Medicaid Update

Medical Care Advisory Committee

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Chief, Medical Assistance Plans

Date: November 16, 2016
Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

We are dedicated to A Healthy Georgia.
Agenda

• Enrollment and Expenditures
• Medicaid Procurements
• Department Initiatives
• Federal Initiatives/Regulation
Georgia’s Children as Beneficiaries of Medicaid and PeachCare

48% of Georgia’s children (ages 0 to 19) have access to health insurance through Medicaid or PeachCare. (Fiscal Year 2016)

<table>
<thead>
<tr>
<th>Program</th>
<th>GA Children Population*</th>
<th>GA Beneficiaries (ages 0-19)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid and PeachCare</td>
<td>2,784,116</td>
<td>1,319,811</td>
<td>48%</td>
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</tbody>
</table>

In addition, Medicaid pays for more than half of all Georgia births.

- Medicaid and PeachCare beneficiaries based on average monthly enrollment for FY2016.
GA Medicaid and PeachCare for Kids®

Total FY2015 Expenditures (includes State, Federal and other Fund Sources):

- Low-Income Medicaid: $4,188,966,660
- Age, Blind and Disabled Medicaid: $4,903,329,343
- PeachCare for Kids®: $327,709,847
- Average Spend per Day: $36.2 million per work day

Medicaid and PeachCare for Kids® represents 15.2% of the state funds budget (excluding motor fuel and lottery) (2014)
Procurement Update
Medicaid Procurements

In Process
- Drug Rebate Program
- Pharmacy Dispensing Fee Survey
- CVO
  - cvo.feedback@dch.ga.gov

Completed
- MMURS (Medical Management and Utilization Review Service)
- CMO

Upcoming
- Non-emergency Medical Transportation
  - NEMT feedback@dch.ga.gov
- MMIS
- EQRO
- Nurse Aide Training and Registry
- CAHPS
- Pharmacy Benefit Manager
The Department of Community Health, Division of Medical Assistance Plans, oversees selected Care Management Organizations (CMOs) for the provision of managed care services and benefits to the following populations:

<table>
<thead>
<tr>
<th>Georgia Families</th>
<th>GA’s managed care program for Medicaid</th>
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<tbody>
<tr>
<td>PeachCare for Kids®</td>
<td>GA’s Children’s Health Insurance Program (CHIP)</td>
</tr>
<tr>
<td>Planning for Healthy Babies (P4HB)</td>
<td>GA’s Section 1115 Family Planning Waiver program</td>
</tr>
<tr>
<td>Georgia Families 360°</td>
<td>Children, youth and young adults in Foster Care or receiving Adoption Assistance and select youth involved with the Department of Juvenile Justice</td>
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# Implementation Project Timeline

<table>
<thead>
<tr>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
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<td>Planning and Assessment</td>
<td>CMO Marketing <em>(Subject to Deliverable Approval)</em></td>
<td>DCH Open Enrollment Communications to Members</td>
<td>Open Enrollment and Auto-Assignment</td>
<td>CMS 90-Day Review Period</td>
<td>GO LIVE</td>
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**CMO Deliverable Submission and DCH Team Desk Reviews**

- Planning and Assessment
- CMO Marketing *(Subject to Deliverable Approval)*
- DCH Open Enrollment Communications to Members
- Open Enrollment and Auto-Assignment
- CMS 90-Day Review Period
- GO LIVE
Major Initiatives
Major Initiatives

- Centralized Credentialing Verification Organization
- Integrated Eligibility System
- Hospital Presumptive Eligibility
- CCSP
- Telemedicine
- Provider Enrollment
- Federal Regulations
  - Managed Care Rule
    - VBP
  - Access Rule
  - Outpatient Drug Rule
Integrated Eligibility System

2011 • Project Start

2012 • JAD Sessions

2013 • ACA updates to legacy systems

2014 • Deloitte engaged

2016 • EMPI go live

2017 • System go live
Major Initiatives

- Centralized Credentialing Verification Organization
- Integrated Eligibility System
- Hospital Presumptive Eligibility (ghill1@dch.ga.gov)
- CCSP
- Telemedicine
- Centralized PA for BH
- Federal Regulations
  - Provider Revalidation
  - Managed Care Rule
  - Outpatient Drug Rule
Federal Regulations
Federal Regulation/Initiatives

- Provider Revalidation
- Managed Care Rule
- Outpatient Drug Rule
Federal Regulation/Initiatives

Provider Revalidation

– Federally Mandated
– Must be done every 5 years

  Provider Information

  Provider Notices

– Keep Your Address Updated
Federal Regulation/Initiatives

- Managed Care Rule
  - Dramatic changes to managing MCOs
    - Changes actuarial review (rate cells vs rate)
    - Requires quality ratings
  - Changes impacting providers:
    - Requires MCOs to identify 340B drugs within their claims (both outpatient clinic and pharmacy claims)
    - Providers can submit appeals on behalf of patients (with approval from the patient)
Questions?