

2021 Annual Report

Fiscal Year

July 1, 2020 - June 30, 2021



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

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Introduction

Greetings,

It is with pride that the Georgia Department of Community Health presents the FY 2021 Annual Report. Collaboratively, DCH accomplished a lot in 2021. We provided access to health care via Medicaid and PeachCare for Kids® for more than 2 million Georgians during the fiscal year.

We also administered the State Health Benefit Plan (SHBP), providing healthcare coverage to more than 662,000 individuals as of June 30, 2021. Altogether, we provided insurance coverage to more than 2.6 million Georgia residents. Supporting some of the state's most vulnerable citizens, and creating effective safety nets through quality health programs and initiatives, remain priority one.

A few other highlights include:

- Increased Medicaid enrollment by 10 percent and PeachCare for Kids enrollment by 14.65 percent, resulting from compliance with public health emergency restrictions
- Launched the 2020 Quality Performance Dashboard, and the Interactive Medicaid Reporting Dashboard, aimed to create user efficiencies
- Administered state and federal funding totaling more than \$30.6 million through grant and contractual processes
- Identified 5,191 fraud, waste and abuse cases, and recovered more than \$48 million from payer sources
- Provided 2.1 million transports for Medicaid members to health service appointments, treatments, and care visits
- Covered 100 percent of costs associated with COVID testing, as well as costs for medical telehealth visits through vendor platforms for SHBP members

While the Department celebrates these and many other successes over the past year, there is still much to be done. DCH remains committed to providing the right quality programs and services that make the biggest impact. Special thanks to the Governor and his staff, along with the DCH Board of Directors, our public and private partners, and everyone involved in improving healthcare access and outcomes across Georgia.



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. DCH provides healthcare for children, pregnant women and people who are aged, blind or disabled (ABD) through the state's Medicaid program. In FY 2021, 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°SM) or fee-for-service arrangements. Refer to pages 8 and 9 for historical and current payments by distribution type for Medicaid and PeachCare for Kids. The MAP division provided management and oversight of the Medicaid and PeachCare for Kids programs by:

- Managing the performance of four CMOs responsible for providing medical services under the Georgia Families and Georgia Families 360° programs to more than 2 million Medicaid, PeachCare for Kids, and Planning for Healthy Babies members.
- Developing the Quality Strategy to establish aims, goals and metrics to drive and measure improvement in care and service delivery. The Quality Strategy fulfills Centers for Medicare & Medicaid Services' (CMS) mandate of updating the strategy at least every three years, and serves as a roadmap to guide Georgia's Care Management Organizations in improving the quality of healthcare outcomes and services provided to the Medicaid population.
- 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 the five programs offering Home- and Community-Based Services (HCBS) alternatives to long-term institutional care.
- Collecting data and reporting 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.
- 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.



Fiscal Year 2021 Major Initiatives

COVID-19 Response

To best serve Georgia's Medicaid and PeachCare for Kids populations during the ongoing pandemic, the MAP team continued its work with CMS to navigate and implement the following CMS-approved flexibilities:

Medical Assistance Plans

Section 1135 Disaster Response Waivers included:

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

- Suspension of copayments during the national Public Health Emergency
- Expansion of telehealth services
- Authorization of brand-name pharmaceutical products if generic products were unavailable and were on the Medicaid Preferred Drug List (PDL)
- Authorization of interim payments to skilled nursing facilities (SNFs)
- Suspension of PeachCare for Kids premiums



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

- Provided 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

Gov. 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 December 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 hard-working 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. The state continues to support its submissions of these innovative coverage solutions.

Postpartum Care Medicaid Extension – House Bill 1114

House Bill 1114, introduced and passed in the 2020 legislation session, provided for the extension of postpartum care coverage from 60 days to 180 days. HB 1114 authorized DCH to submit an 1115 waiver request

Medical Assistance Plans

to CMS for this coverage. Following the state-level public comment period and approval by the Board of Community Health, DCH submitted its section 1115 Demonstration Waiver Application to CMS in December 2020. DCH received CMS approval in April 2021. The section 1115 Demonstration Waiver Application became effective July 1, 2021.

Quality Performance Dashboard

During FY 2021, the MAP began developing its first public-facing Quality Performance Dashboard. The 2020 Quality Performance Dashboard allows users to review validated performance measure ratings for the managed care population overall and by individual CMOs. The dashboard includes trended data and allows the user to compare the performance of Georgia CMOs to national benchmarks. The Quality Performance Dashboard went live August 2021. Refer to page 7 to view the dashboards.

Other Program Updates



Electronic Visit Verification (EVV)

In accordance with the 21st Century Cures Act, DCH contracted with a single qualified supplier to provide EVV services. EVV is an automated process for home healthcare 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. DCH implemented Phase I of its new EVV system on April 1, 2021, for Personal Care Services.

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 compliant 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. Following the public comment period in 2020, the plan was subsequently submitted for final review and approval by CMS. DCH worked with CMS in FY 2021 to clarify the HCBS Transition Plan. The department posted the updated plan for public comment in January 2022.

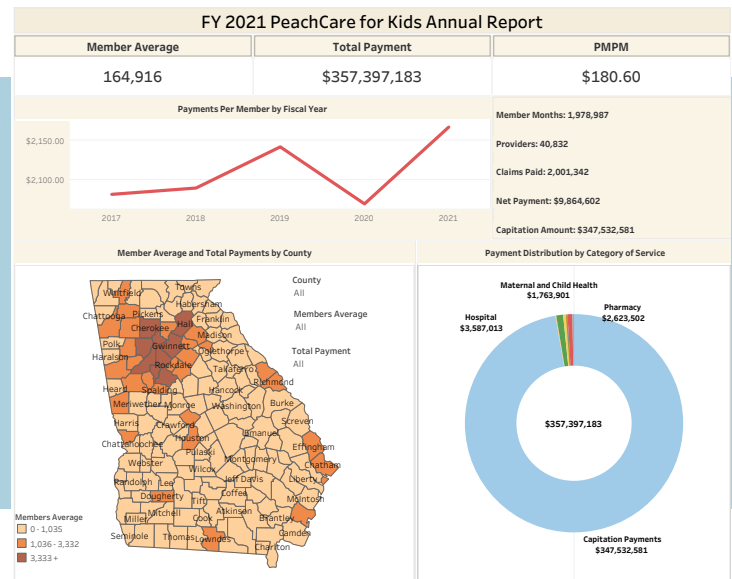
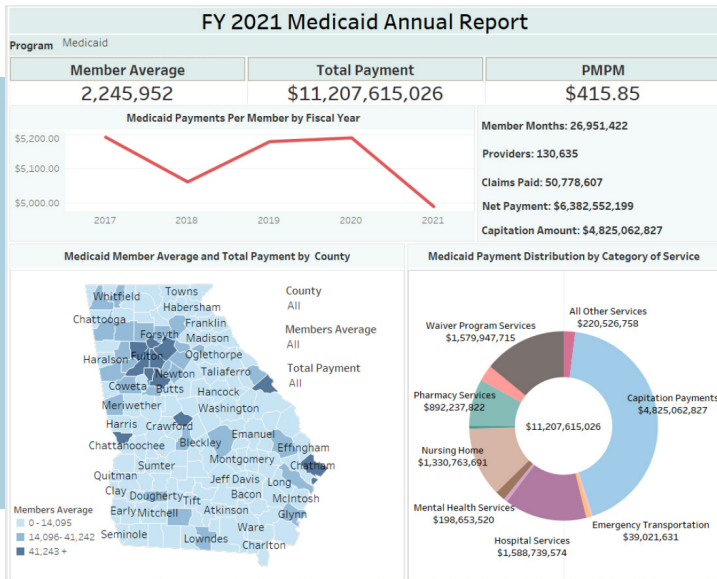
Non-Emergency Medical Transportation (NEMT)

Through the NEMT program, DCH provided Medicaid members with more than 2.1 million trips to healthcare services and treatment in FY 2021. The NEMT program experienced a decrease in Medicaid transport volume as a result of the ongoing pandemic. 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.



