Georgia Department of Community Health

Georgia Department of Community Health

2013

FY 2013 Annual Report

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Introduction

The Big Health Care Picture

In Fiscal Year 2012 (FY 12), the federal government passed the Patient Protection and Affordable Care Act (ACA), and the Supreme Court upheld its legality. The Governor and lawmakers had to decide how or whether they were going to implement the act. During FY 13, Georgia's governor made the decision not to expand Medicaid and to use the resources of the Federal Health Exchange to direct Medicaid-eligible citizens to its programs and services instead. However, DCH's Medicaid enrollment was expected to increase, because of daily coverage of ACA in the media.

In addition, DCH's Medicaid Division planned for the procurement and implementation of an Integrated Eligibility System (IES) and the Healthcare Facility Regulation Division planned and developed a system for electronically capturing and disseminating healthcare facility Plans of Correction. Health IT launched Georgia ConnectedCare, an innovative GaHIN technology solution that offered health care providers the ability to securely find a patient's complete health record directly through their respective EHR system. DCH's offices continued to support the mission, vision and goals of the Department.

The DCH Annual Report for FY 13 describes the Department, gives pertinent figures and chronicles the greatest accomplishments of the divisions and offices.

DCH Board

DCH is governed by the Board of Community Health. The board is composed of nine people who have policymaking authority for the Department. The board is appointed by the Governor and confirmed by the State Senate. The board meets monthly. The members serving at the end of FY 13 were:

- Norm Boyd, Chairman
- William H. Wallace Jr., Vice Chair
- Jamie Pennington, Secretary
- Clay Cox
- Donna Moses
- Jack Chapman, MD
- Kiera L. Von Besser
- Richard Jackson
- Mimi Collins

DCH At-a-Glance

DCH Organization

In FY 13, DCH was composed of four divisions, seven support offices and two attached agencies.

Georgia Department of Community Health
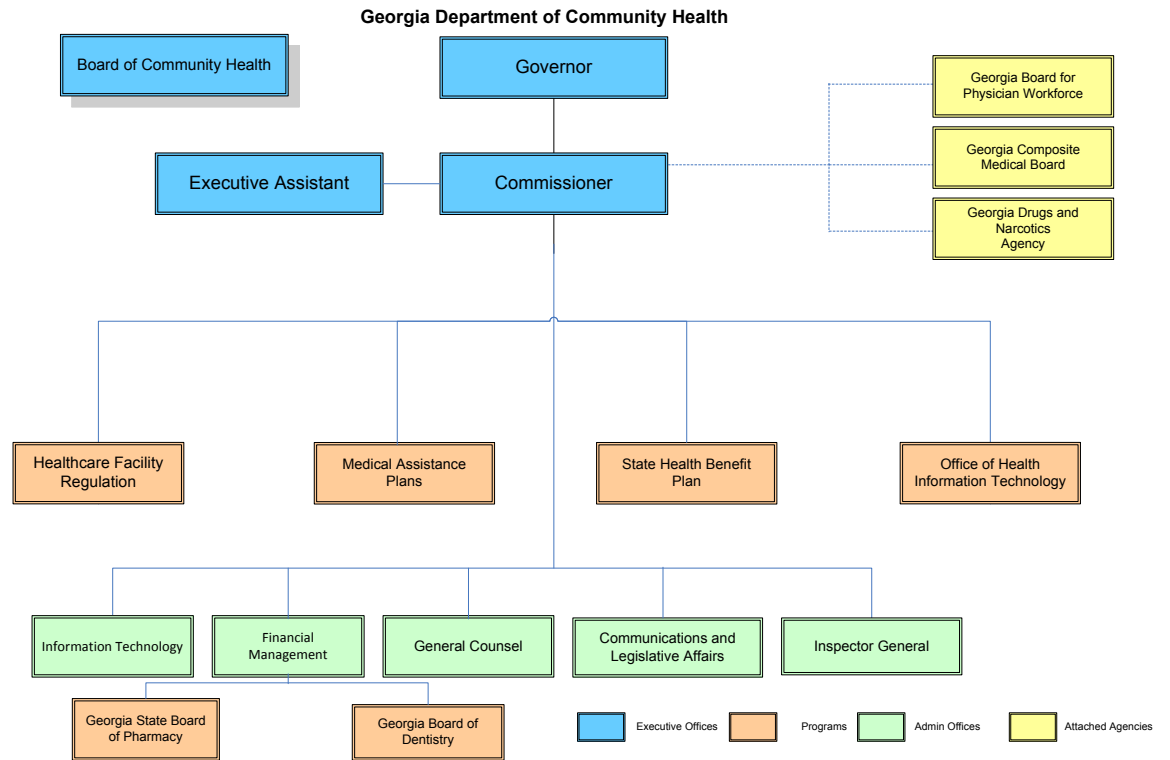
DCH Mission

We are dedicated to A *Healthy* Georgia.

