

# Annual Report

The Georgia Department of Community Health

2004



# GEORGIA DEPARTMENT OF COMMUNITY HEALTH 2004 Annual Report

**Tim Burgess, Commissioner**

## **Overview**

The Georgia Department of Community Health (DCH) is involved in planning, purchasing and regulating health care in the state. Since its inception in 1999, the department's purposes have included the following:

- Serving as the lead planning agency for health issues in Georgia;
- Maximizing the state's health care purchasing power;
- Maximizing administrative efficiency in state health care programs;
- Developing a better health care infrastructure throughout Georgia which improves access and coverage; and
- Promoting a healthy lifestyle for all Georgians.

## **Mission**

DCH is committed to improving the health of all Georgians through health benefits, systems development and education.

## **Vision**

DCH will be a national leader for innovative health planning, promotion, program and services to improve community health.

## **Roles and Responsibilities**

- Insuring over 2.5 million Georgians.
- Administering a budget that exceeds \$8 billion.
- Coordinating health planning for state agencies.

The department must ensure quality health care services for a diverse population, including the following:

- Members of the State Health Benefit Plan:
  - Public school teachers
  - Retirees
  - State employees
  - Public school employees
  - Contract Groups
  - Eligible dependents
- Children covered under the PeachCare for Kids Program
- People covered under Medicaid, including those who are:
  - Aged
  - Low income
  - Disabled

**The Board of Community Health** is a nine-person board appointed by the Governor and confirmed by the Senate, which has policy-making authority for the department. Board meetings are held monthly.

At the end of Fiscal Year (FY) 2004, the Board of Community Health members included:

- Carol Fullerton - Albany, Chairman
- Richard Holmes - Atlanta, Vice Chairman
- Kent "Kip" Plowman - Augusta
- Stephanie Kong, M.D. - Atlanta
- Frank Rossiter, M.D. - Savannah, Secretary
- Lloyd Eckberg - Thomasville
- Joyce Blevins - Thomson

## COMPONENTS OF THE DEPARTMENT

### **Division of Medical Assistance**

The Division of Medical Assistance administers the Medicaid program, which provides health care for people who are aged, blind, disabled or indigent. The division also administers PeachCare for Kids, the State Children's Health Insurance Program (SCHIP), as well as the Disproportionate Share Hospital (DSH) Program and Indigent Care Trust Fund (ICTF). Other Medicaid programs include: Georgia Better Health Care, home and community-based services and non-emergency transportation. In FY 2004, the division spent approximately \$8 billion to provide services for 2.5 million Georgians.

### **General Counsel Division**

The General Counsel Division provides overall legal guidance and direction for the department; drafts and reviews contracts, requests for proposal and other procurement documents; provides legal services for all aspects of the State Health Benefit Plan, Medicaid and PeachCare for Kids; develops policies and procedures for compliance with federal and state privacy and public records requirements and drafts rules, public notices, regulations and policies for consideration by the Board of Community Health.

The division is also responsible for administering the Certificate of Need (CON) Program. Created by statute, the CON Program contains health care costs by avoiding unnecessary duplication of services, facilities or equipment. Decisions made are based on applicable rules and methodologies for expanding health care facilities and services. The Office of General Counsel provides staff support for the Health Planning Review Board, an administrative review board appointed by the Governor for CON decisions.

In addition, the division's Health Planning Section collects and analyzes data and is responsible for the work of and for staff support to the Health Strategies Council. This 27-member council, appointed by the Governor, develops plans and regulatory criteria for health care services.

Finally, the division is also responsible for the department's efforts to detect, prevent and investigate fraud and abuse in Medicaid, PeachCare for Kids and the State Health Benefit Plan through its Program Integrity Section.

### **State Health Benefit Plan Division**

DCH administers the State Health Benefit Plan (SHBP), which provides health insurance coverage to state and school system employees, contract groups, retirees and eligible dependents. Within DCH, the SHBP division is responsible for the day-to-day management of the SHBP operations. At the end of FY 2004, SHBP covered 633,731 lives.

- **Operating Units** - Within the division, there are seven operating units. Their responsibilities include the following: processing member eligibility transactions, assisting employer groups, processing member appeals, reviewing vendor performance and clinical standards, enforcing contract compliance among vendors, managing the annual enrollment/change period and conducting member educational programs and health benefit plan design.

### **Managed Care and Quality Division**

The Managed Care and Quality Division is responsible for establishing and directing the managed care efforts of the department. These efforts include planning for the transition of a large proportion of the current Medicaid program into a managed care environment.

### **Health Improvement Programs**

The department also administers four Health Improvement Programs dedicated to wellness, prevention and healthy improvement of various populations, both geographic and homogeneous. The programs are as follows:

- **The Office of Rural Health Services** works to improve access to health care in rural and underserved areas to reduce health status disparities across Georgia.
- **The Office of Minority Health** works to eliminate the disparity in health status between minority and

- non-minority populations.
- **The Office of Women's Health** serves as a clearinghouse for women's health information.
- **The Georgia Commission on Men's Health** recommends ways to promote the benefits of regular checkups, preventive screening tests and healthy lifestyle practices for men.

### **Division of Financial Management**

The Division of Financial Management represents the department's financial interests when working with the Governor's Office, General Assembly, Board of Community Health, the Centers for Medicare and Medicaid Services and other stakeholders. The division is comprised of the Office of Planning and Fiscal Analyses, Financial and Accounting Services, Reimbursement Services and the Budget Office.

Other DCH divisions are as follows:

### **Information Technology**

The Project Management Office (PMO) is responsible for promoting project management standards throughout the DCH. As a centralized support function, staff serve as managers for projects with Information Technology components by assisting DCH management in the planning, development and implementation of health care initiatives. The Office of Information Technology (IT) provides technical support at both the desktop and network levels for all the divisions within DCH.

The Medicaid Management Information Systems (MMIS) unit supports the various systems used for the processing, collecting, analyzing and reporting of information needed to support all Medicaid and PeachCare for Kids claims payment functions. The MMIS consists of all federally required subsystems as specified by the Centers for Medicare and Medicaid Services within the U.S. Federal Department of Health and Human Services.

### **Legislative and External Affairs**

The Office of Legislative Affairs serves as the department's primary point of contact for all activities related to the Georgia General Assembly and the annual Legislative Session. During each session, the DCH legislative unit analyzes bills that affect Medicaid, State Health Benefit Plan and health care in general. The Legislative and External Affairs Unit also is responsible for ensuring the passage of the department's legislative agenda each year.

The Office of Community Affairs (OCA) assists DCH in providing customer service for Georgia's Medicaid program. OCA interacts daily with members, providers, legislators, and others as well as helping Georgians understand the Medicaid program and the department's business functions as a whole. OCA responds to thousands of calls, emails, letters, faxes and inquiries relating to the Medicaid program. This unit also assists community-based health systems in providing access to care to Georgia's uninsured.

### **Operations Divisions**

The Operations Division consists of the following units:

- The Administrative Services Unit has three subunits which are Contract Administration, Vendor Management and Support Services.
- The Audits Unit conducts and oversees internal and external audits.
- The Communications Unit is responsible for media and public relations as well as Web site management.
- The Human Resources Unit provides internal and external employment services for state employees and constituents. This unit sponsors the annual Charitable Contributions Program which is a Governor's initiative to raise funds for charities and non-profit organizations through donations from state employees.
- The Vendor Operations for Affiliated Computer Services (ACS) is a group of experts who provide support with managing the agency's Medicaid fiscal agent, ACS.

In addition, the following three administratively attached agencies are housed in DCH:

### **Composite Board of Medical Examiners**

The Composite Board of Medical Examiners licenses and regulates physicians, physician's assistants, respiratory care professionals, acupuncturists, perfusionists, auricular detoxification specialists, paramedics and cardiac technicians. The Composite Board also maintains a comprehensive database that offers public access to information about licensed physicians in the state. Twelve physicians and one consumer representative serve on this board.

### **Georgia Board for Physician Workforce**

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

### **State Medical Education Board**

The State Medical Education Board (SMEB) administers medical scholarships and loans to promote medical practices in rural areas. Initiatives include the Country Doctor Scholarship and Loan Repayment Programs, which encourage physicians to practice in the state's underserved areas. SMEB has 15 members and publishes a biennial report, submitted directly to the General Assembly.

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### **Auditors' Statements on Annual Reports**

Challenges with the implementation of the Medicaid Management Information System (MMIS) in 2003 resulted in a "disclaimer" on financial statements for FY 2003. To reflect the impact of MMIS errors, DCH conducted extensive claims management payment review to determine fiscal impact and make estimates of receivables and liabilities for the FY 2004 statement.

As a result of those activities and the difficulties involved in reconciliation, independent auditors did not express an opinion on the department's FY 2003 financial statements. Because the balances reported as of June 30, 2003 materially affected the FY 2004 statements of activities, revenues, expenditures and changes in fund balance, the auditors did not express an opinion on those specific FY 2004 subjects. The independent auditors did express an opinion on the department's financial position as of June 30, 2004. The auditors concluded that the department's FY 2004 financial statements fairly present the department's financial position.

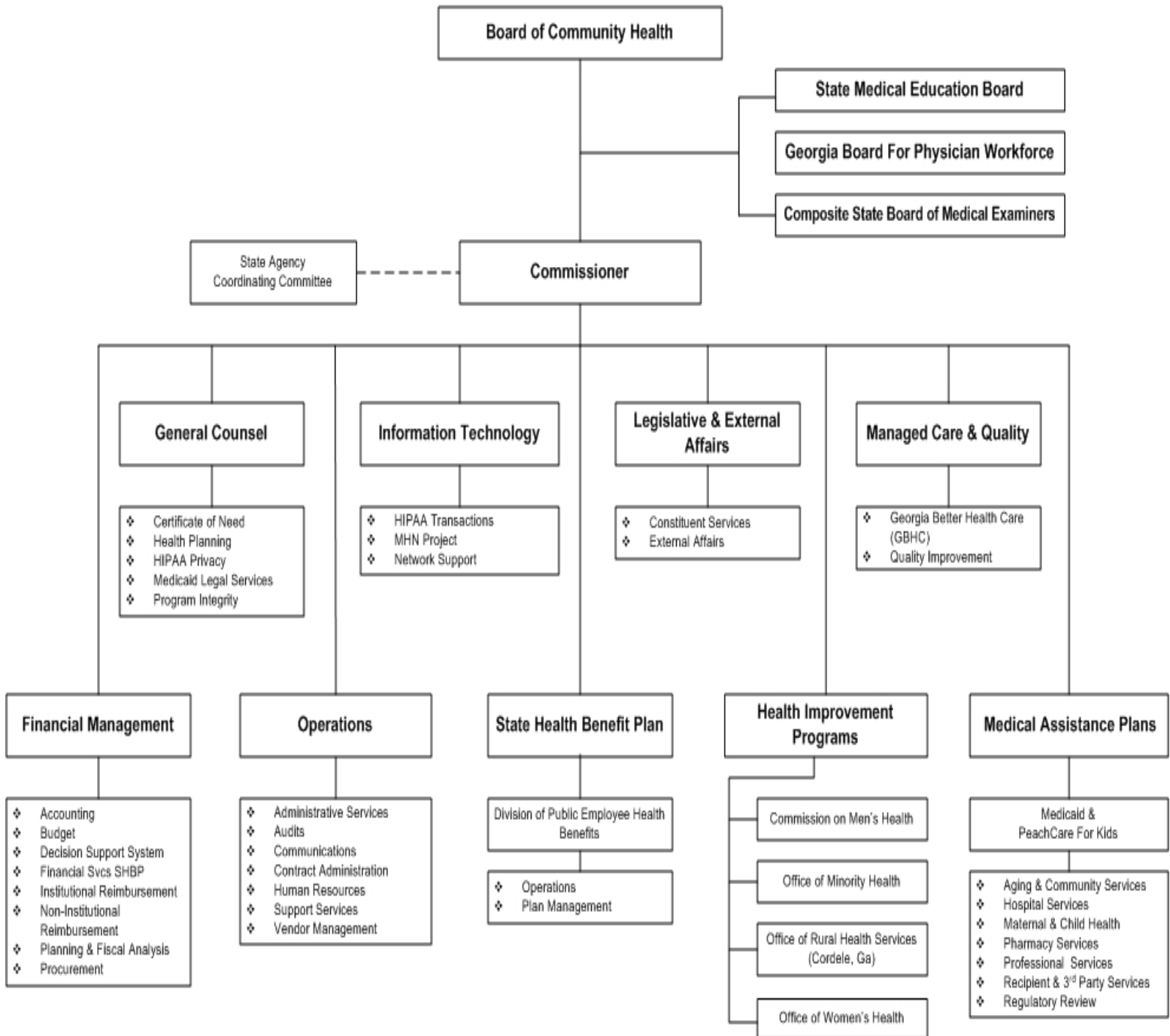
The State Health Benefit Program did receive FY 2004 opinions on all financial statements. The auditors concluded that the SHBP's FY 2004 financial statements were fairly presented.

### **Milestones for the Department in FY 2004**

- The department began exploring a managed care environment for Medicaid members.
- ACS, as the contractor for the Georgia Health Partnership MMIS for processing Medicaid and PeachCare claims, increased the number of claims processed from over 32 million electronic claims submissions, Web, paper and capitation claims in the nine months of tabulation in FY 2003 to over 49 million in FY 2004. The MMIS became the nation's first Web-based, HIPAA-compliant, real-time claims payment system. It allowed providers to perform virtually all Medicaid program transactions through a Web portal.

# DEPARTMENT OF COMMUNITY HEALTH

## FY 2004



<b>FY 2004 DCH Expenditures</b>		
<b>Benefits</b>		
Medicaid*	\$6,417,630,182	
PeachCare for Kids*	\$261,289,775	
Indigent Care Trust Fund	\$491,113,624	
Payments to Nursing Homes	\$241,946,052	
State Health Benefit Plan Payments (Including HMO Premium Payments)	\$1,848,305,329	
	<b>\$9,260,284,962</b>	<b>95.20%</b>
<b>Services Support (Contracts)</b>		
Systems Support	\$70,514,292	
Department of Human Resources Administration Contract	\$95,542,254	
State Health Benefit Plan	\$93,047,707	
Medicaid and PeachCare for Kids Contractual Services	\$128,913,616	
	<b>\$388,017,869</b>	<b>3.99%</b>
<b>Medical Education and Licensing</b>		
Georgia Board for Physician Workforce	\$38,195,240	
State Medical Education Board	\$1,341,846	
Composite State Board of Medical Examiners	\$2,173,736	
	<b>\$41,710,822</b>	<b>0.43%</b>
<b>Health Care Planning and Initiatives</b>		
Health Planning	\$2,124,611	
Rural Health	\$8,259,683	
Minority Health	\$444,985	
Women's Health	\$173,422	
	<b>\$11,002,701</b>	<b>0.11%</b>
<b>Administration</b>		
State Health Benefit Plan Administration	\$5,328,602	
Medicaid and PeachCare Administration**	\$20,953,913	
	<b>\$26,282,515</b>	<b>0.27%</b>
<b>Totals</b>	<b>\$9,727,298,869</b>	<b>100.00%</b>

\*Based on dates of payment and includes claim and non-claim benefit payments.

\*\*Includes rent and utilities, state agency services, telecommunications, accounting and auditing, and other support services.

## **DIVISION OF MEDICAL ASSISTANCE**

### **DCH Quality Program in Nursing Homes**

In FY 2004, DCH collaborated with many partners in the long-term care industry, including nursing homes, the Office of Regulatory Services, the State Ombudsman's Office in the Department of Human Resources and the American Association of Retired Persons, to develop a successful program to measure and monitor quality indicators for improvement. Georgia was able to voluntarily enroll 100 percent of all nursing homes in the state to participate, which has never been done before or since by other states.

The program offered a range of clinical and quality indicators upon which facilities could conduct self-improvement assessments. Each month, a scorecard was produced based on benchmarks and targets for improved care to patients. Significant improvements were made in reducing restraints and pressure sores. An outside consultant conducted family satisfaction surveys to analyze and identify areas that needed improvement. The first two years of satisfaction results indicated that 85 percent of families were satisfied with the care being delivered, and they would recommend their facilities to others. Many other states have replicated the program but none with full-facility participation.

**Description of Medicaid**

Medicaid is a joint federal/state health care assistance program for certain individuals and families with low incomes and resources. Those included in the program are individuals with low incomes, children, pregnant women and people who are elderly, blind or disabled who meet the eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for Georgia's most indigent people.

Medicaid reimburses health care providers for services administered to eligible individuals. People who are eligible for Medicaid receive a card, very similar to anyone else with health insurance, to use for services from participating providers.

The federal government pays the largest share of Medicaid costs. In FY 2004, for every dollar of state funds, Georgia drew down \$1.67 in federal-matching funding. The state's Medicaid program receives varying levels of federal reimbursement for different services and functions. For example, the federal government pays 90 percent of the cost for family planning and almost 60 percent for most other benefits. Computer costs are 75 percent federally funded and other administrative costs received 50 percent federal funding.

The chart below summarizes FY 2004 Medicaid and PeachCare for Kids benefit figures:

<b>TOTALS</b>	
Total Members*	1,938,739
Total Patients	1,616,219
Total Expenditures	\$6,678,919,957
Expenditures Per Member	\$3,444.98
Expenditures Per Patient	\$4,132.43
Providers with Paid Claims	43,942
<b>MEDICAID</b>	
Total Members*	1,724,445
Total Patients	1,422,773
Total Expenditures	\$6,417,630,182
Expenditures Per Member	\$3,721.56
Expenditures Per Patient	\$4,510.65
Providers with Paid Claims	41,512
Number of Paid Claims	38,397,683
<b>PEACHCARE</b>	
Total Members*	276,536
Total Patients	230,894
Total Expenditures	\$261,289,775
Expenditures Per Member	\$944.87
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Expenditures Per Patient	\$1,131.64
Providers with Paid Claims	23,592
Number of Paid Claims	3,089,186

*\*Members are those who are eligible for and enrolled in the Medicaid or PeachCare for Kids Program. Patients are those members who have received any type of service under these programs.*

*Members and Patients based on dates of service from July 2003 to June 2004, paid through September 2004.*

*Total Expenditures are based on dates of service and include claims and non-claims benefit payments.*

*PeachCare plus Medicaid does not necessarily add to the Totals as members may switch between PeachCare and Medicaid based on eligibility.*

### **Eligibility**

A person must meet the eligibility requirements within one of the following coverage groups to be eligible for Medicaid: the aged (over 65), blind, permanently or totally disabled; pregnant women; children; or parents or caregivers, when they meet income requirements and care for a Medicaid-eligible child. In all cases, the person must meet both the income and resource limits set for his respective coverage group and any established non-financial requirements. Non-financial requirements include criteria such as: age, U.S. citizenship or lawful alien status and Georgia residency.

