2007 Annual Report

The Georgia Department of Community Health







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I. Georgia Department of Community Health

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, DCH responsibilities have included the following:

- Acting as the lead planning agency for health issues in Georgia
- Capitalizing on the state's health care purchasing power
- Maximizing administrative efficiency in state health care programs
- Creating a better health care infrastructure throughout Georgia, which improves access and coverage
- Encouraging a healthy lifestyle for all Georgians
- Insuring more than 2.5 million Georgians through the Division of Medical Assistance (DMA) and the State Health Benefit Plan (SHBP) which provides health coverage for state employees, retirees and their families
- Administering a budget that exceeds \$9.6 billion
- Coordinating health planning for state agencies

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

Children covered by PeachCare for Kids™

People covered by **Medicaid**, including those who are:

- Aged
- Blind
- Disabled

Members of the SHBP:

- Public school teachers
- Public school employees
- Retirees
- State employees
- Eligible dependents



Mission and Priorities

The Georgia Department of Community Health Champions:

ACCESS



Access to affordable, quality health care in our communities

RESPONSIBLE



Responsible health planning and use of health care resources

HEALTHY



Healthy behaviors and improved health outcomes



For FY 2007, DCH set the following health priorities to move towards accomplishing its mission.

FY 2007 DCH Health Policy Priorities

- Medicaid Transformation
- Consumerism
- Financial Integrity of Health Care Programs
- Health Improvement and Resolving Disparities
- Uninsured: Community Based Solutions

Key initiatives to meet these goals within FY 2007 include:

- Third-Party Liability a contingency-based contract to recoup overpayments of Medicaid services to members who have additional resources through estate recovery and additional medical insurance
- Medicaid Management Information System (MMIS) the fiscal agent system that processes Medicaid, PeachCare for Kids™ claims for payments
- Third-Party Administrator for PeachCare for Kids[™], Medicaid Buy-in, Webbased Application System for Long-Term Care and the Health Insurance Partnership for Georgia
- Human Papilloma Virus Vaccine (HPV) Study. The business owner is the Office
 of Health Improvement (OHI) the study group was comprised of African American,
 Hispanic/Latino and other minority populations to discuss their opinions, beliefs and
 attitudes towards the HPV Vaccine
- Health Information Technology Transparency (HITT) Office of Information Systems led the implementation and creation of a secure Web site that will make available to members their health information



Accomplishments

In FY 2007, each DCH division was tasked with specific projects and responsibilities to further the DCH mission. The following are some of the FY 2007 highlights.

Managed Care and Quality Division

The Managed Care and Quality Division oversaw the enrollment of the 934,000 Fee-for-Service (FFS) Medicaid members into the various Care Management Organizations (CMO) by September 1, 2006. The Atlanta and Central Region (580,000 members) enrolled by June 1, 2006, the remainder enrolled by September.

Nearly 74 percent, or 716,967, of the members made their own CMO enrollment selections. The implementation of managed care resulted in a reduction of \$100 million dollars in health care expenditures.

Division of Financial Management

The Division of Financial Management implemented a new Decision Support System to include Medicaid, SHBP and CMO encounter claims data. The Division was also instrumental in obtaining an unqualified opinion on the department's FY 2007 financial statements; an important classification that helps support the state's ability to obtain general revenue bonds for state-financed capital improvements across Georgia.

General Counsel

While Certificate of Need (CON) received considerable discussion, privacy issues were a center of attention for the General Counsel Division. DCH strengthened their privacy and security in response to a contractor's loss of a computer disc that contained personal information, including names, addresses, Social Security Numbers, birth dates and other data.

Office of Inspector General

The Office of Inspector General (OIG) Program Integrity recovered approximately \$15.9 million from fraudulent and inappropriate claims through the Medicaid system. The recovered funds paid legitimate Medicaid claims.

Information Technology

The Information Technology Division began to work towards implementing the Governor's Health Information Technology and Transparency initiative, which includes the design of a health care transparency Web site and the development of a statewide health information exchange strategy.

Medical Assistance Plans

First Year Financial Impact of Georgia Families

The Georgia Families program saved an estimated \$18.5 million in state funds as compared with expected costs under traditional FFS. The Quality Assessment Fee that CMOs paid generated \$81.5 million in revenue. It was used in lieu of state funds for Medicaid and PeachCare for Kids™ to draw down federal matching funds. Thus, the implementation of managed care resulted in a reduction of \$100 million dollars in health care expenditures. This amount is less than originally projected because of the follwing reasons:

1. The original estimates assumed that all Low Income Medicaid (LIM) members would be included in Georgia Families



- 2. The original estimates also did not consider that some member-months, such as a choice period, were not subjected to CMO coverage.
- 3. A tightening of eligibility verification procedures Reduced the number of people eligible for Georgia Families. This decreased the number of LIM members by 100,000

Long-Term Care Partnership

The Medical Assistance Division established the Georgia Long-Term Care Partnership (LTCP) program after House Bill 1451became law April 19, 2006. The program will be administered by DCH, with assistance of the Office of Commissioner of Insurance and the Georgia Department of Human Resources (DHR) Division of Aging.

PeachCare for Kids™

PeachCare for Kids[™] experienced a significant federal funding shortfall. As a result, on March 11, 2007, DCH temporarily froze enrollment in PeachCare for Kids[™]. Enrollment re-opened later in the spring.

Third-Party Liability

The Third-Party Liability program recovered more than \$46 million dollars and cost avoided more than \$600 million.

Estate Recovery

The Estate Recovery program recouped \$655,621.

Psychiatric Residential Treatment Facilities

The Centers for Medicare and Medicaid Services (CMS) approved a state plan amendment to implement Psychiatric Residential Treatment Facilities (PRTF), a new service for children and youth with severe emotional disorders.

Initiative to Treat Depression and Prevent Suicide in Georgia's Elderly

A partnership between the Community Care Service Program (CCSP) and the Fuqua Research Center at Wesley Woods, Emory University, launched an initiative to identify and treat depression, and prevent suicide among Georgia's elderly population.

Operations Division

Human Resources

In April 2007, the Office of Human resources implemented an Employee Assistance Program designed to assist employees and their family members with personal problems that could interfere with their job performance and family life. Professional and confidential counseling is provided at no cost to the employee.

Georgia Volunteer Health Care Program

Georgia Volunteer Heath Care Program (GVHCP) opened an additional 29 clinics under its Sovereign Immunity Protection.

State Office of Rural Health

The State Office of Rural Health (SORH) received and administered \$8,081,307 in federal and state funding for programs supporting health care for the rural and urban underserved populations of Georgia. Of the total funding \$3,475,867 was from federal sources and \$4,605,440 was received from state sources. This helped fund major SORH supported grant initiatives totaling \$632,000:

\$407,000 for Rural Health Networks



- \$125,000 for the development of Volunteer Clinics
- \$100,000 for Dental Loan Repayment Grants for rural dentists

Support Services

To reduce the impact of an increase in United States postal rates, Support Services revised and enforced the mailing policy to increase the amount of mail eligible for Presort. This change increased the overall percentage of mail eligible for Presort by approximately 15 percent.

Revisions also came in the telecom area. In May, the Georgia Technology Authority (GTA) changed the voicemail system for the state to provide a new and updated system for receiving voicemail. Support Services took this opportunity to update, inventory and eliminate unnecessary phone and telecom lines. The immediate impact resulted in a savings that should exceed \$60,000 in the General Operating Budget.

DCH Grants

DCH grants were created to fund the following programs and projects:

- Breast cancer screening and mammography
- Training migrant workers to become health care workers and provide health education to other migrant farmworkers
- Provide health care for migrant and seasonal farmworkers
- Volunteer clinics to improve access to quality medical and dental care for low-income and uninsured Georgians
- Revitalization of a Rural Community Health Network
- Critical Access Rural Hospital Leadership and Development Training
- Community Health Center ({CHC}, also known as Federally Qualified Health Center {FQHC}) Governing Board Development Training

State Health Benefit Plan

The SHBP, which provides health insurance coverage to state and school system employees, contract groups, retirees and eligible dependents, covered 668,080 lives.

Customer Service

SHBP improved and enhanced customer service to SHBP members and payroll locations by the development and implementation of training and tools to help representatives better perform their jobs. The call abandonment rate decreased by 14.52 percent and the call response time of twenty seconds increased from 23.19 percent to 98.68 percent.

Health and Wellness

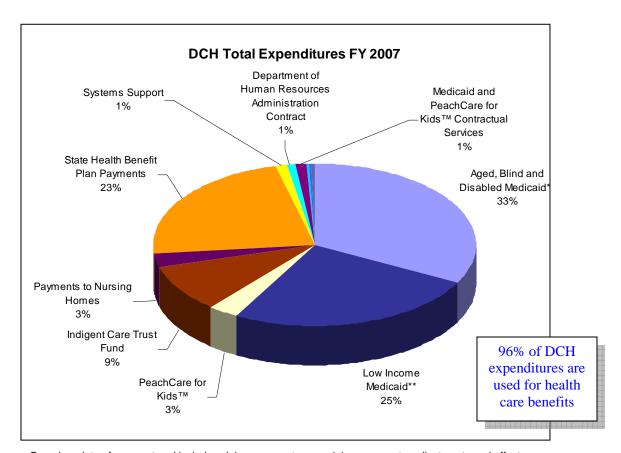
Georgia is one of the proud recipients of the Healthy States Grant awarded by the National Governors Association (NGA) Center for Best Practices. The \$100,000 grant administered by SHBP, was to assist in innovative, and achievable plans to encourage healthy and active lifestyles. The focus is to develop a worksite wellness-learning lab that will become an active, hands-on learning environment. The sites selected were the Albany and Rome school systems



Quality Improvement

SHBP also participated in the Bridges to Excellence (BTE) program, an employer sponsored pay-for-performance program that creates collaboration between employers, physicians, health plans and patients. It is designed to drive advances in the quality of health care and reduce waste and inefficiencies through accountability and financial incentives. Under this program, all SHBP managed care vendors, BlueChoice, CIGNA, Kaiser, and UnitedHealthcare were required to participate in the program. The mission is to improve quality of care through recognition and rewards that:

- Incent physicians to deliver optimal care
- Encourage patients to seek evidence-based care and self-manage their own conditions



Based on date of payment and includes claims payments, non-claims payments, adjustments and offsets. Does not reflect FY 2006 member incurred costs (i.e. the date on which the services were performed). Beginning in FY 2006, the Georgia General assembly appropriated Medicaid funds in two separate programs: Aged, Blind and Disabled; and Low Income Medicaid.

Administration includes rent and utilities, state agency services, telecommunications, accounting and auditing, and other support services.

DCH spent \$10.7 billion dollars in FY 2007 to provide health care coverage to more than 2 million Georgians. Ninety-six percent of expenditures were to provide direct health care benefits. Almost 75 percent of total expenditures were to ensure Georgia's most vulnerable citizens received critical care through the Medicaid and PeachCare for Kids™ programs.

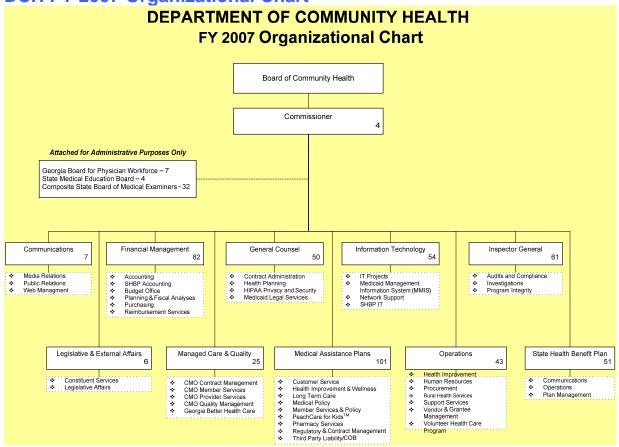


Organization and Board

The Governor appoints nine members to the Board of Community Health. The members serving at the end of FY 2007 were:

- Richard Holmes, Chairman
- Ross Mason, Vice Chairman
- Mark Oshnock, Secretary
- Kim Gay
- Frank Jones
- Dr. Ann McKee Parker
- Richard Robinson
- Dr. Inman "Buddy" English
- Bruce Cook (served until 5/10/07)

DCH FY 2007 Organizational Chart



II. Division of Medical Assistance Plans

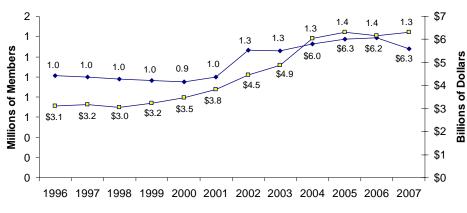
Overview

In FY 2007, the Division of Medical Assistance Plans (DMA) provided access to health care for 1.3 million Georgians at a cost of \$6.3 billion.

Medicaid Programs

 Low Income Medicaid (LIM) provides health care to eligible low-income families. The majority of LIM members are

Medicaid Members Average and Payments by Fiscal Year *



→ Members Average Members Average ⊸ Total Payments

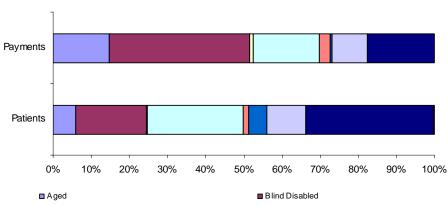
FY 1996 - 2006 DCH archived data in DataProbe. FY 2007, DCH Advantage Suite. Total payments include net payments and capitation amounts for FY 2004 forward. Does not reflect offsets or adjustments such as pharmacy rebates.

eligible for the Georgia Families care management program, which began on June 1, 2006

 Aged, Blind and Disabled (ABD) Medicaid provides health care for people who are aged, blind or disabled under a Fee-for-Service (FFS) provider reimbursement model

PeachCare for
 Kids™ is Georgia's
 federal State
 Children's Health
 Insurance Program
 (SCHIP). The
 program serves
 uninsured children living in Georgia
 whose family income is up to 235

Medicaid Payments and Patients by Aid Category FY 2007 st



■ Aged
■ Billid Disabled
■ Breast Cervical Cancer Screen
■ LIM Low Income Medicaid
■ Medically Needy
■ QMB Qualified Medicare Beneficiaries
■ RSM Adult
■ RSM Child
■ Refugee

SLMB Special LowIncome Medicare Beneficiaries

FY 2004 forward. Does not reflect offsets or adjustments such as pharmacy rebates.



percent of the Federal Poverty Level (FPL). All PeachCare for Kids™ members' access health care through the Georgia Families care management program.

Distribution of Payments

The largest share of Medicaid payments in FY 2007 went for services provided under the capitation arrangements such as Care Management Organizations (CMO) or Non-Emergency Transportation. This reflects the transition to capitated coverage under the CMOs in which payments are not made based on specific service utilization, but rather on a set rate per member to cover an agreed upon set of services regardless of individual utilization.

