Georgia Managed Care Program Features, as of 2018 (1 of 2)

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Program type	Comprehensive MCO	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1932(a)/1915(i)	1932(a),1932(a)/1915(i)	1115(a) (Medicaid demonstration waivers)
Program start date	06/01/2006	03/03/2014	01/01/2011
Waiver expiration date (if applicable)			12/31/2020
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		
Populations enrolled: Low-income adults covered 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			

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Populations enrolled: Native American/Alaskan Natives	Exempt	Exempt	Exempt
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Mandatory	Exempt
Populations enrolled: Enrollment choice period	30 days	30 days	Other
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, 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	

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Benefits covered: Lab and x-ray	X	X	
Benefits covered: Prescription drugs	X	X	
Benefits covered: Prosthetic devices	X	X	
Benefits covered: EPSDT	X	X	
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)			
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			
Benefits covered: Nursing facility services		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			

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
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
Quality assurance and improvement: Accreditation required?	Yes	Yes	No
Quality assurance and improvement: Accrediting organization	NCQA, 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 Care; CareSource - Georgia; Peach State Health Plan; WellCare of Georgia	Amerigroup	Amerigroup; CareSource- Georgia; Peach State Health Plan; WellCare of Georgia

Features	Georgia Families	Georgia Families 360	Planning for Healthy Babies (P4HB)
Notes: Program notes	Georgia Families is a program that delivers health care services to members of Medicaid and PeachCare for Kids. (PeachCare for Kids is an S-CHIP program. The enrollment data provided in this report do not include enrollment data for PeachCare for Kids.) The program is a partnership between the Department of Community Health (DCH) and private care management organizations (CMOs). Georgia Families provides members a choice of health plans, allowing them to select a health care plan that fits their needs. Dually eligible beneficiaries are not eligible to enroll in Georgia Families. However, if an individual becomes dually eligible while already enrolled in a Georgia Families plan, a short delay in disenrollment results in the inclusion of a small number of dually eligible enrollees in Georgia Families plans.	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.	

Georgia Managed Care Program Features, as of 2018 (2 of 2)

Features	Non-Emergency Medical Transportation (NEMT)
Program type	Non-Emergency Medical Transportation
Statewide or region-specific?	Statewide
Federal operating authority	1902(a)(70) NEMT
Program start date	10/07/1997
Waiver expiration date (if applicable)	
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary
Populations enrolled: Full Duals	Voluntary
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Exempt

Features	Non-Emergency Medical Transportation (NEMT)
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Outpatient hospital physical health	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	
Benefits covered: Partial hospitalization	
Benefits covered: Physician	
Benefits covered: Nurse practitioner	
Benefits covered: Rural health clinics and FQHCs	
Benefits covered: Clinic services	
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	
Benefits covered: Prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	

Features	Non-Emergency Medical Transportation (NEMT)
Benefits covered: Health home care (services in home)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	
Benefits covered: Non-Emergency Medical Transportation	X
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.)	
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	No

Features	Non-Emergency Medical Transportation (NEMT)
Quality assurance and improvement: Accrediting organization	
Quality assurance and improvement: EQRO contractor name (if applicable)	
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
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	Southeast Trans; Logisticare
Notes: Program notes	To provide the necessary non-emergency medical transportation, DCH utilizes a brokerage system and it is these two Brokers, LogistiCare and Southeastrans, who coordinate and provide NEMT services for the state's five regions (North, Atlanta, Central, East and Southwest). NEMT brokers are paid a monthly capitated rate based on the number of eligible Medicaid members residing in their contracted region(s). Transportation services are provided at no cost.