Accomplishments

FY 2013 Department of Community Health Expenditures

Low-Income Medicaid
26.5%

State Health Benefit Plan Payments
22.4%

Aged, Blind, & Disabled Medicaid
41.0%

Healthcare Access & Improvement
0.2%

Administration
0.6%

Medical Education & Licensing
0.4%

Systems Support
1.0%

Medicaid & PeachCare for Kids
Program Support
1.3%

PeachCare for Kids
2.9%

Indigent Care Trust Fund
3.5%

Healthcare Facility Regulation
0.1%
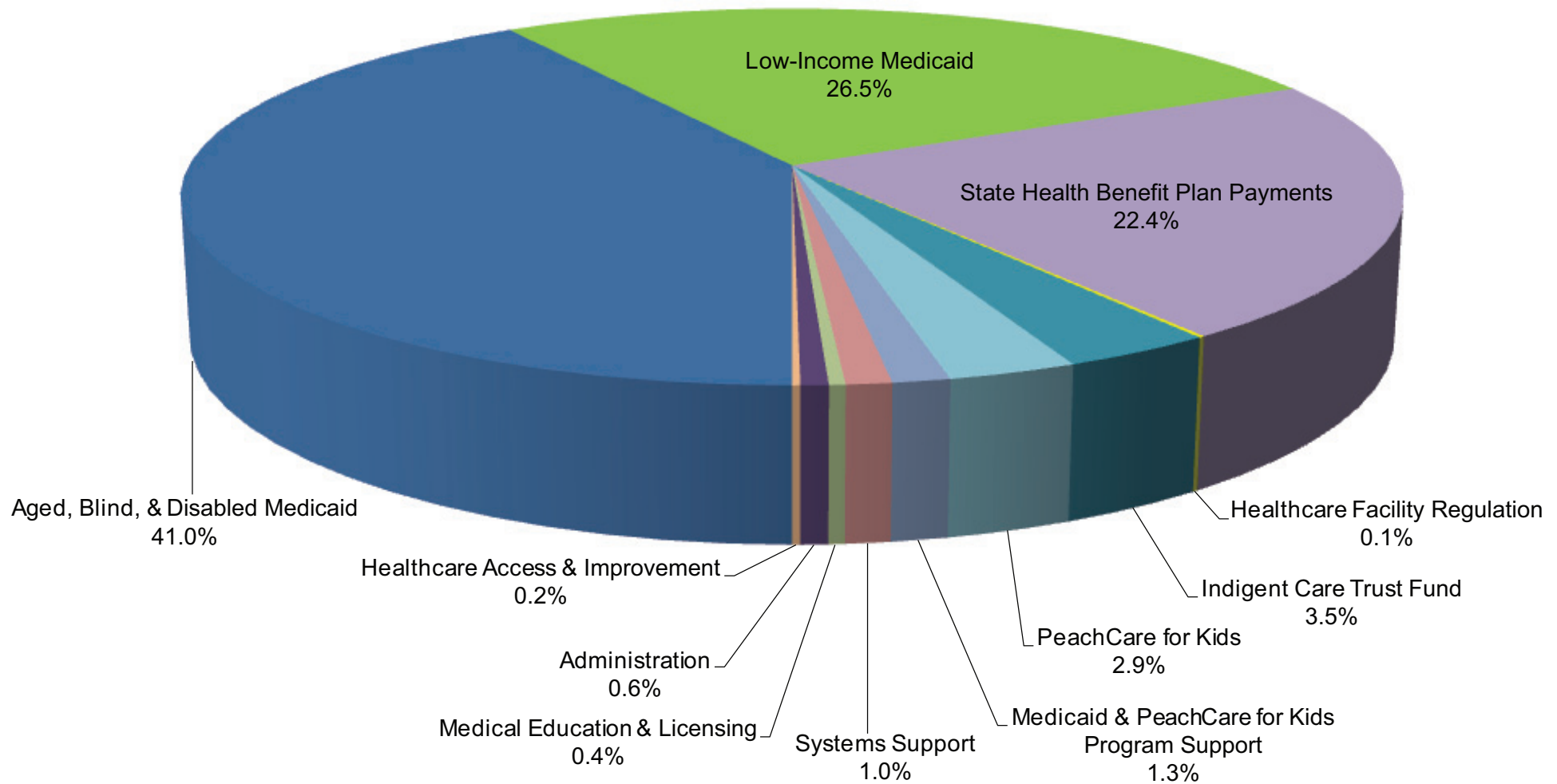
Accomplishments

FY 2013 Table of Members and Expenditures

Measures	Medicaid			PeachCare for Kids®
	Medicaid: Aged, Blind, and Disabled (ABD)	Medicaid: Low-Income Medicaid (LIM)	Medicaid: Total	
Average Members*	468,413	1,119,661	1,588,074	218,139
Number of Providers**	67,083	83,171	90,039	39,173
Number of Claims Paid	25,606,889	23,106,636	48,713,525	3,505,804
Net Fee for Service Payments to Providers	$4,668,342,097	$590,374,651	$5,258,716,748	$24,291,812
Capitation Payments to Care Management Organizations (CMOs)	$30,598,925	$2,758,455,678	$2,789,054,603	$368,905,318
Total Payments***	$4,698,941,022	$3,348,830,329	$8,047,771,351	$393,197,130
Total Payment Per Member Per Month	$836	$249	$422	$150

Source: Truven Health Analytics Advantage Suite based on incurred dates July 2012 through June 2013

*Average Members is calculated by summing all 12 months of enrollment and dividing that sum by 12 months

**A unique count of providers is used for the Total Medicaid count

***Total Payments is the sum of Net Fee for Service Payments to Providers and Capitation Payments to Care Management Organizations (CMOs)

Georgia Children* Served by the Department of Community Health in FY 2013

Health Plan	Total Georgia Children**	Georgia Children Served by the Department of Community Health***	Percent of Georgia Children Served by the Department of Community Health
Medicaid & PeachCare for Kids®	2,848,327	1,203,722	42.26%
State Health Benefit Plan	2,848,327	135,290	4.75%
TOTAL	2,848,327	1,339,012	47.01%

*Georgia Children includes children aged 0-19

**Total Georgia Children based on estimated 2012 population figures from www.census.gov

***Georgia Children Served by the Department of Community Health reflects average enrollment

Medicaid

Primary Role of Division

In FY 13, the Department of Community Health (DCH) served as the single agency for the administration of the Medicaid program under Title XIX of the Social Security Act, providing health care for children, pregnant women and people who were aged, blind or disabled (ABD). DCH's Medicaid Division oversaw the Georgia Medicaid programs and PeachCare for Kids® (Georgia's Children's Health Insurance Program {CHIP} population). Medicaid and PeachCare for Kids® members received services through either managed care (Georgia Families) or fee-for-service arrangements.

The Medicaid Division provides management oversight of the Medicaid and PeachCare for Kids® programs by:

- Developing and implementing policies related to allowable services and service delivery
- Overseeing member eligibility and enrollment into Medicaid and PeachCare for Kids®, as well as enrollment into the three Georgia Families care management organizations (CMOs)
- Overseeing the seven waiver programs offering home-and-community-based alternatives over long-term institutional care **Medicaid Waivers Chart**
- Collecting data and reporting the performance metrics for both the fee-for-service population and members in Georgia Families. Georgia uses the Healthcare Effectiveness Data and Information Set (HEDIS) as a tool to measure performance on important dimensions of care and service.
- Developing and implementing new programs in Medicaid and PeachCare for Kids® promoting continuity of care, care coordination and enhanced health outcomes.
- Controlling expenditures and overseeing all categories of service, including capitation payments, pharmacy, inpatient hospital, outpatient hospital, nursing and long term care facility, and transportation.
- Addressing member needs through Medicaid and PeachCare for Kids® provider relations and resolution services.
- Evaluating opportunities to improve efficiency and effectiveness in Medicaid operations and implementing changes that streamline processes for providers and Medicaid and PeachCare for Kids® members.

Major Programs and/or Initiatives

Beyond the primary role of managing Medicaid, the division developed new and innovative programs that enhanced the effectiveness and efficiency of healthcare services offered. The latest programs enhancements are Medicaid Redesign. The Medicaid Redesign began in FY 2011 and focuses on improving the health of Medicaid members, while also controlling the ever-increasing expenditure levels of providing Medicaid services in Georgia. In FY 2013, Medicaid planned and implemented the following:

- **Plans to improve the health outcomes of 27,000 children, youth and young adults in foster care, children and youth receiving adoption assistance plus select youth in the juvenile justice system.** To accomplish this, DCH will transition these children and youth into a new Medicaid managed care program called Georgia Families 360˚in March 2014. By focusing on the total well-being of the child, Georgia Families 360° will address both their physical health and behavioral needs through a holistic approach. The program will be administered by a single Care Management Organization (CMO), Amerigroup, and will provide:

  - Medical homes – with a consistent primary care provider
  - Dental homes – for routine and other dental services
  - Care coordination teams – to ensure appropriate, consistent and effective ongoing health care, regardless of where the member lives in Georgia.
  - Personal health care plans – individualized detailed recommendations for ongoing care for physical and behavioral health issues
  - Electronic health records – electronic health records to ensure coordinated care between providers
  - Ombudsman staff to support members and families
  - Monitoring and management of psychotropic medication

- **Procurement activities for the Medical Coordination Program for the oversight of the ABD population.** As part of the continuing focus of enhancing care while achieving long-term sustainable savings for the state, DCH began planning the care coordination of the most costly and vulnerable Medicaid members. DCH's goals for this voluntary program include providing:

  - Person-centered Medical Coordination for all eligible members
  - Intensive Medical Coordination services for targeted high-risk, affected populations
  - A Medical Home to coordinate and manage care for participants receiving Intensive Medical Coordination services
  - Care Coordinators who will assist eligible members in obtaining needed medical and behavioral health services.

