



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Fiscal Year

DCH Annual Report

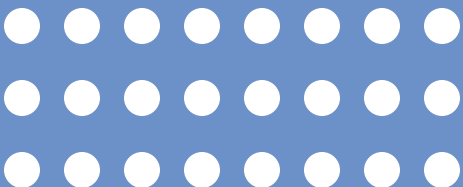


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Commissioner's Message

Greetings,

I am pleased to present the Georgia Department of Community Health's Fiscal Year 2024 Annual Report which outlines a few of the agency's key financial and performance highlights.

We rely on the support of our Governor, the General Assembly, the Board of Community Health, sister agencies, contracted partners, stakeholders, and our citizens to meaningfully contribute to the department's mission of providing Georgians with access to affordable, quality health care.

Through this support, DCH's dedicated team made significant progress toward implementing and continuing important initiatives. Some of our report highlights include:

- Successfully launching Governor Kemp's Georgia Pathways to Coverage™ which offers another health coverage option for those not eligible for traditional Medicaid.
- Securing approvals in FY24 to continue the state directed payment programs which provide additional funding for Georgia's urban and rural hospitals to help address uncompensated care in Medicaid.
- Partnering with the Department of Human Services/Division of Family and Children Services to complete the federally mandated Medicaid redeterminations for 2.5 million members.
- Administering \$7 million through the Rural Hospital Stabilization Grant program to eight rural hospitals, providing much needed assistance for projects and the provision of health care.



The Department looks forward to exploring future opportunities in improving Georgians' access to quality health care. With 96 percent of its more than \$20 billion budget dedicated to the provision of services, the Department remains focused on its purpose: shaping the future of a healthy Georgia.

A handwritten signature in black ink that reads "Russel Carlson".

Russel Carlson

FY 2024

Board of Community Health Members¹

Norman Boyd - *Chairman*

Roger Folsom - *Interim Vice-Chairman*

Cynthia Rucker - *Secretary*

David Crews

Dr. Thomas Hopkins

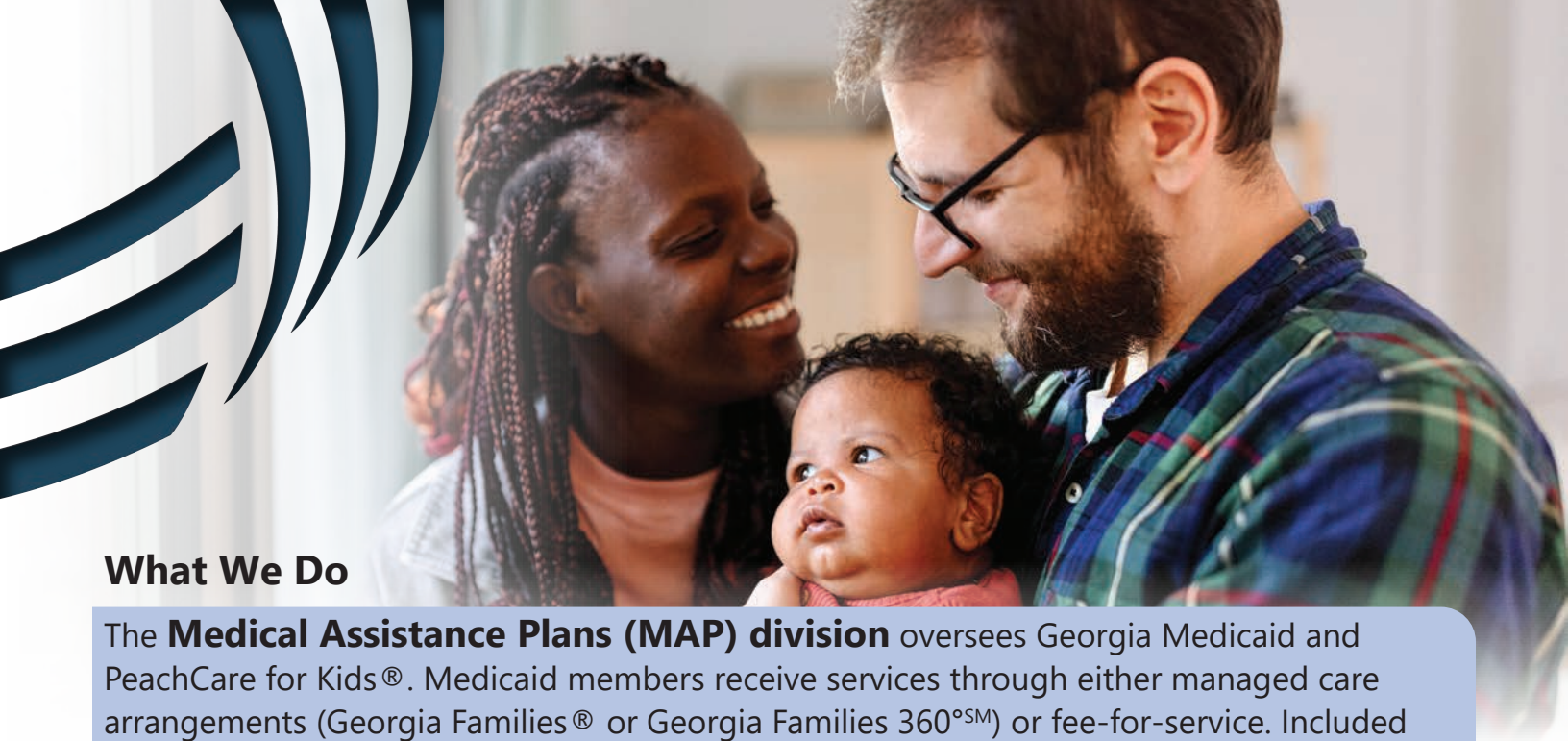
Mark Shane Mobley

Robert S. Cowles III

Anthony Williamson

Dr. Nelva Lee

¹As of the date of this publication, Roger Folsom was voted as Chairman, Cynthia Rucker as Vice-Chairman, and Dr. Thomas Hopkins as Secretary. Dr. Kathleen Ruth is the newest member of the Board. Dr. Nelva Lee no longer serves on the Board.



What We Do

The **Medical Assistance Plans (MAP) division** oversees Georgia Medicaid and PeachCare for Kids®. Medicaid 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® member eligibility starting April 2023. DCH and the Department of Human Services/Division of Family and Children Services concluded this federally mandated process, with Georgia completing eligibility reviews for 2.5 million Medicaid/PeachCare for Kids® members on May 31, 2024.

- Cumulatively, 1,835,459 individuals (73 percent of all renewals due) were renewed during the unwinding.
- Approximately 838,374 individuals were found ineligible (33 percent of all renewals due). Of those, 7 percent were re-enrolled in Medicaid or Peachcare for Kids®, 14 percent were eligible for qualified health plans on the individual exchange, and approximately 2 percent were either confirmed to have moved out of state, passed away, or voluntarily shared they now have employer-sponsored coverage.
- The ex parte rate of application review was 46 percent.

Georgia took advantage of Social Security Act section 1902(e)(14) waivers and other flexibilities to support ongoing coverage for eligible Georgians. Additionally, the state supported Georgians in making available alternate forms of coverage through Georgia Access and Georgia Pathways to Coverage™.

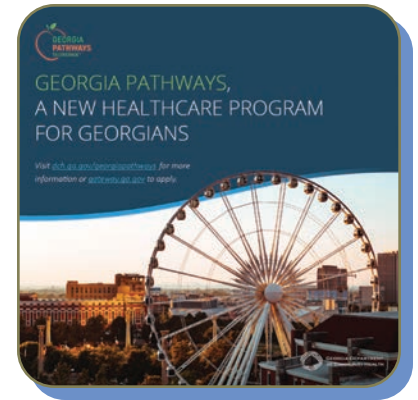
Georgia implemented 12 months of continuous eligibility and enrollment for children on Medicaid and PeachCare for Kids®. This helped ensure access and continuity of coverage for children 18 and under and aimed to help reduce disruptions in coverage.

