

Georgia Managed Care Program Features, as of 2017

Features	Georgia Families	Planning for Healthy Babies (P4HB)	Georgia Families 360
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)	1115(a) (Medicaid demonstration waivers)	1932(a)
Program start date	06/01/2006	01/01/2011	03/03/2014
Waiver expiration date (if applicable)	06/30/2018	12/31/2020	06/30/2018
If the program ended in 2017, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults			
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary	Voluntary	
Populations enrolled: Full Duals			
Populations enrolled: Partial Duals			
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Exempt	Mandatory

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Populations enrolled: Enrollment choice period	30 days	Other	30 days
Populations enrolled: Enrollment broker name (if applicable)	Maximus		Maximus
Populations enrolled: Notes on enrollment choice period		Women who are enrolled in the P4HB program are granted a 30 days period to select a care management organization (CMO) of their choice. Furthermore, effective 01/01/2015, once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. If the woman does not select a CMO within the 30 day choice period, she is autoassigned to a CMO, in order to receive P4HB services, based on the state's auto-assignment algorithm.	
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		X

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Benefits covered: Case management	X		X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD	X		X
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Podiatry, Nurse Midwife
Quality assurance and improvement: HEDIS data required?	Yes	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes	Yes

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Quality assurance and improvement: Accreditation required?	Yes	No	Yes
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, URAC		NCQA, JCAHO, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group		Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans	X		
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Amerigroup Community Plan; CareSource Georgia; Peach State Health Plan; WellCare of Georgia	Amerigroup Community Care; Peach State Health Plan; CareSource Georgia; WellCare of Georgia	Amerigroup Community Care

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Notes: Program notes	Beginning July 1, 2017, the Georgia Families program began providing members a choice of four Care Management Organizations (CMOs): Amerigroup, CareSource, Peach State Health Benefit Plan and WellCare. Georgia Families serves certain Medicaid and PeachCare for Kids (CHIP) members, and Planning for Healthy Babies enrollees.	P4HB consists of family planning, inter-pregnancy care and care management services. Inter-pregnancy care and care management services are limited to women who have given birth to a very low birthweight (VLBW) baby. Women who do not receive Medicaid benefits and have given birth to a VLBW baby are only eligible for care management services. Women ages 18 through 44 who qualify under the Low Income Medicaid Class of Assistance under the Georgia Medicaid State Plan are enrolled into one of the CMOs per the Medicaid state plan. Women ages 18 through 44 who qualify under the Aged, Blind and Disabled classes of assistance under the Georgia Medicaid State Plan and who deliver a VLBW baby will receive care management services through a CMO of their choice.	Georgia Families 360 enrolls children, youth, and young adults in foster care; children and youth receiving adoption assistance; and select youth involved in the juvenile justice system.