



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Medicaid and PeachCare for Kids® Update



Presentation to: Medical Care Advisory Committee

Presented by: Linda Wiant, Medicaid Chief

Date: May 20, 2015



# 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.*



# Topics

- **Medicaid and PeachCare for Kids<sup>®</sup> Overview**
- **Legislative Updates**
- **Medicaid Initiatives**
  - CMO Procurement
  - Credentialing Verification Organization
  - Georgia Families 360°
  - Children's Freedom Initiative
  - Community Based Alternatives for Youth
  - Hospice Concurrent Care
  - Pediatric Skilled Nursing



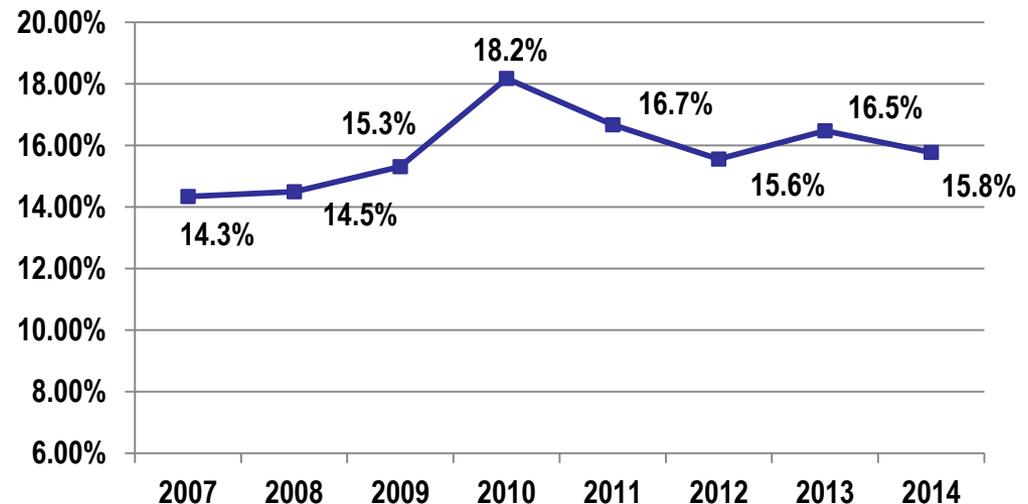
# Medicaid and PeachCare for Kids<sup>®</sup> Overview

# GA Medicaid and PeachCare for Kids®

Total FY2014 Expenditures (includes State, Federal and other Fund Sources):

- Medicaid: \$ 8,930,730,330
- PeachCare for Kids®: \$ 412,353,797
- Average Spend per Day - **\$37.7 million per work day**
- Claims Paid per Day – 215,500 per work day

Medicaid and PeachCare represents 16% of the state funds budget (excluding motor fuel and lottery) (2014)



