

GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

DCH ANNUAL REPORT

FISCAL YEAR JULY 1, 2022 - JUNE 30, 2023

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GEORGIA DEPARTMENT
OF COMMUNITY HEALTH





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Russel Carlson
COMMISSIONER

Greetings,

I am pleased to present the Georgia Department of Community Health's Fiscal Year 2023 (FY23) Annual Report, which includes key financial and performance highlights.

This past year had its fair share of successes and challenges, but by and large, I am extremely proud of our team's efforts toward strengthening healthcare access, expanding services, and helping to address healthcare workforce challenges across the state.

Through the Medicaid Innovation Advancement Project, more than $1 billion in additional funding was distributed to rural and urban hospitals and practitioners to help address uncompensated care in Medicaid in FY23. This funding is also helping bolster the healthcare workforce, and further enhance quality of care in medical facilities across Georgia.

We also worked with our valuable partners, vendors, sister agencies and community advocates in significant ways throughout FY23 to advance healthcare access and quality. This continues to be seen in our ongoing efforts to review eligibility for 2.8 million Medicaid and PeachCare for Kids® members by May 2024 – a task resulting in unparalleled collaboration and cooperation. We remain committed to ensuring that every member eligible for coverage stays on our rolls. We're spreading the word about access to alternative coverage options, from employer-sponsored insurance and the new state healthcare marketplace called Georgia Access, to the Georgia Pathways to Coverage™ program, a new class of Medicaid that DCH launched on July 1, 2023, thanks to Governor Kemp.

Implementation of legislative initiatives such as HB 1013 Mental Health Parity Act intended to improve access to mental and behavioral health services in Georgia, is another key example of the strides made over the past year. You'll read about other projects, initiatives, campaigns, grant allocations, expenditures and more that are creating better outcomes for millions of underserved, vulnerable Georgians.

I'll close by noting that I have a healthy respect for the tremendous work that we've accomplished over the past year as well as the work that lies ahead. Our dedicated DCH team rises to the task again and again driven by a unified belief in our mission. I thank them and the leadership of Governor Kemp, the General Assembly, Board of Community Health and our allies who stand with us to support a healthy Georgia.





BOARD OF COMMUNITY HEALTH MEMBERS

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02

Medical Assistance Plans Division



WHAT WE DO

The Medical Assistance Plans (MAP) Division oversees Georgia Medicaid and PeachCare for Kids®. Members receive services through either managed care arrangements (Georgia Families® or Georgia Families 360°[SM]) or fee-for-service. Included here is a summary of recent developments and a few of the key initiatives supported by the agency to improve the delivery of quality care to Georgia's Medicaid population.

MEDICAID REDETERMINATIONS

Congress passed a federal spending bill in December 2022 requiring all states to review Medicaid and PeachCare for Kids® eligibility between April 2023 and May 2024. This agency and the Georgia Department of Human Services activated the statewide public awareness campaign, "Stay Informed. Stay Covered." and staycovered.ga.gov microsite leading up to and throughout redeterminations to encourage members to update their information in Georgia Gateway and stay in charge of their coverage.



To help eligible Georgians keep their coverage, the state is using several flexibilities to auto-renew coverage for thousands of members, including pregnant women, low-income families, individuals with disabilities, and senior citizens. Auto-renewal and other flexibilities include:

- **Targeted Supplemental Nutrition Assistance Program (SNAP) Strategy:** Allows use of existing state records for Georgians receiving SNAP to auto-renew their Medicaid coverage.

- **Targeted Temporary Assistance for Needy Families (TANF) Strategy:** Empowers use of existing information from a person's TANF case to auto-renew their Medicaid coverage.

- **Beneficiaries With No Income Renewal:** Authorizes auto-renewal of a person's Medicaid coverage if his/her zero-dollar income was verified via a previous application or renewal.

- **Streamlined Asset Verification:** Allows state workers to obtain paperwork directly from the source, reducing the burden on Medicaid members.

- **Managed Care Organization (MCO) Beneficiary Contact Updates:** Empowers managed care organizations to assist Medicaid members to reduce procedural closures and reduce administrative burdens to members.

- **National Change of Address (NCOA) and/or USPS Contact Updates:** Enables cross-referencing of U.S. postal databases to update addresses for Medicaid members, increasing likelihood that the state successfully contacts members.

- **Fair Hearing Timeframe Extension:** Allows the Office of State Administrative Hearings additional time to resolve a member appeal.

GEORGIA PATHWAYS TO COVERAGE

GEORGIA PATHWAYS TO COVERAGE™

Georgia's 1115 Demonstration Waiver, called Georgia Pathways to Coverage, launched on July 1, 2023, establishing a new category of Medicaid assistance for Georgians who otherwise would not be eligible for traditional Medicaid. As one of Governor Brian Kemp's key priorities, this program aims to increase access to affordable healthcare coverage and support participating members on their journeys to financial independence.

Pathways offers Medicaid coverage to eligible Georgians who are U.S. citizens or legally residing non-citizens, are ages 19-64 who have a household income of up to 100 percent of the Federal Poverty Level (FPL), are not otherwise eligible for traditional Medicaid, are not incarcerated, and meet qualifying activity* requirements.

**Qualifying activity requirements only apply to Pathways members, and not those enrolled in traditional Georgia Medicaid.*

Case in Point

PATHWAYS RECEIVES NATIONAL RECOGNITION

The National Association of Medicaid Directors awarded its 2023 Spotlight Award to the Georgia Pathways to Coverage program. The selection committee noted it was "impressed by the perseverance and dedication the Georgia team showed in pursuing the 1115 waiver and believe[s] that this can serve as an example for other states to learn from."



MEDICAID WAIVERS AND OTHER HEALTHCARE INITIATIVES

Home and Community Based Services (HCBS) Spending Plan

In February 2022, Georgia received conditional approval from the Centers for Medicare & Medicaid Services (CMS) on its initial HCBS spending plan. Through the plan, Georgia received additional funding to enhance, expand and strengthen HCBS services under the Medicaid program. Georgia was able to:

- Establish behavioral support services for youth in Medicaid to be provided by behavioral aides and designed for children and youth having symptoms of emotional disturbance, autism spectrum disorder, traumatic brain injury and other developmental concerns.
- Enhance provider rates.
- Initiate a supported employment pilot program for individuals on the planning list to transition from school to competitive integrated employment.
- Complete rate studies across HCBS programs to project future rate increases for providers.

1915(c) New Options Waiver (NOW) Program Renewal
NOW provides community living support and services to individuals to enable them to remain living in their home and participate or live independently in the community. DCH received approval from CMS to authorize the waiver for an additional five years on June 9, 2023. The new waiver approval memorialized several procedures and services put in place during the public health emergency.

1915(c) Comprehensive Supports Waiver Program (COMP) Amendment
COMP provides community living supports, community residential alternative and other services to individuals to enable them to remain in the community leading independent and productive lives. Georgia was able to obtain CMS approval on a waiver amendment for COMP on May 2, 2023, that maintained rate increases for providers enacted during the public health emergency.

Independent Care Waiver Program (ICWP) Amendment
The ICWP offers services to a limited number of adults who apply between the ages of 21 and 64 wherein eligibility is based on either a nursing facility or hospital level of care for adults with severe physical disabilities or traumatic brain injury (TBI). On August 25, 2023, DCH received approval from CMS on a waiver amendment that increased provider rates to help cover the cost of fingerprinting requirements as well as memorialized procedures put in place during the public health emergency.

