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## Georgia Health Policy Center Medicaid Policy and Business Team

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# Georgia Health Policy Center Medicaid Policy and Business Team

The Georgia Health Policy Center (GHPC) supports the Georgia Department of Community Health (DCH) in conducting policy analyses and evaluations of its Medicaid programs. GHPC's Medicaid Policy and Business Team provides research and evaluation, policy and economic analysis, and development of business solutions related to Georgia Medicaid and the Children's Health Insurance Program.

GHPC has worked in partnership with the Georgia Medicaid program since the center's founding in 1995. GHPC is a trusted third party in identifying and providing evidence-based information. The center's qualitative and quantitative data compilation and analysis help to inform DCH's planning processes and decision-making on coverage decisions, payment models, prior authorization criteria, and coordination of care initiatives. In addition to working with the Georgia DCH, members of the Medicaid Policy and Business Team contribute their expertise to other projects within the center and with external partners.

## Staffing



### Scope of Work

- Cost-benefit analysis
- Environmental scans
- Health services research
- Legal analysis and compliance reviews
- Meeting design and facilitation
- Policy and program evaluation

### Topic Areas

- Value-based purchasing
- Behavioral health
- Delivery system reform
- Maternal and infant health
- Workforce development
- Health care financing

# Project Examples

## Georgia Medicaid

Over the years GHPC has had multiple contractual relationships and data-sharing arrangements in support of DCH's mission to improve the health of Georgians.

Phase 1 (April 2014-January 2015): GHPC's work consisted of several projects examining DCH's policies for specific Medicaid services, such as long-term acute care hospital coverage, organ transplants, and obstetrics payments. In addition, GHPC performed comprehensive reviews of the hospital, physician, and nursing home Medicaid provider manuals.

Phase 2 (March 2015-August 2017): GHPC focused on helping DCH identify upstream policy options, analyze them, and build capacity where needed. For example, GHPC helped DCH with a report to the Centers for Medicare and Medicaid Services assessing access to care for fee-for-service Medicaid members. GHPC also analyzed the effects of Georgia's primary care physician fee bump on provider access in Georgia, enrollment trends in the Children's Health Insurance Program, and the effects of Georgia's transition of foster care children into managed care. Finally, GHPC designed and conducted an education series for DCH staff to learn about Medicaid's role in the larger health care system in Georgia.

Phase 3 (September 2017-Present): During the current phase of work, GHPC is supporting DCH as it builds additional capacity in data analytics and develops new protocols for measuring quality, particularly for Medicaid managed care.



## CenteringPregnancy SC

Following the recommendations of the South Carolina Birth Outcomes Initiative Health Disparities Workgroup, the South Carolina Department of Health and Human Services and the South Carolina Chapter of the March of Dimes began the South Carolina CenteringPregnancy Expansion Project (SCCPEP) in 2013.

This project aims to decrease rates of preterm birth and decrease racial disparities in birth outcomes in South Carolina by increasing access to CenteringPregnancy group prenatal care. CenteringPregnancy is an evidence-based model of group prenatal care that combines individual medical examinations with group discussion, interactive education, and social support with six to 12 pregnant women, facilitated by the health care provider. The SCCPEP provided training, technical assistance, startup funds, and enhanced reimbursement for group prenatal care visits to obstetric practices in South Carolina selected through a competitive application process.

In partnership with the South Carolina Department of Health and Human Services and Greenville Health System (now Prisma Health), GHPC evaluated characteristics and outcomes of women who have participated in CenteringPregnancy compared to a matched sample of women receiving individual prenatal care at the same practices from 2013 to 2017. Results show that women with at least five CenteringPregnancy visits had



lower preterm birth rates, neonatal intensive care unit admissions, and gestational diabetes. CenteringPregnancy participants also had higher rates of breastfeeding at discharge.

## Data Coordinating Center for Sickle Cell Data Collection Program

The goal of the Georgia Sickle Cell Data Collection (SCDC) Program is to improve the quality of life, life expectancy, and the health of individuals with sickle cell disease (SCD). By collecting and analyzing health information from patients with SCD over time, SCDC can identify critical gaps in diagnosis, treatment, and access to care and can inform decision-makers about how these gaps can be filled through policy changes, improved health care practices, and education.

As the data coordinating center for SCDC in Georgia, GHPC is assembling a comprehensive dataset that enables surveillance of sickle cell-related diagnosis and health care utilization since 2004 for more than 10,000 patients.



Data are collected from:

- Newborn screening results
- Death records
- Clinical records from the sickle cell treatment centers
- Administrative claims from Georgia's Medicaid, Children's Health Insurance Program, and the State Health Benefit Plan
- Hospital and emergency department discharge data

To date, these data have been used to determine incidence, prevalence, and distribution of the disease across Georgia; population-based morbidity and mortality trends; use of health care services; and adherence to recommended clinical practices and guidelines including immunizations, Transcranial Doppler screening, and the use of hydroxyurea.