GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

2015
ANNUAL
REPORT

FY 2015 Annual Report

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Healthcare Facility Regulation ..15

The Healthcare Facility Regulation (HFR) Division of DCH served Georgia residents through the oversight of statewide health care facilities.

Health IT 17
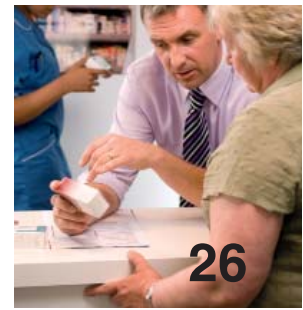
During FY 2015, the Division of Health Information Technology (Health IT) continued its mission to advance the use of health information technology throughout Georgia to reduce health care disparities, improve health outcomes, increase the efficiency of health care delivery and reduce overall health care costs.

The Big Health Care Picture and Georgia

Introduction

The Georgia Department of Community Health, designated as the state agency for Medicaid and PeachCare for Kids®, provided access to health care for nearly 2 million Georgians. DCH also administered the State Health Benefit Plan (SHBP), providing health care coverage for more than 621,000 state employees, public school personnel, retirees and dependents. Combined, these two divisions provided health insurance coverage to approximately one in four people in the state, or nearly 2.6 million Georgians. Highlights of major accomplishments included:

- The Medicaid Division issued a Request for Proposal (RFP) for a Care Management (CMO) Procurement for Georgia Families and Georgia Families 360°. The Division also procured an Integrated Eligibility System (IES), executed the ICD-10 project; implemented the Centralized Credentialing Verifi cation Organization; continued the implementation of the new Home and Community Based Services Settings Rule; and began planning for Autism coverage for members under 21 years old. In addition, the Division provided over 500,000 members with over four million trips through the Non-Emergency Transportation program using the services of two brokers across the state.

- SHBP implemented two statewide HMO options through Blue Cross Blue Shield of Georgia and UnitedHealthcare; a regional Atlanta Metropolitan Statistical Area (MSA) HMO through Kaiser Permanente; and an HDHP plan option through UnitedHealthcare. SHBP also covered hearing aids for children and the treatment of Autism spectrum disorders beginning in January 2015.

- The Division of Healthcare Facility Regulation (HFR) inspected, licensed, had oversight of and regulated nearly 15,000 Georgia health care facilities, including hospitals, nursing homes and personal care homes. The Office of Health Planning received 52 applications for Certificate of Need, 60 Requests for Letters of Non-Renewability and 179 requests for Letters of Determination.

- The Office of Health Information Technology successfully transitioned statewide operations to the Georgia Health Information Network (GHIN), the state's Health Information Exchange (HIE). As of June 2015, GHIN supported 23 hospitals, over 6,300 providers, five state agencies and seven regional HIEs.

- The Office of General Counsel's Legal Section received approximately 1,075 member and provider appeals. Contracts Administration generated approximately 206 contractual documents, including amendments. The Open Records section received approximately 393 requests for records pursuant to the Georgia Open Records Act.

- The Office of Information Technology migrated the Department to cloud-based e-mail and gained access to cloud-based tools for document and file storage, web-based collaboration, instant messaging and video conferencing. The Office of Information Security completed security and compliance audits for the IES Project, the Georgia Medicaid Management Information System (GAMMIS) and an internal HIPAA Privacy and Security Assessment.

- The Office of Inspector General's Background Investigation Unit processed 1,435 criminal history records of DCH licensed facilities. The Provider Enrollment Unit enrolled 16,500 providers in Medicaid and PeachCare for Kids. The Program Integrity Unit opened 3,432 cases and closed 2,545 cases in FY 2015. The Third Party Liability Unit (TPL) helped recover over $40.1 million for the TPL and recoupment programs.

- The Office of Communications and Legislative Affairs (OCLA) responded to 317 media inquiries and 3,535 constituent concerns in FY 2015.

- In the Operations Division, Grant Administration successfully managed 89 active grants totaling $24,654,610 in state, federal and matching funds. The State Office of Rural health established a Rural Hospital Stabilization Committee and a grant program.

In the DCH Annual Report for FY 2015, you will find descriptions of what the department does, pertinent figures and what divisions and offices considered their greatest accomplishments for the year.

We are dedicated to A *Healthy* Georgia.

DCH Organization

DCH Board

DCH is governed by the Board of Community Health. The board is composed of nine people who have policymaking authority for the Department. The board is appointed by the Governor and confirmed by the State Senate. The board meets monthly. The members serving at the end of FY 2015 were:

- Norm Boyd, Chairman
- John Clayton "Clay" Cox - Vice-Chair
- Donna Moses - Secretary
- Rick Jackson
- Roger Folsom

- Russ Childers
- Kiera L. Von Besser
- Michael Kleinpeter
- Allana Cummings

Georgia Department of Community Health
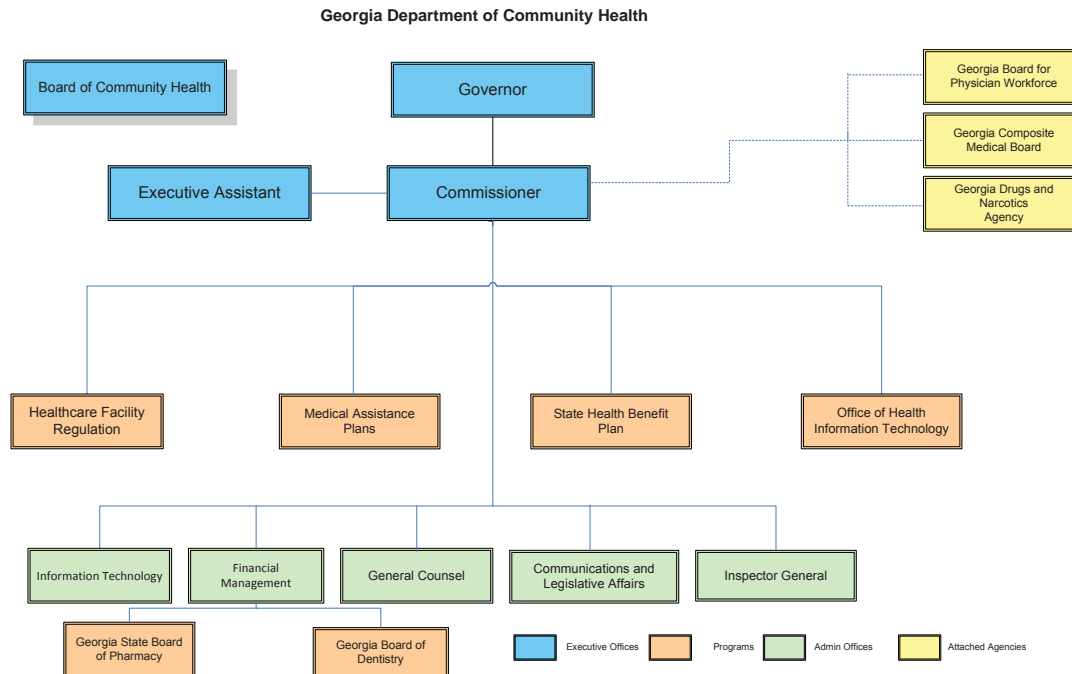
2015 DCH Total Expenditures

