

Georgia

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1. MANAGED CARE OPPORTUNITY ASSESSMENT (UPDATED 7-18-24)

Georgia released a Medicaid request for proposals (RFP) in September 2023 for the Georgia Families and Georgia Families 360° programs. Incumbents are Amerigroup Community Care, Centene, and CareSource.

The state intends to award up to four contracts to care management organizations (CMOs) for Georgia Families, which is the state's managed care program for Medicaid, PeachCare for Kids® Members and Planning for Healthy Babies (P4HB) participants. It is the state's first opportunity since 2015 to make substantive changes to the programs. Planned changes include carving in the aged, blind, and disabled (ABD) non-dual and non-home and community-based services population into managed care. In total, there are approximately 2.7 million eligible beneficiaries; however, only a subset of the ABD population will be included in the initial phase of the transition. Additional ABD categories are expected to transition in later years. The state is expected to release awards in the summer of 2024.

One of the selected CMOs also will be selected to serve Georgia Families 360°, which covers approximately 27,000 children in foster care, adoption assistance, and certain juvenile justice programs. Amerigroup Community Care of Georgia, one of Georgia's incumbent CMOs, provides health care coverage for the populations.

Georgia has an 85 percent minimum medical loss ratio (MLR) requirement for Medicaid plans.

Georgia Medicaid Managed Care Programs				
Program	Population	-----Carved In (Y/N)-----		
		Behavioral	LTSS	Pharmacy
Georgia Families	Traditional Medicaid	Y	N	Y
Georgia Families 360	Children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system.	Y	N	Y
Pathways to Coverage	Expansion Population - Individuals who are between the age of 19 through 64, with income up to and including 100 percent of the federal poverty level (FPL).	Y	N	Y

Hot Topics

In July 2023, the state launched a partial Medicaid expansion program, Pathways to Coverage, for individuals aged 19 to 64 who earn up to 100 percent of the federal poverty level. The program includes a work requirement, mandating 80 hours of work or volunteering per month to qualify for coverage. The Centers for Medicare & Medicaid Services has twice rejected Georgia's request to extend its Pathways to Coverage existing agreement. The program is slated to expire at the end of September 2025, which prompted the state to sue CMS. In July 2024, a federal judge ruled that CMS followed federal rules when it declined Georgia's request to extend the state's

Pathways to Coverage program until 2028. The judge directed the state to seek an extension through the normal federal regulatory process.

In 2024, Georgia lawmakers agreed to establish the Comprehensive Health Coverage Commission to revisit approaches to Medicaid expansion. The Commission will study the Arkansas Medicaid “private option” program which allows that state to purchase private insurance for uninsured individuals.

Georgia has submitted an amendment for the Planning for Healthy Babies Medicaid Section 1115 demonstration waiver which would allow individuals to be reimbursed for medically necessary personal care services. Services must be rendered to medically fragile members under age 21 enrolled in the Georgia Pediatric Program.

HMA Managed Medicaid Opportunity Assessment for Georgia	
Positive Metrics	Strong Indicators
<ul style="list-style-type: none"> • About 81.9% of Medicaid beneficiaries were enrolled in a managed care plan in 2022. 	<ul style="list-style-type: none"> • In 2024, the state intends to award up to four contracts to care management organizations (CMOs) for the Georgia Families and Families 360° programs. • Georgia plans to carve in the aged, blind, and disabled (ABD) non-dual and non-home and community-based services population into managed care. • Georgia will form a nine-member comprehensive health coverage commission.
Negative Metrics	Weak Indicators
<ul style="list-style-type: none"> • Since July 2023, 3,500 individuals enrolled in the expansion program, compared to estimates that 25,000 would enroll in the first year. 	<ul style="list-style-type: none"> • Georgia reinstated Medicaid work requirements for new Medicaid enrollees under its expansion demonstration, which some analyses show may be limiting enrollment compared to other expansion approaches.
<p>Source: HMA</p>	

2. MANAGED MEDICAID PLAN FINANCIALS

Medicaid plans in Georgia reported relatively strong financial results in 2022, with a combined medical loss ratio among plans of 78.4%. PMPM premiums in the state averaged \$257.85 among the plans.