Elderly and Disabled Waiver Program (EDWP) 1915(c) Amendment
The EDWP provides certain services to individuals ages 65 or older and individuals with physical disabilities and functional impairments ages 0 to 64 years who meet a nursing facility level of care, as verified by DCH. On August 25, 2023, DCH received approval from CMS on a waiver amendment that increased provider rates to help cover the cost of fingerprinting requirements as well as memorialized procedures put in place during the public health emergency.

Request For Proposals (RFP) – Medicaid Managed Care Program
After initiating the Medicaid managed care program re-procurement through a Request for Information, DCH (in collaboration with the Department of Administrative Services) released the Request for Proposals for Georgia Families and Georgia Families 360º on September 22, 2023. Using five key pillars – quality, equity, access and outcomes, value, and coverage and services – DCH will seek to enhance its Medicaid managed care programs for the benefit of its members in the state's Children's Health Insurance Program (PeachCare for Kids®), Georgia Families, Georgia Families 360, and Planning for Healthy Babies, which are all part of Georgia's Medicaid managed care program. The deadline for bidders to submit responses to the RFP was December 1, 2023, at 3 p.m. Eastern Time.

CONTINUING IMPACT THROUGH THE MEDICAID INNOVATION ADVANCEMENT PROJECT

Georgia's Medicaid Innovation Advancement Project pursues additional funding to rural and urban hospitals and practitioners to address uncompensated care in Medicaid, bolster the healthcare workforce, and improve quality and access to health care statewide. The 2016 Medicaid managed care rule created a new option for states to require managed care plans to pay providers according to specific rates or methods, referred to as state directed payments. To better serve Georgians, these types of payment arrangements allow Georgia to direct specific payments made through managed care plans to providers.

By way of CMS preprints, Georgia began implementing the programs outlined below. Programs undergo annual federal review and are subject to modifications based on CMS guidance. Pending renewal of Georgia's directed payment programs and the approved revised methodology to distribute disproportionate share hospital funding, DCH expects to deliver more than $2 billion in federal and non-federal funding to eligible hospitals and practitioners in FY24.

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

DCH requested and subsequently received approval from CMS to initiate a multi-year, value-based program called GA-AIDE. FY23 was the first year of the program. In FY23, GA-AIDE authorized state directed payments to improve quality of care and outcomes for patients served by Georgia's largest single provider of Medicaid services, Grady Memorial, and Georgia's state-owned academic medical center, Augusta University Medical Center. GA-AIDE funds investments in initiatives designed to improve health outcomes and experiences for the medically underserved, such as maternal and child health, preventing and reducing the impact of chronic conditions, and addressing health equity. GA-AIDE is subject to annual review by the state and approval by CMS, and is expected to deliver more than $400 million in combined federal and non-federal funds to Grady Memorial in FY24.*

As of the date of this publication, Augusta University Medical Center is an affiliate of Wellstar as Wellstar MCG Health, and participates in GA-STRONG in FY24.

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

GA-STRONG is designed to address Georgia's healthcare workforce shortage through increased funding for hospitals on the front lines of workforce development, which includes 21 eligible teaching hospital participants with at least five full-time equivalent residents. The program will allow eligible providers to receive STRONG payments from Care Management Organizations (CMOs) based on a uniform percentage increase to base rates of ~50 percent of

the average commercial equivalent. An increase in the current statewide hospital assessment and intergovernmental transfers (IGTs) from participating public teaching hospitals will be used to finance the program's non-federal share required. GA-STRONG is subject to annual review by the state and approval by CMS, and is expected to deliver more than $930 million to eligible participating hospitals in FY24.

Hospital Directed Payment Program (HDPP) for Public Hospitals

In FY22, DCH requested and subsequently received approval from CMS to initiate the HDPP to provide additional Medicaid funding for eligible participating public hospitals. These include all state and non-state government hospitals, excluding critical access hospitals (CAHs), and is expected to increase provider funding of critical services for the Medicaid population and strengthen Georgia's healthcare workforce. Eligible participating public hospitals through the Medicaid CMOs will receive increased Medicaid funding via direct payment up to the Medicare equivalent. Participation in the program is voluntary and the source of non-federal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. The program is expected to deliver more than $295 million in FY24 to eligible hospitals in combined federal and non-federal funds.

Hospital Directed Payments (HDPP) for Private Hospitals

Georgia's HDPP for private hospitals provides additional Medicaid funding for eligible participating private hospitals defined as all private, acute hospitals excluding general cancer hospitals, free-standing children's hospitals, and rehabilitative/psychiatric/long-term acute hospitals. All CAHs are excluded. This program is estimated to increase provider funding of critical services for the Medicaid population and strengthen Georgia's healthcare workforce. Under the program, eligible participating private hospitals through the Medicaid CMOs will receive increased Medicaid funding via direct payment up to the Medicare equivalent. This HDPP is subject to annual review by the state and approval by CMS and is expected to deliver more than $158 million in combined federal and non-federal funds (received from or on behalf of the eligible provider) to eligible hospitals in FY24.

Physician Directed Payment Program (PDPP)

Georgia's PDPP provides state directed payments to eligible physicians and other professional services practitioners who are affiliated with a governmental teaching hospital. Medicaid CMOs will pay directed payments for services provided at a physician faculty practice up to the commercial equivalent. Participation in the program is voluntary and the source of non-federal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. This PDPP is subject to annual review by the state and approval by CMS. The program is expected to deliver more than $210 million in FY24 to eligible providers in combined federal and non-federal funds.

FY23 - Table of Members and Expenditures				
Program	**Medicaid**	**Medicaid - Aged Blind and Disabled (ABD)**	**Medicaid - Low-Income Medicaid (LIM)**	**PeachCare for Kids®**
Members Average	2,604,136	594,794	1,992,968	204,246
Member Months	31,249,633	7,137,533	23,915,616	2,450,948
Providers	144,065	105,197	108,865	44,247
Claims Paid	60,947,662	28,415,757	32,527,655	2,777,550
Net Payment	$6,989,967,415.91	$6,695,101,047.57	$294,187,096.25	$15,388,309.04
Capitation Amount	$5,832,795,564.27	$31,246,847.95	$5,805,190,205.19	$446,894,452.46
Total Payment	**$12,822,762,980.18**	**$6,726,347,895.52**	**$6,099,377,301.44**	**$462,282,762.00**
Total Payment PMPM	**$410.33**	**$942.39**	**$255.04**	**$189.00**

Notes:

- Based on inccured dates July 2022 through June 2023, paid through June 2023.
- Medicaid includes ABD, LIM, and Inmates, but excludes PeachCare. Members and Expenditures for Inmate Aid Cat Budget Group were assigned to ABD or LIM populations based on secondary Aid Category. Inmate Members without ABD or LIM secondary aid category were included in the total Medicaid count.
- Total Payment includes Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.
- PMPM (Cost Per Member Per Month) - the average Total payments made for each Member for each month.
- SOURCE: Advantage Suite, 09/08/2023
- The data presented in this report is presented in summary form. Data accuracy of the report is assured based on the current information in the database and is subjected to change based on database and data quality updates.