0.1%	Health Care Access and Improvement	0.1%	Healthcare Facility Regulations
3.6%	Administration	20.1%	State Health Benefit Plan Payments
0.0%	Board of Pharmacy and Dentistry	29.7%	Low-Income Medicaid
2.3%	PeachCare for Kids	40.8%	Aged, Blind and Disabled
3.3%	Indigent Care Trust Fund		
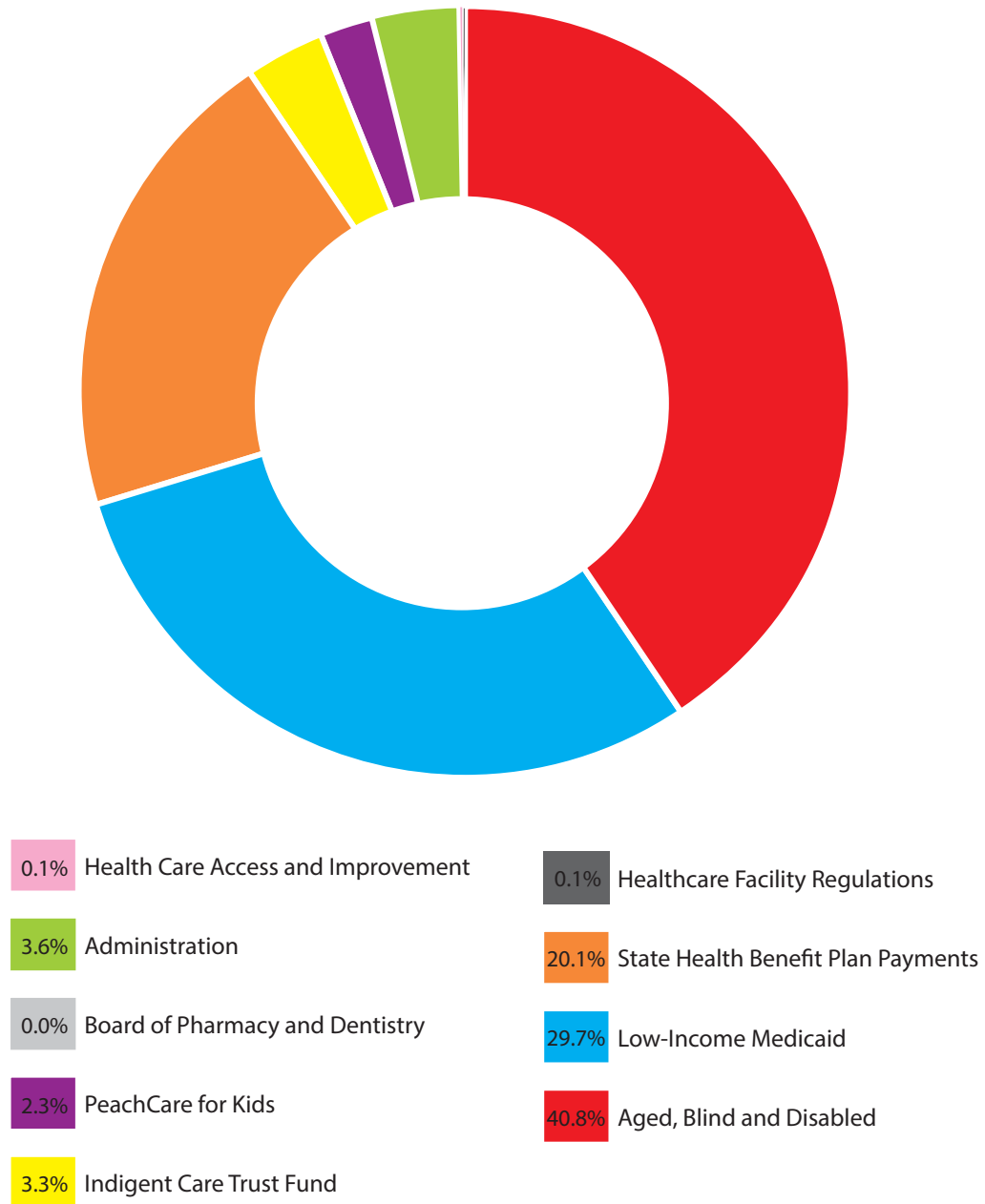
FY 2015 Table of Members and Expenditures

Measures	Medicaid[4]	Medicaid-ABD	Medicaid-LIM	PeachCare for Kids™
Members Average[1]	1,807,977	488,999	1,318,587	158,537
Member Months	21,691,037	5,867,989	15,823,048	1,902,447
Net Payment	$5,377,079,158	$4,938,236,184	$438,842,974	$14,676,747
Providers[2]	101,818	73,509	95,272	38,889
Claims Paid	53,622,350	25,474,553	28,147,797	2,556,382
Capitation Amount	$3,584,071,151	$38,147,290	$3,545,923,861	$296,046,537
Total Payment[3]	**$8,961,150,309**	**$4,976,383,474**	**$3,984,766,835**	**$310,723,284**
Total Payment Per Member Per Month	$413	$848	$252	$163

Source: Truven Health Analytics Advantage Suite, based on incurred dates July 2014 through June 2015, paid through September 2015.

[1]Members Average is the average number of members per month with any coverage type. Each member is counted once for each month they are eligible, then this count is divided by the overall number of months in the time period during which at least one member was enrolled.

[2]Unique count of providers used across the ABD and LIM populations. Providers represents multiple locations for individual providers.

[3] Includes Net Payment and Capitation Amounts.

[4] Medicaid includes Medicaid ABD and Medicaid LIM and excludes PeachCare.

Medicaid

In FY 2015, the Department of Community Health (DCH) served 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 were aged, blind or disabled (ABD). DCH's Medicaid Division 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°) or fee-for-service arrangements. The Medicaid 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 state custody receiving adoption assistance and select youth in the juvenile justice system.

- Overseeing member eligibility and enrollment into Medicaid and PeachCare for Kids, and enrollment into the Georgia Families care management organizations (CMOs) and the Georgia Families 360° care management organization.

- Overseeing the seven programs offering home- and community-based services (HCBS) alternatives over long-term institutional care.

- Collecting data and reporting the performance metrics for both the fee-for-service population and members 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.

- Developing and implementing new programs in Medicaid and PeachCare for Kids® promoting continuity of care, care coordination and enhanced health outcomes, such as the rapid cycle process improvement process.

- 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 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 Kids members.