The state also expanded express lane eligibility (ELE) which permits Georgia to rely on data such as income, household size, or other factors of eligibility from another program to facilitate expedited enrollment in Medicaid and PeachCare for Kids®. This coordination is helping to ensure children have a fast and simplified process for having their eligibility determined or renewed. ELE was expanded to include Refugee Cash Assistance; Childcare and Parent Services; and Women, Infants, and Children programs. ELE is already utilized for the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families program.

The state also transitioned ELE from opt-in functionality to opt-out functionality within the Georgia Gateway integrated eligibility system to ensure that more children who are eligible for these programs are enrolled in Medicaid.

Georgia Pathways to Coverage™

Georgia's 1115 Demonstration Waiver, called Georgia Pathways to Coverage™, launched on July 1, 2023, and established a new category of Medicaid assistance for Georgians who are not eligible for traditional Medicaid coverage. As one of Governor Brian Kemp's key priorities, this program is increasing access to affordable healthcare coverage and supporting participating members on their journeys to financial independence.



In January 2024, the mandatory Health Insurance Premium Payment (HIPP) program was initiated for Georgia Pathways such that if an individual applies and has access to employer-sponsored insurance, the state will pay the insurance premium for the individual's employer-sponsored insurance if determined financially advantageous for the state.

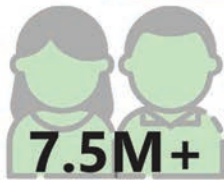
Also, from January through March 2024, DCH launched a Phase I pilot awareness campaign inclusive of streaming audio and TV platforms, and social media ads. DCH reached metropolitan and rural populations with Pathways ads on digital search engines and more. A full-scale, comprehensive Pathways awareness campaign began in August 2024 to extend outreach statewide to eligible job seekers, college students, and others while engaging with organizations and interested stakeholders to encourage on-site applications supported by Division of Family and Children Services eligibility workers.

FY24 Pilot Awareness Campaign (January 25 - March 15, 2024)

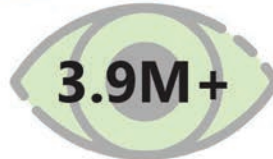
By the Numbers

Times ads were displayed

14.2M+



7.5M+
Unique individuals
viewed promo ads



3.9M+
Times promo videos
were watched
to 97% completion



53.5K
Ad clicks
to Pathways page



Georgia Pathways serves as a bridge for Georgia citizens to other health insurance coverage options, such as employer-sponsored insurance or marketplace commercial insurance on Georgia Access as these individuals work toward financial independence.

Left to Right: **Grant Thomas**, DCH Deputy Commissioner; **Russel Carlson**, DCH Commissioner; **John King**, Insurance and Safety Fire Commissioner; **Martin Sullivan**, Chief of Staff, Office of Insurance and Safety Fire

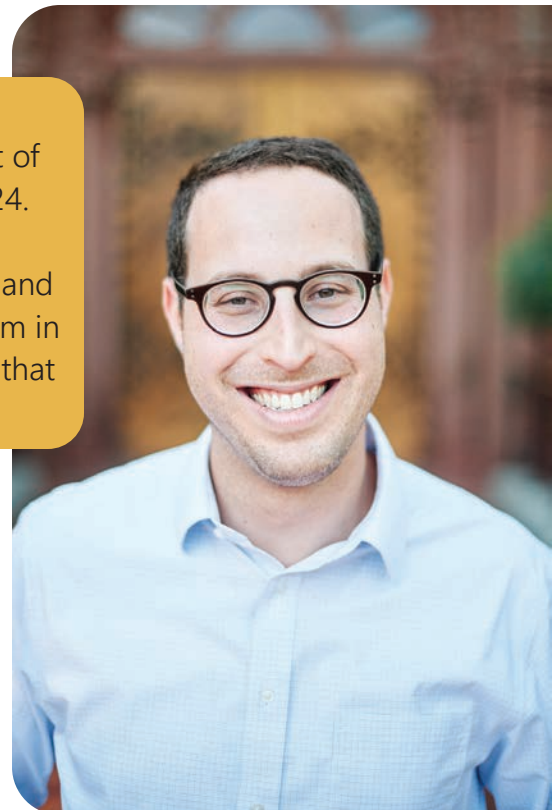
Medicaid Program and Policy

- DCH received authorization to implement the Program of All-Inclusive Care for the Elderly (PACE) as a result of HB 1078, which was passed during the 2024 legislative session. The bill authorizes DCH to implement PACE for dual eligible Medicare and Medicaid elderly recipients and enables comprehensive medical and social services within the community/home setting rather than receiving care in a nursing home. An interdisciplinary team of health professionals will provide PACE participants with coordinated care. PACE will be paid for by capitated payments from Medicaid and Medicare, representing all payments for services. The bill became effective July 1, 2024.
- DCH received its best Payment Error Rate Measurement (PERM) results since the federal audit inception in 2008. PERM captures state improper payment rates based on reviews of the fee-for-service, managed care, and eligibility components of Medicaid and Children's Health Insurance Program (CHIP). These results are then reported to Congress. PERM is often seen as a marker on how states are performing in Medicaid. Georgia's overall improper payment error estimate for Medicaid was 1.79 percent. The overall national Medicaid estimated improper payment rate was 8.58 percent. Georgia's overall improper payment error estimate for the CHIP (Peachcare for Kids®) was 0.82 percent. The overall national CHIP estimated improper payment rate was 12.81 percent.
- The MAP team initiated the Medicaid Policy Manual Standardization and Modernization project in FY24. All policy manuals are in the process of moving from Word-based documents to documents available for update online via an internal digital repository. The project is scheduled for completion in FY25.

Stuart Portman Joins DCH As MAP Executive Director

Stuart Portman became executive director for the Georgia Department of Community Health's Medical Assistance Plans division in February 2024.

"The dedicated team here at DCH has made this transition meaningful and immediately impactful. I am honored to be leading the Medicaid program in Georgia and we will continue to develop innovative approaches to care that are member-centered and solutions-oriented."



••••• Medicaid Waivers and Reimbursement Changes

MAP continues to enhance services for members enrolled in the four 1915(c) Medicaid waivers. Based on rate studies completed across these home-and community-based waivers to project future rate increases for providers, the state portion of provider rate increases was funded by the Georgia legislature and approved by the Governor. As a result, MAP and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), which administers certain waivers, are implementing historic rate increases for providers serving all four waivers.

1915(c) New Options Waiver (NOW) Program and Comprehensive Supports Waiver Program (COMP) Amendments

NOW/COMP waivers, administered by DBHDD, provide services to individuals with intellectual or developmental disabilities to enable them to live in the community. Each waiver was amended in FY24 to enact rate adjustments proposed in the 2022-2023 DBHDD rate study, which was required by Senate Bill 610 during the FY22 legislative session. The Centers for Medicare and Medicaid Services (CMS) approved the rate increases in FY25. Also approved by CMS was the amendment to COMP to add three new Community Residential Alternative (CRA) models for specialized transitional CRA, behavior-focused CRA, and intensive CRA to support individuals with complex care needs who cannot be supported by the traditional CRA models (i.e., placed out of state or in a DBHDD-funded crisis home).

1915(c) Independent Care Waiver Program (ICWP) Amendment

The ICWP, administered through MAP, offers services to a limited number of adults between the ages of 21 and 64 who apply. Eligibility is based on either a nursing facility or hospital level of care for adults with severe physical disabilities or traumatic brain injury (TBI). In FY24, DCH received approval from CMS on a waiver amendment to establish a current cost-based reimbursement rate across all services. The rate adjustments were part of the DCH rate study, which met the requirements of Senate Bill 610 enacted during the 2022 legislative session. CMS approved the rate increases in FY25.

1915(c) Elderly and Disabled Waiver Program (EDWP) Amendment

The EDWP waiver, administered through MAP, provides certain services to individuals ages 65 or older and individuals ages 0 to 64 with physical disabilities and functional impairments who meet a nursing facility level of care, as verified by DCH. In FY24, DCH received approval from CMS on a waiver amendment to establish a current cost-based reimbursement rate across all services. The rate adjustments were part of the DCH rate study which met the requirements of Senate Bill 610 enacted during the 2022 legislative session. CMS approved the rate increases in FY25.