### **Major Coverage Groups**

- **Supplemental Security Income (SSI) Recipients** - Aged, blind or disabled individuals who receive SSI.
- **Nursing Homes** - Aged, blind or disabled individuals who live in nursing homes and have low incomes and limited assets.
- **Community Care** - Aged, blind or disabled individuals who need regular nursing care and personal services, but who can stay at home with special community care services.
- **Qualified Medicare Beneficiaries** - Aged, blind or disabled individuals who have Medicare Part A (hospital) insurance and have incomes less than 100 percent of the federal poverty level and limited resources. Medicaid will pay the Medicare premiums (A & B), coinsurance and deductibles only.
- **Hospice** – Terminally-ill individuals who are not expected to live more than six months may be eligible for coverage. Recipients must agree to receive hospice services through a Medicaid participating hospice care provider.
- **Low-Income Medicaid** - Adults and children who meet the income standards of the Temporary Assistance for Needy Families (TANF) Program.
- **Right from the Start Medicaid for Pregnant Women (RSM Adults)** - Pregnant women with family incomes at or below 200 percent of the federal poverty level.
- **Right from the Start Medicaid (RSM Children)** – Children from under 1 to 19 years whose family incomes are at or below the appropriate percentage of the federal poverty levels for their age and family size.
- **Medically Needy** - Pregnant women, children, aged, blind and disabled individuals whose family incomes exceed the established income limit may be eligible under the Medically Needy Program (MNP). The MNP allows a person to use incurred/unpaid medical bills to "spend down" the difference between his/her income and the income limit to become eligible.
- **Breast and Cervical Cancer Program** – Uninsured and underinsured women under age 65 who have been screened by the public health department and then diagnosed with either breast or cervical cancer may be eligible for treatment of their condition under Medicaid.
- **Emergency Medical Assistance** - Immigrants, including undocumented immigrants, who would have been eligible for Medicaid except for their immigrant status, were potentially eligible for Emergency Medical Assistance (EMA). This included persons who were aged, blind, disabled, pregnant women, children or parents of dependent children who met eligibility criteria. Services rendered to EMA recipients were limited to emergency care only as described in the Federal Regulations. (1903 (v) of the Social Security Act and the Code of Federal Regulation 42 CFR 440.255).

### **Covered Services**

- Ambulance Services
- Ambulatory Surgical Services
- Certified Registered Nurse Anesthetists
- Childbirth Education Services
- Children's Intervention Services
- Diagnostic, Screening and Preventive Services (health departments)
- Dental Services
- Dialysis Services
- Durable Medical Equipment (DME) Services
- Family Planning Services
- Georgia Better Health Care
- Health Check (Early and Periodic Screening, Diagnosis and Treatment - EPSDT)
- Health Insurance Premium Payment (HIPPP)
- Health Insurance Premiums (Medicare Parts A & B)
- Home and Community-Based Waivers
- Home Health Services
- Hospice Services
- Inpatient and Outpatient Hospital Services
- Intermediate Care Facility for the Mentally Retarded Services
- Laboratory and Radiological Services
- Medicare Crossovers
- Mental Health Rehabilitation Services
- Non-Emergency Transportation Services
- Nurse Midwifery Services
- Nurse Practitioner Services
- Nursing Facility Services
- Oral Surgery
- Orthotic and Prosthetic Services
- Pharmacy Services
- Physician Services
- Physician's Assistant Services
- Podiatric Services
- Pre-Admission Screening/Annual Resident Review
- Pregnancy-Related Services
- Psychological Services
- Rural Health Clinic/Community Health Center Services
- Swing-Bed Services
- Targeted Case Management Services
- Adults with AIDS
- Children at Risk for Incarceration
- Early Intervention
- Perinatal
- Adult and Child Protective Services
- Therapeutic Residential Intervention
- Vision Care Services
- Enhanced Primary Care Case Management, SOURCE (Service Options Using Resources in a Community Environment)

### **Medicaid Services**

DCH works to make health care available and accessible to indigent Georgians while staying fiscally accountable to the state's citizens. A broad range of services addresses the health care needs of those enrolled in the Medicaid program.

**Georgia Medicaid Patients and Expenditures for FY 1994 through FY 2004**

<b>Time Period</b>	<b>Patients</b>	<b>Net Payments</b>	<b>Net Pay Per Patient</b>	<b>% Change Year over Year</b>
FY 1994	1,058,918	\$2,747,463,083	\$2,594.59	N/A
FY 1995	1,135,212	\$3,003,708,266	\$2,645.94	1.98%
FY 1996	1,181,092	\$3,089,570,328	\$2,615.86	-1.14%
FY 1997	1,240,884	\$3,151,030,885	\$2,539.34	-2.93%
FY 1998	1,234,741	\$3,028,628,870	\$2,452.85	-3.41%
FY 1999	1,213,880	\$3,115,622,863	\$2,566.66	4.64%
FY 2000	1,201,669	\$3,343,199,902	\$2,782.13	8.39%
FY 2001	1,270,268	\$3,745,204,923	\$2,948.36	5.97%
FY 2002	1,369,629	\$4,393,856,380	\$3,208.06	8.81%
FY 2003	1,320,980	\$4,808,499,159	\$3,640.10	13.47%
FY 2004	1,422,773	\$5,587,222,638	\$3,927.00	7.88%

*Based on dates of service from July 2003 to June 2004, paid through September 2004, and include claim-based expenditures only.*

<b>MEDICAID PROFILE</b>				
<b>Aid Category Group</b>	<b>Patients</b>	<b>% of Total</b>	<b>Net Payment</b>	<b>% of Total</b>
Breast/Cervical Cancer Screen	2,636	0.19%	\$29,400,633	0.53%
Aged – with (w/) and without Medicare	71,545	5.03%	\$1,042,729,651	18.66%
Blind/Disabled - with and without Medicare	211,393	14.86%	\$2,071,976,358	37.08%
Special Low-Income Medicare Beneficiaries	1,636	0.11%	\$851,399	0.02%
Other Waivers	15,759	1.11%	\$171,371,128	3.07%
Medically Needy	74	0.01%	\$812,304	0.01%
Qualified Medicare Beneficiaries	48,888	3.44%	\$33,882,129	0.61%
Low-Income Medicaid	457,580	32.16%	\$857,950,926	15.36%
RSM Child	609,468	42.84%	\$937,715,878	16.78%
RSM Adult	120,972	8.50%	\$437,234,892	7.83%
Refugee	1,583	0.11%	\$3,297,339	0.06%
	1,422,773	100.00%	\$5,587,222,638	100.00%
<b>By Age</b>				
Under 1 year	172,693	12.14%	\$485,786,991	8.69%
1 to 5 years	331,067	23.27%	\$441,864,044	7.91%
6 to 20 years	488,146	34.31%	\$947,612,644	16.96%
21 to 44 years	272,229	19.13%	\$1,311,094,724	23.47%
45 to 64 years	115,076	8.09%	\$1,080,692,784	19.34%
65+ years	128,919	9.06%	\$1,320,171,450	23.63%
	1,422,773	100.00%	\$5,587,222,638	100.00%
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<b>By Gender</b>				
Male	557,400	39.18%	\$2,028,220,187	36.30%
Female	865,373	60.82%	\$3,559,002,451	63.70%
	1,422,773	100.00%	\$5,587,222,638	100.00%
<b>By Residence</b>				
Rural	572,921	40.27%	\$2,330,195,595	41.71%
Urban	892,358	62.72%	\$3,257,027,043	58.29%
	1,422,773	100.00%	\$5,587,222,638	100.00%
<b>By Race</b>				
Unknown	125,127	8.79%	\$518,885,233	9.29%
White	615,017	43.23%	\$2,756,013,843	49.33%
Black	683,481	48.04%	\$2,222,634,351	39.78%
American Indian/Alaskan	1,200	0.08%	\$4,033,809	0.07%
Asian/Pacific Islander	19,115	1.34%	\$55,239,160	0.99%
Hispanic	15,672	1.10%	\$30,416,242	0.54%
	1,422,773*	100.00%*	\$5,587,222,638	100.00%*

Based on dates of service from July 2003 to June 2004, paid through September 2004, and include claim-based expenditures only.  
 \*Patients do not necessarily sum to total as members may switch between categories.

Below are descriptions of covered services, providers with paid claims recipients and expenditures by category of service.

### **Physician Services**

- Pays for services provided by licensed physicians.
- Over 67.8 percent of all members received services from a physician in FY 2004.
- Physician services accounted for approximately 11 percent of Medicaid benefit expenditures in FY 2004.

<b><i>Physician Services</i></b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Physician Services	23,105	1,170,069	\$598,974,785	\$511.91
<b>Net Payments Subtotal</b>			<b>\$598,974,785</b>	

### **Pharmacy Services**

- The Drug Utilization Review Board recommends medical criteria standards and educational intervention methods for drug utilization review. It also advises DCH about products considered clinically effective for the department's health plans. Pharmacy services cover drugs requiring a prescription, insulin, diabetic supplies and certain nonprescription drugs. However, if a proven, less-expensive treatment known to be safe and effective for most people does not work for an individual, the doctor may wish to change to another more expensive drug. In such a case, a prior authorization may be required to document such a treatment if necessary, depending on the classification of the drug.
- Pharmacy increased its generic utilization in FY 2004 to 50.8 percent over FY 2003 rate of 49.5 percent. The supplemental rebate program was implemented in March 2004 and saved DCH \$12,673,996 in total funds between March 1 and June 30, 2004.
- Pharmacy services accounted for approximately 19 percent of Medicaid benefit expenditures in FY 2004.

<b>Pharmacy Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Pharmacy	2,025	1,109,196	\$1,063,618,661	\$958.91
Pharmacy DME Supplier	1,920	61,559	\$11,486,875	\$186.60
<b>Net Payments Subtotal</b>			<b>\$1,075,105,536</b>	

### **Hospital Services**

- Inpatient hospital services are covered when services cannot be provided on an outpatient basis.
- Most adult inpatient hospital stays and outpatient surgical procedures must be certified prior to admission.
- Outpatient hospital services may include emergency room care, outpatient surgery and clinic services.
- Hospital services accounted for approximately 31 percent of total Medicaid benefit expenditures in FY 2004.

<b>Hospital Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Inpatient Hospital Services	266	241,519	\$1,107,688,210	\$4,586.34
Outpatient Hospital Services	401	745,500	\$597,258,797	\$801.15
<b>Net Payments Subtotal</b>			<b>\$1,704,947,007</b>	

### **Nursing Facility Services**

- Covers institutional care for members whose health conditions are such that they are unable to remain at home or in the community.
- The Department of Human Resources' Office of Regulatory Services regulates nursing home licensing and certain quality measures.
- Accounted for approximately 19 percent of total Medicaid benefit expenditures in FY 2004.

<b>Nursing Facility Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Swing-Bed Hospital Services	34	226	\$326,779	\$1,445.93
Skilled Care in a Nursing Facility	351	40,625	\$946,172,317	\$23,290.40
Skilled Care in a State-Owned Nursing Facility	6	339	\$24,933,234	\$73,549.36
State-Owned Intensive Care for Mental Retardation	12	1,111	\$101,673,941	\$91,515.70
Intensive Care Nursing Facility for Mental Retardation	1	116	\$6,423,669	\$55,376.46
<b>Net Payments Subtotal</b>			<b>\$1,079,529,940</b>	

### **Maternal and Child Health Services**

- Covers prenatal and perinatal care, family planning, pays for children's preventive care through Health Check, helps children with physical and developmental problems and assists children at risk.
- Represented approximately two percent of total Medicaid benefit expenditures in FY 2004.

<b>Maternal and Child Health Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Family Planning Services	118	23,272	\$2,604,961	\$111.94
Health Check Services (EPSDT)	2,717	422,039	\$44,454,365	\$105.33
Pregnancy-Related Services	125	11,731	\$1,045,992	\$89.16
Children-at-Risk Targeted Case	37	7,905	\$2,353,364	\$297.71
Perinatal Targeted Case Management	155	38,572	\$3,729,364	\$96.69
Diagnostic Screening and Prevention	246	95,039	\$5,311,860	\$55.89
Early Intervention Case Management	180	6,041	\$4,719,684	\$781.28
Children's Intervention Services	2,312	20,786	\$46,350,566	\$2,229.89
Childbirth Education Program	18	575	\$13,591	\$23.64
Children's Intervention School	139	17,119	\$14,605,125	\$853.15
<b>Net Payments Subtotal</b>			<b>\$125,188,872</b>	

#### **Other Practitioner Services**

- Includes: physician's assistant services, Health Check dental program for children under 21, adult dental program, vision care, nurse midwifery, oral maxillofacial surgery, podiatry, psychological services, advanced registered nurse practitioners services and licensed clinical social work.
- Represented approximately four percent of total Medicaid benefit expenditures during FY 2004.

<b>Other Practitioner Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Physician's Assistant Services	1,184	100,075	\$8,856,568	\$88.50
Health Check Dental Program (under 21)	1,398	345,229	\$134,987,732	\$391.01
Adult Dental Program	965	56,811	\$19,060,482	\$335.51
Vision Care	842	126,529	\$9,132,648	\$72.18
Nurse Midwifery	213	22,277	\$13,153,778	\$590.46
Oral Maxillofacial Surgery	82	1,195	\$168,726	\$141.19
Podiatry	394	43,355	\$3,374,406	\$77.83
Psychological Services	754	34,961	\$20,241,834	\$578.98
Advanced Registered Nurse Practitioners	2,249	153,830	\$17,258,722	\$112.19
Licensed Clinical Social Work	21	177	\$16,400	\$92.66
<b>Net Payments Subtotal</b>			<b>\$226,251,296</b>	

#### **Mental Health Services**

- Covers a comprehensive range of services provided by outpatient mental health rehabilitative programs.
- People with chronic mental illnesses, mental retardation or substance abuse may receive community-based services, which enable them to continue living independently in the community. Community care is a less-costly alternative to either hospitalization or nursing home care.
- Accounted for approximately two percent of total Medicaid benefit expenditures during FY 2004.

<b>Mental Health Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Community Mental Health Services	446	58,657	\$93,201,632	\$1,588.93
<b>Net Payments Subtotal</b>			<b>\$93,201,632</b>	

**Waiver Services for Home and Community-Based Care**

Waiver services include four home and community-based programs that are covered by Medicaid. These waivers are issued by the federal government and allow exceptions to specific Medicaid requirements. Waivers permit the state to pay for home and community-based services as an alternative to institutional care. Each waiver program offers "core" services including the following: service coordination, personal support, home health services, emergency response systems and respite care. Additional services are available under each program.

Home and community-based alternatives accounted for six percent of the total Medicaid benefit expenditures in FY 2004.

The four home and community-based waiver programs are as follows:

- The **Community Care Services Program** helps aged and disabled people remain in their homes or return to the community from nursing homes.
- The **Mental Retardation Waiver Program** and the **Community Habilitation and Support Services Waiver Program** help people with developmental disabilities and/or mental retardation remain in their own homes or move to a community residential facility to prevent placement in an Intermediate Care Facility for People with Mental Retardation.
- The **Independent Care Waiver Program** helps adult Medicaid members with severe disabilities live in their own homes or in the community instead of a hospital or nursing home.
- Waivered Home Care Services help children who are ventilator-dependent. The children receive in-home care and services.

Other services included the following:

- A demonstration project, SOURCE (Service Options Using Resources in a Community Environment), links primary care with an array of long-term health services in a person's home or community to avoid preventable hospitalization and nursing home care for frail, older or disabled people. In FY 2004, there were eight SOURCE sites, providing services in 129 counties, more than 4,870 people in Georgia.
- Dedicated case management services are used by people needing mental health services and some mental retardation waiver services.
- Georgia Pediatric Program (GAPP In-home Private Duty Nursing; GAPP Medically Fragile Daycare) serves medically-fragile members under the age of 21. Members must be medically fragile with multiple systems diagnoses and require continuous skilled-nursing care to be considered for GAPP services. Members served by GAPP are required to meet the same level of care for their medical condition that requires skilled-nursing care equivalent to the care received in an institutional setting, i.e., hospital or skilled-nursing facility, or admission to a hospital or nursing facility. In FY 2004, a total of 656 members received GAPP services.

<b>Waiver Services for Home and Community-Based Care</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Dedicated Case Management Services	4	11,789	\$12,812,513	\$1,086.82
Community Care Services	449	12,581	\$84,451,067	\$6,712.59
Continued on the Next Page				

Independent Care Waiver Services	100	615	\$26,741,232	\$43,481.68
Mental Retardation Waiver Program	470	7,676	\$137,760,000	\$17,946.85
Community Habilitation and Support	92	1,216	\$53,170,620	\$43,725.84
Waiver Home Care Services	14	162	\$4,926,813	\$30,412.42
SOURCE	144	5,282	\$27,643,516	\$5,233.53
GAPP In-Home Private Duty Nursing	16	257	\$12,715,951	\$49,478.41
GAPP Medically-Fragile Daycare	3	89	\$1,607,799	\$18,065.16
<b>Net Payments Subtotal</b>			<b>\$361,829,511</b>	

### **Emergency Transportation**

- Covers Emergency Ground Ambulance and Emergency Air Ambulance Services, which in FY 2004, accounted for less than one percent of total Medicaid benefit expenditures. The Non-Emergency Transportation total for two vendors was \$65,589,206. Expenditures were \$56,046,022 for Logisticare and \$9,543,184 for Southeastrans respectively. This expenditure is a non-claim based-expenditure and is accounted for in "Total Medicaid Expenditures" (page 5 - \$5,813,756,615) which includes claim-based and non-claim-based expenditures.

<b><i>Emergency Transportation</i></b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Emergency Ground Ambulance Services	191	83,837	\$20,408,992	\$243.44
Emergency Air Ambulance Services	7	410	\$1,104,406	\$2,693.67
<b>Net Payments Subtotal</b>			<b>\$21,513,398</b>	

### **Equipment and Devices**

- Covers the rental or purchase of medical equipment and devices such as: hospital beds, wheelchairs, oxygen equipment, walkers, artificial limbs and braces.
- Services in this category accounted for approximately one percent of total Medicaid benefit expenditures in FY 2004.