Major Programs and/or Initiatives

Beyond the primary role of managing Medicaid, the Division developed new and innovative programs that enhanced the effectiveness and efficiency of health care services offered. Georgia Medicaid continues the improvement of services through program enhancements as part of the Medicaid Redesign initiative. Medicaid Redesign began in FY 2011 and focused on improving the health of Medicaid members, while also controlling the ever-increasing expenditures of providing Medicaid services in Georgia. In FY 2015, Medicaid implemented the following:

- Re-procurement for the CMO contracts. DCH first implemented Georgia Families, the Medicaid managed care program for Low Income Medicaid (LIM) and PeachCare for Kids members in FY 2015. The current contracts will expire at the end of FY 2016. The new CMO contracts will be implemented on July 1, 2016 with

changes to the Georgia Families program, including a value-based purchasing component to ensure that the CMOs meet pre-defined performance metrics.

- Procured an Integrated Eligibility System (IES).

- Along with other state agencies in FY 2015, DCH continues to develop a robust IES, projected to be operational in FY 2016. As the lead agency, DCH worked closely with the Department of Human Services (DHS), Department of Public Health (DPH) and others to develop an integrated eligibility solution. A single point of entry is being created to serve those applying for Medicaid, Food Stamps (SNAP), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Program (SNAP), Women, Infants, and Children (WIC) benefits and more.

- Executed the ICD-10 project for Medicaid. With a deadline of October 1, 2015, DCH completed its testing of the ICD-10 coding necessary for implementation of ICD-10 and ensured that the Georgia Medicaid Management Information System (GAMMIS) would be ready with more than 150,000 medical codes.

- Implemented the Centralized Credentialing Verification Organization. In FY 2015, DCH worked with our fiscal agent (HP) to develop a streamlined credentialing process, projected to be operational in early FY 2016. The Credentialing Verification Organization (CVO) will be responsible for credentialing and re-credentialing Medicaid, PeachCare for Kids, Georgia Families and Georgia Families 360° providers in accordance with guidelines established by the National Committee for Quality Assurance (NCQA). The CVO will conduct primary source verification as well as monthly monitoring of provider fraud and abuse sanctions. Additionally, the CVO will have a Credentialing Committee, chaired by a Medical Director responsible for reviewing all credentialing and re-credentialing applications.

- Planned for implementation of the new HCBS Settings Rule. CMS issued new regulation for the delivery of HCBS, defining the characteristics and qualities of an authorized provider-owned or -operated setting in which services can be delivered. The regulation required the state to develop Transition Plans describing how the

state would assure compliance with the new rules that call for service to be provided in an integrated setting and in the most community-inclusive manner. Georgia engaged a statewide Task Force, conducted a series of public meetings to provide education on the rules and seek input on the development of the Transition Plan. Georgia prepared and submitted four waiver-specific Transition Plans, as well as a cross-waiver Statewide Transition Plan. CMS approved the waiver-specific plans and approval of the Statewide Plan is pending. Implementation of the plans will be ongoing through 2019.

- Provided over 500,000 members in over four million trips with Non-Emergency Transportation (NET) through the services of two brokers across the state in FY 2015. Both of our transportation brokers are using Smart technology to better schedule and manage trips, and NET's focus continues to be improved level of service and on time performance.

- Began planning for Autism Coverage for members under 21 years old.

Table of Historical Medicaid Members and Payments by Fiscal Year[1]

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	180,953	$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	$8,961,150,309	$4,958	-16.4%

Source: Truven Health Analytics Advantage Suite, based on incurred dates July 1999 through June 2015, paid through September 2015.

1 Medicaid includes Medicaid ABD and Medicaid LIM and excludes PeachCare.

2 Includes Net Payment and Capitation Amounts.

Medicaid Payments Distribution by Service Type

- 2% All Other Services
- 12% Waiver Services
- 1% Other Pracitioner Services
- 8% Pharmacy Services
- 1% Maternal & Child Health Services
- 14% Nursing Facility Services
- 2% Mental Health Services
- 16% Hospital Services
- 1% Equipment & Devices
- 4% Physician Services
- 0% Emergency Transportation Services
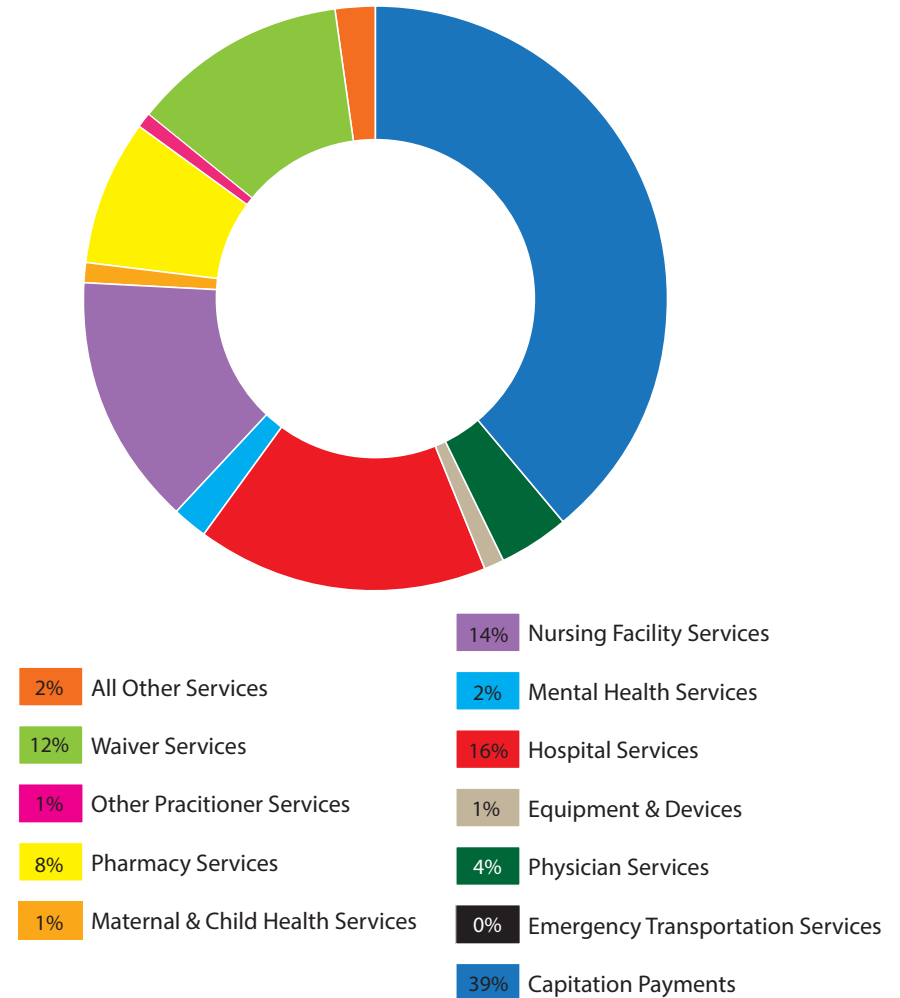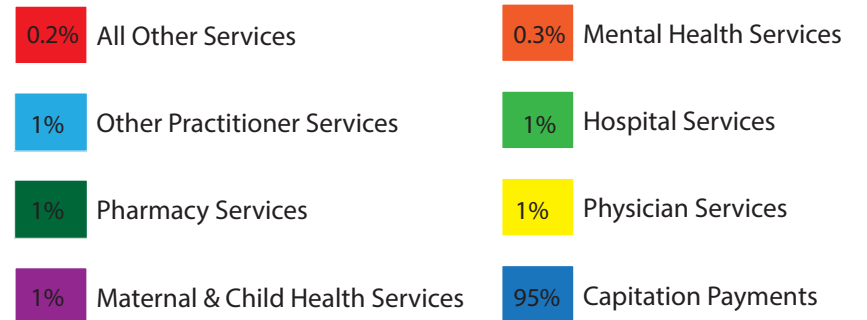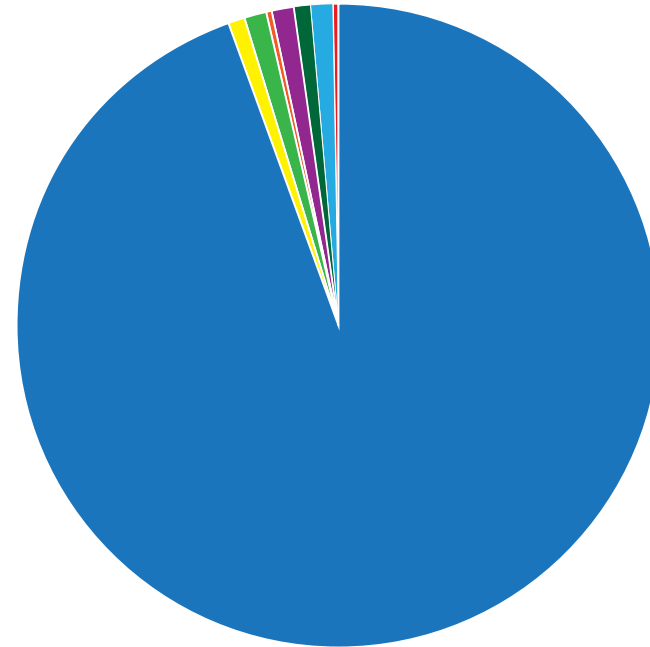- 39% Capitation Payments

