Georgia Medicaid and PeachCare Capacity, Strategy, and Experience

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The Georgia Health Policy Center’s (GHPC) core competencies include knowledge creation, management, and transfer; neutral convening and facilitation; strategic planning; policy analysis; evaluation; grants management; and systems thinking. Throughout our 20-year history, these competencies are consistently reflected in our work. Four particular projects involving the center that have incorporated these competencies and directly impacted the lives of Georgia citizens include Medicaid Reform, Medicaid Transformation, PeachCare for Kids, and the Medicaid Business and Policy Team.

**Medicaid Reform**
In 1996, Governor Zell Miller asked the Georgia Coalition for Health and the Georgia Health Policy Center to help the State determine how to make long-term changes in the Medicaid system to achieve greater stability and budget predictability. Working with an inter-disciplinary research team of twenty-five (25) nationally recognized health care experts, the GHPC undertook a multi-faceted approach for studying the Medicaid program. This approach included:

- Development of a six-year economic and demographic forecast for Georgia;
- Review and analysis of current Medicaid reform efforts both in Georgia and nationally;
- Public involvement process to obtain input from more than 1,200 citizens, Medicaid consumers, and providers;
- Analysis of the existing and planned health care markets;
- Analytic assessment of the future impact of Medicaid changes on the various components of these markets; and
- Development of economic actuarial models.

The work resulted in recommendations that led to state action in the areas of physical health, long-term care, children’s health, and the rural health care safety net.

**Medicaid Transformation**
In 2005, Governor Purdue commissioned the Medicaid Modernization Initiative. This effort was intended to supply the research base and stakeholder participation to support a waiver that would allow Georgia to be a lead state to find an optimal balance between fiscal and programmatic constraints and the diverse needs of the state’s population.

GHPC managed a statewide project that included working with the Governor’s Office, key legislators, and more than 260 Medicaid stakeholders, including recipients, providers, advocacy groups and the business community, to inform Medicaid reform and improve the health of Georgians. The work included a whole-scale change process meeting with almost 300 attendees, data analyses and modeling, structured listening sessions around Georgia to inform the process, and the integration of the work of five subcommittees (long-term care, services, outcomes, finance, and eligibility).
In 1998, as a direct result of the concern for children's health that was expressed during the Medicaid Reform project, the GHPC applied for and was awarded a grant on behalf of the state to replicate the Florida Healthy Kids program, a voluntary health insurance program using schools as a grouping mechanism for providing subsidized insurance to children. Since the GHPC had begun the groundwork for providing coverage to uninsured children, the Governor asked the center to assist in planning, developing and implementing Georgia’s Children’s Health Insurance Program, PeachCare for Kids, when the Children’s Health Insurance law was enacted by Congress.

Work included assistance with premium design, eligibility determination, claims processing, program administration, logo selection, outreach and marketing. Because of our expertise and knowledge, the GHPC continues to serve as the outside evaluator for PeachCare for Kids. The evaluation assesses the program's effectiveness in achieving several goals: improved access to insurance, improved access to quality health services, and better health outcomes.

Medicaid Policy and Business Team

The Georgia Health Policy Center's Medicaid Policy and Business Team provides policy expertise and guidance to develop and implement policy changes, program improvements and business solutions for the Georgia Medicaid and PeachCare for Kids programs.

The Medicaid Policy and Business Team performs both quantitative and qualitative analyses as requested by the Georgia Department of Community Health (DCH), including but not limited to policy reviews, compliance assessments, claims-based research, state and federal policy scans, and stakeholder interviews. In addition, the Medicaid Policy and Business Team assists DCH with implementation of new or revised policies.

Dr. Custer is an expert in the areas of employee benefits, health care financing and health insurance. Prior to joining Georgia State University, he ran his own research firm in Washington, D.C. Custer also has been the director of research at the Employee Benefit Research Institute (EBRI) in D.C., as well as serving as an economist in the Center for Health Policy Research at the American Medical Association. He authored numerous articles and studies on the health care delivery system, insurance, retirement income security, and employee benefits. Custer is the Director of the Center for Health Services Research and holds a joint appointment in the Department of Risk Management and Insurance.

Dr. Marton is a health economist whose research, which combines theoretical and empirical methods, examines the financing of public and private health insurance programs. His work has been published in such journals as the Journal of Policy Analysis and Management, the Journal of Urban Economics, Health Economics, Economic Theory, Inquiry, and Health Services Research. Prior to joining the faculty at the Andrew Young School, Marton was at the Martin School of Public Policy and Administration at the University of Kentucky and a Post-Doctoral Research Associate at Brown University.

Bill Rencher is a research associate on the Medicaid policy team at the GHPC. In this position, he collaborates on evidence-based research, policy analysis, and program guidance for Georgia’s Medicaid program. Bill also has experience with hospital financial assistance programs, federal and state healthcare laws and regulations, the Affordable Care Act, and research ethics. Bill is a member of the State Bar of Georgia, Health Law section, and his work has appeared in the American Journal of Public Health.

Dr. Snyder is an asst. research professor at the Andrew Young School of Policy Studies at Georgia State University. She works with the Georgia Department of Community Health on several projects evaluating public insurance programs for children. These projects include reporting on annual programmatic performance measures for Georgia’s CHIP and Medicaid programs and additional projects which have included research to examine access and satisfaction with public insurance programs and statistical modeling to measure the enrollment and cost impacts of proposed state and federal policy changes.

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Carla Willis, PhD
Carla Willis is the interim associate project director of the Medicaid policy team at the GHPC. She leads projects requiring quantitative and qualitative analysis, health policy development, legislative evaluation, and business solutions for the Georgia Medicaid and PeachCare for Kids® programs. Before joining the GHPC, Carla worked for the Atlanta branch of the Government Accountability Office (GAO) as a health policy analyst researching and evaluating a variety of public health programs and health care delivery issues. She also completed a one year fellowship as a population health fellow at the CDC.

Mei Zhou, MS, MA
Mei Zhou is a senior research associate at the GHPC. She has experience with large data sets, especially Medicaid eligibility and claims analysis. She has worked on many research projects including analyzing the costs and outcomes of Georgia Medicaid’s nursing facility program and home- and community-based services programs, the Member and Provider Satisfaction Surveys and the CAHPS surveys for Georgia Medicaid and PeachCare for Kids Programs, and an evaluation of Georgia’s disease management programs for aged, blind, and disabled Medicaid consumers for APS Healthcare and United HealthCare.

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