Medical Assistance Plans

New! Interactive Reporting Dashboards Available Online



For Medicaid, [Click Here.](#)

For PeachCare for Kids, [Click Here.](#)

FY 2021 Table of Members and Expenditures

Measures	Medicaid ¹	Medicaid-ABD	Medicaid-LIM	PeachCare for Kids®
Members Average ²	2,245,952	552,604	1,678,033	164,916
Member Months	26,951,422	6,631,244	20,136,394	1,978,987
Net Payment	\$6,382,552,199	\$6,097,555,491	\$283,790,957	\$9,864,602
Providers ³	130,635	95,209	101,580	40,832
Claims Paid	50,778,607	25,366,894	25,406,751	2,001,342
Capitation Amount	\$4,825,062,827	\$30,556,787	\$4,797,422,452	\$347,532,581
Total Payment⁴	\$11,207,615,026	\$6,128,112,278	\$5,081,213,408	\$357,397,183
Total Payment Per Member Per Month	\$415.85	\$924.13	\$252.34	\$180.60

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 2020 through June 2021, paid through August 2021.

¹ 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.

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

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

⁴ 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 Year¹

Fiscal Year	Average Members	Total Payments ²	Payment Per Member	Percent Change in Payment Per Member
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%
2021	2,245,952	\$11,207,615,026	\$4,990	-3.87%

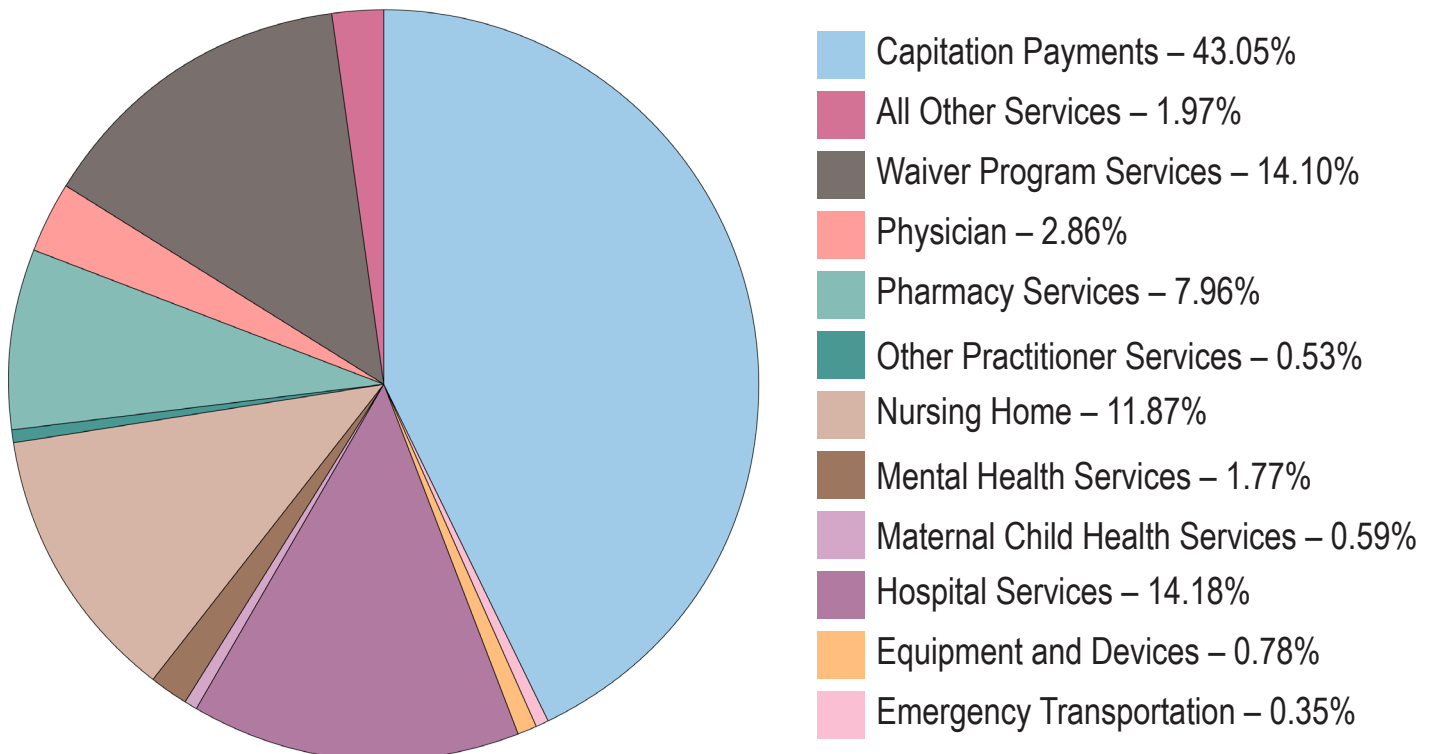
Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 2001 through June 2021, paid through August 2021.