The Department implemented or proposed implementing other reimbursement rate changes during FY24. Services subject to rate increases or changes included, but were not limited to, Georgia Pediatric Program (GAPP), certain codes for optometric, OBGYN, and primary care, coverage of blood pressure monitors, psychiatric residential treatment facilities, and treatment without transport emergency medical ambulance services.

Request For Proposals – 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 360° on September 22, 2023, with responses due December 1, 2023. Using five key pillars – quality, equity, access and outcomes, value, and coverage and services – DCH seeks 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.

Continuing Impact Through the Medicaid Innovation Advancement Project

Georgia’s Medicaid Innovation Advancement Project pursues additional funding for 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.

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. DCH delivered more than \$2 billion in federal and non-federal funding to eligible hospitals and practitioners in SFY24.

DSH Payment Total	\$2,009,319,545
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Directed Payment Program Payments FY24	
DPP Payment Type	Total Interim Payments
GA AIDE	\$463,642,463
GA STRONG	\$865,295,239
PDPP	\$210,433,377
HDPP Private	\$174,688,302
HDPP Public	\$295,260,164

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 FY24, GA-AIDE authorized state directed payments to improve quality of care and outcomes for patients served by Grady Memorial, Georgia's largest single provider of Medicaid services. 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 outcomes. GA-AIDE is subject to annual review by the state and approval by CMS. In FY24, DCH estimated a total of more than \$463 million in federal and non-federal funding was paid to the hospital.

In FY25, the Department has proposed adding eligibility for hospitals designated as both a sole community hospital and a teaching hospital by CMS. This would add two new providers, Phoebe Putney Memorial and Colquitt Regional. If approved as submitted, AIDE is expected to deliver more than \$586 million in combined federal and non-federal funds to eligible providers in FY25.

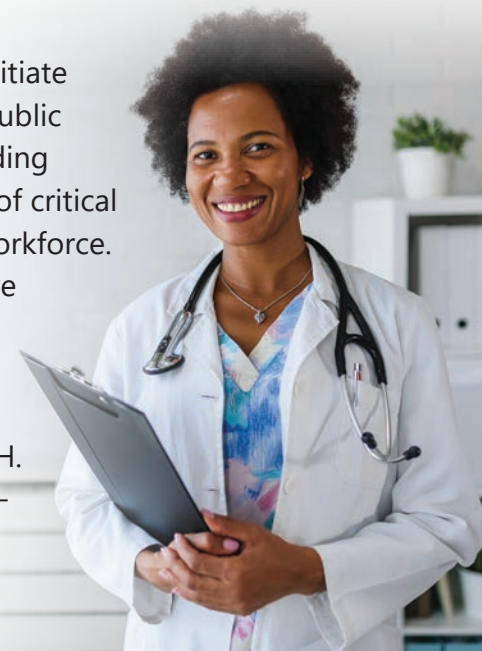
Georgia – Strengthening The Reinvestment of a Necessary-workforce in Georgia (GA-STRONG)

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 23 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 of 200 percent of their hospital Medicaid managed care base payments. 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 required non-federal share. In FY24, DCH estimated a total of more than \$865 million in federal and non-federal funding was paid to participating hospitals.

In FY25, the Department has proposed expanding eligibility to include rural teaching hospitals with less than five full-time equivalent residents. This would add three new eligible hospitals that would receive a uniform percentage increase of 75 percent of their hospital Medicaid managed care base payments. GA-STRONG is subject to annual review by the state and approval by CMS. If approved as submitted, the program is expected to deliver more than \$875 million to eligible participating hospitals in FY25.

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 (CAH), 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 10 percent above the Medicare equivalent. Participation in the program is voluntary and the source of non-federal funds is provided by the hospital authority or governmental entity on behalf of the eligible provider through an IGT to DCH. In FY24, DCH estimated a total of more than \$295 million in federal and non-federal funding was paid to participating hospitals.



Hospital Directed Payments (HDPP) for Private Hospitals

Georgia's HDPP for private hospitals provides additional Medicaid funding for eligible participating private hospitals defined as all private, acute hospitals, excluding general cancer hospitals, free-standing children's hospitals, and rehabilitative/psychiatric/long-term acute hospitals. All 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 10 percent above the Medicare equivalent. This HDPP is subject to annual review by the state and approval by CMS. In FY24, DCH estimated a total of more than \$174 million in federal and non-federal funding was paid to participating hospitals.

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. In FY24, DCH estimated a total of more than \$210 million in federal and non-federal funding was paid to participating providers through the Medicaid CMOs.

Expenditure Snapshots

FY24 - Table of Members and Expenditures				
Program	Medicaid	Medicaid - Aged Blind and Disabled (ABD)	Medicaid - Low-Income Medicaid (LIM)	PeachCare for Kids®
Members Average	2,507,678	584,045	1,721,778	201,855
Member Months	30,092,132	7,008,539	20,661,337	2,422,256
Providers	318,277	148,480	123,345	46,452
Claims Paid	35,966,328	15,635,598	18,516,073	1,814,657
Net Payment	\$5,179,329,378.28	\$4,896,969,432.97	\$269,934,406.07	\$12,425,539.24
Capitation Amount	\$5,264,248,687.37	\$8,470,072.95	\$4,824,902,426.56	\$430,876,187.86
Total Payment	\$10,443,578,065.65	\$4,905,439,505.92	\$5,094,836,832.63	\$443,301,727.10
Total Payment PMPM	\$347.05	\$699.92	\$246.59	\$183.01
Notes: Totals based on members covered in state fiscal year 2024 (July 2023 to June 2024). Members Average based on the monthly average of members covered within the state fiscal year.				

Table of Historical Medicaid Members and Payments by Fiscal Year

Fiscal Year	Members Average	Total Payment	Payment per Member	% Change of Payment per Member
2024	2,507,678	\$10,443,578,066	\$4,165	-15%
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	

Notes:

Totals based on members covered in state fiscal year (July 2023 to June 2024).

Members Average based on the monthly average of members covered within the state fiscal year.



