

## **The Division of Medical Assistance Medical Assistance Plans**

The Division of Medical Assistance (DMA) in Georgia's Department of Community Health (DCH) is the state's Medicaid authority. As part of DMA, Medical Assistance Plans is responsible for administering the core Medicaid programs and policy and the Home and Community Based Waiver programs in the state.

Medical Assistance Plans is divided into seven units:

- **Aging and Community Services**
- **Hospital Services**
- **Maternal and Child Health**
- **Pharmacy Services**
- **Professional Services**
- **Recipient /Third Party Liability (TPL)**
- **PeachCare for Kids**

The **Aging and Community Services** unit is responsible for:

- Nursing Homes
- Intermediate Care Facilities
- Home Health
- Hospice
- Community Mental Health,
- Durable Medical Equipment
- Orthotics and Prosthetics
- Disease State Management
- SOURCE
- Mental Retardation and Developmental Disability Waiver Programs
- Independent Care Waiver
- Community Care Services Waiver Program
- PASSR
- Nurse Aide Training
- Targeted Case Management programs
- New Initiatives and
- DCH's response to the Olmstead decision

The unit develops and modifies policy to ensure compliance with federal standards and state practice acts, with advice from a variety of professional and advocacy groups.

Policy staff works with computer staff to develop system edits to administer the program.

Program staff tests claims to assure accuracy in processing payments. They also train providers on policy and billing issues.

Inquiry staff assists the Medicaid chief, unit director and other unit staff to update provider files for accuracy. They research claims to resolve billing and payment issues. They train providers on process claims issues, as well.

The New Initiative staff develops plans for the state's increasing aging and disabled populations and for DCH's response to the Olmstead Supreme Court decision.

The **Hospital Services** unit is responsible for:

- Outpatient Hospital
- Federally Qualified Health Centers
- Rural Health Centers
- Laboratory
- Ambulatory Surgical Centers/Birthing Centers
- Oral Maxillofacial Services
- Transplants
- Out of State Services
- Dialysis
- Emergency Ambulance Services
- Hospital Utilization Review Plan and
- The Primary Care Plan portion of the Indigent Care Trust Fund.

The unit ensures policy complies with federal standards and state practice acts and seeks counsel from professional and advocacy groups. Policy staff works with computer staff to develop system edits to administer the program.

The **Maternal and Child Health** unit is responsible for administering Medicaid programs for mothers and their children.

This includes:

**Maternal programs:**

- *Pregnancy Related Services (PRS)*— reduces mother and infant disease and death.
- *Childbirth Education*—provides information about pregnancy and the birth experience, preparation for labor, delivery, breastfeeding, newborn feeding and care.
- *Family Planning*—helps Medicaid members prevent pregnancies, plan the spacing and number of pregnancies or obtain confirmation of a pregnancy.
- *Perinatal Case Management (PCM)*-- refers eligible Medicaid pregnant women to providers who will give them affordable medical care.

**Children's Programs**

- *Children at Risk Targeted Case Management*--provides referrals to community resources such as medical, social, educational, transportation, housing and other necessary services.

- *Children's Intervention Services (CIS)*—restores and/or rehabilitates Medicaid-eligible children and youths who are less than 21 years old in the community.
  - *Children's Intervention School Services (CISS)*-- arranges medical services for Medicaid-eligible students enrolled with an Individualized Education Program (IEP) in a school setting and monitors activities for the 180 schools enrolled in the program.
- *Child Protective Services (CPS)*—protects foster care children from birth to 17 years from abuse, neglect or exploitation
- *Early Intervention Case Management (EICM)*—consists of intake/assessment, a plan of development, coordination/advocacy, monitoring and evaluation and review for children under three years old who have developmental delays and disabilities. The Division of Public Health in the Department of Human Resources (DHR) is the lead agency for this program (Part C Early Intervention, otherwise known as Babies Can't Wait).
- *Georgia Pediatric Program (GAPP)*—provides skilled nursing and supportive services for children and youth up to 20 years old not on oxygen or a ventilator. Also teaches caregivers how to best care for the child or youth at home.
- *Health Check (EPSTD)*—provides preventative care to children and youths from birth to age 21, identifying health problems before they become chronic.

In addition to these programs, the unit manages several contracts for DHR, including

- *Resource Mothers*—a mentoring program for young mothers;
- *Adolescent and Youth Development*—preventive and medical services for young adults;
- *Powerline*—a statewide “800” number hotline; and
- *Children's First*—a referral network to community and public health resources.