# Georgia Medicaid and PeachCare for Kids

Percentage of Georgia Population On Medicaid or PeachCare for Kids

## Average Monthly Membership (FY15 as of Feb 2015):

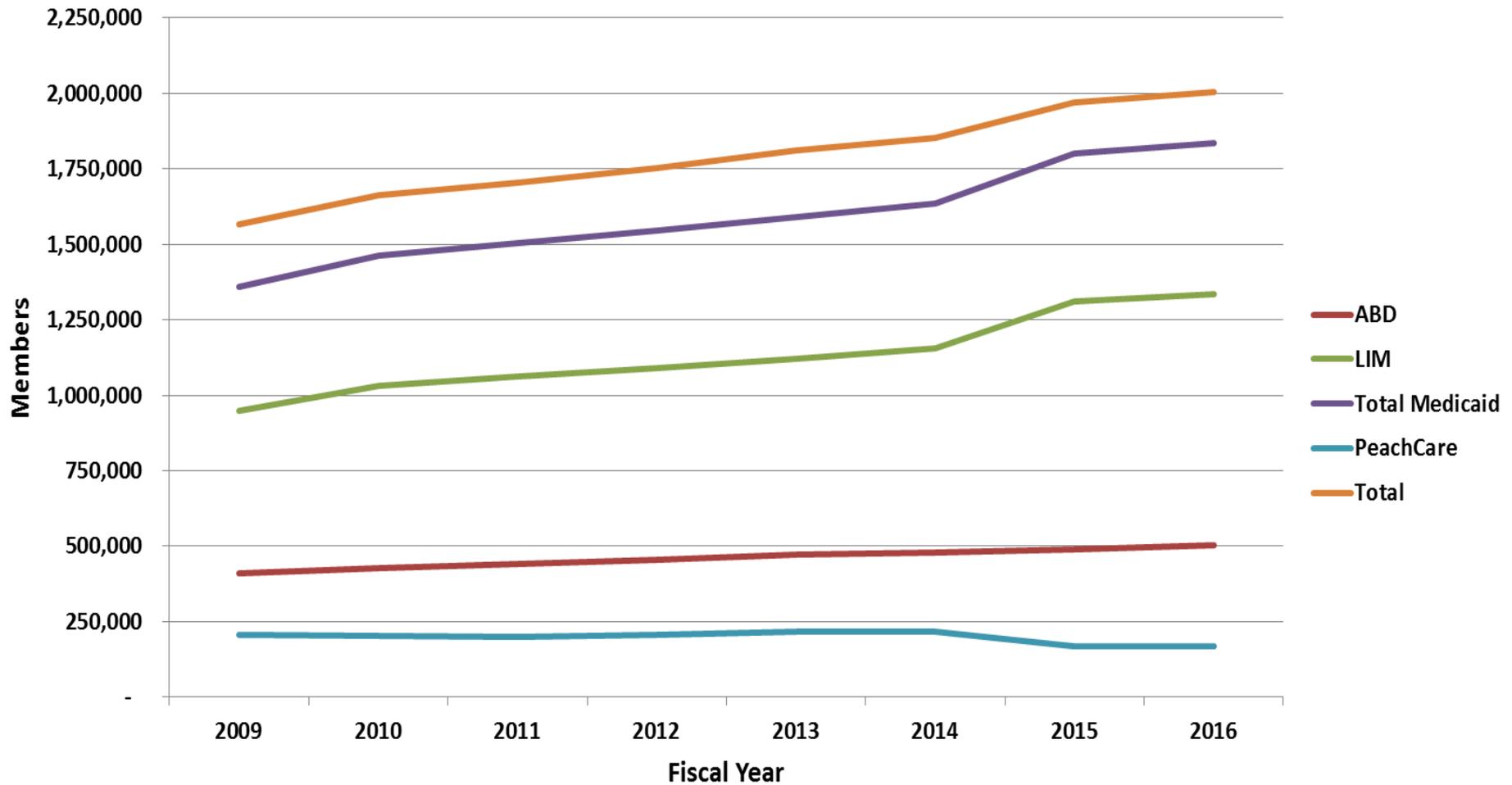
Medicaid:	1,762,620
PeachCare for Kids <sup>®</sup> :	<u>171,417</u>
Total:	<u>1,934,037</u>

Age Categories	GA Population*	Medicaid/PCK	%
All Ages	9,992,167	1,934,037	19.36%
Children (0-19)	2,772,897	1,294,544	<u>46.69%</u>

