



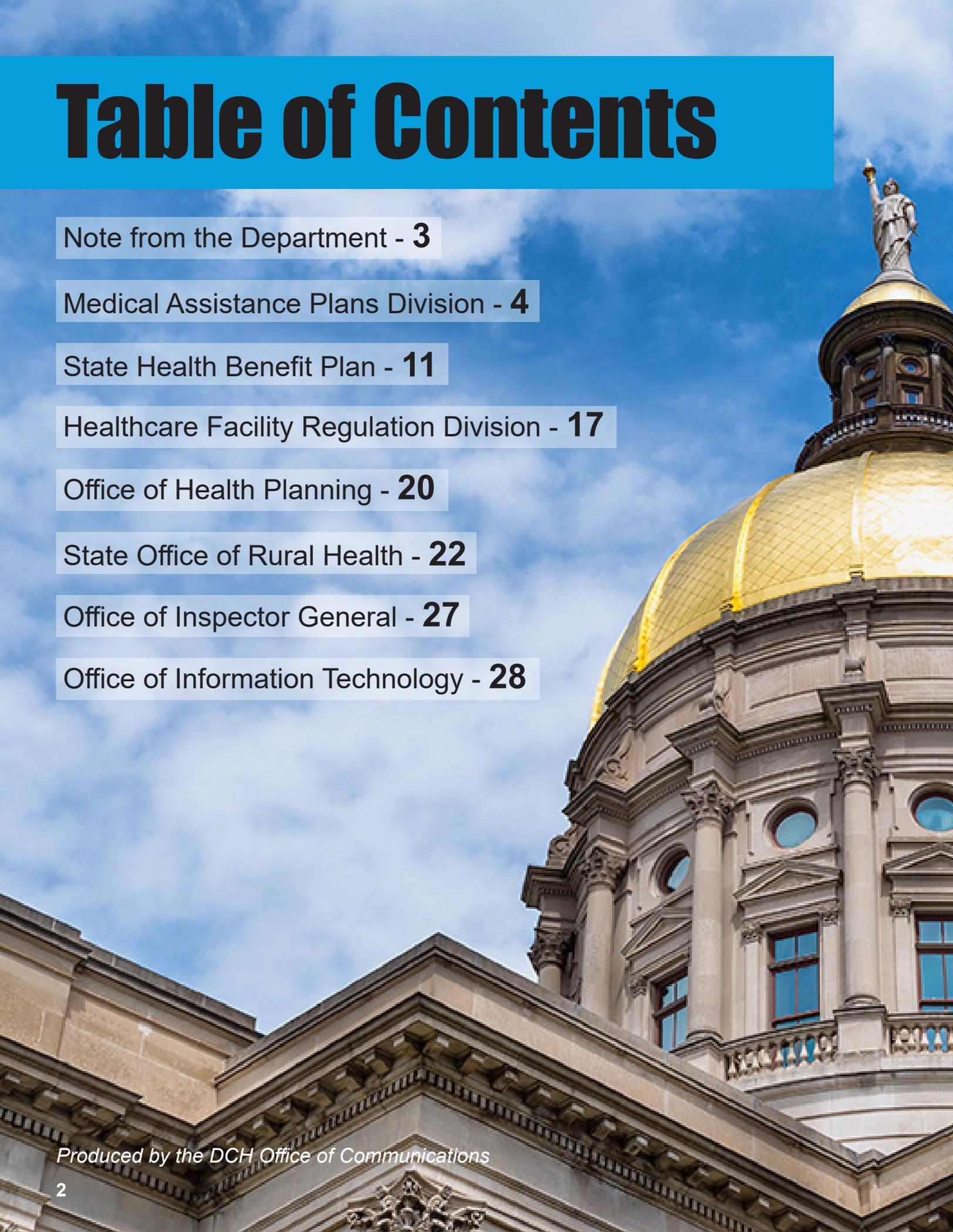
GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

2022 DCH Annual Report



Fiscal Year
July 1, 2021 - June 30, 2022

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From the Department

The Georgia Department of Community Health presents its FY22 Annual Report. It includes financial and performance highlights that underscore the agency's goals of strengthening healthcare access, expanding services, and addressing healthcare workforce challenges across the state.

Here are a few highlights you'll find in this report:

- For the Medicaid Innovation Advancement Project, DCH pursued approval of several directed payment programs for funding of an estimated \$1.6 billion to benefit rural hospitals, providers, and access to health care statewide.
- DCH provided access to health care via Medicaid and PeachCare for Kids® for **2.7 million** Georgians during the fiscal year.
- More than **664,000** state employees, retirees, public school teachers and others received health insurance benefits through the State Health Benefit Plan during the 2022 calendar year.
- The Rural Hospital Stabilization Program administered by the State Office of Rural Health distributed 16 rural hospital grant awards of over **\$14 million** for varied projects supporting rural access to care.
- For expectant mothers enrolled in Medicaid and PeachCare for Kids® across Georgia, DCH sought and received approval to extend postpartum medical services from six months to **12 months**.
- The Healthcare Facility Regulation Division completed more than **7,600** facility surveys, including more than **3,200** targeted complaint investigations.
- The Office of Health Planning reviewed more than **2 million square feet** of healthcare facility construction work valued at more than **\$885 million**.

Our guiding principles will continue to drive our complex, important work where value, quality, transparency, accountability, health equity, and people-centered approaches remain top of mind for improved outcomes. We remain committed to Shaping the Future of A Healthy Georgia.

Medical Assistance Plans Division

The Georgia Department of Community Health's Medical Assistance Plans (MAP) division oversees Georgia Medicaid and PeachCare for Kids®. Members received services through either managed care arrangements (Georgia Families® or Georgia Families 360°SM) or fee-for-service in 2022. Included here are a few of the key initiatives supported by the agency to improve the delivery of quality of care to Georgia's Medicaid population.

Waivers and Other Health Care Initiatives

Home and Community Based Services (HCBS) Spending Plan

In February 2022, Georgia received conditional approval from CMS on its initial HCBS spending plan. Through the plan, Georgia expects to receive additional funding to enhance, expand and strengthen HCBS services under the Medicaid program. The plan's focus areas include:

- Technological projects to develop case management and enhance critical incident management processes.
- Establish behavioral support services for youths in Medicaid to be provided by behavioral aides and designed for children and youth having symptoms of emotional disturbance, autism spectrum disorder, traumatic brain injury and other developmental concerns.
- Enhance provider rates and support healthcare workforce recruitment, training, and development.
- Initiate a supported employment pilot program for individuals on the planning list to transition from school to competitive integrated employment.