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

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

³ 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 2021



Medical Assistance Plans

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

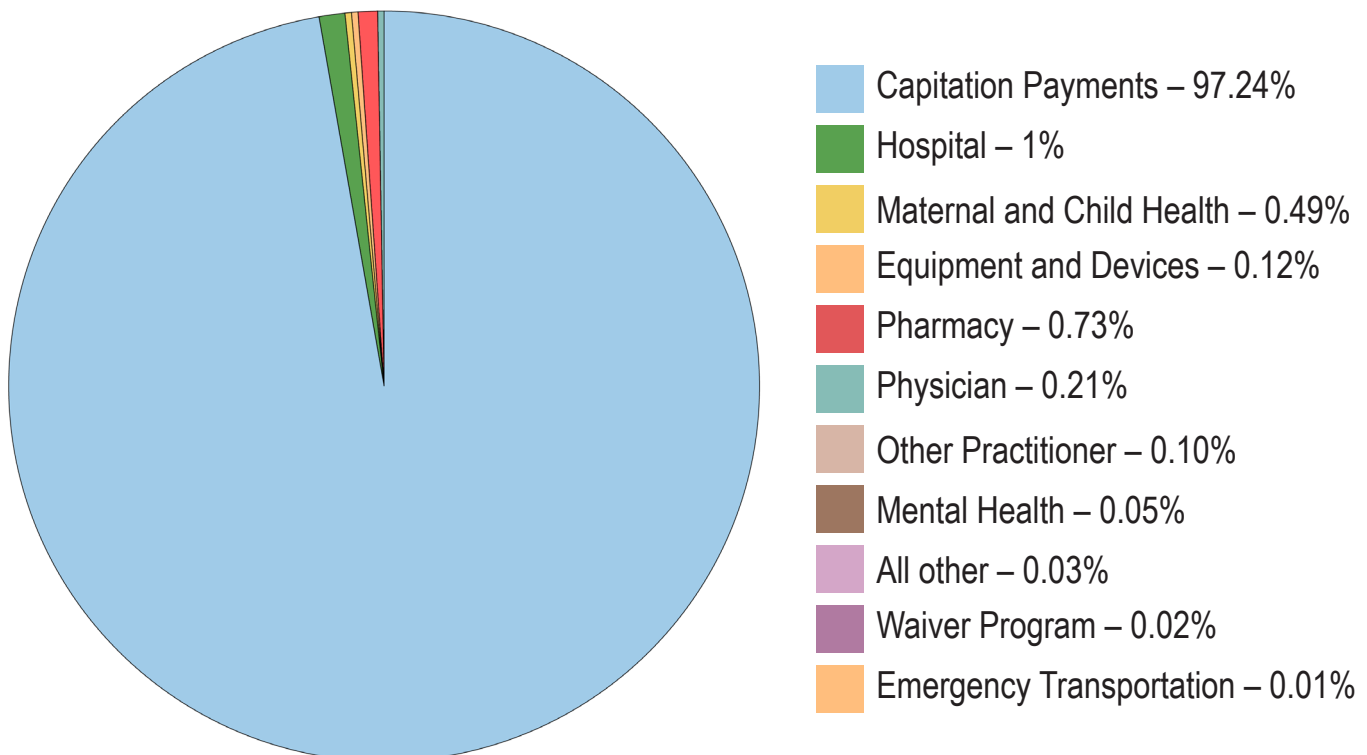
Fiscal Year	Average Members	Total Payments ²	Payment Per Member	Percent Change in Payment Per Member
2001	14,028	\$115,931,116	\$8,264	38.5%
2002	154,406	\$170,916,516	\$1,107	-86.6%
2003	180,953	\$212,319,603	\$1,173	6.0%
2004	200,562	\$262,676,747	\$1,310	11.6%
2005	208,185	\$273,274,876	\$1,313	0.2%
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%
2021	164,916	\$357,397,183	\$2,167	4.69%

Source: IBM Watson Health Analytics Advantage Suite, based on incurred dates July 2001 through June 2021, paid through August 2021.

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

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

PeachCare for Kids Payments Distribution by Service Type FY 2021²





State Health Benefit Plan

DCH serves as the state administrator of health insurance coverage for state employees, teachers, public school system employees, 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 comprises three plans: the State Employees Plan, the Teachers Plan, and the Public School Employees Plan. SHBP covered more than 662,000 people (i.e., members and dependents) as of June 30, 2021.

SHBP offers both self-insured and fully insured health insurance coverage. It is a non-federal governmental plan that pays health benefits out of the premiums contributed by members through monthly payroll deductions to their employers and from monthly contributions by the Employing Entities 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. This coverage primarily covers those age 65 or older, who are continuing coverage from Active Member status and are enrolled in Medicare Part B. Contributions from SHBP and retiree premiums are used to purchase Medicare Advantage insurance.

In calendar year 2021¹, 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. Refer to page 12 for historical and current members data and payments by fiscal year, and to page 13 for the new interactive dashboards for more detailed plan data.

Structure of SHBP

There are two primary operating units within the division:

- **Clinical, Quality and Outcomes unit** provides oversight of the SHBP vendors' performance and quality of services for clinical programs including, but not limited to, utilization management, case management, disease management, behavioral health, wellness, and pharmacy management. The unit oversees third-party administrator vendors, administration of each plan option, open enrollment, and provider networks.
- **Eligibility and Benefits Administration unit** encompasses SHBP Member Services, SHBP Employer Services, and oversees the eligibility vendor. This unit is responsible for maintaining eligibility plan documents and processes, eligibility and enrollment for SHBP coverage, day-to-day administration of the Medicare Advantage plan options, the call center (i.e., SHBP Member Services), SHBP Enrollment Portal and State Health Repository Tool, and 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 SHBP Benefits Professionals (BENPRO) Conference.

Program Updates

Plan Options

Premiums and plan designs in 2021 for active members who were currently employed with state agencies and public-school systems remained the same as in 2020. These plan options continued to provide expanded vendor and plan design

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

State Health Benefit Plan

choices for active members and their dependents. 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 2021, members and their covered spouses were eligible to earn up to 480 well-being incentive points for completing health activities, and could choose to redeem the incentive points for one of the following rewards:

- \$150 Visa Reward Card (to use anywhere Visa is accepted) OR
- 480 well-being incentive credits (to apply toward eligible medical or pharmacy expenses)

Kaiser Permanente also provided wellness program incentives for members and their covered spouses, each of whom were eligible to earn a \$500 gift card (up to \$1,000 per household) by completing health activities.

To expand upon SHBP's diabetes strategic initiative, the plan offered hemoglobin A1c (HbA1c) testing as part of SHBP-sponsored biometric screenings for 2021. Between June 1, 2020 and June 30, 2021, SHBP collected HbA1c data for 22,847 SHBP members, through its onsite screenings, physician screening forms, and from the patient service centers.

Preventive and Wellness Campaigns

In an effort to help members identify and address early signs of disease and improve the long-term health outcomes of its membership, SHBP offered a number of preventive and wellness activities.

Biometric Screenings ²	
Onsite Screening Participants	1,351
Physician Screening Forms Submitted	42,428
Quest Patient Service Center Screenings	12,024
Total Onsite Screening Events Completed	38

Health Assessment/RealAge Completions	
Completed by Members	63,602
Completed by Spouses	13,397
Completed by Dependents 18+	451
Total Tests Completed	77,450

Challenges	
Step into the New You Challenge Participants	14,180
Stress Less Challenge Participants	39,998
Green Day Challenge Participants	24,023
Steps Challenge Participants	26,244
Total Challenge Participants	104,445

FY 2021 Wellness Activities	
Presentations	24
Webinars	12
Meetings	0
Benefit / Health Fairs	0
Biometric Screenings	0
Conferences	1
Total	37
Estimated Member Interactions	4,585

Preventive Campaigns	
BMI Weight Management Members	75,851
Diabetes Management Members	53,033
Heart Health Management Members	75,821
Men's Health Management Members	13,920
Women's Health Management Members	47,022
Total Preventive Campaign Members	265,647

COVID-19 Related Activities

- Coordinated with the agency's medical, pharmacy and wellness administrators to provide SHBP members with detailed plan information regarding COVID-19. Each of the administrators regularly updated their SHBP member sites to include information about the virus and enhanced health benefit coverage 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 in-network providers other than through the vendors' platforms (\$0 member cost share).

²Participation decreased in FY 2021 due to COVID-19 related event cancellations and suspension period of in-person events.