Following capitation payments, the top five service types in terms of payment amount were:

- Hospital Services
- Nursing Facility Services
- Pharmacy Services
- Waiver Program Services

In FY 2007, ABD Medicaid members represented approximately 20 percent of the total Medicaid patients but incurred about 50 percent of the cost in terms of net payments and capitation payments. Right from the Start¹ (RSM) members accounted for about 27 percent of Medicaid patients but incurred less than 15 percent of the payments for services. The LIM members accounted for about 20 percent of the Medicaid patient population, but incurred 15 percent of the cost.

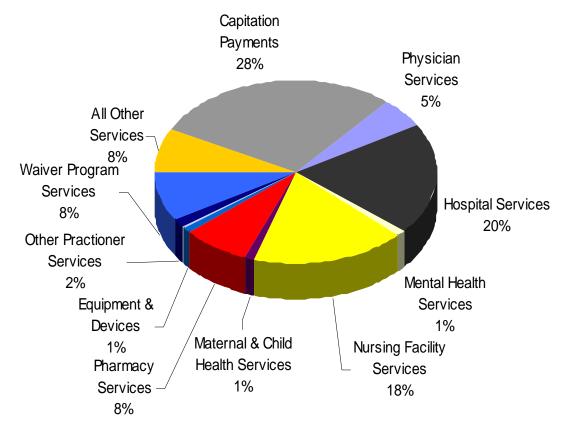
Members less than 20 years old accounted for nearly 60 percent of all the members, but less than half of all the payments. Members of 45 years old and older accounted for 20 percent of the patients, but incurred nearly 40 percent of the costs.

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¹ See page 21 for right From the Start definition.



Medicaid Payments Distribution by Type: FY 2007



Source: DCH Advantage Suite. Total payments include net payments and capitation amounts for FY 2004 forward. Does not reflect offsets or adjustments such as pharmacy rebates.

The federal government pays the largest share of Medicaid costs. The state's Medicaid program receives varying levels of federal reimbursement for different services and functions.

Medicaid and PeachCare for Kids[™] reimburse health care providers for services administered to eligible individuals. People who are eligible for Medicaid receive a member card, very similar to an insurance card, to use for services from participating providers.

The Division also administers the Indigent Care Trust Fund (ICTF) which was established in 1990 to expand Medicaid eligibility and services, to support rural and other health care providers, (primarily hospitals serving the medically indigent), and to fund primary health care programs for medically indigent Georgians. The ICTF supports these functions with Disproportionate Share Hospital (DSH) funds, Nursing Home Provider Fees, CMO Quality Assessment Fees; Breast Cancer Tag Fees, ambulance fees and penalties from non-compliance with CON requirements.



Accomplishments

In FY 2007, DCH defined several goals to accomplish during the year including; Medicaid transformation, consumerism, health improvement and resolving disparities, and uninsured community solutions. Here are the highlights from the Division of Medical Assistance Plans.

Disease Management – Georgia Enhanced Care Program

Completing an initiative begun in October 2005, the division implemented a statewide disease management program called Georgia Enhanced Care (GEC) for 100,000 Medicaid Aged, Blind and Disabled (ABD) members. Through a competitive bidding process two vendors were contracted to implement this program in Georgia: Innovative Resource Group, LLC d/b/a APS, and AmeriChoice a United Healthcare Group Company.

The GEC program includes an array of member and provider services including disease and case management, health risk stratification and assessments, member empowerment through disease and self-management education, access to a 24/7 nurse call line, and provider education. The eligible population enrolled in the GEC program possesses the following diagnoses: chronic obstruction pulmonary disease, chronic heart failure, coronary artery disease, diabetes, asthma, hemophilia and schizophrenia, and all other co-morbid conditions.

In FY 2008, an actuarial consulting agency will complete the validation process of the GEC vendor's financial and clinical performance measures for cost savings and member outcomes. These definitive measurements of their interventions, such as reduced hospital stays and emergency room visits, will be made available at that time.

Money Follows the Person Grant

Georgia was awarded a \$34 million Money Follows the Person demonstration grant by Centers for Medicare and Medicaid Services (CMS). The grant will enable the state to transition 1,347 persons from institutional care to community-based services beginning in May 2008 through September 2011. The grant will help older persons, younger persons with physical disabilities, and persons with Mental Retardation/Developmental Disabilities.

Long-Term Care Partnership

A \$50,000 technical assistance grant was awarded to DCH to assist the state in implementing its Long-Term Care (LTC) Partnership program. The LTC Partnership will provide incentives to individuals to purchase long-term care insurance to cover their cost of care and reduce their dependency on Medicaid to pay for their care.

HB 1451 signed into law on April 19, 2006, established the Georgia Long-Term Care Partnership program that will be administered by DCH, with assistance of the Office of Commissioner of Insurance and DHR's Division of Aging. The LTC Partnership will be established for the following purposes:

 Provide an incentive to individuals to insure against the costs of their long-term care needs



- Provide a mechanism for individuals to qualify for coverage of the cost of their longterm care needs under the state Medicaid program without first being required to substantially exhaust their resources
- Provide counseling services through the Division of Aging Services to individuals in planning for their long-term needs
- Alleviate the financial burden on the state's Medicaid program by encouraging the pursuit of private initiatives

In June, the LTC Program received the Robert Wood Johnson Center for Health Care Strategies, Inc., Partnership Grant of \$50,000. This grant helped cover the costs incurred for design and implementation of the LTCP program and to defray costs of participating in the initiative. Georgia was one of 10 states awarded the grant.

Increase for Nursing Homes Resident's Personal Needs Allowance

In FY 2007, funds were appropriated to provide a monthly supplement of \$20 per month to increase the personal needs allowance to \$50 per month. All persons residing in nursing homes, as well as persons in the Hospice Program residing in the nursing home, began to receive the increase after the July 1, 2006 implementation date.

DCH Quality Program in Nursing Homes In FY 2007, DCH received approval from CMS for a state plan amendment to implement an incentive fee for providers who meet specific criteria for quality measures.

Psychiatric Residential Treatment Facilities

In FY 2007, CMS approved a state plan amendment to implement Psychiatric Residential Treatment Facilities, a new service for children and youth with severe emotional disorders. The PRTF program serves approximately 300 members formerly covered under the Therapeutic Residential Intervention Services (TRIS) program.

DCH Nurse Aide Training Program Standardization

In FY 2007, with assistance from subcontractor Georgia Medical Care Foundation, DCH successfully implemented standardized testing for all Nurse Aides statewide effective July 1, 2007. Any student that completes a training program in Georgia (private or facility based) must be tested at one of the approved testing sites. This approach improves overall assurance that all Nurse Aides trained in Georgia meet consistent standards for knowledge of training content and demonstration of skills competency.

Mental Retardation Waiver Programs

Appropriations from the General Assembly allowed the State to add 1,500 new people to the Mental Retardation Waiver Program; 1,000 persons to the Community Care Services Program (CCSP); and 152 persons to the Independent Care Waiver Program.



Identifying and Treating Depression in Elderly

In a partnership between the CCSP and the Fuqua Research Center at Wesley Woods, Emory University, a new initiative was launched to identify and treat depression, and prevent suicide among Georgia's elderly population. Caregivers and other service providers are trained to recognize symptoms of depression and in referral and intervention strategies to provide support to CCSP clients with mental illness and to promote consumer personal responsibility, empowerment and self-determination.

Member Merge

As of October 16, 2007, the Member Merge Section eliminated 9,388 duplicate members on the Medicaid Management Information System. This led to a total recovery of \$12.7 million from CMO payments. An additional \$789,450 was cost avoided by catching duplicate members before they entered the MMIS system.

Medicaid Buy-In Program

Georgia Medicaid for Workers with Disabilities (GMWD) allows Georgians who have either physical or mental disabilities and who can work at least part time to work and remain eligible for some Medicaid services.

A committee of representatives of Shepherd Spinal Center Benefits Navigators, Georgia Independent Living Council and DCH staff developed a cost analysis which was presented to the 2007 Georgia Legislature. Staff of the Member Services and Policy Section are currently working on the online application and policy manual. Implementation is anticipated early 2008.

Ex-Parte Process

The Georgia Department of Human Resources Department of Family and Child Services (DFCS) is now working the ex-parte lists that may contain members that are not eligible for Medicaid. An ex-parte is the process where an individual is no longer eligible for Supplemental Security Income (SSI) benefits and is therefore reviewed for other applicable Medicaid coverage. DCH set up an e-mail box for DFCS workers to use to report the result of their review of the ex-parte lists. A staff person can now close the exparte case on the MMIS after DFCS has reviewed the case.

Katie Beckett/TEFRA

In October 2006, the Member Services section established a dedicated phone line for Katie Beckett/ Tax Equity and Fiscal Responsibility Act (TEFRA parents to call DCH. Four trained program staff answered this line to address Katie Beckett issues.

Units

Administrative Services Contract – Georgia Medicaid Management Program

In May 2007, DCH also contracted with the Innovative Resource Group, LLC d/b/a APS for care management services via an Administrative Services Organization contract. APS will engage the remaining ABD Medicaid population and affected pediatric populations under the Georgia Medicaid Management Program (GAMMP).

The GAMMP vendor provides base (or basic) services for approximately 200,000 members. These services include care coordination, nurse call line, member and provider education and profiling, health risk assessments, and claims analysis.



Specialized care management services (disease and case management) are offered to GAMMP members who are risk stratified based on their health conditions and claims analysis. The vendor will be measured against selected performance metrics to determine member outcomes and cost savings for GAMMP.

Health Improvement and Wellness (formerly called Maternal and Child Health Services)

- Covers prenatal and perinatal care and family planning; pays for children's preventive care through Health Check program; helps children with physical and developmental problems; and assist children at risk through targeted case management services
- Therapeutic Residential Services (TRIS) closed at the end of FY 2007. The Federal
 government determined it would no longer pay for residential services because they
 were considered bundled payment. As a result, all children in need of mental health
 services are treated through outpatient care.

Waiver Services for Home and Community-Based Care

Waiver services include four home and community-based programs that are covered by Medicaid. The federal government issues waivers that 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: services coordination, personal support, home health services, emergency response systems and respite care. Additional services are available under each program.

Georgia Pediatric Program

The Georgia Pediatric Program (GAPP) (in-home Private Duty Nursing; GAPP Medically Fragile Daycare) serves medically fragile members under age 21, including children who are ventilator dependent. Members must be medically fragile with multiple diagnoses and require continuous skilled nursing care services, to be considered for GAPP services. Members served by GAPP are required to meet the same skilled level of care for their medical condition that is equivalent to the care received in the institutional setting, i.e., hospital or skilled-nursing facility. In FY 2007, 564 members received GAPP services.



Table of Medicaid Major Coverage Groups

Medicaid Major Coverage Groups	Coverage Eligibility Description
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 and B), co-insurance and deductibles only
Hospice	Terminally ill individuals who are not expected to live more than six months may be eligible for coverage.
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 one 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



Medicaid Major Coverage Groups	Coverage Eligibility Description
Refugee Medicaid Assistance	Legal immigrants who are classified as refugees, asylums, Cuban/Haitian entrants, Vietnamese Americans and victims of human trafficking are eligible for Medicaid benefits during their first eight months in the United States, or after having been granted status in one of the above. Coverage of this group is federally required and 100 percent reimbursed by the federal government
Emergency Medical Assistance	Immigrants, including undocumented immigrants, who would have been eligible for Medicaid except for their immigrant status, are potentially eligible for Emergency Medical Assistance (EMA). This includes people who are aged, blind, disabled, pregnant women, children or parents of dependent children who meet eligibility criteria. Services rendered to EMA recipients are 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)
Source: Georgia Department of Community Health FY 2007 Annual Report	



During FY 2007, the Medicaid Provider Enrollment unit in the General Counsel Division processed more than 12,000 provider applications for the Georgia Medicaid program.

Provider Enrollment

The Provider Enrollment team:

- Reviews and evaluates all applications for practitioner, supplier and facility enrollment in the program
- Spearheads the National Provider Identifier transition process and implementation for Georgia Medicaid providers
- Has assisted the Financial Management team in the correction of Federal Employer Identification information in the provider subsystem, which resulted in a substantial reduction in Internal Revenue Services fines

Pharmacy

In FY 2007, the DMA Pharmacy Unit reimbursed pharmacies a total of \$531,378,315 for a total of 7,233,712 prescriptions. Approximately 62 percent of the prescriptions dispensed were generic. The Pharmacy Unit also continued its efforts to expand the preferred drug list and supplemental rebate program.

During this period, DCH collected \$34,998,496 from manufacturers in association with the supplemental rebate effort. These collections were in addition to the CMS rebates, which were \$186,605,561. In total, DCH collected \$221,604,057 in drug rebates, or 42 percent of the drug expenditures. These drug rebates offset Medicaid pharmacy expenditures.

In total, DCH collected \$221,604,057 in drug rebates, or 42 percent of the drug expenditures.

SXC HealthCare Solutions signed a contract with DCH to become the new DMA pharmacy vendor early in FY 2007. SXC began providing services on January 1, 2007.

This contract is projected to save DCH over \$12 million over the next 5.5 years. The contract included services such as point-of-sale claims processing, retrospective drug utilization review, prospective drug utilization review, Drug Utilization Review Board support, preferred drug list maintenance and enhancement, general clinical support, benefit design consultation, provider education, provider relations, technical and clinical call center support, fraud and abuse monitoring, and maximum allowed cost schedule development and maintenance.

Long-Term Care

The Long-Term Care Unit is responsible for policy development and management of programs and services that are provided primarily to persons who have chronic needs whether they reside in institutions or in the community with the assistance of home and community based services. The unit covers the following programs:

- Independent Care Waiver Program
- Mental Retardation Waiver Program



- Community Habilitation and Support Services (CHSS) Waiver
- Community Care Services Program Waiver
- Service Options Using Resources in Community Environments (SOURCE) Program
- Hospice
- Home Health
- Mental Health Community Services
- Preadmission Screening and Resident Review PASRR) Program
- HIV Case Management
- Adult Protective Services
- At Risk of Incarceration Case Management
- Psychiatric Residential Treatment Facilities (PRTF)
- Nursing Homes
- Swing Beds
- Nurse Aide Training Program
- Olmstead/Nursing Home Transition
- Money Follows the Person Grant

Member Services and Policy Section

The member services and policy section is responsible for many of FY 2007 accomplishments, such as:

- Administering the Money Follows the Person grant
- Developing a Long-Term Care Partnership
- Promoting an increase in Nursing Home Resident's personal needs allowance
- Initiating the DCH Quality Program in Nursing Homes
- Creating a state plan for Psychiatric Residential Treatment Facilities
- Maintaining an Eligibility Policy and Inquiry Unit
- Managing the DCH Nurse Aid Program Standardization
- Mental Retardation Waiver programs
 - o Community Care Services Program
 - o Independent Care Waiver Program
- Removal of Duplicate Member IDs
- Katie Beckett/TEFRA hotline implementation



Quality Control Unit

Administrative Services Organization

The Quality Control Unit (QC) initiated the Administrative Services Organization (ASO) review of DFCS eligibility cases. The unit began oversight and management of Maximus, a contractor, to review 850 Medicaid applications, reviews, denials and interim changes. QC gathered the records, and coordinated reviews with ASO. QC did second level reviews on all findings. A comprehensive report was provided to DFCS. The unit followed up with DFCS to ensure all deficiencies and errors are corrected. The QC Unit provides trending information and process improvement suggestions. DFCS and the QC Unit meet monthly to discuss results and progress.