<b><i>Equipment and Devices</i></b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Durable Medical Equipment Services	860	101,580	\$35,185,062	\$346.38
Orthotics & Prosthetics/Hearing Services	230	15,118	\$9,430,087	\$623.77
<b>Net Payments Subtotal</b>			<b>\$44,615,149</b>	

### **All Other Services**

Covered services such as: ambulatory and surgical centers, rural health clinics, non-emergency transportation (NET), laboratory, x-ray, dialysis, home health, protective services, hospice, therapy and specialized services for specific populations including adults with AIDS and children at risk for incarceration.

All Other Supplemental Security Income (SSI) Services comprised approximately five percent of total Medicaid benefit expenditures in FY 2004.



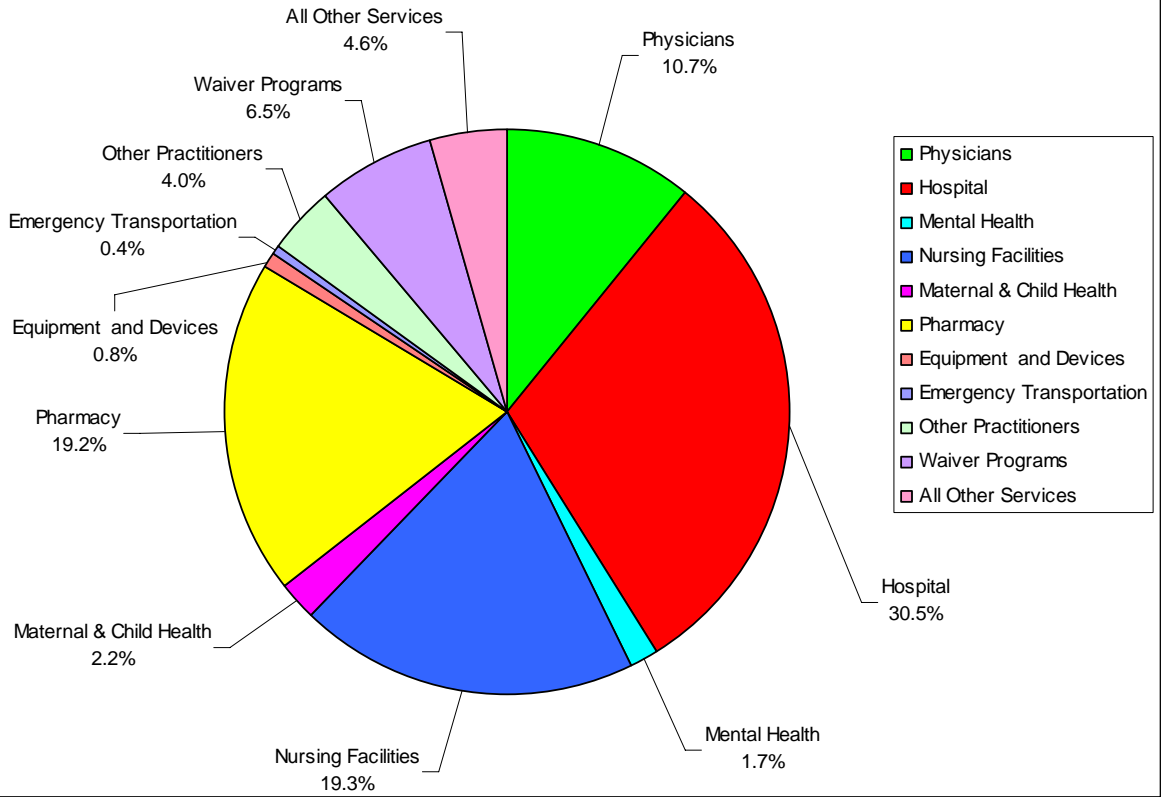
<b>All Other Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Home Health Services	86	9,585	\$8,405,587	\$876.95
Independent Laboratory Service	132	257,193	\$24,944,367	\$96.99
Non-Exceptional Transportation (NET)	1	1	\$62	\$62.00
Speech Therapy - Medicare Only	2	20	\$395	\$19.75
Physical Therapy - Medicare Only	73	613	\$15,421	\$25.16
Rehabilitation Therapy - Medicare Only	35	739	\$13,823	\$18.70
Federally-Qualified Health Center	65	39,587	\$9,706,497	\$245.19
Hospital-based Rural Health Center	56	25,871	\$4,076,044	\$157.55
Free-Standing Rural Health Clinic	35	18,920	\$3,668,207	\$193.88
Chiropractics - Medicare Only	116	776	\$34,968	\$45.06
Ambulatory Surgical Center/Birthing	113	13,128	\$7,353,499	\$560.14
Hospice	74	4,558	\$41,422,299	\$9,087.82
Dialysis Services – Technical	407	6,633	\$27,336,599	\$4,121.30
Dialysis Services – Professional	364	3,539	\$1,199,373	\$338.90
Targeted Case Management-Aids	13	999	\$220,525	\$220.75
At Risk of Incarceration	1	7,702	\$7,361,816	\$955.83
Child Protective Services	1	34,286	\$35,845,141	\$1,045.47
Adult Protective Services	1	2,642	\$3,533,415	\$1,337.40
Therapeutic Residential Intervention	33	5,791	\$80,927,471	\$13,974.70
Pre-Admit Screening Resident	1	2	\$0	\$0.00
<b>Net Payments Subtotal</b>			<b>\$256,065,509</b>	

For all services, the department identifies members with other health insurance in an attempt to ensure Medicaid is payer of last resort as shown below:

- Requiring the third party to pay before Medicaid (cost avoidance);
- Recouping benefits from the liable third party after the claim has been paid;
- Trauma, casualty, or accident-related payment cases (tort recovery);
- Billing the liable party;
- Paying health insurance premiums for members when it is cost effective; and
- Health Insurance Premium Payment (HIPP) Program.

<b>Third Party Liability FY 2004 Totals</b>	
	<b>Dollars Recovered</b>
From Casualty	\$6,307,970
From Other Health Insurance	\$16,652,501
<b>Total</b>	<b>\$22,960,471</b>
	<b>Cost Avoidance Savings</b>
Due to Medicare	\$408,501,515
Due to Other Health Insurance	\$148,051,736
<b>Total</b>	<b>\$556,553,251</b>

### Medicaid Services Distribution FY 2004



### MEDICAID MEMBERS AND EXPENDITURES BY COUNTY

County	# of Unique Patients	Net Payments	Payment/Patient	# of Providers	% of Total Population
Appling	5,173	\$23,090,654	\$4,463.69	3,672	0.36%
Atkinson	2,587	\$8,679,300	\$3,354.97	1,820	0.18%
Bacon	2,500	\$11,842,322	\$4,736.93	1,758	0.18%
Baker	932	\$2,656,481	\$2,850.30	968	0.07%
Baldwin	8,918	\$77,921,285	\$8,737.53	4,345	0.63%
Banks	2,345	\$7,186,429	\$3,064.58	2,480	0.16%
Barrow	8,166	\$30,224,926	\$3,701.31	5,572	0.57%
Bartow	14,626	\$51,613,865	\$3,528.91	6,420	1.03%
Ben Hill	5,093	\$20,455,785	\$4,016.45	2,583	0.36%
Berrien	4,094	\$17,278,522	\$4,220.45	2,177	0.29%
Bibb	35,193	\$152,752,798	\$4,340.43	7,284	2.47%
Bleckley	2,341	\$10,249,644	\$4,378.32	1,901	0.16%
Brantley	3,740	\$13,143,607	\$3,514.33	2,155	0.26%
Brooks	4,074	\$16,126,134	\$3,958.30	1,693	0.29%
Bryan	3,336	\$15,467,774	\$4,636.62	2,192	0.23%
Bulloch	10,075	\$38,616,761	\$3,832.93	4,007	0.71%
Burke	6,905	\$23,576,802	\$3,414.45	2,445	0.49%
Butts	3,675	\$18,042,637	\$4,909.56	3,418	0.26%
Calhoun	1,713	\$7,659,774	\$4,471.56	1,149	0.12%

County	# of Unique Patients	Net Payments	Payment/Patient	# of Providers	% of Total Population
Camden	6,366	\$17,865,533	\$2,806.40	2,263	0.45%
Candler	2,885	\$17,667,200	\$6,123.81	1,930	0.20%
Carroll	17,928	\$66,470,876	\$3,707.66	7,373	1.26%
Catoosa	7,124	\$27,570,634	\$3,870.11	2,533	0.50%
Charlton	2,414	\$8,436,341	\$3,494.76	1,487	0.17%
Chatham	41,213	\$179,760,280	\$4,361.74	6,015	2.90%
Chattahoochee	816	\$2,288,624	\$2,804.69	991	0.06%
Chattooga	4,939	\$20,404,893	\$4,131.38	2,414	0.35%
Cherokee	12,726	\$48,586,947	\$3,817.93	7,080	0.89%
Clarke	16,536	\$66,474,651	\$4,020.00	5,720	1.16%
Clay	1,128	\$4,624,753	\$4,099.96	1,200	0.08%
Clayton	49,332	\$144,538,621	\$2,929.92	12,550	3.47%
Clinch	2,159	\$8,830,850	\$4,090.25	1,469	0.15%
Cobb	58,609	\$213,416,394	\$3,641.36	14,338	4.12%
Coffee	10,667	\$39,439,357	\$3,697.32	3,697	0.75%
Colquitt	11,292	\$42,772,038	\$3,787.82	3,636	0.79%
Columbia	8,426	\$32,987,877	\$3,915.01	3,055	0.59%
Cook	4,074	\$17,095,876	\$4,196.34	1,871	0.29%
Coweta	11,504	\$40,905,372	\$3,555.75	5,327	0.81%
Crawford	2,227	\$8,392,160	\$3,768.37	1,916	0.16%
Crisp	6,481	\$27,163,830	\$4,191.30	2,523	0.46%
Dade	2,356	\$9,774,943	\$4,148.96	1,413	0.17%
Dawson	2,072	\$7,558,694	\$3,648.02	2,603	0.15%
DeKalb	97,127	\$355,779,530	\$3,663.03	17,383	6.83%
Decatur	7,766	\$29,337,053	\$3,777.63	2,680	0.55%
Dodge	4,446	\$21,163,111	\$4,760.03	2,370	0.31%
Dooly	2,969	\$12,863,979	\$4,332.76	2,045	0.21%
Dougherty	26,539	\$94,615,603	\$3,565.15	5,659	1.87%
Douglas	13,995	\$49,000,790	\$3,501.31	8,030	0.98%
Early	4,083	\$15,571,643	\$3,813.78	1,816	0.29%
Echols	870	\$2,155,990	\$2,478.15	763	0.06%
Effingham	5,841	\$21,023,713	\$3,599.33	2,240	0.41%
Elbert	4,502	\$19,943,044	\$4,429.82	2,187	0.32%
Emanuel	6,578	\$30,681,160	\$4,664.21	3,269	0.46%
Evans	2,868	\$10,899,562	\$3,800.41	1,802	0.20%
Fannin	3,704	\$16,481,638	\$4,449.69	2,526	0.26%
Fayette	5,040	\$20,104,158	\$3,988.92	4,171	0.35%
Floyd	20,273	\$101,416,314	\$5,002.53	6,996	1.42%
Forsyth	6,628	\$26,902,808	\$4,058.96	4,768	0.47%
Franklin	4,065	\$18,962,366	\$4,664.79	3,038	0.29%
Fulton	136,070	\$533,574,995	\$3,921.33	20,261	9.56%
Gilmer	4,293	\$18,919,232	\$4,407.00	3,400	0.30%
Glascocock	585	\$4,299,985	\$7,350.40	1,081	0.04%
Glynn	12,684	\$52,684,799	\$4,153.64	3,849	0.89%
Gordon	8,895	\$31,305,753	\$3,519.48	3,927	0.63%
Grady	5,922	\$18,543,859	\$3,131.35	1,937	0.42%
Greene	3,338	\$12,584,478	\$3,770.07	2,225	0.23%
Gwinnett	68,403	\$204,754,594	\$2,993.36	13,958	4.81%
Habersham	5,582	\$22,286,995	\$3,992.65	2,843	0.39%
Hall	25,862	\$92,805,685	\$3,588.50	8,155	1.82%
Hancock	2,346	\$11,126,002	\$4,742.54	1,930	0.16%

<b>County</b>	<b># of Unique Patients</b>	<b>Net Payments</b>	<b>Payment/ Patient</b>	<b># of Providers</b>	<b>% of Total Population</b>
Haralson	5,495	\$25,901,099	\$4,713.58	3,821	0.39%
Harris	2,615	\$10,828,234	\$4,140.82	1,992	0.18%
Hart	4,185	\$18,691,885	\$4,466.40	2,285	0.29%
Heard	2,330	\$8,176,477	\$3,509.22	2,034	0.16%
Henry	15,109	\$48,957,268	\$3,240.27	7,809	1.06%
Houston	16,850	\$63,432,908	\$3,764.56	5,140	1.18%
Irwin	2,261	\$11,584,218	\$5,123.49	1,536	0.16%
Jackson	7,641	\$32,327,967	\$4,230.86	4,545	0.54%
Jasper	2,135	\$7,445,605	\$3,487.40	2,345	0.15%
Jeff Davis	3,481	\$13,762,964	\$3,953.74	2,496	0.24%
Jefferson	5,132	\$21,658,648	\$4,220.31	2,369	0.36%
Jenkins	2,568	\$9,896,327	\$3,853.71	1,814	0.18%
Johnson	2,350	\$11,407,952	\$4,854.45	1,782	0.17%
Jones	3,238	\$12,449,324	\$3,844.76	2,125	0.23%
Lamar	2,954	\$11,856,564	\$4,013.73	2,455	0.21%
Lanier	1,911	\$8,668,820	\$4,536.27	1,192	0.13%
Laurens	11,468	\$45,872,313	\$4,000.03	4,382	0.81%
Lee	3,054	\$10,675,106	\$3,495.45	1,753	0.21%
Liberty	10,763	\$36,994,117	\$3,437.16	4,475	0.76%
Lincoln	1,489	\$5,073,967	\$3,407.63	1,504	0.10%
Long	2,316	\$8,305,625	\$3,586.19	1,626	0.16%
Lowndes	20,226	\$88,310,462	\$4,366.19	6,063	1.42%
Lumpkin	3,251	\$13,264,091	\$4,080.00	2,745	0.23%
Macon	3,877	\$19,734,443	\$5,090.13	2,486	0.27%
Madison	4,663	\$19,198,939	\$4,117.29	2,468	0.33%
Marion	1,827	\$7,463,695	\$4,085.22	1,365	0.13%
McDuffie	5,634	\$21,227,600	\$3,767.77	2,412	0.40%
McIntosh	2,384	\$7,931,999	\$3,327.18	1,637	0.17%
Meriwether	5,287	\$21,009,751	\$3,973.85	3,386	0.37%
Miller	1,612	\$8,580,364	\$5,322.81	1,202	0.11%
Mitchell	6,392	\$24,643,797	\$3,855.41	2,407	0.45%
Monroe	3,407	\$17,190,400	\$5,045.61	2,862	0.24%
Montgomery	1,928	\$7,166,878	\$3,717.26	1,669	0.14%
Morgan	2,691	\$10,439,703	\$3,879.49	2,421	0.19%
Murray	7,162	\$24,562,411	\$3,429.55	2,701	0.50%
Muscogee	37,471	\$147,386,420	\$3,933.35	6,738	2.63%
Newton	14,249	\$49,009,397	\$3,439.50	6,955	1.00%
Oconee	2,088	\$8,774,692	\$4,202.44	1,759	0.15%
Oglethorpe	1,993	\$7,667,227	\$3,847.08	1,502	0.14%
Paulding	9,369	\$32,311,989	\$3,448.82	6,104	0.66%
Peach	4,971	\$16,769,186	\$3,373.40	2,764	0.35%
Pickens	3,706	\$16,565,022	\$4,469.78	3,055	0.26%
Pierce	4,063	\$18,619,429	\$4,582.68	2,352	0.29%
Pike	2,148	\$8,573,964	\$3,991.60	2,229	0.15%
Polk	7,941	\$33,307,297	\$4,194.35	3,748	0.56%
Pulaski	1,936	\$8,459,978	\$4,369.82	1,581	0.14%
Putnam	3,242	\$11,580,665	\$3,572.07	2,813	0.23%
Quitman	717	\$2,047,506	\$2,855.66	827	0.05%
Rabun	2,407	\$11,986,716	\$4,979.94	2,071	0.17%
Randolph	2,267	\$9,404,443	\$4,148.41	1,467	0.16%
Richmond	45,059	\$207,093,249	\$4,596.05	5,889	3.17%

County	# of Unique Patients	Net Payments	Payment/Patient	# of Providers	% of Total Population
Rockdale	10,518	\$37,816,802	\$3,595.44	6,058	0.74%
Schley	917	\$2,949,507	\$3,216.47	1,027	0.06%
Screven	3,699	\$14,282,048	\$3,861.06	2,222	0.26%
Seminole	2,558	\$10,625,522	\$4,153.84	1,346	0.18%
Spalding	13,160	\$49,485,483	\$3,760.30	5,704	0.92%
Stephens	5,311	\$24,140,875	\$4,545.45	3,153	0.37%
Stewart	1,368	\$7,213,071	\$5,272.71	1,123	0.10%
Sumter	9,129	\$38,259,404	\$4,190.97	3,009	0.64%
Talbot	1,504	\$4,131,851	\$2,747.24	1,442	0.11%
Taliaferro	451	\$1,590,541	\$3,526.70	842	0.03%
Tattnall	4,742	\$22,255,635	\$4,693.30	2,680	0.33%
Taylor	2,199	\$ 9,288,519	\$4,223.97	2,172	0.15%
Telfair	3,145	\$17,481,235	\$5,558.42	2,378	0.22%
Terrell	3,099	\$11,110,975	\$3,585.34	1,435	0.22%
Thomas	11,359	\$57,503,741	\$5,062.39	4,026	0.80%
Tift	9,372	\$36,566,761	\$3,901.70	3,272	0.66%
Toombs	7,995	\$38,862,435	\$4,860.84	3,505	0.56%
Towns	1,314	\$8,826,462	\$6,717.25	1,487	0.09%
Treutlen	1,759	\$7,643,348	\$4,345.28	1,486	0.12%
Troup	14,334	\$56,215,116	\$3,921.80	5,531	1.01%
Turner	2,734	\$10,891,557	\$3,983.74	1,602	0.19%
Twiggs	1,912	\$8,528,256	\$4,460.38	1,993	0.13%
Union	2,913	\$15,412,906	\$5,291.08	2,290	0.20%
Upson	5,942	\$24,835,389	\$4,179.63	2,942	0.42%
Walker	10,992	\$49,131,930	\$4,469.79	3,123	0.77%
Walton	10,017	\$34,914,690	\$3,485.54	5,805	0.70%
Ware	9,665	\$48,027,446	\$4,969.21	3,447	0.68%
Warren	1,639	\$7,620,967	\$4,649.77	1,341	0.12%
Washington	4,635	\$20,674,140	\$4,460.44	2,535	0.33%
Wayne	6,295	\$27,399,554	\$4,352.59	2,871	0.44%
Webster	537	\$1,576,561	\$2,935.87	715	0.04%
Wheeler	1,416	\$6,226,832	\$4,397.48	1,506	0.10%
White	3,553	\$15,473,434	\$4,355.03	2,627	0.25%
Whitfield	16,776	\$59,574,401	\$3,551.17	3,916	1.18%
Wilcox	2,237	\$12,379,367	\$5,533.91	2,004	0.16%
Wilkes	2,356	\$9,236,942	\$3,920.60	2,034	0.17%
Wilkinson	2,130	\$7,900,560	\$3,709.18	1,718	0.15%
Worth	4,910	\$17,518,192	\$3,567.86	2,300	0.35%
<b>Unique Count Total</b>	<b>1,422,773</b>	<b>\$5,587,222,638</b>	<b>\$3,927.00</b>	<b>41,512</b>	<b>100.00%</b>

Based on dates of service from July 2003 to June 2004, paid through September 2004, and include claim-based expenditures only.  
\*Patients and providers do not necessarily sum to total as they may switch between categories.

