

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH



2019 ANNUAL REPORT

FY 2019: July 1, 2018 - June 30, 2019

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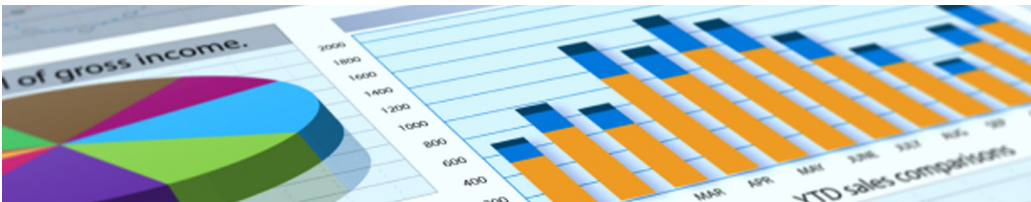
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Commissioner's Message

We are pleased to submit to you the Georgia Department of Community Health's (DCH) Annual Report for State Fiscal Year 2019 (FY 2019) covering July 1, 2018 through June 30, 2019. This report highlights what we strive for in our role as the lead planning agency for health issues in the state with respect to health care policy, purchasing, planning and regulation.

Designated as the state agency for Medicaid and PeachCare for Kids®, DCH provided access to health care for nearly 2 million Georgians in FY 2019. DCH also administered the State Health Benefit Plan (SHBP), providing health care coverage for more than 667,707 state employees, public school personnel, retirees and their dependents. Combined, these two divisions provided health insurance coverage to approximately 2.8 million Georgians.

In the following pages, you will find brief descriptions of the functions of the divisions and offices that comprise the department, as well as key accomplishments achieved during FY 2019. I would like to recognize our dedicated staff who constantly seek to evolve our programs, systems, and processes with a clear purpose in mind: ***Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.***

It has been my privilege to serve as DCH Commissioner since 2016. Through the expertise of so many stakeholders – both inside DCH and out – who seek to make Georgia a more healthy state in which to live, we have made great strides in providing access to higher quality health facilities and services to Georgians, including many of our state's most vulnerable citizens.

Still, there is much work to be done to ensure we are there for our members when they need us most. As we plan for 2020 and beyond, critical work relating to the Patients First Act, enhancing regulatory measures for the health facilities we oversee, and continuing to focus on the long-term strength of the SHBP will be key areas of focus. On behalf of the entire team at DCH, thank you for your continued support in helping us Shape the Future of A Healthy Georgia.

Frank W. Berry



Medical Assistance Plans

The Georgia Department of Community Health (DCH) serves as the single state agency for the administration of the Medicaid program under Title XIX of the Social Security Act, providing health care for children, pregnant women and people who are aged, blind or disabled (ABD). In FY 2019, Medical Assistance Plans Division (MAP) oversaw the Georgia Medicaid programs and PeachCare for Kids® (Georgia's Children's Health Insurance Program [CHIP] population). Medicaid and PeachCare for Kids members received services through either managed care (Georgia Families® or Georgia Families 360°SM) or fee-for-service arrangements. The MAP division provided management oversight of the Medicaid and PeachCare for Kids programs by:

- Developing and implementing policies on allowable services and service delivery;
- Administering the Georgia Families 360° managed care program for children in foster care, children receiving adoption assistance, and select youth in the juvenile justice system;
- Overseeing member eligibility and enrollment into Medicaid, PeachCare for Kids, Planning for Healthy Babies (P4HB), and enrollment in the Georgia Families Care Management Organizations (CMOs) and the Georgia Families 360° CMO;
- Overseeing the five programs offering Home- and Community-Based Services (HCBS) alternatives to long-term institutional care;
- Collecting data and reporting the performance metrics for both the Fee-for-Service population and the managed care populations in Georgia Families and Georgia Families 360°. The state used the Healthcare Effectiveness Data and Information Set (HEDIS) to measure performance on important dimensions of care and service;
- Implementing programs in Medicaid and PeachCare for Kids promoting continuity of care, care coordination and enhanced health outcomes, such as the rapid cycle process improvement projects;
- Controlling expenditures and overseeing all categories of service including capitation payments, pharmacy, inpatient hospital, outpatient hospital, nursing and long-term care facility and transportation;
- Addressing member needs through Medicaid and PeachCare for Kids provider relations and claims resolution services;

- Evaluating opportunities to improve efficiency and effectiveness in Medicaid operations and implementing changes that streamline processes for providers and Medicaid and PeachCare for Kid members;
- Managing the performance of four CMOs responsible for providing medical services under the Georgia Families and Georgia Families 360° programs to approximately 1.4M Medicaid, PeachCare for Kids, and P4HB members.

Major Initiatives

Beyond the primary role of managing Medicaid, the division focused on two major initiatives to further enhance the effectiveness and efficiency of health care services offered to members. In FY 2019, the MAP division participated in or implemented the following:

- **Patients First Act and the 1115 and 1332 Waiver Development Processes**

Governor Brian P. Kemp signed The Patients First Act into law on March 27, 2019. The Act authorizes DCH to submit a Section 1115 Medicaid Waiver request to the Centers for Medicare and Medicaid Services, and also authorizes the Governor to submit a Section 1332 waiver to identify innovative health insurance coverage solutions for the commercial health insurance marketplace.

On June 3, 2019, DCH announced the selection of Deloitte Consulting LLP to assist the department in studying, reviewing and analyzing waiver opportunities under section 1115 and section 1332 waivers. In the Amended FY 2019 Budget, the Legislature allocated \$1.6 million in funding (with an additional \$1 million matched by the federal government) for healthcare waiver consulting services.

State officials submitted the 1115 Medicaid and 1332 State Innovation Waivers to the U.S. Department of Health & Human Services, Centers for Medicare and Medicaid Services, and the U.S. Department of Treasury, respectively, in late December 2019 following the state's 30-day public comment periods.

- **Medical Assistance Plans Organizing for Success Initiative**

In FY 2019, the MAP division undertook its Organizing for Success initiative to build on its purpose to advance the health, wellness and independence of those we serve by providing access to quality care and

resources statewide. DCH undertook this initiative in order to enhance our MAP division's long-term strategy and performance tracking; further the focus on professional development, training, and onboarding programs; and rollout new Information Technology (IT) systems and processes with a focus on integration and collaboration tools for employees. Under the Organizing for Success initiative, a new MAP Executive Director was appointed and charged with overseeing four new offices:

Eligibility and Enrollment Office: represents the core activities required to qualify and enroll members in any MAP benefit program (e.g., Medicaid, Peach-Care for Kids and P4HB), such as:

- Member eligibility, enrollment outreach and disenrollment
- Grievances and appeals management
- Provider credentialing and enrollment
- Provider eligibility and disenrollment
- Eligibility and enrollment systems maintenance and operations

Service Delivery and Administration Office: represents the core activities associated with engaging and maintaining relationships with members, CMOs and providers outside the eligibility and enrollment process, such as:

- CMO outreach and communications
- CMO contracts management and payment administration
- PeachCare for Kids and P4HB program oversight and management
- Waiver program and long-term care services operations

Performance and Care Management Office: represents the core activities associated with member care quality as well as CMO and provider performance, such as:

- Health innovation and quality
- Performance measurement and data analytics
- Quality reviews

Policy, Compliance and Operations Office: represents the core activities involved in strategic planning, policy making, monitoring and oversight of the agency's business processes as well as operations running the MAP division, such as:

- Policy review, development and oversight
- MAP-specific goals and maintaining MAP's component of the State Plan
- Audit management

Other Program Updates

Electronic Visit Verification (EVV)

In accordance with the 21st Century Cures Act, the Department of Administrative Services (DOAS), on behalf of the Department of Community Health (DCH), issued a Request for Proposals (RFP) seeking a single qualified supplier to provide EVV services. DCH continues to work through the procurement process to secure a vendor for program implementation. EVV is an automated process for home health care and personal care services that electronically verifies the date and time of services, the type of services performed, the individual providing the services, the location where the services are provided, and the individual receiving the services. EVV also provides real-time information and verification to ensure no gaps in care occur throughout the course of the member's service plan. Another EVV goal is to reduce and eliminate fraud, waste, and abuse in home care service delivery. As part of its implementation efforts, DCH collaborated with member advocacy groups, provider associations, and stakeholders to ensure that a wide range of input and concerns were received and addressed. DCH continued conducting public forums throughout the State of Georgia during FY 2019 to educate the public, Medicaid and PeachCare for Kids providers and members. DCH was able to secure a Good Faith Effort Exemption from CMS to delay implementation of EVV to January 1, 2021. This will allow DCH time to implement the EVV system with both a pilot period and soft launch approach.