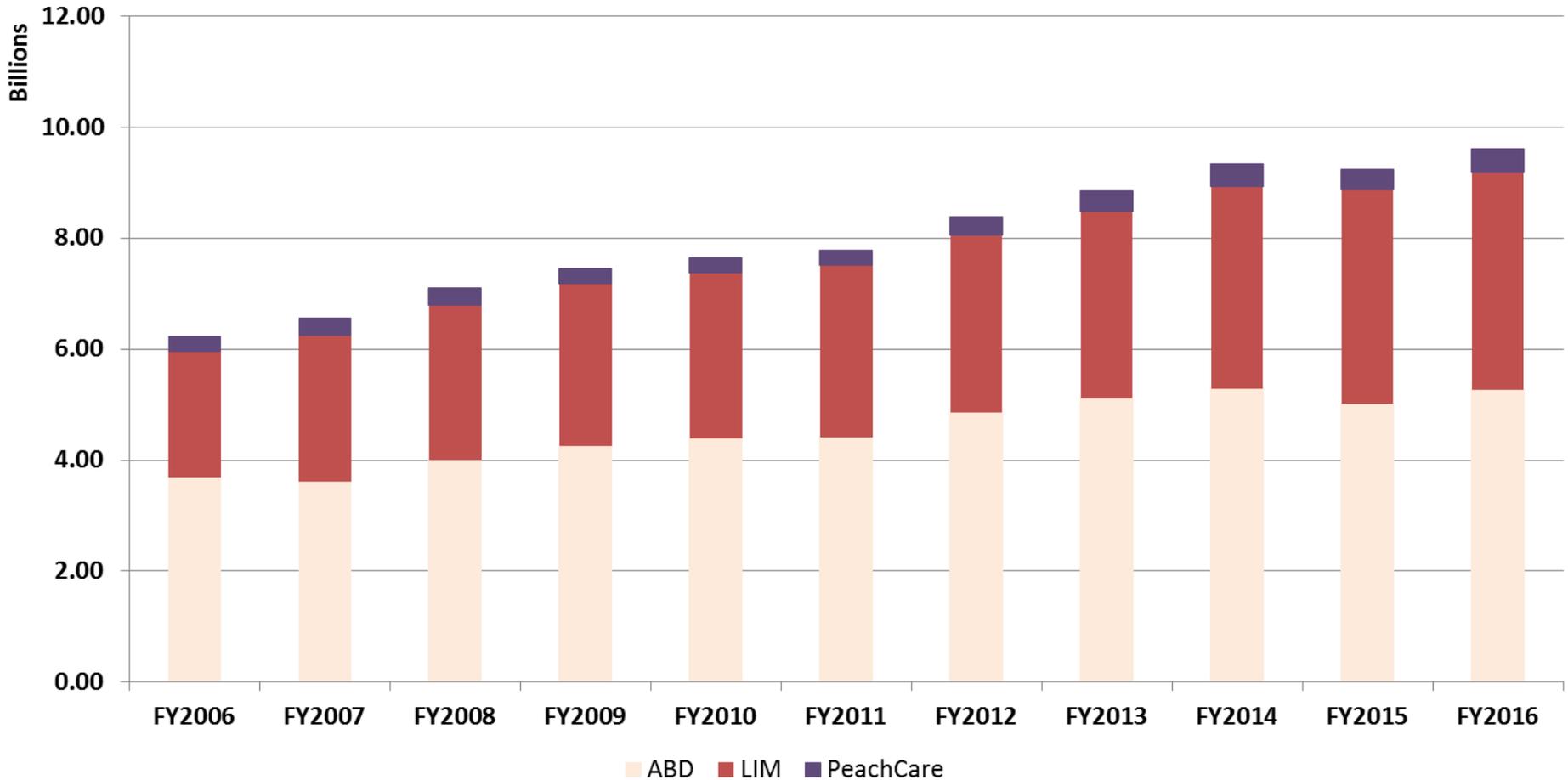
54% of total Georgia Births are paid for by Medicaid

\* GA. Population based on estimated 2013 population figures from [www.census.gov](http://www.census.gov)

# GA Medicaid and CHIP Enrollment Trend



# Medicaid and PeachCare Total Cost Trends





# Legislative Update

# FY2016 Budget Overview

- Medicaid and PeachCare for Kids®
  - Did not receive \$22M state funds for Hepatitis C drugs
  - Growth funded at \$33.1M state funds
  - Continuation of 12 month eligibility reviews at \$37M state funds
  - Increase rates for OB/GYN and select primary care codes
  - Inpatient hospital reimbursement changes
    - Shift funds to teaching hospitals and those that serve a higher share of Medicaid
    - There is no new funding for this proposal so it shuffles the rates across institutions