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	199,532	$316,597,618	$1,587	7.3%
2012	205,330	$337,567,832	$1,644	3.6%
2013	218,139	$401,292,737	$1,840	11.9%
2014	215,438	$425,547,842	$1,975	7.4%
2015	158,537	$310,723,284	$1,960	-0.8%

Source: Truven Health Analytics Advantage Suite, based on incurred dates July 1999 through June 2015, paid through September 2015.

1 Includes Net Payment and Capitation Amounts.

Peachcare For Kids Payment Distribution by Service Type : FY 2015

0.2% All Other Services	0.3% Mental Health Services
1% Other Practitioner Services	1% Hospital Services
1% Pharmacy Services	1% Physician Services
1% Maternal & Child Health Services	95% Capitation Payments

Medicaid

State Health Benefit Plan

The Georgia Department of Community Health (DCH) served as the state's administrator of health insurance coverage for state employees, teachers, school system employees and retirees who continued 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 620,534 lives as of June 2015.

SHBP is a self-insured, self-funded plan that pays benefits out of the premiums contributed from members (through monthly payroll deductions) and from monthly contributions from the employers that offer the SHBP (e.g., state agencies and public school systems).

SHBP also offers fully insured Medicare Advantage options for former employees who are continuing coverage and who are enrolled at a minimum in Medicare Part B. Employer contributions and member premiums are used to purchase Medicare Advantage insurance.

In addition to the HRA plan options (Gold, Silver and Bronze) that were offered in 2014 to eligible active employees, annuitants under age 65 and eligible former employees, in 2015 SHBP implemented two statewide HMO options (offered through Blue Cross Blue Shield and UnitedHealthcare); a regional Atlanta Metropolitan Statistical Area (MSA) HMO (offered through Kaiser Permanente); and a HDHP plan option (also offered through UnitedHealthcare). These additional plan options provided expanded vendor and plan design choices for active employees and their dependents.

In addition to the expanded plan design choices, SHBP continued to encourage health and wellness participation to its membership. SHBP expanded its wellness incentive offerings through the HMO and HDHP plan options through its wellness vendor, Healthways. Members covered under these plan options could earn up to 960 well-being incentive credits by completing certain health actions; these credits could be used to reduce members' out-of-pocket costs for eligible health expenses. Furthermore, Kaiser Permanente members were eligible to win both an iPad and a Fitbit if they completed certain health actions.

Structure of SHBP

Within the Division, there were six primary operating units:

- Plan Management developed the Benefit Plan and designed the Plan documents, which contained the terms and conditions of the SHBP. The unit was responsible for monitoring compliance with vendor contracts.
- Medical Management provided 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.
- Communications provided information to employers and members of the Plan's benefits, eligibility, policies and procedures.
- Employer Services assisted participating employers with information and training about Plan coverage and billing.
- Administrative Solutions Team assisted members with all eligibility matters including changes and premium payment issues, oversight of the eligibility vendor and appeals.
- Vendor Program Management provided oversight and monitoring of vendor performance.

Accomplishments

Prevention Campaigns 2015

Targeted email campaigns for the following:

- Lose the Excuse Challenge (198,016 members)
- Water Challenge (205,763 members)
- 10K-A-Day Challenge (277,495 members)
- How Wellness Credits Work (277,665 members)

Additionally, various onsite presentations were held at employer work sites:

- Sit to Move (415 attendees)
  - Stress Management (270 attendees)
  - Healthy Mid-day Meals (266 attendees)
  - Bus Driver Wellness (50 attendees)

Well-Being Assessments (WBA) 2015

Total WBA completion in 2015 was 127,338, of which 101,448 were completed by members; 25,584 were completed by spouses, and 306 were completed by dependents over 18.

Flu Shots 2015

- In partnership with Blue Cross Blue Shield of Georgia, 36,589 flu shots were provided to members.
- In partnership with the Georgia Department of Public Health, four vaccination clinics were conducted, with over 900 flu shots provided.

