

AMERIGROUP Community Services (CORE) Fee Schedule
Effective September 1, 2020

Table 1 Schedule of CPT/HCPS Codes					
CPT® code and MOD	Description	Daily unit max limit	Variable (1 unit equivalent)	2020 authorization requirement	Rate
90791U2	Psychiatric diagnostic evaluation (no medical services)	1	1 encounter	No	\$116.90
90791U3	Psychiatric diagnostic evaluation (no medical services)	1	1 encounter	No	\$90.03
90792U1	Psychiatric diagnostic evaluation with medical services	1	1 encounter	No	\$174.63
90792U2	Psychiatric diagnostic evaluation with medical services	1	1 encounter	No	\$116.90
90832U2	Psychotherapy — 30 minutes	1	1 encounter	Yes *	\$64.95
90832U3	Psychotherapy — 30 minutes	1	1 encounter	Yes *	\$50.02
90832U4	Psychotherapy — 30 minutes	1	1 encounter	Yes *	\$33.83
90832U5	Psychotherapy - 30 minutes	1	1 encounter	Yes*	\$25.21
90833U1	Indicated psychotherapy with evaluation and management services (EM) (plus 30)	1	1 encounter	No	\$97.02
90833U2	Indicated psychotherapy with EM (plus 30)	1	1 encounter	No	\$64.95
90834U2	Psychotherapy — 45 minutes	1	1 encounter	Yes *	\$116.90
90834U3	Psychotherapy — 45 minutes	1	1 encounter	Yes *	\$90.03
90834U4	Psychotherapy — 45 minutes	1	1 encounter	Yes *	\$60.89
90834U5	Psychotherapy - 45 minutes	1	1 encounter	Yes*	\$45.38
90836U1	Indicated psychotherapy with EM (plus 45)	1	1 encounter	No	\$174.63
90836U2	Indicated psychotherapy with EM (plus 45)	1	1 encounter	No	\$116.90
90837U2	Psychotherapy — 60 minutes	1	1 encounter	Yes *	\$155.87
90837U3	Psychotherapy — 60 minutes	1	1 encounter	Yes *	\$120.04
90837U4	Psychotherapy — 60 minutes	1	1 encounter	Yes *	\$81.18
90837U5	Psychotherapy - 60 minutes	1	1 encounter	Yes*	\$60.51
90839U1	Crisis intervention — 60 minutes	1	1 encounter	No	\$296.36
90839U2	Crisis intervention — 60 minutes	1	1 encounter	No	\$187.04
90839U3	Crisis intervention — 60 minutes	1	1 encounter	No	\$146.72
90840U1	Psychotherapy for crisis — each additional 30 minutes	4	30 minutes	No	\$116.42
90840U2	Psychotherapy for crisis — each additional 30 minutes	4	30 minutes	No	\$77.94
90840U3	Psychotherapy for crisis — each additional 30 minutes	4	30 minutes	No	\$60.02
90846U2	Family psychotherapy without the patient present	1	1 encounter	Yes *	\$116.91
90846U3	Family psychotherapy without the patient present	1	1 encounter	Yes *	\$90.03
90846U4	Family psychotherapy without the patient present	1	1 encounter	Yes *	\$60.90
90846U5	Family psychotherapy without the patient present	16	15 minutes	Yes*	\$45.39
90847U2	Conjoint family psychotherapy with the patient present	1	1 encounter	Yes *	\$116.91
90847U3	Conjoint family psychotherapy with the patient present	1	1 encounter	Yes *	\$90.03
90847U4	Conjoint family psychotherapy with the patient present	1	1 encounter	Yes *	\$60.90
90847U5	Family psychotherapy with the patient present	16	15 minutes	Yes*	\$45.39
90853U2	Group psychotherapy other than of a multiple family group	1	1 encounter	No	\$34.00
90853U3	Group psychotherapy other than of a multiple family group	1	1 encounter	No	\$26.40
90853U4	Group psychotherapy other than of a multiple family group	1	1 encounter	No	\$17.72
90853U5	Group Psychotherapy	20	15 minutes	No	\$13.20
96130U2	Psychological testing evaluation services by physician or other QHP, first hour	N/A	1 hour	Yes	\$155.87