1915(c) New Options Waiver (NOW) Program

NOW provides community living supports and services to individuals to enable them to remain living in their home and participate or live independently in the community. DCH requested approval from CMS to renew the NOW program for five (5) years. Included with the submission was a request to modify, expire, and remove certain services.

1915(c) Comprehensive Supports Waiver (COMP) Program

COMP serves individuals with more intensive needs requiring out-of-home residential support and supervision or intensive levels of in-home services to help them remain in the community. CMS notified DCH of the approval of renewal of the COMP waiver on July 14, 2022, which became effective April 1, 2021 for five (5) years.

Independent Care Waiver Program (ICWP) Renewal

The ICWP offers services to a limited number of adults who apply between the ages of 21 and 64 wherein eligibility is based on either a nursing facility or hospital level of care for adults with severe physical disabilities or traumatic brain injury (TBI). In FY2022, DCH requested renewal of its ICWP from CMS, inclusive of a 10% rate increase to all services provided through the program. DCH was notified of the approval on July 29, 2022 with an effective date of July 1, 2021 for the five (5) year renewal.

Elderly and Disabled (E&D) 1915(c) Waiver Renewal

The E&D waiver provides certain services to individuals ages 65 or older and individuals with physical disabilities ages 0-64 years who meet a nursing facility level of care. Such services include adult day health, case management, out-of-home respite, skilled nursing, and others. In FY22, DCH initiated public notice to renew its E&D waiver through CMS. Approval became effective November 9, 2022 for five (5) years.

Elimination of Attestation Requirements to Reimburse Eligible Providers at Enhanced Rates

With enactment of Georgia's HB911 and subject to CMS approval, Medicaid seeks to eliminate the requirement of certain physicians with primary specialty designations and subspecialists to attest that they were Board certified in order to receive enhanced rates, as allowed by section 1202 of the Patient Protection and Affordable Care Act. This change would allow currently enrolled eligible providers to receive enhanced rates, even if they failed to attest when attestation was required in prior years.

Coverage of Donor Breast Milk

Medicaid began covering donor breast milk as a service on April 1, 2022. An appropriation made during the FY22 legislative session provided funding for coverage of donor breast milk for newborns who need it within the in-patient hospital setting. Hospitals will continue sourcing donor breast milk from their providers. Medicaid coverage involving special circumstances will vary, depending on the diagnosis and medical necessity.

Extension of Postpartum Medicaid Coverage

In FY22, Medicaid's 1115 postpartum waiver was extended for an additional four (4) months such that pregnant women could receive six (6) months of postpartum services. Eventually, this waiver would be expanded to extend postpartum services to 12 months after the date of delivery. Extending to 12 months is expected to improve continuity of care and better assist those individuals with chronic conditions such as diabetes and hypertension.



Request For Information (RFI) - Medicaid Managed Care Program

On June 3, 2022, DCH initiated the re-procurement of its Medicaid managed care program for Georgia Families and Georgia Families 360° by issuing an RFI. Through this process, the state intended to collect feedback from sister agencies and various stakeholders that would contribute to the agency's learnings on what Georgia may need for increasing care access, improving quality, and managing costs in Georgia to assist the agency in planning for a competitive managed care procurement. Using five (5) key pillars – quality, equity, access and outcomes, value, and coverage and services – DCH will seek to enhance its Medicaid managed care programs for the benefit of its members in the state's Children's Health Insurance Program (called PeachCare for Kids®), Georgia Families, Georgia Families 360°, and Planning for Healthy Babies, which are all part of Georgia's Medicaid managed care program. DCH anticipates that some of the responses will help inform questions to and expectations for potential bidders. The deadline for submitting responses was June 24, 2022.

Medicaid Innovation Advancement Project: Funding the Directed Payment Programs and Disproportionate Share Hospital Allocation

With Georgia's implementation of the Medicaid Innovation Advancement Project, additional funding will be distributed to rural and urban hospitals and practitioners to address uncompensated care in Medicaid, bolster the health care workforce, and improve quality and access to health care statewide. The 2016 Medicaid managed care rule created a new option for states to require managed care plans to pay providers according to specific rates or methods, referred to as state directed payments. To better serve the citizens of Georgia, these types of payment arrangements allow Georgia to direct specific payments made by managed care plans to providers. By way of a CMS Preprint, Georgia began implementing the programs outlined below. Programs undergo annual federal review and are subject to modifications based on CMS guidance.

Through approval of Georgia's directed payment programs and the revised methodology to distribute disproportionate share hospital funding, DCH will be able to deliver over **\$1.6 billion** in federal and non-federal funding to eligible health care hospitals and practitioners in FY22 and FY23.

Georgia's Advancing Innovation to Deliver Equity (GA-AIDE)

In FY22, DCH requested and subsequently received approval from CMS to initiate a multi-year, value-based program called GA-AIDE which authorizes state directed payments to improve quality of care and outcomes for patients served by Georgia's largest single provider of Medicaid services, Grady Memorial, and Georgia's state-owned Academic Medical Center, Augusta University Medical Center. GA-AIDE funds investments in initiatives designed to improve health outcomes and experiences for the medically underserved, such as maternal and child health, preventing and reducing the impact of chronic conditions, and addressing health equity. Participation in GA-AIDE is voluntary and the source of non-federal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. GA-AIDE is subject to annual review by the state and approval by CMS and will deliver over \$340 million in combined federal and non-federal funds to the two providers in FY23.

Georgia - Strengthening The Reinvestment of a Necessary-workforce in Georgia (GA-STRONG)

In FY22, DCH prepared for submission to its Board and CMS the directed payment program called GA-STRONG. It is designed to address Georgia's healthcare workforce shortage through increased funding for hospitals on the front lines of workforce development, which will initially include 21 eligible teaching hospital participants with at least five full-time equivalent residents. The program will allow eligible providers to receive STRONG payments from CMOs based on a uniform percentage increase to base rates of ~50% of the average commercial equivalent. An increase in the current statewide hospital assessment and intergovernmental transfers (IGTs) from participating public teaching hospitals will be used to finance the program's non-federal share required. GA-STRONG will be subject to annual review by the state and approval by CMS, and is expected to deliver over \$740 million to eligible participating hospitals in FY23.

Hospital Directed Payment Program (HDPP) for Public Hospitals

In SFY2022, DCH requested and subsequently received approval from CMS to initiate the HDPP to provide additional Medicaid funding for eligible participating Public Hospitals. These include all state and non-state government hospitals, excluding Critical Access Hospitals (CAHs), and is estimated to increase provider funding of critical services for the Medicaid population and strengthen Georgia's healthcare workforce. Eligible participating public hospitals through the Medicaid CMOs will receive increased Medicaid funding via direct payment up to the Medicare equivalent. Participation in the program is voluntary and the source of non-federal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. In FY22, the program delivered over \$234 million in combined federal and non-federal funds (received from or on behalf of the eligible hospital) and is expected to deliver over \$235 million in FY23 to eligible hospitals.