Implementation of the Home and Community Based Services (HCBS) Settings Rule

CMS issued regulations in FY 2014 defining the characteristics and qualities of HCBS. The regulations further defined both the characteristics and the qualities of the settings where services can be delivered. The regulations required the state to develop a Statewide Transition Plan (STP) describing how the state would assure compliance with rules addressing requirements for services to be provided in an integrated setting and in the most community-inclusive manner. All HCBS providers must be certified as being in compliance by 2022. Georgia's work toward compliance has included engagement of a statewide task force, public meetings to solicit stakeholder input on the development of the STP, and preparation of four waiver-specific Transition Plans. Georgia's STP was formally submitted to CMS in May 2017 and received initial approval. CMS has provided DCH with additional

requirements to include in the STP and provided technical assistance on obtaining final adoption. Based on CMS guidance, DCH is conducting inquiries of all HCBS providers, and providing HCBS providers with technical assistance if needed. The final plan is currently under review. With final approval, the plan is expected to be posted for public comment, and then submitted to CMS for approval in the first quarter of calendar year 2020.

Non-Emergency Medical Transportation (NEMT)

Through the NEMT program, DCH provided more than 3.8 million trips to Medicaid Members to receive health care services and treatment across Georgia who had no other means of transportation in FY 2019. NEMT modes of transit included ambulatory transport, wheelchair, stretcher, and utilization of public transport. NEMT services in Georgia are managed by two Brokers under contract with DCH who sub-contract with more than 200 transportation providers and independent drivers. In addition, both Brokers utilized innovative ride share services. NEMT also stands ready to assist GEMA and DCH Healthcare Facility Regulation Division in providing transport assistance for evacuations of vulnerable populations during a declared State of Emergency (including hurricane relocations).

FY 2019 Table of Members and Expenditures				
Measures	Medicaid¹	Medicaid-ABD	Medicaid-LIM	PeachCare for Kids
Members Average ²	1,985,175	532,881	1,430,046	140,786
Member Months	23,822,102	6,394,567	17,160,556	1,689,429
Net Payment	\$6,231,818,823	\$5,912,231,492	\$319,587,331	\$12,467,231
Providers ³	116,179	87,108	91,362	39,654
Claims Paid	53,724,638	28,492,983	25,231,655	2,185,636
Capitation Amount	\$4,066,218,054	\$29,286,201	\$4,036,931,853	\$291,996,608
Total Payment⁴	\$10,298,036,876	\$5,941,517,693	\$4,356,519,184	\$304,463,838
Total Payment Per Member Per Month	\$432	\$929	\$254	\$180

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 2018 through June 2019, paid through August 2019.

¹ Medicaid includes Medicaid ABD, Medicaid LIM and Inmates, but excludes PeachCare. Members and Expenditures for Inmate Aid Cat Budget Group were assigned to ABD or LIM populations based on secondary Aid Category. Inmate members without ABD or LIM secondary aid category were included in the total Medicaid count but excluded from LIM and ABD subtotals.

² Members Average is the average number of members per month.

³ Unique count of providers used across the ABD, LIM, and Inmate populations in total Medicaid column. Providers represents multiple locations for individual providers.

⁴ Total Payment includes Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.

5 Medical Assistance Plans

Table of Historical Medicaid Members and Payments by Fiscal Year¹

Fiscal Year	Average Members	Total Payments ²	Payment Per Member	Percent Change in Payment Per Member
2000	947,054	\$3,482,779,560	\$3,677	N/A
2001	996,901	\$3,822,786,433	\$3,835	4.3%
2002	1,268,225	\$4,461,972,245	\$3,518	-8.3%
2003	1,260,795	\$4,885,865,204	\$3,875	10.1%
2004	1,326,909	\$6,039,465,103	\$4,552	17.5%
2005	1,376,730	\$6,311,890,515	\$4,585	0.7%
2006	1,390,497	\$6,280,193,139	\$4,517	-1.5%
2007	1,283,940	\$6,155,158,918	\$4,794	6.1%
2008	1,268,661	\$6,371,942,440	\$5,023	4.8%
2009	1,353,191	\$6,703,774,787	\$4,954	-1.4%
2010	1,447,865	\$6,954,116,861	\$4,803	-3.0%
2011	1,496,881	\$7,464,027,216	\$4,986	3.8%
2012	1,540,666	\$7,813,851,582	\$5,072	1.7%
2013	1,588,074	\$8,047,771,351	\$5,068	-0.1%
2014	1,633,977	\$8,451,360,734	\$5,172	2.1%
2015	1,807,586	\$8,923,003,018	\$4,936	-4.6%
2016	1,862,573	\$9,257,891,787	\$4,970	0.7%
2017	1,838,625	\$9,590,732,939	\$5,216	4.9%
2018	1,967,334	\$9,911,469,464	\$5,038	-3.4%
2019	1,985,175	\$10,298,036,876	\$5,187	3.0%

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 1999 through June 2019, paid through August 2019.

¹ Medicaid includes Medicaid ABD, Medicaid LIM, and Inmates but excludes PeachCare.

² Total Payments include Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.

Medicaid Payments Distribution by Services Type: FY 2019

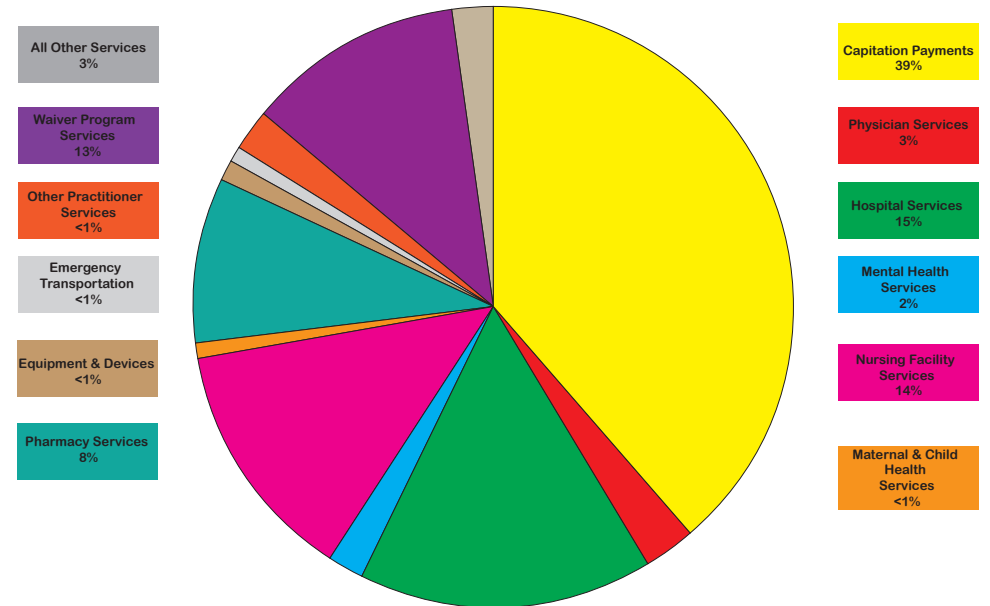
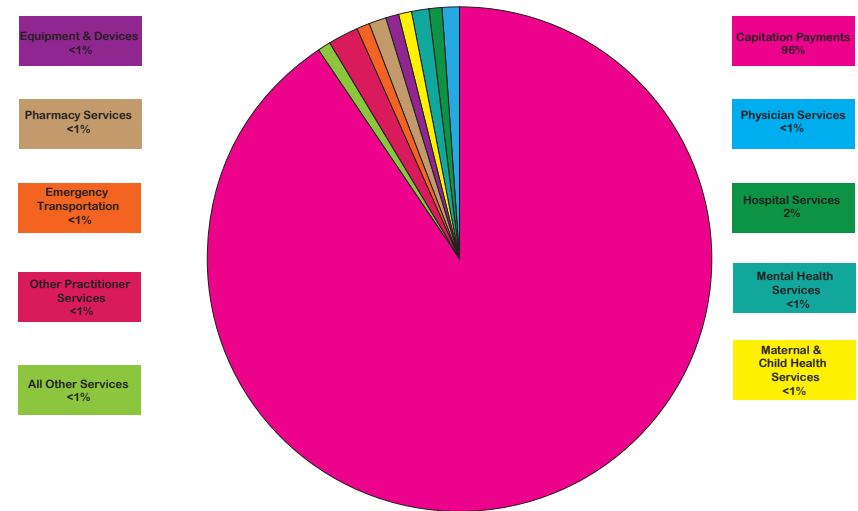


