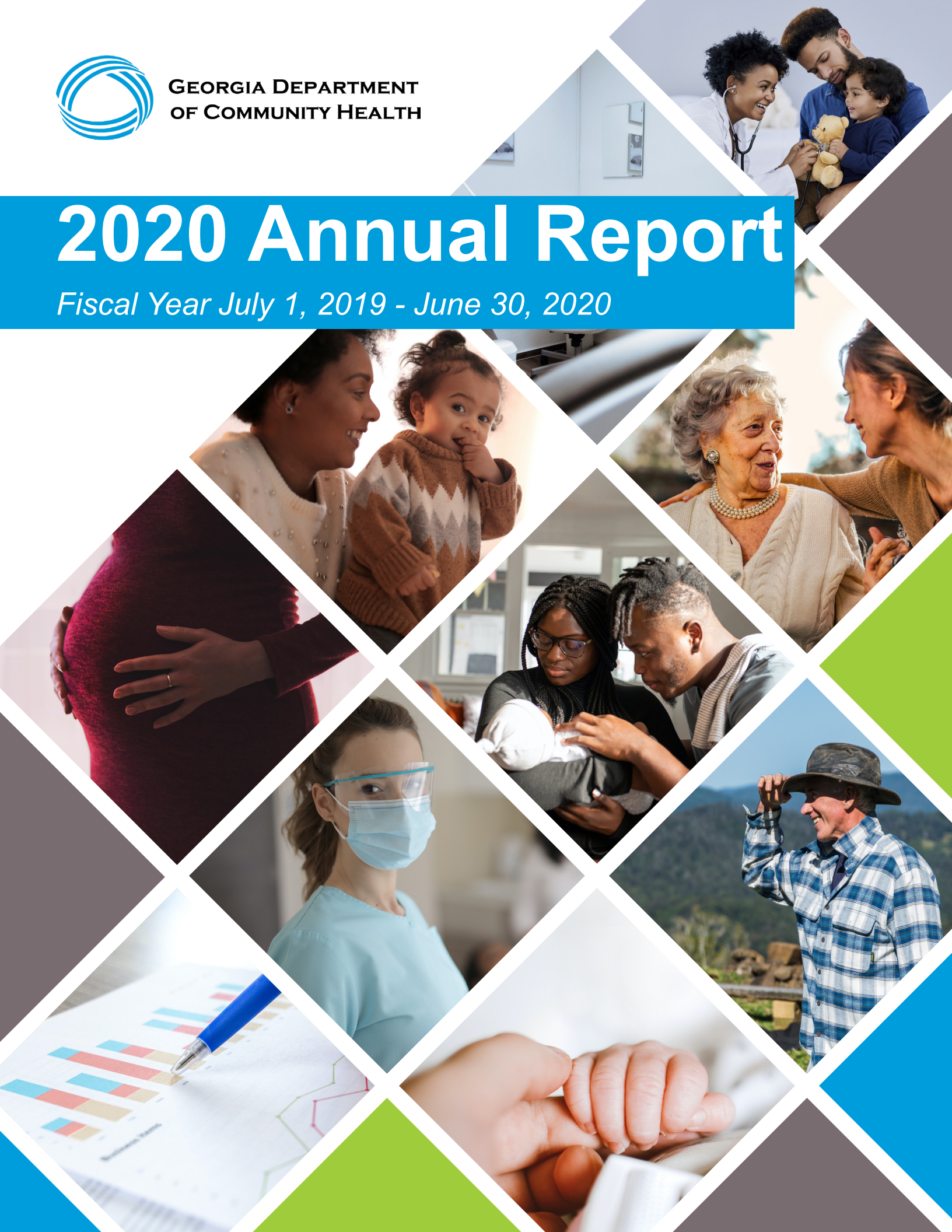




GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# 2020 Annual Report

*Fiscal Year July 1, 2019 - June 30, 2020*





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# Commissioner's Message

We are pleased to submit to you the Georgia Department of Community Health's (DCH) Annual Report for State Fiscal Year 2020 (FY 2020) covering July 1, 2019 through June 30, 2020. This report highlights the work of DCH in FY 2020 in our role as the lead planning agency for health issues in the state with respect to health care policy, purchasing, planning and regulation.

Designated as the state agency responsible for Medicaid and PeachCare for Kids®, DCH provided access to health care for nearly two million Georgians in FY 2020. DCH also administered the State Health Benefit Plan (SHBP), providing health coverage for 674,075 state employees, public school personnel, retirees and their dependents. Combined, these two divisions provided health insurance to approximately 2.8 million Georgians.

In March 2020, the COVID-19 public health emergency began to affect our constituents in Georgia, as well as so many others across the United States and the rest of the world. I am tremendously proud of each of our Divisions and Offices for the quick and decisive actions that were taken – and that continue – during this unprecedented time to serve Georgians. Just some of these actions include:

- Our Medical Assistance Plans (MAP) team working with the Centers for Medicare & Medicaid Services (CMS) to obtain waivers and other exceptions that have enabled Medicaid and PeachCare for Kids members to more easily navigate health benefits, particularly through telemedicine;
- Our state and private partnerships to augment staffing for hospitals and nursing homes in serious need of assistance;
- Our Healthcare Facility Regulation Division (HFRD) stepping up to meet the needs of long-term care facilities based on guidance from CMS through infection control surveys, investigation of complaints and the creation of a Temporary Nurse Aide Training program to provide much needed staffing assistance, especially in nursing homes;
- Our Office of Health Planning identifying smart methods to quickly issue Certificate of Need suspension approvals to health care facilities that had to swiftly expand bed counts;
- Our SHBP team continuing to work with members on the many questions that have arisen over the course of the pandemic relating to their health care plans;
- And, finally, our various support functions across DCH that have played a pivotal role – often doing the work behind the scenes – to help ensure that DCH provides our constituents with the best tools and most current information possible to navigate the pandemic.

In Fiscal Year 2021, the entire DCH team continues to work hard on behalf of Georgians to combat COVID-19 and do everything in our power to support those we serve – both through our traditional programs and services as well as the work we are doing directly in response to the pandemic.

I would also like to thank the Governor and his entire team, along with the DCH Board of Directors, our state agency partners and perhaps most importantly, all those who continue to work tirelessly on the front lines in hospitals, nursing homes and other health care facilities to help fight this terrible virus. The collaboration of public and private sector health care organizations, health care associations, and health insurers and wellness partners has been remarkable.

On behalf of the entire team at DCH, thank you for your continued support.



*Frank W. Berry*

# Medical Assistance Plans

The Georgia Department of Community Health (DCH) serves as the single state agency responsible for the administration of the Medicaid program under Title XIX of the Social Security Act, providing health care for children, pregnant women and people who are aged, blind or disabled (ABD). In FY 2020, the Medical Assistance Plans Division (MAP) oversaw the Georgia Medicaid programs and PeachCare for Kids® (Georgia's Children's Health Insurance Program [CHIP] population). Medicaid and PeachCare for Kids members received services through either managed care (Georgia Families® or Georgia Families 360°<sup>SM</sup>) or fee for service arrangements. The MAP division provided management and oversight of the Medicaid and PeachCare for Kids programs by:



- Developing and implementing policies on allowable services and service delivery;
- Administering the Georgia Families 360° managed care program for children in foster care, children receiving adoption assistance, and select youth in the juvenile justice system;
- Overseeing member eligibility and enrollment into Medicaid, PeachCare for Kids, Planning for Healthy Babies (P4HB), and enrollment in the Georgia Families Care Management Organizations (CMOs) and the Georgia Families 360° CMO;
- Overseeing the five programs offering Home- and Community-Based Services (HCBS) alternatives to long-term institutional care;

• Collecting data and reporting the performance metrics for both the fee for service population and the managed care populations in Georgia Families and Georgia Families 360°. The state used the Healthcare Effectiveness Data and Information Set (HEDIS) to measure performance on important dimensions of care and service;

• Implementing programs in Medicaid and PeachCare for Kids promoting continuity of care, care coordination and enhanced health outcomes;

• Controlling expenditures and overseeing all categories of service including capitation payments, pharmacy, inpatient hospital, outpatient hospital, nursing, long-term care facility, and non-emergency medical transportation;

• Addressing member needs through Medicaid and PeachCare for Kids provider relations and claims resolution services;

• Evaluating opportunities to improve efficiency and effectiveness in Medicaid operations and implementing changes that streamline processes for providers and Medicaid and PeachCare for Kids members;

• Managing the performance of four CMOs responsible for providing medical services under the Georgia Families and Georgia Families 360° programs to approximately 2 million Medicaid, PeachCare for Kids, and Planning for Healthy Babies members.

## Fiscal Year 2020 Major Initiatives

### COVID-19 Respite

To best serve Georgia's Medicaid and PeachCare for Kids populations, the MAP team worked with the Centers for Medicare & Medicaid Services (CMS) to create/receive approval for temporary federal waivers to authorize:

### Section 1135 Disaster Response Waivers

- Suspension of prior-authorization (PA) requirements
- Extension of existing PAs that were in place at the beginning of the Public Health Emergency (PHE)
- Suspension of pre-admission screening and Annual Resident Review (PASRR) Assessments



# Medical Assistance Plans

- Extension of fair hearing requests and appeal timelines
- Streamline provider enrollment processes
- Provision of services in nontraditional alternate care sites
- Reimbursement for personal care services rendered by alternate individuals (family caregivers)

## **Disaster Relief State Plan Amendments (SPAs)**

- Suspension of copayments during the Public Health Emergency
- Expand telehealth services
- Authorize brand name pharmaceutical products if generic products were unavailable and were on the Medicaid Preferred Drug List (PDL)
- Authorize interim payments to skilled nursing facilities (SNFs)

## **1915(c) Home and Community Based Services (HCBS) Waiver Appendix K Emergency Response Amendments**

- Temporary authorization of retainer payments for providers of services in the Community Care Services Program (CCSP) and the Service Options Using Resources in a Community Environment (SOURCE) Waiver, Independent Care Waiver Program (ICWP), New Option Waiver (NOW) and the Comprehensive Support Waiver Program (COMP) Home and Community Based Services (HCBS) Waiver programs for up to the 90-day federal maximum period.