Payment Error Rate Measurement

The QC Unit managed the eligibility portion of the CMS, Payment Error Rate Measurement (PERM) audit providing representative samples and gathering records for the PERM vendor. The QC Unit performed all follow-up documentation verification for PERM deficiencies, which included contact with members to obtain missing information and verification. The QC unit compiled the results for submission to the CMS PERM tracking Web site. This helps ensure the integrity of the eligibility process as it helps track that eligible individuals are receiving benefits.

Disproportionate Share Hospital Program

The Disproportionate Share Hospital program (DSH) is a federal program that works to increase health care access for the poor. Hospitals that treat a "disproportionate" number of Medicaid and other uninsured patients qualify for DSH payments through the Medicaid program based on the hospitals' estimated uncompensated cost of services to the Medicaid members and the uninsured.

To qualify for DSH, a hospital must satisfy both federal criteria AND at least one of the state criteria.

Federal criteria:

- Provide non-emergency obstetrical services to Medicaid recipients (if those services were provided on December 22, 1987); and
- Have a Medicaid inpatient utilization rate of at least one percent.

State criteria:

- Inpatient utilization rate greater than the mean rate plus one standard deviation
- Low-income inpatient utilization rate greater than 25 percent
- Medicaid charges greater than 15 percent of total charges
- Hospital with the largest number of admissions in its area
- Children's hospital
- Hospital designated as a regional perinatal center
- Hospital designated a Medicare rural referral center and a Medicare DSH provider
- State-owned and operated teaching hospital



 A small, rural public hospital with a Medicaid inpatient utilization rate of at least one percent

DSH funds are distributed through the state's Indigent Care Trust Fund.

Third-Party Liability

Third-Party Liability (TPL), also known as Coordination of Benefits (COB), is the process by which the Medicaid agency assures enforcement of the federal law requiring Medicaid to be the payer of last resort. The TPL program functions to reduce the amount of money Medicaid spends on claims. If any other entity is legally responsible for the payment of all or part of a member's medical expenses, that entity must either pay initially instead of Medicaid or repay Medicaid if Medicaid has already paid the claim.

The TPL program is responsible for the identification, maintenance and recovery of the third party resources liable for the medical cost of the Medicaid member.

The TPL program/unit administers the Estate Recovery program, HIPP program, Trusts Operations – Miller Trust, Special Needs Trust, Pooled Trust, Casualty Program and Provider Recoupment and billing.

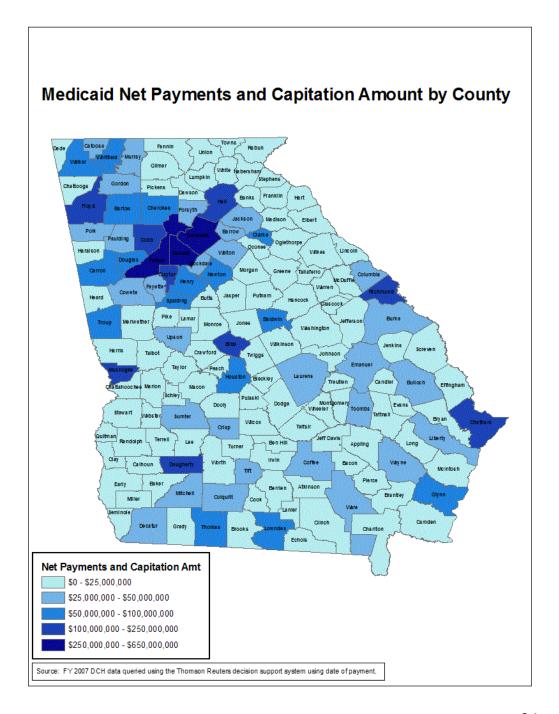
The TPL program recovered over \$46 million dollars for FY 2007 and cost avoided over \$600 million.

The Estate Recovery program recouped \$655,621 in FY 2007.

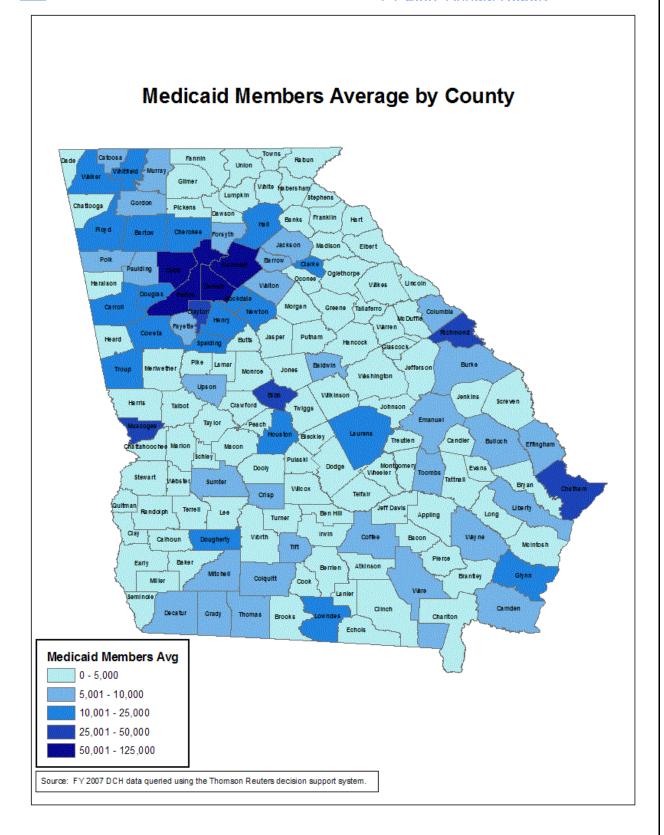


Medicaid Data By County

Medicaid payments, patients and providers were largely concentrated in the metropolitan Atlanta area, although there was some variation in density across counties. The maps on the following pages show the distribution by county. Source for all mapping data: DCH data reports run from the Thomson Reuters Advantage suite decision support system.







PeachCare for Kids™

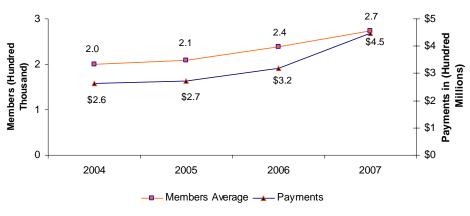
Overview

In FY 2007, PeachCare for Kids™ experienced a significant federal funds shortfall. As a result, on March 11, 2007, DCH temporarily froze enrollment.

- On July 12th, after Congress approved a supplemental appropriation, Georgia enrollment resumed with a cap of 295,000 members
- During the four-month closed enrollment period, 27,515 applications arrived. Processing continued during this period enabling DCH to determine eligibility quickly, once enrollment resumed
- During the spring, PeachCare for Kids™
 implementation of full income, citizenship and identity
 verification, which began July 1, 2007. Beginning in FY 2008, the verification process will more closely mirror that of Medicaid
- The program also performed the PERM eligibility reviews in conjunction with the Quality Control Unit

Source: DCH Advantage Suite using date of payment in FY 2007. Tot payments include net payments and capitation amounts. Does not refle or adjustments such as pharmacy rebates. Net payments in FY 2007 members who had not yet selected a CMO.

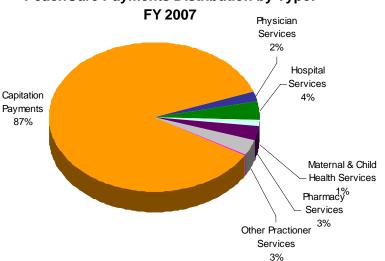
PeachCare for Kids™ Members Average and Payments by Fiscal Year



Source: DCH Advantage Suite using date of payment in FY 2007. Total payments include net payments and capitation amounts. Does not reflect offsets or adjustments such as pharmacy rebates. Net payments in FY 2007 were for members who had not yet selected a CMO.

also prepared for the

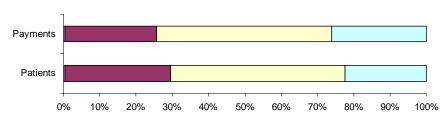
PeachCare Payments Distribution by Type:





PeachCare for Kids [™] Patients and Payments by Age Group FY 2007

DCH received the federal funding available to states for children's health insurance programs (SCHIP). From FY 2006 to FY 2007 there was a large increase in the number of children covered.



■ Under 1 year ■ 1 to 5 years □ 6 to 13 years □ 14 to 18 years

Source: DCH Advantage Suite using date of payment in FY 2007. Total payments include net payments and capitation amounts. Does not reflect offsets or adjustments such as pharmacy rebates. Net payments in FY 2007 were for members who had not yet selected a CMO.

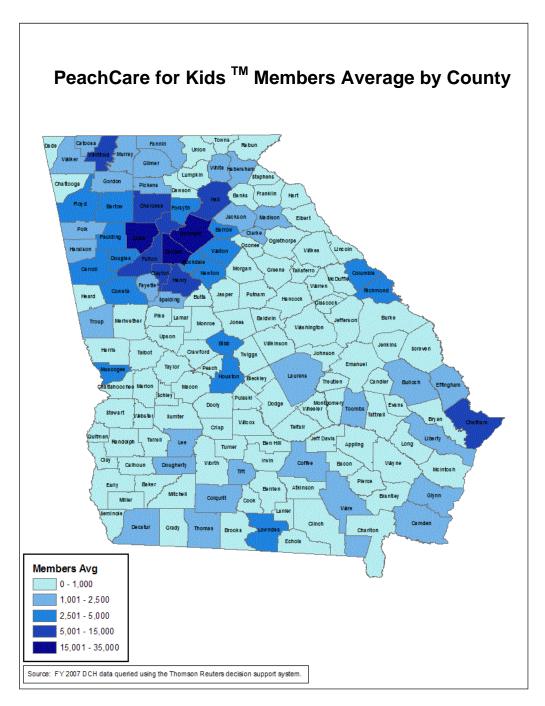
Distribution of Payments

Beginning in FY 2007, all PeachCare for Kids™ members receive coverage in one of the Care Management Organizations (CMO). The Distribution chart reflects capitated coverage under the CMOs. These capitated payments work like they do in the Medicaid programs. CMOs receive a set rate per member to cover an agreed upon set of services regardless of individual utilization.

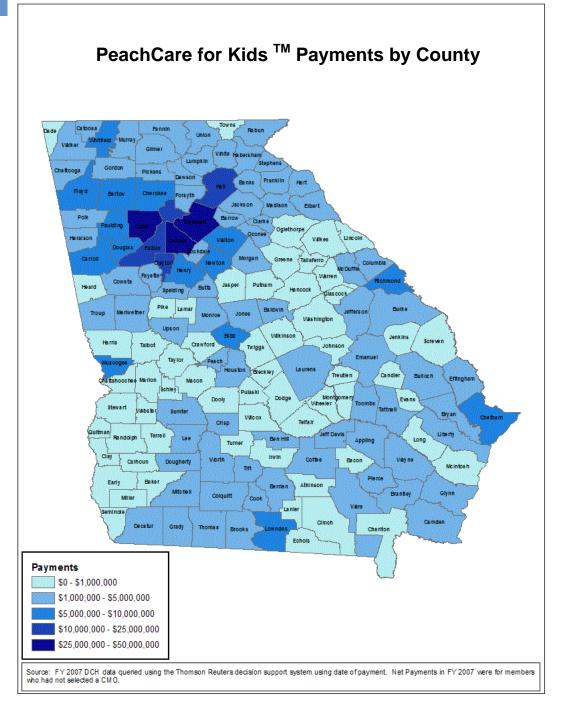


PeachCare for KidsTM Data By County

PeachCare for Kids TM payments, patients and providers were largely concentrated in the metropolitan Atlanta area, although there was some variation in density across counties. The maps on the following pages show the distribution by county. Source for all mapping data: DCH data reports run from the Thomson Reuters Advantage suite decision support system.







II. Division of Managed Care and Quality

Overview

The Division of Managed Care and Quality is responsible for establishing and directing the managed care efforts of DCH. In 2004, DCH submitted a state plan amendment for a full-risk mandatory Medicaid Managed Care program, which was to be called Georgia Families.

In FY 2007 Georgia Families became a reality. It is a new statewide program for specific Medicaid eligible members and PeachCare for KidsTM enrollees, which is Georgia's SCHIP, to find medical homes in one of three Care Management Organizations. Georgia Families' Medicaid eligibility categories include the following:

- Low Income Medicaid;
- Transitional Medicaid;
- Pregnant women;
- Newborns of Medicaid-covered women;
- Refugees; and
- Women with breast or cervical cancer.

Accomplishments

DCH completed the full transition of eligible Medicaid and PeachCare for Kids[™] populations into a managed care environment effective September 1, 2006.

The Georgia Families program saved an estimated \$18.5 million in state funds as compared with expected costs under traditional Fee-for-Sservice. The Quality Assessment Fee that CMOs paid generated \$81.5 million in revenue. It was used in lieu of state funds for Medicaid and PeachCare for Kids™ to draw down federal matching funds. Thus, the implementation of managed care resulted in a reduction of \$100 million dollars in health care expenditures. This amount is less than originally projected because

- The original estimates assumed that all LIM members would be included in Georgia Families. However, some members, such as children in foster care, are carved out of Georgia Familes
- The original estimates also did not consider that some member-months, such as choice period, were not subject to CMO coverage
- A tightening of eligiblity verification procedures decreased the number of people legally eligible for Georgia Families 100,000

The CMO program in Georgia is unique. While the program design is a traditional managed care model, no other state had attempted an implementation of this scope and magnitude in both rural and urban areas. In the state of Georgia, a managed care organization is referred to as a CMO. Amerigroup Community Care, PeachState Health Plan and WellCare of Georgia manage the care of approximately 973,000 members and strive to effectively control health expenditures, improve access and maximize quality of



care through activities such as utilization management, provider contracting, case and disease management programs, and performance improvement projects.

Managed Care and Quality's role is to monitor performance and oversee the activities of the contractors supporting Georgia Families. The Division is organized into the following functional units:

- Member Services
- Provider Services
- Quality Management
- Contract Management

DCH made every effort to ensure that members clearly understood their choices and the changes in their health care through an extensive marketing program. To provide the Medicaid population continuity of care, DCH implemented quality assurance before the program launch. The CMOs provided a transition period of up to sixty days to ensure continuity of care for members.

The Atlanta metro area, population of 456,657, started their CMO coverage June 1, 2006. The remaining 516,478 members in the rest of the state were added Sept. 1, 2006. At this point, 973,478 members have health care managed by their CMO.