Table of Historical Medicaid Members and Payments by Fiscal Year				
Fiscal Year	**Members Average**	**Total Payment**	**Payment per Member**	**% Change of Payment per Member**
2023	2,604,136	$12,822,762,980	$4,924	0%
2022	2,451,452	$12,130,621,258	$4,948	-1%
2021	2,251,044	$11,226,996,616	$4,987	-4%
2020	2,037,212	$10,590,769,863	$5,199	-1%
2019	1,994,700	$10,455,268,297	$5,242	

Notes:

- Based on incurred dates July 2022 through June 2023, paid through June 2023
- Medicaid includes ABD, LIM, and Inmates, but excludes PeachCare. Members and Expenditures for Inmate Aid Cat Budget Group were assigned to ABD or LIM populations based on secondary Aid Category. Inmate members without ABD or LIM secondary aid category were included in the total Medicaid count.
- Total Payment includes Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.
- Payment Per Member - the average Total payments made for each Member for the fiscal year.
- SOURCE: Advantage Suite, 09/08/2023
- The data presented in this report is presented in summary form. Data accuracy of the report is assured based on the current information in the database and is subjected to change based on database and data quality updates.

Medicaid Payment Distribution by Category of Service

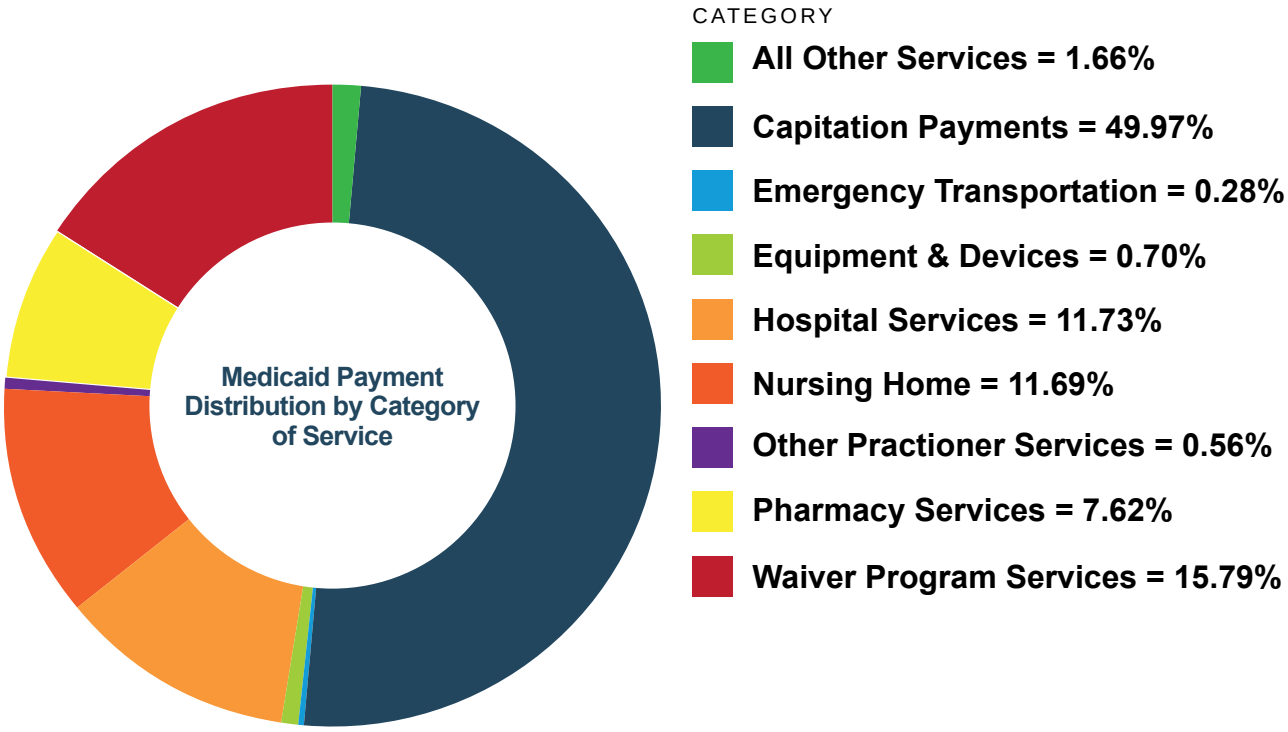


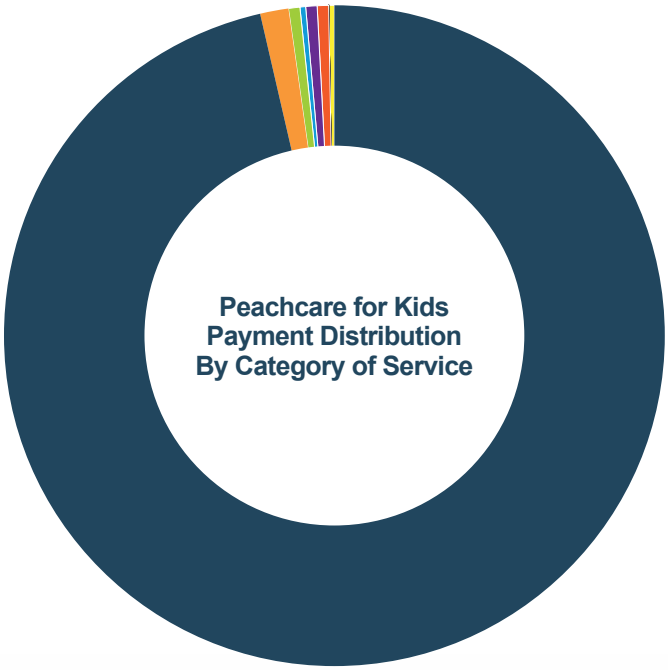
Table of Historical PeachCare for Kids® Members and Payments by Fiscal Year

Fiscal Year	Members Average	Total Payment	Payment per Member	% Change of Payment per Member
2023	204,304	$463,351,699	$2,268	3%
2022	189,043	$417,168,291	$2,207	2%
2021	165,382	$357,025,734	$2,159	4%
2020	144,108	$297,991,667	$2,068	-6%
2019	142,086	$313,389,167	$2,206	

Notes:

- Based on incurred dates July 2022 through June 2023, paid through June 2023.
- Total Payment includes Net Payment and Capitation Amounts and has been adjusted for claims incurred but not yet reported.
- Payments Per Member - the average Total payments made for each Member for the fiscal year.
- SOURCE: Advantage Suite, 09/08/2023
- The data presented in this report is presented in summary form. Data accuracy of the report is assured based on the current information in the database and is subject to change based on database and data quality updates.

Peachcare For Kids® Payment Distribution by Category Of Service



CATEGORY

- Capitation Payments - 96.42%
- Hospital Services - 1.57%
- Maternal & Child Health Services - 0.55%
- Equipment & Devices - 0.12%
- Pharmacy Services - 0.77%
- Physician Services - 0.29%
- Waiver Program Services - <0.01%
- Other Practitioner Services - 0.12%
- Mental Health Services - 0.07%
- All Other Services - 0.06%
- Emergency Transportation - 0.02%

Notes:

- Payment Distribution by Category of Service - the proportion (percentage and total dollar amount) of all payments made for members during the 2023 fiscal year by category of service group.