(Note: Financial metrics and comparisons presented in this overview are based on health plan NAIC filings in the state. Measures like per member per month premiums and medical loss ratios may vary greatly by plan and by state depending on the mix of business (e.g., TANF, ABD, etc.), scope of the state's Medicaid benefit package, geographic variations in the cost of care, and other factors.)

Georgia Medicaid Health Plan Financials, 2022

Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR ⁽¹⁾
Elevance/Anthem/AMGP Georgia	Y	572,293	6,523,010	\$265.68	\$1,733,001	\$1,379,733	79.6%
CareSource	N	470,413	5,350,521	\$261.77	\$1,400,626	\$1,161,074	82.8%
Centene/Peach State/WellCare	Y	946,120	11,128,489	\$251.37	\$2,797,388	\$2,107,625	75.3%
Totals		1,988,826	23,002,020	\$257.85	\$5,931,016	\$4,648,431	78.4%

(1) After reinsurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

Georgia Medicaid Health Plan Financials, 2021

Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR ⁽¹⁾
Elevance/Anthem/AMGP Georgia	Y	521,155	5,738,487	\$266.72	\$1,530,544	\$1,219,914	79.7%
CareSource	N	414,170	4,511,097	\$243.31	\$1,097,601	\$954,111	87.1%
Centene/Peach State/WellCare	Y	900,790	10,727,875	\$225.31	\$2,417,130	\$1,933,434	80.5%
Totals		1,836,115	20,977,459	\$240.51	\$5,045,275	\$4,107,459	81.8%

(1) After reinsurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

3. RFP DEVELOPMENTS AND ANALYSIS (UPDATED 07-22-2024)

Georgia Medicaid RFP Calendar		
Contract	Key Dates	# of Beneficiaries
Georgia Families/Georgia Families 360	RFP Release Date: September 22, 2023 Proposals Due Date: December 1, 2023 Expected Award Date: Summer 2024	1.9 million
Source: GA Dept. of Community Health, HMA		

Georgia released a Medicaid managed care request for proposals (RFP) in September 2023 for the Georgia Families and Families 360° programs. Georgia last awarded health plan contracts to serve Georgia Families members in September 2015. Existing contracts run through June 2024. Incumbents are Anthem/Amerigroup, CareSource, Centene/Peach State, and WellCare. Anthem was the winner of the Georgia Families 360° program. AmeriHealth Caritas, United (AmeriChoice), and Humana protested the awards, but the protests and subsequent appeals were denied by the Georgia Department of Administrative Services.

DCH intends to award up to four contracts to care management organizations (CMOs) for Georgia Families as soon as May 2024. One of the plans also will be selected to serve Georgia Families 360°, which covers approximately 27,000 children in foster care, adoption assistance and certain juvenile justice programs. Changes include carving in the aged, blind, and disabled (ABD) non-dual and non-home and community-based services population into managed care.

In total, there are about 2.7 million eligible beneficiaries; however, only a subset of the ABD population will be included in the transition's initial phase. Additional ABD categories are expected to transition in later years. Contracts will run from the date of award until the end of the state fiscal year, with six one-year optional renewals. A mandatory bidders conference was held on September 29. Proposals were due December 1.

The RFP describes DCH's Value-Based Purchasing (VBP) Withhold Arrangement and its Value-Based Rebate Program (VBR). DCH may withhold up to five percent of the health plan capitation rate for a specified period of time. Health plans may earn a maximum five percent incentive payment for meeting the VBP Performance Targets. DCH will assess a performance rebate on any underwriting gain above the actuarially sound capitate rates. DCH will determine the VBP and VBR Performance Targets.

The state agency also intends to require that by 18 months after the Operational Start Date, the Contractor must achieve NCQA Health Equity Plus Accreditation Status. The CMOs will be required to support Care Managers to directly provide and / or partner with Community-Based Organizations (CBOs) to address social determinants of health (SDOH)-related needs. CMOs will need to ensure the active referral to and follow-up on identified needs related to SDOH and report on performance of closed loop referral management.