Nearly 74 percent, or 716,967, members enrolled by making their own CMO selections. The member's choice of Primary Care Provider and member involvement in their health care decisions represent important goals of the Georgia Families program. The remaining 256,511 members who were auto-assigned to a CMO were assigned based on the following criteria:

- 1. Family Continuity assigned to same plan as other family members
- 2. Prior History assigned to plan in which most recent PCP participates
- 3. Assigned to plan with lowest capitated rates

Overall goals for the Georgia Families program can be divided into short-term, on-going and long-term goals: Long-Term: Short-Term: Improve health care status of Medicaid population Establish medical homes for members Reduce health care expenditures Provide health care access Provide a mechanism for Focus on health education, public health monitoring disease prevention and and disaster preparedness early care intervention Reduce medical errors and **Budget predictability** improve efficiency of care On-Going: delivery Financial sustainability Improve care coordination **Program Integrity** and management Monitor for effective utilization management Health promotion outreach 33



In the CMO environment, the objective is that the members would realize improved health care outcomes and DCH would reduce spending through:

- Improving the timely provision of preventative and early intervention health care
- Reducing the costs resulting from delayed care both human suffering and health care expenses
- Reducing medically unnecessary use resulting from poor care coordination and lack of timely and appropriate preventive care
- Reducing care provided in inappropriate settings
- Reducing duplication of services
- Reducing health care costs through care management, quality improvement efforts and greater efficiencies
- Increasing member use of appropriate health care services

DCH monitors the relationship between CMOs and the provider community in addition to monitoring contractual compliance, financial solvency and network adequacy. DCH also monitors the services provided to members by the health plans and the health care professionals providing care in their networks.

DCH monitors the CMOs' contractual compliance via specific reports submitted weekly, monthly, quarterly and annually. Each of the CMOs' Chief Executive Officer, Chief Operations Officer or Chief Financial Officer attests to the reports' accuracy. In addition to review of submitted reports, DCH and CMO staff interact regularly at all levels. DCH staff actively monitors on-site member and provider service activities, as well as maintains regular communication with provider professional associations. DCH also examines the CMOs call center contract requirements compliance in the following areas:

- Speed to answer
- · Abandonment and blocked call rate
- Watch for trending and monitoring service levels; direct corrective action plan, if necessary

DCH staff reviews the CMOs' Web sites and approves all member outreach and education materials including:

- Contractual requirements for reading level
- Multilingual capabilities
- Hearing and vision impaired versions



One of the major areas that is scrutinized is the adequacy of the CMOs' Provider Network. All three CMOs are monitored monthly to ensure that:

- Primary Care Providers are not assigned over 2,500 members per provider
- Provider terminations do not impact CMO network adequacy
- Providers have access for new and ongoing patients
- CMO directory listings are valid

Additionally, the Provider Services Unit meets with the CMO staff to discuss areas of concern related to network access, required corrective action plans, network development activities and contracting challenges. They also prepare quarterly geo-access analysis to identify and monitor areas of concern.

As part of their quality improvement program, each of the CMOs is required to complete at least eight performance improvement projects, five of which must be clinical and three that are service oriented. A performance improvement project should identify an area for improvement based on an analysis of baseline data; identify factors related to suboptimal performance, identify and implement interventions to improve performance, and measure the effectiveness of these interventions. The five clinical improvement projects must include activities from the four following areas:

- Health Check screens
- Immunizations
- Blood lead screens
- Detection of chronic kidney disease

And one optional activity:

- Coordination/continuity of care
- Chronic care management
- High-volume conditions
- High-risk conditions

The three non-clinical projects must address the following two required activities:

- Member satisfaction
- Provider satisfaction

and one optional activity:

- Cultural competence
- Appeals/grievance/provider complaints



- Access/service capacity
- Appointment availability

Based on feedback from providers, DCH required that the CMOs focus one of their performance improvement activities on reducing unnecessary use of emergency room services. Unnecessary use of the emergency room is a significant issue because it diverts resources away from patients that truly need emergency care, increases overall health care costs and suggests that patients are not getting appropriate preventive health care.

Some of the CMOs' interventions to address emergency room use include:

- Identification of high-traffic for on going case management
- Outreach to members and case managers
- Use of a pharmacy lock-in program
- Expansion of access to urgent care
- Triage to non-emergency care settings

Initial reports of performance improvement activities will be completed by the CMOs at the end of March 2008.

Summary

Following implementation of the Georgia Families program, close to 80 percent of the members are making active choices in their health care, choosing health plans for the first time. The focus of the program is on improved access and preventive health care, which will ultimately result in improved health outcomes, make strides toward the elimination of health disparities, lead to decreased morbidity and mortality, and effect subsequent reductions in unnecessary health care expenses.

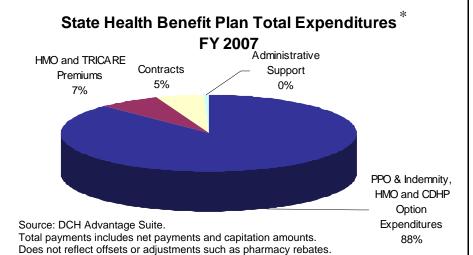
The CMOs are engaged in member education activities to reinforce healthier lifestyles. They have as partners churches, schools, and DFCS offices, who participate in health fairs and other local events.

Some of the outreach activities include case and disease management programs for pregnancy, diabetes, and asthma, as well as other complex medical conditions. Many of these services were not previously available to members under traditional FFS Medicaid. While the documented benefit of these efforts on health outcomes will not be measurable for several years, DCH will collect and report on the first year measures in 2008.

IV. State Health Benefit Plan

Overview

The State Health Benefit Plan (SHBP) provides health insurance coverage to state and school system employees, contract groups, retirees and eligible dependents. The SHBP division of DCH is responsible for the day-to-day management of the SHBP operations. At the end of FY 2007, SHBP covered 668,080 lives.



Distribution of Expenditures

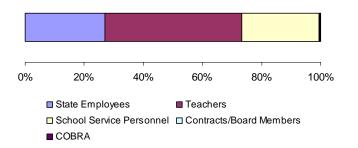
As the chart above demonstrates, DCH administers SHBP efficiently with 95 percent of expenditures paying for health care services and premiums for members with Preferred Provider Option, Indemnity, Health Maintenance Options and Consumer Driven High Deductible plans.

SHBP payments including HMO Premium Payments for covered members totaled \$2,280,057,783.

Employee Type and Status

Teachers made up the majority of members at approximately 50 percent with state employees the next largest group with approximately 25 percent of the total members.

SHBP Members Average by Employee Type FY 2007



Source: DCH Advantage Suite. Total payments includes net payments and capitation amounts. Does not reflect offsets or adjustments such as pharmacy rebates.



Age and Gender

The 21 to 44 and 45 to 64 age groups each accounted for about 30 percent of the SHBP members. Members 45 to 64 years old accounted for nearly 60 percent of the SHBP payments for FY 2007. Females accounted for 60 percent of the SHBP patients and payments.

Plan Type

The majority of members covered by SHBP in FY 2007 enrolled in either the HMO or the PPO options. More than half of the net payments made on behalf of SHBP members were for members receiving coverage in HMO plans.



Accomplishments

Customer Service

SHBP focused on improvement and enhancement of customer service to SHBP members and payroll locations by developing and implementing training and tools to help representatives perform their job. The call abandonment rate improved from 17.18 percent to 2.66 percent. The answer rate increased from 81.46 percent to 98.98 percent. Calls answered within 20 seconds increased from 23.19 percent to 98.68 percent. Each representative had three weekly calls monitored and assessed under the new Quality Assurance Program.

Contracting

SHBP audited all contracts, and developed and implemented a policy to insure compliance with DCH contract guidelines. Every outstanding contract issue was identified and addressed.

SHBP tightened and enhanced policies and practices to track vendor compliance in relation to performance guarantees.

Surcharges

Surcharge revenue totaled \$2,572,120 of which spousal surcharges equaled \$713,760 and tobacco surcharges totaled \$1,858,360.

Health and Wellness

Georgia is one of the proud recipients of the Healthy States Grant awarded by the National Governors Association (NGA) Center for Best Practices. The grant, administered by SHBP, was for \$100,000 to assist in innovative, realistic and achievable plans to encourage healthy and active lifestyles. The focus is to develop a worksite wellness-learning lab that will become an active, hands-on learning environment, which motivates healthy lifestyle behaviors and attitudes among the SHBP school-based employees. The sites selected were the Albany and Rome school systems.

Quality Improvement

SHBP also participated in the Bridges to Excellence (BTE) program, an employer sponsored pay-for-performance program that creates collaboration between employers, physicians, health plans and patients. It is designed to drive advances in the quality of health care and reduce waste and inefficiencies through accountability and financial incentives. SHBP required all of the managed care vendors, BlueChoice, CIGNA, Kaiser, and UnitedHealthcare to participate in the program. The mission is to improve quality of care through recognition and rewards that:

- Incent physicians to deliver optimal care
- Encourage patients to seek evidence-based care and self-manage their own conditions



Operating Units

Within the division, there are seven operating units. Their responsibilities include 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, conducting member educational programs and health benefit plan design.

During FY 2007, for example, the operating units:

- Processed more than 220,000 coverage transactions for SHBP members
- Responded to more than 236,507 phone calls, 1,565 e-mails and 38,330 pieces of correspondence
- Received 220,220 eligibility calls from Health Plan members
- Received 27,669 calls and placed 27,024 outbound calls to Human Resources staff at payroll locations
- Received 304 appeals and closed 227 during the fiscal year
- Monitored 486 customer service telephone calls to verify quality of work being provided met standards for accuracy and timeliness
- Acquired \$1,571,595 in savings from subrogation
- Received 224 constituent inquiries and closed 225
- Produced and mailed 298,694 letters from Member Enrollment Management System (MEMS), the eligibility system, to members and payroll locations regarding member eligibility
- 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 disease management
- Processed 72,903 HIPAA notices
- Produced and mailed 30,202 dependent audit letters to determine eligibility for coverage
- Produced and mailed 84,112 worksheets for active employees and retirees
- Prepared and mailed 64,000 New Employee Decision Guides to 650 payroll locations

Coverage Options

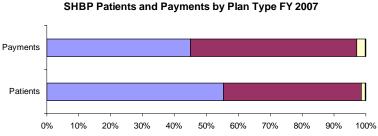
The SHBP offered the following options in FY 2007: a Preferred Provider Organization (PPO), Indemnity, four Health Maintenance Organizations (HMO), a High Deductible Health Plan (HDHP) and TRICARE Supplement. The options are explained here:

 The PPO option allows members the choice of using either in-network or out-ofnetwork providers, with a higher level of benefit coverage available when in-network providers were used. The Georgia PPO provider network consisted of more than 12,500 participating physicians and 150 acute-care hospitals. Members could also



have selected the PPO Consumer 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 (FFS) plan that generally provides the same benefit coverage level no matter which qualified medical provider the member uses. This option offers the use of contracted health care providers that protects members from balance billing
- HMO options were available to members. HMO choices for FY 2007 included the following: United Healthcare, BlueChoice, CIGNA and Kaiser Permanente. Eligible HMO 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 able to select the HMO Medicare + Choice option through Kaiser Permanente, 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
- HDHP is a consumer driven health option.
 This option has a low monthly premium and a higher deductible than the other SHBP options with benefits payable after the deductible has been satisfied. There are no co-payments under this option, only coinsurance.



□ HMO ■ PPO □ Indemnity □ HRA
Source: DCH Advantage Suite.
Total payments includes net payments and capitation amounts.
Does not reflect offsets or adjustments such as pharmacy rebates.

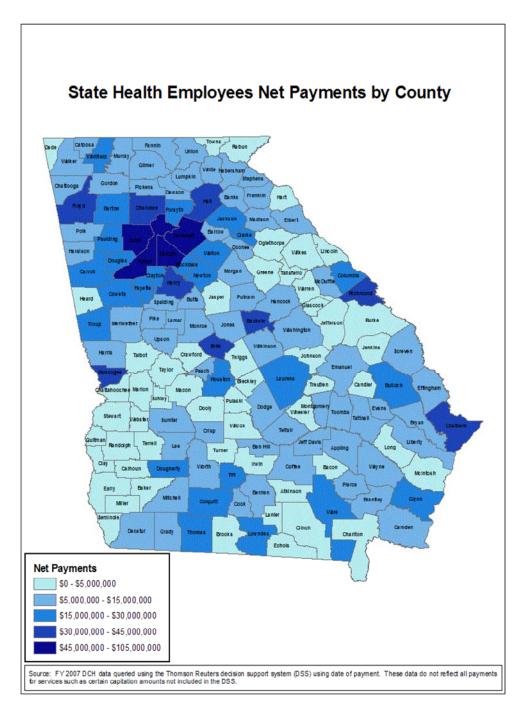
This option also allows a covered member to open a Health Care Savings Account (HSA) and put money aside tax-free for health-related expenses. Unused dollars in an HSA roll over to the next year and can be carried into retirement. See IRS Publication 502 for HSA eligibility and contribution rules

 TRICARE Supplement is offered to employees and dependents who are eligible for TRICARE and provides secondary coverage to TRICARE

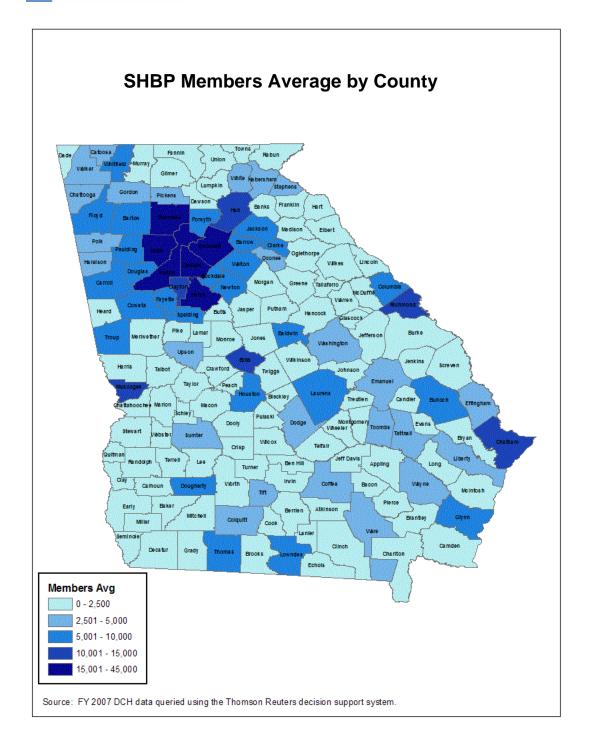


SHBP Data By County

SHBP payments, patients and providers were largely concentrated in the metropolitan Atlanta area, although there was some variation in density across counties. The maps on the following pages show the distribution by county. Source for all mapping data: DCH data reports run from the Thomson Reuters Advantage suite decision support system.









Open Enrollment Retiree Option Change Period Activity

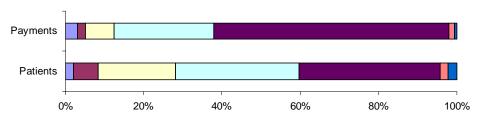
Open Enrollment dates were October 10 through November 9, 2006 for coverage effective January 1, 2007. The following projects were completed prior to the close of FY 2007 in preparation for the 2007 Plan Year:

- Members made 261,222 Web transactions on the Health Plans' Web sites for Health Plan coverage effective January 1, 2007. Ninety-three percent of the members eligible made their selections on the Web
- SHBP staff made 34,000 data entries to update/correct members' records
- SHBP staff prepared and posted two Train-the-Trainer presentations and two Department Guides to the DCH Web site for Open Enrollment processing instructions for human resources staff in state agencies and school systems
- SHBP held 15 benefit fairs across the state and met with approximately 6,000 active members to answer benefit questions
- Distributed 325,000 Health Plan Decision Guides for active employees to more than 650 payroll locations
- Prepared and mailed 82,759 Retiree Option Change packets to retired SHBP
- Prepared and mailed 1,353 Open Enrollment packets to SHBP members on COBRA and Leave Without Pay

Covered Lives

The graph below reflects the analysis of SHBP members and payments by age group.