### **PeachCare for Kids**

The PeachCare for Kids Program is the Georgia version of the federal Children's Health Insurance Program that provides medical and dental coverage for children of working families whose incomes are too high to qualify for Medicaid, but who do not have health insurance. In FY 2004, uninsured children were eligible for PeachCare for Kids if their families' incomes were up to 235 percent of the federal poverty level, but above Medicaid income guidelines. For a family of four in 2004, 235 percent of the federal poverty level was \$44,302.

<b>PEACHCARE FOR KIDS</b>	
Total Members*	276,536
Total Patients	230,894
Average Members Per Year	201,074
Member Months**	2,412,885
Total Expenditures	\$258,474,336
Expenditures Per Member	\$934.69
Expenditures Per Patient	\$1,119.45
Providers with Paid Claims	23,592
Number of Paid Claims	3,089,186

\*Members are those who are eligible for and enrolled in the Medicaid or PeachCare for Kids Program. Patients are those members who have received any type of service under these programs.

\*\*Member months are the sum of members by month with any coverage type.

Based on dates of service from July 2003 to June 2004, paid through September 2004, and include claim-based expenditures only.

### **PeachCare Enhanced Program Web Site**

The PeachCare for Kids Program developed an enhanced program Web site at [www.peachcare.org](http://www.peachcare.org). After the creation of this site, PeachCare parents could create a username and password and then log onto "My Account." This enabled parents to check the status of accounts, confirm premium balances, pay premiums online with a credit or debit card or an electronic check, order premium coupon books and update account information. Enhancements also included a large online list of frequently asked questions. Families have been able to apply for PeachCare for Kids online since 2002. This online application was one of the first of its kind in the country.

### **Back to School PeachCare for Kids Enrollment**

In FY 2004, PeachCare for Kids collaborated with the Department of Education's Division of School Nutrition Services to distribute 1.6 million flyers to students in public and private schools throughout the state. The flyers were given to parents with the back-to-school enrollment kits during the fall registration. A dramatic increase in applications made at [www.peachcare.org](http://www.peachcare.org) occurred because of this effort. Requests for mail-in applications increased greatly as well.

### **Enrollees**

The PeachCare for Kids Program was successful in reducing the number of uninsured children in Georgia. Data show 228,000 children were enrolled at the close of FY 2004.

<b>PEACHCARE FOR KIDS PROFILE</b>				
	<b>Patients</b>	<b>% of Total</b>	<b>Expenditures</b>	<b>% of Total</b>
<b>By Age</b>				
Under 1 year	1,865	0.81%	\$1,609,499	0.62%
1 to 5 years	68,179	29.53%	\$69,266,352	26.80%
6 to 13 years	123,007	53.27%	\$123,542,655	47.80%
14 to 18 years	51,019	22.10%	\$64,055,829	24.78%
	230,894	100.00%	\$258,474,336	100.00%
<b>By Gender</b>				
Male	117,644	50.95%	\$138,762,217	53.69%
Female	113,314	49.08%	\$119,712,119	46.31%
	230,894	100.00%	\$258,474,336	100.00%
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<b>By Residence</b>				
Rural	84,918	36.78%	\$100,656,156	38.94%
Urban	147,574	63.91%	\$157,818,179	61.06%
	230,894	100.00%	\$258,474,336	100.00%
<b>By Race</b>				
Unknown	22,451	9.72%	\$23,036,025	8.91%
White	119,103	51.58%	\$148,992,576	57.64%
Black	69,821	30.24%	\$61,087,069	23.63%
American Indian/Alaskan	58	0.03%	\$54,313	0.02%
Asian/Pacific Islander	6,042	2.62%	\$6,775,322	2.62%
Hispanic	18,726	8.11%	\$18,529,030	7.17%
	230,894*	100.00%*	\$258,474,335	100.00%*

Based on dates of service from July 2003 to June 2004, paid through September 2004, and include claim-based expenditures only.  
\*Patients do not necessarily sum to total as members switch between categories.

### **Premiums and Services**

Families with children who were at least six years old paid a \$10 monthly premium for one child or a \$15 monthly premium for two or more children when their incomes were below 150 percent of the federal poverty level (FPL) and \$20 for two or more children at or above 150 percent of the FPL. The plan required no premium for children aged five years or younger.

The plan pays for preventive services and acute medical care as well as prescription drugs, vision and dental care. PeachCare for Kids Program covers most of the same services covered by Medicaid, with the exception of non-emergency transportation, targeted case management, nursing facilities and community-waiver programs.

<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
<b>Physician Services</b>				
Physician Services	13,489	178,071	\$46,193,785	\$259.41
<b>Net Payments Subtotal</b>			<b>\$46,193,785</b>	
<b>Hospital Services</b>				
Inpatient Hospital Services	168	3,325	\$20,518,576	\$6,171.00
Outpatient Hospital Services	235	82,944	\$45,970,691	\$554.24
<b>Net Payments Subtotal</b>			<b>\$66,489,267</b>	
<b>Mental Health Services</b>				
Community Mental Health Services	217	4,411	\$4,536,887	\$1,028.54
<b>Net Payments Subtotal</b>			<b>\$4,536,887</b>	
<b>Maternal &amp; Child Health Services</b>				
Family Planning Services	117	1,605	\$194,928	\$121.45
Health Check Services (EPSDT)	2,341	79,363	\$5,122,927	\$64.55
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Category of Service	Providers w/ Paid Claims	Unique Patients	Net Payment	Net Payment Per Patient
Pregnancy-Related Services	3	3	\$169	\$56.33
Children-at-Risk Targeted Case	4	16	\$2,392	\$149.50
Perinatal Targeted Case Management	5	5	\$363	\$72.60
Diagnostic Screening and Prevention	210	3,794	\$146,093	\$38.51
Early Intervention Case Management	60	106	\$57,179	\$539.42
Children's Intervention Services	1,253	2,896	\$3,718,769	\$1,284.11
Childbirth Education Program	3	9	\$36	\$4.00
Children's Intervention School	134	2,759	\$1,916,979	\$694.81
<b>Net Payments Subtotal</b>			<b>\$11,159,835</b>	
<b>Pharmacy Services</b>				
Pharmacy	1,915	177,052	\$61,634,788	\$348.12
Pharmacy DME Supplier	1,352	5,976	\$693,604	\$116.06
<b>Net Payments Subtotal</b>			<b>\$62,328,392</b>	
<b>Equipment and Devices</b>				
DME Services	356	4,390	\$916,621	\$208.80
Orthotics and Prosthetics/Hearing Services	142	1,305	\$638,063	\$488.94
<b>Net Payments Subtotal</b>			<b>\$1,554,684</b>	
<b>Emergency Transportation</b>				
Emergency Ground Ambulance Services	155	2,243	\$593,582	\$264.64
Emergency Air Ambulance Services	5	52	\$168,470	\$3,239.81
<b>Net Payments Subtotal</b>			<b>\$762,052</b>	
<b>Other Practitioner Services</b>				
Physician's Assistant Services	629	12,709	\$1,071,298	\$84.29
Health Check Dental Program (under 21)	1,319	132,623	\$51,133,517	\$385.56
Vision Care	670	35,211	\$2,680,953	\$76.14
Nurse Midwifery	74	196	\$21,120	\$107.76
Oral Maxillofacial Surgery	30	200	\$26,172	\$130.86
Podiatry	261	1,703	\$297,929	\$174.94
Psychological Services	621	7,052	\$4,124,323	\$584.84
Advanced Registered Nurse Practitioners	1,270	22,733	\$2,031,103	\$89.35
<b>Net Payments Subtotal</b>			<b>\$61,386,415</b>	
<b>Waiver Program Services</b>				
Dedicated Case Management Services	2	9	\$250	\$27.78
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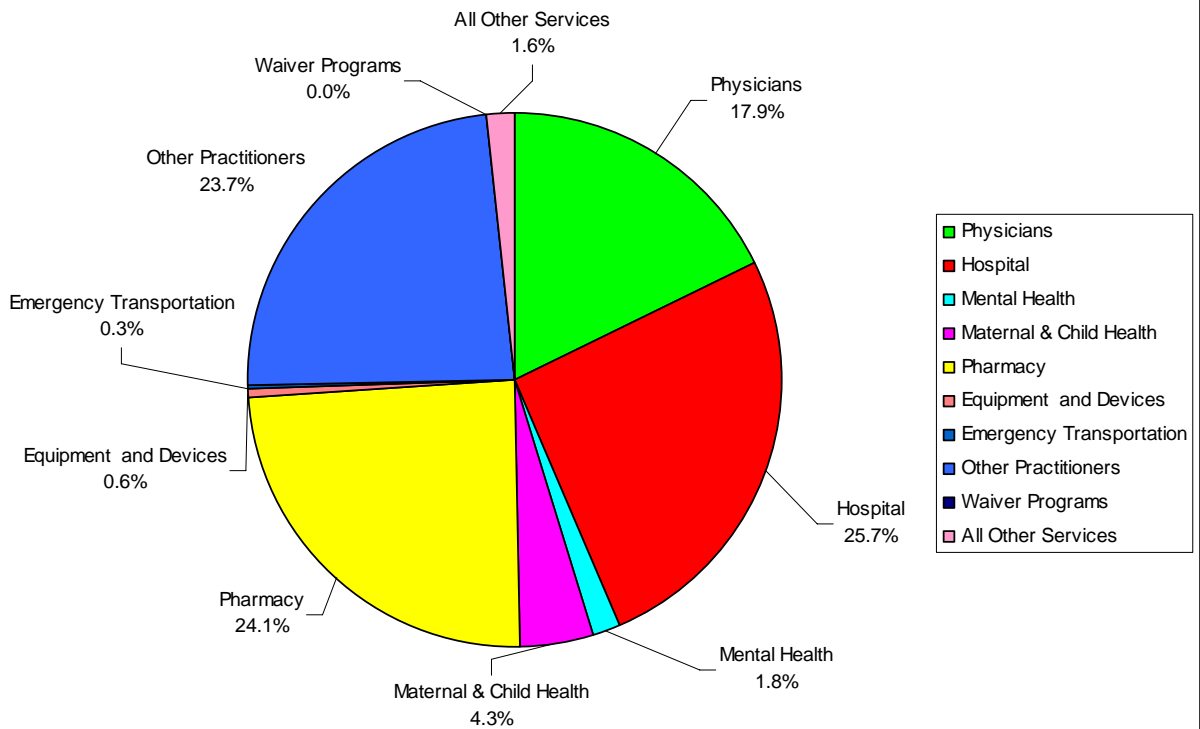


Category of Service	Providers w/ Paid Claims	Unique Patients	Net Payment	Net Payment Per Patient
<b>Net Payments Subtotal</b>			<b>\$250</b>	
<b>All Other Services</b>				
Home Health Services	27	71	\$34,831	\$490.58
Independent Laboratory Services	87	22,049	\$1,089,347	\$49.41
Federally-Qualified Health Center	54	3,370	\$743,417	\$220.60
Hospital-based Rural Health Center	53	3,031	\$490,459	\$161.81
Free-Standing Rural Health Clinic	30	2,061	\$372,754	\$180.86
Chiropractics - Medicare Only	1	1	\$3	\$3.00
Ambulatory Surgical Center/Birthing	57	1,903	\$1,291,460	\$678.64
Hospice	2	2	\$11,054	\$5,527.00
Dialysis Services – Technical	5	4	\$26,012	\$6,503.00
Dialysis Services – Professional	3	3	\$3,086	\$1,028.67
At Risk of Incarceration	1	1	\$173	\$173.00
Child Protective Services	1	2	\$169	\$84.50
<b>Net Payments Subtotal</b>			<b>\$4,062,765</b>	
<b>Unique Count Totals</b>	<b>23,592*</b>	<b>230,894*</b>	<b>\$258,474,332</b>	<b>\$1,119.45*</b>

Based on dates of service from July 2003 to June 2004, paid through September 2004, and include claim-based expenditures only.

\*Patients and providers do not necessarily sum to total as they may be eligible for more than one category.

### PeachCare Services Distribution FY 2004



### PEACHCARE MEMBERS AND EXPENDITURES BY COUNTY

County	# of Unique Patients	Net Payments	Payment/Patient	# of Providers	% of Total Population
Appling	782	\$937,098	\$1,198.34	608	0.34%
Atkinson	323	\$373,106	\$1,155.13	328	0.14%
Bacon	478	\$659,890	\$1,380.52	368	0.21%
Baker	130	\$145,088	\$1,116.06	211	0.06%
Baldwin	592	\$495,983	\$837.81	398	0.26%
Banks	669	\$817,350	\$1,221.75	775	0.29%
Barrow	2,142	\$2,359,688	\$1,101.63	1,516	0.93%
Bartow	3,363	\$3,679,249	\$1,094.04	1,690	1.46%
Ben Hill	743	\$840,232	\$1,130.86	482	0.32%
Berrien	707	\$885,081	\$1,251.88	555	0.31%
Bibb	2,869	\$2,869,509	\$1,000.18	1,202	1.24%
Bleckley	261	\$292,869	\$1,122.10	296	0.11%
Brantley	835	\$1,052,606	\$1,260.61	592	0.36%
Brooks	585	\$584,884	\$999.80	423	0.25%
Bryan	846	\$1,217,124	\$1,438.68	733	0.37%
Bulloch	1,253	\$1,605,099	\$1,281.00	775	0.54%
Burke	687	\$756,760	\$1,101.54	549	0.30%
Butts	709	\$732,926	\$1,033.75	755	0.31%

County	# of Unique Patients	Net Payments	Payment/Patient	# of Providers	% of Total Population
Calhoun	204	\$217,573	\$1,066.53	233	0.09%
Camden	1,036	\$1,149,381	\$1,109.44	450	0.45%
Candler	331	\$392,180	\$1,184.83	345	0.14%
Carroll	2,983	\$3,997,212	\$1,340.00	1,721	1.29%
Catoosa	1,148	\$1,405,785	\$1,224.55	630	0.50%
Charlton	386	\$540,231	\$1,399.56	293	0.17%
Chatham	4,737	\$5,567,509	\$1,175.32	1,329	2.05%
Chattahoochee	82	\$105,957	\$1,292.16	207	0.04%
Chattooga	565	\$664,575	\$1,176.24	541	0.24%
Cherokee	4,270	\$5,167,832	\$1,210.27	2,262	1.85%
Clarke	1,631	\$1,667,130	\$1,022.15	832	0.71%
Clay	95	\$102,422	\$1,078.13	134	0.04%
Clayton	8,440	\$7,886,023	\$934.36	3,144	3.66%
Clinch	274	\$405,646	\$1,480.46	239	0.12%
Cobb	13,225	\$13,497,778	\$1,020.63	4,344	5.73%
Coffee	1,522	\$2,027,737	\$1,332.28	671	0.66%
Colquitt	1,487	\$1,641,253	\$1,103.73	758	0.64%
Columbia	2,080	\$2,465,427	\$1,185.30	919	0.90%
Cook	728	\$986,408	\$1,354.96	526	0.32%
Coweta	2,303	\$3,056,889	\$1,327.35	1,266	1.00%
Crawford	461	\$487,143	\$1,056.71	540	0.20%
Crisp	670	\$709,737	\$1,059.31	439	0.29%
Dade	457	\$577,096	\$1,262.79	333	0.20%
Dawson	657	\$746,534	\$1,136.28	674	0.28%
DeKalb	16,468	\$15,880,970	\$964.35	4,897	7.13%
Decatur	1,011	\$1,125,346	\$1,113.10	546	0.44%
Dodge	563	\$611,791	\$1,086.66	413	0.24%
Dooly	347	\$359,382	\$1,035.68	339	0.15%
Dougherty	2,141	\$2,154,675	\$1,006.39	921	0.93%
Douglas	3,348	\$3,877,254	\$1,158.08	2,025	1.45%
Early	345	\$490,968	\$1,423.10	334	0.15%
Echols	171	\$185,944	\$1,087.39	193	0.07%
Effingham	1,429	\$1,886,579	\$1,320.21	780	0.62%
Elbert	723	\$832,426	\$1,151.35	496	0.31%
Emanuel	820	\$1,257,881	\$1,534.00	646	0.36%
Evans	351	\$412,049	\$1,173.93	319	0.15%
Fannin	1,195	\$1,661,039	\$1,389.99	664	0.52%
Fayette	1,289	\$1,474,511	\$1,143.92	1,038	0.56%
Floyd	2,387	\$3,122,740	\$1,308.23	1,105	1.03%
Forsyth	2,165	\$2,777,392	\$1,282.86	1,441	0.94%
Franklin	850	\$1,112,174	\$1,308.44	708	0.37%
Fulton	12,409	\$12,215,090	\$984.37	5,937	5.37%
Gilmer	1,090	\$1,371,783	\$1,258.52	844	0.47%
Glascocock	101	\$163,245	\$1,616.29	243	0.04%
Glynn	1,773	\$2,089,969	\$1,178.78	741	0.77%
Gordon	1,757	\$2,075,974	\$1,181.54	879	0.76%
Grady	923	\$956,464	\$1,036.26	479	0.40%
Greene	407	\$441,455	\$1,084.66	409	0.18%
Gwinnett	21,609	\$24,049,630	\$1,112.95	4,829	9.36%
Habersham	1,408	\$1,528,959	\$1,085.91	785	0.61%