- **Initiating procurement for the Medical Coordination Program for the oversight of the ABD**

Medicaid

population. As part of the continuing focus of enhancing care while achieving long-term sustainable savings for the state, DCH began planning the care coordination of the most costly and vulnerable Medicaid members. DCH's goals for this voluntary program included providing:

- Person-centered Medical Coordination for all eligible members
- Intensive Medical Coordination services for targeted high-risk, affected populations
- A Medical Home to coordinate and manage care for participants receiving Intensive
- Care Coordinators who would assist eligible members in obtaining needed medical and behavioral health services

- **Re-procurement planning for the CMO contracts.** DCH first implemented Georgia Families, the Medicaid managed care program, for Low Income Medicaid (LIM) and PeachCare for Kids® members in FY 2005. The current contracts will expire at the end of FY 2015. The new CMO contracts will be implemented in CY 2016 with changes to the Georgia Families program, such as a value-based purchasing component to ensure that the CMOs meet pre-defined performance metrics.

- **Planning for the procurement and implementation of an Integrated Eligibility System (IES).** Along with other state agencies in FY 13, DCH worked to develop a robust IES, projected to be operational in FY 14. As the lead agency, DCH worked closely with the Department of Human Services (DHS), the Department of Public Health (DPH) and others to develop an integrated eligibility solution. A single point of entry was created to serve those applying for Medicaid, Food Stamps (SNAP), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Program for Women, Infants, and Children (WIC) benefits and more.

- **Implementing of ICD-10 was a large scale project for Medicaid.** With a deadline of October 1, 2015, DCH ensured that the Georgia Medicaid Management Information System (GAMMIS) will be ready with more than 150,000 medical codes.

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

Fiscal Year	Average Members	Total Payments*	Payment Per Member	Percent Change in Payment Per Member
2000	8,503	$50,730,000	$5,966	N/A
2001	14,028	$115,931,116	$8,264	38.5%
2002	154,406	$170,916,516	$1,107	-86.6%
2003	180,953	$212,319,603	$1,173	6.0%
2004	200,562	$262,676,747	$1,310	11.6%
2005	208,185	$273,274,876	$1,313	0.2%
2006	238,330	$310,331,108	$1,302	-0.8%
2007	273,659	$432,157,786	$1,579	21.3%
2008	249,681	$345,678,006	$1,384	-12.3%
2009	205,548	$304,985,696	$1,484	7.2%
2010	202,527	$302,383,388	$1,493	0.6%
2011	199,532	$317,510,000	$1,591	6.6%
2012	205,330	$340,344,900	$1,658	4.2%
2013	218,139	$393,197,130	$1,803	8.7%

Source: Truven Health Analytics Advantage Suite based on incurred dates July 1999 through June 2013

*Total Payments include Net Fee for Service Payments to Providers and Capitation Payments to Care Management Organizations (CMOs)
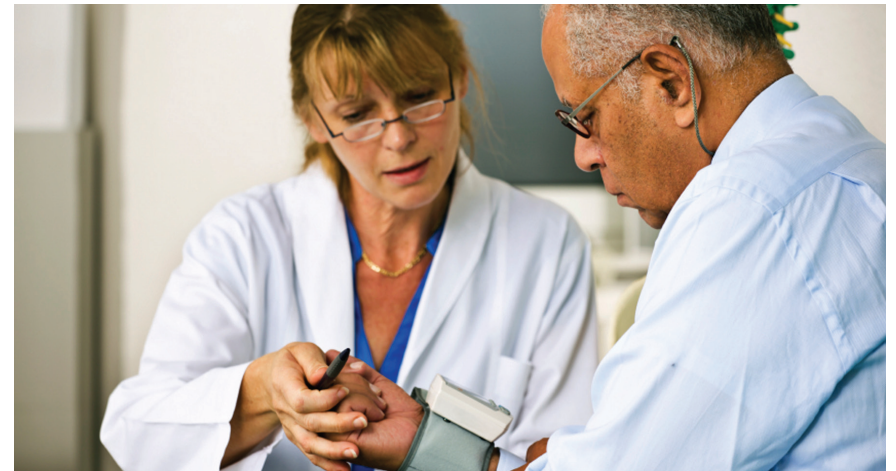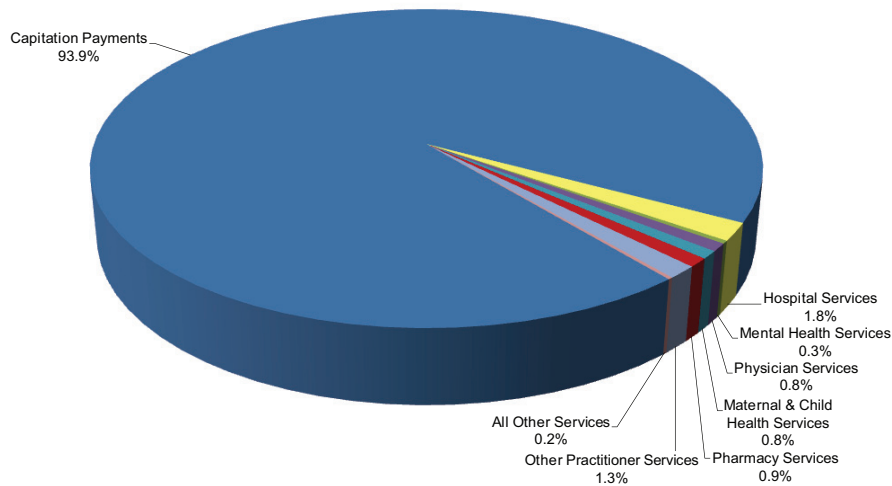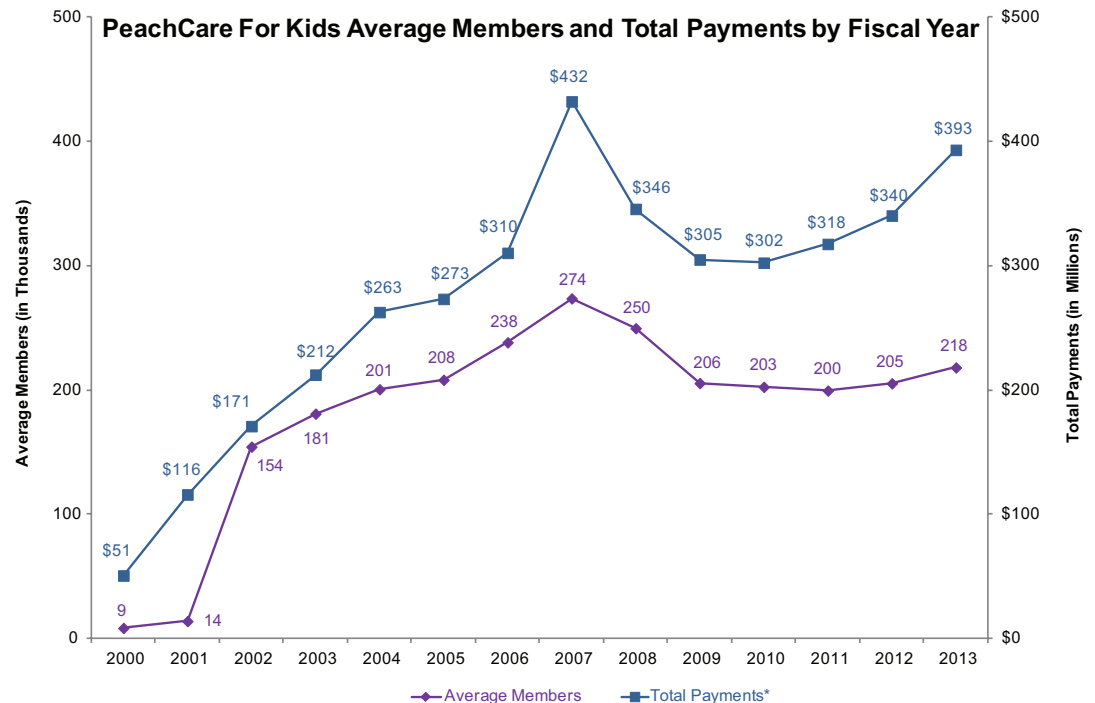
Medicaid