□ Under 1 Year ■ 1 to 5 years □ 6 to 20 years □ 21 to 44 years ■ 45 to 64 ■ 65 and older ■ Over 18

Source: DCH Advantage Suite.

Total payments includes net payments and capitation amounts. Does not reflect offsets or adjustments such as pharmacy rebates.



V. Operations Division

Overview

The Operations Division provides high-quality leadership and essential services to the Department which enable DCH to achieve its mission. We recognize the value and contributions of staff who support the delivery of health care services across the state. Operations supports the effective use of resources and recognizes the importance of sound, ethical business practices, responsive services and transparency. We value our role as good stewards of the taxpayers trust.

The Operations Division is comprised of the following departments: Office of Health Improvement, State Office of Rural Health, Human Resources, Support Services, Office of Procurement Services, Vendor Management, Grantee Management and the Georgia Volunteer Health Care Program (GVHCP).

Accomplishments

The DCH Operations Division has many offices working toward specific goals. Each of the offices lists its own major accomplishments for the year.

Offices within the Operations Division

Procurement Services / Grant Administration

The Office of Procurement Services (OPS), a unit under the Operations Division is responsible for the administration of all procurement activity and grant administration.

In FY 2007, DCH solicited \$104,972,637 in goods and services and processed 65 grant awards totaling \$5,118,150.

Grants awarded from July 1, 2006 through June 31, 2007 **Total Grant Awards**65

Number of Competitive Awards 51

Number of Direct Awards 14

Award Amount Ranges \$5,000 to \$750,000

Total Amount Awarded \$5,118,150

Grants made to fund the following programs and projects:

- Breast cancer screening and mammography
- Training migrant workers to become health care workers and provide health education to other migrant farm workers



- Provide health care for migrant and seasonal farm workers
- Volunteer clinics to improve access to quality medical and dental care for low-income and uninsured Georgians
- Revitalization of a Rural Community Health Network
- Critical Access Rural Hospital Leadership and Development Training
- CHC Governing Board Development Training

Vendor and Grantee Management

The Division of Vendor and Grantee Management is committed to providing a comprehensive approach to implement proper controls to monitor vendor and grantee performance. Key initiatives within this unit are:

- To develop and implement an agency-wide systematic approach for vendor performance monitoring which includes the training of all business owners within the agency
- To conduct 12 vendor site visits in accordance with DCH's Comprehensive Vendor Management Policy and Procedure
- To develop a vendor orientation manual to serve as a guide for vendors
- To make progress toward certification of staff in performance monitoring

Accomplishments for FY 2007 include:

- Implemented the Vendor Management database, a systematic method for business owners to assess vendor performance
- Issued 97 Report Cards to business owners and submitted these assessments to vendors to advise them of any deficient performance that requires correction

State Office of Rural Health

The State Office of Rural Health (SORH) 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
- Acting as the single point of contact for all regional issues related to health care

The office has a 12-member advisory council with the length of service determined by lottery and subject to the commissioner's review and approval.

SORH 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 are listed below:

- Received and administered \$8,081,307 in federal and state funding for programs supporting the provision of health care for the rural and urban underserved populations of Georgia. Of the total funding \$3,475,867 was from federal sources and \$4,605,440 was received from state sources
- Major grant initiatives for FY 2007 totaled \$632,000 which included:
 - \$407,000 for Rural Health Networks
 - \$125,000 for the development of Volunteer Clinics
 - 5 \$100,000 for Dental Loan Repayment Grants
- The Georgia Farm worker Health Program (GFHP) provided services to 11,644 migrant and seasonal farm workers and their dependents in FY 2007, which accounted for 17,879 medical encounters and 14,889 enabling encounters, such as outreach services, medical interpreting, transportation and health education provided by non-medical personnel. The federal funding was \$2.2 million, which was the same as last year
- The National Health Service Corps (NHSC) provided loan repayment/scholarships of \$25,000 each to 21 new medical/dental providers in underserved areas of Georgia during FY 2007, receiving a minimum of \$525,000 in federal loan repayment
- The J-1 Visa Waiver Program placed seven medical providers in underserved areas of Georgia; resulting in a total of 67 J-1 Physicians serving Georgia's underserved areas during FY 2007. This marks a decrease from last year's count. There are 30 slots open each year. The goal is 30 per year, but communities and all types of providers are moving away from J-1s in an attempt to secure longer-term recruits as most J-1s stay only 3 years. Also, traditional J-1 applicants are applying for the H1B Visa Waiver which is more costly and time consuming but allows them to work anywhere and not focus on the underserved

Georgia Volunteer Health Care Program

In 2005, House Bill 166, the Health Share Volunteers in Medicine Act passed and created the GVHCP, subsequent law: O.C.G.A. 31-8-190 et seq.; and three Acts (O.C.G.A. § 43-1-28, O.C.G.A. § 43-11-52, and O.C.G.A. § 43-34-45.1; empowered DCH to establish free health care clinics throughout the state.

Through this legislation, DCH can offer state-sponsored Sovereign Immunity protection to uncompensated, licensed health care professionals who donate care to eligible patients. The state is responsible for any litigation associated with services rendered by these health care professionals as long as the volunteer health care professional acted within the scope of services defined under the law. House Bill 1224, passed in the 2006 legislative session, recommended compensation for DCH free-clinic volunteers and the addition of an income criterion of at or below 200 percent of the Federal Poverty Level for a client of DCH or DHR. These changes to the law became effective on July 1, 2006.

The DCH rule 111-5-1 became effective July 3, 2006. To ensure that the rules and the associated processes to enforce them addressed the intent of the law, DCH engaged the Medical Association of Georgia, the Georgia Hospital Association and the Georgia Dental Association in the development and review process.



During the reporting period, the GVHCP opened 29 volunteer medical/dental clinics with 33 potential clinic openings pending. In addition, its licensed providers donated almost 21,000 hours by providing care during 24,000 patient visits in FY 2007. This resulted in \$1.1 million in donated services for the uninsured population in Georgia.

Office of Health Improvement

The Office of Health Improvement (OHI) is composed of three offices: Office of Minority Health (OMH), Georgia Commission on Men's Health (CMH), and Office of Women's Health (OWH). In addition to the three program areas, OHI houses the Georgia HIV/AIDS Take Action Keep Educated (TAKE) Project. These offices are dedicated to wellness, prevention and healthy improvement of various populations.

The OHI focuses on education, heightening awareness and developing networks to improve the health disparities in Georgia for four major diseases: heart disease and stroke, diabetes, cancer and HIV/AIDS. These diseases adversely affect Georgia's minority populations, who make up roughly one-fifth of Georgia's population. In 2004, Georgia ranked 45 out of 50 states surveyed in health status. This was the state's lowest ranking in 15 years.

In order to combat the growing health disparities, the office functions to:

- Eliminate disparities in health status between minority and non-minority populations
- Recommend ways to promote the benefits of regular checkups, preventive screening tests and healthy lifestyle practices for men
- Raise awareness, educate and empower people to have control over their health issues
- Serve as a clearing house for health information related to women, men and minorities
- Develop policies and plans that support community partnerships and actions to identify and solve health problems
- Link various health professionals and facilities to the people who are in need of personal health services
- Evaluate the effectiveness, accessibility and quality of personal and populationbased health services
- Foster awareness among Georgia's citizens of the current health crisis affecting specific ethnic populations
- Encourage physical activity, healthy diets and other positive behavioral lifestyle improvement to promote healthy living



Advisory Councils

The councils have been appointed to assist OHI in the development and implementation of its program activities and initiatives.

- The Georgia Commission on Men's Health was created to address the deteriorating health of men. The Commission on Men's Health will be the catalyst to promote and improve the quality of the physical, social and mental health of men in the State of Georgia. Its vision is to be effective in addressing men's health issues in the State of Georgia. There will be evidence of substantial changes in health and well-being for men and, therefore, Georgia will serve as a model for other states to replicate.
- The Women's Health Advisory Council is comprised of 11 members, appointed by the Governor, who represent major public and private agencies and organizations in the state. The council provides input and serves as a resource in the development of a state comprehensive plan to address women's health. They also encourage innovative responses by public and private entities that are attempting to address women's health issues. They make recommendations regarding the development and implementation of key initiatives, and promote and lead efforts to improve the health status and quality of life of women in Georgia through education, research, policy development and coordination of women's health programming.
- The Minority Health Advisory Council actively participates in developing comprehensive policy initiatives and advocates for the implementation of sound public health policies, programs and initiatives that serve to eliminate health disparities, remove barriers to access for minority populations, promote prevention and healthy lifestyle changes, enhance cultural awareness and sensitivity among caregiver, community groups and policy makers and foster collaborative partnerships

Federally Funded Initiatives

The Georgia HIV/AIDS TAKE Project funded by grant monies received from the U.S. Department of Health and Human Services (HHS), identifies needs within Georgia for HIV/AIDS prevention and services among minority populations and assesses perceived barriers to providing and accessing HIV/AIDS services.

Grant Programs

In FY 2007, the OHI sponsored three grant programs to improve health outcomes for the Hispanic/Latino community, the state's seniors and Georgia's females totaling \$290,500. The grants were aimed at building the capacity to address key health issues for these groups.

- The "Let's Be Healthy: Seamos Saludables!" grant program provides health outreach services to Hispanic/Latinos and migrant farm workers in South Georgia. Nursing and Community Health Outreach Services in Americus, Georgia, and Southeast Georgia Communities Project in Lyons, Georgia, won the two competitive grants. They will help raise awareness, promote screenings and prevention practices in their communities. They will develop a curriculum of self-care for those with chronic illnesses that will be customized and translated into Spanish
- The Generating Active Elders through Nutrition Education (GANE) grant was awarded to the Central Savannah River Area Regional Development Center in Augusta and the Southeast Georgia Communities Regional Development Center in Waycross. The GANE project launched community-based education sessions coordinated by local neighborhood senior citizen organizations, community groups and churches to teach seniors to apply proper nutrition, exercise and overall health

awareness as they age. The local collaborators facilitated the attendance of senior aged residents, families and care givers during informational programs

- The Women, Infants and Children Health Initiative (WISH) grant was awarded to the Compassionate Care Clinic in Milledgeville, Georgia, to address the health needs of girls and women. WISH focuses on the regional specific female non-reproductive health from infancy through post-menopausal years of life
- Twenty-three contracts were managed by OHI through the Georgia Breast Cancer License Tag Fund. The grants were awarded to public and private entities in partnership with the Georgia Cancer Coalition
- OHI managed and monitored state appropriations of \$2.5 to \$6 million for the Georgia Cancer Coalitions Centers of Excellence
- The Office of Minority Health and TAKE Project contracted with Georgia News Network (GNN) to produce minority health message campaign. Fifty-two 30-second minority health messages were produced reached approximately 1,186, 600 unduplicated listeners

Office of Human Resources

The Department of Community Health is a high performing organization that has and continues to contribute to the state's goal of being the best managed state. Ensuring the right people with the right match of knowledge, skills and abilities is a key priority for the unit. The Department of Community Health currently has 469 full time positions. As noted below, almost 60% are tenured less than 10 years. Simultaneously, more than 25% are tenured more than 20 years, many of which will be eligible for retirement within the next 3 years and occupy critical positions.

	0-9 years in DCH	10-19 years in DCH	Over 20 years in DCH	Total
Count	272	78	119	469
Percentage	58.0	16.63	25.37	100

The Department continues to face retirements as a critical issue as many staff currently holding key positions are approaching eligibility. The following chart illustrates the severity of the issue.

Year	Eligible to	Percent of Current
	Retire	Workforce
FY 2007	58	12.4
FY 2008	77	16.4
FY 2009	92	19.6

Workforce Planning

DCH, as part of its workforce plan, is developing a process for the replacement of knowledge and talent involving the creation, accumulation and application of knowledge across the organization. This process will also identify and prepare suitable employees



to replace key roles at DCH. These strategies will address the impending retirement of critical staff.

During FY 2007, DCH surveyed employees to identify factors that might assist DCH in retaining employees. DCH also evaluated data obtained from exit interviews. This information is aiding DCH in developing strategies to increase employee retention.

Alternative Work Schedules

Governor Sonny Perdue committed to having 25 percent of the state workforce use alternative work schedules and telework. DCH encourages participation and has consistently met or exceeded the Governor's goal. The Office of Human Resources is the lead for this initiative in DCH.

Employee Assistance Program

In April 2007, DCH implemented an Employee Assistance Program, which is designed to assist employees and their family members with personal problems that could interfere with their job performance and family life. Professional and confidential counseling is provided at no cost to the employee.

Training

Prior to July 2006, DCH did not have a dedicated training resource within the agency. Additionally, training was coordinated and approved disparately at the division level. Staff participated in training offered by the State Personnel Administration (SPA), formerly the Georgia Merit System, and other independent sources . DCH hired a training coordinator and began the development of an enterprise level training program. DCH purchased a Learning Management System (LMS), which will provide a tool for registering and tracking all training and host Web-based training. DCH also has allocated space for a training room. This is a major step in building an infrastructure for all staff development and training.

DCH has used leadership training provided by SPA. The Georgia Leadership Institute, recently initiated, provides a more structured approach to leadership training. With the implementation of a staff development program and in conjunction with succession planning, DCH will place greater emphasis to identify and provide developmental opportunities for high performers and leaders.

Job Classification and Compensation Structure

DCH is actively working with SPA in the redesign of the state's job classification and compensation structure. The purpose of the job classification study is to update and streamline the state's classification structure, reduce the number of duplicate and redundant jobs on the same or different pay grades, establish a means for employees to achieve growth within the structure, add greater flexibility, and make job descriptions more consistent with industry standards. Part of the redesign includes a career management plan that identifies competencies needed for an employee to move from one job level to another.

Support Services

Support Services underwent two major process revisions in the past year. One brought on by the increase in the United State Postal Office rate to .41 cents, caused Support Service to review its mailing policy to find a better and more efficient ways of mailing. Support Services found that the greatest possibility for savings and efficiency was in the



use of the Statewide Presort contract, which offers agencies a savings in the mail rate by bulking all mail and presorting it for the United States Postal Service. The Presort contract has a strict rule concerning the addressing of presort mail. Support Services revised and enforced the mailing policy to increase the amount of mail that would eligible for Presort. This change increased the overall percentage of mail eligible for Presort by approximately 15 percent.

Revisions also came in the telecom area. In May, GTA changed the voice mail system for the State to provide a new and updated system for receiving voicemail. Support Service took this opportunity to update, inventory and eliminate unnecessary phone and telecom lines. The immediate impact resulted in a savings that should exceed \$60,000 in the General Operating Budget.