The **Pharmacy** unit is responsible for the Outpatient Pharmacy program. The unit also implements Pharmacy Benefit Management services in the state Medicaid program. More than 1.26 million enrollees receive prescription drug benefits through DCH's Medicaid and PeachCare for Kids programs and through the State Health Benefit Plan. For more information on DCH's Pharmacy program, use this link.

The **Professional Services** unit develops and modifies program policy to ensure compliance with federal guidelines, the state plan and industry standards. The unit also is responsible for the accurate and timely adjudication of professional claims. Programs within the scope of Professional Services include:

- The Dental Services program includes diagnostic, preventive or corrective procedures done by or under the direct supervision of a licensed dentist
  - The Health Check benefit covers eligible members through the end of the month of their 21<sup>st</sup> birthday.
  - The Adult Dental benefit coverage is limited to emergency-related dental services only, for people 21 years and older.
- Advanced Nurse Practitioner Services reimburse a range of services for members. To enroll in this program, a nurse must have a current Georgia nurse's license and certification as a family, pediatric, OB/GYN, adult or geriatric nurse practitioner.

- Diagnostic Screening and Preventative Services cover a broad range of services provided in an office, a school-based clinic, or a similar place in Georgia. Services may include but are not limited to:
  - Before birth and postpartum care
  - Newborn follow-up services
  - Immunizations for adults
  - Diagnosis and treatment of sexually-transmitted diseases
  - Hepatitis B management
  - Hypertension (high blood pressure) diagnosis and treatment
  - Tuberculosis management and follow-up
  - Nutritional counseling
- Nurse Midwifery Services are carried out by certified nurse midwives, who assist pregnant members throughout the maternity cycle until after the newborn arrives. They may be authorized under state law to provide services outside the maternity cycle.
- The Physician Services program reimburses for services, including medical, diagnostic and surgical treatments, which qualified, enrolled, licensed physicians perform for members.
- The Podiatry program reimburses practitioners for the diagnosis, medical or surgical treatment or mechanical manipulation of the foot or leg.
- The Psychological Services program, which covers members until they are 21, evaluates and treats mental health and nervous disorders. It also gives and interprets mental ability, aptitude and personality tests so members can get an accurate diagnosis.
- Vision Care services are treatments and tests for the eye.
  - For those under 21, covered services include:
    - Diagnosing and treating abnormal refraction;
    - Diagnosing eye diseases;
    - Dispensing optical devices for refractive errors
  - For those over 21, services do not include:
    - Eyeglasses
    - Refractions or refractive services
    - Dispensing fees
  - Regardless of age, only medically necessary services, which help to diagnose or evaluate eye diseases, are covered.

Eligible and licensed practitioners, physicians, optometrists and opticians may enroll in the Vision Care program. Any ophthalmologist interested in enrolling in this program will also have to enroll in the Physician Services program.

The **Recipient and Third Party Services** section has three units:

- *Third Party Liability*
- *Eligibility Policy*
- *Quality Control*

*Third Party Liability* identifies members with health insurance and seeks reimbursement of Medicaid/PeachCare for Kids expenses when another liable party is identified.

Identification is made in the following ways:

- Members or Division of Family and Children Services (DFCS) reported
- Providers reported
- Data matches

The unit helps the department recover benefits by making Medicaid the payer of last resort:

- Requiring the third party to pay before Medicaid (cost avoidance)
- Recouping benefits from the liable third party after the claim has been paid
  - Trauma, casualty or accident-related payment cases (Tort Recovery)
  - Pay and chase—billing the liable party (Health Insurance Plan)
- Paying health insurance premiums for members when it is cost effective (Health Insurance Premium Payment {HIPP} program)

*Eligibility policy* deals with policy development and implementation, and is the main link between the department and the Division of Family and Children Services.

The unit manages:

- Presumptive eligibility
- The breast and cervical cancer program
- Newborn enrollment
- The nursing home Internet application

And it also manages the following grants:

- Ticket to Work and Work Incentives Improvement Act (TWWIIA)
- Robert Wood Johnson Foundation
  - Supporting Families after Welfare Reform
  - Covering Kids and Families

*Quality Control* reviews eligibility records and conducts field investigations and determines misspent Medicaid dollars. The unit's sanctionable error rate has remained below the federal threshold.

**PeachCare for Kids** is a comprehensive health care program for uninsured children living in Georgia. The health benefits include primary, preventive, specialist, dental and vision care. PeachCare also covers hospitalization, emergency room services, prescription medications and mental health care. Each child in the program has a Georgia Better Health Care primary care provider who is responsible for coordinating his or her care. To see more material on PeachCare and to find out how to apply, go to [www.peachcare.org](http://www.peachcare.org).