4. MANAGED CARE ENROLLMENT UPDATE

Georgia Medicaid managed care enrollment in Georgia was down 7.2% in July 2024, compared to year-end 2023, after decreasing 17.2% in 2023, and increasing 8.3% in 2022, 12.2% in 2021, 22.7% in 2020 and 1.3% in 2019. CareSource entered the market in July 2017, reducing incumbents' market share in the state. [Note: enrollment figures do not include the Georgia Families 360 program, which, as of August 2021, served 29,699 children in foster care, adoption assistance and certain juvenile justice programs. The contract was awarded to

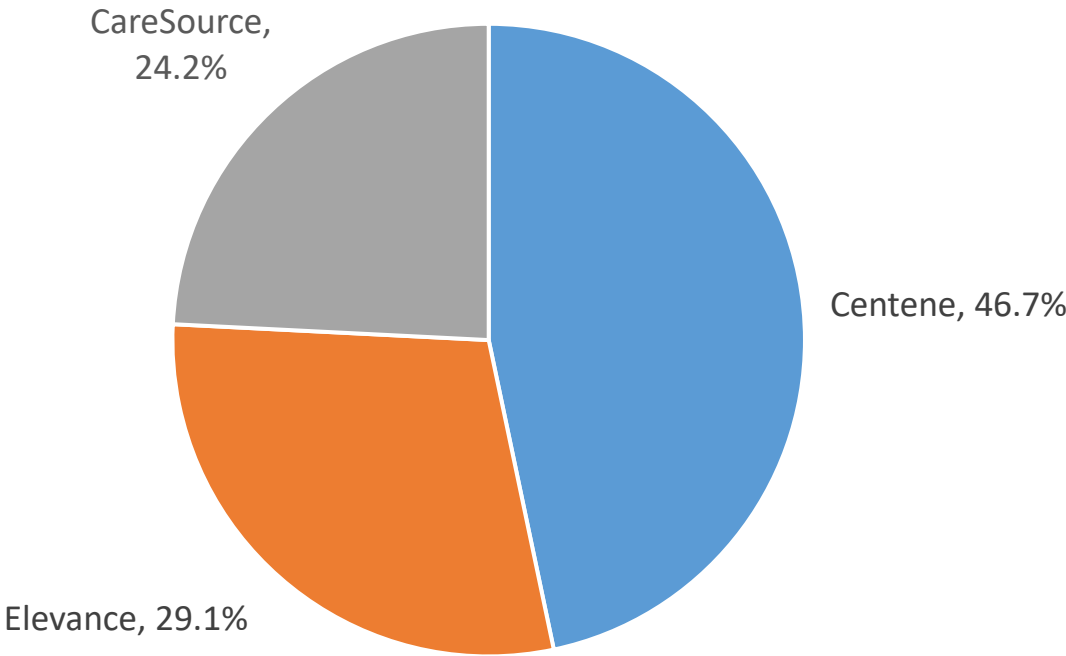
Georgia Families Managed Medicaid Enrollment by Plan, 2018- 2023, July 2024					
Plan	2020	2021	2022	2023	Jul-24
Centene¹					
Peach State	429,801	966,146	1,011,388	812,349	729,951
+/- between reporting periods	86,502	536,345	45,242	811,430	728,304
% chg. between reporting periods	25.2%	124.8%	4.7%	-19.7%	-10.1%
% of total	25.7%	51.4%	49.7%	48.2%	46.7%
WellCare	510,699	0	0	0	0
+/- between reporting periods	510,699	(510,699)	0	0	0
% chg. between reporting periods	N/A	-100.00%	0.0%	0.0%	0.0%
% of total	30.5%	0.0%	0.0%	0.0%	0.0%
Total Centene	940,500	966,146	1,011,388	812,349	729,951
+/- between reporting periods	940,500	25,646	45,242	(199,039)	(82,398)
% chg. between reporting periods	N/A	2.7%	4.7%	-19.7%	-10.1%
% of total	56.2%	51.4%	49.7%	48.2%	46.7%
Elevance/Anthem/Amerigroup	430,266	519,001	573,961	483,216	455,415
+/- between reporting periods	90,772	88,735	54,960	482,519	454,030
% chg. between reporting periods	26.7%	20.6%	10.6%	-15.8%	-5.8%
% of total	25.7%	27.6%	28.2%	28.7%	29.1%
CareSource	303,708	393,724	450,324	388,978	378,096
+/- between reporting periods	81,600	90,016	56,600	388,258	376,680
% chg. between reporting periods	36.7%	29.6%	14.4%	-13.6%	-2.8%
% of total	18.1%	21.0%	22.1%	23.1%	24.2%
WellCare	0	0	0	0	0
+/- between reporting periods	(459,738)	0	0	0	0
% chg. between reporting periods	-100.0%	N/A	N/A	N/A	N/A
% of total	0.0%	N/A	N/A	N/A	N/A
Total Georgia	1,674,474	1,878,871	2,035,673	1,684,543	1,563,462
+/- between reporting periods	309,835	204,397	156,802	(351,130)	(121,081)
% chg. between reporting periods	22.7%	12.2%	8.3%	-17.2%	-7.2%

(1) Centene acquired WellCare in January 2020. In May 2021, WellCare merged with Peach State.