State Health Benefit Plan

Table of Historical SHBP Members and Payments by Fiscal Year¹

Fiscal Year	Members Average	Total Payments ¹	Payment Per Member	% Change in Payment Per Member
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%
2021	668,731	\$5,677,286,395	\$8,490	12.96%

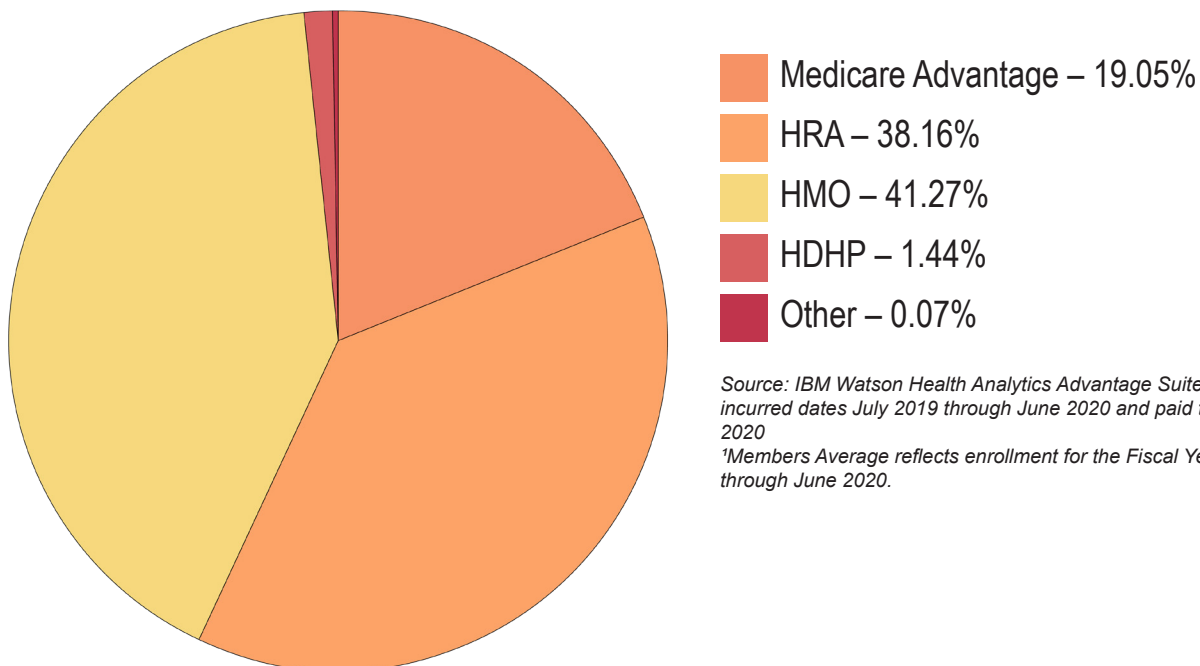
Source: IBM Watson Health Analytics Advantage Suite and DataProbe, based on incurred dates July 2000 through June 2021, paid through August 2021.

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

² Data for FY 2000 is not available.

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

SHBP Members Average by Plan Type¹



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

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

State Health Benefit Plan

FY 2021 Table of State Health Benefit Plan Covered Lives¹

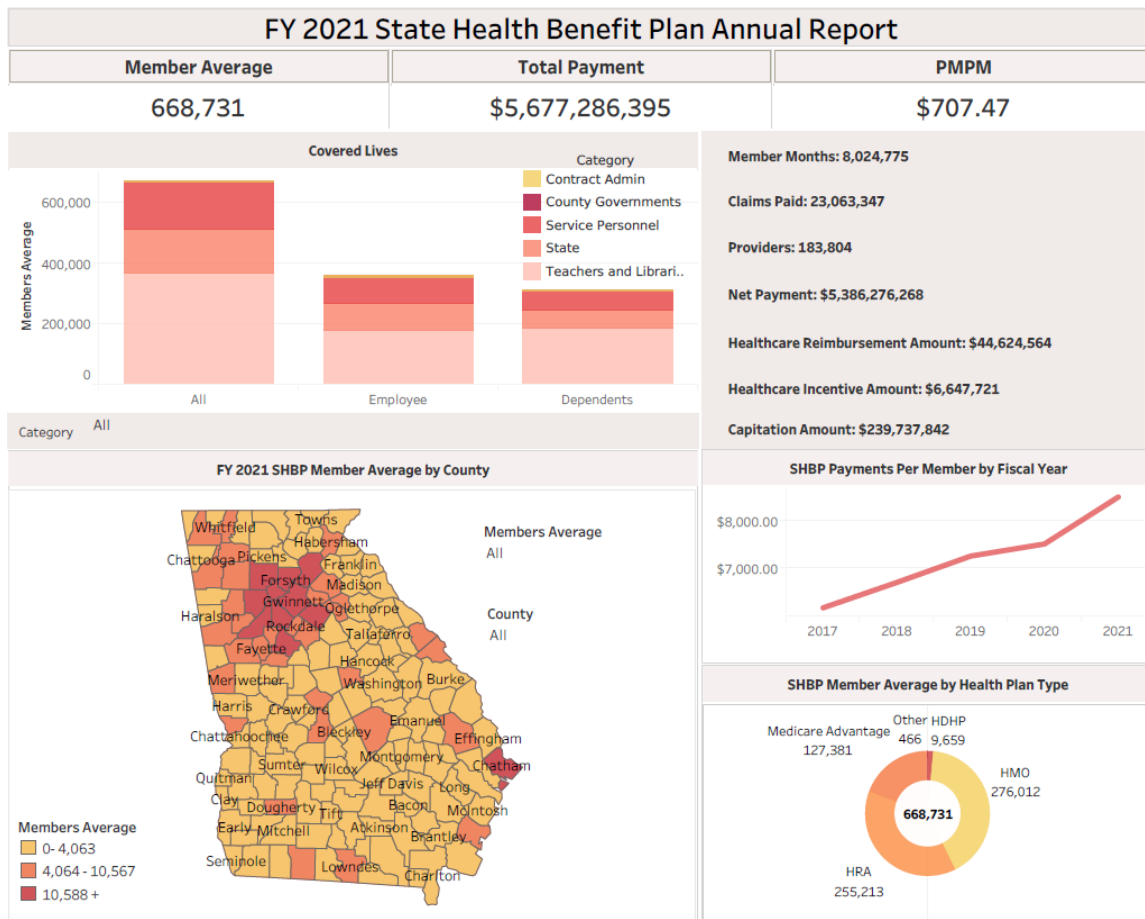
Category	Members Average ¹	Employee ²	Dependent
Contract Admin	1,476	946	530
County Governments	131	78	53
Service Personnel	158,925	91,524	67,401
State	144,703	87,636	57,067
Teachers and Libraries	363,496	178,288	185,209
SHBP TOTAL	668,731	358,472	310,260

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

¹ Members Average reflects enrollment for the Fiscal Year, July 2020 through June 2021, paid through October 2021.

² Employee includes both active and retired employees. COBRA and Surviving Spouse are included in each employee categories' member average.