Hospital Directed Payments (HDPP) for Private Hospitals

Georgia's HDPP for private hospitals provides additional Medicaid funding for eligible participating Private Hospitals defined as all private, acute hospitals excluding general cancer hospitals, free-standing children's hospitals, and rehabilitative/psychiatric/long term acute hospitals. All Critical Access Hospitals (CAHs) are excluded. This program is estimated to increase provider funding of critical services for the Medicaid population and strengthen Georgia's healthcare workforce. Under the program, eligible participating private hospitals through the Medicaid care management organizations (CMOs) will receive increased Medicaid funding via direct payment up to the Medicare equivalent. This HDPP is subject to annual review by the state and approval by CMS and is expected to deliver over \$150 million in combined federal and non-federal funds (received from or on behalf of the eligible provider) to eligible hospitals in FY23.



Physician Directed Payment Program (PDPP)

Georgia's PDPP provides state directed payments to eligible physicians and other professional services practitioners who are affiliated with a governmental teaching hospital. Medicaid CMOs will pay directed payments for services provided at a physician faculty practice up to the commercial equivalent. Participation in the program is voluntary and the source of non-federal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an intergovernmental transfer (IGT) to DCH. This PDPP is subject to annual review by the state and approval by CMS. In FY22, the program delivered almost \$130 million in combined federal and non-federal funds (received from or on behalf of the eligible provider), and is expected to deliver over \$120 million in FY23 to eligible providers.

FY22 - Table of Members and Expenditures				
Program	Medicaid	Medicaid - Aged Blind and Disabled (ABD)	Medicaid - Low-Income Medicaid (LIM)	PeachCare for Kids®
Members Average	2,442,729	573,827	1,853,196	189,204
Member Months	29,312,751	6,885,928	22,238,353	2,270,447
Providers	133,337	98,180	99,881	40,804
Claims Paid	53,907,976	26,434,846	27,468,912	2,352,820
Net Payment	\$6,581,704,292.99	\$6,300,467,827.24	\$280,564,213.46	\$11,643,819.12
Capitation Amount	\$5,350,875,212.65	\$30,513,958.86	\$5,323,140,492.17	\$405,818,063.38
Total Payment	\$11,932,579,505.64	\$6,330,981,786.10	\$5,603,704,705.63	\$417,461,882.50
Total Payment PMPM	\$407.08	\$919.41	\$251.98	\$183.87

Notes:
 - Based on incurred dates July 2021 through June 2022, paid through June 2022.
 - Medicaid includes ABD, 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.
 - Total Payment includes Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.
 - PMPM (Cost Per Member Per Month) - the average total payments made for each member for each month.
 - SOURCE: Advantage Suite, 08/03/2022

The data presented in this report should be used for the purpose of the initial request only. Data accuracy of the report is assured based on the current information in the database and is subjected to change based on database and data quality updates.

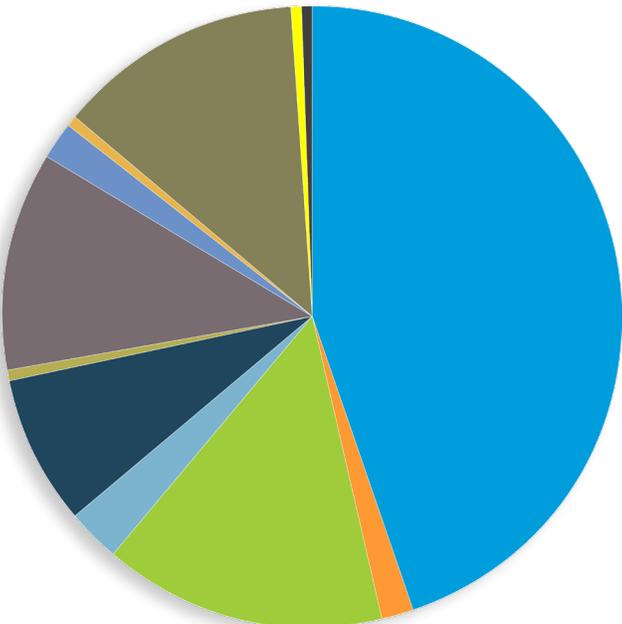
Table of Historical Medicaid Members and Payments by Fiscal Year				
Fiscal Year	Members Average	Total Payment	Payment Per Member	% Change of Payment Per Member
2022	2,442,729	\$11,932,579,505.64	\$4,884.94	-2%
2021	2,251,044	\$11,228,228,890.08	\$4,988.01	-4%
2020	2,037,212	\$10,578,267,036.05	\$5,192.52	-1%
2019	1,994,700	\$10,451,922,733.21	\$5,239.85	3%
2018	1,979,466	\$10,118,960,119.58	\$5,111.97	

Medicaid Public Health Emergency (PHE) Enrollment	
June 2022	2,697,914
March 2021	2,334,119
March 2020	2,115,439
Increase in Enrollees	582,475

Notes:
 - Based on incurred dates July 2021 through June 2022, paid through June 2022.
 - Medicaid includes ABD, 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.
 - Total Payment includes Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.
 - Payment Per Member - the average total payments made for each member for the fiscal year.
 - SOURCE: Advantage Suite, 08/03/2022

The data presented in this report should be used for the purpose of initial request only. Data accuracy of the report is assured based on the current information in the database and is subjected to change based on database and data quality updates.