County	# of Unique Patients	Net Payments	Payment/Patient	# of Providers	% of Total Population
Hall	5,345	\$5,825,469	\$1,089.89	1,878	2.31%
Hancock	114	\$97,643	\$856.52	175	0.05%
Haralson	1,116	\$1,416,299	\$1,269.09	951	0.48%
Harris	530	\$461,809	\$871.34	491	0.23%
Hart	722	\$781,591	\$1,082.54	501	0.31%
Heard	483	\$637,552	\$1,319.98	499	0.21%
Henry	4,020	\$4,160,523	\$1,034.96	2,238	1.74%
Houston	2,436	\$2,628,941	\$1,079.20	1,059	1.06%
Irwin	379	\$536,445	\$1,415.42	351	0.16%
Jackson	1,670	\$2,028,184	\$1,214.48	1,286	0.72%
Jasper	463	\$476,174	\$1,028.45	543	0.20%
Jeff Davis	621	\$784,490	\$1,263.27	439	0.27%
Jefferson	612	\$776,245	\$1,268.37	493	0.27%
Jenkins	286	\$341,817	\$1,195.16	335	0.12%
Johnson	230	\$260,505	\$1,132.63	266	0.10%
Jones	778	\$905,956	\$1,164.47	598	0.34%
Lamar	457	\$514,118	\$1,124.99	498	0.20%
Lanier	323	\$397,842	\$1,231.71	303	0.14%
Laurens	1,193	\$1,384,626	\$1,160.63	683	0.52%
Lee	912	\$1,092,648	\$1,198.08	560	0.39%
Liberty	968	\$1,034,750	\$1,068.96	617	0.42%
Lincoln	279	\$312,916	\$1,121.56	359	0.12%
Long	247	\$270,474	\$1,095.04	285	0.11%
Lowndes	2,658	\$3,208,717	\$1,207.19	873	1.15%
Lumpkin	932	\$1,189,071	\$1,275.83	701	0.40%
Macon	334	\$346,200	\$1,036.53	339	0.14%
Madison	993	\$1,549,687	\$1,560.61	733	0.43%
Marion	240	\$273,632	\$1,140.13	312	0.10%
McDuffie	779	\$950,241	\$1,219.82	629	0.34%
McIntosh	427	\$529,708	\$1,240.53	351	0.18%
Meriwether	597	\$665,380	\$1,114.54	678	0.26%
Miller	191	\$247,252	\$1,294.51	190	0.08%
Mitchell	890	\$1,216,248	\$1,366.57	656	0.39%
Monroe	658	\$636,799	\$967.78	599	0.28%
Montgomery	345	\$405,019	\$1,173.97	355	0.15%
Morgan	630	\$749,731	\$1,190.05	645	0.27%
Murray	1,454	\$1,857,416	\$1,277.45	651	0.63%
Muscogee	3,338	\$3,622,058	\$1,085.10	1,027	1.45%
Newton	2,895	\$3,441,547	\$1,188.79	1,564	1.25%
Oconee	628	\$741,554	\$1,180.82	512	0.27%
Oglethorpe	463	\$487,378	\$1,052.65	452	0.20%
Paulding	3,593	\$4,127,783	\$1,148.84	2,360	1.56%
Peach	593	\$641,459	\$1,081.72	528	0.26%
Pickens	1,007	\$1,250,589	\$1,241.90	815	0.44%
Pierce	816	\$947,500	\$1,161.15	463	0.35%
Pike	480	\$649,344	\$1,352.80	512	0.21%
Polk	1,408	\$1,659,828	\$1,178.86	940	0.61%
Pulaski	214	\$215,901	\$1,008.88	221	0.09%
Putnam	538	\$576,341	\$1,071.26	464	0.23%
Quitman	57	\$65,584	\$1,150.60	89	0.02%

County	# of Unique Patients	Net Payments	Payment/Patient	# of Providers	% of Total Population
Rabun	763	\$964,639	\$1,264.27	504	0.33%
Randolph	217	\$244,766	\$1,127.95	207	0.09%
Richmond	3,513	\$3,616,981	\$1,029.60	1,244	1.52%
Rockdale	2,289	\$2,195,092	\$958.97	1,406	0.99%
Schley	161	\$224,146	\$1,392.21	190	0.07%
Screven	434	\$646,017	\$1,488.52	441	0.19%
Seminole	287	\$333,493	\$1,162.00	189	0.12%
Spalding	1,452	\$1,335,558	\$919.81	937	0.63%
Stephens	870	\$1,658,642	\$1,906.48	556	0.38%
Stewart	127	\$144,707	\$1,139.43	158	0.06%
Sumter	815	\$1,149,542	\$1,410.48	447	0.35%
Talbot	151	\$184,856	\$1,224.21	268	0.07%
Taliaferro	48	\$54,994	\$1,145.71	123	0.02%
Tattnall	570	\$680,034	\$1,193.04	567	0.25%
Taylor	265	\$312,346	\$1,178.66	386	0.11%
Telfair	392	\$467,200	\$1,191.84	418	0.17%
Terrell	216	\$241,338	\$1,117.31	259	0.09%
Thomas	1,455	\$1,292,314	\$888.19	587	0.63%
Tift	1,314	\$1,510,805	\$1,149.78	532	0.57%
Toombs	1,003	\$1,210,914	\$1,207.29	597	0.43%
Towns	349	\$381,953	\$1,094.42	324	0.15%
Treutlen	262	\$329,027	\$1,255.83	294	0.11%
Troup	1,697	\$1,765,490	\$1,040.36	706	0.73%
Turner	393	\$658,387	\$1,675.29	402	0.17%
Twiggs	287	\$279,259	\$973.03	384	0.12%
Union	797	\$1,041,004	\$1,306.15	491	0.35%
Upson	807	\$824,966	\$1,022.26	425	0.35%
Walker	1,396	\$1,480,495	\$1,060.53	685	0.60%
Walton	2,403	\$2,941,515	\$1,224.10	1,681	1.04%
Ware	1,341	\$1,732,334	\$1,291.82	726	0.58%
Warren	171	\$262,866	\$1,537.23	221	0.07%
Washington	448	\$430,550	\$961.05	354	0.19%
Wayne	923	\$1,084,202	\$1,174.65	526	0.40%
Webster	93	\$105,955	\$1,139.30	135	0.04%
Wheeler	225	\$316,862	\$1,408.28	318	0.10%
White	938	\$1,116,318	\$1,190.10	658	0.41%
Whitfield	3,807	\$3,841,999	\$1,009.19	998	1.65%
Wilcox	254	\$405,778	\$1,597.55	368	0.11%
Wilkes	330	\$377,679	\$1,144.48	383	0.14%
Wilkinson	248	\$246,915	\$995.63	342	0.11%
Worth	853	\$1,117,722	\$1,310.34	623	0.37%
<b>Unique Count Total</b>	<b>230,894</b>	<b>\$258,474,336</b>	<b>\$1,119</b>	<b>23,592</b>	<b>100.00%</b>

Based on dates of service from July 2003 to June 2004, paid through September 2004, and include claim-based expenditures only.

### **Indigent Care Trust Fund**

The Indigent Care Trust Fund (ICTF), which completed its fourteenth year of operation in FY 2004, funds and supports programs and facilities serving medically-indigent patients in Georgia.

Contributions made to the ICTF in FY 2004 by non-federal sources included the following:

- Intergovernmental transfers from hospitals participating in the Disproportionate Share Hospital (DSH) Program. The DSH Program helped compensate hospitals for their uncompensated indigent care;
- Nursing home provider fees;
- Penalties for non-compliance with Certificate of Need (CON) requirements;
- Ambulance license fees; and
- Fees collected from the initial sale of breast cancer license tags.

The ICTF was also allowed to retain for use interest earned from funds contributed into the trust fund.

The fund source contributions match is approximately 60:40 for benefit expenditures and 50:50 for administrative expenditures. No money from Georgia's general treasury was used.

In FY 2004, the use of the ICTF was limited to any one or a combination of the following:

- To expand Medicaid eligibility and services;
- For programs that supported rural and other health care providers, primarily hospitals, which served the medically indigent; and/or
- For primary health care programs for medically indigent citizens and children in Georgia.

Two exclusions existed in FY 2004 as shown below:

- Any nursing home provider fees remitted to the ICTF had to be matched with federal Medicaid funds and made available to provide support to nursing homes that disproportionately served the medically indigent.
- Certain proceeds from the sale of breast cancer license tags were to be used to fund screening and treatment-related programs for people with breast cancer who were also medically indigent. Programs included the following: education, screening, grants-in-aid to cancer patients, pharmacy assistance programs for cancer patients and other projects to encourage public support for the special license plate and the activities it funded.

<b>FY 2004 Expenditures</b>	
Disproportionate Share Hospital Payments	\$424,724,498
Medicaid Payments to Nursing Homes	\$241,946,052
Medicaid Expansion for Pregnant Women and Children	\$59,415,157
Ambulance Medicaid Rate Subsidy	\$5,555,808
Programs to Support the Medically Indigent	\$1,140,171
Breast Cancer Initiatives	\$277,990
<b>Total</b>	<b>\$733,059,676</b>

In FY 2004, DSH payments comprised 57.9 percent of ICTF expenditures; nursing home payments were 33.0 percent; breast cancer/medically indigent programs were 0.3 percent of expenditures; Medicaid expansion was 8.1 percent and ambulance rates were 0.8 percent of total expenditures.

Facility Name	County	DSH Payment	Primary Care Plan Obligation	Inter-governmental Transfers (IGTs)
Appling Hospital	Appling	\$508,798	\$76,320	\$254,399
Athens Regional Medical Center	Clarke	\$13,164,979	\$1,974,747	\$6,582,490
Atlanta Medical Center	Fulton	\$5,130,802	\$769,620	\$0
Bacon County Hospital	Bacon	\$884,189	\$132,628	\$442,095
Barrow Community Hospital	Barrow	\$439,015	\$65,852	\$0
Berrien County Hospital	Berrien	\$483,606	\$72,541	\$0

Facility Name	County	DSH Payment	Primary Care Plan Obligation	Inter-governmental Transfers (IGTs)
BJC Medical Center	Jackson	\$1,196,350	\$179,453	\$598,175
Bleckley Memorial Hospital	Bleckley	\$450,873	\$67,631	\$225,437
Brooks County Hospital	Brooks	\$659,179	\$98,877	\$329,590
Burke Medical Center	Burke	\$301,035	\$45,155	\$150,518
Calhoun Memorial Hospital	Calhoun	\$485,951	\$72,893	\$242,976
Camden Medical Center	Camden	\$1,778,273	\$266,741	\$889,137
Central State Hospital - Medical/Surgical	Baldwin	\$7,740,269	\$1,161,040	\$3,870,135
Charlton Memorial Hospital	Charlton	\$865,481	\$129,822	\$432,741
Chestatee Regional Hospital	Lumpkin	\$1,423,968	\$213,595	\$0
Children's Healthcare of Atlanta at Egleston	Dekalb	\$6,409,043	\$961,356	\$0
Children's Healthcare of Atlanta at Scottish Rite	Fulton	\$2,408,996	\$361,349	\$0
Cobb Memorial Hospital	Franklin	\$2,016,680	\$302,502	\$0
Coffee Regional Medical Center	Coffee	\$5,937,566	\$890,635	\$2,968,783
Colquitt Regional Medical Center	Colquitt	\$1,764,900	\$264,735	\$882,450
Crawford Long Hospital of Emory University	Fulton	\$2,946,070	\$441,911	\$0
Crisp Regional Hospital	Crisp	\$1,682,796	\$252,419	\$841,398
DeKalb Medical Center	Dekalb	\$5,383,071	\$807,461	\$2,691,536
Dodge County Hospital	Dodge	\$1,901,395	\$285,209	\$950,698
Donalsonville Hospital, Inc.	Seminole	\$1,054,669	\$158,200	\$0
Dorminy Medical Center	Ben Hill	\$962,609	\$144,391	\$481,305
Early Memorial Hospital	Early	\$1,090,151	\$163,523	\$545,076
East Georgia Regional Medical Center	Bulloch	\$926,329	\$138,949	\$0
Elbert Memorial Hospital	Elbert	\$988,126	\$148,219	\$494,063
Emanuel Medical Center	Emanuel	\$1,376,988	\$206,548	\$688,494
Emory Dunwoody Medical Center	DeKalb	\$518,371	\$77,756	\$0
Emory Peachtree Regional Hospital	Coweta	\$625,896	\$93,884	\$0
Evans Memorial Hospital	Evans	\$1,415,545	\$212,332	\$707,773
Fairview Park Hospital	Laurens	\$465,867	\$69,880	\$0
Fannin Regional Hospital	Fannin	\$913,496	\$137,024	\$456,748
Flint River Community Hospital	Macon	\$669,962	\$100,494	\$0
Floyd Medical Center	Floyd	\$6,648,712	\$997,307	\$3,324,356
Georgia Baptist Meriwether Hospital	Meriwether	\$1,326,619	\$198,993	\$663,310
Grady General Hospital	Grady	\$1,388,270	\$208,241	\$694,135
Grady Memorial Hospital	Fulton	\$151,104,843	\$22,665,726	\$75,552,422
Habersham County Medical Center	Habersham	\$1,732,991	\$259,949	\$866,496
Hamilton Medical Center	Whitfield	\$1,616,054	\$242,408	\$0
Higgins General Hospital	Haralson	\$857,526	\$128,629	\$428,763

Facility Name	County	DSH Payment	Primary Care Plan Obligation	Inter-governmental Transfers (IGTs)
Hughes Spalding Children's Hospital	Fulton	\$4,249,644	\$637,447	\$2,124,822
Hutcheson Medical Center	Catoosa	\$5,394,668	\$809,200	\$2,697,334
Irwin County Hospital	Irwin	\$802,523	\$120,378	\$401,262
Jasper Memorial Hospital	Jasper	\$378,318	\$56,748	\$189,159
Jeff Davis Hospital	Jeff Davis	\$648,633	\$97,295	\$324,317
Jefferson Hospital	Jefferson	\$473,974	\$71,096	\$236,987
John D. Archbold Memorial Hospital	Thomas	\$4,825,824	\$723,874	\$2,412,912
Liberty Regional Medical Center	Liberty	\$2,489,141	\$373,371	\$1,244,571
Louis Smith Memorial Hospital	Lanier	\$650,536	\$97,580	\$0
McDuffie Regional Medical Center	McDuffie	\$449,033	\$67,355	\$224,517
Meadows Regional Medical Center	Toombs	\$2,216,949	\$332,542	\$1,108,475
Medical Center of Central Georgia	Bibb	\$23,022,098	\$3,453,315	\$11,511,049
Medical College of GA Hospitals & Clinics	Richmond	\$27,627,835	\$4,144,175	\$13,813,918
Memorial Health University Med. Ctr.	Chatham	\$19,247,439	\$2,887,116	\$9,623,720
Memorial Hospital of Adel	Cook	\$488,152	\$73,223	\$0
Memorial Hospital of Bainbridge	Decatur	\$1,501,369	\$225,205	\$750,685
Miller County Hospital	Miller	\$608,471	\$91,271	\$304,236
Minnie G. Boswell Memorial Hospital	Greene	\$524,909	\$78,736	\$262,455
Mitchell County Hospital	Mitchell	\$973,013	\$145,952	\$486,507
Monroe County Hospital	Monroe	\$375,223	\$56,283	\$187,612
Murray Medical Center	Murray	\$1,785,553	\$267,833	\$892,777
Northeast Georgia Medical Center	Hall	\$8,826,642	\$1,323,996	\$4,413,321
Oconee Regional Medical Center	Baldwin	\$2,534,827	\$380,224	\$1,267,414
Phoebe Worth Medical Center	Worth	\$1,472,432	\$220,865	\$0
Phoebe Putney Memorial Hospital	Dougherty	\$7,326,668	\$1,099,000	\$3,663,334
Polk Medical Center	Polk	\$1,753,210	\$262,982	\$876,605
Putnam General Hospital	Putnam	\$561,764	\$84,265	\$280,882
Rabun County Memorial Hospital	Rabun	\$889,052	\$133,358	\$444,526
Roosevelt Warm Springs Institute for Rehabilitation	Meriwether	\$1,196,280	\$179,442	\$598,140
Satilla Regional Medical Center	Ware	\$2,986,684	\$448,003	\$1,493,342
Screven County Hospital	Screven	\$456,007	\$68,401	\$228,004
Smith Northview Hospital	Lowndes	\$1,184,783	\$177,717	\$0
South Fulton Medical Center	Fulton	\$3,461,998	\$519,300	\$0
South Georgia Medical Center	Lowndes	\$3,980,925	\$597,139	\$1,990,463
Southeast Georgia Regional Medical Center	Glynn	\$4,919,877	\$737,982	\$2,459,939
Southwest Hospital and Medical Center	Fulton	\$1,113,017	\$166,953	\$0
Stephens County Hospital	Stephens	\$2,377,330	\$356,600	\$1,188,665
Sumter Regional Hospital, Inc.	Sumter	\$2,242,794	\$336,419	\$1,121,397



Facility Name	County	DSH Payment	Primary Care Plan Obligation	Inter-governmental Transfers (IGTs)
Sylvan Grove Hospital	Butts	\$834,443	\$125,166	\$417,222
Tanner Medical Center/Villa Rica	Carroll	\$984,198	\$147,630	\$492,099
Tattnall Community Hospital	Tattnall	\$807,117	\$121,068	\$0
Taylor Regional Hospital	Pulaski	\$495,782	\$74,367	\$0
The Medical Center	Muscogee	\$13,746,911	\$2,062,037	\$6,873,456
Tift Regional Medical Center	Tift	\$1,941,875	\$291,281	\$970,938
Union General Hospital	Union	\$251,165	\$37,675	\$125,583
University Hospital	Richmond	\$8,423,124	\$1,263,469	\$4,211,562
Upton Regional Medical Center	Upton	\$2,023,112	\$303,467	\$1,011,556
Walton Medical Center	Walton	\$802,620	\$120,393	\$0
Washington County Regional Medical Center	Washington	\$1,193,968	\$179,095	\$596,984
Wayne Memorial Hospital	Wayne	\$1,300,760	\$195,114	\$650,380
West Georgia Medical Center	Troup	\$2,535,906	\$380,386	\$1,267,953
Wheeler County Hospital	Wheeler	\$779,397	\$116,910	\$0
Wills Memorial Hospital	Wilkes	\$940,216	\$141,032	\$470,108
<b>Totals</b>		<b>\$424,724,498</b>	<b>\$63,708,676</b>	<b>\$193,166,687</b>