New! Interactive Reporting Dashboard Available, [Click Here.](#)





Healthcare Facility Regulation Division

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

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

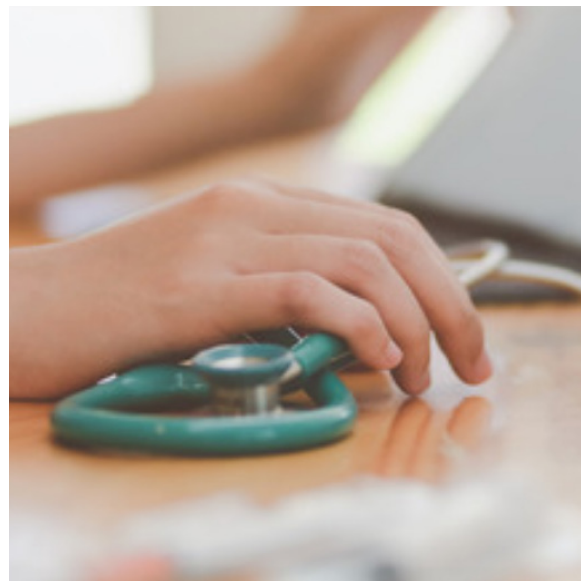
The division certifies various healthcare facilities to receive Medicaid and Medicare funds through contracts and agreements with the Centers for Medicare & Medicaid Services and the Food and Drug Administration of the U.S. Department of Health and Human Services.

HFRD provides ongoing monitoring of licensed healthcare 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 healthcare facilities.

Fiscal Year 2021 Major Initiatives

COVID-19 Response

- In 2020, HFRD was informed that CMS would transition certain certification enrollment functions to the state agencies in conjunction with CMS's Center for Program Integrity/Provider Enrollment Oversight Group and the Medicare Administrative Contractors (MACs). HFRD conducted approvals/denials of specific enrollment functions and coordinated directly with the MACs. The changeover will continue with implementation rollouts projected to early 2022. This new process will streamline the enrollment of providers and suppliers regarding change of ownerships, administrative changes, relocations, and initial certification. HFRD established a resource mailbox for this certification work and assigned principal contacts slated to be trained by CMS.
- 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 percent of certified nursing homes in Georgia by the federal deadline of July 31, 2020.
- In January 2021, HFRD, along with the Georgia Army National Guard, received the 2020 Army Community Partnership Award. The award, presented by the Department of the Army, recognizes exceptional partnerships that encourage continued collaboration to improve readiness, drive modernization, and enhance quality of life initiatives throughout the Army.



Healthcare Facility Regulation Division

- The HFRD team continued the Temporary Nurse Aide Training Program to support streamlined onboarding of nurse aides during the COVID-19 national public health emergency. This program was established in 2020 with assistance from the Georgia Health Care Association and Alliant Health Solutions to help alleviate staffing challenges associated with the pandemic.
- HFRD leadership continued to follow federal guidance from CMS on survey activity, which required state agencies to prioritize COVID-related issues and immediate jeopardy complaints throughout the national public health emergency. Following these federal requirements, HFRD completed more than 2,000 inspections in existing facilities during the fiscal year. The HFRD team also resumed recertification surveys and continued providing long-term care facility COVID-19 reports on the department website. The reports included 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.



Fiscal Year 2021 Notable Accomplishments

- Provided oversight to over 29,000 facilities, providers and registrants.
- Issued 1,010 licenses for new healthcare facilities in Georgia, a 30.66 percent increase over FY 2020.
- Conducted 2,027 inspections of existing facilities.
- Conducted 1,163 COVID-19 compliance inspections.
- Completed investigations of 3,394 complaints and reviewed 18,905 self-reported incidents for Long-Term Care Facilities during FY 2021.
- Awarded five Civil Money Penalty (CMP) grants totalling \$3,572,482.43 to support interactive technology, bereavement programs, and person-centered care in nursing homes. During FY 2021, HFRD disbursed a total of \$1,855,392.00 in CMP grant funds.



Implementation of House Bill 93

This law removes state regulations for labs, which placed an undue burden on certain labs when it came to staffing requirements. Effective July 1, 2021, only federal requirements will apply. HFRD will continue to provide oversight of labs on behalf of CMS to ensure labs meet federal requirements, and the division will be required to present rule revisions to the board to comply with this new law.

Senate Bill 215

SB 215 allows Certified Medication Aides to be employed in nursing homes. It also allows other employer-based licensed facilities to participate in a Certified Nurse Aide program if they meet the minimum federal standards for the program. This law became effective on May 4, 2021.



Office of Health Planning

The Office of 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 healthcare 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 healthcare facilities with indigent and charity care requirements. 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 2021 Notable Accomplishments

- Received and reviewed 36 CON applications and 346 requests for Letters of Determination.
- Collected and deposited \$8,031,314.77 into the Indigent and Charity Care Trust Fund from adjusted payments to offset shortfalls in indigent and charity care commitments.
- Conducted 45 preliminary plan reviews, 132 final plan reviews, and 135 final inspections (16 in-person and 119 virtual inspections) at facilities under construction. Total square feet of construction reviewed is estimated at 1,452,607 and estimated costs were \$476,235,537. Health Planning staff traveled 2,376 miles across Georgia. This represents about an 85% reduction in miles traveled and about 73% in travel cost savings. However, there was no reduction in the total number of inspections, which increased from 91 in the previous year to 135 this fiscal year. Estimated construction costs and square footage are down (\$834 million and 3.9 million, respectively).
- Reviewed 27 requests for independent review as administrator of the Patient's Right to Independent Review Program.
- Responded to 166 Open Records requests.

COVID-19 Related Activities

In response to the COVID-19 public health emergency, Health Planning continues to make available a user-friendly online portal for the submission of CON applications, requests for letters of determination, and various other forms.

Additionally, pursuant to Governor Kemp's Executive Order Nos. 03.20.20.02 and 07.22.21.02 issued in response to the COVID-19 pandemic, Health Planning continued its suspension of O.C.G.A. § 31-6-40 CON provisions permitting capable facilities to expand capacity, offer services, or make expenditures necessary to assist with the needs of the pandemic. To efficiently execute these orders, 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 Health Planning for approval or denial of a proposed action.



Office of Information Technology

In FY 2021, the Office of Information Technology (OIT) comprised the following six 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 **Office of Information Security (OIS)** ensured information and technology security compliance for DCH systems and oversaw information security policies for the agency. The OIS also responded to security incidents and served as part of DCH's breach response.

The **Medicaid Information Technology Architecture (MITA)** unit utilized the DCH MITA Methodology to automate business processes including Business Architecture, Information Architecture and the initiation of business process projects that allow Georgia to mature along the MITA framework. The unit initiated Outcomes Based Certification (OBC) for each Medicaid Enterprise Systems Module which includes the development of Key Performance Indicators to monitor program improvements. The MITA unit also ensured that MITA principles were being addressed in Medicaid systems procurements and IT system implementations. Strong relationships with CMS partners were maintained to assure maximization of Enhanced Federal funding.



The **Health Information Technology (Health IT or HIT)** unit facilitates various aspects of Georgia's Health IT infrastructure that make it possible for providers and patients to better manage their care through secure use, exchange of health information, and care coordination. 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.

Office of Information Technology

The **Strategic Analysis Unit (SAU)** facilitated strategic planning activities associated with the implementation of the new MMIS. They provided support to program teams in capturing existing system business rules, assisted with configuration, and planned and executed a strategy for system testing. The SAU currently consists of a team of business analysts, and additional resources will be onboarded as needed to support the MEST projects.

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.

Fiscal Year 2021 Notable Accomplishments

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 MEST Program, 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, OIS, and MITA team.