03

State Health Benefit Plan Division



WHAT WE DO

The Department administers health insurance coverage for active and retired state employees, public school teachers and employees, and their covered dependents. This collective health coverage is known as the State Health Benefit Plan (SHBP), which covered more than 667,500 people in Plan Year 2023. The Plan Year operates on a calendar year basis.

ACTIVE MEMBERS

Active members and pre-65 retired members selected among several plan options:

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

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

RETIREES

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



PROMOTING WELLNESS

In Plan Year 2023, SHBP continued health and wellness activities among members using incentives through the HRA, HDHP, and statewide HMO, Plan Options from Anthem and UnitedHealthcare via Sharecare, the wellness vendor, and through the regional HMO, Kaiser Permanente's Wellness Program.

Sharecare administered the *Be Well SHBP*® well-being program for active and pre-65 retired members and their covered spouses enrolled in Anthem and UnitedHealthcare commercial Plan Options. In Plan Year 2023, members and their covered spouses could earn up to 480 points each by engaging in healthy activities, and choose to redeem incentive points for reward gift cards or well-being incentive credits to apply toward eligible medical or pharmacy expenses. In Plan Year 2023, 7,058 employees and their spouses redeemed points for a $150 gift card and 98,221 members redeemed their earned points for credits.

Sharecare Biometric Screening Events (202 Total)	
Total on-site screening participants	8,760
Total physician screening forms submitted	29,658
Total Quest Patient Service Center screenings	10,303
Total	**48,721**

Sharecare RealAge Completions	
Employees	61,163
Spouses	13,556
Dependents	584
Total	**75,303**

Sharecare On-site/Online Wellness Activities	
Presentations	2
Webinars	16
Meetings	7
Benefit / Health Fairs	26
Biometric Screenings	3
Conferences	5
Total Estimated Member Interactions	**59**

Sharecare Be Well® SHBP Well-being Programs

Challenge Name	Members Joined	Challenge Completed
July 2022 - Step into the New You	6,586	3,035
August 2022 - Stress Less Challenge	5,591	2,672
September 2022 - Green Day Challenge	5,516	2,360
October 2022 - Step into the New You	7,240	3,192
November 2022 - Stress Less Challenge	7,970	3,608
January 2023 - Steps Challenge	12,557	7,057
February 2023 - Stress Less Challenge	13,239	8,890
March 2023 - Veg Out Challenge	11,856	8,459
April 2023 - Steps Challenge	15,531	10,072
May 2023 - Sleep Better Challenge	11,445	7,745
June 2023 - Healthy Plate Challenge	8,691	5,731

Sharecare Preventative Campaigns	
BMI Weight Management	147,514
Diabetes	43,104
Heart Health	73,829
Men's Health	18,954
Women's Health	55,375
Total	**338,776**

For those under the Kaiser Permanente plan, there were also wellness incentives. In 2022, 9,861 Kaiser Permanente members and their covered spouses each earned a $500 reward card for completing the Kaiser Permanente 2022 Wellness Program requirements. For Plan Year 2023, more than 12,000 Kaiser Permanente members and their covered spouses earned a $500 reward card.

In addition to wellness programs, SHBP launched two awareness campaigns:

- American Heart Health Month (February) – SHBP and the Department of Public Health collaborated for a Georgia public service announcement to call attention to the importance of heart health.

- Mental Health Awareness (May) – SHBP collaborated with the Department of Behavioral Health and Developmental Disabilities, Georgia Public Broadcasting, National Association of Mental Illness (NAMI) and other vendors for two public service announcements on mental health awareness. Webinars highlighted suicide prevention, emotional well-being for the elderly, and strategies for self-care.

Kaiser Permanente On-site Biometric Screenings	
Total On-site Screening Events KP Attended	17
Total On-site Screening Participants	239
Total	**256**

Kaiser Permanente Total Health Assessment (THA) Completions	
Employees	9,780
Spouses	2,370
Total	**12,150**

Kaiser Permanente On-site/ Online Wellness Activities	
Presentations	2
Webinars	16
Benefit / Health Fairs	12
Biometric Screenings Activites	10
Conferences	2
Total	**42**

Total Kaiser Permanente Medical Office Biometric Screenings	
Members	
Blood Glucose	10,808
Blood Pressure	10,858
Body Mass Index	10,921
Total Cholesterol	10,607
Covered Spouse	
Blood Glucose	2,538
Blood Pressure	2,578
Body Mass Index	2,575
Total Cholestorol	2,532

Kaiser Permanente Preventive Campaigns	
BMI Weight Management	87,822
Diabetes	20,648
Heart Health	53,393
Men's Health	17,979
Women's Health	31,058

Table of State Health Benefit Plan Covered Lives			
Category	**Members Average**	**Employee**	**Dependents**
Contract Admin	1,193	763	430
County Governments	130	77	53
Service Personnel	153,917	89,705	64,212
State	138,278	84,441	53,837
Teachers and Libraries	369,336	182,441	186,895
Total	**662,854**	**357,427**	**305,427**

Notes:
- Based on incurred dates July 2022 through June 2023, paid through June 2023.
- Members Average is the average number of members per month and reflects enrollment for the Fiscal Year, July 2022 through June 2023.
- Employee includes both active and retired employees. COBRA and Surviving Spouse are included in each employee categories' member averages.
- Each of the employee member averages are reported in whole numbers in the tableau graph instead of their true decimal numbers. This can create small variances in the whole round number totals between reported metrics.
- SOURCE: Advantage Suite, 09/08/2023
- The data presented in this report should be used for the purpose of the initial request only. Data accuracy of the report is assured based on the current information in the database and is subjected to change based on database and data quality.

Table of Historical SHBP Members and Payments by Fiscal Year				
Fiscal Year	**Members Average**	**Total Payment**	**PMPY**	**% Change of Payment per Member**
2023	662,853	$5,816,871,702.39	$8,775.51	2.99%
2022	663,600	$5,654,283,817.88	$8,520.62	5.14%
2021	668,667	$5,419,035,720.21	$8,104.24	13.11%
2020	671,546	$4,811,654,310.53	$7,165.04	3.2%
2019	665,806	$4,622,707,815.46	$6,943.02	

Notes:
- Based on incurred dates July 2022 through June 2023, paid through June 2023.
- Total Payments includes Net Payments, Healthcare Reimbursement Amount, and Healthcare Incentive Amounts, adjusted for claims incurred but not yet reported, as well as Kaiser capitation payments.
- Members average is the average number of Members Per Month and reflects enrollment for the fiscal Year, July 2022 through June 2023.
- PMPM (Cost Per Member Per Month) is the average Total payments made for each Member for each month.
- Each of the employee member averages are reported in whole numbers in the tableau graph instead of their true decimal numbers. This can create small variances in the whole round number totals between reported metrics.
- SOURCE: Advantage Suite, 09/08/2023
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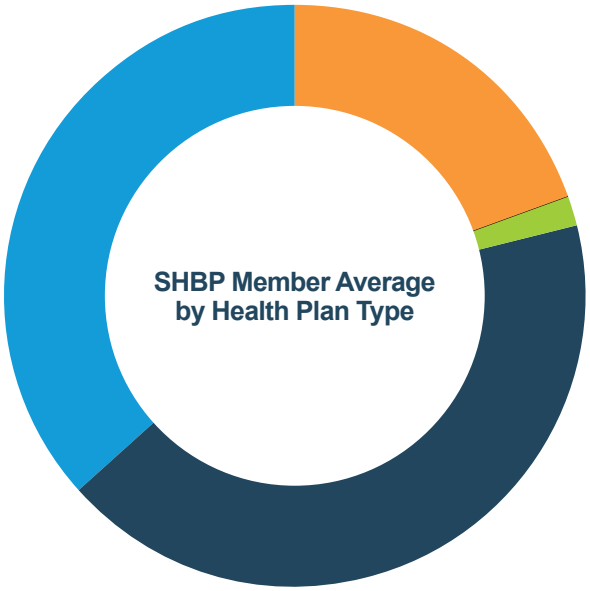
SHBP Member Average by Health Plan Type