#### Nursing Home Provider Fees FY 2004

Enrolled	FY 2004 Total
A.G. Rhodes Home, Inc. - Cobb	\$307,421
A.G. Rhodes Home at Wesley Woods, Inc.	\$365,054
A.G. Rhodes Home, Inc.	\$376,991
AHC Decatur	\$301,534
Albany Health Care, Inc.	\$507,610
Altamaha Healthcare Center	\$169,909
Alvista Healthcare Center, Inc.	\$251,609
Appling Convalescent Center	\$197,328
Appling Nursing Home	\$88,525
Arrowhead Healthcare Center	\$296,955
Ashburn Health Care	\$197,739
Ashton Woods Nursing Home and Rehabilitation Center	\$380,762
Athena Rehabilitation of Clayton	\$601,389
Athens Heritage Home, Inc.	\$243,112
Augusta Hills Nursing and Rehabilitation Center, Inc.	\$300,241
Austell Health Care, Inc.	\$318,451
Autumn Breeze Health Care Center	\$296,130
Avalon Health & Rehabilitation Center	\$241,484
Azalea Trace Nursing Center	\$327,596
Azalealand Nursing Home	\$261,382
Bagwell Nursing Home of Carrollton, Inc. doing business as (dba) Oak Mountain Village Health Center	\$105,568
Bainbridge Healthcare	\$274,404
Banks-Jackson-Commerce Nursing Home	\$364,482

<b>Enrolled</b>	<b>FY 2004 Total</b>
Baptist Village, Inc.	\$706,902
Bayview Nursing Home	\$174,740
Beaulieu Convalescent Center, Inc.	\$410,432
Bel Arbor Nursing Center	\$277,141
Berrien Nursing Center	\$272,948
Bethany Home Nursing Center of Vidalia	\$515,985
Bethany Home Nursing Center of Millen	\$265,326
Beverly Health and Rehabilitation Center - Jesup	\$227,832
Beverly Healthcare - Decatur	\$189,669
Beverly Healthcare - Glenwood	\$630,088
Beverly Healthcare - Kennestone	\$349,950
Beverly Healthcare - Northside	\$537,298
Beverly Healthcare -Tifton	\$261,861
Beverly Health and Rehabilitation - Jonesboro	\$41,446
Beverly Healthcare	\$231,662
Beverly Manor of Augusta	\$237,181
Blair House Nursing and Rehabilitation Center	\$277,660
Blue Ridge Health Care Center, Inc.	\$252,844
Bolingreen Nursing Center	\$311,395
Boswell-Parker Nursing Center	\$55,765
Brentwood Terrace Health Center	\$267,128
Brian Center Nursing Care of Austell	\$464,280
Brian Center Nursing Care of Canton	\$252,930
Brian Center Nursing Care of Jeffersonville	\$196,694
Brian Center Nursing Care of La Grange	\$350,122
Brian Center Nursing Care of Lumber City	\$227,793
Brian Center Nursing Care of Powder Springs	\$527,133
Brian Center Nursing Care of St. Simon Island	\$299,144
Brian Center Nursing Care of Thomasville	\$134,065
Briarwood Nursing Center	\$262,722
Brightmoor Health Care, Inc.	\$388,516
Brown Memorial Convalescent Center	\$443,528
Brownwood Nursing Home, Inc.	\$277,629
Bryan County Health and Rehabilitation Center	\$262,165
Bryant Nursing Center	\$206,274
Calhoun Health Care Center, Inc.	\$278,358
Calhoun Nursing Home	\$171,292
Camellia Gardens of Life Care	\$163,522
Candler Hospital Subacute Unit	\$3,661
Canton Nursing Center, Inc.	\$272,014
Carrollton Manor Nursing Home, Inc.	\$274,014
Cedar Springs Health and Rehabilitation	\$278,483
Chaplinwood Nursing Home	\$289,696
Chatsworth Health Care Center	\$322,789
Chattahoochee Health Care Center, Inc. dba Dogwood Health & Rehabilitation	\$206,653
Chatuge Regional Nursing Home	\$337,834
CHC Carrollton Nursing and Rehabilitation Center, Inc.	\$429,681

<b>Enrolled</b>	<b>FY 2004 Total</b>
Cherry Blossom Health Care Center	\$220,527
Christian City Convalescent Center, Inc.	\$557,792
Chulio Hills Health and Rehabilitation	\$237,770
Church Home for the Aged (Christ Sanctified)	\$151,402
Clarke Health Care Center, Inc.	\$251,488
Claxton Nursing Home, Inc.	\$199,147
Clinch Healthcare Center	\$225,278
Coastal Manor	\$185,074
Cobb Healthcare Center	\$353,373
College Park Health Care Center	\$268,520
Cordele Health and Rehabilitation Center, Inc.	\$229,398
Cornerstone Health and Rehabilitation Center	\$443,606
Countryside Health Center	\$164,117
Covington Manor Nursing Home	\$206,661
Crestview Nursing Facility	\$126,306
Crisp Regional Nursing and Rehabilitation Center	\$398,955
Crystal Springs Nursing Home	\$161,915
Cumming Nursing Center	\$245,691
Dade Health and Rehabilitation	\$181,410
Dawson Manor Nursing Home	\$207,945
Decatur Health Care Center, Inc.	\$196,199
Delmar Gardens of Gwinnett, Inc.	\$150,009
Delmar Gardens of Smyrna	\$313,657
Dublinair Nursing Home	\$408,592
Eagle's Nest Truck Station, Inc. (Moss Oaks)	\$171,314
Early Memorial Nursing Home	\$377,257
Eastview Nursing Center	\$262,244
Eatonton Health and Rehabilitation Center	\$258,861
Effingham County Extended Care Facility	\$314,794
Elberta Health Care	\$165,900
Emanuel Medical Center Nursing Home	\$150,190
Emory Adventist Nursing Home	\$204
Emory Nursing Center	\$122,263
Fairburn Health Care Center, Inc.	\$333,501
Family Life Enrichment Center, Inc.	\$220,641
Fifth Avenue Health Care	\$268,264
Fitzgerald Nursing Home	\$223,310
Florence Hand Home	\$391,438
Forrest Lake Health Care, Inc.	\$264,032
Fort Gaines Nursing Home	\$180,592
Fort Oglethorpe Health Care, Inc.	\$304,286
Fort Valley Healthcare Center	\$173,176
Four County Health Care	\$240,610
Franklin Health Care Center	\$168,009
Friendship Health Care	\$234,867
Fulton Health and Rehabilitation Center, Inc.	\$316,414
Garden Terrance	\$646,693

<b>Enrolled</b>	<b>FY 2004 Total</b>
Gateway Health Care	\$156,727
Gibson Health and Rehabilitation Center	\$285,539
Gilmer Nursing Home	\$280,804
Glendale Nursing Home	\$243,950
Glenn-Mor Nursing Home	\$187,047
Glenvue Nursing Home	\$428,695
Gold City Health and Rehabilitation Center	\$197,359
Gordon Health Care Center	\$332,357
Gracemore Nursing Center	\$147,709
Grandview Health Care Center	\$167,358
Gray Nursing Home	\$149,536
Green Acres Nursing Home	\$289,610
Greene Point Health Care	\$194,565
Gwinnett Extended Care Center	\$230,443
Habersham Home	\$242,378
Hamilton House Nursing Center	\$329,283
Hartley Woods Health and Rehabilitation Center	\$294,507
Hartwell Health Care Center	\$281,411
HCP III Athens, Inc.	\$307,064
HCP III Bremen, Inc.	\$320,264
HCP III Cedartown, Inc.	\$276,335
HCP III Cummings, Inc.	\$400,875
HCP III Eastman, Inc.	\$279,724
HCP III Hartwell, Inc.	\$319,906
HCP III Macon, Inc.	\$391,903
HCP III Pine Knoll, Inc.	\$330,971
HCP III Rockmark, Inc.	\$142,146
HCP III Roswell, Inc.	\$521,016
HCP III Savannah, Inc.	\$342,934
HCP III Shamrock, Inc.	\$264,987
HCP III Social Circle, Inc.	\$160,842
HCP III Woodstock, Inc.	\$432,694
Heardmont Nursing Home	\$173,272
Heritage Inn Health and Rehabilitation Center	\$236,576
Heritage Inn of Barnesville	\$321,736
Heritage Inn of Sandersville	\$177,073
Heritage Park of Savannah, Inc.	\$305,820
HGW Corporation dba Forsyth Nursing Home	\$198,941
Hilltop Nursing Home, Inc.	\$195,643
Hospitality Care Center	\$174,542
IHS of Atlanta at Buckhead (of Lester)	\$212,108
Ideal Health Care Center	\$226,922
IHS of Atlanta at Shoreham	\$353,328
IHS of Briarcliff Haven, Inc.	\$310,612
Jennings Healthcare, Inc.	\$268,738
Jesup Healthcare Center	\$152,984
Joe-Anne Burgin Nursing Home	\$231,479

<b>Enrolled</b>	<b>FY 2004 Total</b>
Johnson County Nursing Home, Inc.	\$148,805
Keysville Nursing Home, Inc.	\$175,773
Lafayette Healthcare Center, Inc.	\$260,019
Lafayette Nursing and Rehabilitation Center	\$445,139
Lake Crossing Health Center	\$248,641
Lakeland Villa Convalescent Center	\$175,522
Lakeshore Heights Nursing Center, Inc.	\$247,582
Laurel Baye Healthcare of Decatur	\$375,026
Laurel Baye Healthcare of Lake Lanier	\$308,387
Laurel Baye Healthcare of Macon	\$227,664
Laurel Park at Henry Medical Center	\$171,943
Lee County Health Care	\$167,163
Life Care Center	\$268,023
Life Care Center of Gwinnett	\$391,437
Life Care Center of Lawrenceville	\$306,374
Lilburn Geriatric Center, Inc.	\$362,513
Lillian G. Carter Nursing Center	\$274,914
Lowndes County Health Services, Inc. dba Crestwood Nursing Home	\$210,800
Lowndes County Health Services, Inc. dba Heritage House Nursing Home	\$246,680
Lowndes County Health Services, Inc. dba Holly Hill Nursing Home	\$266,032
Lowndes County Health Services, Inc. dba Lakehaven Nursing Home, Inc.	\$227,450
Lowndes County Health Services, Inc. dba Parkwood Developmental Center	\$336,331
Lynn Haven Nursing Home	\$276,889
Madison Health and Rehabilitation (Beverly Hospital Nursing and Rehabilitation Center)	\$188,294
Magnolia Manor Methodist Nursing Center	\$626,827
Magnolia Manor South Nursing Center	\$193,981
ManorCare of Marietta Nursing and Rehabilitation	\$263,927
Maple Ridge Health Care Center	\$206,819
Marietta Health and Rehabilitation Center, Inc.	\$302,588
Mariner Health of Northeast Atlanta	\$300,490
Marion Memorial Nursing Home	\$191,107
McRae Manor Nursing Home	\$376,236
Meadowbrook Nursing Home, Inc.	\$384,232
Meadows Nursing Center	\$72,220
Medical Arts Health Facility	\$323,020
Memorial Convalescent Center	\$270,338
Memorial Manor Nursing Home	\$327,444
Memorial Nursing Home	\$250,541
Meriwether Nursing Home	\$153,717
Metter Nursing Home, Inc.	\$239,766
Middle Georgia Nursing Home	\$220,584
Midway Health Care Center	\$359,422
Miller Nursing Home	\$275,257
Mitchell Convalescent Center	\$147,275
Molena Nursing Home, Inc.	\$189,416
Montezuma Health Care Center	\$227,962
Moultrie Healthcare, Inc. dba Sunrise Nursing Home	\$157,969

<b>Enrolled</b>	<b>FY 2004 Total</b>
Mountain Healthcare Center, Inc.	\$158,977
Mountain View Health and Rehabilitation Center	\$252,300
Muscogee Manor and Rehabilitation Center	\$151,632
Nancy Hart Nursing Center	\$195,570
National Health Care of Rossville	\$307,297
New Horizons North	\$310,037
New Horizons West	\$333,323
New London Health Center	\$382,189
NHC Healthcare of Ft. Oglethorpe	\$357,597
Nurse Care of Atlanta, Inc.	\$576,083
Oak Manor Nursing Home, Inc.	\$468,035
Oak View Nursing Home	\$276,865
Oak View Nursing Center	\$429,126
Oceanside Nursing and Rehabilitation Center	\$223,053
Oconee Health Care	\$139,372
Oconee Regional Medical Center Skilled-Nursing Unit	\$2,662
Old Capitol Inn Healthcare Center, Inc.	\$331,941
Osceola Nursing Home	\$233,534
Palemon Gaskins Memorial Nursing Home	\$91,952
Palmyra Nursing Home, Inc.	\$694,374
Park Place Nursing Facility	\$280,738
Parkside at Hutcheson Medical Center	\$347,331
Parkview Manor (SCHM Parkview, Inc.)	\$529,932
Parkwood Nursing and Rehabilitation Center	\$461,796
Paulding Memorial Nursing Center	\$468,373
Peachbelt Health and Rehabilitation Center	\$251,163
Peake Healthcare Center, Inc.	\$313,027
Pelham Parkway Nursing Home	\$327,474
Phoebe Putney Memorial Hospital (SNF)	\$1,997
Pierce County Nursing Home	\$226,023
Pine Manor Nursing Home, Inc.	\$340,954
Pinehill Nursing Center, Inc.	\$244,192
Pineview Health Care Center, Inc.	\$230,705
Pinewood Manor Nursing Home	\$291,091
Pinewood Nursing Center	\$316,913
Pleasant View Nursing Center	\$352,252
Premier Subacute and Rehabilitation Center	\$84,871
Presbyterian Home, Quitman, Inc.	\$530,056
Presbyterian Village, Inc.	\$301,691
Providence Healthcare of Sparta	\$173,763
Providence Healthcare of Thomaston	\$289,000
Pulaski Nursing Home, Inc.	\$213,308
Quiet Oaks Health Care Center	\$183,076
Quinton Memorial Health Care Center	\$332,787
Regency Park Health Care Center	\$263,555
Ridgewood Manor Nursing Home	\$305,268
River Willows Nursing Center	\$280,865

<b>Enrolled</b>	<b>FY 2004 Total</b>
Riverside Health Care Center	\$389,481
Riverside Nursing Center of Thomaston	\$214,159
Riverview Nursing and Rehabilitation (Chatham NH)	\$556,851
Roberta Healthcare Center	\$226,732
Rockdale Healthcare Center	\$239,889
Rosemont at Stone Mountain	\$382,670
Rosewood Nursing Center, Inc.	\$296,343
Ross Memorial Health Care Center	\$264,602
Sadie G. Mays Health and Rehabilitation Center	\$120,305
Salem Nursing and Rehabilitation Center of Augusta, Inc.	\$397,018
Satilla Care Center	\$268,452
Savannah Beach Nursing and Rehabilitation Center	\$145,103
Savannah Rehabilitation and Nursing Center	\$273,449
Savannah Specialty Care Center	\$225,191
Scenic View Convalescent Center, Inc.	\$287,057
Sears Manor Nursing Home	\$264,137
Seminole Manor Nursing Home	\$87,239
Shady Acres	\$450,485
SHCM Bonterra, Inc.	\$323,998
Shepherd Hills Health Care Center, Inc.	\$299,608
Smith Medical Nursing Care Center	\$164,448
Southeast Georgia Regional Medical Center	\$4,120
Southern Medical of North Macon, Inc.	\$504,630
Southern Traditions	\$125,679
Southland Care Center	\$339,402
Southland Nursing Home	\$443,312
Spalding Health Care, Inc.	\$166,963
Sparta Health Care Center	\$219,576
Specialty Care of Marietta	\$326,341
Spring Valley Health Care Center, Inc.	\$154,303
St. Joseph's Hospital Transitional Care Unit	\$2,940
St. Mary's Convalescent Center	\$225,636
St. Mary's Hospital Long-Term Care Facility	\$323,730
Starcrest of Cartersville	\$341,926
Statesboro Nursing Home, Inc.	\$254,747
Summerhill Elderliving Home	\$407,597
SunBridge Care and Rehabilitation for Atlanta	\$278,509
SunBridge Care and Rehabilitation for Cartersville	\$298,797
SunBridge Care and Rehabilitation for Folkston	\$218,835
SunBridge Care and Rehabilitation for Fountain City	\$476,636
SunBridge Care and Rehabilitation for Golden Isles	\$220,325
SunBridge Care and Rehabilitation for Griffin	\$374,073
SunBridge Care and Rehabilitation for Hazelhurst	\$197,969
SunBridge Care and Rehabilitation for Riverdale	\$394,816
SunBridge Care and Rehabilitation for Seven Hills	\$270,170
SunBridge Care and Rehabilitation for Statesboro	\$176,625
SunBridge Care and Rehabilitation for Mount Berry	\$262,213

<b>Enrolled</b>	<b>FY 2004 Total</b>
SunBridge Care Center for Moran Lake	\$261,846
Swainsboro Nursing Home, Inc.	\$237,150
Sylvester Health Care, Inc.	\$300,908
Syl-View Health Care Center, Inc.	\$321,959
Tattnall Healthcare Center	\$178,619
Taylor County Health Care	\$213,656
The Bell Minor Home, Inc.	\$279,429
The Fountainview Center for Alzheimer's Disease	\$344,365
The Oaks Nursing Home, Inc.	\$140,332
The Retreat Nursing Home	\$159,390
The Seasons Health and Rehabilitation Center	\$452,609
The William Breman Jewish Home	\$287,942
Thomaston Health and Rehabilitation	\$306,768
Thomson Manor Nursing Home	\$397,693
Tift Health Care, Inc.	\$475,353
Toccoa Nursing Center, Inc.	\$504,020
Toombs Nursing Home	\$384,746
Toombsboro Nursing Center, Inc.	\$170,342
Traditions Health and Rehabilitation Center	\$524,189
Treutlen County Nursing Home	\$151,983
Tucker Nursing Center	\$331,472
Twin Fountain Home	\$338,369
Twin Oaks Convalescent Center	\$250,167
Twin View Healthcare Center	\$306,449
Union County Nursing Home	\$459,613
University External Care/Westwood	\$420,481
University External Care/Kentwood	\$162,275
Walton Medical Center Convalescent Unit	\$177,176
Warner Robins Rehabilitation Center	\$291,979
Warrenton Health and Rehabilitation Center	\$319,785
Washington County Extended Care Facility	\$185,192
Waycross Health and Rehabilitation Center	\$252,261
West Lake Manor (Richmond NH)	\$214,355
Westbury Medical Care Home, Inc.	\$558,674
Westminster Commons	\$126,067
Westview Nursing and Rehabilitation Center	\$241,493
Westwood Nursing Center	\$126,364
Wildwood Health Care, Inc.	\$132,871
Wilkes Health Care Center, Inc.	\$115,756
Willowwood Nursing Center	\$290,017
Winder Nursing, Inc.	\$471,318
Windermere Nursing Home	\$269,465
Winthrop Manor Nursing Center	\$273,185
Wood Dale Health Care Center	\$235,616
Woodlands (Moultrie Nursing Center)	\$144,031
Wrightsville Manor	\$263,274
<b>Total</b>	<b>\$97,101,076</b>



**Upper Payment Limits**

Upper Payment Limits (UPLs) are available to eligible hospitals and nursing homes. These reimbursements “fill the gap” between what Medicaid paid and what Medicare would have paid. The state receives intergovernmental transfers (IGTs) from participating public hospitals and nursing homes which are used to match federal UPL funds available. UPL payments are then made back to the eligible hospital or nursing home.