Medicaid Payment Distribution by Category of Service



- Capitation Payments - **44.84%**
- All Other Services - **1.59%**
- Waiver Program Services - **14.81%**
- Physician Services - **2.70%**
- Pharmacy Services - **7.82%**
- Other Practitioner Services - **0.48%**
- Nursing Home - **11.40%**
- Mental Health Services - **1.95%**
- Maternal & Child Health Services - **0.59%**
- Hospital Services - **12.79%**
- Equipment & Devices - **0.70%**
- Emergency Transportation - **0.32%**

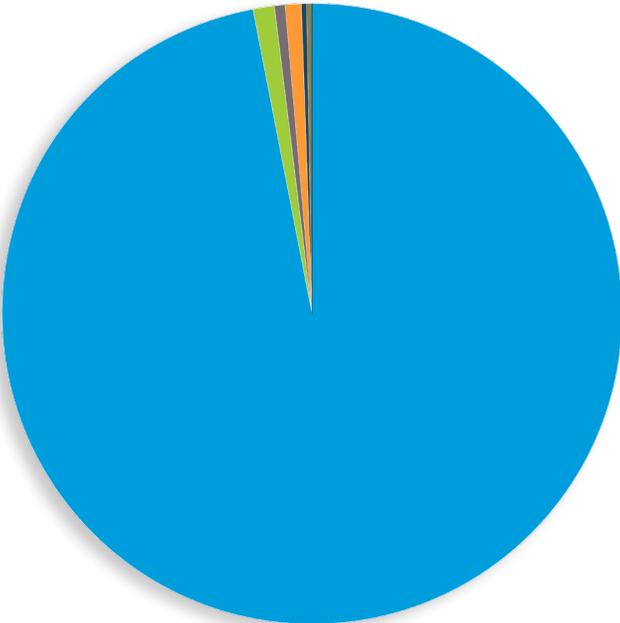
Note: Payment Distribution by Category of Service - the proportion (percentage and total dollar amount) of all payments made for members during the 2022 fiscal year by category of service group.

Table of Historical PeachCare for Kids® Members and Payments by Fiscal Year				
Fiscal Year	Members Average	Total Payment	Payment Per Member	% Change of Payment Per Member
2022	189,204	\$417,461,882.50	\$2,206	2%
2021	165,382	\$357,250,853.76	\$2,160	4%
2020	144,108	\$298,115,957.94	\$2,069	-6%
2019	142,086	\$313,496,368.79	\$2,206	5%
2018	123,533	\$259,716,724.55	\$2,102	

Notes:
 - Based on incurred dates July 2021 through June 2022, paid through June 2022.
 - Total Payment includes Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.
 - Payments Per Member - the average total payments made for each member for the fiscal year.
 - SOURCE: Advantage Suite, 08/03/2022

The data presented in this report should be used for the purpose of the initial request only. Data accuracy of the report is assured based on the current information in the database and is subject to change based on database and data quality updates.

PeachCare for Kids® Payment Distribution by Category of Service



- Capitation Payments - **97.21%**
- Hospital Services - **0.98%**
- Maternal & Child Health Services - **0.55%**
- Pharmacy Services - **0.72%**
- Physician Services - **0.21%**
- Other Practitioner Services - **0.11%**
- Equipment & Devices - **0.10%**
- Mental Health Services - **0.06%**
- All Other Services - **0.05%**
- Emergency Transportation - **0.01%**
- Waiver Program Services - **<0.01%**



Note: Payment Distribution by Category of Service - the proportion (percentage and total dollar amount) of all payments made for members during the 2022 fiscal year by category of service group.



State Health Benefit Plan

The Department of Community Health administers health insurance coverage for active state employees, public school teachers and employees, as well as retirees who elected coverage, and their covered dependents. This collective health coverage is known as the State Health Benefit Plan (SHBP), which covered more than 664,000 people in Plan Year 2022. The Plan Year operates on a calendar year basis.



Active Members

Active members and pre-65 retired members selected among several Plan Options:

- Gold, Silver and Bronze Health Reimbursement Arrangement (HRA), and statewide Health Maintenance Organization (HMO) options offered by Anthem Blue Cross and Blue Shield
- Statewide HMO, and High Deductible Health Plan (HDHP) options offered by UnitedHealthcare
- Regional HMO option offered by Kaiser Permanente

Additionally, in all Plan Options except Kaiser Permanente, CVS Caremark® continued to administer pharmacy benefits for members and their covered dependents.

¹SHBP operates using a calendar year for its plan year.

Retirees

For Medicare-eligible retirees age 65 or older, the Medicare Advantage Standard and Premium Plan Options were offered by Anthem Blue Cross and Blue Shield and UnitedHealthcare.



Promoting Wellness

In Plan Year 2022, SHBP continued health and wellness activities among members using incentives through the HRA, statewide HMO, and HDHP Plan Options from Anthem and UnitedHealthcare via Sharecare, a wellness vendor, and through Kaiser Permanente's Wellness Program.

Sharecare administered the Be Well SHBP® well-being program for active members and pre-65 retirees and their covered spouses. In Plan Year 2022, members and their covered spouses could earn up to 480 points by completing interactive health challenges, and could choose to redeem incentive points for reward cards or well-being incentive credits to apply toward eligible medical or pharmacy expenses.

For those under the Kaiser Permanente plan, there were also wellness incentives. In 2021, 10,619 Kaiser Permanente members and their covered spouses had an opportunity to earn a \$500 reward card for completing the Kaiser Permanente 2022 Wellness Program requirements.

Sharecare Biometric Screenings	
Total on-site screening events completed	215
Total on-site screening participants	10,486
Total physician screening forms submitted	32,115
Total Quest Patient Service Center screenings	8,769
Total	51,370

Kaiser Permanente On-site Biometric Screenings	
Total On-site Screening Events KP Attended	18
Total On-site Screening Participants	198
Total	216

Sharecare RealAge Completions	
Employees	77,301
Spouses	16,338
Dependents	667
Total	94,306

Kaiser Permanente Total Health Assessment (THA) Completions	
Employees	9,976
Spouses	2,303
Dependents	0
Total	12,279

Sharecare On-site/Online Wellness Activities	
Presentations	7
Webinars	12
Benefit / Health Fairs	15
Conferences	1
Total	35
Estimated Member Interactions	5,351

Kaiser Permanente On-site/Online Wellness Activities	
Presentations	3
Webinars	26
Benefit / Health Fairs	15
Conferences	9
Total	53

Sharecare Be Well® SHBP Well-being Programs		
Challenge Name	Members Joined	Challenge Completed
July 2021 - Steps Challenge	6,883	4,213
August 2021 - Stress Less Challenge	4,968	1,911
September 2021 - Green Day Challenge	4,623	1,808
October 2021 - Steps Challenge	6,577	2,696
November 2021 - Stress Less Challenge	4,229	1,010
January 2022 - Steps Challenge	13,738	5,744
February 2022 - Stress Less Challenge	13,225	7,255
March 2022 - Green Day Challenge	9,917	5,295
April 2022 - Steps Challenge	12,901	5,737
May 2022 - Stress Less Challenge	7,680	3,726
June 2022 - Green Day Challenge	6,291	2,766

Total Kaiser Permanente Medical Office Biometric Screenings	
Members	
Blood Glucose	11,058
Blood Pressure	19,704
Body Mass Index	19,520
Total Cholesterol	5,433
Covered Spouse	
Blood Glucose	2,818
Blood Pressure	4,878
Body Mass Index	4,805
Total Cholesterol	1,467

Sharecare Preventive Campaigns	
BMI Weight Management	68,973
Diabetes	53,033
Heart Health	88,201
Men's Health	18,230
Women's Health	53,661
Total	282,098

Kaiser Permanente Preventive Campaigns	
BMI Weight Management	22,726
Diabetes	11,325
Heart Health	49,877
Men's Health	13,494
Women's Health	11,125
Total	108,547

Chronic Disease Management

SHBP executed chronic disease management programs in Plan Year 2022 targeting two of the most prevalent chronic health conditions in Georgia – diabetes and hypertension.