FY24 Medicaid Payment Distribution by Category of Service

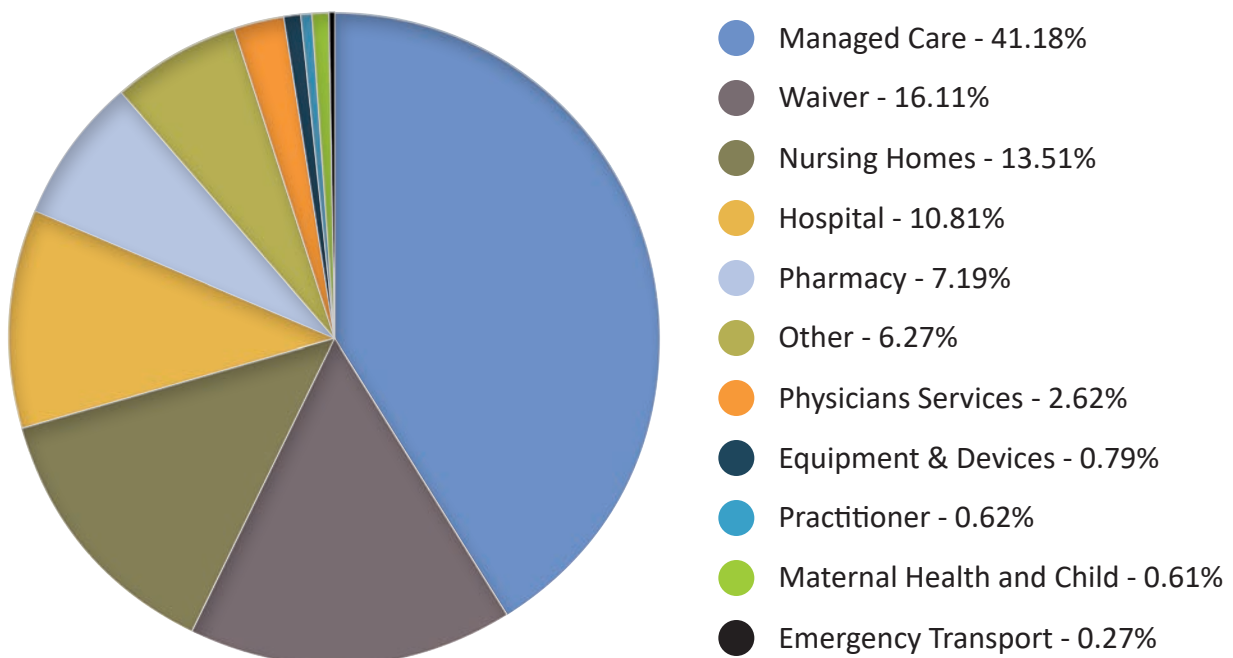


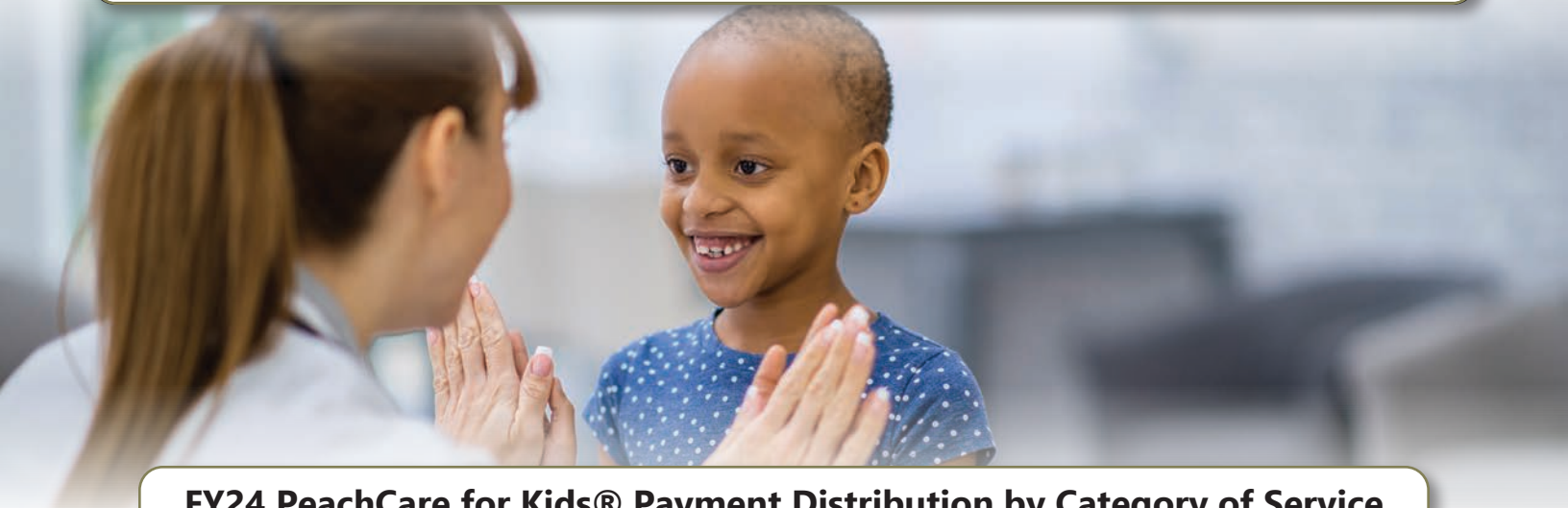
Table of Historical PeachCare for Kids® Members and Payments by Fiscal Year

Fiscal Year	Members Average	Total Payment	Payment per Member	% Change of Payment per Member
2024	201,855	\$443,301,727	\$2,196	-3%
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	

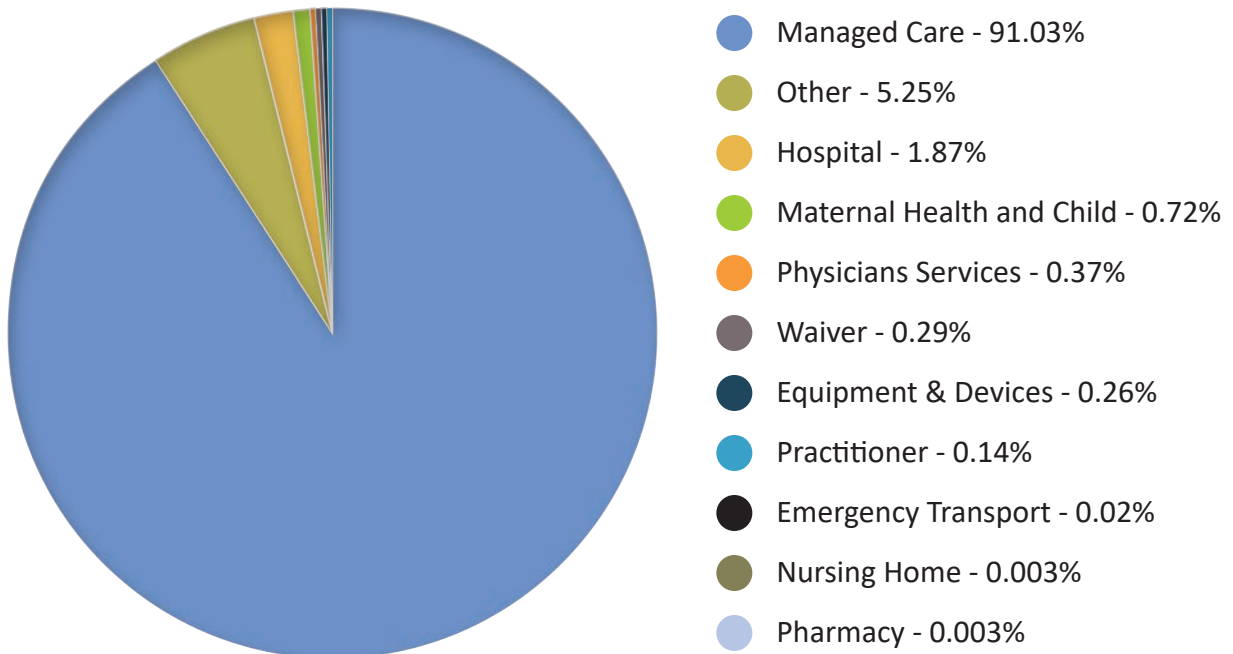
Notes:

Totals based on PeachCare for Kids members covered in state fiscal year (July 2023 to June 2024).

Members Average based on the monthly average of members covered within the state fiscal year.



FY24 PeachCare for Kids® Payment Distribution by Category of Service





What We Do

The **State Health Benefit Plan (SHBP)** division within DCH oversees the administration of health insurance coverage for active and retired state employees, public school teachers and employees, and their covered dependents. Collectively, more than 670,000 people were covered in Plan Year 2024. 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

RETIREES

For Medicare-eligible retirees aged 65 or older, the Medicare Advantage Standard and Premium plan options were offered by Anthem and UnitedHealthcare.

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

Promoting Wellness

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

Sharecare administered the Be Well SHBP® well-being program for active Anthem and UnitedHealthcare members and pre-65 retirees and their covered spouses. In FY24, 6,969 employees and their spouses redeemed points for a \$150 reward card, and 23,779 members redeemed their earned points for credits. Also in FY24, 11,344 Kaiser Permanente members and their covered spouses earned a \$500 reward card by completing their Kaiser Permanente Wellness Program requirements.

During FY24, Sharecare members and their covered spouses could earn up to 480 points each by engaging in healthy activities and choosing to redeem incentive points for reward cards or well-being incentive credits to apply toward eligible medical or pharmacy expenses.



2024 Mental Health Summit

Following the success of the mental health panel discussion at the 2023 SHBP BenPro conference, SHBP staff and vendors collaborated to host the 2024 Mental Health Summit in Atlanta to promote mental well-being, raise awareness about mental health issues, and to foster dialogue.