96130U3	Psychological testing evaluation services by physician or other QHP, first hour	N/A	1 hour	Yes	\$120.04
96130U4	Psychological testing evaluation services by physician or other QHP, first hour	N/A	1 hour	Yes	\$81.18
96131U2	Psychological testing evaluation services by physician or other QHP, each additional hour	N/A	1 hour	Yes	\$155.87
96131U3	Psychological testing evaluation services by physician or other QHP, each additional hour	N/A	1 hour	Yes	\$120.04
96131U4	Psychological testing evaluation services by physician or other QHP, each additional hour	N/A	1 hour	Yes	\$81.18
96136U2	Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, first 30 minutes	N/A	30 minutes	Yes	\$77.94
96137U2	Psychological or neuropsychological test admin and scoring by physician or other QHP, two or more tests, any method, each additional 30 minutes	N/A	30 minutes	Yes	\$77.94
96138U3	Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	N/A	30 minutes	Yes	\$60.02
96138U4	Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	N/A	30 minutes	Yes	\$40.59
96139U3	Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	N/A	30 minutes	Yes	\$60.02

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96139U4	Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	N/A	30 minutes	Yes	\$40.59
96156U2U6	Nursing Services	1	1 encounter	No	\$38.97
96156U3U6	Nursing Services	1	1 encounter	No	\$30.01
96156U4U6	Nursing Services	1	1 encounter	No	\$20.30
96372U2	Therapeutic, prophylactic or diagnostic injection	1	1 encounter	No	\$42.51
96372U3	Therapeutic, prophylactic or diagnostic injection	1	1 encounter	No	\$33.01
96372U4	Therapeutic, prophylactic or diagnostic injection	1	1 encounter	No	\$17.40
99201U1	E&M new patient — 10 minutes	1	1 encounter	No	\$38.81
99201U2	E&M new patient — 10 minutes	1	1 encounter	No	\$25.98
99202U1	E&M new patient — 20 minutes	1	1 encounter	No	\$77.61
99202U2	E&M new patient — 20 minutes	1	1 encounter	No	\$51.96
99203U1	E&M new patient — 30 minutes	1	1 encounter	No	\$116.42
99203U2	E&M new patient — 30 minutes	1	1 encounter	No	\$77.94
99204U1	E&M new patient — 45 minutes	1	1 encounter	No	\$174.63
99204U2	E&M new patient — 45 minutes	1	1 encounter	No	\$116.90
99205U1	E&M new patient — 60 minutes	1	1 encounter	No	\$232.84
99205U2	E&M new patient — 60 minutes	1	1 encounter	No	\$155.88
99211U1	E&M established patient — 5 minutes	1	1 encounter	No	\$19.40
99211U2	E&M established patient — 5 minutes	1	1 encounter	No	\$12.99
99212U1	E&M established patient — 10 minutes	1	1 encounter	No	\$38.81
99212U2	E&M established patient — 10 minutes	1	1 encounter	No	\$25.98
99213U1	E&M established patient — 15 minutes	1	1 encounter	No	\$58.21
99213U2	E&M established patient — 15 minutes	1	1 encounter	No	\$38.97
99214U1	E&M established patient — 25 minutes	1	1 encounter	No	\$97.02
99214U2	E&M established patient — 25 minutes	1	1 encounter	No	\$77.93
99215U1	E&M established patient — 40 minutes	1	1 encounter	No	\$155.23
99215U2	E&M established patient — 40 minutes	1	1 encounter	No	\$103.92
99446U1	Psychiatric consultation	1	1 encounter	No	\$38.81
99446U2	Psychiatric consultation	1	1 encounter	No	\$25.98
G9001	Coordinated care fee (once per quarter)	1	1 encounter	No	\$25.00
H0004HQHRU2	Group counseling: multi-family group with client present	12	15 minutes	Yes	\$8.50
H0004HQHRU3	Group counseling: multi-family group with client present	12	15 minutes	Yes	\$6.60