SHBP held community events, drove awareness, and devoted resources for active members and retirees to stay healthy through better eating habits and improved nutrition, incorporating regular exercise, and other wellness activities.

Diabetes Co-Pay Waiver Program

SHBP developed an action plan to increase diabetes awareness and engagement in the Diabetic Case Management programs provided by Anthem and UHC. SHBP worked with vendors to provide pharmacy benefits to support members financially with managing their disease. Some of the outcomes of the programs based on Sharecare data from 2022 include:

- Emergency department use had a **22 percent** lower visit rate among participants compared with those not participating in the program.
- Adherence to diabetic medication was **83.9 percent** for members in the program as opposed to **73.5 percent** adherence for members not in the program.
- Member compliance for A1C testing was higher among those participating in the program compared with those who did not: **90 percent** compared to 73 percent.
- **85.7 percent** of diabetic members participating in the program had evidence of A1C testing every six months, whereas 70.7 percent of diabetic members not participating in the program had evidence of A1C testing every six months.

Tackling Obesity / Bariatric Surgery Benefit

SHBP and its vendors began tackling member obesity with targeted programs and activities in Plan Year 2022, which included a bariatric surgery benefit that supported weight management. These programs supported members enrolled in non-Medicare Advantage Plan Options through telephonic coaching with a Sharecare well-being coach and offered access to registered dietitians who developed customized plans to help SHBP members with weight management and other health goals.

- In 2021, DCH added the bariatric surgery benefit beginning in Plan Year 2022. During Q3 of FY22, the amended FY22 budget (HB 910) included a line-item for DCH to add weight loss drugs to the plan.
- Collective spend for initial bariatric surgeries (no re-operations, no complications) during Plan Year 2022: \$3 million for 118 claimants in the inpatient setting and more than \$939,000 for 228 claimants in the outpatient setting. A total of **\$3.9 million** was spent on **346** claims for Plan Year 2022.
- Eligible members received a multi-disciplinary health evaluation at a Georgia facility designated by the American Society for Metabolic and Bariatric Surgery as a Bariatric Surgery Center of Excellence.

Enhanced Member and Employer Outreach



Breast Cancer Awareness

- SHBP and its vendors hosted seven free mobile mammography screening events in Plan Year 2022 encouraging members to prioritize preventive health care.
- SHBP screening rates were slightly higher than national numbers in Plan Year 2022 — a step in the right direction.
- Closing screening gaps could help improve overall Healthcare Effectiveness Data and Information Set (HEDIS) rates for SHBP, but most importantly improve treatment, survival rates, and the overall health of SHBP members.

Medicare Advantage University

SHBP's Medicare Advantage University meetings were educational sessions held in Plan Year 2022, aimed at helping members get the most out of the SHBP Medicare Advantage Plan Options before and during retirement. SHBP held 10 Medicare Advantage University meetings in nine locations across Georgia. In total, 1,343 plan members attended these educational sessions.



Employer Refresher Training

There were 14 statewide Employer Refresher Trainings completed between July 18-28, 2022, at various sites. The SHBP Employer Refresher Training Module Let's Talk Retirement was the focus of 2022 training. Benefit professionals employed or contracted with SHBP Employing Entities were the intended audience. 155 participants attended the statewide regional trainings.



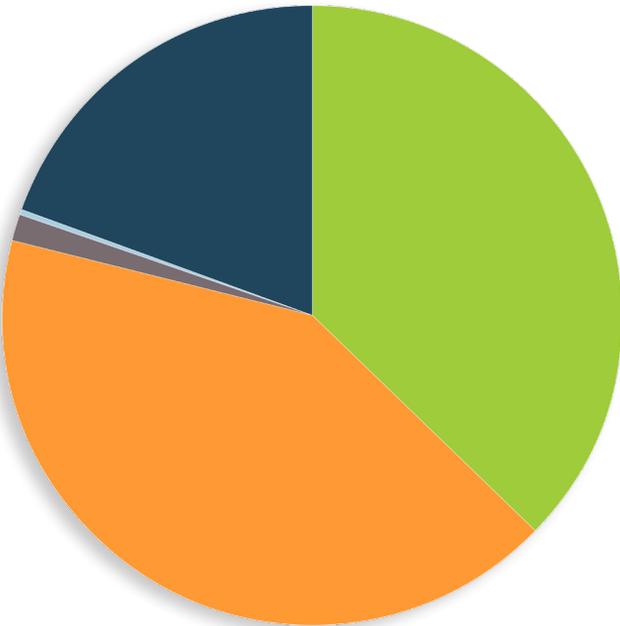
Table of State Health Benefit Plan Covered Lives			
Category	Members Average	Employee	Dependent
Contract Admin	1,324	856	469
County Governments	119	71	47
Service Personnel	156,700	90,634	66,066
State	139,727	84,853	54,874
Teachers & Libraries	366,030	180,048	185,982
Total	663,900	356,462	307,438

Source: IBM Advantage Suite, based on incurred dates July 2021 through June 2022, paid through June 2022.
 - Members Average is the average number of members per month and reflects enrollment for the Fiscal Year, July 2021 through June 2022.
 - Employee includes both active and retired employees. COBRA and Surviving Spouse are included in each employee categories' member averages.
 - Each of the employee member averages are reported in whole numbers in the tableau graph instead of their true decimal numbers. This can create small variances in the whole round number totals between reported metrics.

Table of Historical SHBP Members and Payments by Fiscal Year				
FY	Members Average	Total Payment	Payment Per Member	% Change of Payment Per Member
2022	663,901	\$5,664,392,552.51	\$8,531.99	0.07%
2021	668,667	\$5,701,018,147.35	\$8,525.95	12.72%
2020	671,546	\$5,079,603,483.24	\$7,564.05	3.55%
2019	665,806	\$4,863,349,770.15	\$7,304.45	7.66%
2018	658,260	\$4,466,230,761.39	\$6,784.90	

Source: IBM Advantage Suite, based on incurred dates July 2021 through June 2022, paid through June 2022.
 - 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.
 - Members Average is the average number of members per month and reflects enrollment for the Fiscal Year, July 2021 through June 2022.
 - PMPM (Cost Per Member Per Month) is the average total payments made for each member for each month.
 - Each of the employee member averages are reported in whole numbers in the tableau graph instead of their true decimal numbers. This can create small variances in the whole round number totals between reported metrics.