Table of Historical PeachCare For Kids Members and Payments by Fiscal Year

Fiscal Year	Average Members	Total Payments ²	Payment Per Member	Percent Change in Payment Per Member
2000	8,503	\$50,730,000	\$5,966	--
2001	14,028	\$115,931,116	\$8,264	38.5%
2002	154,406	\$170,916,516	\$1,107	-86.6%
2003	180,953	\$212,319,603	\$1,173	6.0%
2004	200,562	\$262,676,747	\$1,310	11.6%
2005	208,185	\$273,274,876	\$1,313	0.2%
2006	238,330	\$310,331,108	\$1,302	-0.8%
2007	273,659	\$432,157,786	\$1,579	21.3%
2008	249,681	\$345,678,006	\$1,384	-12.3%
2009	205,548	\$304,985,696	\$1,484	7.2%
2010	202,527	\$299,535,400	\$1,479	-0.3%
2011	199,420	\$316,597,618	\$1,588	7.3%
2012	205,167	\$337,832,456	\$1,647	3.7%
2013	217,964	\$398,513,422	\$1,828	11.0%
2014	215,222	\$418,500,964	\$1,945	6.4%
2015	158,336	\$302,361,213	\$1,910	-1.8%
2016	127,928	\$254,187,032	\$1,987	4.2%
2017	130,295	\$271,531,234	\$2,084	4.9%
2018	123,533	\$258,442,144	\$2,092	0.4%
2019	140,786	\$304,463,838	\$2,163	3.4 %

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 1999 through June 2019, paid through August 2019.
 1 Total Payments include Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.

PeachCare for Kids Payments Distribution by Service Type FY 2019



State Health Benefit Plan

The Georgia Department of Community Health (DCH) serves as the state administrator of health insurance coverage for state employees, teachers, school system employees and retirees who elected coverage (including annuitants and former employees on extended coverage), and covered dependents. This health coverage is known as the State Health Benefit Plan (SHBP).

SHBP is composed of three plans: The State Employees Plan, the Teachers Plan and the Public Schools Employees Plan. SHBP covered 667,707 lives (employees and dependents) as of June 30, 2019.

SHBP is a self-insured, self-funded non-federal governmental plan that pays benefits out of the premiums contributed from members (through monthly payroll deductions) and from monthly contributions from the employers that offer SHBP coverage (e.g., state agencies and public-school systems). SHBP also offers four fully-insured Medicare Advantage options (Standard and Premium offered by two vendors) for retirees, primarily those age 65 or older, who are continuing coverage from Active Member status and are enrolled at minimum in Medicare Part B. Contributions from SHBP and retiree premiums are used to purchase Medicare Advantage insurance.

In Plan Year 2019*, SHBP offered eligible active individuals employed with SHBP Employing Entities, eligible former employees enrolled in extended coverage and Pre-65 retirees, the choice of three Health Reimbursement Arrangement (HRA) plan options: Gold HRA, Silver HRA, and Bronze HRA; a statewide Health Maintenance Organization (HMO) plan option offered by two vendors; one Metro Atlanta Service Area (MASA) Regional HMO plan option; and one High Deductible Health Plan (HDHP) plan option.

Structure of SHBP

Within the division, there are three primary operating units:

- **Clinical, Quality and Outcomes** provides oversight of the vendors' performance of services for clinical programs including but not limited to utilization management; case management; disease management; behavioral health; wellness and pharmacy management, and the overall quality of these services.
- **Eligibility and Benefits Administration** encompasses SHBP Member Service, SHBP Employer Services, and oversees the eligibility vendor. This unit is responsible for maintaining eligibility plan documents and processes, the call center (i.e., SHBP Member Services), SHBP Enrollment Portal and State Health Repository Tool, member and employer billing, qualifying events, dependent verification, and COBRA. It is also responsible for the training of retirees via pre-retirement seminars and employers via webinars, as well as the annual SHBP Benefits Professionals (BENPRO) Conference
- **Third-Party Administration and Communications** oversees the third-party administrator vendors and the administration of each plan option. The unit also oversees open enrollment and provider networks. *SHBP operates using a calendar year for its Plan Year.

Accomplishments

Plan Options

In Plan Year 2019, premiums and plan designs for active members currently employed with state agencies and public-school systems remained the same as in 2018 as a result of effective planning. These plan options continued to provide expanded vendor and plan design choices for active members, eligible employees, and their dependents. Note, these plan options were also available to Pre-65 retirees and former employees enrolled in extended coverage.

Preventive and Wellness Programs

SHBP continued to encourage health and wellness participation among its membership, implementing wellness incentive offerings through the HRA, Statewide HMO and HDHP plan options via its wellness vendor, Sharecare. In 2019, Sharecare offered a new wellness incentive structure which allowed members the option to redeem incentive points for a \$150 Visa Gift card.

Using Sharecare wellness incentives for the 2019 Plan Year also allowed members and their covered spouses the opportunity to earn up to 480 well-being incentive credits (up to 960 well-being incentive credits per household) by completing certain health actions. These credits could be used to reduce members' out-of-pocket costs for eligible medical and pharmacy expenses. Further, Kaiser Permanente provided wellness program incentives for members and their covered spouses, each of whom were able to earn a \$500 gift card (up to \$1000 per household) by completing certain health actions.

SHBP also partnered with Naturally Slim to offer a pilot weight loss program to 5,500 active members at no cost to the members. The pilot allowed participants the opportunity to receive support through online education sessions aimed at teaching mindfulness, stress reduction and healthy eating habits.

Preventative and Wellness Campaigns

Health Assessment/RealAge Completions

Total completions for Plan Year 2019 was 97,474, of which 80,158 were completed by members; 17,050 were completed by spouses, and 266 were completed by Dependents over 18.

Biometric Screenings

- Total onsite screening events completed: 443
- Total onsite screening participants: 44,700
- Total physician screening forms submitted: 33,286

Challenges

- Stop the Clock Steps: 2,568 total members
- Small Steps, Big Strides: 30,635 total of members joined
- Live in the Green: 14,523 total members joined

Preventive Campaigns

- BMI Weight Management: 56,062 members targeted
- Diabetes: 7,241 members targeted
- Heart Health: 11,428 members targeted
- Men's Health: 14,961 members targeted
- Women's Health: 42,860 members targeted

2019 Onsite Activities

Presentations	35
Webinars	10
Onsite Meetings/Collateral Drops	17
Benefit/Health Fairs	25
Cooking Demos	26
RealAge Test Days	15
Biometric Screening Activities*	16
Conferences	12
Total	156

**Strategy shifted to reallocate resources to focus on enhanced worksite wellness initiatives (e.g. attend larger employer/employee conferences, conduct webinars and create worksite wellness packages) in efforts to reach, support and educate a broader audience.*

Employer Automated System Interface

In Fall 2018, SHBP introduced the Employer Automated System Interface (EASI), a customized benefits system developed internally with the assistance of the DCH Office of Information Technology and a third-party contractor MCCi, ultimately allowing SHBP to meet its longstanding goal of ensuring 100 percent of SHBP Employing Entities have the ability to transmit automated employee data to SHBP for health coverage purposes.