H0004HQHRU4	Group counseling: multi-family group with client present	12	15 minutes	Yes	\$4.43
H0004HQHRU5	Group counseling: multi-family group with client present	12	15 minutes	Yes	\$3.30
H0004HQHSU2	Group counseling	12	15 minutes	Yes	\$8.50
H0004HQHSU3	Group counseling: multi-family group or without client present	12	15 minutes	Yes	\$6.60
H0004HQHSU4	Group counseling: multi-family group or without client present	12	15 minutes	Yes	\$4.43
H0004HQHSU5	Group counseling: multi-family group without client present	12	15 minutes	Yes	\$3.30
H0004HQU2	Group counseling	12	15 minutes	Yes	\$8.50
H0004HQU3	Group counseling	12	15 minutes	Yes	\$6.60
H0004HQU4	Group counseling	12	15 minutes	Yes	\$4.43
H0004HQU5	Group counseling	12	15 minutes	Yes	\$3.30
H0004HRU2	Family counseling with client present	12	15 minutes	Yes	\$38.97
H0004HRU3	Family counseling with client present	12	15 minutes	Yes	\$30.01
H0004HRU4	Family counseling with client present	12	15 minutes	Yes	\$20.30
H0004HRU5	Family counseling with client present	12	15 minutes	Yes	\$15.13
H0004HSU2	Family counseling without client present	12	15 minutes	Yes	\$38.97
H0004HSU3	Family counseling without client present	12	15 minutes	Yes	\$30.01
H0004HSU4	Family counseling without client present	12	15 minutes	Yes	\$20.30
H0004HSU5	Family counseling without client present	12	15 minutes	Yes	\$15.13
H0014U2	Alcohol and/or drug services, or ambulatory detoxification	32	15 minutes	Yes	\$38.97
H0014U3	Alcohol and/or drug services, or ambulatory detoxification	32	15 minutes	Yes	\$30.01
H0014U4	Alcohol and/or drug services, or ambulatory detoxification	32	15 minutes	Yes	\$20.30
H0015U3U6	SAIOP — Adult	5	1 hour	Yes	\$26.40
H0015U4U6	SAIOP — Adult	5	1 hour	Yes	\$17.72
H0015U5U6	SAIOP — Adult	5	1 hour	Yes	\$13.20
H0015U3U7	SAIOP — Adult	5	1 hour	Yes	\$33.00
H0015U4U7	SAIOP — Adult	5	1 hour	Yes	\$21.64
H0015U5U7	SAIOP — Adult	5	1 hour	Yes	\$16.12
H0015HAU3U6	SAIOP — C&A	5	1 hour	Yes	\$26.40
H0015HAU4U6	SAIOP — C&A	5	1 hour	Yes	\$17.72

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H0015HAU5U6	SAIOP — C&A	5	1 hour	Yes	\$13.28
H0015HAU3U7	SAIOP — C&A	5	1 hour	Yes	\$33.00
H0015HAU4U7	SAIOP — C&A	5	1 hour	Yes	\$21.64
H0015HAU5U7	SAIOP — C&A	5	1 hour	Yes	\$16.12
H0018	Crisis Stabilization Unit	1	1 day		\$209.22
H0020U2	Alcohol and/or drug services, or methadone administration and/or service	1	1 encounter	No	\$33.40
H0020U3	Alcohol and/or drug services, or methadone administration and/or service	1	1 encounter	No	\$25.39
H0020U4	Alcohol and/or drug services, or methadone administration and/or service	1	1 encounter	No	\$20.30
H0025U3U6	Peer Support Whole Health & Wellness	6	15 minutes	Yes	\$30.01
H0025U4U6	Peer Support Whole Health & Wellness	6	15 minutes	Yes	\$20.30
H0025U5U6	Peer Support Whole Health & Wellness	6	15 minutes	Yes	\$15.13
H0031U2	Mental health assessment by a non-physician	8	15 minutes	No	\$38.97
H0031U3	Mental health assessment by a non-physician	8	15 minutes	No	\$30.01
H0031U4	Mental health assessment by a non-physician	8	15 minutes	No	\$20.30
H0031TJ	Georgia Families 360 SM trauma assessment only	8	15 minutes	No	\$23.56
H0032U2	Mental health service plan development by a non-physician	8	15 minutes	No	\$38.97
H0032U3	Mental health service plan development by a non-physician	8	15 minutes	No	\$30.01