MEST Program

- Electronic Visit Verification (EVV) Module went live into production. Personal Care Services (PCS) waiver providers are now using DCH's EVV system to document PCS visits and services. The MEST Integration Platform handles EVV production traffic and includes an operations dashboard allowing DCH to monitor EVV transactions.
- Significant progress was made in developing various MEST modules which includes:
 - Started data mapping and finalizing Provider Services Module requirements and contract language
 - Finalized scope of work for DCH's Claims and Financial Management Module including development of a Business Operations Center for Call Center, Print/Mail, and Document Management Services (BOC)
 - Helped with the selection of DCH data analytics platform (Snowflake) for Enterprise Analytics System for Everyone (EASE)
 - Supported development of IT and Security requirements for the third-party liability and pharmacy benefit manager re-procurements



Health Information Technology/Promoting Interoperability Program

- Health IT noted that as of September 2021, the Medicaid Promoting Interoperability Program had paid nearly \$300 million to Georgia healthcare 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. In addition, 4,459 eligible providers received nearly \$145 million in incentive fund payouts.
- Health IT was awarded CMS approval for the Patient Access Interoperability (PAI) Rule APD to improve quality and accessibility of information that healthcare customers need to make informed healthcare decisions, including data about healthcare prices and outcomes, while minimizing reporting burdens on affected healthcare providers and payers.

Technical Solutions Team

- The Technical Solutions Team developed a payment portal to enable Healthcare Facility Regulation Division (HFRD) to accept credit card and check payments for applications and annual fees online. More than \$1,693,000 in payments have been received through the portal.

Office of Information Technology

- The team also developed a Home and Community-Based Services Waiver Incident Web-Based Reporting System for the Medical Assistance Plans Division (MAP). MAP has processed 43,620 incident reports using the new system.
- The team developed the State Health Benefit Plan Case System to enable employers to validate employee eligibility for American Rescue Plan Act of 2021 COBRA Premium Assistance online.

MITA

- The MITA unit, in coordination with the Centers for Medicare and Medicaid Services, initiated an Outcomes Based Certification (OBC) process for each Medicaid Enterprise System module. The process includes the development of Key Performance Indicators to monitor program improvements. This process will serve as a springboard for KPI monitoring for IT programs across the enterprise.



COVID-19 Related Activities

- MEST Integration Platform was made available for use in the integration of data to monitor facility-based COVID-19 infection across the continuum of healthcare with the creation of a cloud-based data lake.
- The Technical Solutions Team worked with many business units to transform paper- and faxed-based processes into online systems that facilitate submission and processing of applications, payments and incident reports online.
- The Technical Solutions Team developed and hosted an application in AWS Cloud for COVID-19 reporting by HFRD-regulated Long-Term Care facilities across the state.



Division of Financial Management

In FY 2021, 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)

Financial Services paid providers, vendors and employees while processing federal, state and other fund source receipts. In FY 2021, DCH spent more than \$18 billion for Medicaid, PeachCare for Kids, and SHBP services of which \$2.1 billion went to 931 vendors, other providers and grants. The office performed cash management analyses to ensure adequate funding for the agency. In addition, the office prepared annual financial statements, budgetary compliance reports and other financial reports that secured Medicaid, PeachCare for Kids and other federal funding, totaling approximately \$10 billion. Financial Services works with DCH's actuaries to prepare multiple reports, including: IBNR (Incurred But Not Reported – claims DCH is liable for but have not been paid yet), which totaled \$877 million for Medicaid and \$235 million for SHBP; GASB 74 and 75 reports, which detail current and future liabilities for retiree benefits totaling approximately \$275 million for State OPEB retirees and \$10.8 billion for School OPEB retirees; the Valuation Reports for the OPEB Fiduciary Funds (State OPEB valued at \$1.7 billion and School OPEB at \$611 million); and the Subsequent Contribution Report, which is internally prepared for auditors and distributed to over 750 payroll locations to be included in their financial statements.

Budget Services



Budget Services developed, requested, maintained and monitored more than \$18 billion of DCH budget across several funding sources. During budget development, the office prepared budget and cash projections for Medicaid, PeachCare for Kids and the State Health Benefit programs. In addition, Budget Services, supported by the Financial Services office, ensured funding was available for departmental operations before liabilities were incurred. Budget Services also serves as internal control to Financial Services through approving invoices and journal vouchers. The office oversaw the SHBP Audit section, which is responsible for the administrative and financial analysis of payment made to SHBP, and the office provided analytical support and financial analysis on program and policy changes impacting the various programs throughout the agency.

Reimbursement Services

Reimbursement Services set payment rates for more than 350 nursing home and long-term care facilities, 177 hospitals including 30 out-of-state hospitals, as well as thousands of non-institutional providers seeking reimbursement from the Medicaid and PeachCare for Kids programs. In addition, working with actuaries, the section determined Care Management Organization capitation rates for Medicaid and PeachCare for Kids. Reimbursement Services was also responsible for more than \$780 million in supplemental hospital, nursing home, and physician payments the federal

Financial Management

Upper Payment Limit and more than \$435 million in Disproportionate Share Hospitals programs.

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 2021, OPS managed 16 sourcing events, utilizing the strategic sourcing method determined to effectively meet the goals of the applicable division. The office analyzed 294 division requests for contract actions which were determined to require competitive sourcing, determined exempt from competition or approved for renewal, extension, amendment or closure. OPS reviewed 893 electronic requisitions for purchases of goods and services. A total number of 1,207 purchase orders were generated to encumber funds for contracts, grants and general purchases. OPS generated 97 grant agreements totaling approximately \$31,548,990.00, not including the grant agreements issued to support COVID-19 activities. OPS also monitored assessment reports on 231 contracts and grant agreements, determining that during FY 2021, contractors achieved an average 83.98 percent compliance rate.

COVID-19 Related Activities

- Generated 229 grants that were issued to support COVID-19 activities totaling approximately \$5,306,919.38.





State Office of Rural Health

In FY 2021, the State Office of Rural Health (SORH) administered state and federal funding totaling \$30.6 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 healthcare delivery, sustainability and improving health outcomes.

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, 62 grants and contracts were developed and managed in FY 2021 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.

Programs managed through the PCO include: Health Professional Shortage Designations, the J-1 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 that improve the lives, health and health status of Georgia's migratory and seasonal agricultural workers by providing cost effective, culturally appropriate primary health care.

Fiscal Year 2021 Notable Accomplishments

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." A total of 16 hospitals were included in the program during this year. At the close of FY 2021, 46 small rural and critical access hospitals (CAH) had 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 healthcare accessibility in Georgia's underserved and rural communities.

The SORH also manages grant programs that seek to address the various needs of Georgia's rural and underserved populations. In addition, supplemental funding was awarded to the Georgia Farmworker Health Program including the National Hypertension Control Initiative Grant, Integrative Behavioral Health Grant, and the Oral Health Infrastructure Grant.

COVID-19 Related Activities

- 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 respond to the coronavirus in the areas of safety, response and maintaining hospital operations.
- 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 and respond to COVID-19. This included expanding testing capacity, purchasing necessary supplies and equipment for detection, prevention, suppression, diagnosing, and treating COVID-19.