## **Continuation of the Patients First Act and the 1115 and 1332 Waiver Processes**



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

In Dec. 2019, DCH and the Governor's Office submitted to CMS two unique waivers – the “Georgia Pathways” 1115 Demonstration Waiver and the “Georgia Access” 1332 State Relief and Empowerment Waiver – designed to work in tandem to create a pathway to affordable healthcare for hardworking Georgians and reduce private sector insurance premiums for families.

While the waivers were in review with CMS, the COVID-19 public health emergency dramatically altered the healthcare landscape across the United States, and DCH and the Governor's Office spent much of the latter portion of fiscal year 2020 working with CMS and Treasury officials to continue pushing the waivers forward with slight modifications to Georgia Access. Georgia Pathways is set to take effect July 1, 2021 and pending approval, Georgia Access would become effective for Plan Year 2022.

## **Postpartum Care Medicaid Extension – House Bill 1114**

House Bill 1114 introduced in the 2020 legislation session provided for the extension of postpartum care coverage in Medicaid from 60 days to 180 days. The bill also extended coverage to include lactation services for mothers in this postpartum period. HB 1114 authorized DCH to submit a state plan amendment or waiver request to the Centers for Medicare & Medicaid Services (CMS) for this coverage. The General Assembly clarified that this change would go into effect upon appropriation by the General Assembly. In subsequent months and following the state level public comment period and approval by the Board of DCH, Medicaid would submit its Section 1115 Demonstration Waiver Application for consideration by CMS.



# Medical Assistance Plans

## Other Program Updates

### Electronic Visit Verification (EVV)

In accordance with the 21st Century Cures Act, the Department of Administrative Services (DOAS), on behalf of DCH, issued a Request for Proposals (RFP) seeking a single qualified supplier to provide EVV services. In FY 2020, DCH continued to work through the procurement process to secure a vendor for program implementation.

EVV is an automated process for home health care and personal care services that electronically verifies the date and time of services, the type of services performed, the individual providing the services, the location where the services are provided, and the individual receiving the services. EVV also provides real-time information and verification to detect potential gaps in care that occur throughout the course of the member's service plan. Another EVV goal is to reduce and eliminate fraud, waste, and abuse in home care service delivery. As part of its implementation efforts, DCH collaborated with member advocacy groups, provider associations, and stakeholders to receive and address a wide range of input and concerns.

DCH continued conducting public forums throughout the State of Georgia during FY 2020 to educate the public, Medicaid and PeachCare for Kids providers and members. DCH was able to secure a Good Faith Effort Exemption from CMS to delay implementation of EVV to July 1, 2021.

### Home and Community Based Services (HCBS) Settings Rule

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

DCH submitted its latest draft of the STP in February 2020 with public comment ending in March 2020. DCH extended the public comment period for 15 days for additional public review. The plan was subsequently submitted for final review and approval by CMS.



### Non-Emergency Medical Transportation (NEMT)

Through the NEMT program, DCH provided more than 3.6 million trips to Medicaid Members to receive health care services and treatment across Georgia who had no other means of transportation in FY 2020. NEMT modes of transit included ambulatory transport, wheelchair, stretcher, and utilization of public transport. NEMT services in Georgia are managed by two Brokers under contract with DCH who sub-contract with more than 200 transportation providers and independent drivers. In addition, both Brokers utilized innovative ride share services. NEMT also stands ready to assist GEMA and DCH Healthcare Facility Regulation Division in providing transport assistance for evacuations of vulnerable populations during a declared State of Emergency (including hurricane relocations).



# Medical Assistance Plans

## FY 2020 Table of Members and Expenditures

Measures	Medicaid <sup>1</sup>	Medicaid-ABD	Medicaid-LIM	PeachCare for Kids®
Members Average <sup>2</sup>	2,031,125	534,882	1,478,486	142,572
Member Months	24,373,499	6,418,585	17,741,828	1,710,859
Net Payment	\$6,389,393,618	\$6,064,996,828	\$324,396,790	\$12,553,879
Providers <sup>3</sup>	129,692	92,627	102,541	42,142
Claims Paid	51,529,095	27,455,029	24,074,066	1,928,752
Capitation Amount	\$4,201,375,827	\$29,484,746	\$4,171,891,081	\$281,390,567
<b>Total Payment<sup>4</sup></b>	<b>\$10,590,769,445</b>	<b>\$6,094,481,574</b>	<b>\$4,496,287,871</b>	<b>\$293,944,445</b>
Total Payment Per Member Per Month	\$435	\$950	\$253	\$172

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 1999 through June 2019, paid through August 2020.

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

<sup>2</sup> Members Average is the average number of members per month.

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

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



# Medical Assistance Plans

**Table of Historical Medicaid Members and Payments by Fiscal Year<sup>1</sup>**

Fiscal Year	Average Members	Total Payments <sup>2</sup>	Payment Per Member	Percent Change in Payment Per Member
2000	947,054	\$3,482,779,560	\$3,677	N/A
2001	996,901	\$3,822,786,433	\$3,835	4.3%
2002	1,268,225	\$4,461,972,245	\$3,518	-8.3%
2003	1,260,795	\$4,885,865,204	\$3,875	10.1%
2004	1,326,909	\$6,039,465,103	\$4,552	17.5%
2005	1,376,730	\$6,311,890,515	\$4,585	0.7%
2006	1,390,497	\$6,280,193,139	\$4,517	-1.5%
2007	1,283,940	\$6,155,158,918	\$4,794	6.1%
2008	1,268,661	\$6,371,942,440	\$5,023	4.8%
2009	1,353,191	\$6,703,774,787	\$4,954	-1.4%
2010	1,447,865	\$6,954,116,861	\$4,803	-3.0%
2011	1,496,881	\$7,464,027,216	\$4,986	3.8%
2012	1,540,666	\$7,813,851,582	\$5,072	1.7%
2013	1,588,074	\$8,047,771,351	\$5,068	-0.1%
2014	1,633,977	\$8,451,360,734	\$5,172	2.1%
2015	1,807,586	\$8,923,003,018	\$4,936	-4.6%
2016	1,862,573	\$9,257,891,787	\$4,970	0.7%
2017	1,838,625	\$9,590,732,939	\$5,216	4.9%
2018	1,967,334	\$9,911,469,464	\$5,038	-3.4%
2019	1,985,175	\$10,298,036,876	\$5,187	3.0%
2020	2,031,125	\$10,590,769,445	\$5,214	0.5%

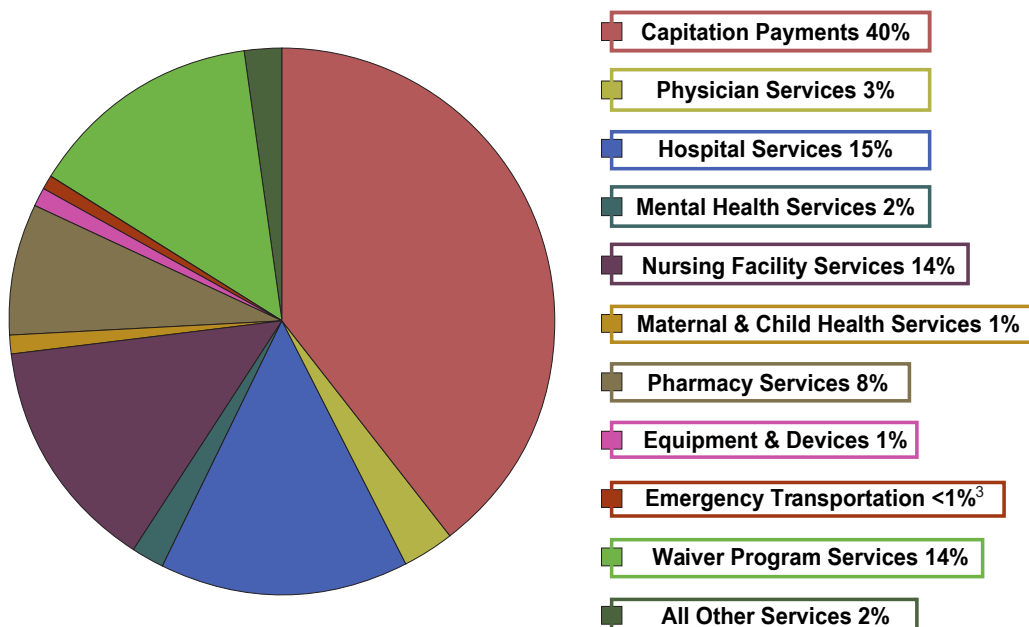
Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 2000 through June 2020, paid through August 2020.

<sup>1</sup> Medicaid includes Medicaid ABD, Medicaid LIM, and Inmates but excludes PeachCare for Kids®.

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

<sup>3</sup> Service type was rounded down to zero as it was less than 0.05% of overall payment distribution.