The summit addressed a range of topics related to mental health, including stigma reduction, available mental health services and resources, the impact of social determinants on mental health, and strategies for prevention and early intervention.



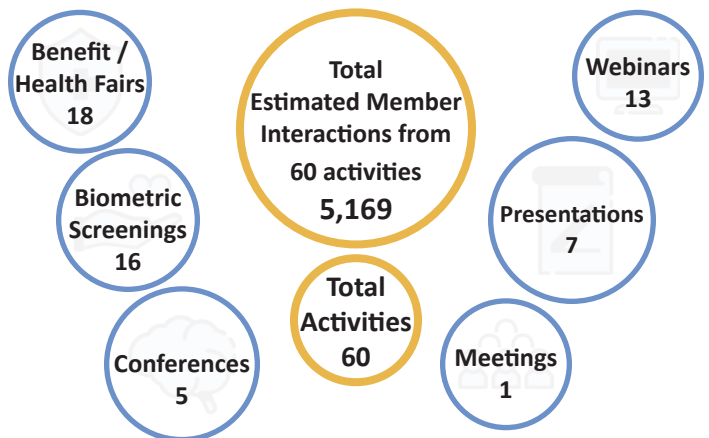
Sharecare Be Well® SHBP Well-being Programs

Challenge Name	Members Joined	Members Completed
July 2023 <i>Steps Challenge</i>	9,309	5,645
August 2023 <i>Stress Less Challenge</i>	6,885	4,450
September 2023 <i>Eat Wisely Challenge</i>	5,643	3,383
October 2023 <i>Walking Challenge</i>	7,858	4,316
November 2023 <i>Sleep Better Challenge</i>	5,903	3,329
January 2024 <i>Steps Challenge</i>	15,004	9,289
March 2024 <i>Sleep Habits Challenge</i>	14,535	9,812
April 2024 <i>Steps/Destination Challenge</i>	16,470	11,191
May 2024 <i>Stress Less Challenge</i>	13,164	9,242

Sharecare Biometric Screening Events (224 Total)

Total on-site screening participants	9,634
Total physician screening forms submitted	28,781
Total Quest Patient Service Center screenings	9,397
Total	47,812

Sharecare On-site/Online Wellness Activities



Sharecare RealAge Completions



Kaiser Permanente On-site Biometric Screenings

Total on-site screening events KP attended	15
Total on-site screening participants	694

Kaiser Permanente Total Health Assessment (THA) Completions

Employees
47,387

Total
57,185

Spouses
9,798

Total Kaiser Permanente Medical Office Biometric Screenings

Members

Blood Glucose	7,256
Blood Pressure	7,412
Body Mass Index	7,412
Total Cholesterol	7,193

Covered Spouse

Blood Glucose	1,518
Blood Pressure	1,529
Body Mass Index	1,526
Total Cholesterol	1,505

Kaiser Permanente On-site/Online Wellness Activities

Benefit /
Health Fairs
6

Total
38

Webinars
15

Biometric
Screenings
Activities
15

Conferences
2

Kaiser Permanente Preventive Campaigns

BMI Weight
Management
22,073

Total
84,931

Diabetes
13,628

Men's Health
(Colorectal)
13,179

Heart Health
18,654

Women's
Health
(Breast, Colorectal,
& Cervical)
17,397



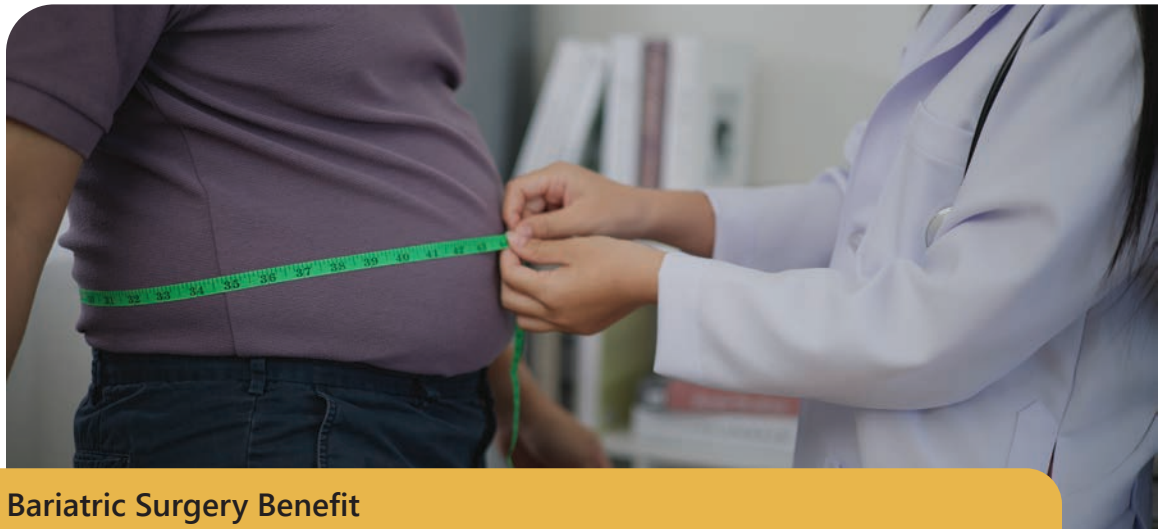
Chronic Disease Management

SHBP continued its disease management program that includes the top prevalent chronic health condition in Georgia – diabetes. SHBP also provided benefit coverage in FY24 for weight loss drugs and surgery. These programs are for members who are enrolled in the non-Medicare Advantage Anthem or UnitedHealthcare plan options.

Diabetes Co-pay/Co-insurance Waiver Program 2024

SHBP members who actively participated in this program were encouraged to work on managing their condition and overall health, and could have their pharmacy co-pays or co-insurance waived for certain prescription drugs. Clinical compliance was 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 2024:

- CPW participants used emergency services less often, shown by **19.55 percent** lower utilization rate.
- Adherence to diabetic medication based on six-month refill patterns was **89.89 percent** for members in the program compared to 83.03 percent adherence for members not in the program.
- **86.16 percent** of diabetic members participating in the program had evidence of A1C testing every six months, whereas 72.87 percent of diabetic members not participating in the program had evidence of A1C testing every six months.
- **75.98 percent** of diabetics adhered to annual urine protein screening on the CPW compared to 66.90 percent not on the CPW.



Treating Morbid Obesity / Bariatric Surgery Benefit

Bariatric surgery for morbid obesity requires prior approval and is covered in-network only. Anthem and UnitedHealthcare provided SHBP members with access to bariatric centers of excellence which resulted in better outcomes for members.

- Anthem: Collective spend for FY24 was \$17,376,383.07 for 725 unique members for bariatric surgery.
- UnitedHealthcare: Collective spend during FY24 was \$1,985,524 for 56 unique members for bariatric surgery.

SHBP began covering weight loss prescriptions July 1, 2022. For FY24 (July 1, 2023 - June 30, 2024), there were 25,435 unique members and a net spend of \$143,864,821.11 (does not account for rebates).

..... Enhanced Member Outreach

Medicare Advantage Advocacy Launch

The Medicare Advantage Advocacy Program is an outreach campaign to help educate and reduce the number of retirees from paying higher, unsubsidized premiums. It provides increased SHBP-initiated, personalized guidance on CMS application timelines and assistance with submission of Medicare Part B information required to maintain subsidized rates after age 65. In FY24, the program confirmed nearly 5,000 retirees' Medicare Part B was completed.

Medicare Advantage University

SHBP's Medicare Advantage University meetings were educational sessions held in FY24 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 six locations across Georgia as well as three virtual events. In total, nearly 1,000 plan members attended these educational sessions.