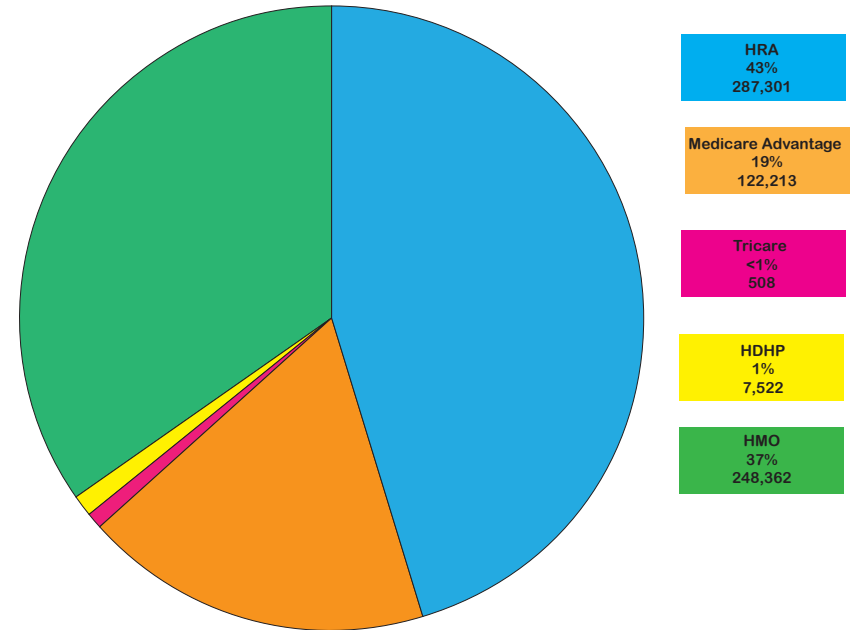
EASI is available to a closed group of SHBP Employing Entities, primarily small libraries, who do not have access to internal human resources information systems to transmit employee data to SHBP. EASI allows these participating SHBP Employing Entities to administer benefits for employees through an automated process, and provides them certain features and functionality that they previously could not provide for their employees without manual intervention, such as the ability to provide coverage to new hires and transfers, and terminate coverage for terminated and/or ineligible employees.

Transmission of files via EASI also lowers the risk of HIPAA related privacy incidents and ensures employers and SHBP can comply with various federal and state regulations with specific timing requirements (e.g., COBRA, ACA, and State of Georgia Rules and Regulations governing the SHBP).

Table of Historical SHBP Members and Payments by Fiscal Year¹

Fiscal Year	Members Average	Total Payments	Payment Per Member	% Change in Payment Per Member
2000	-	-	-	-
2001	647,466	\$1,110,543,053	\$1,715	0.0%
2002	663,944	\$1,212,072,547	\$1,826	6.4%
2003	615,167	\$1,099,992,138	\$1,788	-2.1%
2004	627,636	\$1,378,907,068	\$2,197	22.9%
2005	642,553	\$1,484,143,212	\$2,310	5.1%
2006	647,581	\$1,881,122,239	\$2,905	25.8%
2007	664,251	\$2,000,575,396	\$3,012	3.7%
2008	684,346	\$2,187,836,485	\$3,197	6.1%
2009	695,484	\$2,522,951,203	\$3,628	13.5%
2010	691,410	\$2,647,862,985	\$3,830	5.6%
2011	686,776	\$2,671,341,740	\$3,890	1.6%
2012	677,393	\$2,759,640,257	\$4,074	4.7%
2013	648,242	\$2,580,549,357	\$3,981	-2.3%
2014	625,719	\$2,956,753,454	\$4,725	18.7%
2015	625,559	\$3,689,680,729	\$5,832	16.2%
2016	632,692	\$3,689,680,729	\$5,832	6.2%
2017	645,122	\$3,994,652,402	\$6,192	6.2%
2018	658,356	\$4,423,191,514	\$6,719	8.5%
2019	665,906	\$4,837,509,303	\$7,265	8.1%

SHBP Members Average by Plan Type FY 2019



¹ Total Payments includes Net Payments, Healthcare Reimbursement Amount, and Healthcare Incentive Amounts, adjusted for claims incurred but not yet reported, as well as Kaiser capitation payments.

¹ Total Payments includes Net Payments (adjusted for claims incurred but not yet reported), Healthcare Reimbursement Amount, and Healthcare Incentive Amounts and Kaiser capitation payments (Kaiser capitation payments data provided by GA Department of Community Health).

² Data for FY 2000 is not available.

FY 2019 State Health Benefit Plan Members Expenditures¹

Measures	State Active	State Retiree	Teacher Active	Teacher Retiree	NonCert Active	NonCert Retiree	COBRA/ Surviving Spouse	Total SHBP
Members Average ²	100,354	51,386	263,736	88,209	123,799	34,935	3,488	665,906
Member Months	1,204,244	616,626	3,164,836	1,058,510	1,485,583	419,222	41,850	7,990,872
Net Payment	\$557,253,918	\$1,159,371,915	\$1,159,371,915	\$1,000,953,320	\$756,666,514	\$442,799,372	\$54,196,106	\$4,597,979,611
Providers ⁴	32,579	63,153	53,112	104,099	33,855	50,930	18,596	177,665
Claims Paid	2,459,011	3,418,709	5,471,212	5,442,025	3,273,082	2,456,226	261,423	22,781,687
Capitation Amount	\$42,480,612	\$3,633,937	\$79,990,941	\$4,422,216	\$51,872,675	\$1,899,994	\$102,021	\$184,402,394
Healthcare Reimbursement Amount	\$9,984,862	\$2,750,869	\$19,649,138	\$5,577,412	\$10,817,571	\$1,166,493	\$134,988	\$50,081,335
Total Payments³	\$610,755,490	\$633,359,046	\$1,260,920,101	\$1,011,388,118	\$820,638,611	\$446,008,339	\$54,439,598	\$4,837,509,303
Payments Per Member	\$507	\$1,027	\$398	\$955	\$552	\$1,064	\$1,301	\$605

Source: IBM Watson Health Analytics Advantage Suite and DataProbe, based on incurred dates July 2018 through June 2019, paid through August 2019.

1 The State Active group also includes the Contract Active group. The State Retiree group also includes the Contract Retiree group. The Teacher Active group also includes the County Government Active group. The COBRA group includes COBRA Continuees and Surviving Spouse/Dependents from each Employee Type Group.

2 Members Average reflects enrollment for the Fiscal Year, July 2018 through June 2019.

3 Total Payments includes Net Payments, Healthcare Reimbursement Amount, and Healthcare Incentive Amounts, adjusted for claims incurred but not yet reported, as well as Kaiser capitation payments (Kaiser capitation payments data provided by GA Department of Community Health).

4 The Total SHBP Provider count reflects a unique count across all SHBP populations (e.g., not additive across the SHBP population groups).

FY 2019 Table of State Health Benefit Plan Covered Lives¹

Category	Members Average	Employee / Retiree	Dependent
State Employees - Active	98,539	54,390	44,149
State Employees - Retired	51,339	35,803	15,536
Teachers – Active	263,577	111,509	152,068
Teachers – Retired	88,209	60,744	27,466
School Service Personnel – Active	123,799	65,595	58,204
School Service Personnel – Retired	34,935	25,372	9,564
Contracts/Board Members	2,021	1,272	749
COBRA/Surviving Spouse	3,488	3,085	403
SHBP TOTAL	665,906	357,769	308,137

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 2018 through June 2019, paid through August 2019.

1 Members Average reflects enrollment for the Fiscal Year, July 2018 through June 2019.

Healthcare Facility Regulation

The Healthcare Facility Regulation Division (HFRD) of the Georgia Department of Community Health (DCH) serves Georgia residents through the statewide oversight of health care facilities.

In FY 2019, HFRD inspected and licensed more than 20 types of health care facilities and services, such as hospitals, nursing homes, assisted living communities, personal care homes, drug abuse treatment and education programs and end stage renal disease facilities. The division certified various health care facilities to receive Medicaid and Medicare funds through contracts and agreements with the Centers for Medicare & Medicaid Services (CMS) and the Food and Drug Administration of the U.S. Department of Health and Human Services.

HFRD provides ongoing monitoring of licensed health care facilities to ensure compliance with rules promulgated by DCH. The division reviews and issues decisions based on facility requests for waivers or variances to these rules. Additionally, HFRD investigates reports of unlicensed facilities, complaints against licensed facilities, adverse events, and incidents reported by citizens and health care facilities.

Accomplishments

- HFRD provided oversight to more than 25,000 facilities, providers and registrants in FY 2019.
- HFRD issued 701 licenses for new health care businesses in Georgia, and conducted 3,416 routine inspections of existing facilities.
- HFRD also responded to 3,416 complaints against health care facilities and reviewed 12,260 incident reports.
- In January of 2019, HFRD began conducting surveys of transplant centers on behalf of CMS.
- During FY 2019, HFRD began work with the DCH Office of the Inspector General to implement the Georgia Long-Term Care Background Check Program (O.C.G.A. §31-7-350 et seq.). In the first quarter of FY 2020, new Rules and Regulations for Criminal Background Checks were presented to and adopted by the Board of Community Health. The rules apply to seven types of long-term care facilities regulated by HFRD: adult day centers, home health agencies, hospices, intermediate care homes, nursing homes, personal care homes and private home care agencies. The new rules require fingerprint criminal background checks for owners, administrators, directors, onsite managers and direct access employees of long-term care facilities.