- **Medicare Advantage - 19.65%**
- **Other - 0.07%**
- **HDHP - 1.54%**
- **HMO - 42.08%**
- **HRA - 36.67%**

Source: IBM Advantage Suite, based on incurred dates July 2022 through June 2023, paid through June 2023.

CHRONIC DISEASE MANAGEMENT

SHBP continued its disease management program that includes the top prevalent chronic health condition in Georgia – diabetes. These programs are for members who are enrolled in the non-Medicare Advantage Anthem or UnitedHealthcare Plan Options.



Case in Point

Diabetes Co-pay/Co-insurance Waiver Program

SHBP members who actively participate in this program are encouraged to work on managing their condition and overall health, and may have their pharmacy co-pays or co-insurance waived for certain prescription drugs. Clinical compliance is higher for SHBP members participating in the Co-pay/Co-insurance Waiver (CPW) program compared with SHBP members not participating in the CPW program as of June 2023:

- CPW participants are using emergency services less often, shown by **18 percent** lower utilization rate.
- Adherence to diabetic medication based on six-month refill patterns was **90.78 percent** for members in the program compared to 82.76 percent adherence for members not in the program.
- **86.66 percent** of diabetic members participating in the program had evidence of A1C testing every six months, whereas 72.80 percent of diabetic members not participating in the program had evidence of A1C testing every six months.
- Diabetics with evidence of annual urine protein screening: **76.91 percent** on the CPW compared to 66.72 percent not on the CPW.

The 11,084 unique diabetic SHBP members cost share savings was $11.9 million as of June 30, 2023, by actively participating in this program.





Treating Morbid Obesity / Bariatric Surgery Benefit

Bariatric surgery for morbid obesity requires prior approval and is covered in-network only. Anthem and UnitedHealthcare assisted SHBP members with bariatric centers of excellence for better outcomes for our members.

- **Anthem:** In FY23, 811 unique members received bariatric surgery services.
- **UnitedHealthcare:** In FY23, 76 unique members received bariatric surgery services.

ENHANCED MEMBER OUTREACH

Medicare Advantage Advocacy Launch

The Medicare Advantage Advocacy Program is an education campaign to help reduce the number of retirees from paying higher, unsubsidized premiums. Since its launch, this program has added more than 11,000 attempted outbound phone contacts and confirmed more than 3,000 retirees' Medicare Part B was completed.

Medicare Advantage University

SHBP's Medicare Advantage University meetings were educational sessions held in Plan Year 2023 aimed at helping members get the most out of the SHBP Medicare Advantage Plan Options before and during retirement. SHBP held nine Medicare Advantage University meetings in seven locations across Georgia. In total, 1,300 plan members attended these educational sessions.

04 Healthcare Facility Regulation Division



WHAT WE DO

The Healthcare Facility Regulation Division (HFRD) is committed to protecting patients by helping ensure the safety and quality of services provided in more than 29,000 healthcare facilities located in Georgia. HFRD licenses and regulates these facilities pursuant to state law, and for certain facilities through a contract 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's oversight of healthcare facilities promotes compliance with minimum health and safety standards, including provisions aimed at safeguarding residents in long-term care (LTC) facilities. HFRD serves as the State Survey Agency for Georgia under an agreement with CMS, and is responsible for carrying out the Medicare certification process and inspecting facilities in accordance with federal regulations applicable to Medicare and Medicaid providers.

HEALTHCARE FACILITY TYPES REGULATED BY HFRD

Federal Programs (Medicare Certified)	
Outpatient Physical Therapy Clinics	69
Rural Health Clinics	94
Home Health Agencies	110
Hospitals	195
Hospices	283
Mammography (FDA-certified) Sites	277
End Stage Renal Disease Facilities	376
Nursing Homes	367
Ambulatory Surgical Centers	456
Laboratories	11,301
Total	**13,528**

State Programs (Licensed Only)	
Narcotics Treatment Program	75
Adult Day Health Centers	182
Assisted Living Communities	301
Drug Treatment Centers	525
Community Living Arrangements	1,033
Private Health Care Providers	2,423
Personal Care Homes	1,378
X-Ray Sites	10,354
Total	**16,271**



HFRD ACTIVITY BY THE NUMBERS

Through licensing inspection visits (known as “surveys”), HFRD identifies deficient practices in healthcare facilities and pursues enforcement action when appropriate to ensure compliance with required standards of care. During FY23, HFRD streamlined processes and restructured staff scheduling to facilitate more efficient surveys.

For surveys of nursing homes, the division continued its Work on Weekend (WOW) incentive program with a goal of eliminating pending nursing home annual recertification surveys per CMS mandate. The WOW program was commended by CMS as a creative tool for surveyors to manage heavy workloads during workforce challenges. In FY23, almost 10 percent of HFRD nursing home surveys were completed by WOW teams.

Overall, in FY23 HFRD:

- Issued **1,463** licenses for new healthcare facilities in Georgia.
- Completed more than **8,035** surveys, including more than **5,466** targeted complaint investigations.
- Conducted **843** follow-up inspections of existing facilities.
- Issued more than **15,192** citations across all program types.

Civil Money Penalty Reinvestment (CMPR) Program

Civil money penalties are imposed by CMS when LTC facilities are determined to be in violation of federal regulations. In FY23, HFRD received and distributed a portion of the collected funds on behalf of CMS to be used toward projects that improve the overall quality of life and/or care of nursing facility residents. CMPR funds may also be used to support residents of a facility that closes or is decertified, and for facility improvement initiatives.

In FY23, the CMPR Program collected more than $2.1 million with over $1.7 million awarded to eight grantees. Grant-funded programs covered areas from dementia care and person-centered care to emergency preparedness and infection control. A total of $6 million in grant awards have been made over the last four years.



Case in Point

Training Nursing Home Staff On Infectious Diseases

A Civil Money Penalty Reinvestment grant for more than $1.5 million is being used to run the Long-Term Care Infectious Disease Educational Program at the University of Georgia Research Foundation to support the education and training of nursing home staff members on infectious diseases. The three-year program includes the development of two one-day courses on infectious diseases, educational videos, e-newsletters, and online resource portals. The 21 in-person course offerings across Georgia help equip staff with key competencies in infectious disease awareness, disinfection techniques, personal protective equipment, community partner resources, transmission routes, and precautions.

One participant stated that her facility's infection rate decreased from 15.9 percent to 3.61 percent after attending the courses and applying lessons learned.