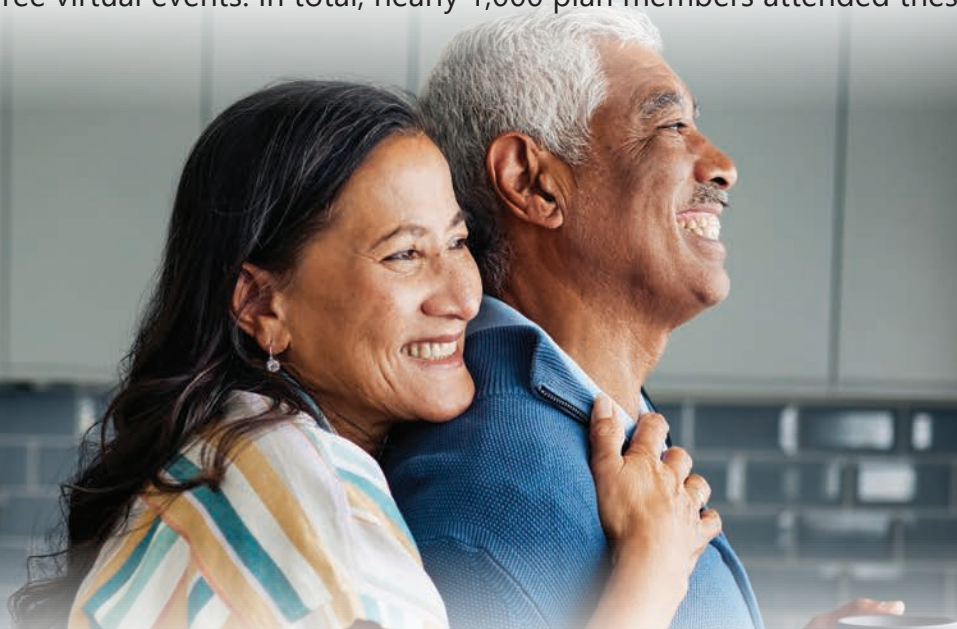


Table of State Health Benefit Plan Covered Lives

Category	Members Average	Employees	Dependents
Contract Admin	1,185	768	417
County Governments	127	77	50
Service Personnel	154,118	90,507	63,612
State	139,338	85,449	53,889
Teachers and Libraries	374,046	185,717	188,329
Total	668,814	362,518	306,297

Notes:

- Member totals based on the monthly average of active members and dependents per state fiscal year (Column Total includes some duplication as members could exist in multiple categories).

- Totals based on members covered in state fiscal year 2024 (July 2023 to June 2024).

Table of Historical SHBP Members and Payments by Fiscal Year

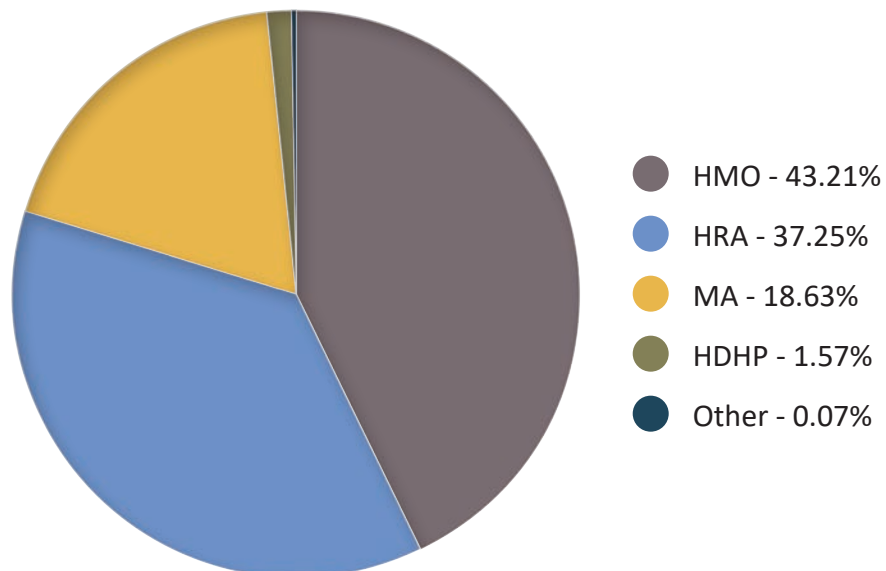
Fiscal Year	Members Average	Total Payment	PMPY	% Change of Payment per Member
2024	668,787	\$6,969,878,086.14	\$10,421.67	19%
2023	662,853	\$5,816,871,702.39	\$8,775.51	3%
2022	663,600	\$5,654,283,817.88	\$8,520.62	5%
2021	668,667	\$5,419,035,720.21	\$8,104.24	13%
2020	671,546	\$4,811,654,310.53	\$7,165.04	

Notes:

- Member totals based on the monthly average of active members and dependents per state fiscal year.
- Total Payment based on services incurred during state fiscal year (July to June).



FY24 SHBP Member Average by Health Plan Type





What We Do

The **Healthcare Facility Regulation Division (HFRD)** protects Georgians by helping ensure the safety and quality of services provided in more than 30,000 healthcare facilities across the state. HFRD licenses and regulates these facilities pursuant to state law, and for certain facilities through a contract with the Centers for Medicare and Medicaid Services (CMS) and the Food and Drug Administration of the U.S. Department of Health and Human Services. Through inspection visits, known as surveys, HFRD identifies deficient practices in these facilities and pursues corrective action and/or enforcement action when appropriate.

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 certain 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	73
Rural Health Clinics	94
Home Health Agencies	113
Hospitals	192
Hospices	308
Mammography (FDA-certified) Sites	291
End Stage Renal Disease Facilities	368
Nursing Homes	366
Ambulatory Surgical Centers	475
Laboratories	12,831
Total	15,111

State Programs (Licensed Only)

Narcotics Treatment Program	70
Adult Day Health Centers	189
Assisted Living Communities	302
Drug Treatment Centers	547
Community Living Arrangements	1,186
Private Health Care Providers	2,721
Personal Care Homes	1,337
X-Ray Sites	10,586
Total	16,938

FY24 HFRD by the Numbers

- Issued **680** licenses for new healthcare facilities in Georgia.
- Completed more than **8,675** surveys, including more than 2,981 targeted complaint investigations.
- Conducted **816** follow-up inspections of existing facilities.
- Issued more than **11,126** citations across all program types.

Case in Point

For surveys of nursing homes, HFRD continued its Work on Weekend (WOW) incentive program with a goal of reducing 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 FY24, HFRD WOW teams completed more than 70 nursing home surveys.



Tackling Workforce Shortages

As a result of two career fairs in FY24, HFRD hired 13 surveyors to augment its workforce. In total, 62 new HFRD team members were hired during the fiscal year.

Once hired, long-term care surveyors must complete six-months of training and pass the Surveyor Minimal Qualification Test (SMQT). In FY24, a total of 18 surveyors passed the SMQT, which is higher than the total achieved in FY22 and FY23 combined.

Emergency Management Collaboration

In FY24, HFRD strengthened its partnership with state and federal agencies, including the Georgia Department of Public Health, GEMA and Centers for Medicare and Medicaid Services by assigning a dedicated liaison to emergency state response teams in times of emergencies, such as weather incidents. This connectivity streamlines processes and supports continuity of operations within Georgia healthcare facilities. HFRD also provides CMS with direct access to federally certified facilities, enabling officials to approve waivers and provide federal assistance quicker.

Civil Money Penalty Reinvestment Program

Civil money penalties are imposed by CMS when long-term care facilities are determined to be in violation of federal regulations. States, including Georgia, receive and distribute 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.

In FY24, the Georgia Civil Money Penalty Reinvestment Program managed three active projects. They focused on training for staff to include person-centered strategies, dementia care, and enriched technology to reduce isolation and loneliness, and improve physical and cognitive skills.

Case in Point

The Georgia iNSIGHT (Integrate FuN, Sustainable, Innovative, Groundbreaking and Helpful Technology) Project

A Civil Money Penalty Reinvestment grant in the amount of \$642,227.50 is being used by Life Loop's It's Never Too Late (iN2L) technology. The project focuses on internet access that can serve as a communications medium, entertainment and a means for residents to interact with family, friends, and those who share their interests outside the facility.

