ☒ The extent to which outcome measures show progress on one or more of the health problems identified by the state.

9.3.5. ☐ HEDIS Measurement Set relevant to children and adolescents younger than 19.

9.3.6. ☒ Other child appropriate measurement set. List or describe the set used.
Child Core Set and CAHPS Assessment

9.3.7. ☒ If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:

9.3.7.1. ☒ Immunizations

9.3.7.2. ☒ Well childcare

9.3.7.3. ☒ Adolescent well visits

9.3.7.4. ☒ Satisfaction with care

9.3.7.5. ☒ Mental health

9.3.7.6. ☒ Dental care

9.3.7.7. ☒ Other, list: Ambulatory Care, ED visits, Access to Primary Care Practitioners, and low birth weights

9.3.8. ☐ Performance measures for special targeted populations.

9.4. ☒ The State assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)

Georgia's performance goals are measured utilizing several data sources which includes, Enrollment and Uninsured Data, Eligibility Data, Annual CAHPS Report, claims data. As part of our monitoring and oversight efforts, Georgia requires CMO's to provide data and conduct comprehensive reviews of EPSDT, network access, utilization management, prior authorizations, and timely access to services. These activities include:

- An examination of claims data to interpret utilization trends and patterns.
- Analysis of Prior Authorization approvals and denials, as well as turnaround times
- Validation of provider network access reports. This includes a review of network deficiency reports and provider directory listings.
- Evaluation of trends in access to care; and
- Utilization of secret shopper calls to validate appointment wait times, and timely access to services

In addition to the activities above, the DCH assesses performance outcomes for the PeachCare population using select HEDIS and Child Core Set measures.

Guidance: The State should include an assurance of compliance with the annual reporting requirements, including an assessment of reducing the number of low-income uninsured children. The State should also discuss any annual activities to be undertaken that relate to assessment and evaluation of the program.

9.5. ☒ The State assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the State's plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)

PeachCare for Kids® will comply with the annual assessment by submitting a report, utilizing the Framework for Annual Evaluation developed by the National Academy for State Health Policy in conjunction with state SCHIP staff and CMS. This report will be completed by PeachCare staff. Independent evaluators will be responsible for measuring PeachCare for Kids® progress in meeting the performance measures defined in Section 9 "Strategic Objectives and Performance Goals and Administration" and for nationally-mandated measures ~~when~~ as they become available.

9.6. ☒ The State assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review or audit. (Section 2107(b)(3)) (42CFR 457.720)

Guidance: The State should verify that they will participate in the collection and evaluation of data as new measures are developed or existing measures are revised as deemed necessary by CMS, the states, advocates, and other interested parties.

9.7. ☒ The State assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))

9.8. ☒ The State assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a State under Title XIX: (Section 2107(e)) (42CFR 457.135)

9.8.1. ☒ Section 1902(a)(4)(C) (relating to conflict of interest standards)

9.8.2. ☒ Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
9.8.3. ☒ Section 1903(w) (relating to limitations on provider donations and taxes)
9.8.4. ☒ Section 1132 (relating to periods within which claims must be filed)

9.9.1. Describe the process used by the State to ensure interaction with Indian Tribes and organizations in the State on the development and implementation of the procedures required in 42 CFR 457.125. States should provide notice and consultation with Tribes on proposed pregnant women expansions. (Section 2107(c)) (42CFR 457.120(c))

There are no nationally recognized American Indian tribes or organizations in the state of Georgia. ~~PeachCare for Kids®, however, does not charge cost-sharing to enrolled members who are members of federally recognized American Indian or Alaskan Native tribes.~~ Recognizing that a member of a tribe may re-locate to the State, CHIP will exempt children who are members of federally recognized tribes from the cost-sharing requirements as stipulated in Section 2103(e)(1)(A).

Section 9.10- Estimated impact on Budget:

There is no impact on the States Budget as a result of this SPA.