**For Nursing Homes in FY 2004:**

<b>Nursing Home</b>	<b>FY 2004 Payments</b>	<b>FY 2004 IGTs</b>
Allen Hall (Intermediate Care Facility for the Mentally Retarded – ICF/MR)	\$139,649	\$52,997
Appling Convalescent Center	\$1,175,335	\$979,446
Appling Nursing Home	\$500,230	\$416,858
Azalea Trace Nursing Center	\$2,000,533	\$1,667,111
Banks-Jackson-Commerce Medical Center Nursing Home	\$2,156,119	\$1,796,766
Boswell-Parker Nursing Center	\$257,734	\$214,778
Brentwood Terrace Health Center	\$1,785,462	\$1,487,885
Bryant Nursing Center	\$1,072,551	\$893,793
Calhoun Nursing Home	\$1,040,749	\$867,291
Chatuge Regional Nursing Home	\$1,890,639	\$1,575,533
Cherry Blossom Health Care	\$1,220,985	\$1,017,488
Coastal Manor	\$621,605	\$518,004
Crestview Health and Rehabilitation Center	\$5,575,538	\$4,646,282
Crisp Regional Nursing and Rehabilitation Center	\$1,449,371	\$1,207,809
Dawson Manor Nursing Home	\$1,342,227	\$1,118,523
East Central Georgia (ICF/MR)	\$1,577,534	\$598,674
Early Memorial Nursing Home	\$2,605,292	\$2,171,077
Effingham County Extended Care Facility	\$1,971,833	\$1,643,194
Emanuel County Medical Center Nursing Home	\$221,253	\$184,378
Florence Hand Home	\$707,044	\$589,203
Four County Health Care	\$1,312,028	\$1,093,357
Georgia Baptist Meriwether Nursing Home	\$729,009	\$607,508
Glenn-Mor Nursing Home	\$1,017,480	\$847,900
Glenvue Nursing Home	\$3,034,071	\$2,528,393
Gracewood Development Center (ICF/MR)	\$2,896,946	\$1,099,391
Gray Nursing Home	\$1,143,022	\$952,518
Greene Point Health Care	\$1,080,676	\$900,563
Gwinnett Extended Care Center	\$1,050,358	\$875,298
Habersham Nursing Home	\$1,069,977	\$891,648
Hamilton House Nursing and Rehabilitation Center	\$1,194,336	\$995,280
Hartwell Health Care Center	\$1,675,557	\$1,396,298
Heritage Inn of Barnesville	\$1,754,769	\$1,462,308
Heritage Inn of Sandersville	\$840,730	\$700,608
Ideal Health Care Center	\$1,362,778	\$1,135,648

<b>Nursing Home</b>	<b>FY 2004 Payments</b>	<b>FY 2004 IGTs</b>
Joe-Anne Burgin Nursing Home	\$1,326,000	\$1,105,000
Kentwood Nursing Home	\$1,272,396	\$1,060,330
Laurel Park Nursing Home	\$416,054	\$346,712
Lee County Health Care	\$1,299,456	\$1,082,880
Lillian G. Carter Nursing Center	\$1,425,817	\$1,188,181
Lynn Haven Nursing Home	\$1,663,087	\$1,385,906
Marion Memorial Nursing Home	\$1,084,460	\$903,717
Meadows Nursing Center	\$187,458	\$156,215
Memorial Manor Nursing Home	\$1,315,910	\$1,096,592
Miller Nursing Home	\$1,530,338	\$1,275,282
Mitchell Convalescent Center	\$715,514	\$596,262
Montezuma Health Care Center	\$1,629,060	\$1,357,550
Muscogee Manor and Rehabilitation Center	\$5,246,996	\$4,372,497
New Horizons - North	\$1,996,744	\$1,663,953
New Horizons - West	\$2,465,676	\$2,054,730
Northwest Georgia Regional Hospital (ICF/MR)	\$460,673	\$174,825
Oak View Nursing Home, Inc.	\$1,237,762	\$1,031,468
Oakview Nursing and Rehabilitation Center	\$2,634,103	\$2,195,086
Oconee Health Care	\$686,652	\$572,210
Palemon Gaskins Memorial Nursing Home	\$182,154	\$151,795
Parkside at Hutcheson Medical Center	\$1,562,422	\$1,302,018
Pecan Manor (ICF/MR)	\$617,046	\$234,169
Pelham Parkway Nursing Home	\$2,003,968	\$1,669,973
Phoebe Putney Memorial Hospital Skilled-Nursing Facility (SNF)	\$7,324	\$6,103
Piedmont Hall (ICF/MR)	\$1,227,259	\$465,745
Pierce County Nursing Home	\$780,060	\$650,050
Providence Healthcare of Sparta	\$692,126	\$576,772
Providence Healthcare of Thomaston	\$1,452,707	\$1,210,589
Riverside Nursing Center Of Thomaston	\$1,027,461	\$856,218
Rose Haven Nursing Facility	\$855,102	\$324,511
Satilla Care Center	\$1,142,072	\$951,727
Shady Acres Convalescent Center	\$4,159,573	\$3,466,311
S.E. Georgia Health System – Transitional Care Unit	\$13,992	\$11,660
Sparta Health Care Center	\$1,157,583	\$964,653
St. Mary's Convalescent Center	\$1,704,382	\$1,420,318
Starcrest of Cartersville	\$3,167,247	\$2,639,373
Starcrest Of Lithonia	\$4,251,032	\$3,542,527
Taylor County Health Care	\$985,253	\$821,044
The Retreat	\$448,957	\$374,131
Thomson Manor Nursing Home	\$2,761,717	\$2,301,431
Toombs Nursing Home	\$1,856,217	\$1,546,848

<b>Nursing Home</b>	<b>FY 2004 Payments</b>	<b>FY 2004 IGTs</b>
Treutlen County Nursing Home	\$850,692	\$708,910
Twin Fountains Home	\$2,351,966	\$1,959,972
Twin Oaks Convalescent Center, Inc.	\$1,670,218	\$1,391,848
Union County Nursing Home	\$1,853,114	\$1,544,262
Washington County Extended Care Facility	\$827,940	\$689,950
Wellstar Paulding Nursing Center	\$2,614,996	\$2,179,163
Westwood Nursing Center	\$2,786,133	\$2,321,778
<b>Total</b>	<b>\$123,078,289</b>	<b>\$99,037,053</b>

**For Hospitals in FY 2004:**

<b>Hospital</b>	<b>FY 2004 Payments</b>	<b>FY 2004 IGTs</b>
Appling Hospital	\$536,851	\$447,376
Athens Regional Medical Center	\$18,231,855	\$15,193,213
Bacon County Hospital	\$380,148	\$0
BJC Medical Center	\$691,096	\$575,913
Bleckley Memorial Hospital	\$350,452	\$0
Brooks County Hospital	\$319,554	\$0
Burke County Hospital	\$409,730	\$341,442
Camden Medical Center	\$811,203	\$676,003
Candler County Hospital	\$491,906	\$409,922
Central State Hospital - Medical/Surgical	\$91,685	\$83,350
Charlton Memorial Hospital	\$226,167	\$0
Chatuge Regional Hospital	\$37,980	\$0
Clinch Memorial Hospital	\$714,465	\$0
Coffee Regional Medical Center	\$2,125,427	\$1,771,189
Colquitt Regional Medical Center	\$2,516,988	\$2,097,490
Crisp Regional Hospital	\$855,316	\$712,763
DeKalb Medical Center	\$24,924,786	\$20,770,655
Dodge County Hospital	\$2,358,839	\$1,965,699
Dorminy Medical Center	\$856,409	\$713,674
Early Memorial Hospital	\$854,710	\$0
Effingham Hospital	\$185,601	\$0
Elbert Memorial Hospital	\$891,815	\$743,179
Emanuel Medical Center	\$967,293	\$806,078
Evans Memorial Hospital	\$986,534	\$822,112
Fannin Regional Hospital	\$681,022	\$567,518
Floyd Medical Center	\$5,815,838	\$4,846,532
Georgia Baptist Meriwether Hospital	\$431,434	\$0
Grady General Hospital	\$1,291,083	\$1,075,903
Grady Memorial Hospital	\$211,885,428	\$176,571,190
Gwinnett Medical Center	\$3,228,568	\$2,690,473
Habersham County Medical Center	\$387,392	\$322,827

Hospital	FY 2004 Payments	FY 2004 IGTs
Hart County Hospital	\$668,554	\$557,128
Henry Medical Center	\$1,498,778	\$1,248,982
Higgins General Hospital	\$436,357	\$0
Houston Medical Center	\$4,044,602	\$3,370,502
Hughes Spalding Children's Hospital	\$11,130,469	\$9,275,391
Hutcheson Medical Center	\$3,478,534	\$2,898,778
Irwin County Hospital	\$655,451	\$546,209
Jeff Davis Hospital	\$312,160	\$260,133
Jefferson Hospital	\$443,277	\$369,398
Jenkins County Hospital	\$100,713	\$0
Joan Glancy Memorial Hospital	\$467,485	\$389,571
John D. Archbold Memorial Hospital	\$3,077,708	\$2,564,757
Liberty Memorial Hospital	\$712,422	\$593,685
Louis Smith Memorial Hospital	\$429,775	\$0
McDuffie County Hospital	\$505,428	\$421,190
Meadows Regional Medical Center	\$1,321,010	\$1,100,842
Medical Center of Central Georgia	\$31,671,143	\$26,392,619
Medical College of Georgia Hospitals and Clinics	\$70,852,609	\$59,389,847
Memorial Health University Medical Center	\$43,794,883	\$36,495,736
Memorial Hospital	\$611,873	\$509,894
Miller County Hospital	\$687,041	\$0
Minnie G. Boswell Memorial Hospital	\$156,693	\$0
Mitchell County Hospital	\$871,272	\$0
Monroe County Hospital	\$187,159	\$0
Morgan Memorial Hospital	\$380,457	\$0
Murray Medical Center	\$451,193	\$375,994
Newton General Hospital	\$1,618,266	\$1,348,555
Northeast Georgia Medical Center	\$9,580,523	\$7,983,769
Northside Hospital	\$17,112,598	\$14,260,498
Northside Hospital - Cherokee	\$1,397,522	\$1,164,602
Oconee Regional Medical Center	\$1,397,698	\$1,164,748
Peach Regional Medical Center	\$454,638	\$0
Perry Hospital	\$914,376	\$761,980
Phoebe Putney Memorial Hospital	\$6,114,487	\$5,095,406
Phoebe Worth Hospital	\$449,733	\$0
Polk Medical Center	\$331,505	\$0
Putnam General Hospital	\$158,730	\$0
Rabun County Memorial Hospital	\$250,734	\$208,945
Rockdale Hospital	\$4,525,219	\$3,771,016
Roosevelt Warm Springs Institute for Rehabilitation	\$2,109,616	\$1,917,833
Satilla Regional Medical Center	\$1,729,567	\$1,441,306
Screven County Hospital	\$144,337	\$0

Hospital	FY 2004 Payments	FY 2004 IGTs
South Georgia Medical Center	\$7,140,105	\$5,950,088
Southeast Georgia Regional Medical Center	\$6,231,432	\$5,192,860
Southern Regional Medical Center	\$16,709,531	\$13,924,609
Southwest Georgia Regional Medical Center	\$305,290	\$0
Stephens County Hospital	\$1,417,887	\$1,181,573
Stewart Webster Hospital	\$63,033	\$0
Sumter Regional Hospital	\$3,254,675	\$2,712,229
Sylvan Grove Hospital	\$511,767	\$0
Tanner Medical Center/Carrollton	\$4,282,784	\$3,568,987
Tanner Medical Center/Villa Rica	\$1,355,346	\$1,129,455
Tattnall Memorial Hospital	\$366,864	\$0
Taylor Telfair Regional Hospital	\$180,077	\$0
The Medical Center	\$15,105,345	\$12,587,788
Tift General Hospital	\$1,800,821	\$1,500,684
Union General Hospital	\$207,497	\$172,914
University Hospital	\$14,364,647	\$11,970,539
Upton Regional Medical Center	\$3,165,192	\$2,637,660
Washington County Regional Medical Center	\$524,696	\$437,247
Wayne Memorial Hospital	\$2,026,594	\$1,688,828
WellStar Cobb Hospital	\$12,558,977	\$10,465,814
WellStar Douglas Hospital	\$2,023,668	\$1,686,390
WellStar Kennestone Hospital	\$10,743,528	\$8,952,940
WellStar Paulding Hospital	\$637,531	\$531,276
WellStar Windy Hill Hospital	\$56,544	\$47,120
West Georgia Medical Center	\$3,218,839	\$2,682,366
Wheeler County Hospital	\$329,585	\$0
Wills Memorial Hospital	\$325,077	\$0
<b>Total</b>	<b>\$620,681,502</b>	<b>\$509,105,182</b>

#### **General Counsel Division**

- Collaborated with the State Health Care Fraud Control Unit to secure criminal convictions in six cases, with restitution ordered of approximately one million dollars.
- Partnered with the State Health Care Fraud Control Unit and the National Association of Medicaid Fraud Control Units to obtain almost eight million dollars in restitution from pharmaceutical companies for abusive and fraudulent billing and marketing practices. Recovered an additional 6.7 million dollars from Georgia providers for inappropriate billings.
- Began a comprehensive revision of the regulations governing the Certificate of Need Program for the first time in more than 25 years.

The General Counsel Division is responsible for the administration of the following sections' work:

- **The Legal Services Section** provides legal services for all aspects of the Medicaid, Georgia Better Health Care, Managed Care, Program Integrity and the PeachCare for Kids Programs, including the following: representation of the department in administrative proceedings, litigation support to the Department of Law, research and drafting of Medicaid and PeachCare policy and procedures and

Provider Enrollment. The section provides counsel for all in-house Medicaid matters including rule changes, program administration, reimbursement and claims issues and statutory amendments.

- **The Certificate of Need (CON) Section** administers the CON Program, which approves the development and expansion of health care services and facilities. The program requires providers to obtain a CON before offering new services, purchasing major medical equipment or constructing new facilities. Several of the facilities, which must comply with the CON rules, include the following: hospitals, nursing homes, home health agencies, outpatient surgery centers and freestanding surgery centers for diagnostic imaging and radiation therapy.

<b>Certificate of Need and State Health Planning Program Administrative Costs and Certificate of Need Activity State Fiscal Year 2004</b>	
<b>Administrative Costs and Revenues</b>	
Expenditures	\$2,124,611
Revenue Collected (fees and indigent/charity care commitment shortfalls)	\$3,331,014
<b>Certificate of Need Activity</b>	
CON Applications Received	142
Proposed Capital Expenditures	\$1,313,074,544
CON Applications Approved	106
Capital Expenditures Approved	\$1,238,020,158
CON Applications Denied	28
CON Applications Withdrawn or Cancelled	8
Savings from Denied, Withdrawn, or Cancelled Applications	\$87,761,889
CON Applications Appealed (administratively and/or judicially)	35
Requests for Determination/Letter of Non-Reviewability	230
Prepared by: Data Resources and Analysis Section, Division of Health Planning, Office of General Counsel	

**Certificate of Need Project Summary**  
**for Applications Submitted During State Fiscal Years 1994 to 2004<sup>1</sup>**

<b>Fiscal Year Submitted</b>	<b>Applications Submitted</b>	<b>Applications Approved</b>	<b>Applications Denied</b>	<b>Applications Withdrawn</b>	<b>Decisions Appealed</b>	<b>Decisions Reversed</b>	<b>Total Costs of Projects Reviewed</b>	<b>Healthcare Costs Avoided<sup>2</sup></b>
1994	127	84	24	19	37	9	\$260,435,530	\$123,358,966
1995	143	83	28	32	29	7	\$379,440,268	\$107,032,416
1996	76	59	8	9	22	3	\$420,946,923	\$41,706,298
1997	71	50	13	8	28	3	\$333,674,960	\$154,837,181
1998	93	45	36	12	37	3	\$188,123,943	\$96,616,041
1999	95	69	14	12	11	4	\$465,163,126	\$149,132,645
2000	85	77	2	6	1	1	\$666,854,009	\$90,539,810
2001	91	72	8	11	24	13	\$598,024,749	\$192,353,811
2002	117	105	4	8	12	4	\$673,532,080	\$115,615,945
2003	130	103	16	11	29	2	\$578,867,062	\$69,753,626
2004	142	106	28	8	35	3	\$1,313,074,544	\$87,761,889
<b>Totals</b>	<b>1,170</b>	<b>853</b>	<b>181</b>	<b>136</b>	<b>265</b>	<b>52</b>	<b>\$5,878,137,194</b>	<b>\$1,228,708,628</b>

<sup>1</sup> Reflects CON activity for each fiscal year as of January 25, 2006.