Office of Communications

The Office of Communications serves as the primary point of contact and outreach for all DCH internal and external communications, partnering with each of DCH's divisions and offices to help ensure the amplification of 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 2021, communications staff responded to more than 500 media inquiries.

Also during FY 2021, and for the purposes of keeping external shareholders, providers, and Georgia citizens updated on agency initiatives, the office worked to overhaul many of the DCH microsites. This overhaul provided greater ease of use for viewers, and currently serves as an up-to-date information resource regarding initiatives, pertinent legislative updates, public hearings, townhalls, and critical agency updates. The Office of Communications also continued its execution of the full DCH website revamp that is expected to be completed in calendar year 2022. External communications included COVID-19 updates, additional information regarding approved and/or pending waivers, provider relief funds, and nurse recruitment career fairs.

The office also continued its internal/employee communications initiatives as a vehicle for keeping team members informed about agency happenings.

Fiscal Year 2021 Notable Accomplishments

- Launch of the DCH Internal Dashboard. The dashboard serves as a centralized, internal connection point for DCH team members, providing agency news and updates, employee achievements, important quick links, etc.
- Increased use of virtual platforms for public hearings, board meetings, virtual messaging, and other virtual meetings.

COVID-19 Related Activities

- Increased updates to the DCH website and maintained 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 Georgia 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 2021, 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.

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

OGC drafts and negotiates contracts; monitors proposed legislation; analyzes and researches healthcare policy issues and state and federal laws; provides support in multiple court cases; and reviews and prepares policies, resolutions, rules, and regulations for DCH.

OGC also monitors compliance with HIPAA Privacy and Security laws and regulations, provides regulatory compliance guidance, and administers the Georgia Open Records Act on behalf of the department.

Additionally, OGC maintains 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 that render the above efforts:

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

Fiscal Year 2021 Notable Accomplishments

- The Legal Services section received 192 member and provider appeals. This section also provided assistance related to policy guidance and interpretation, held internal trainings on subjects pertaining to litigation as well as the impacts of case law updates, and provided legal and administrative assistance to other areas of the department as requested.
- The Contracts Administration section responded to the contract needs of every division and office in DCH. Contracts Administration coordinated with program staff, vendors, DCH leadership and federal partners to generate more than 213 contractual documents. Contracts Administration also provided legal guidance to internal divisions and offices concerning contract drafting, review, interpretation, and other matters that ensured consistent application of terms, compliance with state and federal laws, and aided department negotiations.
- The HIPAA Privacy & Security section assisted with the agency's annual compliance training program, during which 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 helped coordinate controls and compliance considerations in order to automate the drafting of certain agreements in response to public and research inquiries, and completed the required federal Security Risk Assessments for the Medicaid and State Health Benefit Plan programs.
- The Open Records section received and processed 253 requests for records pursuant to the Georgia Open Records Act, and 688 requests for claims records. This section also assisted with the agency's annual compliance training program and provided a separate Spring Open Records Training class for staff.



Office of Analytics and Program Improvement

In FY 2021, DCH combined the Office of Continuous Program Improvement (CPI) and the Office of Healthcare Analytics & Reporting to form the Office of Analytics and Program Improvement (OAPI), led by a new executive director.

OAPI maintains DCH's data integrity for internal and external stakeholders, while also continuing CPI's work of streamlining processes for key programs such as the State Health Benefit Plan, Medicaid and PeachCare for Kids. OAPI works to further emphasize how data is used to drive strategic decisions within the agency that support program improvement.

Fiscal Year 2021 Notable Accomplishments

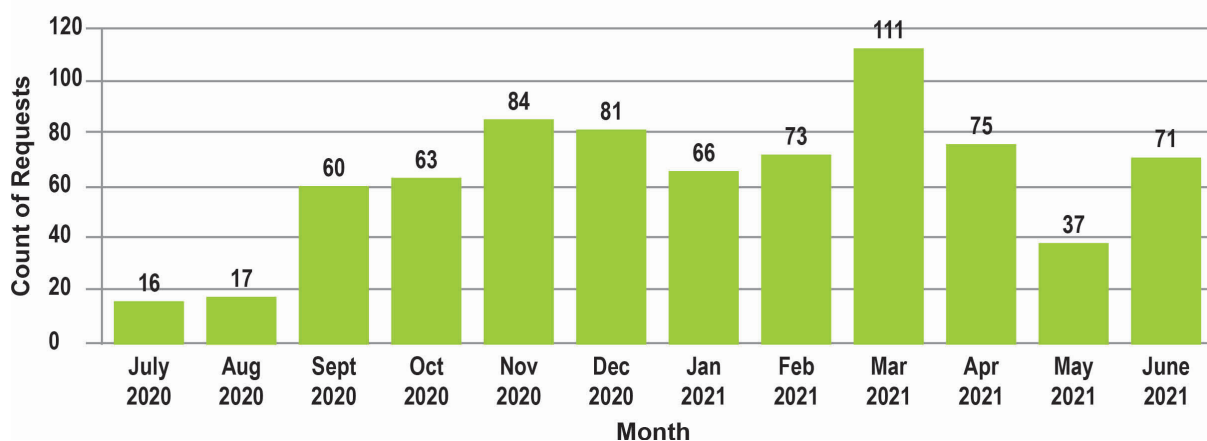
- Launched a new microsite on the DCH external website, which provides access to newly created dashboards and highlights the implementation lifecycle for continuous program improvement efforts.
- Established Enterprise Data Governance to promote the adoption of data governance across the enterprise, ensure the value of the department's data assets, and to support the data and information needs of the department's stakeholders.
- Developed an implementation plan to modernize the department's data warehousing and analytics capabilities enterprise-wide.
- Developed an automated Data Use Agreement process to reduce the level of internal effort associated with drafting DUA contracts.

COVID-19 Related Activities

- OAPI created two weekly dashboards for the Medicaid and State Health Benefit plan populations. Each dashboard visualizes trends for COVID cases, vaccines and hospitalizations.

See below for data requests by month

Total Data Requests by Month





Office of Human Resources

In FY 2021, the Office of Human Resources (OHR) supported a workforce of just over 650 employees. The OHR serves as strategic partner in meeting the talent management needs of DCH by supporting the agency's mission, vision and core values.

During FY 2021, the employee turnover rate for the department was 24 percent. There were 36 retirements, which represented 22 percent of the 161 employees who left the department during FY 2021. The office on-boarded 81 new employees during FY 2021.

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.

Fiscal Year 2021 Notable Accomplishments

- Roll-out of the new interview and selection process for all hiring managers and supervisors. This process establishes uniform guidelines, documents and procedures for all offices and divisions.
- Workforce planning – strategy-focused planning that identifies and addresses the staffing, diversity and competency gaps between our workforce of today and the workforce needs of tomorrow.

OHR continues to develop leaders through succession planning and through the Aspiring Leaders Experience (ALE) and Emerging Leaders Experience (ELE) leadership development programs. Both experiences were successfully launched virtually due to the ongoing COVID-19 pandemic. These programs resulted in:

- Nine employees successfully completing the Emerging Leaders Experience, which launched in August 2020 and concluded in May 2021.
- 10 employees participating in the Aspiring Leaders Experience, which launched in January of 2021. The program will conclude in February 2022.
- 14 employees successfully completing the Modes of Management Experience (MOM) program, which launched in February 2021 and concluded in June 2021.