- HFRD worked with the Georgia Department of Behavioral Health and Developmental Disabilities to streamline the applications process for community living arrangements and private home care agencies. HFRD also partnered with the Division of Medical Assistance Plans on a data sharing initiative to improve monitoring of home- and community-based services provided to Medicaid members.
- HFRD approved deemed status for three facility types: Community Living Arrangements, Drug Abuse Treatment and Education Programs, and Private Home Care Providers through Accreditation Organizations (AO) that conduct surveys of these facility types. Facilities that receive accreditation from an approved AO are exempt from re-licensure surveys.
- HFRD awarded two Civil Money Penalty grants for programs to benefit nursing home residents in Georgia. The FY 2019 grants support infection control training for nursing home staff and a program aimed at reducing unnecessary use of antibiotic medications.

Office of Health Planning

The Office of Health Planning (Health Planning) within the Georgia Department of Community Health (DCH) serves Georgia residents through the administration of the state's Certificate of Need (CON) program and Health Planning functions.

A CON is required before the offering of a statutorily defined new institutional health service by a health care facility. Health Planning reviews applications for CON issuance in accordance with the state health plan, relevant statutes, rules, and regulations. Health Planning also issues Letters of Determination, which provide guidance on the applicability of CON rules for proposed projects, and Letters of Non-Reviewability for facilities or services not requiring prior review and approval pursuant to certain CON considerations.

Health Planning conducts annual surveys of CON-regulated facilities and providers to obtain utilization and financial data for state health planning forecasts and methodologies as well as the CON review process. The office ensures compliance by health care facilities with indigent and charity care commitment percentages.

Health Planning also conducts architectural plan reviews and site inspections for major renovations and construction projects in hospitals, nursing homes and ambulatory surgery centers.

Additionally, Health Planning administers the Patient's Right to Independent Review Program which provides members of health maintenance organizations and other managed care plans the right to appeal an insurer's decision denying coverage for medical services. The Office reviewed 36 such request in 2019.

Accomplishments

During FY 2019, Health Planning:

- Received 68 CON applications, 93 requests for Letters of Non-Reviewability, and 220 requests for Letters of Determination.
- Prepared for and participated in the appeals of nine matters during the fiscal year.
- Sent 1,470 health planning surveys to regulated facilities and providers and received 1,373 responses, a 93 percent completion rate. Health Planning collected and deposited \$1,177,031.00 into the Indigent and Charity Care Trust Fund from adjusted payments to offset shortfalls in indigent and charity care commitments.
- Conducted 282 plan reviews and 134 inspections at facilities under construction. Total square feet of construction reviewed was estimated at 3.15 million square feet and estimated costs were \$1.38 billion. Staff traveled more than 12,000 miles across GA.

Office of Information Technology

In FY 2019, the Office of Information Technology (OIT) within the Georgia Department of Community Health (DCH) was composed of the following business units:

The Medicaid Management Information System (MMIS) unit supported the various systems used for processing, collecting, analyzing, and reporting information needed for all Medicaid and PeachCare for Kids® claims payment and processing functions. The MMIS Unit also oversaw change control and implemented system changes resulting from new policies or regulations in Georgia's MMIS (GAMMIS).

The Information Technology Infrastructure (ITI) unit provided end user computing support and information technology oversight for the entire agency. The DCH Help Desk provided direct support to end users along with audio-visual media support. The unit also provided application and technical solution development for DCH business units through the Technical Solutions Team.

The Information Security (IS) unit ensured information and technology security compliance for DCH systems and oversaw information security policies for the agency. The IS also responded to security incidents and served as part of DCH's breach response.

The Medicaid Information Technology Architecture (MITA) unit implemented Georgia's MITA initiative, including the State Self-Assessment, Business Architecture, Information Architecture and the initiation of business process projects that allow Georgia to mature along the MITA framework. The MITA Unit also ensured that MITA principles were being addressed in Medicaid systems procurements and IT system implementations.

The Health Information Technology (Health IT or HIT) unit continued its mission to advance the use of health information technology throughout Georgia to reduce health care disparities, improve health outcomes, increase the efficiency of health care delivery, and reduce overall health care costs. Health IT also continued its administrative oversight of the Medicaid Promoting Interoperability (PI) Program (formerly the Medicaid Electronic Health Records (EHR) Incentive Program), including eligibility, registration and attestation for the distribution of incentive payments to eligible Medicaid providers. The 100 percent federally funded payments were made to eligible professionals, eligible hospitals and critical access hospitals that adopted, implemented, upgraded or demonstrated meaningful use (MU) of certified EHR technology to improve patient care and reduce health care disparities.

Accomplishments

OIT leads the effort to transform Georgia's Medicaid systems technology and processes including the re-procurement of Georgia's MMIS. This effort, known as the Medicaid Enterprise Systems Transformation (MEST), will result in a more agile, integrated, interoperable, and modular system allowing for more automation and better performance. The MEST projects require participation from subject matter experts throughout OIT including staff from the MMIS Unit, ITI Unit, IS, and MITA team and included the following accomplishments during the year:

- Established the MEST Program Management Office (PMO) to oversee and manage project tracking, implement project standards and controls, support governance processes, and provide support and analysis for all procurements and implementations which will occur over the course of a multi-year transformation. The MEST PMO will coordinate among multiple vendors and stakeholders and provide agency decision-makers with project intelligence.
- Began requirements-gathering and procurement planning for specific MMIS modules including the Claims Processing, Financial Management, and the Provider Enrollment and Credentialing Services. OIT also continued to make progress on other procurements such as Electronic Visit Verification and Third-Party Liability.
- DCH's contractor, the Georgia Tech Research Institute (GTRI), began testing and development activities for a system integration platform on which multiple MMIS modules will connect. The integration platform, once in production, will provide the foundation for Georgia's transformed Medicaid technology and new MMIS modules.
- Health IT noted that as of June 30, 2019, the Medicaid PI Program had paid nearly \$300 million to Georgia health care providers since its inception in September 2011. This includes successfully assisting 125 eligible hospitals through all three years of attestation with payouts totaling over \$153 million in incentive funds.
- Health IT successfully completed five years of the National Testing Experience and Functional Assessment Tools (TEFT) grant and continued its support of the Georgia Health Information Network (GaHIN), Georgia's statewide health information exchange and the State-Designated Entity. The TEFT grant successfully benefited the DCH Medicaid waivers and members by testing the value of return from a waiver annual survey, an electronic functional assessment tool, personal health record mobile app and a published Health Level 7 informative document for data exchange.
- OIT provided technical solutions to streamline and automate business processes including automating forms and work flows for State Health Benefit Plan (SHBP) stakeholders; developing integrated repositories to allow more collaborative decision-making across the DCH enterprise; and, developing tools to improve the efficiency of employee onboarding and offboarding.

Financial Management

In FY 2019, the Financial Management Division provided financial support to the Georgia Department of Community Health (DCH). Four sections performed the division's work: Financial Services (Accounting), Budget Services, Reimbursement Services, and Procurement Services.

Financial and Accounting Services

The Financial Services section paid providers, vendors and employees, and processed federal, state and other fund source receipts. The section performed cash management analyses to ensure adequate funding for the agency. In addition, the section prepared annual financial statements and budgetary compliance reports, as well as financial reports that secured Medicaid, PeachCare for Kids® and other federal funding. This section also includes Medicaid Benefits Recovery, which is responsible for the collection of outstanding accounts receivable balances from Georgia Medicaid providers.

Budget Services

The Budget Services Office developed, requested, maintained and monitored the DCH budget. During budget development, the Budget Services Office prepared budget and cash projections for Medicaid, PeachCare for Kids and State Health Benefit Plan (SHBP) programs. In addition, the Budget Services Office, supported by the Financial Services section, ensured funding was available for departmental operations before liabilities were incurred. The Budget Services Office also oversaw the SHBP Audit section, which is responsible for the administrative and financial analysis of payments made to SHBP. Finally, the Budget Services Office provided analytical support on program and policy changes impacting Departmental Administration, Medicaid, PeachCare for Kids and SHBP.