H0032U4	Mental health service plan development by a non-physician	8	15 minutes	No	\$20.30
H0036U3	Intensive family intervention	16	15 minutes	Yes	\$30.01
H0036U3U7	Intensive family intervention	16	15 minutes	Yes	\$41.26
H0036U4	Intensive family intervention	16	15 minutes	Yes	\$22.14
H0036U4U7	Intensive family intervention	16	15 minutes	Yes	\$27.06
H0036U5	Intensive family intervention	16	15 minutes	Yes	\$16.50
H0036U5U7	Intensive family intervention	16	15 minutes	Yes	\$20.17
H0038U4U7	Peer Supports (Individual)	5	1 hour	No	\$24.36
H0038U5U7	Peer Supports (Individual)	5	1 hour	No	\$18.15
H0038HFU4	Peer Supports (Individual) - Substance Abuse Program	5	1 hour	No	\$20.30
H0038HFU5	Peer Supports (Individual) - Substance Abuse Program	5	1 hour	No	\$15.13
H0038HFU4U7	Peer Supports (Individual) - Substance Abuse Program	5	1 hour	No	\$24.36
H0038HFU5U7	Peer Supports (Individual) - Substance Abuse Program	5	1 hour	No	\$18.15
H0038HQU4	Peer Supports (Group)	5	1 hour	No	\$17.72
H0038HQU5	Peer Supports (Group)	5	1 hour	No	\$13.20
H0038HQU4U7	Peer Supports (Group)	5	1 hour	No	\$21.64
H0038HQU5U7	Peer Supports (Group)	5	1 hour	No	\$16.12
H0038HFHQU4	Peer Supports (Group) - Substance Abuse Program	5	1 hour	No	\$17.72
H0038HFHQU5	Peer Supports (Group) - Substance Abuse Program	5	1 hour	No	\$13.20
H0038HFHQU4U7	Peer Supports (Group) - Substance Abuse Program	5	1 hour	No	\$21.64
H0038HFHQU5U7	Peer Supports (Group) - Substance Abuse Program	5	1 hour	No	\$16.12
H0038HQHAU4U6	Peer Supports - Youth (Group)	5	1 hour	Yes	\$17.72
H0038HQHAU5U6	Peer Supports - Youth (Group)	5	1 hour	Yes	\$13.20
H0038HQHSU4U6	Peer Supports - Parent (Group)	5	1 hour	Yes	\$17.72
H0038HQHSU5U6	Peer Supports - Parent (Group)	5	1 hour	Yes	\$13.20
H0038HAU4U6	Peer Supports - Youth (Individual)	48	15 minutes	Yes	\$20.30
H0038HAU4U5U6	Peer Supports - Youth (Individual)	48	15 minutes	Yes	\$15.13
H0038HSU4U6	Peer Supports - Parent (Individual)	48	15 minutes	Yes	\$20.30
H0038HSU5U6	Peer Supports - Parent (Individual)	48	15 minutes	Yes	\$15.13
H0039HQU3	Assertive community treatment	30	15 minutes	Yes	\$6.60
H0039HQU4	Assertive community treatment	30	15 minutes	Yes	\$4.43
H0039HQU5	Assertive community treatment	30	15 minutes	Yes	\$3.30
H0039HT	Assertive community treatment	30	15 minutes	Yes	\$0.00
H0039TNU3	Community support team	30	15 minutes	Yes	\$30.01
H0039TNU3U7	Community support team	30	15 minutes	Yes	\$36.68
H0039TNU4	Community support team	30	15 minutes	Yes	\$20.30
H0039TNU4U7	Community support team	30	15 minutes	Yes	\$24.36
H0039TNU5	Community support team	30	15 minutes	Yes	\$15.13
H0039TNU5U7	Community support team	30	15 minutes	Yes	\$18.15
H0039U1	Assertive community treatment	30	15 minutes	Yes	\$32.46
H0039U1U7	Assertive community treatment	30	15 minutes	Yes	\$32.46
H0039U2	Assertive community treatment	30	15 minutes	Yes	\$32.46

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CPT® code and MOD	Description	Daily unit max limit	Variable (1 unit equivalent)	2020 authorization requirement	Rate
H0039U2U7	Assertive community treatment	30	15 minutes	Yes	\$32.46
H0039U3	Assertive community treatment	30	15 minutes	Yes	\$32.46
H0039U3U7	Assertive community treatment	30	15 minutes	Yes	\$32.46
H0039U4	Assertive community treatment	30	15 minutes	Yes	\$32.46