**Medicaid Payments Distribution by Service Type: FY 2020**





# Medical Assistance Plans

## Table of Historical PeachCare for Kids® Members and Payments by Fiscal Year

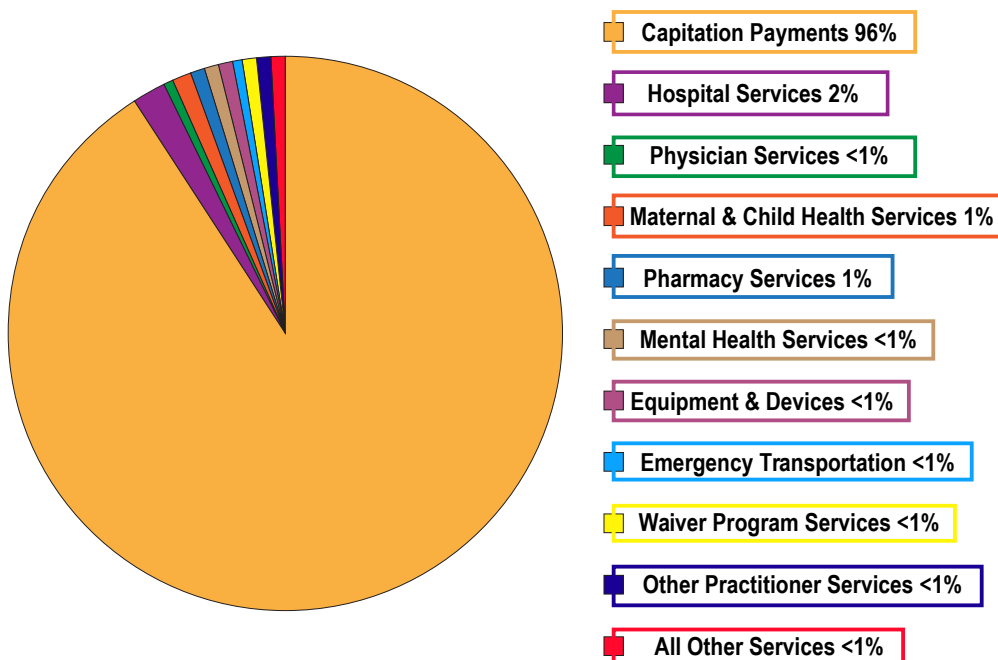
Fiscal Year	Average Members	Total Payments <sup>2</sup>	Payment Per Member	Percent Change in Payment Per Member
2000	8,503	\$50,730,000	\$5,966	--
2001	14,028	\$115,931,116	\$8,264	38.5%
2002	154,406	\$170,916,516	\$1,107	-86.6%
2003	180,953	\$212,319,603	\$1,173	6.0%
2004	200,562	\$262,676,747	\$1,310	11.6%
2005	208,185	\$273,274,876	\$1,313	0.2%
2006	238,330	\$310,331,108	\$1,302	-0.8%
2007	273,659	\$432,157,786	\$1,579	21.3%
2008	249,681	\$345,678,006	\$1,384	-12.3%
2009	205,548	\$304,985,696	\$1,484	7.2%
2010	202,527	\$299,535,400	\$1,479	-0.3%
2011	199,420	\$316,597,618	\$1,588	7.3%
2012	205,167	\$337,832,465	\$1,647	3.7%
2013	217,964	\$398,513,422	\$1,828	11.0%
2014	215,222	\$418,137,754	\$1,943	6.3%
2015	158,336	\$301,934,440	\$1,907	-1.8%
2016	127,928	\$254,087,863	\$1,986	4.2%
2017	130,295	\$271,385,266	\$2,083	4.9%
2018	123,533	\$258,442,144	\$2,092	0.4%
2019	140,786	\$304,463,838	\$2,163	3.4 %
2020	142,572	\$293,944,445	\$2,062	-3.8%

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 1999 through June 2020, paid through August 2020.

<sup>1</sup> Total Payments include Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.

<sup>2</sup> Each service distribution at <1% was rounded down to zero.

## PeachCare for Kids Payments Distribution by Service Type FY 2020<sup>2</sup>



# State Health Benefit Plan

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

SHBP is composed of three plans: The State Employees Plan, the Teachers Plan, and the Public School Employees Plan. SHBP covered 674,075 lives (employees and dependents) as of June 30, 2020.

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

SHBP also offers four fully-insured Medicare Advantage options (Standard and Premium offered by two vendors) for retirees, primarily those age 65 or older, who are continuing coverage from Active Member status and are enrolled at minimum in Medicare Part B. Contributions from SHBP and retiree premiums are used to purchase Medicare Advantage insurance.

In 2020\*, SHBP offered eligible active individuals employed with SHBP Employing Entities, eligible former employees enrolled in extended coverage and Pre-65 retirees, the choice of three Health Reimbursement Arrangement (HRA) plan options: Gold HRA, Silver HRA, and Bronze HRA; a statewide Health Maintenance Organization (HMO) plan option offered by two vendors; one Metro Atlanta Service Area (MASA) Regional HMO plan option; and one High Deductible Health Plan (HDHP) plan option.

\*SHBP operates using a calendar year for its Plan Year.

## Structure of SHBP

Within the division, there are two primary operating units:

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

## Program Updates

### Plan Options

Premiums and plan designs in 2020 for active members who were currently employed with state agencies and public school systems remained the same as in 2019 as a result of effective planning. These plan options continued to provide expanded vendor and plan design choices for active members, eligible employees, and their dependents. Note, these plan options were also available to Pre-65 retirees and former employees enrolled in extended coverage.

### Preventive and Wellness Programs

SHBP continued to encourage health and wellness participation among its membership, implementing wellness incentive offerings through the HRA, Statewide HMO and HDHP plan options of Anthem and UnitedHealthcare via SHBP's wellness vendor, Sharecare. In 2020, members and their covered spouses could earn up to 480 well-being incentive points for completing certain health actions and choose to redeem for one of the following rewards:

- A \$150 Visa Reward Card (to use anywhere Visa is accepted) OR
- A \$225 Walmart Gift Card (to use on pharmacy and vision center items) OR
- 480 well-being incentive credits (to apply toward eligible medical or pharmacy expenses)

Further, Kaiser Permanente provided wellness program incentives for members and their covered spouses, each of whom were able to earn a \$500 gift card (up to \$1000 per household) by completing certain health actions.

SHBP continued its partnership with Naturally Slim in offering a weight loss program at no cost to the members and 3,223



# State Health Benefit Plan

members participated. The program continued to allow participants the opportunity to receive support through online education sessions aimed at teaching mindfulness, stress reduction and healthy eating habits.

To expand upon SHBP's diabetes strategic initiative, hemoglobin A1c (HbA1c) testing was offered as part of SHBP-Sponsored biometric screenings for 2020. Staff from SHBP and Sharecare as well as nurses from Anthem and UnitedHealthcare planned to attend select onsite screening events to provide diabetes prevention and diabetes management resources to members. Due to COVID-19, the majority of 2020 onsite screening events were suspended beginning in March. Between January-June 30, 2020, SHBP collected HbA1c data for 11,422 members. DCH collected this data through its onsite screenings and from the patient service centers prior to the March suspension.

## Preventive and Wellness Campaigns

### Health Assessment/RealAge Completions

Total completions for Fiscal Year 2020 was 85,247 of which 70,016 were completed by members; 14,803 were completed by spouses, and 428 were completed by Dependents over 18.

### Biometric Screenings\*

- Total onsite screening events completed: 85
- Total onsite screening participants: 6,583
- Total physician screening forms submitted: 36,797
- Total Quest Patient Service Center screenings: 6,897

\*Participation decreased in FY20 due to COVID-19 related onsite biometric screening event cancellations.

### Challenges

- Small Steps, Big Strides: 27,445 Participants
- Live in the Green: 8,595 Participants
- Step into the New You Challenge: 24,094 Participants
- Stress Less Challenge: 19,231 Participants
- Green Day Challenge: 15,375 Participants

### Preventive Campaigns

- BMI Weight Management: 45,440 members targeted
- Diabetes: 205,869 members targeted
- Heart Health: 19,002 members targeted
- Men's Health: 15,251 members targeted
- Women's Health: 47,189 members targeted

## Onsite Activities\* FY2020 Wellness Activities

Presentations	10
Webinars	16
Onsite Meetings/Collateral Drop	0
Benefit/Health Fairs	32
Biometric Screenings Activities*	4
Conferences	3
<b>Total</b>	<b>65</b>
<b>Estimated Member Interactions</b>	<b>22, 187</b>

\*Onsite Activities scheduled for March-June 2020 were cancelled due to COVID-19 restrictions.

## COVID-19 Activities

- Coordinated with the agency's medical, pharmacy, and wellness administrators to provide SHBP members with helpful information on COVID-19 since March. Each of the administrators regularly updated their SHBP member sites to include information and any enhanced benefits related to COVID-19.
- Covered 100 percent of costs for COVID-19 tests (\$0 member cost share).
- Covered 100 percent of office visits that resulted in a COVID-19 test, whether in a provider's office, urgent care, or ER (\$0 member cost share).
- Covered 100 percent of costs for telehealth visits for medical or behavioral health through the vendors' platforms (\$0 member cost share), including LiveHealth Online for Anthem and Virtual Visits for UnitedHealthcare.
- Covered 100 percent of costs for alternative telehealth visits offered directly by providers other than through the vendors' platforms (\$0 member cost share).