SHBP Members Average by Plan Type



Medicare Advantage - **19.39%**
 Other - **0.07%**
 HDHP - **1.48%**
 HMO - **41.72%**
 HRA - **37.34%**

Source: IBM Advantage Suite, based on incurred dates July 2021 through June 2022, paid through June 2022.



Healthcare Facility Regulation Division

The Healthcare Facility Regulation Division (HFRD) is committed to ensuring healthcare facility compliance in the provision of safe, quality care in more than 30,000 healthcare facilities. HFRD licenses, certifies, and regulates these facilities through state statute, and through contracts and agreements with the Centers for Medicare and Medicaid Services (CMS) and the Food and Drug Administration of the U.S. Department of Health and Human Services.

The scope of HFRD's regulatory purview includes home health, hospice, hospitals, nursing homes, personal care homes, assisted living communities, and other healthcare facilities. Part of HFRD's charge is to also bring awareness to providers that adherence to state and federal guidelines is critical for mitigating concerns of quality-of-care, quality-of-life, and fraud and abuse. HFRD strives to strike the appropriate balance with providers to promote improved performance when possible in order to support the availability of continued services for the community.

Healthcare Facility Types Regulated by HFRD

Federal Programs (Medicare Certified)	
Outpatient Physical Therapy Clinics	67
Rural Health Clinics	101
Home Health Agencies	107
Hospitals	199
Hospices	275
Mammography (FDA-certified) Sites	271
End Stage Renal Disease Facilities	385
Nursing Homes	368
Ambulatory Surgical Centers	399
Laboratories	12,302
Total	14,474

State Programs (Licensed Only)	
Narcotics Treatment Program	74
Adult Day Health Centers	176
Assisted Living Communities	293
Drug Treatment Centers	582
Community Living Arrangements	1,084
Private Health Care Providers	2,168
Private Care Homes	1,367
X-Ray Sites	10,082
Total	15,826

HFRD Activity by the Numbers

Through licensing and survey visits, HFRD coordinates with federal and state agencies, healthcare associations and providers to identify and hopefully improve performance issues at licensed facilities. Oversight was most notably accomplished in FY22 through complaint-driven and on-site investigations and inspections. HFRD continually streamlined processes and restructured staff scheduling with more efficient facility survey processes.

For surveys of nursing homes, the division brought back its Work on Weekend (WOW) incentive program, with a goal of eliminating pending nursing home annual recertification surveys per CMS mandate. The WOW program was commended by CMS as a creative tool for surveyors to manage heavy workloads during workforce challenges. In FY22, 26 percent of HFRD surveys were completed by WOW teams.

Overall, HFRD:

- Completed more than **7,600** surveys, including more than **3,200** targeted complaint investigations
- Issued more than **16,000** citations across all program types, representing a 110 percent increase over previous year
- Conducted **1,127** follow-up inspections of existing facilities
- Issued **732** licenses for new healthcare facilities in Georgia, representing a 20 percent increase over previous year



Program Highlights Across State and Federal Programs, FY21 and FY22		
TRACKED METRICS	SFY21	SFY22
Focused Infection Control Surveys Conducted, Long-Term Care	**	136
WOW (Work on Weekend) Surveys Conducted, Long-Term Care	**	21*
Immediate Jeopardy (IJ) Investigations Conducted, All Programs	182	229
Total Number of Citations Issued, All Programs, Plus Life Safety Code	7,730	16,269
New Licenses Issued Effective SFY22, All License Types	610	732
Licensing Fees Collected from Issued Licenses, All License Types	\$3,309,001	\$4,737,368
Open Record Requests Fulfilled by HFRD	716	541

*Note: *WOW surveys returned in April of 2022. **N/A; metric changed or not tracked*

Civil Money Penalty Reinvestment (CMPR) Program

Civil money penalties are imposed by CMS when Long-Term Care (LTC) facilities are in violation of federal regulations. In FY22, HFRD received and distributed a portion of the collected funds on behalf of CMS to be used toward projects that improve the overall quality of life and/or care of nursing facility residents.

CMPR funds may be used for assistance to support and protect residents of a facility that closes or is decertified, facility improvement initiatives such as joint training of facility staff and surveyors, or other appropriate projects.

During FY22, \$2.2 million in new grant dollars were made available to 11 grantees conducting projects across 193 LTC facilities to support interactive technology, equipment purchase, dementia care, infectious disease control, and person-centered care initiatives in nursing homes. A total of \$7 million in grant awards have been made in the past four years since the program's inception.

Case in Point: iN2L Grant to Help Reduce Social Isolation in Georgia

A grant award in the amount of \$642,220 was made to an organization called It's Never Too Late (iN2L) in FY22. The three-year grant helps facilitate a project called iNSIGHT (Integrate fun, Sustainable, Innovative, Groundbreaking and Helpful Technology), which gives nine Georgia skilled nursing communities the opportunity to acquire engagement technology that reduces social isolation and enriches the lives of residents.

iN2L aims to use content-driven engagement to create meaningful experiences by connecting older adults to the world around them.

This grant award is expected to assist care staff with impacting more than 1,000 elders' lives across the state by bringing residents together, connecting them to their interests, and enabling them to share conversations, experiences, and educational activities more easily with each other, their caregivers, and family and friends.

Case in Point: Georgia State University: A Trauma-Informed Approach to Improving Dementia Care in Nursing Homes

A Civil Money Penalty Reinvestment grant in the amount of \$1.58 million is being used by Georgia State University's Gerontology Institute to support delivery of high-quality, person-centered dementia care by training Georgia nursing home staff to develop competencies through micro-learning videos, live and asynchronous webinars, and access to high-quality continuing education. This helps equip staff with key competencies in trauma-informed approach, person-centered dementia care, non-pharmacological approaches, resident engagement, inclusive communication, culture change, and evidence-based quality improvement processes.

Office of Health Planning

The Office of Health Planning administers the state's Certificate of Need (CON) program and various health planning functions. The purpose of a CON is to ensure adequate healthcare services are developed in an orderly and economical manner, and available to all Georgians. Absent an exemption, a CON is required before a statutorily defined new institutional health service can be offered by a healthcare facility in a community.