H0039U4U7	Assertive community treatment	30	15 minutes	Yes	\$32.46
H0039U5	Assertive community treatment	30	15 minutes	Yes	\$32.46
H0039U5U7	Assertive community treatment	30	15 minutes	Yes	\$32.46
H2010U2	Medication administration	1	1 encounter	No	\$33.40
H2010U3	Medication administration	1	1 encounter	No	\$25.39
H2010U4	Medication administration	1	1 encounter	No	\$17.40
H2011U1	Crisis intervention services	16	15 minutes	No	\$58.21
H2011U2	Crisis intervention services	16	15 minutes	No	\$38.97
H2011U3	Crisis intervention services	16	15 minutes	No	\$30.01
H2011U4	Crisis intervention services	16	15 minutes	No	\$20.30
H2014HQHRU4	Group — skills training and development	8	15 minutes	Yes	\$5.41
H2014HQHRU5	Group — skills training and development	8	15 minutes	Yes	\$3.30
H2014HQHSU4	Group — skills training and development without client	8	15 minutes	Yes	\$4.43
H2014HQHSU5	Group — skills training and development without client	8	15 minutes	Yes	\$3.30
H2014HQU4	Group — skills training and development	8	15 minutes	Yes	\$4.43
H2014HQU5	Group — skills training and development	8	15 minutes	Yes	\$3.30
H2014HRU4	Family — skills training and development with client present	8	15 minutes	Yes	\$20.30
H2014HRU5	Family — skills training and development with client present	8	15 minutes	Yes	\$15.13
H2014HSU4	Family — skills training and development without client	8	15 minutes	Yes	\$20.30
H2014HSU5	Family — skills training and development without client	8	15 minutes	Yes	\$15.13
H2015HFU4	Community support services	24	15 minutes	Yes	\$20.30
H2015HFU4U7	Community support services	24	15 minutes	Yes	\$24.36
H2015HFU5	Community support services	24	15 minutes	Yes	\$15.13
H2015HFU5U7	Community support services	24	15 minutes	Yes	\$18.15
H2015U4	Community support services	24	15 minutes	Yes	\$20.30
H2015U4U7	Community support services	24	15 minutes	Yes	\$24.36
H2015U5	Community support services	24	15 minutes	Yes	\$15.13
H2015U5U7	Community support services	24	15 minutes	Yes	\$18.15
H2015UKU4	Community support services	24	15 minutes	Yes	\$20.30
H2015UKU4U7	Community support services	24	15 minutes	Yes	\$24.36
H2015UKU5	Community support services	24	15 minutes	Yes	\$15.13
H2015UKU5U7	Community support services	24	15 minutes	Yes	\$18.15
H2015HFUKU4U6	Addictive Disease Support Services	48	15 minutes	Yes	\$20.30
H2015HFUKU5U6	Addictive Disease Support Services	48	15 minutes	Yes	\$15.13
H2017HQU4	Psychosocial rehabilitation group	16	15 minutes	Yes	\$17.72
H2017HQU5	Psychosocial rehabilitation group	16	15 minutes	Yes	\$13.20
H2017U4	Psychosocial rehabilitation	16	15 minutes	Yes	\$21.64
H2017U5	Psychosocial rehabilitation	16	15 minutes	Yes	\$16.12
H2017U4U7	Psychosocial rehabilitation	16	15 minutes	Yes	\$24.36
H2017U5U7	Psychosocial rehabilitation	16	15 minutes	Yes	\$21.92
H2017HQU4U7	Psychosocial rehabilitation group	16	15 minutes	Yes	\$21.64
H2017HQU5U7	Psychosocial rehabilitation group	16	15 minutes	Yes	\$16.12
Q3014GT	Telehealth site fee	N/A	1 unit	No	\$25.00
T1001U2	Nursing assessment/evaluation	16	15 minutes	No	\$38.97
T1001U3	Nursing assessment/evaluation	16	15 minutes	No	\$30.01
T1001U4	Nursing assessment/evaluation	16	15 minutes	No	\$20.30
T1002U2	RN services	16	15 minutes	No	\$38.97
T1002U3	RN services	16	15 minutes	No	\$30.01
T1003U4	Licensed practical nurse (LPN)/licensed vocational nurse	16	15 minutes	No	\$20.30