05

Office of Health Planning



WHAT WE DO

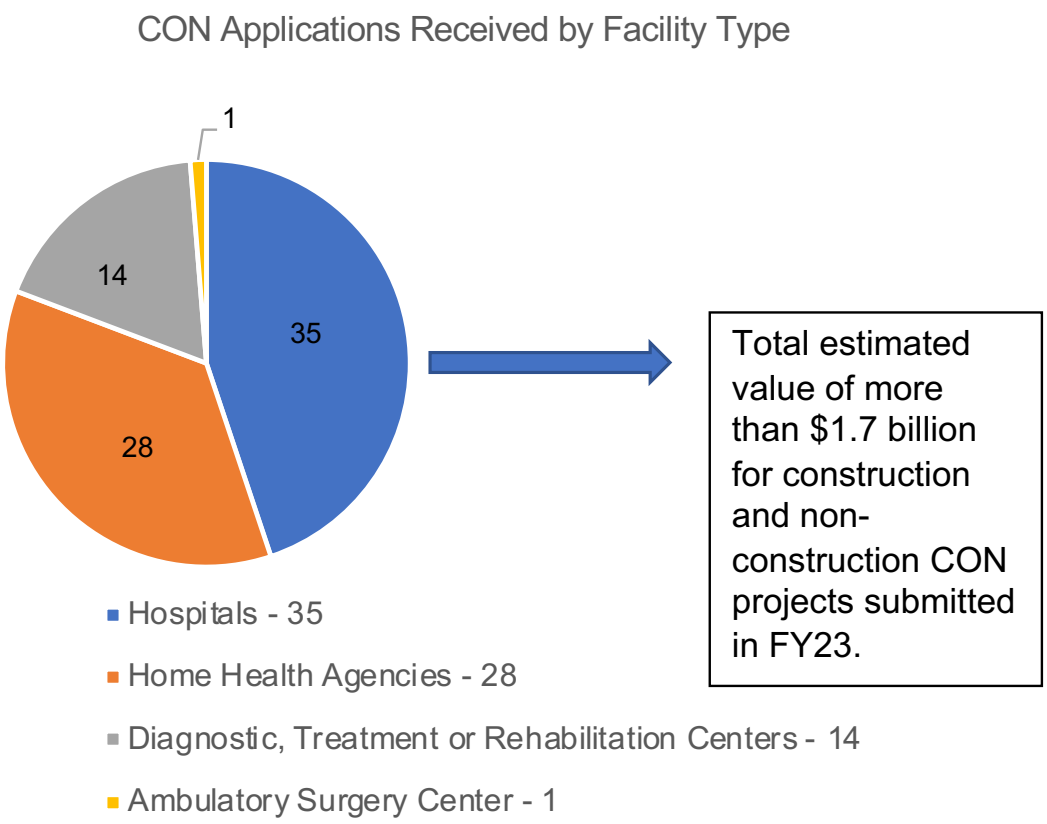
The Office of Health Planning administers the state's Certificate of Need (CON) program and associated health planning functions. The purpose of a CON is to ensure adequate healthcare services are developed in an orderly and economical manner, and available to all Georgians as found within the public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

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

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

HEALTH PLANNING ACTIVITIES

- Received and reviewed **78** CON applications of which **37** were approved, **5** were denied, **12** were disqualified, **2** were withdrawn, and **22** are pending as of June 2023. Received and reviewed **309** requests for Letters of Determination of which **269** were approved, **8** were withdrawn, **4** were denied, and **28** are pending as of June 2023.



- Achieved a **91 percent** response rate to requests for annual utilization and financial data from CON-regulated facilities (1,482 health planning surveys distributed to regulated facilities and providers and 1,346 responses received).

- Deposited **$1.5 million** into the Indigent and Charity Care Trust Fund from healthcare facilities with commitments to provide care to low-income and uninsured patients.

- Reviewed more than **2.7 million sq. ft.** of approved healthcare facility construction work valued at more than **$1.5 billion**, representing an increase of about 34 percent in square footage reviews and a 79 percent increase in construction values over the previous year. There were more large-scale construction projects, which involved building new healthcare facilities and renovating or expanding existing facilities.

STATE OF EMERGENCY FOR SUPPLY CHAIN DISRUPTIONS

Pursuant to the Governor's renewed Executive Order No. 01.06.23.01 regarding the state of emergency for supply chain disruptions, during FY23, Health Planning implemented emergency review procedures outlined at Ga. Comp. R. & Regs. r. 111-2-2-.07(1)(k) to give special expedited consideration to requests to make expenditures in excess of the capital expenditure threshold or to offer services that may otherwise require a CON pursuant to O.C.G.A. § 31-6-40 for the purpose of serving increased patient populations as a result of the closure of Wellstar Atlanta Medical Center.

State Office of Rural Health



WHAT WE DO

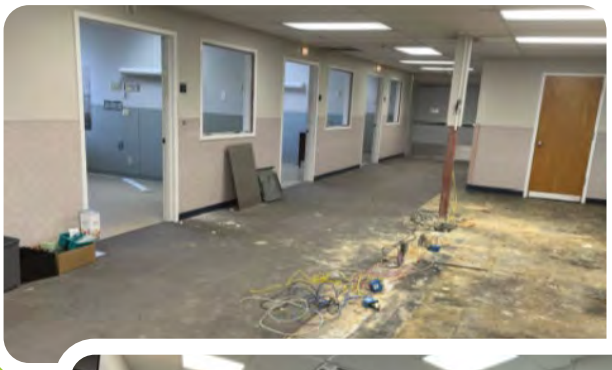
The State Office of Rural Health (SORH) administers federal and state funded grant programs to increase access to health care, improve the quality of healthcare services, and promote the health and well-being of rural residents. SORH consists of four focus areas – State Office of Rural Health Program, Hospital Services, the Georgia Farmworker Health Program, and the Primary Care Office (PCO). Program initiatives address healthcare disparities and support the financial viability of Georgia's rural healthcare infrastructure.

Out of 159 counties in the state of Georgia,120 are defined as rural, having a population of less than 50,000 and accounting for more than two million residents. SORH connects these traditionally underserved communities with critical resources to help create and maintain sustainable healthcare access. It also acts as a conduit for communication among state legislators, rural hospitals, clinics, federally qualified health centers, and other agencies and associations.

Altogether, 66 grants and 18 contracts were executed in FY23 within SORH's focus areas for a total distribution of over $27 million in federal and state funding.

STATE OFFICE OF RURAL HEALTH GRANT PROGRAM

The legislatively supported Rural Hospital Stabilization Grant Program completed its seventh cohort of grant awards in FY23 in which 10 hospitals participated. These hospitals received grant awards of $900,000 each for a total of **$9 million** to expend on projects supporting increased access to quality health care, operational improvements, or reducing existing debt.





Case in Point

2023 Stabilization Grant Project Spotlight: Evans Memorial Hospital

Evans Memorial Hospital elected to direct 100 percent of Rural Hospital Stabilization Grant funds to renovate unused space within the hospital to create a four-bed intensive care unit. The hospital held the grand opening of the unit on August 1, 2023.

HOSPITAL SERVICES PROGRAM

SORH's Hospital Services Program provided training, technical assistance, and resources in FY23 to improve the quality of care and financial and operational viability of small rural and critical access hospitals (CAH) with the mission of improving access, quality, and cost effectiveness of care for rural Georgians.