PeachCare for Kids®

In February 2013, electronic transfer of Medicaid files to the PeachCare for Kids® eligibility system was implemented using grant funding from CMS. In the past, Medicaid referred electronic applications when children appeared to be eligible for the PeachCare for Kids® program, but parents still had to reapply with PeachCare for Kids®. In most cases, parents had to provide the same information and verification they already submitted to Medicaid. Electronic verification includes verification codes, pay frequencies and household demographics that do not need to be re-verified. The electronic verification process not only ensured that PeachCare for Kids® staff were able to obtain the information needed to make a program eligibility determination, but also guaranteed that children were referred to the program, ensuring income information consistency.

FY 2013 PeachCare for Kids Payment Distribution by Service Type

Capitation Payments 93.9%
Hospital Services 1.8%
Mental Health Services 0.3%
Physician Services 0.8%
Maternal & Child Health Services 0.8%
Pharmacy Services 0.9%
Other Practitioner Services 1.3%
All Other Services 0.2%

Source: Truven Health Analytics Advantage Suite based on incurred dates July 2012 through June 2013

PeachCare For Kids Average Members and Total Payments by Fiscal Year

Total Payments: 2000 $51; 2001 $116; 2002 $171; 2003 $212; 2004 $263; 2005 $273; 2006 $310; 2007 $432; 2008 $346; 2009 $305; 2010 $302; 2011 $318; 2012 $340; 2013 $393

Average Members: 2000 9; 2001 14; 2002 154; 2003 181; 2004 201; 2005 208; 2006 238; 2007 274; 2008 250; 2009 206; 2010 203; 2011 200; 2012 205; 2013 218

Source: Truven Health Analytics Advantage Suite
*Total Payments include Net Fee for Service Payments to Providers and Capitation Payments to Care Management Organizations (CMOs)
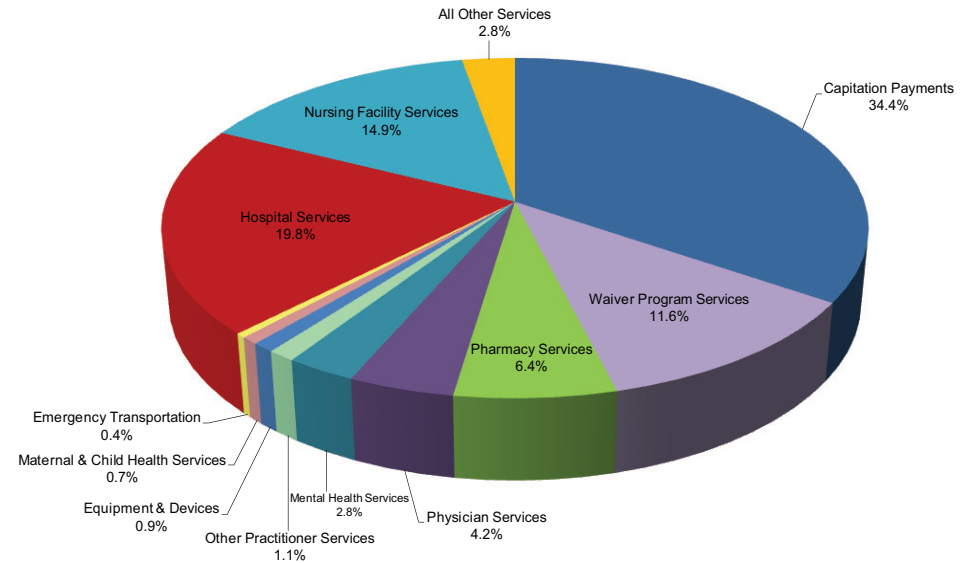
Medicaid

Table of Historical Medicaid Members and Payments by Fiscal Year

Fiscal Year	Members Average	Total Payments	Payment Per Member	% Change in Payment Per Member
1996	1,013,386	$3,125,050,131	$3,084	N/A
1997	999,337	$3,162,117,909	$3,164	2.6%
1998	977,061	$3,043,018,566	$3,114	-1.6%
1999	965,229	$3,226,445,622	$3,343	7.3%
2000	947,054	$3,482,779,560	$3,677	10.0%
2001	996,901	$3,822,786,433	$3,835	4.3%
2002	1,268,225	$4,461,972,245	$3,518	-8.3%
2003	1,260,795	$4,885,865,204	$3,875	10.1%
2004	1,326,909	$6,039,465,103	$4,552	17.5%
2005	1,376,730	$6,311,890,515	$4,585	0.7%
2006	1,390,497	$6,280,193,139	$4,517	-1.5%
2007	1,283,940	$6,155,158,918	$4,794	6.1%
2008	1,268,661	$6,371,942,440	$5,023	4.8%
2009	1,353,191	$6,703,774,787	$4,954	-1.4%
2010	1,447,865	$6,954,116,861	$4,803	-3.0%
2011	1,496,881	$7,464,027,216	$4,986	3.8%
2012	1,540,666	$7,813,851,582	$5,072	1.7%
2013	1,588,074	$ 8,047,771,351	$5,068	-0.1%