## BenPro Conference

The SHBP team hosted its third annual Benefits Professionals Conference (BENPRO) on Jekyll Island, Georgia in mid-September 2019.

The 2019 conference was attended by HR professionals from all 159 counties in Georgia and consisted of educational workshops that covered topics such as enrollment, the appeals process, active-to-retiree life cycle, and dependent eligibility. Benefit professionals also had the opportunity to ask questions and express any concerns.

# State Health Benefit Plan

**Table of Historical SHBP Members and Payments by Fiscal Year<sup>1</sup>**

Fiscal Year	Members Average	Total Payments <sup>1</sup>	Payment Per Member	% Change in Payment Per Member
2000 <sup>2</sup>	-	-	-	-
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	\$2,580,428,309	\$3,981	-2.3%
2014	625,719	\$2,956,753,454	\$4,725	18.7%
2015	625,559	\$3,435,633,026	\$5,492	16.2%
2016	632,692	\$3,689,680,729	\$5,832	6.2%
2017	645,122	\$3,994,652,402	\$6,192	6.2%
2018	658,356	\$4,423,191,514	\$6,719	8.5%
2019	665,906	\$4,837,509,303	\$7,265	8.1%
2020	671,714	\$5,048,755,868	\$7,516	3.5%

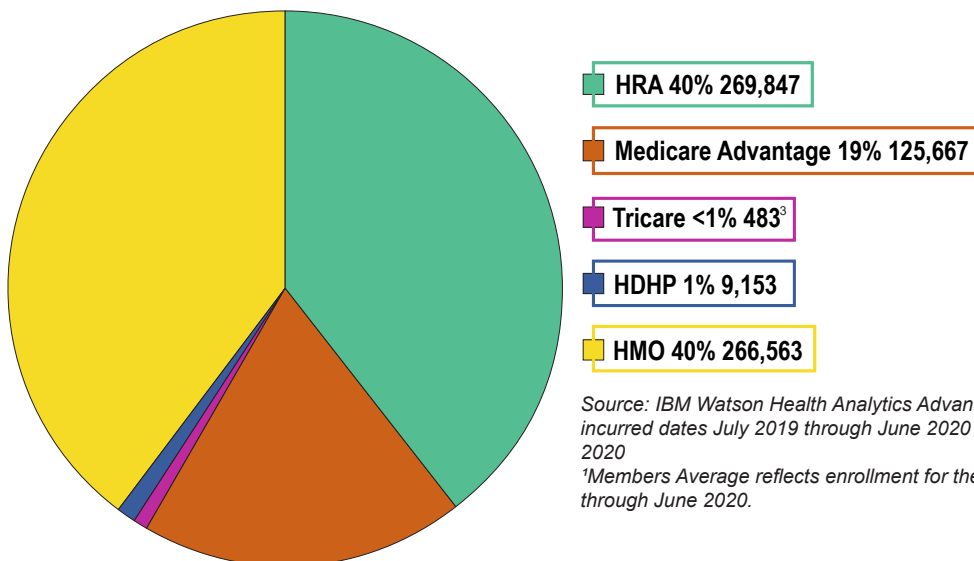
Source: IBM Watson Health Analytics Advantage Suite and DataProbe, based on incurred dates July 1999 through June 2020, paid through August 2020.

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

<sup>2</sup> Data for FY 2000 is not available.

<sup>3</sup> Service type was rounded down to zero as it was less than 0.05% of overall payment distribution.

**SHBP Members Average by Plan Type<sup>1</sup>**



Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 2019 through June 2020 and paid through August 2020

<sup>1</sup>Members Average reflects enrollment for the Fiscal Year, July 2019 through June 2020.

# State Health Benefit Plan

## FY 2020 State Health Benefit Plan Members Expenditures<sup>1</sup>

Measures	State Active	State Retiree	Teacher Active	Teacher Retiree	NonCert Active	NonCert Retiree	COBRA/ Surviving Spouse	Total SHBP
Members Average <sup>2</sup>	98,523	51,282	267,859	90,080	124,914	35,523	3,534	671,714
Member Months	1,182,271	615,387	3,214,312	1,080,955	1,498,967	426,270	42,403	8,060,566
Claims Paid	2,344,205	3,241,816	5,381,964	5,260,274	3,199,858	2,353,598	253,581	22,035,297
Providers <sup>4</sup>	32,036	83,766	52,807	134,229	34,599	68,808	23,390	216,051
Net Payment	\$565,734,945	\$622,263,825	\$1,272,402,746	\$1,025,856,659	\$792,306,595	\$448,201,964	\$52,157,345	\$4,778,924,079
Healthcare Reimbursement Amount	\$9,219,137	\$2,602,361	\$18,543,901	\$5,132,968	\$10,153,386	\$1,132,543	\$123,455	\$46,907,752
Healthcare Incentive Amount	\$1,246,896	\$270,229	\$2,634,121	\$504,144	\$1,629,887	\$182,281	\$8,923	\$6,476,480
Capitation Amount	\$49,716,809	\$3,907,716	\$93,818,811	\$5,184,699	\$61,567,501	\$2,156,293	\$95,728	\$216,447,556
<b>Total Payments<sup>3</sup></b>	<b>\$625,917,787</b>	<b>\$629,044,131</b>	<b>\$1,387,399,580</b>	<b>\$1,036,678,469</b>	<b>\$865,657,369</b>	<b>\$451,673,081</b>	<b>\$52,385,451</b>	<b>\$5,048,755,868</b>
Payments Per Member	\$529	\$1,022	\$432	\$959	\$578	\$1,060	\$1,235	\$626

Source: IBM Watson Health Analytics Advantage Suite and DataProbe, based on incurred dates July 2019 through June 2020, paid through August 2020.

<sup>1</sup> 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.

<sup>2</sup> Members Average reflects enrollment for the Fiscal Year, July 2019 through June 2020.

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

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

## FY 2020 Table of State Health Benefit Plan Covered Lives<sup>1</sup>

Category	Members Average <sup>1</sup>	Employee / Retiree	Dependent
State Employees - Active	96,865	53,365	43,500
State Employees - Retired	51,232	35,856	15,376
Teachers – Active	267,708	113,136	154,572
Teachers – Retired	90,080	61,875	28,204
School Service Personnel – Active	124,914	66,066	58,848
School Service Personnel – Retired	35,523	25,797	9,726
Contracts/Board Members	1,859	1,150	709
COBRA/Surviving Spouse	3,534	3,185	349
<b>SHBP TOTAL</b>	<b>671,714</b>	<b>360,430</b>	<b>311,284</b>

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 2019 through June 2020, paid through August 2020.

<sup>1</sup> Members Average reflects enrollment for the Fiscal Year, July 2019 through June 2020.



# Healthcare Facility Regulation

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



HFRD inspects and licenses more than 20 types of health care facilities and services, such as hospitals, nursing homes, assisted living communities, personal care homes, laboratories, narcotic treatment programs, and end stage renal disease facilities.

The division certified various health care facilities to receive Medicaid and Medicare funds through contracts and agreements with the Centers for Medicare & Medicaid Services (CMS) and the Food and Drug Administration of the U.S. Department of Health and Human Services.

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

## Fiscal Year 2020 Major Initiatives

### COVID-19 Response

- On March 20, 2020, the Department established a Temporary Nurse Aide Training Program to support streamlined onboarding of nurse aides during the COVID-19 public health emergency. This program was established with assistance from the Georgia Health Care Association and Alliant Health Solutions to alleviate staffing challenges associated with the pandemic.
- In March 2020, HFRD temporarily suspended routine survey activity following a directive issued by CMS. During the suspension period, HFRD conducted virtual inspections and coordinated onsite survey activity with the Department of Public Health and the Georgia National Guard to minimize potential exposure of patients and residents to the virus and conserve the supply of Personal Protective Equipment (PPE) for healthcare workers and first responders. HFRD resumed onsite survey activity for infection control issues and general complaint investigations in June 2020.
- On April 16, 2020, as a public service, HFRD began providing long-term care facility COVID-19 reports on the DCH website. The reports include COVID-19 cases in licensed nursing homes, assisted living communities and personal care homes of 25 beds or more based on data received from the facilities. The reports are generated from the COVID-19 LTC Dashboard which was developed by the Georgia National Guard and DCH. As a result of collaboration on the dashboard project, DCH and the Georgia National Guard received a 2020 Army Community Partnership Award.
- In June 2020, CMS released a new survey protocol for state survey agencies to conduct focused infection control surveys in nursing homes. HFRD completed focused infection control surveys in 100% of certified nursing homes in Georgia by the federal deadline.

## Fiscal Year 2020 Notable Accomplishments

### House Bill 987

HB 987 was drafted by Georgia House Health & Human Services Chair Sharon Cooper and other legislators, with support from DCH and industry advocates. This bill provided additional protections for Georgia's elderly residents in assisted living facilities and personal care homes. Protective measures included creating a certification requirement for memory care centers, increasing staffing requirements, enhancing penalties for violations, requiring a demonstration of financial viability, and requiring the prominent posting of deficiencies and correction plans.