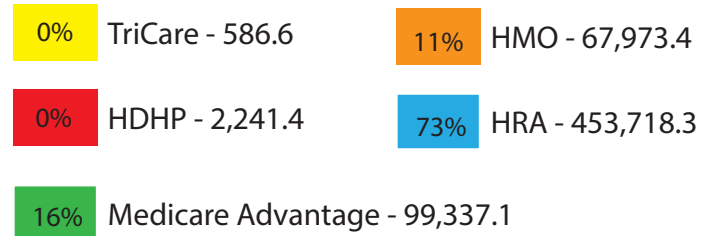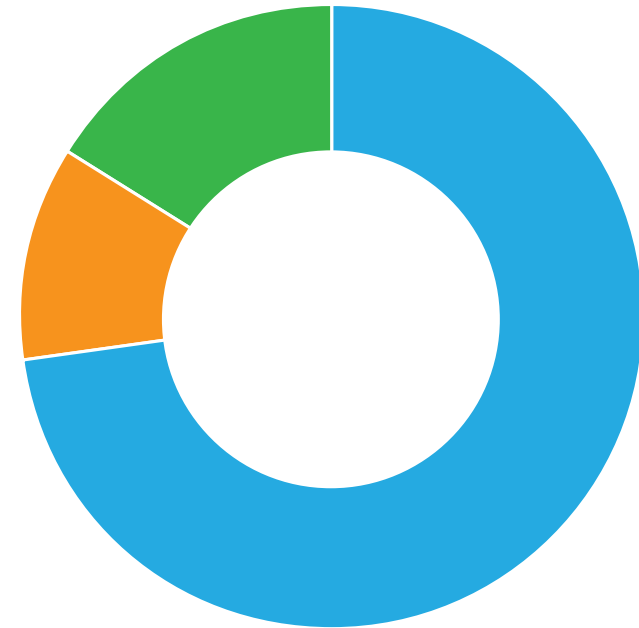## Table of Historical SHBP Members and Payments by Fiscal Year[1]

Fiscal Year	Members Average	Total Payments	Payment Per Member	% Change in Payment Per Member
2000 [2]	--	--	--	--
2001	647,466	$1,110,543,053	$1,715	--
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	$2,953,825,716	$4,721	18.6%
2015	623,857	$3,404,616,000	$5,457	15.6%

Source: Truven Health Analytics Advantage Suite, based on incurred dates July 1999 through June 2014, paid through November 2014.
1 Includes Net Payments, Healthcare Reimbursement Amounts, and Capitation Amounts.
2 Data for FY 2000 is not available.

SHBP Members Average by Plan Type FY 2015[1]

0%	TriCare - 586.6	
0%	HDHP - 2,241.4	
16%	Medicare Advantage - 99,337.1	
11%	HMO - 67,973.4	
73%	HRA - 453,718.3	

Source: Truven Health Analytics Advantage Suite, based on incurred dates July 2013 through June 2014, paid through November 2014.
1Members Average reflects enrollment for the Fiscal Year, July 2013 through June 2014.

FY 2015 Table of State Health Benefit Plan Covered Lives[1]

Measures	State Active	State Retiree	Teacher Active	Teacher Retiree	NonCert Active	NonCert Retiree	COBRA/ Surviving Spouse	Total SHBP
Members Average[2]	97,875	50,882	241,189	79,660	120,207	31,641	2,404	623,857
Member Months	1,174,504	610,583	2,894,269	955,914	120,207	379,697	28,848	7,486,283
Net Payment	$411,726,672	$472,140,315	$822,039,360	$686,679,338	$568,898,633	$310,667,872	$24,665,300	$3,296,817,489
Providers	26,732	70,533	40,424	98,338	25,928	53,908	17,844	201,695
Claims Paid	2,358,588	3,077,972	4,938,261	4,474,580	3,157,322	2,081,909	149,942	13,758,598
Capitation Amount[3]	$0	$0	$0	$0	$0	$0	$0	$0
Healthcare Reimbursement Amount	$20,521,408	$5,590,764	$43,493,819	$7,267,546	$24,145,362	$2,339,889	$165,967	$107,798,511
Total Payments[4]	**$432,248,080**	**$477,731,079**	**$865,533,180**	**$478,358,233**	**$593,043,995**	**$313,007,760**	**$24,831,266**	**$3,404,616,000**
Payments Per Member	$368	$782	$299	$730	$411	$824	$861	$455

Source: Truven Health Analytics Advantage Suite, based on incurred dates July 2014 through June 2015, paid through September 2015.

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.

3 Includes Net Payments, Healthcare Reimbursement Amount, and Healthcare Incentive Amounts for UHC members (note, HIA is not available for BCBS members to date). Includes Medicare Advantage payments for the entire year (note, that the MA payments for FY 2014 were only for six months). Excludes Kaiser capitation payments.

FY 2015 Table of State Health Benefit Plan Covered Lives[1]

Category	Members Average	Employee / Retiree	Dependent
State Employees - Active	96,238	52,765	43,473
State Employees - Retired	50,834	34,970	15,864
Teachers – Active	241,020	102,364	138,656
Teachers – Retired	79,660	55,009	24,651
School Service Personnel – Active	120,207	63,164	57,043
School Service Personnel – Retired	31,641	23,000	8,642
Contracts/Board Members	1,854	1,180	674
COBRA/Surviving Spouse	2,404	2,245	159
SHBP TOTAL	623,857	334,697	289,160

Source: Truven Health Analytics Advantage Suite, based on incurred dates July 2014 through June 2015, paid through September 2015.

[1]Members Average reflects enrollment for the Fiscal Year, July 2014 through June 2015.

Healthcare Facility Regulation

The Healthcare Facility Regulation (HFR) Division of DCH served Georgia residents through the oversight of statewide health care facilities.

In FY 2015, HFR inspected and licensed more than 20 types of health care facilities and services, such as hospitals, nursing homes, assisted living facilities, personal care homes and drug abuse treatment and end stage renal treatment 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 (FDA) of the U.S. Department of Health and Human Services (HHS).

HFR provided ongoing monitoring of licensed health care facilities to ensure compliance with rules promulgated by DCH. The division reviewed and issued decisions to facilities' requests for waivers or variances to these rules. Furthermore, HFR investigated reports of unlicensed facilities, complaints against licensed facilities, adverse events and incidents reported by citizens and the facilities. In addition, HFR participated in training of staff of other state agencies and community groups.

Accomplishments

- Healthcare Facility Regulation provided oversight to over 15,000 facilities, providers and registrants in FY 2015.
- HFR initiated cross training for the surveyor staff. Surveyors from health care, intake and triage, and personal care home programs began the training to attain CMS registration and certification to conduct nursing home surveys. In FY 2015, 20 surveyors were in various phases of the process.

Office of Health Planning

The Office of Health Planning of DCH serves Georgia residents through its 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 (LNR) for facilities or services not requiring prior review and approval pursuant to CON rules and regulations.

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 insures 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.

Health Information Technology

During FY 2015, the Division of Health Information Technology (Health IT) continued its mission to advance the use of health information technology throughout Georgia so it can reduce health care disparities, improve health outcomes, increase the efficiency of health care delivery and reduce overall health care costs. Health IT's objectives included:

- Supporting the Statewide Health Information Exchange (HIE). The Georgia Health Information Network (GaHIN) is Georgia's statewide HIE. Created as a public-private partnership under the leadership of DCH's Division of Health IT, GaHIN electronically connects Georgia hospitals, physicians, clinicians, payers, wellness partners and other health care stakeholders to exchange patient health information though a secure network. DCH has furthered this public/private collaboration model to seek opportunities to provide technology support for Medicaid programs and policies.