# Medicaid Initiatives

# CMO Procurement

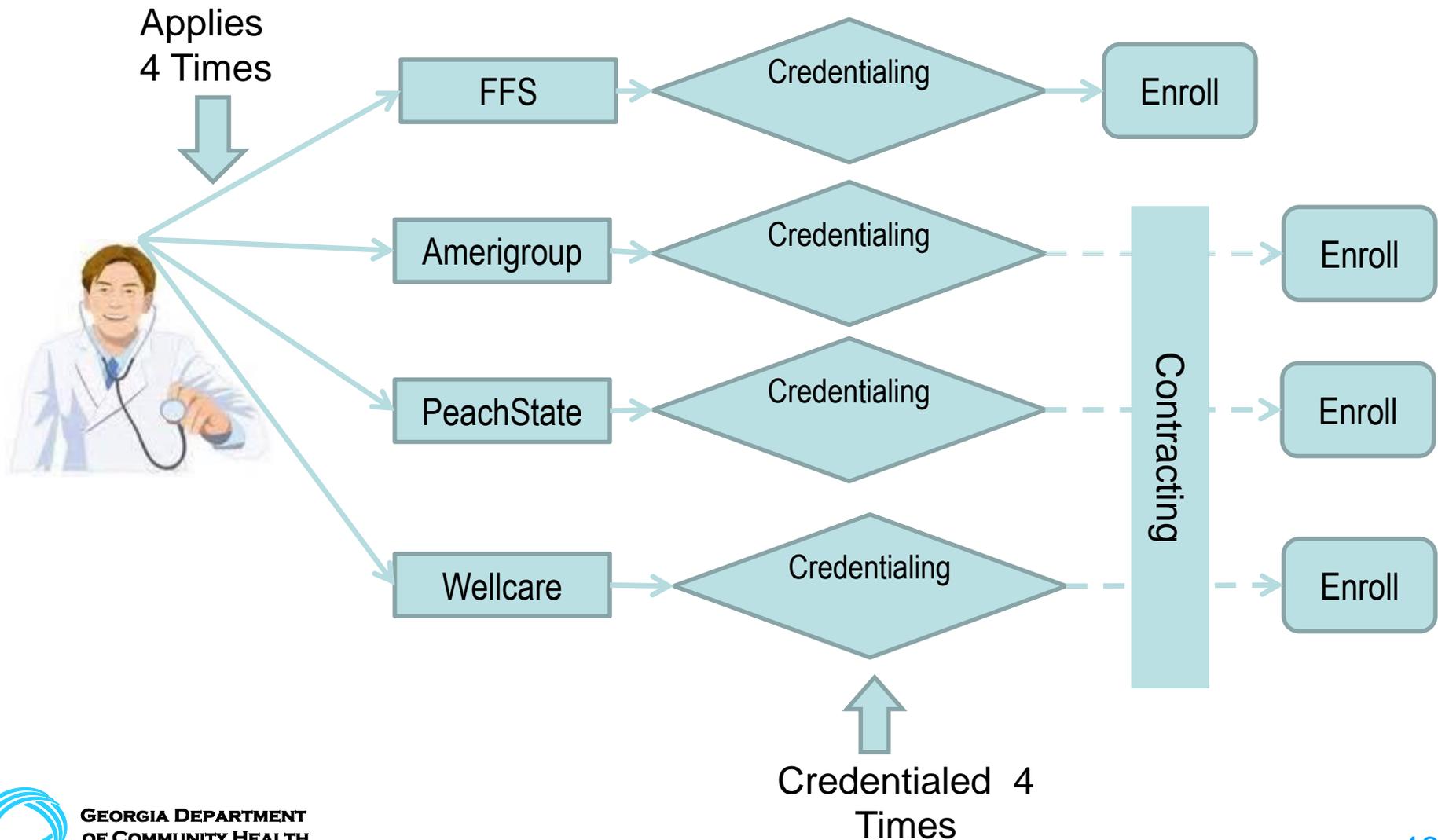
- There is a multi-phase approach for readiness reviews prior to go-live (July 1, 2016)
  - Network access readiness
  - Systems readiness
  - Appropriate member and provider communication and outreach
- Committed during implementation to have a strong member and provider communication campaign.