# Healthcare Facility Regulation

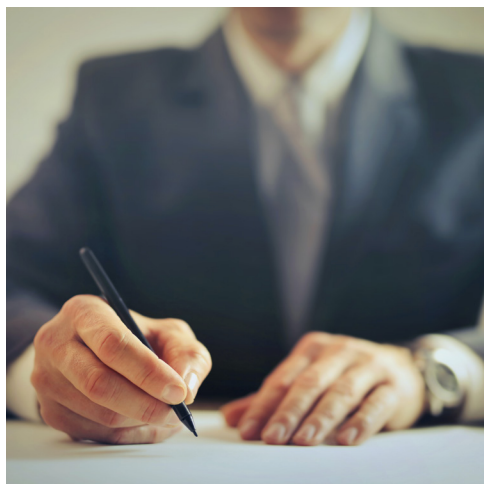
- HFRD provided oversight to more than 25,000 facilities, providers and registrants in FY 2020.
- HFRD issued 773 licenses for new health care facilities in Georgia, and conducted 2,196 routine inspections of existing facilities.
- HFRD responded to 3,266 complaints against health care facilities and reviewed 14,100 incident reports.
- HFRD awarded three Civil Money Penalty (CMP) grants for a total of \$1,016,471 to support interactive technology, bereavement programs and person-centered care in nursing homes.
- HFRD implemented fingerprint criminal background check legislation with updated rules to enforce new requirements applicable to long term care facilities as a result of state legislation passed in 2018 (SB 406).
- HFRD oversaw the revamp of the GaMap2Care website to provide a much more user-friendly experience.



# Office of Health Planning

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

A CON is required before the offering of a statutorily defined new institutional health service by a health care facility. Health Planning reviews applications for CON issuance in accordance with the state health plan, relevant statutes, rules, and regulations. Health Planning also issues Letters of Determination for projects that are exempt from CON review and approval.



Health Planning collects annual surveys of CON-regulated facilities and providers to obtain utilization and financial data for state health planning forecasts and methodologies as well as the CON review process. The Office ensures compliance by health care facilities with indigent and charity care commitment percentages. Health Planning also conducts architectural plan reviews and site inspections for major renovations and construction projects in hospitals, nursing homes and ambulatory surgery centers.

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

## Fiscal Year 2020 Notable Accomplishments

- Received 51 CON applications, and 366 requests for Letters of Determination.
- Prepared for and participated in the appeals of 10 matters during the fiscal year.
- Sent 1,472 health planning surveys to regulated facilities and providers and received 1,325 responses, a 90 percent completion rate. Health Planning collected and deposited \$453,866.69 into the Indigent and Charity Care Trust Fund from adjusted payments to offset shortfalls in indigent and charity care commitments.
- Conducted 58 Preliminary Plan Reviews, 147 Final Plan Reviews and 91 Final Inspections (21 were virtual inspections conducted between late March through the end of June 2020) at facilities under construction. Total square feet of construction reviewed was estimated at 3,887,264 square feet and estimated costs were \$834,266,636. Health Planning staff traveled more than 9,844 miles across Georgia.
- Reviewed 13 requests for independent review as administrator of the Patient's Right to Independent Review Program.

## COVID-19 Activities

In response to the COVID-19 public health emergency, Health Planning created a user-friendly CON Application and Request Form to help expedite the CON process for facilities filing requests.

Additionally, pursuant to Executive Order No. 03.20.20.02 issued in response to the COVID-19 pandemic, the Georgia Department of Community Health was authorized to suspend O.C.G.A. § 31-6-40 permitting capable facilities to expand capacity, offer services, or make expenditures necessary to assist with the needs of this Public Health State of Emergency under the CON program. To efficiently execute this order, Health Planning developed an online form through which a facility could request suspension of a statutory provision regarding COVID-19 care and treatment activities. The form would then be reviewed by the Department for approval or denial of a proposed action concerning the public health emergency.



# Office of Information Technology

In FY 2020, the Office of Information Technology (OIT) was composed of the following business units:

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

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

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

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

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

## **Medicaid Enterprise System Transformation (MEST) Program**

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

The Strategic Analysis Unit (SAU) was created within the MEST Program to facilitate implementation of the new MMIS. They will capture existing system business rules, assist with configuration, and oversee DCH testing. The SAU currently consists of five team members and will bring on additional resources as the projects within the MEST Program enter the implementation phase.

Other professional resources were added to the team to provide technical, project management, and security services support. These resources will ensure successful implementation of the program.



# Office of Information Technology

## Fiscal Year 2020 Notable Accomplishments

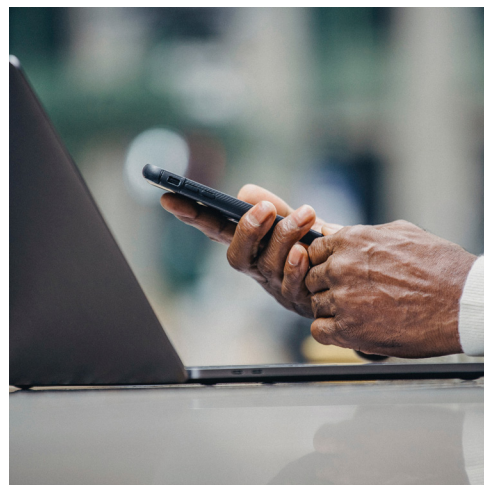
- Enhanced the MEST Program Management Office (PMO) and Implementation Team to include additional business analyst, project management, and technical resources. The new team provided enhanced support to oversee and manage project tracking, implement project standards and controls, support governance processes, and provide support and analysis for all procurements and implementations which will occur over the course of a multi-year transformation. During the year, the MEST PMO and Implementation Team have improved project intelligence through coordination of project tracking and performance monitoring.
- Selected and began negotiation with a Provider Module Services vendor as part of the MEST Program's MMIS transformation. Continued requirements-gathering and procurement planning for specific MMIS modules including the Claims Processing/Financial Management, Pharmacy Benefit Manager and Third-Party Liability.
- The MEST Program's Integration Platform contractor, the Georgia Tech Research Institute, finished development of the integration platform to be ready for module integration.
- Health IT noted that as of June 30, 2020, the Medicaid Promoting Interoperability Program had paid nearly \$300 million to Georgia health care providers since its inception in September 2011. This included successfully assisting 125 eligible hospitals through all three years of attestation with payouts totaling over \$150 million in incentive funds.



- ITI Unit implemented several new projects this year including a complete re-architecture and refresh of DCH's Enterprise Content Management solution which resulted in additional capacity and more robust system architecture. Additional processing capacity was added to meet the demands for this service for several mission critical DCH units and attached agencies. The team is also now hosting and building applications and databases in cloud environments.
- The Technical Solutions Team enabled the Medical Assistance Plans and Health Planning Divisions to receive applications through a new online portal. The team enhanced Healthcare Facility Regulation Division's GaMap2Care web application to host health facility survey reports and facility license information.

## COVID-19 Activities

- DCH Help Desk and ITI Unit enabled the agency wide DCH transition to work remotely in a quick and seamless manner as part of the agency's response to the public health emergency.
- Provisioned additional laptops and cell phones to facilitate the transition to working remotely during the pandemic.
- Provided enhanced IT support and training for accessing DCH network resources remotely and securely, and forwarding of desktop phones.
- Added additional conferencing tool licensing to facilitate virtual meetings.



# Financial Management

In FY 2020, the Financial Management Division provided financial leadership, guidance and support within DCH. Four sections performed the division's work: Financial Services (Accounting), Budget Services, Reimbursement Services, and Procurement Services.

## Financial Services (Accounting)

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

## Budget Services

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

## Reimbursement Services

The Reimbursement Services section set payment rates for nursing homes, long-term care facilities, hospitals and non-institutional providers seeking reimbursement from the Medicaid and PeachCare for Kids programs. In addition, working with actuaries, the section determined Medicaid, PeachCare for Kids and Care Management Organization capitation rates. The section was also responsible for supplemental hospital, nursing home and physician payments through the federal Upper Payment Limit and Disproportionate Share Hospital programs. New initiatives in Reimbursement Services in FY 2020 included the implementation of a direct care rate enhancement for nursing homes, as well as implementing a rate increase for nursing home ventilator reimbursement.

## Procurement Services

The responsibility of the Office of Procurement Services (OPS) encompasses the full cycle of procurement. The OPS section of Financial Management is responsible for strategic sourcing, purchasing activities, grant agreements, and contractor compliance. During FY 2020, OPS managed eleven sourcing events, utilizing the strategic sourcing method determined to effectively meet the goals of the applicable Division. The Office analyzed 322 Division requests for contract actions which were determined to require competitive sourcing, determined exempt from competition, or approved for renewal, extension, amendment, closure. OPS reviewed 1,347 electronic requisitions for purchases of goods and services. A total number of 1,445 purchase orders were generated to encumber funds for contracts, grants, and general purchases. OPS generated 295 grant agreements totaling approximately \$194,901,969. OPS also monitored assessment reports on 169 contracts and grant agreements, determining that during FY 2020, contractors achieved an average 88 percent compliance rate.



## COVID-19 Activities

- Generated 227 grants that were issued to support COVID-19 activities totaling approximately \$13,541,576.



# The State Office of Rural Health

In FY 2020, the State Office of Rural Health (SORH) administered state and federal funding totaling \$33.4 million through grant and contractual processes. The SORH linked Georgia's 120 rural counties with state and federal resources to assist in developing long-term solutions to health care delivery, sustainability and improving health status.

The SORH administers four core programs: Hospital Services, Primary Care Office (PCO), the Georgia Farmworker Health Program (GFHP) and the State Office of Rural Health Programs. Within the four core program areas, 55 grants and contracts were developed and managed in FY 2020 to improve access to primary health care in underserved areas of the state through education and training, technology, and collaboration among the multiple levels of health care providers. Due to the impact of the coronavirus pandemic, SORH developed an additional 184 state and federal grants to provide support to rural providers, clinics, and hospitals across the state. A total of 239 grants and contracts were executed and managed by SORH during FY 2020.