- Administering the Medicaid Electronic Health Records (EHR) Incentive Program (Phase 2). The Medicaid EHR Incentive Program consists of three stages of Meaningful Use (MU). Each stage has its own set of requirements. Stage 2 focuses on advanced clinical procedures, including measures focused on more rigorous HIE; additional requirements for e-prescribing and incorporating lab results; electronic transmission of patient care summaries across multiple settings; and increased patient and family engagement. Phase 2 allowed eligible Medicaid professionals and hospitals to apply for Year 4 MU Stage 2 payments – further incentivizing Medicaid providers to not only use EHR technology, but use it in meaningful ways to improve patient care and reduce health care costs.

- Demonstrating e-health in Medicaid services and supports. DCH successfully completed the first year of TEFT (Demonstration Grant for Testing Experience and Functional Assessment Tools (TEFT) in Medicaid Community-Based Long Term Services and Supports). DCH was awarded the four-year grant by the Centers for Medicare & Medicaid Services (CMS) to test quality measurement tools and demonstrate e-health in Medicaid long term services and supports. In 2015, DCH established its Standards & Interoperability (S&I) Framework Charter, an open, collaborative community made up of stakeholders from the public and private sectors. The TEFT initiative supports state Medicaid agencies in collecting and reporting on the adult core measures under Section 2701 of the Patient Protection and Affordable Care Act. During the four-year grant period, Georgia will demonstrate the personal health record (PHR) component by working collaboratively with CMS and the Georgia Institute of Technology to survey populations in Georgia's Home- and Community-Based Waiver programs.

Accomplishments

Georgia Statewide HIE Network

DCH successfully transitioned statewide operations to the GaHIN in July 2014. DCH continues to partner with GaHIN to provide oversight and funding assistance. As of June 2015, GaHIN supported:

- 23 hospitals
- 6,303 providers
- five state agencies
- seven regional HIEs

Medicaid EHR Incentive Program

Through the Division of Heath IT, DCH continued its administrative oversight of the Medicaid 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 and eligible hospitals that adopted, implemented or upgraded certified EHR technology and that were able to demonstrate improved patient care and reduced health care costs.

As of June 29, 2015, the program has paid approximately $252 million to Georgia health care providers since the program's inception in September 2011. Eligible Medicaid providers have until the end of 2016 to complete their application to participate in the incentive program, which the department strongly encourages entities to do as soon as possible.

Financial Management

In FY 2015, the Financial Management Division provided financial support to DCH. Three sections performed the division's work: Financial and Accounting Services, the Budget Office and Reimbursement Services.

Financial and Accounting Services

The Financial and Accounting Services section paid providers, vendors and employees, and ensured that DCH complied with generally accepted accounting principles and performed cash management analysis for the agency. In addition, the section prepared financial reports that secured Medicaid, S-CHIP (PeachCare for Kids®) and other federal funding, and prepared the Department's annual financial statements.

The Budget Office

The Budget Office developed, requested, maintained and monitored the DCH's budget. During budget development, the Budget Office prepared budget and cash projections for the Medicaid, PeachCare for Kids and State Health Benefit Plan (SHBP) programs. In addition, the Budget Office, supported by the Financial and Accounting Services section, ensured funding was available for departmental operations before liabilities were incurred.

Reimbursement Services

The Reimbursement Services section provided support to nursing homes, long-term care facilities, hospitals and non-institutional providers seeking reimbursement from the Medicaid and PeachCare for Kids programs. In addition, the section set Medicaid and PeachCare for Kids CMO capitation and other payment rates. The section also was responsible for supplemental provider payments, such as the Upper Payment Limit (UPL) and Disproportionate Share Hospital (DSH) programs.

In FY 2015, the Office of General Counsel provided legal guidance and support to the Commissioner, the Board of Community Health and all divisions and offices of the Department. The Office prepared contracts; drafted and monitored proposed legislation; analyzed and researched health care policy issues and state and federal laws; provided support in various court cases; processed open records requests; and prepared policies, resolutions, rules and regulations for DCH. The Office also monitored compliance with HIPAA Privacy and Security, provided regulatory compliance guidance, and administered the Georgia Open Records Act on the Department's behalf. Through its Legal Services section, the Office also handled administrative hearings before the Office of State Administrative Hearings and the internal Hearing Officer designated by the Commissioner. The Office maintained a close working relationship with various governmental agencies, including its sister agencies consisting of the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Human Services (DHS) and the Department of Public Health (DPH) to ensure an open line of communication supporting DCH's programs, goals and missions. Four sections in the Office assisted in the above efforts:

- Legal Services
- Contracts Administration
- HIPAA Privacy & Security
- Open Records

Accomplishments

- The Legal Services section received approximately 1,075 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 approximately 206 contractual documents, including amendments.
- The HIPAA Privacy & Security section assisted with the "Refreshed and Ready" training program, during which DCH workers, including employees and contractors, completed online training about targeted departmental policies and procedures.
- The Open Records section received approximately 393 requests for records pursuant to the Georgia Open Records Act.

Office of General Counsel

Information Technology

In FY 2015, the Office of Information Technology (OIT) was composed of the following business units:

- The Medicaid Management Information System (MMIS) Unit, which supported the various systems used for processing, collecting, analyzing and reporting information needed for all Medicaid and PeachCare for Kids® claim payment functions

- The Office of Health Information and Analytics (OHIA), which supported the DCH Decision Support System and provided analytical and reporting services to DCH for the Medicaid, PeachCare for Kids and SHBP populations

- The Information Technology Infrastructure (ITI) unit, which provided end-user computing support and information technology oversight for the entire agency

- The Office of Information Security, which ensured information and technology security compliance for DCH systems

- The Medicaid Information Technology Architecture (MITA) Unit, which implemented Georgia's MITA framework including the State Self-Assessment, Business Architecture, Information Architecture and the initiation of business process projects that will allow Georgia to mature along the MITA framework.

Major Accomplishments

- DCH migrated to cloud-based e-mail and gained access to cloud-based tools for document and file storage, web-based collaboration, instant messaging and video conferencing. This migration also upgraded mailbox size from 500 MB to 50 GB per user and made applications more accessible from the Internet.

- IT established the organizational framework to support the Medicaid enterprise transformation that will align with MITA goals to further mature DCH's processes, including the establishment of an executive level Enterprise Governance Committee (EGC) and a Program Management Office (PMO).

- The MITA PMO completed the annual state self-assessment for 11 business areas and 80 business processes and established a roadmap to advance DCH's MITA Maturity in Business, Information and Technical Architecture. The PMO also identified 28 DCH projects to advance the Department's MITA Maturity Model.