VI. General Counsel

Overview

The General Counsel Division provides legal advice and legal support for all divisions of DCH. This division manages the contracting process for the Department; analyzes and researches health care policy issues; generates reports and provides support in various administrative and judicial cases; provides legal services for all aspects of the Medicaid, PeachCare for Kids™, and the SHBP programs; collects health care data and surveys every hospital, nursing home, ambulatory surgery center, home health agency, diagnostic, treatment, or rehabilitation center, and personal care home in the state to obtain utilization and supply data as well as financial information; administers the Certificate of Need (CON) program; reviews architectural plans for healthcare facilities; hears appeals from decisions of hearing officers conducting administrative CON hearings; and monitors proposed legislation for possible impact on the Department; and updates Departmental Rules and Regulations with the Secretary of State.

The General Counsel Division consists of three main sections, Contracts Administration, Legal Services, including Provider Enrollment, and Health Planning. In addition, the General Counsel Division also oversees DCH's privacy and security, ethics, and compliance with the Open Records Act.

The General Counsel Division maintains a close working relationship with the Commissioner's Office, the Governor's Office and the Attorney General's Office.

Accomplishments

Health Information Technology and Transparency

The HITT Advisory Board was created by Executive Order on October 17, 2006 to "advise the Department of Community Health in applying industry best practices for facilitating and encouraging the use of electronic health records and establishing a statewide strategy that will enable health information to be available across the full continuum of care and promote marketplace transparency within the health care industry through the development of information to the consumer of health care regarding the cost and quality of health care."

In March of 2007, the Advisory Board created the Transparency Standing Committee whose purpose is to act as a conduit between the general public and health care consumer, the health care provider community, and state government to identify strategies for the collection and integration of data from a variety of sources and to provide input into the design and development of a health information Web site. The Web site is intended to make health information including service availability, price, and quality data transparent and available to the health care consumer. DCH is responsible for overseeing the design, development, and maintenance of the Web site.

Technical Advisory Groups (TAG) were created in specific health care fields including pharmacy, long-term care (skilled nursing homes, personal care homes, home health, hospice, private home care and adult day care), health insurance plans, and hospital/ambulatory surgery services. These TAGs are intended to convene appropriate



expertise, survey consumer needs, and to obtain input from providers in each area of work.

DCH conducted a series of community-based consumer forums in locations throughout Georgia to assure that consumers had input into the design, content, and scope of the Web site.

Based on input from TAGs and other stakeholders and drawing on the findings from the consumer forums, DCH began a competitive procurement process to obtain the services of a vendor to develop and host the Web site. A user-friendly interface will be designed to allow consumers to access information to assist in health care decision-making. Major accomplishments related to the health information transparency Web site project during FY 2007 are as follows:

- Developed a project mission which states the vision, guiding principles and major objectives of the health information transparency project
- Defined the scope of the project and developed a project approach and general plan of work consisting of four phases of work
- Identified data sources for the information to be available on the Web site and conducted baseline analysis of sample extracts of data to assist in determining how best to use the data and information available
- Conducted a review of similar Web sites in other states to learn about best practices and obtain input from colleagues in the development and implementation of the Web site
- Released a Request for Information (RFI) to solicit ideas directly from vendors to determine what the market place may offer related to such a website and to assess the level of interest within the information technology sector
- Wrote and submitted a grant request to solicit funding from CMS related to the Medicaid Transformation Grants initiative. A major component of Georgia's request was related to the development and implementation of the transparency Web site. CMS approved the transparency Web site component of the grant request. The FY 2007 grant amount was \$1,754,870
- Began drafting a Request for Proposals (RFP) to procure the services of a vendor for the Web site to be released in FY 2008

Offices and Sections

Compliance Office

The Compliance function within the General Counsel Division includes responsibilities for training, policies and procedures, responding to incidents, review of contract provisions and monitoring of compliance by staff. The issues of Privacy and Public Records are assigned to Compliance for legal oversight.

Initiatives

The Privacy and Security Best Practices Initiative as begun in 2007 features:

- Policies and Procedures Review, Modification, Development
- Credentialing Contractors, Employees, Providers



- Technology Encryption, Truncation of data
- Training Multiple modules and media, Competency testing
- Compliance Monitoring, Continuous Improvement

Training

During FY 2007, the Director of Compliance produced and presented training programs for Department staff in ethics, privacy, security, and public records.

Compliance assisted with the planning and development of other training programs, including contracts management. New employees receive a twelve-hour orientation program that features several topics presented by Compliance. Some of the training presented to staff is mandated by federal law, such as privacy and security training and some is optional. The optional programs are recommended for staff because the content is designed to enhance job skills, which benefits both DCH and the employee.

Training is considered to be continuous, not a one time event. Added modules that will be available online, with competency testing, are planned for the next fiscal year.

Policies and Procedures

To make policies and procedures effective, training for staff routinely follows the introduction of new policies and any material changes to existing policies. The training role complements the policy development role of compliance.

The Director of Compliance is an active member of the Department's Ethics and Compliance Committee, which is responsible for the review and updating of existing policies and processing of needs for new policies. During FY 2007, the Committee handled approximately two dozen policies of varying complexity. DCH's privacy policies were reviewed and revised as needed to conform to current law. Additionally, new policies concerning Incident Responses and the Secure Transport of Physical Media Containing Protected Health Information (PHI) were initiated, as a result of an extraordinary privacy incident.

Privacy and Security

DCH is subject to the mandates of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA Privacy Rule and the Security Rule are continuous concerns to the Department. The issues of Privacy and Public Records are assigned to the Compliance for legal oversight.

Privacy issues were a center of attention for the General Counsel Division in 2007. In April, DCH first learned that a contractor had lost a computer disc that contained personal information, including names and addresses, Social Security Numbers, birth dates and other data about 2.9 million members of the Georgia Medicaid program from March 2003 through March 2007. The investigation was thorough, continuing through July 2007. The disc (a CD) was never found. In response to the incident, DCH initiated a breach notification procedure that exceeded the requirements of law and set a new standard for responses to breaches and security of individuals' health information. DCH required the contractor to mail notices to every individual whose name was on the CD, to set up a call center dedicated to answering questions about the lost CD and to provide information to the members about how to help protect against identity theft. The responses to the incident continued as needed for several months, until all corrective actions had been



implemented and verified. There was no evidence that any individual's information was obtained by anyone due to the loss.

In response to the incident and the awareness that standard practices were not adequate to avoid such an extreme event, the Commissioner announced that DCH would establish a Privacy and Security Best Practices Initiative. The initiative began in FY 2007, including the development of enhanced policies and procedures about the transport of confidential information, incident responses and added contract sanctions for contractors who fail to protect member information. The Initiative will continue into the next fiscal year and beyond, with continuous training of staff, policy improvements, vendor training in the DCH Business Associate Agreement, added compliance monitoring and sanctions for breaches.

Public Records

Compliance with Georgia's law about public records presents practical, logistical and, at times, legal challenges. During the 2007 fiscal year, DCH received and responded to approximately 250 requests for records under the law, O.C.G.A. 50-18-70, et sequitur. The requests often called for search and retrieval of electronic records, procurement and contract files, correspondence and program materials. Some requests called for thousands of pages of records, some of which were available electronically or on disc and others only on paper. All protected health information, confidential or proprietary information and any other information that is excluded from inspection as public records was identified and redacted before the records were released. DCH provided an estimate of costs to a requester prior to any charges for records.

In compliance with the state law, DCH responded to requests within three business days after receipt of a request. The complexity of the applicable law, especially as applied in health care and contracts, was reflected in the fact that some contractors to DCH chose to seek court ordered protection from disclosure of certain types of their records in 2007. Some of that legal action continued into the next fiscal year.

Legal Services Section

The Legal Service Section's main function is the representation of DCH in administrative hearings. In 2006/2007, Legal Services represented the Department in 383 appeals.

The General Counsel's Legal Services Section provides support and assistance to each division within DCH. Legal Services receives and responds to hundreds of inquiries from program staff, providers, recipient, corporate counsel and legislators each year. Legal Services also provides support for the Georgia Attorney General with regard to Medicaid/PeachCare for Kids™ matters that are or become the subject of litigation.

In FY 2007, the Legal Services Unit continued to see a significant increase in the number of matters referred to the Office of State Administrative Hearings (OSAH). The Legal Services Section provides representation to the Department at hearings conducted by OSAH. The following is a breakdown of matters maintained by the section:

- Katie Beckett Level of Care Eligibility Cases: 362
- Provider Appeals: 144



Provider Rate Appeals: 49

Recipient Appeals: 205

Program Integrity Appeals: 29

 Closed 112 Provider Appeals, 271 Recipient appeals, and processed 501 Managed Care Provider appeals

Policy Review and Drafting

The Legal Services Section is responsible for drafting and reviewing proposed policies in Medicaid and PeachCare for Kids[™] to assure compliance with legal requirements. During FY 2007, the section drafted or reviewed a number of significant policy revisions including:

- Special Needs Trust Policy was amended
- Managed Care Policy on Administrative Reviews and Hearings was drafted and new policies implemented
- · Burial Fund Policy was implemented
- General Administrative Review Policy was drafted and new policies implemented
- General Part I Policy drafted and new policies implemented
- Qualified Income Trusts were reviewed
- Special Needs Trusts were reviewed and the policy was amended
- Continuing Review and new policies implemented on Emergency Medical Assistance
- Katie Beckett Policy is subject to a continuing review
- Continuing Review and Comment on multiple ACS Policy Manuals
- Guidance Provided on Managed Care Legal Issues
- Drafted and new policies implemented on Fullard and Favors

Provider Enrollment

The Provider Enrollment Unit functions as the gatekeeper for the Georgia Medicaid program. This unit is responsible for reviewing and evaluating all applications for practioner, supplier and facility enrollment in the program. This section works closely with the Legal Services Section to terminate providers who violate Medicaid policies and/or procedures. Control of fraud and abuse in the Medicaid program begins with the provider enrollment process.

During FY 2007, the Medicaid Provider Enrollment unit:

- Processed more than 12,000 initial, additional location and change of ownership applications for the Georgia Medicaid program
- Lead the DCH National Provider Identifier transition process and implementation for Georgia Medicaid providers
- Assisted the Financial Management team in the correction of Federal Employer Identification information in the provider subsystem, which resulted in a substantial reduction in Internal Revenue Service fines



Division of Health Planning

Certificate of Need

The Division of Health Planning administers the Certificate of Need (CON) Program pursuant to statutory and regulatory standards. The program requires providers to obtain a CON before offering new services, purchasing major medical equipment, constructing new facilities or engaging in capital renovations that exceed established capital expenditure and equipment thresholds. Several of the facilities, which must comply with the CON rules, include hospitals; nursing homes; home health agencies; diagnostic, training and rehabilitation centers for outpatient surgery; and diagnostic imaging and radiation therapy services.

The Division of Health Planning is also responsible for the review and issuance of Letters of Non-Reviewability (LNR) for physician-owned, single-specialty ambulatory surgery centers and major medical equipment, both of which are exemptions to the CON statute. CON section issues Letters of Determination (DET) and provide guidance and insight to applicants regarding future anticipated project proposals for new or expanded health care services and/or facilities as well as major renovation or construction projects proposals.

Post approval requirement reporting and monitoring is coordinated as a part of the Division's CON function. Prior approved project proposals have statutory and regulatory mandatory commencement and completion schedules to insure timely provision of services in the respective community. The state architect provides support to CON post approval monitoring through facility architectural plan review and site inspections for major renovations and constructions of hospitals, nursing homes and ambulatory surgery centers projects.

The CON section has updated the CON application, which is available on-line, and developed new forms for LNR and DET requests, as well as other CON application supporting documents, all of which help streamline the application process. CON activity is tracked weekly in the Certificate of Need Tracking and Appeals report, which is available at DCH's Web site.

The Division of Health Planning is actively involved in review, update and development of the State Health Plan. The State Health Plan is a compilation of the regulations that are applied to proposals to develop and/or expand health care services and facilities in Georgia. Also, this division collects, health care data, helps to develop policies for health care services, and provides staff support for the Health Strategies Council, its sub committees and its technical advisory committees.



Health Strategies Council

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 CON program and studies long-term comprehensive approaches for health insurance coverage for Georgians. The council is an independent body whose members are appointed by the Governor.

During FY 2006, the division collaborated with the Health Strategies Council, including providing staff and research support for meetings. The division managed the collection of extensive data and information about Georgia's health care facilities; provided programming support, refinements and development of various databases and specialized programs utilized by the CON program, and various other sections within DCH; and managed requests for independent review under the state's Patient's Right to Independent Review Act.

Health Planning Review Board

The Health Planning Review Board is an independent body whose membership is appointed by the Governor. It hears appeals from decisions of officers conducting administrative reviews that grant or deny applications for CON. The board selects individual hearing officers from a panel it maintains.

Patient's Right to Independent Review Act

The Division also administers the Patient's Right to Independent Review Act which is a 1999 law (See O.C.G.A. § 33-20A-31 et seq.) which gives members of health maintenance organizations and other managed care plans the right to appeal an insurer's decision that denied coverage for medical services. Over the last several years, there has been a continual upward trend in the number of requests for review that this section processes.



Contracts Administration Section

In FY 2007, for the first time, the entire function of Contract Administration transferred from DCH Operations to the Office of General Counsel, in order to apply legal expertise to the function. Contract Administration in DCH includes the creation, renewal, extension, amendment and termination of all DCH contracts, including memoranda of understanding, data use agreements, software licenses, letters of engagement and all other contracts.

The staff transitioned hundreds of contracts in various stages to the Office of General Counsel, while successfully concluding the end of the year terminations and renewals. Later in the year, six more positions were added to address the substantial number of duties performed by this section. These positions included an additional attorney, a second Contract Manager, a second Contract Specialist 2, a Contracts Administrative Specialist and an Administrative Assistant.

The value of all contracts within Contract Administration during FY 2007 was approximately \$514 million.

The Contracts Administration Section now manages the contracting process for the Department. The section is responsible for document review and drafting, contract management, file maintenance, training, and contingency planning. In accordance with its mandate, the section responds to contract needs of every division in DCH.

The section reviewed and/or drafted a wide variety of legal agreements, including but not limited to, contracts, amendments, data exchange agreements, memoranda of understanding, letters of intent, settlement agreements, and procurement documents. In FY 2007, the section drafted 67 new agreements.

Contracts Administration managed 216 contracts during FY 2007. In addition, Contract Administration handled 79 contract renewals and extensions and 223 contract terminations during that same period. They also responded to the needs of DCH Project Leaders regarding contract interpretation, vendor compliance and dispute resolution.

The Contracts Administration Section is responsible for maintenance of the master contract file. During FY 2007, Contracts Administration implemented a scanning system which allows documents to be scanned and stored in an electronic database from which it may be accessed by multiple users. Using this system, the section scanned all active contracts and related documents, and stored them in an electronic database, which is immediately accessible to DCH Chiefs and contracts liaisons from all DCH divisions. It should be noted that more than 216 active contracts, including all amendments, renewals, and extensions were scanned into the system during the Fiscal Year.