Each system has more than 4,000 applications that can be used for one-on-one sessions, small or large groups, recreational activities, and rehabilitation sessions. The applications have a variety of uses, such as brain training, games, puzzles, exercises, virtual travel, spiritual, historical and reminiscence content.





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 are made available to all Georgians within the state's interest. 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.

Functions of Health Planning:

- **Data for Need Determinations:** Ensure 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:** Perform 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:** Help 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.

CON Reform

House Bill 1339, which was passed by the 2024 General Assembly and signed into law by Governor Kemp on April 19, 2024, implemented broad changes to the CON program effective July 1, 2024. The law requires the review and update of the CON state health plan at least every five years and creates additional exemptions from CON requirements for certain psychiatric and substance abuse inpatient programs, perinatal services in rural counties, birthing centers, and acute care hospitals in rural counties.

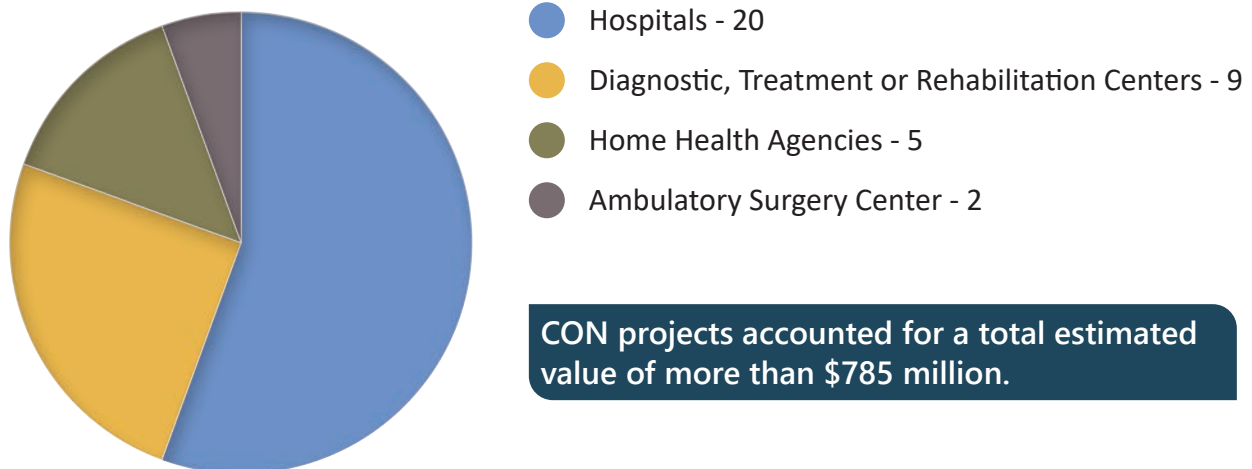
Other Regulatory Updates

Effective March 5, 2024, Health Planning amended the rules applicable to existing short-stay general hospitals. The amendment allows the grant of a CON for the addition of beds in response to the closure of a nearby hospital. The goal is to preserve access to care for patient populations that are impacted by hospital closures.

Health Planning Activities

- Received and reviewed **36** CON applications of which **27** were approved, **4** were denied, **3** were disqualified, **1** was withdrawn, and **1** pending as of June 30, 2024.
- Received and reviewed **353** requests for Letters of Determination of which **336** were approved, **15** were withdrawn, **1** was denied, and **1** pending as of June 30, 2024.

CON Applications Received by Facility Type



- Achieved a **92 percent** response rate to requests for annual utilization and financial data from CON-regulated facilities (1,487 health planning surveys distributed to regulated facilities and providers and 1,372 responses received).
- Deposited **\$1.7 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 and exempt healthcare facility construction work valued at more than **\$1.6 billion**. While the reviewed square footage decreased slightly from the previous year, the construction values increased by 6.7 percent.



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 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. Program initiatives address healthcare delivery 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.

76 grants and **25** contracts were executed in FY24 within the State Office of Rural Health's focus areas for a total distribution of more than **\$26 million** in federal and state funding.





State Office of Rural Health Program

The State Office of Rural Health Program provides oversight for the Health Resources and Services Administration (HRSA) State Office of Rural Health Program, which is designed to assist states in strengthening rural healthcare delivery systems. The program provides funding for an institutional framework that links small rural communities with state and federal resources to develop long-term solutions to rural health programs.

Additionally, the SORH Program manages a variety of legislatively directed, state-funded grants designed to address specific rural needs and target populations, provides funding for health education initiatives, addresses workforce shortages, and supports innovative approaches to increase access to quality health care in rural Georgia.

Remote Critical Care Services Grant Program

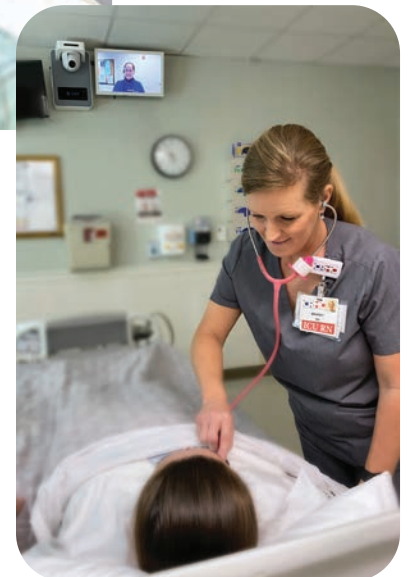
The Remote Critical Care Services Grant Program provides \$1.35 million to two rural hospitals over a three-year funding period. Through this grant program, Coffee Regional Hospital and Memorial Hospital and Manor established an Electronic Intensive Care Unit (eICU) to connect a rural hospital intensive care unit with critical care specialists at Emory eICU Center in Atlanta. ICU staff receive 24/7 real-time support and patient-management assistance remotely as needed. This technology provides an additional layer of critical care service to patients, and allows rural hospitals to admit and retain higher acuity patients while providing excellent patient care in their own community.

The two hospitals completed year two of the program in FY24 and begin their third and final year of the program in FY25.



*Left:
Memorial Manor
Hospital*

*Below:
Coffee Regional
Hospital*



Rural Hospital Stabilization Grant Program

The Rural Hospital Stabilization Grant Program completed its eighth cohort of grant awards in FY24 in which eight hospitals participated. These hospitals received grant awards of \$875,000 each for a total of \$7 million to expend on projects supporting increased access to health care, making operational improvements, or reducing existing debt. FY24 grantees were: Applying Health Care System; Southeast Georgia Health Care System, Camden Campus; Clinch Memorial Hospital; Effingham Health System; Emanuel Medical Center; Jefferson Hospital; Liberty Regional Medical Center; and Washington County Regional Medical Center.



Maternity Operating Room



Surgical Operating Room

Case in Point

2024 Stabilization Grant Spotlight: Southeast Georgia Health System, Camden Campus

Southeast Georgia Health System, Camden Campus, directed 75 percent of its Rural Hospital Stabilization Grant funds to renovate and purchase equipment for a second maternity operating room and a fourth surgical operating room within the hospital. The remaining 25 percent of funds were directed toward labor skills and systems to strengthen hospital operations and efficiency.

Hospital Services Program

The mission of SORH's Hospital Services Program is to improve access, quality, and cost effectiveness of care for rural Georgians through grant programs that benefit small rural and critical access hospitals, and improve the health of their communities.

Case in Point

Hospital Services partnered with Alliant Health Solutions to assess and address healthcare needs of communities supported by Critical Access Hospitals (CAHs). Through Flex program guidance and training, 28 of Georgia's 30 CAHs formulated health care strategic plans and implemented strategies to address priority populations in need, including identifying intentional community partnerships at national, state, and local levels to address social determinants of health affecting CAHs communities.

The 2024 Health Equity Improvement Project Playbook provides insight into the year-long process highlighting the unique health care strategic plans from 28 CAHs across Georgia.



Medicare Rural Hospital Flexibility Grant

The Medicare Rural Hospital Flexibility (Flex) Grant program provides funding for initiatives to support CAHs within three categories: quality improvement, financial and operational improvement, and population health. In FY24, these initiatives included support in areas such as antibiotic stewardship, adolescent mental health initiatives focused on substance use disorders, and a health outcomes improvement project.