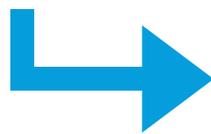
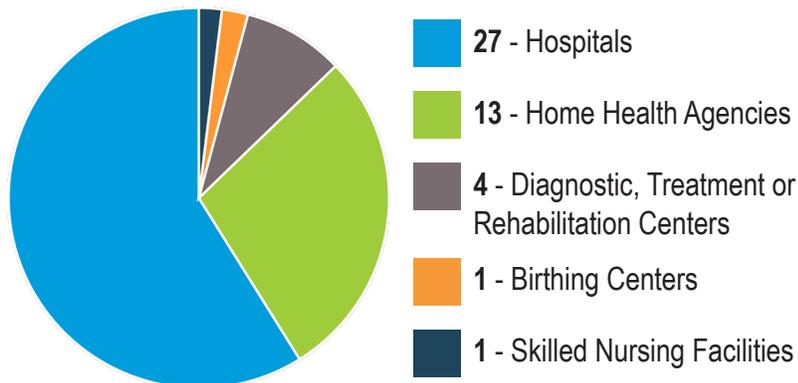
Health Planning reviews applications for Certificates of Need in accordance with the state health plan, relevant statutes, and regulations. Health Planning also issues Letters of Determination to provide guidance on the applicability of CON rules to proposed projects, and for facilities or services not requiring prior review and approval pursuant to CON rules and regulations.

- **Determine Need:** Ensures CON-regulated facilities and providers comply with annual survey requirements for reporting utilization and financial data used in state health planning forecasts and need methodologies.
- **Conduct Reviews and Inspections:** Performs architectural plan reviews and site inspections for approved projects involving major renovations and construction at certain health care facilities for compliance with construction guidelines.
- **Perform Indigent and Charity Care Commitment Compliance:** Helps ensure healthcare facilities comply with indigent and charity care requirements so services are available and can be accessed by all citizens without regard to their ability to pay.



Health Planning Activities

- Received **46** CON applications of which **24** were approved, and **385** requests for Letters of Determination of which **361** were issued.



Received CON projects had a total estimated value of over \$1.7 billion.

- Achieved a **90 percent** response rate to requests for annual utilization and financial data from CON-regulated facilities (1,474 health planning surveys distributed to regulated facilities and providers and 1,326 responses received)
- Deposited **\$6.1 million** into the Indigent and Charity Care Trust Fund from payments collected to offset shortfalls in indigent and charity care commitments for participating healthcare facilities to provide care to low-income and uninsured patients.
- Reviewed more than **2 million sq. ft.** of healthcare facility construction work valued at more than **\$885 million**, representing an increase of about 39 percent in square footage reviews, and an 86 percent increase in construction values over the previous year. There were more large-scale construction projects, which involved building new health care facilities or renovating or expanding existing facilities.
- Processed **49** requests for independent review as administrator of the Patient's Right to Independent Review Program, which gives members of managed care plans the opportunity to appeal their insurer's decision to deny coverage for medical services through an independent review organization based on medical evidence.

Public Health Emergency

In FY22 Health Planning continued suspension of O.C.G.A. § 31-6-40 CON provisions in response to Executive Order No. 03.20.20.02 concerning the COVID-19 public health emergency, permitting capable facilities to expand capacity, offer services, or make expenditures necessary to ensure patient access during the pandemic.

During this period until conclusion of the Executive Order on April 15, 2022, Health Planning approved a total of **42 healthcare facilities** to provide expanded services or make expenditures under this provision.

State Office of Rural Health

The State Office of Rural Health's (SORH) primary role is coordinating and managing state and federal funding for various grant projects through four core focus areas – State Office of Rural Health Program, Hospital Services, Primary Care Office, and the Georgia Farmworker Health Program -- to help address healthcare disparities and support the financial viability of Georgia's rural healthcare infrastructure.

Out of 159 counties in the state of Georgia, 120 are rural counties, which account for more than 2 million residents. SORH connects these traditionally underserved communities with critical resources to help create and maintain sustainable healthcare access. It also acts as a conduit for communication among state legislators, rural hospitals, clinics, federally qualified health centers, and other partner agencies and associations.

Altogether, 62 grants and contracts were executed in FY22 within these focus areas. SORH has seen a nearly 59% increase in grant funding over the past five years, which reached \$42.2 million in 2001-2022, and is a testament to the rise in need for these vulnerable populations.



State Office of Rural Health Program

The Rural Hospital Stabilization Program supported by the legislature completed its sixth phase of grant awards in FY22 in which 16 hospitals participated – the highest number of participants in a single funding phase. These hospitals received grant awards of \$881,250 each, or **\$14.1 million total** to expend on various projects supporting rural access to care, including directing funds toward operational improvements or reducing existing debt.

PHASE 6 HOSPITAL GRANT PROJECTS

- **26** hospital projects were approved by DCH to proceed.
- **73 percent** of the projects were designed to increase access to care, while **27 percent** of projects were devoted to facility/equipment upgrades and improving patient support services.
- **12** of the **16** participating hospitals elected to use a portion of grant funding for consultation services, training and scholarships for staff, and recruitment and retention initiatives, while **8** hospitals elected to apply a portion of grant funds toward reducing existing debt.



Hospital Services Program

SORH's Hospital Services Program provided training, technical assistance and resources in FY22 to improve the financial and operational viability of small rural and critical access hospitals (CAH) with the mission of improving access, quality and cost effectiveness of care for rural Georgians.

Each of Georgia's 30 CAHs implemented full antibiotic stewardship practices as of 2021. Targeted outcomes include improved antibiotic prescribing, and reduced treatment failures, adverse effects, antibiotic resistance, hospital costs, and lengths of hospital stay.

Small Rural Hospital Improvement Program

The Small Rural Hospital Improvement Program (SHIP) provides educational support and technical assistance for Georgia's small rural and critical access hospitals having 49 or less staffed beds.

The SHIP grant also provides financial support to 38 hospitals to offset costs of vendor fees for the Hospital Consumer Assessments of Healthcare Providers and Services to meet patient satisfaction and quality reporting requirements, and provides professional development opportunities for administrative and quality improvement staff.

Case in Point:

Southwell Medical underwent an expansion in FY22 across Cook County by converting seven healthcare practices to Rural Health Clinics (RHCs). For each clinic, Southwell implemented a policies and procedures manual, along with an emergency disaster plan, as part of the certification process. With the support of SHIP funding, RHC clinicians and staff received critical training to serve patients through coordinated care.