This section hosted five training sessions for DCH project leaders and staff on the contracting process. Additionally, Contracts Administration presented a Lunch and Learn seminar on the basics of contracting which was open to interested DCH staff. They also worked with DCH Project Leaders to plan for alternative arrangements in the event of disruption of service under existing contracts.



VII. Office of Inspector General

Overview

In February 2006, Commissioner Medows created the Office of Inspector General (OIG). The OIG mission is to safeguard DCH from risk internally as well as externally. OIG is primarily responsible for investigating employee and vendor misconduct and conducting new employee background checks. This unit enters all complaints into a secure database. The unit has two investigators assigned. Both have received training from the Georgia Peace Officers Standards and Training Council in Internal Affairs and Federal Equal Opportunity Act, Title VII investigations.

OIG consists of three reporting components: Program Integrity (PI) Section, Audit Unit and Investigations Unit.

PI and the Investigations Unit are responsible for the identification, investigation and reconciliation of fraud and abuse in Georgia's Medicaid, PeachCare for Kids™ and SHBP. The section's goal is to purge the system of those who would take advantage of it while assisting entities that made errors with corrective action, education and accountability. There are five teams that comprise the section: hospital, pharmacy, physician services, waivers and professional services. PI staff includes nurses, pharmacists, statistical analysts and law enforcement.

PI receives complaints through a variety of sources, including a telephone hotline, the Internet and inter-agency referrals. The first step in processing a complaint is to establish a foundation of data analysis for each case. PI employs the latest technology to comb though claims information and build reports that support the investigation. Investigators then develop the cases and forward them to clinical teams. These teams include professionals with expertise in hospital, pharmacy, medical, mental health and waivers. If a question of medical necessity arises, peer reviewers from that specialty review the case. The PI section uses claims and data analysis to develop studies, predict fraudulent or abusive trends, and to identify and recommend revisions of vague or ambiguous policy.

In the pursuit of accountability, PI works collaboratively with local, state and federal agencies. Some of these agencies include the Georgia Bureau of Investigation, the State Health Care Fraud Control Unit, Office of the State Inspector General, Federal Bureau of Investigation, Georgia Attorney General's Office and the United States Department of Health and Human Services. By working collaboratively with other agencies, PI is better able to detect and pursue fraud and abuse.



Accomplishments

In FY 2007, PI was responsible for recovering approximately \$15.9 million. These monies were actual recoveries. Of the 1,536 cases opened, 1,147 cases closed and 13 cases were referred to the State Health Care Fraud Control Unit.

The Audit Unit is the central contact point for all internal and external audits. These include both state and federal reviews performed by agencies including Health and Human Services, CMS, and the Georgia Department of Accounts and Audits. This unit created a performance audits group that currently review departmental controls and makes recommendations for improvements to the respective division chief.



VIII. Legislative and External Affairs

Overview

The Office of Legislative Affairs serves as DCH'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 and shapes legislative strategies specific to Medicaid, SHBP and health care in general.

The Legislative and External Affairs Unit is also responsible for the development and direction of DCH's legislative goals and agenda. The external affairs function is based on serving as a liaison to governmental officials, external lobbyists, consultants, associations, patient advocacy groups, and health-related organizations to support Departmental initiatives and programs. The office seeks to develop and maintain effective working relationships with legislative and advocacy groups on a local, state and national level. The office works to advise, coordinate and direct internal policies as related to legislative and political issues that affect DCH. Additionally, the office coordinates the implementation of legislation by reviewing newly enacted legislation for provisions that affect DCH.

The Office of Constituent Services (OCS) assists DCH in providing customer service for Georgia's Medicaid program. OCS 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. OCS responds to thousands of calls, emails, letters, faxes and inquiries relating to the Medicaid program.

IX. Financial Management

Overview

The Division of Financial Management is primarily responsible for the budget and accounting of the funds appropriated to the Department. The Chief Financial Officer, who oversees the Division's operations, represents DCH's financial interests when working with the Governor's Office, General Assembly, Board of Community Health, the Centers for Medicaid and Medicare Services (CMS) and other stakeholders. The Division is comprised of four units: Office of Planning and Fiscal Analyses, Financial Services, Reimbursement Services and the Budget Office.

- The Office of Planning and Fiscal Analyses is the primary source of data for internal and external ad hoc and routine data requests related to claims payments and managed care encounter data via the Department's Decision Support System. The Office provides routine reports for programmatic monitoring by Policy staff and coordinates with Financial Services to perform payment reconciliations between claims data and the accounting interface with third party administrators. This Office also provides health benefit payment projections for Medicaid, PeachCare for Kids™, and the State Health Benefit Plan.
- Financial Services (Accounting) is responsible for payments to providers, vendors, and employees and prepares financial reports to ensure receipt of Medicaid, PeachCare for Kids™ (SCHIP), and other federal funding. This unit prepares annual financial statements for the agency and ensures the department complies with generally accepted accounting principles.
- Reimbursement Services performs rate setting functions for the Medicaid and PeachCare for Kids™ programs and is comprised of units that support Nursing Home and Long Term Care payments; Hospital Payments; and other non-institutional provider payments. This unit supports special financing projects such as the Upper Payment Limit and Disproportionate Share Hospital programs.
- The Budget Office develops, requests, maintains, and monitors the department's budget. The Budget Officer represents the agency in the budget development process as the agency's request is reviewed by the Governor and General Assembly. The Budget Office ensures funding is available for departmental operations before liabilities are incurred and coordinates with the Office of Planning and Fiscal Analyses and Financial Services in budget development and expenditure monitoring, respectively.

Accomplishments

The Division of Financial Management received clean audit opinions for financial statements for FY 2007. The Office of Planning and Fiscal Analyses updated budget projection and financial monitoring tools to accommodate the implementation of Georgia Families.

The Division of Financial Management implemented a new Decision Support System to include Medicaid Fee-for-Service, SHBP and CMO encounter claims data.



X. Information Technology

Overview

Information Technology is comprised of five units, including:

- Medicaid Management Information System (MMIS) unit, which supports the various systems used for the processing, collecting, analyzing and reporting of information needed to support all Medicaid and PeachCare for Kids™ claim payment functions
- SHBP unit, which supports the Member Enrollment Management System (MEMS), that provides health insurance coverage to SHBP members
- Information Technology and Infrastructure unit, which provides IT security and technical support for all DCH divisions
- Health Information Technology and Transparency unit (HITT), which provides IT and administrative support to the HITT Advisory Board
- Project Management Office unit, which is responsible for promoting project management standards throughout DCH

Accomplishments

(See IT in General Counsel)



XI. Communications

Overview

Communications focused its efforts on creating and maintaining a consistent brand and messaging including a style and accompanying style-guide to help all personnel adhere to the branding for DCH. The Communications staff produced fact sheets for DCH's offices, divisions and programs, developed and taught media training seminars for managers and distributed 26 press releases and numerous advisories to the public and media. Communications maintained the Intranet and Internet Web sites and created a DCH static display board.

Accomplishments

Communications also focused its efforts on the Governor's Customer Service Initiative. Activities included:

- Hosting a Customer Service Kick-Off for the "Faster, Friendlier, Easier" campaign
- Holding agency-wide customer service trainings with sister agencies of Georgia Technology Authority and Department of Administrative Services
- Collaborating with the Georgia Department of Human Resources to simplify and streamline the Medicaid eligibility process;
- Revising the Understanding Medicaid pamphlet
- Planning/completing Internal Projects, such as the:
 - o Lunch and Learn series
 - PeachStar Awards
 - o Employee of the Month
 - Who-Does-What directory

XII. Attached Agencies

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 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.



XIII. Appendices

APPENDIX A: DCH Total Expenditures for FY 2007

	Amount	Percent
Benefits (Based on Date of Payment)*		
Aged, Blind and Disabled Medicaid**	\$3,423,576,591	
Low Income Medicaid**	\$2,647,502,617	
PeachCare for Kids™	\$319,778,416	
Indigent Care Trust Fund	\$992,026,716	
Payments to Nursing Homes	\$291,977,289	
State Health Benefit Plan Payments	\$2,377,546,895	
(Including HMO Premium Payments)		
Subtotal	\$10,052,408,524	96.06%
Services Support (Contracts)		
Systems Support	\$108,489,002	
Department of Human Resources Administration Contract	\$109,139,552	
Medicaid and PeachCare for Kids™ Contractual Services	\$93,605,401	
Subtotal	\$311,233,955	2.97%
Medical Education and Licensing		
Georgia Board for Physician Workforce	\$40,273,091	
State Medical Education Board	\$1,347,261	
Composite State Board of Medical Examiners	\$2,330,072	
Subtotal	\$43,950,424	0.42%
Health Care Access and Improvement		
Health Planning & Certificate of Need	\$1,281,278	
Rural Health	\$9,769,008	
Health Initiatives	\$4,229,581	
Georgia Volunteer Health Care Program	\$493,582	
Subtotal	\$15,773,448	0.15%
Administration***		
State Health Benefit Plan Administration	\$5,780,855	
Medicaid and PeachCare for Kids™ Administration	\$36,157,278	
Subtotal	\$41,938,133	0.40%
Totals	\$10,465,304,484	100%

Source: Georgia State Accounting Office "Budgetary Compliance Report for Fiscal Year 2007

Date paid: July 2006 through June 2007

APPENDIX B: MEDICAID DATA TABLES

APPENDIX B: MEDICAID DATA TABLES

Source for all Medicaid Data Tables: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007. **Note:** A small amount of claims data missing certain information (such as gender or region) is not shown in each table below.

Medicaid Payments Distribution for FY 2007

	Category of Service	Providers	Patients	Net Payment	Net Payment Per Patient
Physician Services					
430	Physician Services	26,950	804,530	\$335,297,571	\$417
	Net Payments Sub Total			\$335,297,571	
Hospital Services					
10	Inpatient Hospital Services	522	158,023	\$970,574,967	\$6,142
70	Outpatient Hospital Services	882	454,209	\$271,814,173	\$598
	Net Payments Sub Total			\$1,242,389,140	
Mental Health Services					
440	Community Mental Health Services	423	44,750	\$71,936,513	\$1,608
	Net Payments Sub Total			\$71,936,513	
Nursing Facility Services					
80	Swing-bed Hospital Services	35	354	\$359,916	\$1,017
110	Skilled Care in a Nursing Facility	349	42,021	\$985,687,270	\$23,457
140	Skilled Care in a State Owned	5	263	\$22,855,666	\$86,904
150	Intermediate Care- State Owned	1	20	\$39,420	\$1,971
160	Intermediate Care Nursing Facility	103	422	-\$592,162	-\$1,403
170	State Owned Int Care for MR	10	965	\$92,906,202	\$96,276
180	Int Care NF-Mental Retardation	1	117	\$6,456,349	\$55,182
	Net Payments Sub Total			\$1,107,712,660	
Maternal & Child Health Services					
270	Family Planning Services	164	9,379	\$754,591	\$80
600	Health Check Services (EPSDT)	2,687	265,368	\$15,948,954	\$60
730	Pregnancy Related Services	54	829	\$59,481	\$72

APPENDIX B: MEDICAID DATA TABLES

	Onto manual Comica	Duraidana	Patiente	Nat Barrer	Net Payment Per
	Category of Service Children at Risk Targeted	Providers	Patients	Net Payment	Patient
760	Case	15	2,109	\$387,532	\$184
761	Perinatal Targeted Case Mgmt	132	21,540	\$1,576,289	\$73
790	Diagnostic Screening and Preventive	242	55,360	\$2,524,318	\$46
800	Early Intervention Case Mgt	207	4,325	\$3,023,170	\$699
840	Children's Intervention Svc	2,168	22,520	\$24,163,926	\$1,073
910	Childbirth Education Program	5	147	\$2,108	\$14
960	Children's Intervention School	135	13,473	\$9,675,100	\$718
	Net Payments Sub Total			\$58,115,468	
Pharmacy Services					
300	Pharmacy	2,251	559,694	\$492,831,886	\$881
321	Pharmacy DME Supplier	1,861	29,699	\$4,526,189	\$152
	Net Payments Sub Total			\$497,358,075	
Equipment & Devices					
320	Durable Medical Equipment Services	885	84,225	\$38,176,733	\$453
330	Orthotics and Prosthetics/Hear	225	13,372	\$11,373,960	\$851
	Net Payments Sub Total			\$49,550,694	
Emergency Transportation					
370	Emergency Ground Ambulance Svc	209	91,310	\$23,451,159	\$257
371	Emergency Air Ambulance Svc	14	455	\$1,058,886	\$2,327
	Net Payments Sub Total			\$24,510,044	
Other Practitioner Services					
431	Physician Assistant Services	1,681	81,256	\$6,438,725	\$79
450	Health Check Dental Program –	2,024	260,323	\$44,366,076	\$170
	under 21				
460	Adult Dental Program	1,073	37,627	\$11,120,221	\$296
470	Vision Care	903	77,193	\$4,514,579	\$58
480	Nurse Midwifery	217	15,009	\$6,367,218	\$424
490	Oral Maxillofacial Surgery	93	1,112	\$149,903	\$135
550	Podiatry	409	44,716	\$2,686,036	\$60
570	Psychological Services	736	22,540	\$15,903,799	\$706
740	Advanced Nurse Practitioners	2,649	96,509	\$8,560,766	\$89
820	Licensed Clinical Social Work	28	224	\$20,952	\$94

	Category of Service	Providers	Patients	Net Payment	Net Payment Per Patient
	Net Payments Sub Total	TTOVIGCIS	1 ations	\$100,128,276	1 ationt
	Net Payments Sub Total			\$100,120,276	
Waiver Program Services					
100	Dedicated Case Management Services	4	12,806	\$16,827,875	\$1,314
590	Community Care Services	498	12,620	\$109,823,293	\$8,702
660	Independent Care Waiver Svc	101	853	\$30,046,203	\$35,224
680	Mental Retardation Waiver Program	520	8,380	\$195,084,800	\$23,280
681	Community Habilitation and Support	78	1,264	\$59,691,765	\$47,224
770	Waivered Home Care Services	1	1	-\$280	-\$280
930	Source	209	13,261	\$87,220,754	\$6,577
971	GAPP In-home Private Duty Nursing	18	490	\$27,500,671	\$56,124
	GAPP Medically Fragile				
972	Daycare	6	282	\$9,186,031	\$32,575
	Net Payments Sub Total			\$535,381,112	
All Other Services					
200	Home Health Services	118	6,482	\$5,665,665	\$874
230	Independent Laboratory Service	137	158,757	\$17,063,334	\$107
380	NET Exceptional Transportation Speech Therapy-Medicare	4	7	\$10,823	\$1,546
400	Only	1	7	\$158	\$23
410	Physical Therapy- Medicare Only	162	1,248	\$37,829	\$30
420	Rehab Therapy-Medicare Only	37	789	\$29,257	\$37
540	Federally Qualified Health Center	76	31,585	\$6,108,637	\$193
541	Hospital-based Rural Health Center Free Standing Rural	52	18,345	\$2,226,135	\$121
542	Health Clinic	33	14,865	\$2,356,657	\$159
560	Chiropractics - Medicare Only Ambulatory Surgical	118	762	\$28,564	\$37
670	Center / Birthing	155	14,144	\$4,934,096	\$349
690	Hospice	100	6,051	\$64,861,429	\$10,719
720	Dialysis Services - Technical	426	7,577	\$35,726,272	\$4,715
721	Dialysis Services - Profession	420	3,732	\$1,516,526	\$406
762	Targeted Case Management-Aids	23	1,138	\$283,448	\$249
763	At Risk of Incarceration	1	5,562	\$2,678,785	\$482
764	Child Protective Services	1	25,678	\$24,530,908	\$955

	Category of Service	Providers	Patients	Net Payment	Net Payment Per Patient
765	Adult Protective Services	1	1,798	\$1,648,526	\$917
767	Disease State Management Program SOURCE Case	2	118,765	\$24,343,007	\$205
851	Management Program	10	14,006	\$18,362,850	\$1,311
870	TRIS	2	10,015	\$280,465,743	\$28,005
990	Unknown	1,478	19,192	\$87,792	\$5
	Net Payments Sub Total			\$492,966,443	
	Net Payments Total			\$4,515,345,997	
Capitation Payments					
381	Non-Emergency Transportation		0	\$66,028,271	
830	Managed Care Organization		0	\$1,727,141,035	
	Capitation Payments Sub Total			\$1,793,169,306	
	Totals:	48,406	1,227,527	\$6,308,515,303	\$5,139

Source: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007.