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

The mission of the GFHP is to support grant funded initiatives which will improve the lives, health, and health status of Georgia's migratory and seasonal agricultural workers by providing cost effective, culturally appropriate primary health care.

In FY 2020, SORH continued to focus on the initiatives determined by the Rural Hospital Stabilization Committee. The Rural Hospital Stabilization Program advocates "the right care, at the right time, in the right setting." In FY 2020, eight additional hospitals were included in the program. At the close of FY 2020, 30 small rural and critical access hospitals (CAH) have participated in five phases of the Stabilization Program.

Objectives for the Rural Hospital Stabilization Program include efforts to strengthen rural hospitals financially by adding new services as well as refining others; establishing and promoting the use of primary and specialty telemedicine; mental and behavioral health services; care coordination; reduction in non-urgent and emergent use of hospital emergency department and emergency medical services (EMS); and, identifying other creative ways to ensure health care accessibility in Georgia's underserved and rural communities.

The SORH also manages grant programs that include: Federally Qualified Health Center (FQHC) Start Ups; Area Health Education Centers (AHEC); the Rural Health System Innovation Center; Remote Critical Care Services Grants; the Georgia Center for Oncology Research and Education (CORE) Breast Cancer Tag Program; Erlanger Air Ambulance Program; Healthcare for the Homeless; Southeastern Firefighter's Burn Foundation; the Georgia Charitable Care Network; the Patient Centered Medical Home; Small Rural and CAH Swing Bed Education and Training; the Medicare Rural Hospital Flexibility (Flex) Program Grant; the Small Rural Hospital Improvement Program (SHIP) Grant; the Emergency Department Upgrade for Behavioral Health Patients Grant; the EMS Mobile Healthcare Access and Integration Pilot Program; as well as other programs that seek to address the various needs of Georgia's rural and underserved populations.

## COVID-19 Activities

- Provided federal funding through the Health Resources and Services Administration (HRSA), Coronavirus Aid, Relief, and Economic Security (CARES) Act to rural providers, hospitals, and clinics.
- The Hospital Services Program disbursed \$4.8 million in funding through the Coronavirus State Hospital Improvement Program (SHIP) to 57 eligible small rural hospitals. Each hospital received \$84,317 in funding to prevent, prepare for, and

# The State Office of Rural Health

respond to the coronavirus in the areas of safety, response and maintaining hospital operations.

- A CARES Provider Relief Fund payment in the amount of \$1.2 million was issued to the State Office of Rural Health in May 2020. These funds were then allocated to 70 Rural Health Clinics throughout the state to support healthcare-related expenses or lost revenue attributable to COVID-19.

- COVID-19 funding was awarded to the Georgia Farmworker Health Program. Awards consisted of three separate project specific grants totaling \$1.5 million, all of which were equally divided among the six GFHP contracted clinic sites. Funding was designated to prevent, prepare for, and respond to COVID-19. This included expanding testing capacity, purchasing necessary supplies and equipment for detection, prevention, suppression, diagnosing and treating COVID-19.

Funding was also provided to support maintaining or increasing health center capacity and staffing levels during the pandemic.

- Additionally, SORH distributed \$2.6 million in state funding to offset expenditures related to COVID-19 in-patient admissions. A total of 39 small rural and critical access hospitals received Rural Hospital Stabilization Operational Support Grants, with FY 2020 Health Care Access and Improvement funds designated for distribution as Rural Hospital Stabilization grants and for additional emergency preparedness expenses.



# Office of Communications

The Office of Communications serves as the primary point of contact and outreach for all Georgia Department of Community Health (DCH) internal and external communications, partnering with each of DCH's Divisions and Offices to help ensure the success of a multitude of enterprise strategic priorities.

The Office handles all media and public relations for the agency, promoting DCH's diverse communications needs with tools such as the external website, press releases, e-newsletters, social media channels, intranet activities and more. During FY 2020, communications staff responded to more than 500 media inquiries.

The Office continued its internal/employee communications initiatives as an avenue for keeping team members informed about agency happenings. This became especially critical during the COVID-19 pandemic as much of DCH's staff began to work remotely. Efforts included:

- Ramping up communications via email and the intranet.
- Increased use of virtual platforms for public hearings, board meetings, and any other virtual meeting.
- Video updates from Commissioner Berry to keep the DCH team informed as many employees began to work remotely.
- Distributing COVID-19 and other agency updates more frequently to employees and the public. The Office used DCH's social media channels, Facebook, LinkedIn, and Twitter to disseminate news and information.
- Production of *DCHNOW!*, the internal monthly e-newsletter for all DCH staff. In fiscal year 2020, the newsletter was revamped to include a "Message from the Commissioner" highlighting general agency updates, as well as COVID-19-related updates and a strengthened focus on agency strategies and human-interest stories.

The Office of Communications also continued its execution of the full DCH website revamp that is expected to be completed in late calendar year 2021.

## COVID-19 Activities

- Continued updating the DCH website and created a dedicated COVID-19 webpage to serve as a primary source of providing updates and relevant information to employees, providers and external stakeholders during the pandemic.
- Served as a communications partner for the Governor's Office, the Department of Public Health and other state agencies for the drafting and distribution of concurrent messaging related to COVID-19 resources and services.





# Office of General Counsel

In FY 2020, the Office of General Counsel (OGC) provided legal guidance and support to the Commissioner, the Board of Community Health, and all divisions and offices of the Georgia Department of Community Health (DCH).

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

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

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

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

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

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



## Fiscal Year 2020 Notable Accomplishments

- The Legal Services section received 192 member and provider appeals.
- The Contracts Administration section responded to the contract needs of every division and office in DCH. Contracts Administration coordinated with program staff, DCH leadership and vendors to generate over 87 contractual documents, including amendments.
- The HIPAA Privacy & Security section assisted with the "Spring into Compliance" training program, during which DCH workers, including DCH employees and contractors, completed online training about targeted DCH policies and procedures. HIPAA Officer and Specialist engagement also included internal policy reviews, incident breach review, response and reporting, and consultation about matters in which privacy and security issues were presented. This section also successfully completed the required Security Risk Assessments for the Medicaid and SHBP programs.
- The Open Records section received and processed 227 requests for records pursuant to the Georgia Open Records Act, and 671 requests for Medical records. This section also assisted with the Department's "Spring into Compliance" training program and provided separate open records training classes for staff. Additionally, the Open Records section worked with staff across the Department to identify designated Open Records Liaisons to streamline communications and review of requested records and ensure accurate and timely responses to requesters.

## COVID-19 Activities

- In March 2020, CMS permitted an extension of the redetermination periods for eligibility in response to the public health state of emergency presented by COVID-19. Medicaid members maintained their eligibility status resulting in fewer appeal requests and hearings held in FY2020. The Legal Services team quickly pivoted their expertise to other areas of OGC to provide legal assistance.
- In response to the public health state of emergency presented by COVID-19, the Department shifted its workforce to a full-time remote environment in March 2020. Contracts Administration immediately drafted and successfully implemented a business continuity plan that outlined the steps necessary to continue to perform all unit functions. In collaboration with Office of Procurement Service and Budget, Contracts Administration revised its contract processes to maximize efficiencies and ensure that the agency's work was not adversely impacted during this challenging time.
- Negotiated and drafted contracts for the set-up, staffing, and operation of an up to 200-bed low acuity alternate care hospital site at the Georgia World Congress Center to function as a pressure release valve for any patient overflow experienced by hospitals during the initial onset of the pandemic.

# Office of Healthcare Analytics and Reporting



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

The primary functional unit within OHAR is the Decision Support Services (DSS) team. DSS facilitates efforts in health care analytics and data reporting. OHAR is responsible for providing insights around operations, health trends, health policy, managed care performance, program outcomes and integrity, and overseeing the utilization and upgrading of the agency's data warehouse. OHAR also responded to data requests from internal and external partners. Efforts continue to move DCH's capabilities toward the future of predictive and prescriptive analytics. OHAR partners with various divisions and offices around

the agency that have data needs and analytical capabilities, including Medical Assistance Plans (MAP) and the State Health Benefit Plan (SHBP).

## Fiscal Year 2020 Notable Accomplishments

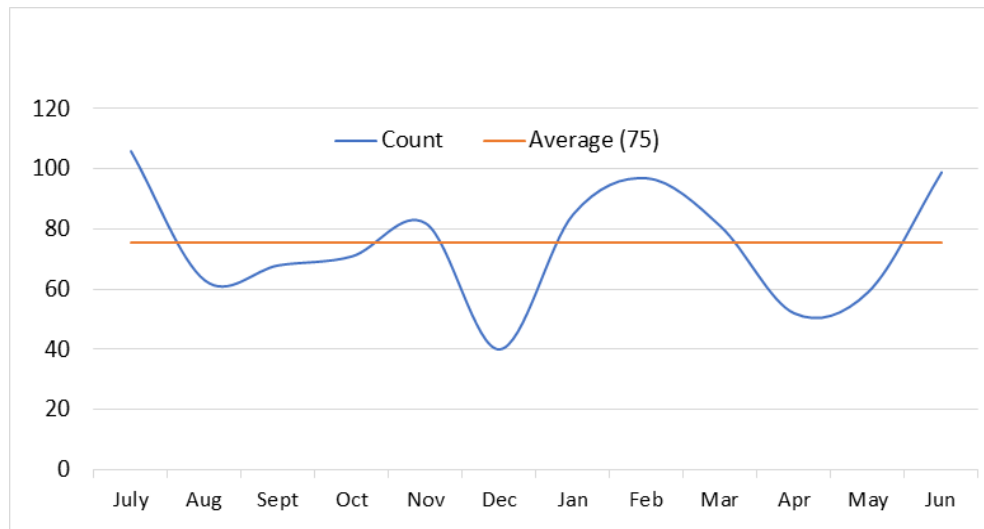
- Launched a webspace which includes a data request portal and questionnaire. The intent of this portal is to increase the rigor for request parameters and to minimize the amount of time needed to adjudicate the request. This system will maximize DCH's ability to track and control the data requests received, and curate the information provided by requesters.
- Launched a webspace that liberates highly sought Medicaid and SHBP fiscal and utilization data by publishing interactive, web-based dashboards. Release of the dashboards are planned with the launch of the new website in September 2020.
- In FY 2020, OHAR successfully fulfilled 903 data requests for internal program partners, the general public, the media, legislators, sister agencies and students. One of the data requests was in partnership with the Medicaid program and was instrumental in the development of the 1115 waiver authorized in the Patient's First Act.