Source: Truven Health Analytics Advantage Suite based on incurred dates July 1995 through June 2013
*Table includes data for both the Medicaid ABD and Medicaid LIM programs
**Total Payments include Net Fee for Service Payments to Providers and Capitation Payments to Care Management Organizations (CMOs)

FY 2013 Medicaid Payment Distribution by Service Type

All Other Services 2.8%
Capitation Payments 34.4%
Nursing Facility Services 14.9%
Hospital Services 19.8%
Waiver Program Services 11.6%
Pharmacy Services 6.4%
Emergency Transportation 0.4%
Maternal & Child Health Services 0.7%
Equipment & Devices 0.9%
Other Practitioner Services 1.1%
Mental Health Services 2.8%
Physician Services 4.2%

Source: Truven Health Analytics Advantage Suite based on incurred dates July 2012 through June 2013

State Health Benefit Plan

Overview

The Georgia Department of Community Health (DCH) served as the State's administrator of health insurance coverage for state employees, teachers, school system employees and retirees who continued coverage (including annuitants and former employees on extended coverage) and covered dependents. This health coverage is known as the State Health Benefit Plan (SHBP).

SHBP is composed of three plans: the State Employees Plan, the Teachers Plan and the Public Schools Employees Plan. SHBP covered 635,896 lives as of June 2013.

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

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

In FY 13, SHBP offered eligible active employees, annuitants under age 65 and eligible former employees the choice of a Wellness or Standard Plan through these self-insured plan options: 1) Health Reimbursement Arrangement (HRA); 2) High Deductible Health Plan (HDHP); and 3) Health Maintenance Organization (HMO) Plans.

Georgia's SHBP Wellness Plan Options, when combined, became the largest in the nation.

Structure of SHBP

Within the Division, there were six primary operating units:

- Plan Management developed the Benefit Plan and designed the Plan documents, which contained the terms and conditions of the SHBP. The unit was responsible for the negotiation of vendor contracts and compliance.
- Medical Management provided oversight of the vendors' performance of services for clinical programs including, but not limited to: utilization management, case management, disease management, behavioral health, wellness and pharmacy management and the overall quality of these services.
- Communications provided information to employers and members of the Plan's benefits, eligibility, policies and procedures.
- Employer Services assisted participating employers with information and training about Plan coverage and billing.
- Member Services assisted members with all eligibility matters including changes and premium payment issues.
- Vendor Program Management provided oversight and monitoring of vendor performance, member correspondence and eligibility appeals.

The SHBP operated using a calendar year for its Plan Year.

State Health Benefit Plan

Accomplishments

- Enhanced wellness activities: Conducted 103 SHBP-sponsored flu clinics in partnership with United Healthcare, providing flu shots to 3,809 individuals. A total of 211,757 members completed their online total health assessments.
- Targeted disease-specific screening campaigns:

  Cigna
  - Diabetic Retinal Exam (DRE) initiative — members with diabetes who had not received a DRE were targeted with a mailing. Fifty dollar gift cards were provided to all members who were compliant.
  - The tobacco cessation campaign — provided posters and table tents to large worksites promoting tobacco cessation.
  - Breast cancer campaign — direct informational mailings about the importance of yearly mammograms were sent to members who had not had a screening.

  UHC
  - Pregnancy support program — a $100 gift card went to 50 (of 100) eligible members who enrolled in the first trimester.
  - Tobacco cessation campaign —a $300 gift card was sent to 58 (of 200) eligible members who enrolled and completed tobacco cessation program.
  - Preventive Care Campaign I — $100 gift card went to eligible members per category (breast, colorectal and cervical) who completed specified screening.
  - Preventive Care Campaign II — $100 gift card were given to eligible members per category (breast, colorectal and cervical) who completed specified screening.

- Held Open Enrollment and the Retiree Option Change Period: members enrolled in their health coverage from October 9, 2012, through November 9, 2012. Coverage became effective January 1, 2013.
- Held retiree meetings across the State: an estimated 6,200 members attended.
- Monitored vendor contact activity: SHBP monitored 377 vendor calls; responded to 653 telephone inquiries, 1,774 emails and 1,875 letters; and conducted 811 formal appeals through Vendor Management.
- Subrogation savings: SHBP recovered a total of $2,779,324 in gross savings, and $1,911,144 in net savings.
- A major initiative to further support SHBP's focus on wellness was the launch of AHealthierSHBP.com, the virtual home of the SHBP's Wellness Learning Center for all SHBP members. The website went live on January 1, 2013.

- The website was designed to encourage SHBP members to become more engaged in their health and well-being through interactive online health education modules. The modules assisted members in making better, smarter and more informed health care decisions; increased the use of preventive care services and wellness programs; and emphasized the importance of goal-setting and compliance with those goals.

FY 2013 Table of State Health Benefit Plan Covered Lives*

Category	Total Members	Employee & Retiree Members	Dependent Members
State Employees - Active	106,181	55,687	50,494
State Employees - Retired	48,310	33,033	15,277
Certificated School Personnel - Active	251,998	102,665	149,333
Certificated School Personnel - Retiree	73,313	50,711	22,602
Noncertificated School Personnel- Active	134,461	66,969	67,492
Noncertificated School Personnel - Retiree	28,740	20,820	7,920
Contracts/Board Members	2,058	1,290	768
COBRA Members	3,212	2,773	439
TOTAL	648,273	333,948	314,325

Source: Truven Health Analytics Advantage Suite based on incurred dates July 2012 through June 2013
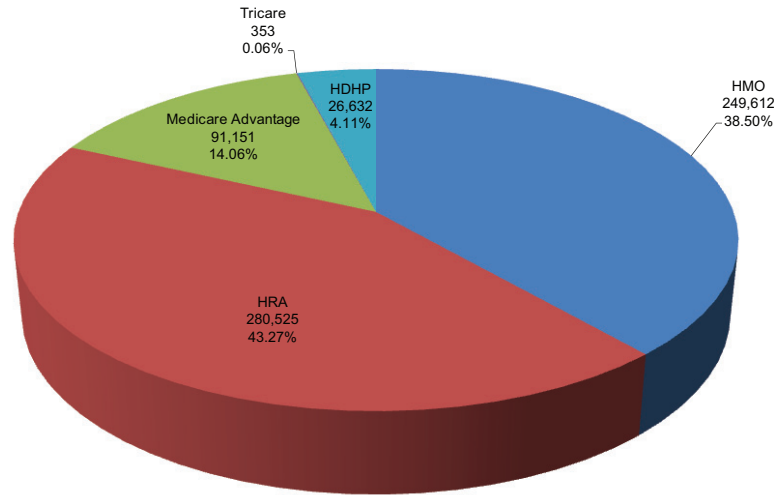
*Member counts reflect average enrollment

State Health Benefit Plan

FY 2013 State Health Benefit Plan Members* by Plan Type

Source: Truven Health Analytics Advantage Suite based on incurred dates July 2012 through June 2013
*Member counts reflect average enrollment