- The MITA PMO adapted the APD development and review process to align with MITA requirements and optimize the ability to obtain enhanced federal funding for DCH projects.

- The Office of Health Information and Analytics embarked on a new procurement for Decision Support and Data Warehousing Services. The Enterprise Data Solution (EDS) will house data from multiple state agencies to meet the growing reporting and analytic needs of the Department. The EDS is expected to go live in FY 2018.

- The Office of Information Security successfully completed security and compliance audits for DCH's Integrated Eligibility System (IES) project, the Georgia Medicaid Management Information System (GAMMIS) and internal HIPAA Privacy and Security assessment.

- The Office Information Security revised the HIPAA Security Compliance training material to facilitate the successful completion of yearly compliance training for all DCH staff and contractors through an on-line training system.

Office of Inspector General

The Office of Inspector General (OIG) safeguarded the integrity of DCH from risk internally and externally. Detecting fraud, waste and abuse was the office's clear charge. The OIG rigorously reviewed, investigated and audited Medicaid providers and recipients to uncover criminal conduct, administrative wrongdoing, poor management practices and other waste, fraud and abuse. The OIG also recovered the cost of medical expenditures from liable third parties when members were involved in a personal injury action. Additionally, the OIG provided Department oversight, audit and provider enrollment certification services.

In FY15 the office had eight units:

- **Background Investigations Unit (BIU)** — The Background Investigations Unit (BIU) performed criminal background investigations for DCH employment, contractors and applicants for Purchasing Cards.
- **Data Integrity and Analysis Team (DIAT)** — DIAT generated, analyzed and maintained analytical data and reports within the OIG to assist in the detection of fraud and abuse;
- **Internal Investigations** — Internal Investigations examined allegations of fraud, waste and abuse by DCH employees, contractors, sub-contractors and vendors.
- **OIG Legal/SHBP Fraud Team** — This unit was responsible for the legal needs of all OIG units. Also, the SHBP Fraud Team was responsible for detecting fraud, waste and abuse within the SHBP.
- **Office of Audits** — This office conducted internal and external audits and reviews;
- **Program Integrity** — Program Integrity monitored Medicaid providers and members;
- **Provider Enrollment** — This unit reviewed, evaluated and processed all applications for supplier and facility enrollment in Georgia Medicaid and PeachCare for Kids®
- **Third Party Liability (TPL)** — TPL identified, maintained and recovered third-party resources that were liable for the cost of medical expenditures of the Medicaid members.

Accomplishments

- The Background Investigations Unit (BIU) performed criminal background investigations for DCH employment, contractors and applicants for Purchasing Cards. The unit also conducted criminal background checks of various DCH licensed healthcare facilities. In FY15, BIU processed 1,435 criminal history records of DCH licensed facilities. Of those, 1408 satisfactory determinations were issued.

- OIG Internal Investigations opened and closed 11 cases in FY15, all findings are reported directly to the DCH Commissioner's office.

- Provider Enrollment (PE) oversaw and monitored the review and processing of practitioner enrollment applications, conducted by DCH's fiscal agent Hewlett Packard Enterprise Services. The PE unit was the gatekeeper for the enrollment of providers and practitioners for the Georgia Medicaid and PeachCare for Kids® programs. The enrollment process included credentialing, endorsement and licensure verification to ensure that all providers were in good standing in the community. For FY15, a total of 30,955 providers were enrolled into the Georgia Medicaid/PeachCare for Kids program. Of the 30,955 enrolled providers, a total of 16,500 physicians were enrolled. A total of 6,047 providers were denied enrollment.

- The Program Integrity Unit (PI) opened 3,432 cases and closed 2,545 cases in FY15; in addition, the Office of Inspector General engaged providers in informally resolving issues identified during Program Integrity reviews. The Department has used discretion in reducing overpayments identified that are attributable to simple errors and do not affect the quality of care the member received.

- The Third Party Liability Unit (TPL) was involved in recovering over $40.1 million for the TPL recovery and recoupment programs. A total of 16,885 leads/cases were opened and 9,928 were closed/settled. TPL was also involved in opening 1,866 HIPP and CHIPRA applications; 1,522 applications received were denied.

Communications & Legislative Affairs

The Office of Communications & Legislative Affairs was the primary point of contact and outreach for all DCH internal and external communications, and all legislative activities with the Georgia General Assembly and the annual Legislative Session. The Office's three main programs include communications, legislative affairs and constituent services. The office handled all media and public relations for the Department, responding to the department's diverse communications needs with tools like the DCH web site, press releases, e-newsletters, social media channels, Intranet and more. Legislative Affairs staff served as the liaison to government officials, lobbyists, patient advocacy groups and health-related organizations to support departmental initiatives and programs. Constituent Services staff were customer service agents for the department, interacting daily with members, providers, legislators and others to help Georgians understand the Medicaid and State Health Benefit Plan programs, and the department's business functions as a whole. In FY 2015, DCH Constituent Services responded to and sought outcomes for 3,535 constituent inquiries.

During FY 2015, communication staff wrote and distributed 11 news releases/advisories and responded to more than 317 media inquiries. Media interest focused on the State Health Benefit Plan, Healthcare Facilities Regulation, Medicaid and other various issues with requests received from state, regional and national media outlets.

Communications continued to produce several publications that have become vital sources of Department news and updates. This included 16 editions of DCH-i, the agency's external newsletter, which kept the more than 55,000 stakeholders, providers, legislators and other interested Georgians informed about the latest news from DCH, and 12 editions of DCHNOW, an internal monthly e-newsletter for DCH staff. In FY 2015, Communications continued to publish a newsletter for SHBP members, benefit coordinators and payroll locations. In addition, an ICD-10 newsletter encouraging provider compliance was issued regularly to support the agency's educational outreach. Communications sent numerous special email bulletins to stakeholders informed them of upcoming changes, deadlines and other important DCH news. DCH social media channels, including a Facebook page and a Twitter feed communicated news and information to interested citizens. Communications also continued the reorganization and clean-up of the DCH web site for greater user accessibility and ease of use. The Intranet site – MyDCH – was used to house staff announcements and other internal communications tools.

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The Operations Division continued its efforts to improve the quality and efficacy of service to its external and internal customers. The Division's administrative offices consisted of the Office of Strategic Management, which had oversight of Vendor, Grantee Management and Support Services; the Office of Human Resources; the Office of Procurement Services and the State Office of Rural Health. Collectively, these Offices focused primarily on further enhancing developed process improvement initiatives that allowed for shortened process times for requests; removal of duplicate or superfluous procedures to streamline activities; and the identification of systematic workflows to improve efficiency. These administrative offices support each of the agency's divisions as well as the stakeholders who assist the Department in improving the health status of Georgians. Further, the programmatic offices within Operations continued its mission to provide essential services to the uninsured and underinsured through the agency's Breast Cancer License Tag Program.