## COVID-19 Activities

In conjunction with DCH Office of Information Technology, OHAR worked with our strategic partner, the Georgia Tech Research Institute, to develop and manage a secure, cloud-based data environment to facilitate COVID-19 analyses. The effort includes matching Medicaid and SHBP claims data to public health COVID-19 surveillance data and health record data from the Georgia Health Information Exchange.

# Office of Healthcare Analytics and Reporting

## Data Requests Fulfilled by Decision Support Services per Month - FY2020





# Office of Human Resources

In FY 2020, the Office of Human Resources (OHR) provided support to a workforce of just under 800 employees. The OHR serves as strategic partners in meeting the talent management needs of DCH by supporting the agency's mission, vision, and core values through our most valuable resource - our employees.



During FY 2020, the employee turnover rate for the department was 23 percent. There were 33 retirements, which represented 18 percent of the 181 employees who left the department during FY 2020. The office on-boarded 109 new employees during FY 2020.

OHR is committed to supporting the agency's priorities of teamwork, communication, customer service, and accountability through strategic partnerships with the offices and divisions, employee engagement activities, retention strategies, and innovative training opportunities for employee growth and development.

OHR continues to prepare the agency for approaching retirements through succession planning and the implementation of the three-tiered leadership development programs: Aspiring Leaders Experience (ALE), Emerging Leaders Experience (ELE), and Lead Empower Act Develop (LEAD). In conjunction

with the agency's strategic plan, OHR launched the Workforce Planning initiative aimed at ensuring all offices and divisions have the right number of people with the right knowledge and skills equipped to handle the future needs of the organization.

The OHR L&D team was awarded the Bronze Excellence in Learning from the Brandon Hall Group's 2020 HCM Excellence Awards. The team received this designation for the *Best Advance in Creating a Learning Strategy* category for their efforts in boosting learner engagement during the 2019 Employee Learning Week.

## COVID-19 Activities

- In support of the agency-wide remote work directive as a result of the COVID-19 pandemic, OHR provided policy guidance for managers to implement flexible work schedules for employees balancing home-schooling and work.
- OHR partnered with offices and divisions to issue best practices and resources for effectively managing teams remotely.
- The OHR Learning and Development (L&D) team utilized the learning management system, *DCHAcademy*, to provide online courses, virtual webinars, videos, and articles aimed at supporting employees transitioning to working from home.
- The OHR revamped the bi-monthly New Employee Orientation process to ensure the safety of both the employees that routinely participate in onboarding and the new employees during the COVID-19 pandemic. The revised process accommodates social distancing measures and shifts the orientation into a two-day format. OHR L&D team has also shifted all of the learning and development courses including the leadership programs to a virtual format to support the remote activities of the agency and ensure the health and safety of all employees.



# Office of Government Relations

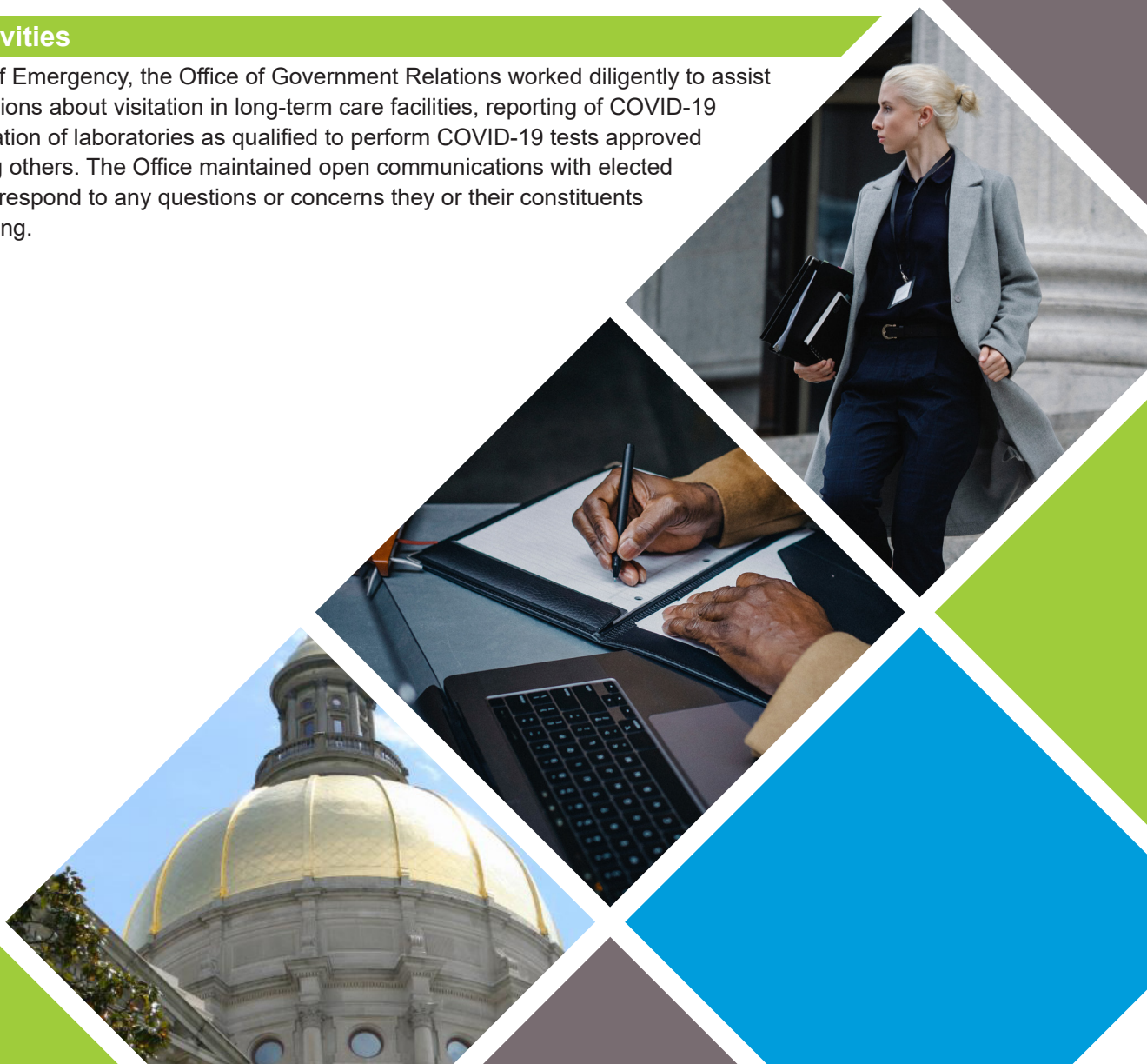
The Office of Government Relations, formerly within the Office of Public Affairs, serves as a liaison between the Georgia Department of Community Health (DCH) and elected officials, other state agencies and constituents. This office consists of two main functions: legislative affairs and constituent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

The Legislative Affairs team serves as the primary point of contact and outreach for all DCH legislative activities with the Georgia General Assembly. In FY 2020, the legislative affairs team identified and monitored approximately 200 pieces of legislation that could have an impact on the agency. The team worked with the agency's many subject matter experts to analyze the impact of legislation and support departmental initiatives and programs. The 2020 legislative session was suspended in March due to the COVID-19 State of Emergency and did not resume until June. In the interim, discussions on bill revisions continued, including amendments specifically to address control of the virus in long-term care facilities.

The Constituent Services team serves as customer service agents for the department, interacting daily with members, providers, legislators and others to help Georgians seeking assistance to interface with the agency's various divisions and offices. The constituent services team received requests for assistance with all programs in the agency, including Medicaid, State Health Benefit Plan and Healthcare Facility Regulation. In FY 2020, DCH Constituent Services responded to and sought outcomes for over 4,800 constituent inquiries.

## COVID-19 Activities

During the State of Emergency, the Office of Government Relations worked diligently to assist citizens with questions about visitation in long-term care facilities, reporting of COVID-19 cases, and verification of laboratories as qualified to perform COVID-19 tests approved in Georgia, among others. The Office maintained open communications with elected officials' offices to respond to any questions or concerns they or their constituents may be experiencing.



# Office of Inspector General

The DCH Office of Inspector General (OIG) is responsible for identifying potential fraud, waste and abuse across all DCH programs. This 60-person team also monitors utilization by Medicaid and PeachCare for Kids® providers and members to ensure that they are following Medicaid guidelines. OIG similarly monitors the State Health Benefit Plan for potential fraud, waste and abuse. Furthermore, OIG conducts inquiries or investigations into varied allegations involving DCH employees and performs criminal records checks for applicants seeking employment in facilities licensed by the Healthcare Facility Regulation Division.