FY 2013 State Health Benefit Plan
Members by Plan Type

Plan Type	Members*
HMO	249,612
HRA	280,525
Medicare Advantage	91,151
Tricare	353
HDHP	26,632
TOTAL	648,273

FY 2013 State Health Benefit Plan Members and Expenditures[1]

Measures	SHBP
Members Average[2]	648,273
Member Months	7,779,279
Net Payment	$2,488,724,962
Providers	261,047
Claims Paid	14,545,262
Capitation Amounts[3]	$10,491,434
Healthcare Reimbursement Amount	$90,538,383
Total Payments[4]	$2,589,754,779
Payments Per Member	$333

Source: Truven Health Analytics Advantage Suite, based on incurred dates July 2012 through June 2013.
[1]The State Active group also includes the Contract Active group. The State Retiree group also includes the Contract Retiree group. The Teacher Active Group also includes the County Government Active group. The COBRA group includes COBRA Continuees and Surviving Spouse/Dependents from Each Employees Type group.
[2]Member counts reflects enrollment for the Fiscal Year, July 2012 through June 2013.
[3]Includes Cigna Capitation Amounts only.
[4]Includes Net Payments, Health care Reimbursement Amount, and Capitation Amounts.

Healthcare Facility Regulation

Overview

The Healthcare Facility Regulation (HFR) Division of the Georgia Department of Community Health (DCH) served Georgia residents through its administration of the state's Certificate of Need (CON) program and oversight of statewide healthcare facilities.

HFR's Office of Health Planning administered Georgia's (CON) Program requiring health care providers to obtain a CON before offering statutorily defined new institutional health services. In other situations, Health Planning issued Letters of Determination to provide guidance on the applicability of CON rules for proposed projects and Letters of Non-Reviewability (LNR) for facilities or services not required to be reviewed under CON rules.

Health Planning conducted annual surveys of CON-regulated facilities and providers to obtain utilization and financial data for health planning and the CON review process. It also conducted architectural plan reviews and site inspections for major renovations and construction projects in hospitals, nursing homes and ambulatory surgery centers. Additionally, Health Planning administered the Patient's Right to Independent Review Program that gave members of health maintenance organizations and other managed care plans the right to appeal an insurer's decision denying coverage for medical services.

HFR's Office of Healthcare Facility Licensing inspected and licensed more than 20 types of health care facilities and services, such as hospitals, nursing homes, assisted living facilities, personal care homes and drug abuse treatment and education programs. HFR certified various health care facilities to receive Medicaid and Medicare funds through contracts and agreements with the Centers for Medicare & Medicaid Services (CMS) and the Food and Drug Administration (FDA) of the U.S. Department of Health and Human Services (HHS).

In FY 2013 HFR provided ongoing monitoring of licensed health care facilities to ensure compliance with rules promulgated by DCH. HFR reviewed and issued decisions to facilities' requests for waivers or variances to these rules. Further, HFR investigated reports of unlicensed facilities, complaints against licensed facilities, adverse events and incidents reported by citizens and the facilities themselves.

Accomplishments

- During FY 13, Health Planning received 79 CON applications, 264 LNRs and Letters of Determination. The office sent 1,381 health planning surveys to regulated facilities and providers and collected and deposited $3,218,918 into the Indigent Care Trust Fund from adjustment payments to offset shortfalls in indigent and charity care commitments. The unit conducted 195 plan reviews and 105 inspections at facilities under construction; 57 appeals were submitted for review by an independent review organization.

- Health Care Facility Licensing regulated nearly 15,000 facilities, providers and registrants in FY 13. The unit issued 580 licenses for new health care businesses in Georgia and conducted 3,482 routine inspections and 474 initial inspections. Healthcare Facility Licensing also responded to 2,492 complaints against licensed facilities and 8,370 incident reports filed by licensed providers. The unit drafted and presented rules and regulations for personal care homes and the electronic payment of fees.

- HFR planned and developed a system for electronically capturing and disseminating healthcare facility Plans of Correction; completed the system design and implemented organizational processes for Health care Facility Licensing's document management system which will result in more easily accessible electronic versions of program files; and enhanced the public's access to health care facility information through HFR's award-winning GaMap2Care® online mapping and query tool.

Health Information Technology

Overview

During FY 13, the Division of Health Information Technology (Health IT) continued its mission to advance the use of health information technology throughout Georgia to reduce health care disparities, improve health outcomes, increase the efficiency of health care delivery, and reduce overall health care costs. Health IT's objectives included:

- Closing the patient information gap across care settings. The Georgia Health Information Network (GaHIN) is a Network of Networks model, connecting thousands of healthcare organizations and hundreds of thousands of clinicians and patients. The statewide health information exchange (HIE), which began in 2012 with GeorgiaDirect, enabled critical patient care information-sharing between unaffiliated providers and hospital systems. Georgia Medicaid became the first state agency and member to connect to GaHIN, bringing approximately 1.8 million citizens and more than 50,000 healthcare providers to the network. These care providers now have a more complete medical history of their patients by supplying a longitudinal view of medical and pharmacy claims data, as well as the Continuity of Care Document (CCD) available across the network.

- Increasing awareness and participation in the Medicaid Electronic Health Records (EHR) Incentive Program. Health IT increased outreach efforts to encourage all eligible Medicaid providers to begin the application process for the Georgia Medicaid EHR Incentive Program. Providers have until 2016 to start their Year 1 application to participate in the free, voluntary, 100 percent federally funded program that provides incentive payments to Eligible Hospitals (acute care, critical access and children's hospitals) and Eligible Professionals (physicians, nurse practitioners, certified nurse-midwives, dentists and physician assistants) who adopt, implement, upgrade or demonstrate Meaningful Use of certified EHR technology. This is a critical step towards providing improved coordinated care for Georgia patients.

- Capacity building and health IT innovation. The Georgia Department of Community Health (DCH) distributed nearly $6 million in capacity building and health IT innovation grants and contracts to support provider connectivity and statewide network advancement.

Accomplishments

Georgia Statewide HIE Network

In FY 13, Health IT launched Georgia ConnectedCare, an innovative GaHIN technology solution that offered health care providers the ability to securely find a patient's complete health record directly through their respective EHR system. Connected providers could query the health information network to obtain critical health data that other providers share about the patient such as allergies, prescribed medications, recent tests and lab results. With Georgia ConnectedCare, providers also met various reporting requirements, complied with Meaningful Use Stages 1 and 2 and satisfy data needs associated with accountable care organizations, patient centered medical homes and much more. Georgia ConnectedCare also improved the delivery of long-term and preventative care, and communication between providers and clinical decisions.