COVID-19 Related Activities

- OHR provided policy guidance for managers to assist employees with balancing home-schooling and work and issued best practices and resources for effective virtual team management.
- The OHR Learning and Development (L&D) team utilized the learning management system, DCHAcademy, to provide online courses, virtual webinars, videos, and articles to support a seamless learning environment for employees.
- The OHR revamped the bi-monthly New Employee Orientation process to accommodate social distancing measures and shift the orientation into a two-day format.



Office of Government Relations

The Office of Government Relations serves as a liaison between 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. The 2021 legislative session began on January 11, 2021. While much of the critical work of representing DCH took place virtually, the Legislative Affairs team attended key committee meetings in person. In FY 2021, the team identified and monitored approximately 200 pieces of legislation that could have an impact on the agency. Of those tracked bills, 40 passed and became law. The team worked with the agency's subject matter experts to analyze the impact of legislation and support departmental initiatives and programs.

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 Division. In FY 2021, DCH Constituent Services responded to and sought outcomes for more than 6,000 constituent inquiries. This was an increase from previous years, with many additional COVID-related requests being submitted.

COVID-19 Related Activities



The Office of Government Relations assisted citizens with questions about visitation in long-term care facilities, coverage of and access to both testing and treatment for Medicaid and State Health Benefit Plan members, and temporary changes to DCH rules and policies, among others. The office maintained open communications with elected officials' offices to respond to questions or concerns that emerged from by them or their constituents.



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 and 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 the Program Integrity (PI) unit.

OIG Organization

- **Background Investigations unit:** This unit collaborates with the Healthcare Facility Regulation Division to assist with criminal background checks of employees who work at certain healthcare 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:** 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 healthcare facilities.
- **Office of Audits:** 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:** 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:** 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 Medicaid member fraud.
- **Program Integrity:** This unit guards the Medicaid and PeachCare for Kids programs against fraud, waste, and abuse, and also educates providers about compliance regulations in accordance with the policies and procedures established by state and federal guidelines.

Fiscal Year 2021 Notable Accomplishments

- Recovered \$48.7 million from other payment sources
- Referred 23 fraud cases to the Medicaid Fraud Control Unit and 8 to District Attorneys
- Identified 5,191 fraud, waste and/or abuse cases (includes Public Assistance Reporting Information System cases)
- Completed 109 investigations of unlicensed facilities
- Completed 53,474 criminal records checks
- Responded to 1,982 hotline calls

COVID-19 Related 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 June 30, 2021, PI audits remained on hold.



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 team is charged with defining the standards for project management while ensuring alignment with strategic priorities.

During FY 2021, the PMO team continued to provide project management support throughout the agency, including updating the agency's strategic plan and the Agency Performance Indicators that are submitted annually with the agency's budget request.

COVID-19 Related Activities

- Managed invoice review and processing for the COVID-19 Staff Augmentation project. The staff augmentation initiative was a primary focus of the PMO team 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.

Fiscal Year 2021 Notable Accomplishments

- Safety: Conducted 21 safety trainings.
- Mail Services: Metered 54,546 pieces of outgoing mail and sorted more than 300,000 pieces of incoming mail; processed 31,937 pieces of accountable mail.
- Asset Management: Submitted 49 agency transfer requests, which involved 489 pieces of property via Asset Works/ DOAS surplus property.
- Facilities and Space Management: Processed 20 space action requests (staff relocations); completed nine facility modifications in preparation for relocating the Office of Procurements, Reimbursements, and the State Health Benefit Plan; managed TEFRA/Katie Beckett office move from one facility to another, and other infrastructure requests.
- Fleet Management: Managed nine vehicles in the company fleet; processed more than 10 service requests.
- Lease Management: Administered one IGA, two leases, and managed two DCH off-site offices.
- Records Management: Transferred 30 boxes to the state archives, handled 21 records management projects through the state's vendor, and orchestrated a document scanning project for the TEFRA/Katie Beckett office.
- Administrative and Accounting: Completed 102 work order requests; processed 56 maintenance requests; managed 49 purchase orders for various vendors, furniture orders and contracts.
- Audio Video: Installed solutions for headquarters offices and the Katie Beckett office; negotiated AV agreements for six agency conference rooms.

COVID-19 Related Activities

- Ensured that the Georgia Building Authority continually sanitized and cleaned DCH floors according to CDC guidelines.
- Ensured all heating, ventilation and air conditioning for off-site locations complied with CDC guidelines.
- Installed HEPA filters in conference rooms to mitigate the spread of COVID-19.

Attached Agencies

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.

Fiscal Year 2021 Notable Accomplishments

Georgia Board of Dentistry

The Georgia Board of Dentistry oversees a population of approximately 6,143 dentists and 7,994 dental hygienists. In addition, its total number of licenses and permits is 14,137 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 862 new licenses and permits during FY 2021. The board brought closure to 174 complaint cases.

The board amended three permanent rules and adopted one emergency rule in response to the ongoing COVID-19 declared state of emergency. The following Rules were Amended/Adopted in FY 2021:

The following Rules were Amended/Adopted in FY 2021	
150-7-.03	Volunteers in Dentistry
150-7-.04	Dental Provisional Licensure by Credentials
150-3-.01	Examination for Dental Licensure
150-3-.02-.11	Regional Examination for Dentists

Georgia Board of Pharmacy

The Georgia Board of Pharmacy oversees a population of approximately 15,991 pharmacists and 20,717 pharmacy technicians. In addition, its total number of licenses, registrations and certifications is 36,708 including but not limited to the following: clinics, hospitals, durable medical equipment suppliers, retail, manufacturing, non-resident, researchers, schools, three PLs, wholesalers, prisons, interns, and nuclear pharmacists and pharmacies. The board issued a total of 7,772 new licenses and registrations during FY 2021. The board was presented with 190 cases for consideration and determination from its law enforcement arm, the Georgia Drugs and Narcotics Agency.

The board amended/adopted eight permanent rules and adopted seven emergency rules in response to the ongoing COVID-19 declared state of emergency. The following Rules were Amended/Adopted in FY 2021:

Attached Agencies

480-36-.03	Personnel and Supervision
480-6-.02	Nonresident Pharmacy Permit
480-10-.18	Pharmacy Anti-Steering and Transparency Act and Affiliates
480-10-.12	Minimum Equipment for Prescription Departments
480-11-.04	Facilities and Equipment
480-18-.05	Physical Requirements and Equipment
480-33-.05	Physical Requirements
480-10-.02	Prescription Department, Requirement, Supervision, Hours Closed
480-36-0.42-.08	Remote Order Verification for Retail Pharmacy Permits (expired)
480-48-0.43-.04	Delivery by Mail (expired)
480-22-0.44-.16	Emergency Schedule II Prescription Drug Order (expired)
480-15-0.45-.07	Temporary Pharmacy Technician Registration (expired)
480-2-0.41-.04	Examinations
480-2-0.46-.05	Reciprocity. Amended
480-11-0.47-.11	Veterinarian Emergency Dispensing of Non-Patient Specific Compounded Preparations for Office Use

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 healthcare practitioners, thereby enhancing the health and wellbeing of Georgia's citizens. It fulfills this vision by identifying and meeting the healthcare 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.