Small Rural Hospital Improvement Program

The Small Rural Hospital Improvement Program (SHIP) supports small rural and critical access hospitals with 49 beds or less in meeting value-based payment and care goals for their respective organizations.

In FY24, Hospital Services collaborated with two veteran partners and developed three consortia programs where hospitals pooled SHIP funds for greater economies of scale impacting a total of 56 hospitals, allowing them to focus on data improvement, receive revenue integrity or swing bed program trainings, or implement projects available through the SHIP purchasing menu.

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. The PCMH grant, funded by the Georgia legislature, supports implementation of the PCMH model of care within rural health clinics (RHC) in Georgia to include general practice, family practice, internal medicine, pediatric, and obstetrician/gynecologist practices. Since its inception, this program has supported 30 RHCs in their quest for PCMH recognition; 21 RHCs are still certified patient-centered medical homes.

St. Francis Hospital Emory Healthcare Grant

The Georgia legislature appropriated \$1 million in FY24 to St. Francis Hospital-Emory Healthcare to renovate and build out a psychiatric and internal medicine learning work center to support the growth of each Graduate Medical Education program. Hospital Services worked with St. Francis to appropriately allocate the funding.

Case in Point

The state-of-the-art facilities were designed to support the current 44 residents and accommodate the addition of 14 more psychiatry residents over the next two years.



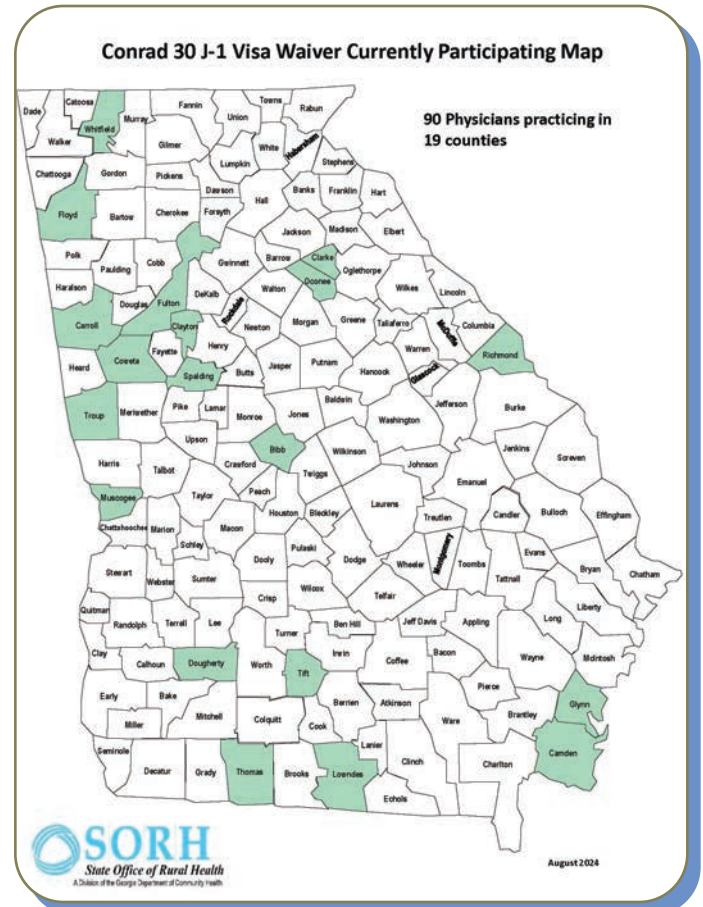
Primary Care Office

The Primary Care Office (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

In FY24, 90 Georgia Conrad State 30 J-1 Visa Waiver Program physicians practiced in 19 counties across Georgia, providing primary care and specialty services to approx. 212,000 residents – an increase of 14,778 residents served in FY23.

The 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.



Case in Point

Physician satisfaction and retention are strong indicators of program success. Surveys of our first-year Conrad 30 J-1 Visa Waiver physicians show that 87.5 percent said they were unlikely or very unlikely to leave their current practice within 24 months after completing their three-year obligation in Georgia compared with the national average of 60.3 percent.

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 2023, NHSC awarded 166 healthcare providers in Georgia \$8.7 million in exchange for providing health care in designated HPSA areas of the state.

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 FY24, there were more than 149,000 jobs viewed in Georgia with more than 4,000 health professionals referred to potential employers.

Health Resources and Services Administration-State Loan Repayment Program

Through a grant award, the PCO received more than \$1.2 million to administer a State Loan Repayment Program. Over the two-year period, 33 awards were made to one licensed clinical social worker, one licensed professional counselor, 16 nurse practitioners, six physicians, three physician assistants, and six registered nurses. Award participants are practicing in 13 rural counties and seven urban counties across the state.

..... 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. The health status of migratory and seasonal agricultural workers is impacted by a multitude of socioeconomic and cultural barriers. The Georgia Farmworker Health Program works to identify and address these barriers to care by providing high-quality, appropriate health care to agricultural workers.

Health Center Cluster Grant

Through the Health Center Program administered by the Bureau of Primary Health Care under the Health Resources Services and Administration, GFHP was awarded more than \$5 million federal dollars in the grant funding year. This is used to support primary and preventive healthcare access for migratory and seasonal agricultural workers and their families.

American Rescue Plan Capital Improvement

In FY24, the GFHP Health Center Cluster-contracted clinics brought to completion five Capital Improvement Projects utilizing the one-time, supplemental federal funding award, American Rescue Plan – Health Center Construction and Capital Improvements, in the amount of \$554,487.





What We Do

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

Here is a snapshot of OIG's efforts in FY24:

- Recovered **\$68.1 million** from third-party liability recoveries (such as estate, casualty, trust, and commercial recoveries) and third-party liability credit balance audits. The Department cost-avoided **\$512.4 million** for health insurance policies for Medicaid and PeachCare for Kids® programs.
- Identified **1,823** fraud, waste, and/or abuse cases for the Medicaid program (including providers and members).
- Assisted the DCH Healthcare Facility Regulation Division with **128** investigations of unlicensed facilities to protect vulnerable citizens.
- Completed **68,411** 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.



What We Do

Leveraging strategic transformation and new technologies, DCH's **Office of Information Technology** deploys systems that support modern-day platforms, cloud-based technology, and integrated operability that enables vendors, providers and members to interface securely and efficiently with the agency.

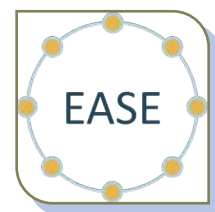
..... Medicaid Enterprise Systems Transformation (MEST)

The ongoing MEST project is responsible for reconfiguring Georgia's legacy, stand-alone Medicaid Management Information System (GAMMIS) 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 services-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.

Georgia's new system is tentatively scheduled to come online in FY26.

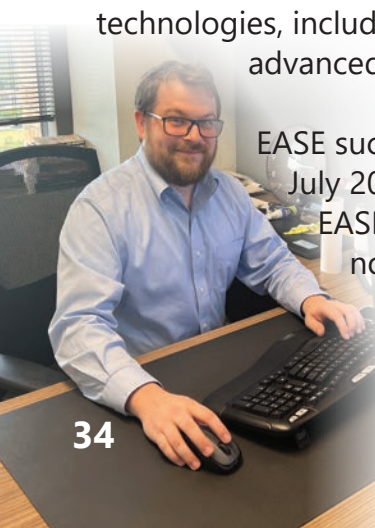
..... Enterprise Analytics Solution for Everyone (EASE)

DCH's new data warehouse, Enterprise Analytics Solution for Everyone (EASE), is an agency-operated and maintained analytics solution to inform decisions and actions across all units through a modern data enterprise warehouse. The EASE solution combines 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 successfully completed operational readiness review with CMS in December 2023. In July 2024, the EASE project team presented to CMS for full certification of the solution. EASE received praise from CMS during the certification review and received formal notification of certification on October 31, 2024.

EASE provides 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.





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