Medicaid EHR Incentive Program

Through the Division of Heath IT, DCH continued its administrative oversight of the Medicaid EHR Incentive Program, including eligibility, registration and attestation for the distribution of incentive payments to eligible Medicaid providers. The 100 percent federally funded payments were made to eligible professionals and eligible hospitals that adopted, implemented or upgraded certified EHR technology and were able to demonstrate improved patient care and reduced health care costs. Since the launch of Georgia's program in September 2011 through June 2013 (partial year FY 13), DCH disbursed more than $75 million into the Georgia economy through federally funded incentive payments to more than 1660 eligible Medicaid health care professionals and 110 eligible hospitals.

Communications

Overview

The Office of Communications served as the internal and external outreach arm of the DCH. The office responded to the department's diverse communications needs.

The office developed and managed various program promotional campaigns; maintained the department's public website and the employee Intranet; and developed and implemented collateral and branding/graphics standards. Communications handled all media inquiries, speechwriting for DCH leadership, as well as collecting news clippings and preparing media summaries.

During FY 2013, Communications wrote and distributed more than 15 news releases/advisories and responded to more than 420 media inquiries. Media interest focused on HFR, SHBP and Medicaid issues with requests received from state, regional and national media outlets.

Communications continued to produce DCHNOW, a monthly email publication for DCH staff. The office published seven editions of DCH-i, the agency's external newsletter to keep the more than 55,000 stakeholders, providers, legislators and other interested Georgians informed about the latest news from DCH. Communications created and published a newsletter targeted to SHBP members, benefit coordinators and payroll locations. In addition, a newsletter for ICD-10 encouraging providers comply was issued regularly to support the agency's educational outreach.

Communications reorganized the agency's website for greater user accessibility. The site was migrated to the new Drupal platform as part of a statewide agency website conversion. To enhance technical accessibility for people with disabilities, the website was made Section 8 compliant. In addition, the webmaster led a project with Georgia State University students to bring the site up to date and attract younger users. Communications also maintained its current Intranet site while training on and developing a future site.

Financial Management

Overview

In FY 13, the Financial Management Division provided financial support to the Georgia Department of Community Health (DCH). Four sections performed the division's work: Financial and Accounting Services, the Budget Office, the Office of Planning and Fiscal Analysis and Reimbursement Services.

Financial and Accounting Services

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

The Budget Office

The Budget Office developed, requested, maintained and monitored the Department's budget. During budget development, the Budget Office partnered with the Office of Planning and Fiscal Analysis to develop financial projections for the Medicaid, PeachCare for Kids® and State Health Benefit Plan (SHBP) programs. In addition, the Budget Office, supported by the Financial and Accounting Services section, ensured funding was available for departmental operations before liabilities were incurred.

The Office of Planning and Fiscal Analysis

The Office of Planning and Fiscal Analysis performed internal and external data requests and financial projections for the Medicaid, PeachCare for Kids® and State Health Benefit Plan (SHBP) programs, provided routine data reports to support programmatic monitoring by policy staff and coordinated with the Financial and Accounting Services section to perform payment reconciliation between claims data and the accounting interface with third-party administrators.

Reimbursement Services

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

Office of General Counsel

Overview

In FY 13, the Office of General Counsel provided legal guidance and support to the Commissioner, the Board of Community Health and all divisions and offices of the Department. The office prepared contracts; drafted and monitored proposed legislation; analyzed and researched health care policy issues and state and federal laws; provided support in various administrative and judicial cases; processed open records requests; and prepared policies, resolutions, rules and regulations for the Department, including Medicaid and the State Health Benefit Plan. It also monitored compliance with HIPAA Privacy and Security, provided guidance about ethics and regulatory compliance, and administered the Georgia Open Records Act. The office also handled administrative hearings before the Office of State Administrative Hearings (OSAH) and its internal Hearing Officer designated by the Commissioner.

The office maintained a close working relationship with the Governor's Office, the Attorney General's Office, and its sister agencies, the Department of Behavioral Health and Developmental Disabilities (DBHDD), the Department of Human Services (DHS) and the Department of Public Health (DPH), to ensure an open line of communication supporting DCH's programs, goals and missions. Four sections in the office carried out the mission of the department:

- Legal Services
- Contracts Administration
- Privacy, Security and Ethics Compliance
- Open Records

From July 1, 2012, to June 30, 2013:

- The Legal Services section received approximately 824 member and provider appeals.

- The Contracts Administration section responded to the contract needs of every division and office in the Department. Contracts Administration coordinated with program staff, DCH leadership and vendors to execute approximately 62 contracts, including amendments.

- The Privacy Security and Ethics Compliance section developed and led the "Refreshed and Ready" training program, during which 100 percent of DCH workers, including DCH employees and contractors, completed online training about targeted DCH policies and procedures.

- The Open Records section received and responded to approximately 396 requests for records in FY 13 pursuant to the Georgia Open Records Act. A staff attorney was designated as the DCH Open Records Officer.

Information Technology

Overview

In FY 13, the Office of Information Technology (IT) was composed of four business units:

- **The Medicaid Management Information System (MMIS) unit**, which supported the various systems used for processing, collecting, analyzing and reporting information needed for all Medicaid and PeachCare for Kids® claim payment functions.
- **The SHBP unit**, which supported the Membership Enrollment Management System (MEMS) providing health insurance coverage to SHBP members.
- **The Information Technology Infrastructure (ITI) unit**, which executed End User Computing for the entire agency; and
- **The Information Technology Security unit**, which ensured security compliance for DCH systems.

Accomplishments

Medicaid Management Information System (MMIS)

Georgia MMIS (GAMMIS), the most complicated and important IT project in the state, began live operations on November 1, 2010. Since then the GAMMIS team has managed numerous federal and state required system modifications and enhancements as well as scheduled maintenance system. The GAMMIS team also provided project oversight for the initiation and planning phases of several large federally mandated projects such as 5010, ICD-10 and Eligibility.

The team will continue to support these projects for the design, development and implementation (DDI) phase through project oversight inclusive of resources management, project management and providing subject matter expertise to meet the following deadlines:

- 5010 Compliance — January 1, 2012
- ICD-10 — October 1, 2015
- New Eligibility System — January 1, 2014

The State Health Benefit Plan (SHBP) IT

The State Health Benefit Plan (SHBP) IT supported the Membership Enrollment Management System (MEMS), providing health insurance coverage to SHBP members. For FY 13, SHBP IT:

- Completed numerous requests for updates, changes and implementations.
- Worked with an outside vendor to audit fall 2012 Open Enrollment/Retiree Option Change Period issues.
- Implemented a new billing methodology (Direct Bill) for the 571 Board of Education and Library payroll locations.
- Initiated Brosix Instant Messaging to the SHBP Call Center.

Information Technology Infrastructure (ITI)

The ITI Network Support team continued to facilitate the agency's IT needs.

This included constant support with File Transfer Protocol (FTP) sites and SharePoint sites when migrated to the new SharePoint server. Both iPads and Airwatch were introduced to staff along with other devices. The team continuously upgraded BlackBerry phones and air cards and provided end user support by equipping new employees, installing software and adding shared drives to the network.

Information Technology Security

The Office of Information Security (OIS) managed risks to the Department's business missions and day-to-day operations by providing security, governance, oversight and ensuring organizational compliance with state and federal laws, regulations, policies and standards.