The Office of Strategic Management

The Office of Strategic Management oversaw agency-wide functions including the strategic plan, agency dashboard and the enterprise policy initiative. During FY 2015, this unit implemented a project management dashboard that tracked 10 of the agency's most critical projects. This tool promoted transparency and accountability on the health and reporting of mission-critical projects. In addition, Strategic Management launched an initiative to update over 60 enterprise policies by December 31, 2015, to ensure the most contemporary, accurate information is being shared with agency employees, contractors and other stakeholders.

The Office of Vendor Management

The Office of Vendor Management was established to provide critical oversight of the agency's contracted vendors. During SFY 2015, the agency enhanced Vendor Management's oversight so that contracts deemed "high risk" were subjected to a more comprehensive, aggressive monitoring approach to ensure the intended outcomes were achieved.

A Performance Assessment Report is periodically initiated to allow the contract's assigned Business Owner to indicate whether the vendor was Compliant, Non-Compliant or Needs Improvement in its performance of its contractual responsibilities. During FY2015, Vendor Management initiated over 250 Performance Assessment Reports and determined vendor compliance was achieved in 78 percent of those assessments. This is a significant increase in vendor compliance over previous fiscal years which demonstrated the enhanced approach was achieving the expected outcome.

Operations

Additionally, Vendor Management conducted various types of monitoring activities to ensure vendor compliance, such as onsite reviews where the agency had an opportunity to directly observe vendor operations. During FY 2015, the Office conducted 10 onsite visits which resulted in certain vendors implementing recommendations for improvement that were issued by Vendor Management after the onsite visit.

The Office of Support Services

The Office of Support Services handled various functions throughout the agency, including: mail services, asset management, business continuity/ disaster recovery, facility and space management and records management. During FY2015, Support Services completed over thirty work order requests for facility modification, staff relocations and other infrastructure requests to support division needs.

The State Office of Rural Health

The State Office of Rural Health (SORH) received $6,686,311 in state funding and $4,848,605 in federal funding totaling $11,534,916 for FY 2015. The SORH linked Georgia's 109 rural counties with state and federal resources to develop long-term solutions to address health care delivery issues and improve health status. The focus for FY 2015 funding continued initiatives launched in FY 2014 to facilitate the work of the Rural Hospital Stabilization Committee, including building regional rural health systems, supporting rural hospitals to improve their financial stability, increasing number of school-based telehealth sites, placing physicians and allied health professionals in underserved communities, and identifying creative ways to make health care more accessible in Georgia's underserved rural and urban areas. The SORH facilitated improved access to primary health care in all underserved areas of Georgia by using education, information, technology and collaboration among the multi-levels of health providers.

Programs included Federally Qualified Health Center Start Up, Rural Health Networks, Area Health Education Centers, Health Professional Shortage Designations, J1 Visa Waiver Programs, the National Health Service Corps, Georgia Breast Cancer Tag Program, Erlanger & GA Department of Public Safety (Camilla) Air Ambulance Projects.

Office of Procurement Services and Grant Administration

Procurement Services used strategic sourcing to procure quality goods and services at the lowest reasonable cost and at the best value to the state. In FY 2015, Procurement Services managed eight procurements with an estimated fiscal year value of $3.1 billion through competitive bids. Procurement analyzed 251 current and forecasted purchases to identify services that must be either sourced through the competitive bidding process, could be exempt or approved for renewal, termination and/or substantive changes through the amendments of existing contracts.

In FY 2015, Grants Administration successfully managed 89 active grants totaling $24,654,610 in state, federal and in-kind matching funds. In conjunction with DCH business owners, Grants Administration developed performance-based deliverables for all grant awards. The practice of developing performance based deliverables allows the agency to clearly identify the public's return on issuing grant funds. The Office initiated and executed 67 grants totaling $9,952,334.

Among the various competitive grant awards, Grants Administration awarded one grantee through the Air Ambulance Grant. The purpose of the Air Ambulance Grant was to provide funding to support operating expenses of air ambulance services in the Southwest Georgia Region. This enhanced air ambulance coverage for Southwest Georgia was accomplished through efforts of the Georgia Department of Community Health, State Office of Rural Health (DCH/SORH) and the Georgia Department of Public Safety (DPS). The Southwest Georgia Region, with its center being located in Camilla, Georgia, was underserved by air ambulance services. The Grantee provided air ambulance transport of patients and provide assistance to DPS's Aviation Division as needed.

Three grant awards were renewed in the amount of $840,000.00. Grants Administration also amended 13 grant agreements in the amount of $8,512,340.00, extended two grant agreements in the amount of $1,000,000.00 and initiated 61 grant agreements for termination totaling $8,170,505.00.

Office of Human Resources

The Office of Human Resources (OHR) provides HR support to a workforce of just over 1,000 employees. During FY 2015, the employee turnover rate for the Department was 14.1 percent compared to the state's FY15 rate of 18.04 percent. There were 28 retirements which represented 18.79 percent of the 149 employees who left the Department during FY2015. Training continues to be a focus of HR services. The Office on-boarded 218 new employees during FY2015. The Annual "Spring into Training" Compliance recorded a 98 percent completion rate. In addition, HR continued to encourage participation in Customer Service classes.

Attached Agencies

The Georgia Boards of Pharmacy and Dentistry

The Georgia Board of Dentistry ("Board") 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 Board issues licenses to qualified dentist and dental hygiene applicants, 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 ("Board") regulates pharmacy personnel and pharmacy facilities in Georgia. The Board reviews applications, administers examinations, licenses qualified pharmacists, pharmacy interns, pharmacy technicians and pharmacy facility applicants, and regulates the practice of licensees. Complaints are investigated through its affiliated agency, the Georgia Drugs and Narcotics Agency, and if warranted, disciplinary action may be taken by the Board.

Major Accomplishments

The Georgia Boards of Dentistry and Pharmacy collectively adopted 49 new and amended rules. The Board of Pharmacy implemented a new license type for non-resident pharmacies. Additionally, it added a fourth practical examination for pharmacists seeking licensure in Georgia.

- **Georgia Composite Medical Board** licenses and regulates physicians, physician's assistants, resident physicians, respiratory care professionals, perfusionists, acupuncturists and auricular (ear) detoxification specialists, paramedics and cardiac technicians. The Board also maintains a comprehensive database on licensed physicians in the state that is available to the public.

- **Georgia Board for Physician Workforce (GBPW)** monitors and evaluates the supply and distribution of physicians by specialty and geographic location to identify underserved areas of the state. GBPW also develops medical education programs through financial aid to medical schools and residency training programs.

- **Georgia Drugs and Narcotics Agency** protects the health, safety and welfare of the state's citizens by enforcing its laws and rules pertaining to manufactured or compounded drugs and by ensuring only licensed facilities or persons dispense or distribute pharmaceuticals.

Below is a list of the auxiliary charts and maps for the FY 2015 Department of Community Health Annual Report. To access the charts and maps, please visit to https://dch.georgia.gov/annual-reports.

- 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