Medicare Rural Hospital Flexibility Grant

The Medicare Rural Hospital Flexibility (Flex) Grant program provides funding for initiatives within three categories: quality improvement, financial and operational improvement, and population health. With additional Flex funding received in FY23, Hospital Services implemented one of the first health equity programs focusing on health equity improvement in the Flex population health category. In preparation of the FY25 proposed Medicare Beneficiary Quality Improvement Program (MBQIP) measure, "hospital commitment to health equity," the Hospital Services Program conducted a survey to identify the top three health equity issues facing CAH communities, and the consensus was to focus on mental and behavioral health. With these results, SORH, in partnership with Alliant Health, delivered guidance,

training, strategies, and resources to drive improvement, including best practices for targeting underserved populations, inequities in addiction treatment, and health literacy.

With the reasoning that every person should have the opportunity to attain their full health potential without being disadvantaged because of their social position or other socially determined circumstance, the health equity improvement program is expanding to provide resources to CAHs as they identify and address five social determinants of health, which are food insecurity, housing instability, utility needs, transportation needs, and experience with interpersonal violence.



Small Rural Hospital Improvement Program

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

The SHIP grant also provides financial support to 38 hospitals to offset costs of vendor fees for the Hospital Consumer Assessments of Healthcare Providers and Services (HCAHPS) to meet patient satisfaction and quality reporting requirements. HCAHPS also provides professional development opportunities for administrative and quality improvement staff. HCAHPS is an important quality measure required for critical access hospitals in the MBQIP within the Flex Grant. The information contained within HCAHPS is received via satisfaction surveys that patients complete after a stay in the hospital. Hospitals contract with a vendor to disburse, collect, and tally the HCAHPS survey data annually. SHIP funds are used to help hospitals pay for this service. Patient satisfaction is imperative as it is one of the key domains used in the star rating of a hospital.

Case in Point

Collaborating with Alliant Health Solutions, LLC, SORH provided a Rural Hospital Health Equity Improvement program in FY23 for Georgia's 30 CAHs with a goal to:

- Identify the current disparities in care for the populations served by rural Georgia hospitals.
- Determine the best opportunities for improvement and recommend courses of action.
- Deliver guidance and training to rural Georgia hospitals regarding the strategies and tools needed to drive improvement.

Health equity will become one of MBQIP's required measures in the next Flex cycle beginning in FY25, aligning with the Centers for Medicare & Medicaid Services' newly released framework for Health Equity 2022-2023. During the next five-year Flex cycle beginning September 2024, the Health Resources and Services Administration is proposing a complete re-do of the MBQIP measures which will require CAHs to report their level of commitment to health equity.

SORH has already begun working with CAHs to implement screening for Social Drivers of Health in its electronic medical records in the current Flex cycle to prepare for this required measure in 2025 – screening patients to identify food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety issues.

ALLIANT HEALTH SOLUTIONS | SORH State Office of Rural Health

Health Equity Information

Social Needs Issues faced by patients (*most common to least common*)

1. Affordability of Medication
2. Health Literacy
3. Transportation
4. Food Insecurity
5. Homelessness

Other issues mentioned include social/family support, lack of financial resources, and mental health assistance

Current community partnerships with hospitals (*most common to least common*)

1. Language Line/Interpretation Service
2. Faith-based Organizations
3. Pharmacy
4. Van/Transportation service
5. National Organizations
6. Hospital Meds to Bed Program

No survey participants mentioned Food Bank/Food Pantry. Other partnerships include school-based programs and Family Connections, Inc.

1

Patient Centered Medical Home Grant

The National Center for Quality Assurance (NCQA) defines the Patient Centered Medical Home (PCMH) recognition program as a model of care that puts patients and families at the forefront of care.

In support of this patient-centered model of care, the Georgia legislature began appropriating funding beginning in state FY17, and continuing annually to SORH for the PCMH Recognition Support Grant. The PCMH grant supports implementation of the PCMH model of care within rural health clinics (RHCs) in Georgia to include general practice, family practice, internal medicine, pediatric, and obstetrician/gynecologist practices.

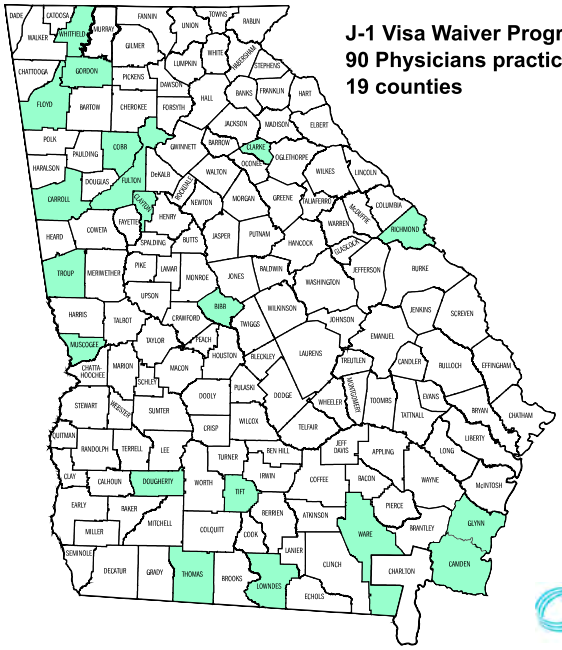
The Hospital Services Program collaborates with sub-contractor Jeryl Williams of Honnete, LLC, who is a NCQA-PCMH certified content expert. Williams and his colleagues work with selected rural health clinic staff and clinicians to provide expert coaching, resources, and financial support for fees, as the clinics implement the PCMH model of care. Since its inception, this program has supported 26 RHCs in their quest for PCMH recognition; 18 RHCs are still certified patient-centered medical homes.

PRIMARY CARE OFFICE (PCO)

The PCO assists in improving access to primary care healthcare services in underserved areas by tracking, planning, and coordinating the recruitment and retention of physicians and healthcare professionals. The PCO identifies and updates Health Professional Shortage Areas (HPSA) which are vital to federal programs for recruitment and retention of providers.

Conrad 30 J-1 Visa Waiver Program

The Georgia Conrad State 30 J-1 Visa Waiver Program affords international medical graduates on J-1 visas the opportunity to waive their two-year home-country physical presence requirement in exchange for three years of medical service to patients in medically underserved areas, HPSAs or Conrad 30 FLEX areas where they agree to serve 30 percent of the population from designated HPSAs. In FY23, 90 J-1 Visa Waiver physicians practiced in 19 counties across Georgia, providing primary care and specialty services to 197,000 residents – a 28 percent increase of residents served since FY22.



Case in Point

Physician satisfaction and retention is a strong indicator of program success. **93 percent** of J-1 Visa Waiver participants completing their obligation in 2022 stated they would continue employment with their current employer, and 7.14 percent of participants stated they would relocate to another location within Georgia.



National Health Service Corps

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

During the federal fiscal year ending September 2022, the NHSC repaid 221 healthcare providers in Georgia $15 million in exchange for providing health care in designated HPSAs.

National Recruitment and Retention Network-3RNET Program

3RNET is a national web-based recruitment and retention network in place to improve rural and underserved communities' access to quality health care through the recruitment of physicians and other healthcare professionals. The PCO is the state administrator for the 3RNET program. In FY23, there were more than 74,000 jobs viewed in Georgia with more than 4,000 health professionals referred to potential employers.