Office of Inspector General

Overview

The Office of Inspector General (OIG) safeguarded the integrity of DCH from risk internally and externally. Detecting fraud, waste and abuse was the office's clear charge.

The OIG rigorously reviewed, investigated and audited Medicaid providers and recipients to uncover criminal conduct, administrative wrongdoing, poor management practices and other waste, fraud and abuse. OIG also reviewed SHBP, HFR and other offices at DCH.

Additionally, the office provided Department oversight, audit and provider enrollment certification services. In FY 13, the office had four units:

- Program Integrity — Monitored Medicaid providers and members
- Internal Investigations — Examined allegations of fraud, waste and abuse by DCH employees, contractors, sub-contractors and vendors
- Provider Enrollment — Reviewed, evaluated and processed all applications for supplier and facility enrollment in Georgia Medicaid and PeachCare for Kids®
- Office of Audits — Conducted internal and external audits and reviews

In FY 13, OIG was involved in recovering $35,864,225.79, including overpayments to Medicaid providers, members and global settlements. These monies collected were actual recoveries. OIG opened more than 1,300 new Medicaid and PeachCare for Kids® cases and referred 25 cases to the Georgia Medicaid Fraud Control Unit. There were 1939 cases closed in FY 13.

Legislative & External Affairs

Overview

In FY 13, the Office of Legislative & External Affairs was DCH's primary point of contact for all activities with the Georgia General Assembly and the annual Legislative Session. During the session, the DCH legislative office analyzed bills and shaped legislative strategies about Medicaid, PeachCare for Kids®, SHBP, Public Health, HFR and health care in general.

The external affairs function served as a liaison to government officials, lobbyists, consultants, associations, patient advocacy groups and health-related organizations to support departmental initiatives and programs. The office developed and maintained effective working relationships with legislative and advocacy groups on a local, state and national level. The office advised, coordinated and directed internal policies on legislative and political issues affecting DCH. Also, the office coordinated the implementation of legislation by reviewing newly enacted legislation for provisions that affected DCH.

The Office of Constituent Services (OCS) within Legislative & External Affairs assisted in providing customer service for Georgia's Medicaid program. OCS interacted daily with members, providers, legislators and others to help people understand the Medicaid program and the Department's business functions as a whole. OCS responded to thousands of calls, emails, letters, faxes and inquiries about the Medicaid program.

Operations

Overview

Throughout FY 13, Operations primarily focused its efforts on improving the quality and efficacy of service to its external and internal customers. These improvements were effectuated by developing and implementing process improvements in its administrative areas such as the Office of Human Resources, Office of Procurement Services Vendor/Grantee Management and Support Services that allowed for shortened process times for requests, removal of duplicative or superfluous procedures to streamline activities and the identification of systematic workflows to improve efficiency. These administrative offices supported each of the agency's divisions as well as the stakeholders that assisted the Department in improving the health status of Georgians. Further, the programmatic offices within Operations continued its mission to provide essential services to the uninsured and underinsured through the agency's Breast Cancer License Tag Program.

The State Office of Rural Health (SORH)

The SORH received $4,556,312 in state funding and $4,829,398 in federal funding for FY 2013. The SORH linked Georgia's 109 rural counties with state and federal resources to develop long-term solutions to address health care delivery issues and improve health status. The focus for FY 13 funding was on building regional rural health systems, supporting rural hospitals, increasing services for migrant health clinics, placing physicians and allied health professionals in underserved communities, and identifying creative ways to make health care more accessible in Georgia's underserved rural and urban areas. The SORH facilitated improved access to primary health care in all underserved areas of Georgia by using education, information, technology and collaboration among the multi-levels of health providers.

Programs included Federally Qualified Health Center Start Up, Area Health Education Centers, Health Professional Shortage Designations, J1 Visa Waiver Programs, the National Health Service Corps, Georgia Breast Cancer Tag Program, Erlanger Air Ambulance Project and the Georgia Farm Worker Health Program, which provided cost-effective, culturally appropriate primary health care through clinical sites that focused on meeting basic health needs.

Office of Procurement Services and Grants Administration

Procurement Services utilized strategic sourcing to procure quality goods and services at the lowest reasonable cost and for the best value. In FY 13, Procurement Services managed 16 procurements with an estimated value of $113 billion; and generated an estimated $141 million in savings or cost avoidance, through competitive bids and negotiated pricing. The Office responded to more than 75 Open Records Requests, and successfully withstood six protest challenges to competitive bids. State Purchasing approved 12 special requests, including increased delegated purchasing authority for three staff. DCH, as one of Georgia's largest state agencies, ranked 10th in marketplace spending ($72,407,107) for purchases totaling less than $25,000.

During FY 13, the Office successfully managed a project load of 89 grants, totaling $19,480,306 in state, federal and in-kind matching funds. In conjunction with DCH business owners, the Office worked to develop performance based deliverables for all grant awards. In FY 13, the Office initiated 31 grants, with a cumulative value of $6,724,331; and executed 22 grants, totaling $4,196,542. The Office awarded two Competitive Grants to improve access to health care in underserved areas. The Federally Qualified Health Center (FQHC) Development and Expansion Grant targeted the development and expansion of new and/or existing FQHCs; and the Medicare Rural Hospital Flexibility (FLEX) Grant targeted the provision of technical assistance to Critical Access Hospitals to improve hospital operations and financial performance. Both efforts were designed to ensure sustained local hospital care for rural communities.

Attached Agencies

During FY 2013, the following two administrative agencies were attached to DCH:

Georgia Composite Medical Board

The Georgia Composite Medical Board (GCMB) licensed and regulated physicians, physician's assistants, respiratory care professionals, acupuncturists, perfusionists, auricular detoxification specialists, paramedics and cardiac technicians. The Board also maintained a comprehensive database that offered public access to information about licensed physicians in the state. Twelve physicians and one consumer representative served on this Board.

Georgia Board for Physician Workforce

The 15-member Georgia Board for Physician Workforce (GBPW) monitored and evaluated the supply and distribution of physicians by specialty and geographic location to identify underserved areas of the state. GBPW also developed medical educational programs through financial aid to medical schools and residency training programs.

Appendix

Below is a list the auxiliary charts and maps for the FY 2013 Department of Community Health Annual Report. To access the charts and maps, please log on to https://dch.georgia.gov/annual-reports.

- MEDICAID MEMBERS AVERAGE BY COUNTY MAP
- MEDICAID NET PAYMENTS AND CAPITATION AMOUNT BY COUNTY MAP
- PEACHCARE FOR KIDS® AVERAGE MEMBERS BY COUNTY
- PEACHCARE FOR KIDS® NET PAYMENTS AND CAPITATION AMOUNTS BY COUNTY MAP
- SOURCES OF REVENUE - INDIGENT CARE TRUST FUND
- SHBP AVERAGE MEMBERSHIP BY COUNTY
- SHBP PAYMENTS BY COUNTY