American Rescue Plan Funding (ARP) for COVID Testing and Mitigation

In FY22, the Hospital Services Program disbursed \$13 million in funding to 51 small rural and critical access hospitals through the SHIP American Rescue Plan (ARP) Testing and Mitigation grant. Hospitals received \$258,376 each to improve overall hospital and healthcare operations related to testing and mitigation of COVID. Hospitals were able to use funds for testing kits, equipment and staffing to quickly identify positive COVID patients and expedite treatment.

Case in Point:

Candler County Hospital used SHIP ARP funds in FY22 to fully upgrade its heating ventilation and air conditioning (HVAC) system. The hospital's units had been in operation since 1960 and were not providing optimal air quality and filtration, particularly in the COVID environment.



Primary Care Office

The Primary Care Office assists in improving access to primary health care services in rural areas by tracking, planning and coordinating the recruitment and retention of physicians and other allied health professionals in underserved areas. The office also helps identify Health Professional Shortage Areas (HPSA), and facilitates the development of community health centers and other primary care delivery access points.

Conrad State 30 J-1 Visa Waiver Program

The Georgia Conrad State 30 J-1 Visa Waiver Program affords international medical graduates on J-1 visas the opportunity to waive their two-year home-country physical presence requirement in exchange for three years of medical service to patients in medically underserved areas or HPSAs. In FY22, 90 J-1 Visa Waiver physicians practiced in 26 counties across rural Georgia, providing primary care services to 153,000 residents – a 30% increase of residents served since FY21.

Case in Point:

A Community Health Needs Assessment in 2019 indicated a significant physician shortage in Clinch County. At the time, the provider-to-patient ratio was 6,893:1, compared to the state average of 1,519:1. After numerous recruitment efforts for primary care physicians, Clinch Memorial Hospital in Homerville connected with Dr. Igor Ancor, M.D. through the J-1 Visa Program. Dr. Ancor, originally from Canada, became chief medical officer at CMH, and leads efforts at the hospital's new primary care practice, Clinch Memorial Family Practice, treating about 60 patients per day. Clinch Memorial Family Practice opened a satellite office in Fargo, Ga. in 2022, and Dr. Ancor extended his contract for another three years.



National Health Service Corps

The National Health Service Corps (NHSC) Loan Repayment Program, Scholarship Program, and Students to Service Program offer primary medical, dental, and mental and behavioral healthcare providers the opportunity to have their student loans repaid in exchange for providing health care in communities with limited access to care.

During the federal fiscal year ending September 2021, the NHSC awarded 250 healthcare providers in Georgia more than \$16 million in exchange for providing health care in designated Health Professional Shortage Areas.

3RNET Program

3RNET is a national web-based recruitment and retention network in place to improve rural and underserved communities' access to quality health care through the recruitment of physicians and other health care professionals. The Primary Care Office is the state administrator for the 3RNET program. In FY22, there were over 48,000 jobs viewed in Georgia, with over 2,000 health professionals referred to potential employers.



Georgia Farmworker Health Program

The Georgia Farmworker Health Program (GFHP) is comprised of six contracted healthcare entities that provide primary care services at several clinic locations and mobile clinics to Georgia's migratory and seasonal agricultural worker (MSAW) population. Migratory and seasonal agricultural workers face increased hurdles due to language barriers, which decrease proactive primary care visits and result in increased instances of crisis care management and costly trips to the emergency room.

The GFHP disbursed \$5 million in FY22 to support primary care access for migratory and seasonal agricultural workers to mitigate unnecessary and costly emergency room visits.

Health Center Cluster Grant

In FY22, the GFHP distributed funding through the Health Center Cluster Grant that went toward the purchase of four mobile medical vehicles and five patient transport vehicles. The grant also supported new technology for patient monitoring and data collection, as well as expansion of on-site services such as mental and behavioral health, and dental services, creating greater accessibility to better serve migratory seasonal and agricultural workers across South Georgia.

Office of Inspector General

Fraud, Waste and Abuse Prevention

The Georgia Department of Community Health's Office of Inspector General (OIG) safeguards the integrity of the DCH programs from risks internally and externally. Detecting fraud, waste and abuse is the office's clear charge. The OIG rigorously reviews, investigates, and audits Medicaid providers and recipients to uncover criminal conduct, administrative wrongdoing, poor management practices, and other waste, fraud, and abuse. OIG also reviews the State Health Benefit Plan (SHBP), Healthcare Facility Regulation, and other offices at DCH.

Here is a snapshot of OIG's efforts in FY22:

- Recovered **\$52.9 million** from third party liability recoveries (such as estate, casualty, trust, and commercial recoveries) and third-party liability credit balance audits.
- Identified **4,959** fraud, waste, and/or abuse cases for the Medicaid program (includes providers and members).
- Assisted the DCH Healthcare Facility Regulations Division with **121** investigations of unlicensed facilities to protect vulnerable citizens.
- Completed **64,443** criminal record checks of owners, administrators, directors, managers, direct access employees and volunteers of various health care facilities, such as adult day centers, assisted living communities, home health agencies, nursing homes, personal care homes and private home care facilities.



Office of Information Technology

Technology Modernization

Leveraging strategic transformation and new technologies, DCH will continue to design, develop and implement systems over time that support modern-day platforms, cloud-based technology, and integrated operability that enable vendors, providers and members to interface efficiently and effectively with the agency.

Medicaid Enterprise Systems Transformation (MEST)

The Medicaid Enterprise Systems Transformation (MEST) project aims to replace existing Medicaid systems with interoperable, agile systems and technology. MEST consists of several ongoing projects that include the replacement of the legacy Medicaid Management Information System (MMIS), and the integration of Medicaid tools and systems across the Medicaid enterprise.

MEST will rely on service-oriented architecture and advances in cloud-based technology to revolutionize the way systems are procured, implemented and operated. It will consist of several integrated modules including core systems such as Member Management, Provider Services, Claims Processing, and Financial Management. These modules are being independently procured and implemented but will integrate with each other across the MEST Integration Platform.

This approach to MMIS and Medicaid technology is expected to bring substantial new levels of flexibility, efficiency and adaptability to the Georgia Medicaid technology ecosystem.

Enterprise Analytics Solution for Everyone (EASE)

The purpose of DCH's Enterprise Analytics Solution for Everyone (EASE) project is to design and implement an agency-operated and maintained analytics solution to drive better decisions and actions across all units through a modern data enterprise warehouse. The EASE solution will combine modern architectures for storage and integration with the latest technologies, including cloud platforms, automation tools for data warehousing and data quality, and advanced business intelligence tools.

EASE will provide DCH with a single source of truth for strategic analytics, more timely and higher-quality data, enriched data for greater insights, strong and compliant security, easier creation of reports, and faster query response time.