Reimbursement Services

The Reimbursement Services section set payment rates for nursing homes, long-term care facilities, hospitals and non-institutional providers seeking reimbursement from the Medicaid and PeachCare for Kids programs. In addition, working with actuaries, the section determined Medicaid, PeachCare for Kids and Care Management Organization capitation rates. The section was also responsible for supplemental hospital, nursing home and physician payments through the federal Upper Payment Limit (UPL) and Disproportionate Share Hospital (DSH) programs. New initiatives in Reimbursement Services in FY 2019 included the development and implementation of per diem rates for long-term acute care hospitals and inpatient rehabilitation facilities, as well as the expansion of the physician UPL program to include mid-level providers.

Procurement Services

Procurement Services used strategic sourcing to procure quality goods and services at the lowest reasonable cost and at the best value to the agency. In FY 2019, Procurement Services managed 12 procurements through the award process totaling \$1,448,029.81 through competitive bids. Procurement analyzed 276 forecasted purchases to identify services that were required to be either sourced through the competitive bidding process, determined exempt from competitive bidding or approved for renewal, extension, termination and/or substantive changes through the amendments of existing contracts. The total of these purchases was \$520,749,547.49. Procurement Services reviewed 1,618 electronic requisitions for general purchases of goods and services totaling \$17,666,416.40. A total number of 1,830 purchase orders were created to encumber funds for contracts, grants, and general purchases of goods and services valued at \$652,001,270.

Procurement Services successfully managed 89 active grants totaling \$27,551,005.27 in state, federal and in-kind matching funds. In conjunction with DCH business owners, Grants Administration developed performance-based deliverables for all grant awards.

Procurement Services also monitored 177 grants and contracts totaling \$835,805,224.00 in value for FY 19. The contractors achieved an 89 percent compliance rate. Contract Compliance continues working with Contracts Administration and DCH divisions and offices to solidify terms in contract performance standards that are measurable and enforceable.

The State Office of Rural Health

In FY 2019, the State Office of Rural Health (SORH) of the Georgia Department of Community Health (DCH) administered state and federal funding totaling \$28.5 million dollars through grant and contractual processes. The SORH linked Georgia's 120 rural counties with state and federal resources to assist in developing long-term solutions to health care delivery, sustainability and improving health status.

Much of the work continued to focus on: initiatives of the Rural Hospital Stabilization Committee to strengthen rural hospitals financially by adding new services as well as refining others; establishing and promoting the use of primary and specialty telemedicine; mental and behavioral health services; care coordination; reduction in non-urgent and emergent use of hospital emergency department and emergency medical services (EMS); and, identifying other creative ways to ensure health care accessibility in Georgia's underserved and rural communities. At the close of FY 2019, 22 small rural and critical access hospitals (CAH) had completed four phases of the Stabilization Program. In FY 2020, 10 additional hospitals are to be included in the program. The Stabilization Program advocates "the right care, at the right time, in the right setting."

The SORH administers four core programs: Hospital Services, Primary Care Office (PCO), the Georgia Farmworker Health Program and the State Office of Rural Health Programs. Within the four core program areas, 65 grants and contracts were developed and managed in FY 2019 to improve access to primary health care in underserved areas of the state through education and training, technology, and collaboration among the multi-levels of healthcare providers.

Additional programs include: Health Professional Shortage Designations, the J1 Visa Waiver Program, the National Health Service Corp Loan Repayment Program, and management of the National Rural Recruitment and Retention Network for Georgia, 3RNet.

In FY 2019, the SORH also disbursed over \$4 million dollars in state funding to designated hospitals to offset the cost of the high incidence of influenza cases across Georgia and the catastrophic effects of Hurricane Michael in Southwest Georgia.

Finally, the SORH manages grant programs that include: Federally Qualified Health Center (FQHC) Start Ups; Area Health Education Centers (AHEC); the Health System Innovation Center; Intensive Care Unit (ICU) telemedicine; the Georgia Breast Cancer Tag Program; Erlanger and Georgia Department of Public Safety Air Ambulance Projects; Healthcare for the Homeless; Southeastern Firefighter's Burn Foundation; the Georgia Charitable Care Network; the Patient Centered Medical Home; Small Rural and CAH Swing Bed Education and Training; the Medicare Rural Hospital Flexibility (Flex) Program Grant; the Small Rural Hospital Improvement Program (SHIP) Grant; the EMS Mobile Integrated Healthcare Pilot Program; as well as other programs that seek to address the various needs of Georgia's rural and underserved populations.

Office of Communications

The Office of Communications, formerly within the Office of Public Affairs, serves as the primary point of contact and outreach for all Georgia Department of Community Health (DCH) internal and external communications. The office handles all media and public relations for the agency, promoting DCH's diverse communications needs with tools such as the external website, press releases, e-newsletters, social media channels, Intranet and more. During FY 2019, communications staff responded to almost 400 media inquiries. Media interest focused on multiple Medicaid-related issues, inspection reports for (and the regulation of) various health care facilities, and the State Health Benefit Plan.

Communications continued its internal communications outreach to further gauge employee insights and engage colleagues across the agency. Efforts included:

- Implementing digital e-billboards/signage on each floor as an additional method for communicating agency-wide news and updates.
- Revamping the monthly DCHNOW! internal newsletter to include content that stressed agency strategies, employee and team spotlights, and wellness initiatives.
- Continuation of periodic "Coffee with the Commissioner" sit downs with DCH Commissioner Frank W. Berry to better inform DCH employees of the agency's mission, vision and values.

The Office of Communications continued to produce several publications that have become valuable resources for distributing agency news and updates. This included DCH-i, (the agency's external newsletter), and 12 editions of DCHNOW!, an internal monthly e-newsletter for DCH staff.

In FY 2019, Communications distributed numerous email bulletins to stakeholders informing them of upcoming changes, deadlines and other important DCH news. DCH social media channels, including a Facebook page, LinkedIn Page and a Twitter feed communicated news and information to interested citizens as well as colleagues.

The Office of Communications also began its planning and early stages of execution for a full website revamp that is expected to be completed by 2021.

Office of General Counsel

In FY 2019, the Office of General Counsel (OGC) provided legal guidance and support to the Commissioner, the Board of Community Health, and all divisions and offices of the Georgia Department of Community Health (DCH).

OGC prepared contracts; monitored proposed legislation; analyzed and researched health care policy issues and state and federal laws; provided support in various court cases; and reviewed or prepared policies, resolutions, rules and regulations for DCH.

OGC also monitored compliance with HIPAA Privacy and Security laws and regulations, provided regulatory compliance guidance, and administered the Georgia Open Records Act on the department's behalf.

Through the Legal Services section, OGC represented the department at administrative hearings before the Office of State Administrative Hearings as well as before an Administrative Law Judge designated by the Commissioner.

Additionally, OGC maintained a close working relationship with multiple governmental agencies including, but not limited to, its sister agencies: The Department of Behavioral Health and Developmental Disabilities, the Department of Human Services, and the Department of Public Health.

OGC has four primary sections which, along with other members of the office, assisted in the above efforts:

Accomplishments

- The Legal Services section received 472 member and provider appeals.
- The Contracts Administration section responded to the contract needs of every division and office in DCH. Contracts Administration coordinated with program staff, DCH leadership and vendors to generate over 250 contractual documents, including amendments.
- The HIPAA Privacy & Security section assisted with the "Spring into Compliance" training program, during which DCH workers, including DCH employees and contractors, completed online training about targeted DCH policies and procedures. HIPAA Officer and Specialist engagement also included internal policy reviews, incident breach review, response and reporting, and consultation about matters in which privacy and security issues were presented.
- The Open Records section received and processed 358 requests for records pursuant to the Georgia Open Records Act, and 643 requests for Medical records.

Office of Healthcare Analytics and Reporting

The Office of Healthcare Analytics and Reporting (OHAR) was created in December of 2018 within the newly formed Division of Health Policy of the Georgia Department of Community Health (DCH). The principal intent is to focus efforts on increasing health care analytical capabilities, and to establish data governance, data quality and business intelligence competence across the agency.