*Authorization required after first [20] units

Table 2. Schedule of acceptable modifiers	
MOD	Description
U1	Level 1 practitioner: physician or psychiatrist
U2	Level 2 practitioner: psychologist, physician assistant, nurse practitioner, clinical nurses specialist or pharmacist
U3	Level 3 practitioner: registered nurse (RN), licensed dietician, licensed professional counselor (LPC), licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), or certified addiction counselor (CAC) II

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U4	Level 4 practitioner: licensed practical nurse (LPN), licensed associate professional counselor (LAPC), licensed master social worker (LMSW), licensed associate marriage and family therapist (LAMFT), CAC, registered addiction counselor (RADT), certified peer specialist, trained paraprofessional, and certified psychosocial rehabilitation professional with bachelor's degrees or higher in the social sciences/helping professions				
U5	Level 5 practitioner: trained paraprofessional, CAC, RADT, certified peer specialist, certified psychosocial rehabilitation professional, and qualified medication aide with at least a high school diploma or equivalent				
U7	Out of clinic: If a service is provided outside the clinic, then the U7 MOD must be appended to the CPT code in the sequence noted in Table 1. The U7 MOD may only be billed when the corresponding CPT code in Table 1 allows for it.				
HF	Substance Abuse				
HQ	Group setting				
HR	Family/couple with client present				
HS	Family/couple with without client present				
HT	Multi disciplinary team				
UK	Collateral contact				
HA	Child/adolescent program				
TN	Rural /outside providers customary service area				
GT	Via interactive audio and video telecommunications systems: informational MOD, no additional reimbursement allowed; must be appended to the CPT code in the last position in a series of MOD combinations				

Table 3. POS codes and descriptions to be used for outpatient mental health services		
POS code	POS name	POS Description
02	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system.
03	School	A facility whose primary purpose is education
11	Office	Location other than a hospital, skilled nursing facility, military treatment facility, community health center, state or local public health clinic, or intermediate care facility where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence
16	Group home	A residence with shared living areas where clients receive supervision and other services such as social and behavioral services, custodial service and minimal services
22	Outpatient hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
99	Unassigned	Other POS not identified above

In accordance with the Provider Agreement, the fees included or attached herein are confidential and limited to use by the contracted provider(s); and is prohibited from distribution or publication. This schedule represents current reimbursement as of the date of release to the requestor and may be subject to modification as described in the Provider Agreement. Actual payments for the fees contained herein may be reduced or denied based on eligibility and coverage conditions, preauthorization requirements, Amerigroup/Anthem clinical guidelines and claims edits, and the Georgia Medicaid Program.