Note: Chart does not include Georgia Families 360 foster care enrollment; 29,699 Georgia Families 360 members were enrolled in the program in August 2021. Anthem/Amerigroup holds the contract.

Source: GA Dept. of Community Health, HMA

Georgia Managed Medicaid Market Share by Enrollment, July 2024



Source: GA Dept. of Community Health, HMA

5. MEDICAID FEE FOR SERVICE VS. MANAGED CARE PENETRATION

Total Medicaid enrollment in Georgia was approximately 2.2 million in 2023. About 78.3% of Medicaid beneficiaries were enrolled in a managed care plan. The remainder are in fee-for-service Medicaid. Total Medicaid expenditures in Georgia was \$15.9 billion in 2023, with about 46.5% through managed care and the rest through fee-for-service.

Georgia Expenditures and Enrollment for Total Medicaid vs. Medicaid Managed Care, 2014-23

Year	Total Medicaid Expenditures	Medicaid Managed Care Expenditures ⁽¹⁾	Medicaid Managed Care Expenditures as % of Total	Total Medicaid/CHIP Enrollment	Medicaid MCO Enrollment	Medicaid MCO Enrollment as % of Total
2023	\$15,936,633,577	\$7,407,914,562	46.5%	2,151,282	1,684,543	78.3%
2022	\$14,339,599,611	\$5,727,136,419	39.9%	2,485,394	2,035,673	81.9%
2021	\$12,210,335,666	\$4,765,023,101	39.0%	2,305,389	1,878,871	81.5%
2020	\$11,298,595,472	\$4,063,111,528	36.0%	2,093,853	1,674,474	80.0%
2019	\$10,851,623,393	\$3,212,642,314	29.6%	1,777,011	1,364,639	76.8%
2018	\$10,839,404,783	\$3,225,594,400	29.8%	1,775,639	1,375,317	77.5%
2017	\$10,105,996,059	\$3,893,097,384	38.5%	1,769,234	1,371,031	77.5%
2016	\$9,723,814,007	\$3,798,735,856	39.1%	1,765,336	1,317,071	74.6%
2015	\$9,664,791,833	\$3,437,295,784	35.6%	1,736,302	1,307,161	75.3%
2014	\$9,396,958,654	\$3,307,726,245	35.2%	1,724,033	1,294,786	75.1%

(1) Includes evaluation and management, vaccine codes, Community First Choice, and preventive services Grade A or B, ACIP vaccines and their administration, Prepaid Ambulatory Health Plans, and Prepaid Inpatient Health Plans.

Sources: CMS64 for expenditures. CMS for total Medicaid/CHIP enrollment. States, NAIC for Medicaid managed care enrollment.

6. SNPs AND DUAL ELIGIBLE

Georgia had a total of 302,225 special needs plan lives as of March 2024.

Georgia SNP Enrollment by Plan, March 2024					
Plan	Total SNPs	DSNPs	CSNPs	ISNPs	Share
UnitedHealthcare ¹	135,304	95,164	39,003	1,137	44.8%
Humana	106,120	90,174	15,946	0	35.1%
CVS Health	27,476	27,476	0	0	9.1%
Centene	13,849	13,849	0	0	4.6%
Elevance	8,836	8,646	190	0	2.9%
Cigna	5,565	5,565	0	0	1.8%
PruittHealth Premier	1,659	31	0	1,628	0.5%
Georgia Assurance	1,529	0	0	1,529	0.5%
Kaiser	1,290	1,290	0	0	0.4%
Sonder Health Plan	487	123	364	0	0.2%
Clear Spring Health	110	42	68	0	0.04%
Total	302,225	242,360	55,571	4,294	100%

¹ UnitedHealthcare CSNP enrollment includes members from South Carolina

Source: CMS, HMA