# Centralized Credentialing Verification Organization (CVO)

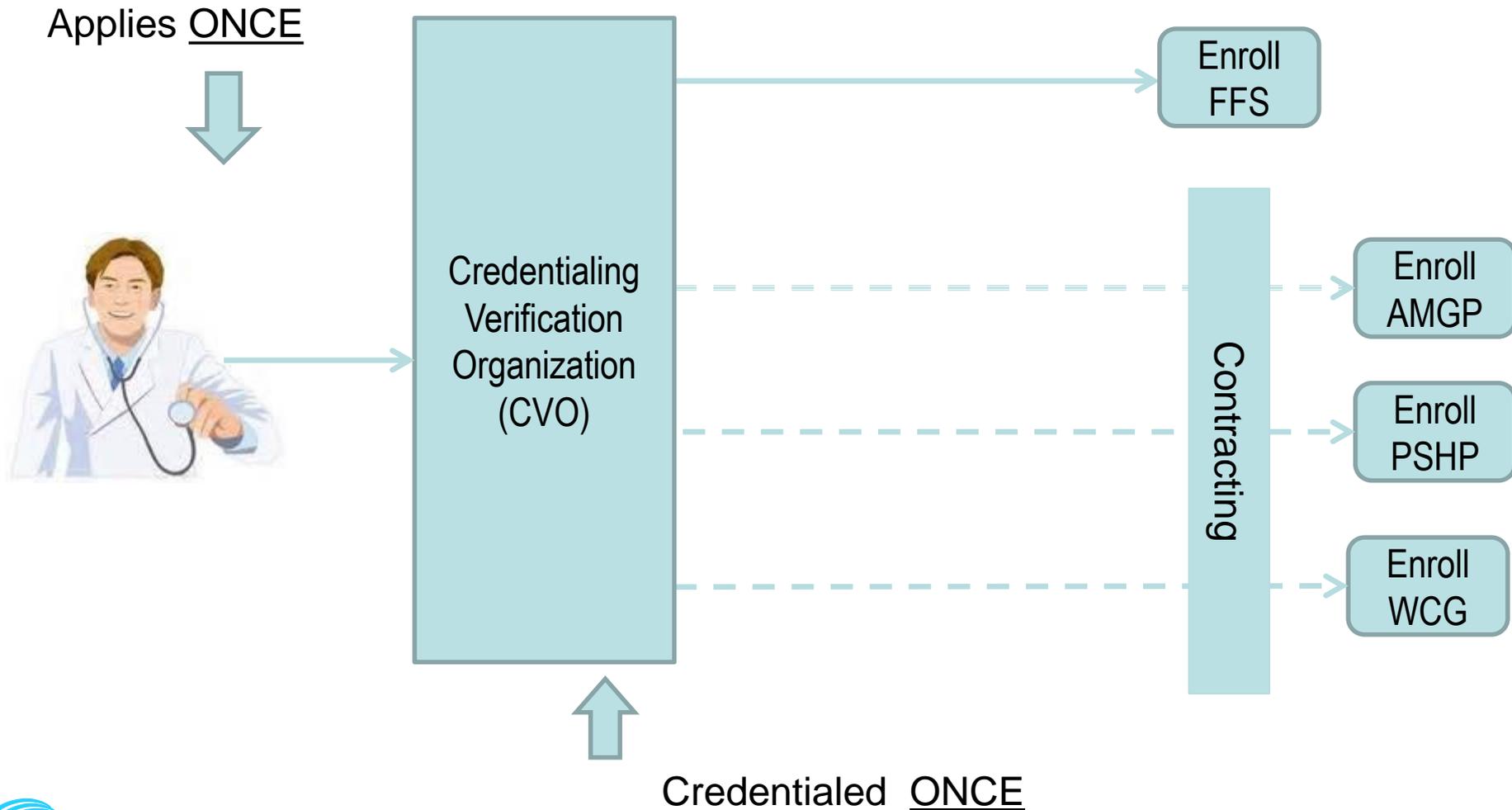
- DCH pursuing a centralized provider credentialing and re-credentialing function through the Medicaid and PeachCare fiscal agent, HP
- Purpose of a centralized CVO is to ease administrative burdens on the providers
- Providers will be credentialed by HP and their subcontractor for FFS and CMO providers
- CMO will delegate credentialing to HP
- Expected implementation: July 2015



# Old Process



# Future Process (Targeted 7/1/2015)



# Children's Freedom Initiative

- DCH and DBHDD
  - Collaborative plan to support Children's Freedom Initiative to support children and young adults in Georgia's nursing facilities to transition to community-based settings
  - Early stages of planning
  - 21 Youth
    - 16 in private Intermediate Care Facility; others scattered among multiple nursing facilities
    - Majority over age 16



# Hospice Concurrent Care

- Affordable Care Act authorized children in hospice to continue to receive curative treatment concurrent to palliative care through hospice
- Normally, this is not allowed as a member revokes the right to access curative treatment when electing hospice
- DCH continues to work closely with workgroup (Hospice providers, CHOA, others) to establish best practices for members in this situation to access needed curative and palliative care in coordinated way
- Workgroup presenting 3 options for departmental consideration



# Questions?