The primary functional unit within OHAR is the Decision Support Services (DSS) team. DSS (formerly under the Office of Information Technology) was moved into OHAR to facilitate improved efforts in health care analytics. OHAR was responsible for providing insights around operations, health trends, health policy, managed care performance, program outcomes and integrity, and overseeing the utilization and upgrading of the agency's data warehouse. OHAR also responded to data requests from internal and external partners.

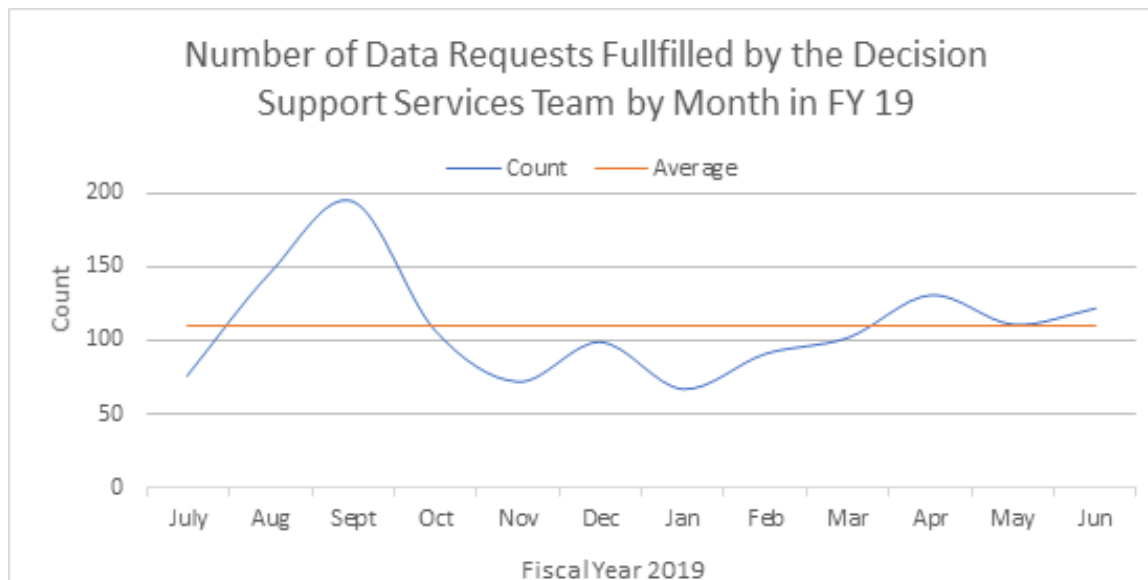
As efforts get underway to move DCH's capabilities away from being more responsive and reactive, and toward the future of predictive and prescriptive analytics, OHAR will focus on organizing around the people that do the work, the processes and policies that guide best practices, and the tools and technology needed to get there. To become a leader in health analytics, OHAR partners with various divisions and offices around the agency that have data needs and analytical capabilities, including Medical Assistance Plans (MAP) and the State Health Benefit Plan (SHBP).

OHAR has been leading an initiative to liberate highly sought Medicaid and SHBP fiscal and utilization data by publishing interactive, web-based dashboards. Limited release is scheduled for fall of 2020.

- OHAR, in conjunction with the agency Project Management Office (PMO), began creating a data request process which will modernize agency policies and create a web-based data request portal. This system will maximize DCH's ability to track and control the data requests received, and curate the information provided by requesters.
- In FY 2019, OHAR successfully fulfilled 1,319 data requests for internal program partners, the general public, the media, legislators, sister agencies and students.

Data Requests Made in FY 2019

Category	Total
External SHBP	6
Media or Legislative	11
Internal SHBP	16
Open records	34
Internal Medicaid	119
Standard Reports	261
External Medicaid	436
Total	1319
Average per month	109



**Please note that while many data requests come through OHAR, the above does not reflect all data requests received by DCH.*

The Office of Human Resources

In FY 2019, the Office of Human Resources (OHR) provided support to a workforce of just under 1,100 employees. The OHR serves as strategic partners in meeting the talent management needs of the Georgia Department of Community Health (DCH) by supporting the agency's mission, vision, and core values through our most valuable resource - our employees.

During FY 2019, the employee turnover rate for the department was 19 percent. There were 36 retirements, which represented 18 percent of the 201 employees who left the department during FY 2019. The office on-boarded 143 new employees during FY 2019.

OHR is committed to supporting the agency's priorities of teamwork, communication, customer service, and accountability by developing and implementing innovative training and opportunities for employee growth and development. OHR is preparing the agency for approaching retirements through the implementation of talent management development strategies aimed at addressing the 11 percent retirement-eligible employees within the next five years. The strategies include an enhanced onboarding and mentoring program, leadership training, and facilitation of knowledge transfer to staff through development sessions and documentation of processes.

Aimed at preparing leaders at all levels of the organization for leading the workforce of the future, OHR launched a three-tiered strategic leadership development program. These programs support DCH's efforts to close leadership competency gaps at all levels of the organization and will support the agency's beginning efforts of succession planning. In FY 2019, OHR initiated the following inaugural courses for its employees:

- **Aspiring Leaders Experience (ALE) | "Leading self"** - ALE is a 12-month professional development experience for High Potential Employees with no current managerial experience. The participants receive an opportunity to develop themselves in preparation for future roles as leaders and subject matter experts for DCH. Participants engage in quarterly learning experiences to develop key professional competencies (cognitive skills, interpersonal skills, business delivery skills, and strategic thinking skills).
- **Emerging Leaders Experience (ELE) | "Leading others"** - ELE is a nine-month manager development experience for DCH managers and supervisors who have led DCH employee teams from one day to five years. During this nine-month learning experience, participants engage in developmental opportunities designed to build the following leadership competencies: Coaching for Development, Relationship Management, and Cultivating Culture. This experience includes foundational courses such as From Me to We, FML for Supervisors, Crucial Conversations, and Effective Discipline.

- **Lead Empower Act Develop (L.E.A.D.) | “Leading the Organization”** - L.E.A.D. is a six-month leadership development experience for DCH leaders with five or more years of leadership experience. This program prepares participants for strategically leading the organization. Participants engage in monthly learning opportunities facilitated by the Carl Vinson Institute of Government that explore the following topics: *Public sector values & ethics, talent management, change management, communications, conflict management, working with teams, public speaking, problem solving, customer service, and a capstone project.*

The Office of Government Relations

The Office of Government Relations, formerly within the Office of Public Affairs, serves as a liaison between the Georgia Department of Community Health (DCH) and elected officials, other state agencies and constituents. This office consists of two main functions: legislative affairs and constituent services.

Legislative affairs staff serve as the primary point of contact and outreach for all DCH legislative activities with the Georgia General Assembly. In FY 2019, the legislative affairs team identified and monitored over 150 pieces of legislation that could have an impact on the agency. The office worked with the agency's many subject matter experts to analyze the impact of legislation and support departmental initiatives and programs.

Constituent Services staff serve as customer service agents for the department, interacting daily with members, providers, legislators and others to help Georgians seeking assistance to interface with the agency's various divisions and offices. The constituent services team received requests for assistance with all programs in the agency, including Medicaid, State Health Benefit Plan and Healthcare Facility Regulation. In FY 2019, DCH Constituent Services responded to and sought outcomes for over 3,000 constituent inquires.

Office of Inspector General

The Office of Inspector General (OIG) within the Georgia Department of Community Health (DCH) is responsible for monitoring fraud, waste and abuse within DCH's programs across the entire enterprise. OIG's 60-person team monitors Medicaid and PeachCare for Kids® providers and members to ensure they are following Medicaid guidelines. OIG also monitors the agency's State Health Benefit Plan (SHBP) for fraud, waste and abuse. Furthermore, OIG conducts inquiries or investigations into varied allegations involving DCH employees.

OIG operates through seven units that support its internal and external functions: Background Investigations Unit; Data Integrity and Analysis Unit; OIG Legal/State Health Benefit Plan Fraud Team; Office of Audits; Third-Party Liability Unit; Special Investigations Unit; and Program Integrity Unit.