OIG operates through six units that support its internal and external functions: Background Investigations Unit, OIG Legal, Office of Audits, Third-Party Liability Unit, Special Investigations Unit, and its Program Integrity Unit.

## OIG Organization

- **Background Investigations Unit (BIU):** This unit partners with the Healthcare Facility Regulation Division to assist with criminal background checks of employees who work at certain health care facilities. The team also partners with the Office of Human Resources to perform criminal background checks on candidates for hire and employees, as well as credit checks for employees who apply for state purchasing cards (p-cards).
- **OIG Legal (OL):** The Legal unit provides guidance and representation for the Office on all legal matters and represents OIG at the Georgia Office of State Administrative Hearings for appeals submitted by applicants whose background check results were unsatisfactory for employment at certain health care facilities.
- **Office of Audits (OA):** This team performs internal audits for the department. The Office of Audits performs independent, objective assurance and consulting actions intended to enhance the department's operations to ensure compliance with state and federal regulations.
- **Third-Party Liability Unit (TPL):** This unit is responsible for recouping Medicaid related funds through estate recovery, casualty recovery, trust recovery, credit balance audits and commercial insurance. This team is also responsible for cost avoidance efforts to ensure that Medicaid is the payor of last resort.
- **Special Investigations Unit (SIU):** This unit provides the internal investigative function. They are responsible for investigating alleged misconduct by DCH employees, contractors and vendors. This unit also uses investigative tools to follow-up on allegations of member fraud.

**Program Integrity (PI)** guards the Medicaid and PeachCare for Kids program against fraud, waste, and abuse. PI also educates providers about compliance regulations in accordance with the policies and procedures established by state and federal guidelines.

## Fiscal Year 2020 Notable Accomplishments

- Recovered \$60.1 million dollars due to fraud, waste and abuse:
  - o \$8.1 million in overpayments
  - o \$823,000 in global settlements
  - o \$50.1 million through DCH TPL services contractors
  - o \$1.1M in restitution
- Made 13 fraud referrals to the Medicaid Fraud Control Unit
- Identified 1,673 fraud, waste and/or abuse cases
- Completed 101 investigations of unlicensed facilities
- Completed 37,068 criminal records checks



2.7183	1.1752	1.76159
3.0042	1.3356	.80050
3.3201	1.5095	.83365
3.6693	1.6984	1.86172
4.0552	1.9043	2.18535
4.4817	2.1293	2.352
4.9530	2.3756	2.577
5.4739	2.6455	2.828
6.0486	2.9422	3.107
6.6859	3.2682	3.41
7.3891	3.6269	3.7
8.1662	4.0219	3.9
9.0250	4.4571	4.2
9.9742	4.9370	4.5
11.023	5.4569	4.8
12.182	6.0133	5.1
13.464	6.7690	5.4
14.880	7.6735	5.8
16.445	8.7527	6.2
18.174	9.9396	6.7

## COVID-19 Activities

On March 13, 2020, all PI audits (including initial results and final decisions) were placed on hold due to the public health emergency. As of this release, PI audits remain on hold.



# Office of Continuous Program Improvement

In February 2017, in support of the Centers for Medicare & Medicaid Services' (CMS) Administration Simplification initiative, DCH began work to streamline Medicaid and PeachCare for Kids® processes for providers and members. In December 2018, the Office of Continuous Program Improvement (CPI) was created to further advance and lead these efforts.

The Office of CPI is responsible for the identification of process inefficiencies, in addition to the facilitation and implementation of initiatives which increase effectiveness, ultimately supporting DCH's purpose of improving access and ensuring quality.

In FY 2020, the office created task groups which support its four focus areas:

- Provider Enrollment
- Claims and Billing
- Member Eligibility and Healthcare Accessibility
- Prior Authorization

To ensure CPI initiatives are approached holistically, each task group is comprised of DCH subject matter experts and well-seasoned, knowledgeable external stakeholders. The task group efforts are governed by the CPI steering committee which also consists of DCH staff and external stakeholders.

## Fiscal Year 2020 Notable Accomplishments

- Eliminated a manual provider upload process with the Medicaid Care Management Organizations (CMO) and implemented an electronic process which expedited provider billing to each CMO for services rendered.
- Developed and implemented a standardized data capture process to ensure consistent data entry for newly enrolled physicians to a medical group.
- Enhanced the Medicaid provider portal interface with user-friendly functionality to promote the adoption of a single-entry point for provider information.
- Increased awareness of the Medicaid provider portal by heightening visibility on the DCH website.



# Project Management Office

The Project Management Office (PMO) was created in December 2018 to oversee the Georgia Department of Community Health's project management, change management and strategic planning functions. The PMO is charged with defining the standards for project management while ensuring alignment with strategic priorities.

During FY 2020, the PMO managed or participated in several projects for various divisions within the agency, including the Right from the Start Medicaid program's transition from DCH to the Georgia Department of Human Services and the SFY21 Strategic Plan update.

## COVID-19 Activities

- Managed invoice processing for the COVID-19 Staff Augmentation project. The staff augmentation initiative was a primary focus of the PMO as this project supported the state's efforts to address the COVID-19 pandemic by providing essential medical personnel to acute care and long-term care facilities.



# Office of Facilities and Support Services

The Office of Facilities and Support Services handles various functions within DCH which include, but are not limited to: mail services, asset management, business continuity/disaster recovery, facility/space management, records management, fleet management, risk management, real estate leases, and Support Services administrative and accounting functions. This Office is a unit of the Division of Financial Management.

## Fiscal Year 2020 Notable Accomplishments

- **Mail Services:** Metered 85,701 pieces of outgoing mail and sorted over 300,000 pieces of incoming mail; processed 25,514 pieces of accountable mail.
- **Asset Management:** Submitted 149 agency transfer requests which involved 2,552 pieces of property via Asset Works/DOAS surplus property; surplused three vehicles.
- **Facilities and Space Management:** Processed 162 space action requests (staff relocations); completed 20 facility modifications in preparation for relocating three divisions along with the Katie Beckett office, and other infrastructure requests.
- **Fleet Management:** Managed nine company fleet; processed over 10 service requests, one inter-agency transfer, and purchased one vehicle for state surplus.
- **Lease Management:** Administered two leases and managed two DCH offsite offices.
- **Records Management:** Transferred 97 boxes to the state archives and handled 10 records management projects through the state's vendor.
- **Safety:** Conducted 24 safety trainings, defined DCH fire drill procedures for annual fire drill, and held six *Push to Talk* safety coordinator device checks.
- **Administrative and Accounting:** Completed 353 work order requests; processed over 100 maintenance requests; managed 50 purchase orders for various vendors, furniture orders, and contracts.

## COVID-19 Activities

- Implemented guidelines for nine DCH fleet vehicles.
- Arranged conference room seating according to the Centers for Disease Control and Prevention (CDC) guidelines.
- Coordinated and managed personal protective equipment for return to building.
- Ensured that the Georgia Building Authority sanitized and cleaned DCH floors according to CDC guidelines.
- Ensured all heating, ventilation, and air conditioning for offsite locations complied with CDC guidelines.





# Attached Agencies



## The Georgia Boards of Pharmacy and Dentistry

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

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

## Georgia Composite Medical Board

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

## Georgia Board of Health Care Workforce

The Georgia Board of Health Care Workforce works to see Georgia communities, especially in medically underserved areas, have improved access to needed physicians and other health care practitioners, thereby enhancing the health and wellbeing of Georgia's citizens. It fulfills this vision by identifying and meeting the health care workforce needs of Georgia communities through the support and development of medical education programs.

## Georgia Drugs and Narcotics Agency

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

## Fiscal Year 2020 Notable Accomplishments

### Georgia Board of Dentistry

The Georgia Board of Dentistry oversees a population of approximately 5,770 dentists and 7,530 dental hygienists. In addition, its total number of licenses and permits is 14,670 including those who hold licenses or permits for the following: Dental Faculty, Dental Hygiene Faculty, Public Health, Volunteers, and Conscious Sedation, Enteral/Inhalation Conscious Sedation, and General Anesthesia permits. It also issued a total of 429 new licenses and permits during FY 2020. The Board brought closure to 352 complaint cases.

### Georgia Board of Pharmacy

The Georgia Board of Pharmacy oversees a population of approximately 15,835 pharmacists and 24,110 pharmacy technicians. In addition, its total number of licenses, registrations and certifications is 49,276 including but not limited

# Attached Agencies

to the following: Clinics, Hospitals, Durable Medical Equipment Suppliers, Retail, Manufacturing, Non-Resident, Researchers, Schools, 3 PLs, Wholesalers, Prisons, Interns, and Nuclear pharmacists and pharmacies. The Board issued a total of 6,657 new licenses and registrations during FY 2020. The Board was presented with 198 cases for consideration and determination from its law enforcement arm, the Georgia Drugs and Narcotics Agency.

In response to the current state of emergency as declared by Governor Kemp in response to coronavirus, the Georgia State Board of Pharmacy adopted emergency rules allowing for the emergency refill dispensing of prescription drugs (excluding controlled substances), remote order verification for retail pharmacies, reduced requirements on delivery by mail, temporary recognition of non-resident licensure, and temporary pharmacy facilities, pharmacist and pharmacy technicians.