<sup>2</sup> Costs associated with health care construction, equipment, and services that were avoided because CON applications were denied, withdrawn, or

Prepared by: Data Resources and Analysis Section, Division of Health Planning, Office of General Counsel

**Georgia Healthcare at a Glance  
State Fiscal Year 2004**

Type of Facility or Service	Supply	2004 Utilization
General Hospitals	154 hospitals 24,305 capacity beds 3 beds per 1,000 population	915,713 admissions 4,376,969 inpatient days 500 days per 1,000 population
Specialty, Psychiatric and State Hospitals	27 hospitals 4,807 capacity beds	43,221 admissions 884,936 inpatient days
Cardiac Catheterization	117 authorized cardiac catheterization labs or rooms (97 diagnostic-only and 20 diagnostic and therapeutic providers)	75,678 diagnostic cardiac catheterizations 25,561 interventional or therapeutic cardiac catheterizations
Open Heart Surgery	20 programs	9,523 open heart surgeries 1 surgery per 1,000 population
Obstetrical Services (hospital)	1,833 capacity beds	140,365 admissions 145,214 deliveries
Ambulatory Surgery at Hospitals	128 dedicated outpatient operating rooms 715 shared outpatient and inpatient operating rooms	505,248 surgery patients 600,469 outpatient surgeries
Ambulatory Surgery at Freestanding Centers	144 surgery rooms	119,143 surgery patients 214,668 ambulatory surgeries 193,683 surgeries at multi-specialty ambulatory surgery centers
General Nursing Homes	363 homes 39,619 capacity beds 42 beds per 1,000 age 65 +	39,675 admissions 12,472,316 patient days 13,200 days per 1,000 age 65 +
Home Health Agencies	104 agencies 159 counties served by 1 or more home health agency	114,914 patients 2,325,727 visits 20 visits per patient 13 patients per 1,000 population
Personal Care Homes (25 bed or more only)	252 personal care homes 15,318 capacity beds 16 beds per 1,000 ages 65 +	10,837 patients 5,800 admissions 11 patients per 1,000 age 65 +

**Notes:**

Supply numbers reflect existing and approved services as of December 6, 2004 from Division of Health Planning inventories. Utilization reflects data reported for Calendar Year 2004 on Division of Health Planning facility surveys.

Population from 2004 projected population of Georgia residents from the Governor's Office of Planning and Budget Resident Population Projections 2000-2010. Projected Georgia population for 2004 is 8,761,523 total residents with 944,841 residents ages 65

Prepared by: Data Resources and Analysis Section, Division of Health Planning, Office of General Counsel

- **The Health Planning Section** collects health care data, helps to develop policies for health care services and provides staff support for the Health Strategies Council, its subcommittees and its technical advisory committees. Data collected help to ascertain current resources and future needs



for buildings, facilities and services across Georgia including the following: nursing homes, hospitals, personal care homes, freestanding ambulatory surgery centers, as well as radiation and cardiovascular, positron emission tomography and home health services.

- **The Health Planning Review Board**, an independent body whose membership is appointed by the Governor, hears appeals from administrative reviews that grant or deny applications for Certificates of Need. The board selects individual hearing officers from a panel it maintains.
- **The Health Strategies Council** adopts the state Health Plan to address Georgia's health care system for financial, geographic, cultural and administrative accessibility; reviews and makes recommendations on proposed rules governing the Certificate of Need Program and studies long-term, comprehensive approaches for health insurance coverage of all. The council is an independent body whose membership is appointed by the Governor.
- The **Program Integrity Section** performs all necessary investigations into allegations of misconduct, fraud, waste and abuse in the Medicaid and SHBP programs. The section conducts investigations regarding conduct of employees, vendors, providers and members. Six teams comprise the unit as follows: Investigations, Hospital, Pharmacy, Physician Services, Waivers and Professional Services.

In calendar year 2004, Program Integrity pursued 668 investigations which yielded one arrest, eight indictments and five convictions. Program Integrity's FY 2004 savings, recoupment, collections and restitution were over \$12.5 million.

### **State Health Benefit Plan Division**

During FY 2004, the operating units accomplished the following:

- Processed more than 249,634 coverage transactions for Health Plan members;
- Responded to more than 142,873 phone calls, 1,439 emails and 1,239 pieces of correspondence;
- Received 110,473 eligibility calls from Health Plan members;
- Responded to 32,400 calls from Human Resources staff at payroll locations;
- Received 641 appeals and closed 642 during the fiscal year (because of a carry-over from the previous year);
- Monitored claims processing and customer service centers to verify quality of work being provided met standards for accuracy and timeliness;
- Reviewed clinical standards and practices used within cost-containment programs, including the following: programs for medical and behavioral health utilization management, case management, prior approval, organ and tissue transplants and demand management;
- Processed 2,233 HIPAA requests for release of information; and
- Produced and mailed nearly 200,000 Preferred Provider Organization (PPO) and Indemnity Identification cards during the year.

### **Coverage Options**

The State Health Benefit Program offered a Preferred Provider Organization (PPO), Indemnity and four Health Maintenance Organization (HMO) options during FY 2004:

- The PPO option allowed members the choice of using either in-network or out-of-network providers, with a higher level of benefit coverage available when in-network providers were used. The Georgia PPO provider network consisted of over 14,000 participating physicians and 153 acute-care hospitals. Nationally, the PPO provider network included over 385,000 physicians and 3,300 hospitals. Members could also have selected the PPO Choice option, which had the same benefits as the PPO option but allowed members to nominate eligible out-of-network providers to be reimbursed as if the provider was participating within the network.
- The Indemnity option is a traditional fee-for-service plan that generally provides the same benefit coverage level no matter which qualified medical provider the member used. This option used contracted health care providers and this action protected members from balance billing. Participating

providers were located within the state of Georgia.

- The HMO option was available to members who either lived or worked in a county within an approved service area. HMO choices for FY 2004 included the following: United Healthcare, BlueChoice, CIGNA and Kaiser Permanente. Eligible HMO option members could also select an HMO Consumer Choice option, which had the same benefits as the respective HMO, but allowed members to nominate eligible out-of-network providers to be reimbursed as if the provider were participating within the HMO's network. Some members with full Medicare coverage were also able to select the HMO Medicare + Choice option, which would replace the member's traditional Medicare coverage with enhanced HMO benefits. Except in emergencies, HMO participants were required to use network providers to receive coverage.

#### **Open Enrollment and Retiree Option Change Period Activity**

The following projects were completed prior to the close of the 2003 fiscal year in preparation for the 2004 plan year:

- Processed 58,352 total transactions for Health Plan coverage effective July 1, 2003 — transactions processed on the Health Plan's Web site included option changes, terminations and enrollments;
- Conducted 13 Meeting Leader Training sessions throughout the state, trained more than 900 benefit representatives in state agencies and school systems;
- Held 23 benefit fairs across the state and met with 6,000 active and 5,000 retired members of the Health Plan and answered related questions;
- Distributed 414,000 active **Health Plan Decision Guides** to more than 1,000 payroll locations and sent approximately 2,388 information packages to members paying directly for their coverage;
- Sent more than 66,122 retired members a special package containing complete plan information and personalized change forms and
- Sent 1,733 packets to members on COBRA and Leave without Pay.

#### **Covered Lives**

The table below describes plan membership by employment group and active or retired status. Total covered lives included members, spouses and other dependents. Those in the classification of "miscellaneous" or "other" represent members of local school boards.

<b>Plan Member Group</b>	<b>Covered Lives</b>	<b>Employees</b>	<b>Dependents</b>	<b>% of Total Lives</b>
State Employees – Active	144,096	68,460	75,636	22.7%
State Employees – Retired	38,718	26,103	12,615	6.1%
Teachers – Active	234,524	102,171	132,353	37.0%
Teachers – Retired	46,934	33,412	13,522	7.4%
School Service Personnel – Active	147,287	67,396	79,891	23.2%
School Service Personnel – Retired	19,025	13,905	5,120	3.0%
Miscellaneous – Retired/Active	3,147	1,941	1,206	0.5%
<b>Total</b>	<b>633,731</b>	<b>313,388</b>	<b>320,343</b>	
<b>Active</b>	<b>525,907</b>	<b>238,027</b>	<b>287,880</b>	83.0%
<b>Retired</b>	<b>104,677</b>	<b>73,420</b>	<b>31,257</b>	16.5%
<b>Miscellaneous</b>	<b>3,147</b>	<b>1,941</b>	<b>1,206</b>	0.5%
<b>Total</b>	<b>633,731</b>	<b>313,388</b>	<b>320,343</b>	100.0%

In FY 2004, active teachers and school service personnel accounted for approximately 60 percent of the covered lives; active state employees represented approximately 23 percent. Overall, retirees comprised nearly 105,000 covered lives, which represented 16.5 percent of the entire plan population.

### **Statistical Summary**

The table below explains the total expenditures by type of health plan and by a breakdown of subgroups of people covered:

<b>Total FY 2004 Expenditures</b>	<b>\$1,853,633,931</b>
PPO & Indemnity Option Expenditures	\$1,201,621,023
HMO Claims	\$129,401,345
HMO Premiums	\$424,235,254
Contracts	\$93,047,707
Administrative Support	\$5,328,602
<b>Total Covered Lives</b>	<b>633,731</b>
School System Employees, Retirees and Dependents	447,770
State Employees, Retirees and Dependents	182,814
Miscellaneous	3,147
<b>Average Expenditure Per Covered Life</b>	<b>\$2,924.95</b>

### **Managed Care and Quality Division**

In FY 2002, DCH began to look at ways to improve the delivery and cost-efficiency of health care for Medicaid and PeachCare for Kids members. The Managed Care and Quality Division became responsible for leading the various stages of planning for this effort.

- In February 2003, DCH issued a Request for Information asking for comprehensive ideas to redesign the Medicaid program to improve quality and provider accountability while reducing the growth of expenditures. Over 40 responses were received.

For the remainder of the year, DCH, in conjunction with the Governor's Office, evaluated various models of managed care delivery systems in other states for their possible effectiveness in Georgia.

### **Health Improvement Programs**

As part of the department's reorganization in 2002, offices that were charged with improving the health of designated groups were brought together in a single section called the Health Improvement Programs. This section includes the Offices of Women's Health, Minority Health and Rural Health and the Commission on Men's Health. The Commission on Men's Health is administratively attached to the department.

### **Office of Women's Health**

The Office of Women's Health (OWH) envisions quality health and access to health care for all women in Georgia. The OWH works to improve women's health status and quality of life through education, research, policy development and coordination of women's health programming. OWH has an 11-member advisory council composed of statewide representatives from major public and private organizations who are interested and experienced in women's health issues. Council members serve two-year terms.

### **Women's Health Month**

OWH sponsored many activities for Women's Health Month, including the following:

- The Susan G. Komen Breast Cancer Foundation Greater Atlanta Affiliate - Annual "Race for the Cure";
- Screenings for DCH employees took place (asthma, stroke risk assessment, blood pressure, etc.); and

- The Department of Community Health and the Department of Human Resources held a wellness walk for employees of the Two Peachtree Building. This effort encouraged healthy living for employees.

### **Susan G. Komen Breast Cancer Foundation Research Grants Program**

- Funds from the Komen grant were used to initiate the Navigator Program in metropolitan Atlanta. Navigator volunteers went out in their communities, disseminated breast cancer information and solicited 100 signatures from women who pledged to have a mammogram.
- Funds from the grant were also used for computer training for 100 low-income, African-American women from the Urgent Care Center at Grady Health Systems, as well as 52 others.

### **Office of Minority Health**

The Office of Minority Health (OMH) helps minority communities reach a high level of health and wellness. The office also works to eliminate the discrepancy in health status between minority and non-minority populations in Georgia.

#### **OMH focuses on the following:**

- Identifying, assessing and analyzing issues related to the health of minority populations;
- Working with public and private organizations to address specific minority community health needs;
- Monitoring state programs and policies and procedures to assure that they are inclusive and responsive to minority community health needs; and
- Facilitating the development and implementation of research enterprises and scientific investigations to produce minority-specific findings.

The office has a 12-member advisory council and each member serves a two-year term.

- **Georgia's Response to Health Disparities by Addressing Cultural Competence and Equity in Health Care (GRACE) Symposium and Initiative** held on April 28, 2004, convened health care stakeholders to address health disparities and cultural competence. There were 225 total participants in this initial meeting. One hundred-seven people made written commitments to continue to work with the OMH and this initiative. The ensuing work of the symposium, known as the GRACE Initiative, continues to address health disparities with a focus on cultural competence, workforce diversity and the elimination of disparities for communities of color for cardiovascular disease and diabetes.
- **Lifeline to Health** is an ongoing monthly, one-hour radio program that encourages listeners to reduce health risks and improve and maintain their health. The program features interactive call-in segments, health and fitness news and feature stories on timely health issues - particularly about ethnic minorities and medically underserved populations in Georgia. Ten shows on various health topics aired in FY 2004.
  - Of particular significance was a curriculum developed on diabetes disease management funded by the Benton Foundation.
- **The HIV/AIDS Take Action Keep Educated (TAKE) Project** helps minority community-based organizations develop strong programs to combat the spread of HIV/AIDS in Georgia. Through skills development, technical assistance and help in obtaining funding, the project gives organizations the resources they need to be successful. The project studies the impact of HIV/AIDS on minority populations in Georgia through surveillance and epidemiological activities. In FY 2004, the project reached 206 individuals through technical assistance training, 117 through regional minority health networks, which developed action plans that address issues and barriers and increase participation in local planning for HIV/AIDS services and program resources and 132 through HIV/AIDS data requests. Funding for the HIV/AIDS project comes from a State and Territorial HIV/AIDS Demonstration Grant by the U.S. Office of Minority Health.
- **Minority Health Research** - The OMH contracted with the National Center for Primary Care to conduct research and data analysis on health disparities in Georgia. Plans are to release the publication as a series in various formats both locally and nationally to a variety of stakeholders.

### **Office of Rural Health Services (ORHS)**

The Office of Rural Health Services works to improve access to health care in rural and underserved areas to reduce health status disparities of the populations in Georgia. The office has the following objectives:

- Empowering communities to strengthen and maintain the best possible health care using existing resources;
- Building strong partnerships to meet local and regional needs;
- Providing incentives to local areas to implement integrated service delivery systems; and
- Acting as the single point of contact for all regional issues related to health care.

The office has a 21-member advisory council, and each member of the initial council serves a three-year term, with the length of any subsequent terms determined by lottery, subject to review.

The ORHS focused on building regional rural health systems, increasing the number of community and migrant health centers, supporting rural hospitals and identifying ways to make health care available to Georgians in underserved rural and urban areas.

Major projects were:

- Developed and distributed 400 copies of the **The Georgia 2001 Rural Health Chartbook: Impact of State/Federal Resources on Services**. The chartbook contains a wide range of information on population health and the health care delivery system in rural and urban Georgia.
- The Georgia Farmworker Health Program (GFHP) developed and implemented a “Quality Assurance/Continuous Quality Improvement Plan” in May 2004.
- GFHP provided services to 13,077 migrant and seasonal farm workers and their dependents in FY 2004, which accounted for 18,771 medical encounters and 19,737 enabling encounters such as: outreach services, medical interpreting, transportation and health education provided by non-medical personnel.
- The National Health Service Corps provided loan repayment/scholarships to 43 medical/dental providers in underserved areas of Georgia.
- The J-1 Visa Waiver Program placed 30 medical providers in underserved areas of Georgia.

### **Commission on Men’s Health (CMH)**

The Commission on Men’s Health works to improve the health status of men in the state of Georgia. It has an 11-member advisory board, and its terms are two years for legislative members and three years for non-legislative members.

The focus of the commission is to:

- Develop strategies, public policy recommendations, and programs, including community outreach and public/private partnerships that are designed to educate Georgia’s men on the benefits of regular physician check-ups, early detection and preventive screening tests and healthy lifestyle practices;
- Improve health outcomes in diseases such as: prostate and testicular cancer, cardiovascular diseases including heart attacks, high-blood pressure, stroke, depression, suicide and diabetes;
- Monitor state and federal policy and legislation that may affect areas of men’s health;
- Recommend assistance, services and policy changes that will further the goals of the commission; and
- Submit a report of the commission’s findings and recommendations to the Governor, the President of the Senate and the Speaker of the House of Representatives.

In FY 2004, CMH:

- Strengthened the health care safety net of Georgia’s men;
- Created new access points through community development, expansion and partnerships;
- Mobilized a workforce to meet the needs of communities; and
- Worked to provide excellent services to men by continuously improving the quality of patient care, service delivery, the health care workforce and health outcomes in the delivery systems that support men’s health issues.

The CMH followed the six National Health Collaboratives (immunizations, cardiovascular disease, cancer, Diabetes, HIV/AIDS, and asthma). Other major initiatives included:

- Partnering with Focus on Men's Health. More than 6,000 men were educated and over 3,500 had medical screenings during the last three and a half years;
- Partnering with Georgia Prostate Cancer Coalition. Over 3,000 men were educated; and
- Working with the W.K. Kellogg Foundation to develop an initiative in Georgia focusing on the Silent Health Crisis of men.

### **Partnerships**

- The CMH collaborated with over 114 colleges and universities, churches and other faith-based organizations, governmental agencies, hospitals and health systems, professional associations, private individuals, proprietary and volunteer organizations.

### **Campaigns and Conferences**

- In FY 2004, the CMH hosted the first Statewide Men's Health Symposium. This symposium teaches health care providers and other affiliates about the importance and effective promotion of men's health issues and awareness, including networking and fostering partnerships. One hundred twenty-five people participated.
- CMH created the model for "Men on the Move" in Albany, Georgia. Approximately 1,258 men were surveyed on cardiovascular disease, cholesterol, behavior modification, diet, tobacco cessation, exercise and screenings such as diabetes and cancer.

### **Resource Center**

- The CMH also served as an information and referral service on men's health issues, distributing over 40,000 copies of the popular **Health Guide for Georgia's Men**.

### **Conclusion**

The Georgia Department of Community Health continues to face the challenges of rising costs and enrollment growth in Medicaid and PeachCare for Kids, as well as the escalating health needs of our state employees. DCH will continue to develop a smooth transition for the Medicaid and PeachCare members into managed care programs to help them better achieve healthy lives and to reduce costs to the state. Through streamlining processes and innovative programs, DCH will continue to improve health care for all Georgians in the department's charge and care.