OIG Organization

- **Background Investigations Unit (BIU):** This unit partners with the Healthcare Facility Regulation Division to assist with criminal background checks of employees who work at certain health care facilities. The team also partners with the Office of Human Resources to perform criminal background checks on candidates for hire and employees as well as credit checks for employees who apply for state purchasing cards (p-cards).
- **Data Integrity and Analysis Unit (DIAU)** generates data reports and claims information to support provider and member analysis and audits/reviews for the OIG, the Georgia Department of Law, Medicaid Fraud Control Unit (MFCU). This unit also processes requests from the U.S. Health and Human Services, Office of Inspector General.
- **OIG Legal/SHBP Fraud Unit (OL/SHBP):** The Legal/SHBP unit provides guidance and representation for the Office on all legal matters and is responsible for coordinating inquiries related to allegations of fraud, waste and abuse within SHBP.
- **Office of Audits (OA):** This team performs internal audits for the department to ensure DCH's assets are protected. The team performs audits on the agency's p-cards, cell phone billing and purchase orders, for example. The team ensures that all DCH colleagues are in compliance with agency procedures, rules and regulations and the Georgia Department of Administrative Services rules and regulations.
- **Third-Party Liability Unit (TPL):** This team is responsible for recouping Medicaid related funds through estate recovery, casualty recovery, trust recovery, credit balance audits and commercial insurance.
- **Special Investigations Unit (SIU):** The SIU serves as our internal affairs office, investigating alleged misconduct by DCH employees, contractors and vendors.

- **Program Integrity (PI)** guards against fraud, abuse and deliberate waste by Medicaid providers, members or others to ensure that taxpayer funds are used in a responsible manner. PI also educates providers about compliance regulations in accordance with the policies and procedures established by state and federal guidelines.

Accomplishments

During FY 2019, OIG accomplished the following:

- Recovered \$67.6 million dollars due to fraud, waste and abuse:
 - \$9.7 million in overpayments
 - \$6.5 million in global settlements
 - \$51.3 million through DCH TPL services contractors
 - \$58,604.44 in restitution
- Referred 35 fraud referrals to the MFCU
- Identified 1,130 fraud, waste and abuse cases
- Completed 98 investigations of unlicensed facilities
- Presented 13 cases to the District Attorney's office for prosecution

The Office of Continuous Program Improvement

The Office of Continuous Program Improvement was created in December 2018 within the Georgia Department of Community Health (DCH); however, work began in February of 2017 to streamline Medicaid and PeachCare for Kids® processes for providers and members.

The office functions with the help and support of other Medicaid and PeachCare For Kids® subject matter expert employees, and with a well-seasoned, knowledgeable group of stakeholders.

During FY 2019, efforts on continuous program improvement centered around the following four areas:

- Provider Enrollment
- Claims and Billing
- Member Eligibility
- Preauthorization

The office also consists of a steering committee comprised of DCH staff and stakeholders that coordinates the efforts of these four areas.

Accomplishment

In FY 2019, the office:

- Eliminated the need for manual upload of Excel spreadsheets by providers to the Medicaid care management organizations (CMO). This expedited the process of physicians, nurse practitioners and others billing the CMOs for services rendered.
- Implemented templates simplifying the data entry process for physicians new to a medical group.
- Changed the look and feel of the provider enrollment module to enhance user friendliness and heighten visibility on the DCH external website.
- Eliminated unneeded prior authorizations for certain prescriptions.

Project Management Office

The Project Management Office (PMO) was created in December of 2018 to oversee the Georgia Department of Community Health's project management, change management and strategic planning functions. The PMO is charged with defining the standards for project management while ensuring alignment with strategic priorities. During FY 2019, the PMO focused its efforts on defining the standards that will be used to effectively execute agency projects in a manner that is both consistent and transparent. In addition, PMO began managing multiple projects, and also facilitated the development of the agency's four-year strategic plan.

The Office of Facilities and Support Services

The Office of Facilities and Support Services handles various functions for the Georgia Department of Community Health (DCH). These functions include but are not limited to: mail services, asset management, business continuity/disaster recovery, facility/space management, records management, fleet management, real estate leases, safety, and Support Services administrative and accounting functions.

Accomplishments

- Mail Services: Metered 311,406 pieces of outgoing mail and sorted over 300,000 pieces of incoming mail; processed 31,216 pieces of accountable mail
- Asset Management: Submitted 187 agency transfer requests which involved 2,150 pieces of property via Asset Works/ DOAS surplus property; surplus three vehicles
- Facility and Space Management: Processed 21 space action requests (staff relocations); completed 131 facility modifications, four division moves, and other infrastructure requests
- Fleet Management: Managed nine company fleet; processed over 10 service requests and two inter-agency transfers
- Lease Management: Administered 124 leases and managed one DCH-owned office building (Alma)
- Records Management: Transferred 61 boxes to the state archives
- Safety: Conducted 24 safety trainings, an annual fire drill, held 11 Push to Talk safe coordinators device checks
- Administrative and Accounting: Completed 403 work order requests; processed over 200 maintenance requests; managed 50 purchase orders for various vendors, furniture orders, and contracts

Attached Agencies

The Georgia Boards of Pharmacy and Dentistry

The Georgia Board of Dentistry is responsible for the protection of the public's health through the regulation of the practice of dentistry and the enforcement of standards of practice. The Georgia Board of Dentistry issues licenses to qualified individuals, and identifies, investigates and sanctions those licensees who practice below the accepted standards of the profession (or without the necessary qualifications). It also distinguishes between safe and dangerous dental practices through its rules and policies.

The Georgia Board of Pharmacy regulates pharmacy personnel and pharmacy facilities in Georgia. The Georgia Board of Pharmacy reviews applications, administers examinations, and licenses qualified individuals and facilities. Complaints are investigated through its affiliated law enforcement agency, the Georgia Drugs and Narcotics Agency (GNDA) and if warranted, disciplinary action may be taken by the Board.

Accomplishments

Georgia Board of Dentistry

The Georgia Board of Dentistry oversees a population of approximately 5,900 dentists and 7,760 dental hygienists. In addition, its total number of licenses and permits is 14,880 including those who hold licenses or permits for the following: Dental Faculty, Dental Hygiene Faculty, Public Health, Volunteers, and Conscious Sedation, Enteral/ Inhalation Conscious Sedation, and General Anesthesia permits. It also issued a total of 683 new licenses and permits during FY 2019. The Board brought closure to 430 complaint cases.

Georgia Board of Pharmacy

The Georgia Board of Pharmacy oversees a population of approximately 15,049 pharmacists and 19,342 pharmacy technicians. In addition, its total number of licenses, registrations and certifications is 43,308 including but not limited to the following: Clinics, Hospitals, Durable Medical Equipment Suppliers, Retail, Manufacturing, Non-Resident, Researchers, Schools, 3 PLs, Wholesalers, Prisons, Interns, and Nuclear pharmacists and pharmacies. The Board issued a total of 6,827 new licenses and registrations during FY 2019. The Board was presented, for consideration and determination, 188 cases from its law enforcement arm, the GDNA.

Georgia Composite Medical Board

Georgia Composite Medical Board is the agency that licenses physicians, physician assistants, respiratory care professionals, perfusionists, acupuncturists, orthotists, prosthetists, auricular (ear) detoxification specialists, residency training permits, cosmetic laser practitioners and pain management clinics. The Medical Board investigates complaints and disciplines those who violate The Medical Practice Act or other laws governing the professional behavior of its licensees.

Georgia Board of Health Care Workforce

Georgia Board of Health Care Workforce, formerly the Georgia Board for Physician Workforce, strives to identify the medical workforce needs of Georgia communities and to meet those needs through the support and development of medical education programs.

Georgia Drugs and Narcotics Agency

Georgia Drugs and Narcotics Agency protects the health, safety and welfare of the public by ensuring all of the laws pertaining to pharmacy, dangerous drugs, and controlled substances are followed by both registrants and any others who dispense or distribute pharmaceuticals.

Below is a list of the auxiliary charts and maps for the FY 2019 Department of Community Health Annual Report. To access the charts and maps, please visit to <https://dch.georgia.gov/annual-reports>.

Appendix

- MEDICAID MEMBERS AVERAGE BY COUNTY MAP
- MEDICAID NET PAYMENTS AND CAPITATION AMOUNT BY COUNTY MAP
- PEACHCARE FOR KIDS® AVERAGE MEMBERS BY COUNTY
- PEACHCARE FOR KIDS® NET PAYMENTS AND CAPITATION AMOUNTS BY COUNTY MAP
- SOURCES OF REVENUE - INDIGENT CARE TRUST FUND
- SHBP AVERAGE MEMBERSHIP BY COUNTY
- SHBP PAYMENTS BY COUNTY