GEORGIA FARMWORKER HEALTH PROGRAM

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

Health Center Cluster Grant

The GFHP was awarded more than $5 million for budget year FY23 to support primary and preventive healthcare access for migratory and seasonal agricultural workers and to mitigate unnecessary and costly emergency room visits.

American Rescue Plan

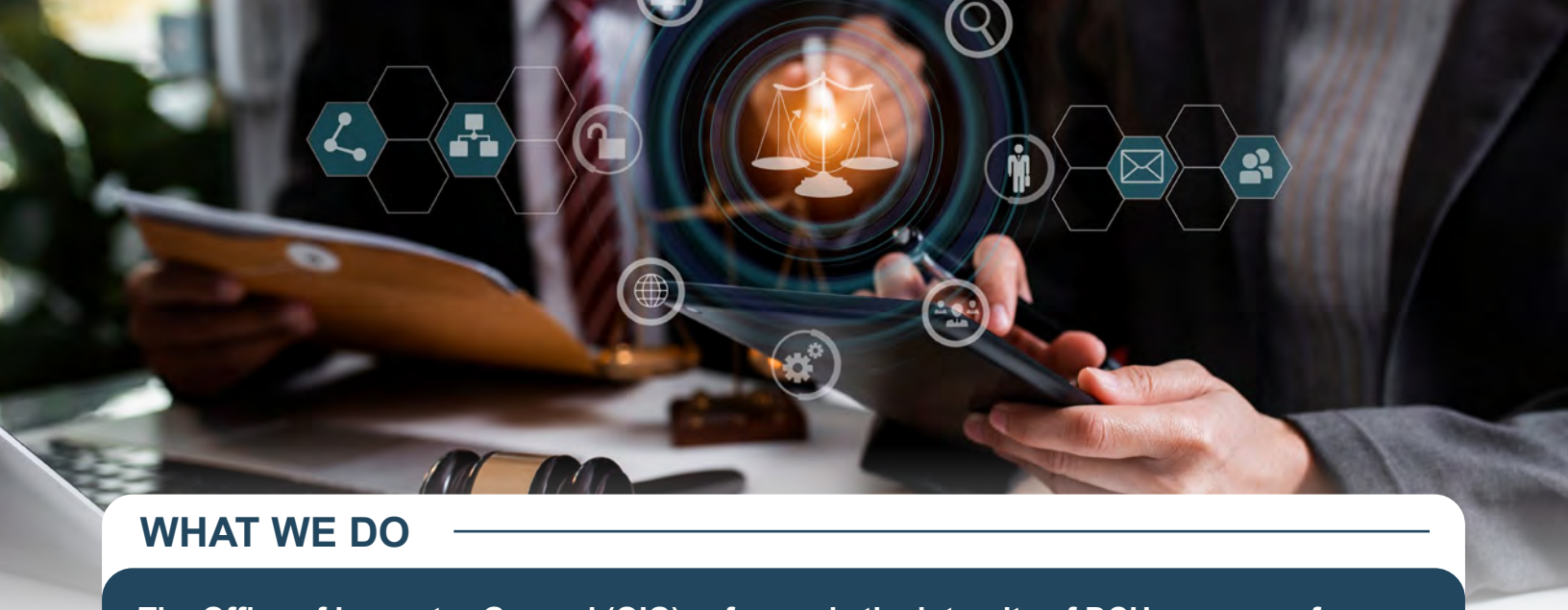
In FY23, the GFHP continued to distribute American Rescue Plan funding to the Health Center Cluster contracted clinics that was used for purchasing mobile medical units, patient transport vehicles, cargo trailers for hauling supplies and equipment during pop-up clinics, and mobile healthcare screening events in extremely remote and rural areas. The grants also supported new technology for patient monitoring and data collection, COVID-19 education/prevention, and minor renovation to interior and/or exterior of clinics. Funding also provided for expansion of on-site services such as mental and behavioral health and dental services, creating greater accessibility to better serve migratory seasonal and agricultural workers and their families across South Georgia.



Above: *East Georgia Healthcare Center (EGHC), headquartered in Swainsboro, Georgia, serves migrant farmworkers who come to the HRSA-approved service areas in Candler, Tattnall and Toombs counties to plant and harvest fruits and vegetables. This new mobile medical unit with two exam rooms allows EGHC to provide preventive and primary care, chronic care management, health education, vaccinations and more.*

07

Office of Inspector General



WHAT WE DO

The Office of Inspector General (OIG) safeguards the integrity of DCH programs from internal and external risks. Detecting fraud, waste, and abuse remains a strategic priority. OIG reviews, investigates, and audits Medicaid providers and recipients for criminal conduct, administrative wrongdoing, poor management practices, and other waste, fraud, and abuse. OIG also reviews the State Health Benefit Plan (SHBP), Healthcare Facility Regulation Division (HFRD), and other offices within DCH.

In FY23, OIG:

- Recovered **$62 million** from third-party liability recoveries (such as estate, casualty, trust, and commercial recoveries) and hospital and dialysis credit balance audits. Health insurance plan updates were submitted in the Georgia Medicaid Management Information System via several channels, such as Third-Party Liability vendors, partnerships with other state agencies and Care Management Organizations (CMOs).

- The third-party liability recovery process resulted in substantial savings in costs for the Department, estimated at **$365 million**. This reduced the potential for identifying Medicaid as primary payer when there is a liable third party responsible for the payment of medical expenses. Through coordination of insurance, Medicaid is the payer of last resort.

- Identified **3,574** fraud, waste, and/or abuse cases for the Medicaid program (includes providers and members).

- Assisted HFRD with **112** investigations of unlicensed facilities to protect vulnerable citizens.

- Completed **56,985** criminal record checks of owners, administrators, directors, managers, direct access employees, and volunteers of various healthcare facilities, such as adult day centers, assisted living communities, home health agencies, nursing homes, personal care homes, and private home care facilities.

08

Office of Information Technology



WHAT WE DO

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

MEDICAID ENTERPRISE SYSTEMS TRANSFORMATION (MEST)

The ongoing Medicaid Enterprise Systems Transformation (MEST) project is responsible for reconfiguring Georgia's legacy, stand-alone Medicaid Management Information System (MMIS) into a modern, seamlessly integrated, modular ecosystem. MEST will rely on cloud-native technologies to achieve greater operational efficiency for the agency's member management, provider services, claims processing, and financial management services, among others. As the bridge to these core services, DCH's new integration platform will leverage Service-Oriented Architecture to facilitate the collection and transmission of information between systems. The resulting central repository will ensure that data from Georgia's Medicaid program is well-positioned to be utilized to inform key decisions.

In FY23, the Provider Services module completed design and development and moved into user acceptance testing. Georgia's new MMIS is tentatively scheduled to be fully integrated and operational in FY25.





ENTERPRISE ANALYTICS SOLUTION FOR EVERYONE (EASE)

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

EASE, expected to go live in FY25, will provide DCH with a single source for strategic analytics, more timely and higher-quality data, enriched data for greater insights, strong and compliant security, easier creation of reports, and faster query response time.

Shaping the Future of a Healthy Georgia



Georgia Department
of Community Health