Medicaid Profile by Aid Category Group

Aid Category Group	Patients	% of Total Patients	Net Payment	Capitation Amount	Payments	% of Total Payments
Aged	76,441	6.2%	\$922,018,165	\$3,207,233	\$925,225,398	14.7%
Blind Disabled	238,587	19.4%	\$2,273,307,432	\$20,814,185	\$2,294,121,617	36.4%
Breast Cervical Cancer Screen	3,850	0.3%	\$14,738,693	\$57,457,722	\$72,196,416	1.1%
LIM Low Income Medicaid	323,627	26.4%	\$526,879,587	\$556,779,728	\$1,083,659,315	17.2%
Medically Needy	244	0.0%	\$671,749	\$9,254	\$681,003	0.0%
Other Waivers	16,395	1.3%	\$166,046,259	\$677,436	\$166,723,695	2.6%
QMB Qualified Medicare Beneficiaries	62,818	5.1%	\$40,300,996	\$1,291	\$40,302,287	0.6%
RSM Adult	130,164	10.6%	\$207,478,227	\$360,526,606	\$568,004,833	9.0%
RSM Child	432,572	35.2%	\$349,440,354	\$755,090,304	\$1,104,530,658	17.5%
Refugee	983	0.1%	\$675,325	\$1,118,431	\$1,793,756	0.0%
SLMB Special Low Income Medicare Beneficiaries	688	0.1%	\$55,103	\$470	\$55,574	0.0%
Totals	1,227,527	100.0%	\$4,515,345,997	\$1,793,169,306	\$6,308,515,303	100.0%

Source: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007.

Medicaid Profile by Age

Age In Years	Patients	% of Total Patients	Net Payment	Capitation Amount	Payments	% of Total Payments			
Under 1 year	146,098	11.9%	\$273,102,675	\$317,727,466	\$590,830,141	9.4%			
1 to 5 years	221,906	18.1%	\$212,987,695	\$260,117,608	\$473,105,303	7.5%			
6 to 20 years	389,254	31.7%	\$771,419,297	\$559,986,824	\$1,331,406,121	21.1%			
21 to 44 years	249,817	20.4%	\$919,968,071	\$538,589,845	\$1,458,557,916	23.1%			
45 to 64 years	133,179	10.8%	\$1,185,543,813	\$73,852,983	\$1,259,396,797	20.0%			
65 and older	145,059	11.8%	\$1,152,331,809	\$5,402,609	\$1,157,734,418	18.4%			
Totals Source: DCH paid claims									

Medicaid Profile by Gender

Gender	Patients	% of Total Patients	Net Payments	Capitation Amount	Payments	% of Total Payments
Female	756,219	61.6%	\$2,687,901,815	\$1,221,271,658	\$3,909,173,473	62.0%
Male	471,217	38.4%	\$1,827,406,637	\$534,230,944	\$2,361,637,581	37.4%
Totals Source: DCH paid claims	1,227,527 queried in the	100.00% Thomson Reut	\$4,515,345,997 ers Decision Support Sy	\$1,793,169,306 estem (DSS) with paid da	\$6,308,515,303 Ites from July 2006 throu	100.00% ugh June 2007.

Medicaid Profile by Race

RACE	Patients	% of Total Patients	Net Payment	Capitation Amount	NETPAY + CAPAMT	% of Total Payments
American Indian/ Alaskan	1,011	0.1%	\$3,155,394	\$1,246,329	\$4,401,723	0.1%
Asian and Pacific Islander	16,265	1.3%	\$39,033,303	\$20,821,756	\$59,855,059	0.9%
Black	562,449	45.8%	\$1,811,181,260	\$929,920,293	\$2,741,101,553	43.5%
Hispanic	13,966	1.1%	\$23,341,899	\$13,187,345	\$36,529,244	0.6%
Unknown	103,597	8.4%	\$474,828,158	\$101,882,744	\$576,710,902	9.1%
White	539,896	44.0%	\$2,163,805,983	\$726,110,840	\$2,889,916,823	45.8%
Totals Source: DCH paid claims querie	1,227,527 ed in the Thomso	100.00% on Reuters De	\$4,515,345,997 cision Support System	\$1,793,169,306 n (DSS) with paid date	\$6,308,515,303 s from July 2006 throu	100.0% ugh June 2007.

Medicaid Profile by County

Medicaid Profi	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg	
Appling	4,048	\$19,927,517	\$4,584,091	\$24,511,608	\$6,055	0.3%	
Atkinson	1,919	\$5,931,656	\$1,918,942	\$7,850,598	\$4,092	0.2%	
Bacon	2,120	\$9,322,263	\$2,567,025	\$11,889,288	\$5,609	0.2%	
Baker	933	\$2,067,621	\$892,560	\$2,960,181	\$3,174	0.1%	
Baldwin	6,993	\$74,630,542	\$9,927,464	\$84,558,007	\$12,093	0.5%	
Banks	2,596	\$10,785,120	\$3,254,484	\$14,039,603	\$5,407	0.2%	
Barrow	7,456	\$21,782,888	\$10,586,082	\$32,368,970	\$4,341	0.6%	
Bartow	13,232	\$36,899,684	\$20,105,588	\$57,005,272	\$4,308	1.0%	
Ben Hill	4,491	\$18,322,025	\$5,445,692	\$23,767,717	\$5,293	0.4%	
Berrien	3,631	\$13,268,112	\$4,149,016	\$17,417,129	\$4,796	0.3%	
Bibb	35,013	\$124,676,007	\$52,394,197	\$177,070,204	\$5,057	2.7%	
Bleckley	2,064	\$6,513,417	\$2,891,825	\$9,405,242	\$4,557	0.2%	
Brantley	3,116	\$9,922,936	\$3,959,097	\$13,882,032	\$4,455	0.2%	
Brooks	3,600	\$12,799,776	\$4,109,092	\$16,908,867	\$4,697	0.3%	
Bryan	2,774	\$10,919,775	\$3,735,188	\$14,654,963	\$5,282	0.2%	
Bulloch	8,954	\$34,965,878	\$12,118,925	\$47,084,803	\$5,258	0.7%	
Burke	6,240	\$18,342,655	\$7,355,507	\$25,698,162	\$4,119	0.5%	
Butts	3,413	\$13,514,432	\$4,913,639	\$18,428,071	\$5,400	0.3%	
Calhoun	1,500	\$6,675,958	\$1,628,656	\$8,304,614	\$5,537	0.1%	
Camden	5,358	\$13,728,506	\$7,526,769	\$21,255,276	\$3,967	0.4%	
Candler	2,597	\$13,640,433	\$2,972,869	\$16,613,302	\$6,396	0.2%	
Carroll	16,467	\$43,810,221	\$25,451,501	\$69,261,722	\$4,206	1.3%	
Catoosa	6,803	\$22,214,598	\$8,904,532	\$31,119,130	\$4,574	0.5%	
Charlton	1,945	\$6,545,349	\$2,402,452	\$8,947,802	\$4,600	0.2%	
Chatham	35,144	\$136,603,335	\$45,354,659	\$181,957,994	\$5,177	2.7%	
Chattahooche e	835	\$1,559,126	\$1,298,879	\$2,858,005	\$3,424	0.1%	
Chattooga	4,733	\$15,812,926	\$5,956,173	\$21,769,100	\$4,599	0.4%	
Cherokee	11,248	\$39,310,907	\$18,036,617	\$57,347,524	\$5,099	0.9%	
Clarke	13,923	\$55,748,868	\$17,410,730	\$73,159,598	\$5,255	1.1%	
Clay	1,076	\$4,029,115	\$1,119,547	\$5,148,661	\$4,785	0.1%	
Clayton	46,074	\$114,852,221	\$72,920,634	\$187,772,855	\$4,075	3.6%	
Clinch	1,873	\$7,576,027	\$2,028,886	\$9,604,913	\$5,128	0.1%	
Cobb	50,492	\$160,603,235	\$76,947,058	\$237,550,293	\$4,705	3.9%	
Coffee	8,381	\$28,783,819	\$9,824,918	\$38,608,737	\$4,607	0.7%	
Colquitt	9,588	\$33,542,743	\$10,724,132	\$44,266,876	\$4,617	0.7%	
Columbia	7,638	\$25,969,626	\$10,277,270	\$36,246,896	\$4,746	0.6%	
Cook	3,562	\$13,782,605	\$4,239,313	\$18,021,919	\$5,060	0.3%	

County	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Coweta	11,696	\$26,288,504	\$18,443,991	\$44,732,495	\$3,825	0.9%
Crawford	2,241	\$7,901,330	\$3,403,602	\$11,304,932	\$5,044	0.2%
Crisp	6,142	\$20,835,561	\$9,134,614	\$29,970,175	\$4,879	0.5%
Dade	1,950	\$6,752,441	\$2,420,896	\$9,173,337	\$4,705	0.2%
Dawson	1,798	\$5,238,865	\$2,285,721	\$7,524,586	\$4,185	0.1%
DeKalb	91,936	\$302,798,683	\$132,931,227	\$435,729,911	\$4,740	7.2%
Decatur	7,000	\$22,124,855	\$8,053,486	\$30,178,340	\$4,311	0.5%
Dodge	4,189	\$15,279,837	\$5,623,145	\$20,902,982	\$4,990	0.3%
Dooly	2,812	\$12,018,100	\$3,754,402	\$15,772,501	\$5,610	0.2%
Dougherty	24,285	\$82,425,830	\$29,360,733	\$111,786,563	\$4,603	1.9%
Douglas	14,737	\$43,363,011	\$23,781,801	\$67,144,813	\$4,556	1.2%
Early	3,540	\$10,724,484	\$3,959,973	\$14,684,457	\$4,149	0.3%
Echols	648	\$1,716,968	\$751,090	\$2,468,058	\$3,811	0.1%
Effingham	5,102	\$17,919,693	\$7,013,151	\$24,932,844	\$4,887	0.4%
Elbert	4,060	\$16,001,505	\$4,455,336	\$20,456,841	\$5,039	0.3%
Emanuel	5,611	\$23,623,472	\$6,234,675	\$29,858,147	\$5,321	0.4%
Evans	2,415	\$7,423,602	\$2,727,408	\$10,151,011	\$4,203	0.2%
Fannin	3,143	\$13,503,267	\$4,040,399	\$17,543,666	\$5,581	0.2%
Fayette	5,034	\$18,609,994	\$7,378,147	\$25,988,141	\$5,162	0.4%
Floyd	16,367	\$92,807,559	\$19,542,363	\$112,349,922	\$6,865	1.3%
Forsyth	5,595	\$19,777,461	\$8,157,880	\$27,935,341	\$4,993	0.4%
Franklin	3,957	\$14,876,411	\$4,989,147	\$19,865,558	\$5,020	0.3%
Fulton	121,016	\$463,941,916	\$166,063,049	\$630,004,965	\$5,206	9.5%
Gilmer	3,737	\$14,439,220	\$5,204,226	\$19,643,445	\$5,256	0.3%
Glascock	512	\$3,606,292	\$561,894	\$4,168,186	\$8,148	0.0%
Glynn	10,669	\$40,038,806	\$13,661,046	\$53,699,852	\$5,033	0.8%
Gordon	7,685	\$25,945,105	\$9,725,403	\$35,670,508	\$4,642	0.6%
Grady	5,195	\$13,327,582	\$5,935,622	\$19,263,204	\$3,708	0.4%
Greene	2,914	\$10,096,309	\$3,095,627	\$13,191,937	\$4,527	0.2%
Gwinnett	61,580	\$166,335,368	\$91,671,183	\$258,006,550	\$4,190	4.8%
Habersham	4,494	\$13,932,336	\$5,569,959	\$19,502,295	\$4,340	0.4%
Hall	21,116	\$71,375,322	\$28,826,868	\$100,202,189	\$4,745	1.7%
Hancock	2,174	\$8,329,882	\$2,438,709	\$10,768,591	\$4,953	0.2%
Haralson	4,888	\$18,004,095	\$6,831,988	\$24,836,083	\$5,081	0.4%
Harris	2,407	\$8,669,244	\$3,437,555	\$12,106,799	\$5,030	0.2%
Hart	4,000	\$15,974,543	\$4,890,669	\$20,865,212	\$5,216	0.3%
Heard	2,136	\$5,325,885	\$2,958,775	\$8,284,661	\$3,879	0.2%
Henry	16,853	\$39,245,315	\$27,365,461	\$66,610,777	\$3,952	1.3%
Houston	16,279	\$48,289,564	\$26,712,051	\$75,001,615	\$4,607	1.3%
Irwin	2,045	\$9,792,800	\$2,339,708	\$12,132,508	\$5,934	0.2%

Medicaid Prof	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Jackson	6,728	\$23,672,968	\$8,855,930	\$32,528,898	\$4,835	0.5%
Jasper	2,159	\$5,935,061	\$3,405,609	\$9,340,670	\$4,326	0.2%
Jeff Davis	3,311	\$10,834,903	\$4,045,903	\$14,880,805	\$4,494	0.3%
Jefferson	4,468	\$18,179,063	\$4,690,106	\$22,869,169	\$5,118	0.3%
Jenkins	2,383	\$8,899,613	\$2,798,623	\$11,698,237	\$4,909	0.2%
Johnson	2,165	\$10,364,873	\$2,637,015	\$13,001,888	\$6,006	0.2%
Jones	3,778	\$11,611,337	\$5,601,382	\$17,212,719	\$4,556	0.3%
Lamar	2,630	\$9,484,050	\$3,652,247	\$13,136,297	\$4,996	0.2%
Lanier	1,868	\$7,494,158	\$2,124,065	\$9,618,224	\$5,149	0.1%
Laurens	10,219	\$33,047,741	\$14,965,384	\$48,013,125	\$4,699	0.8%
Lee	2,724	\$9,415,434	\$3,399,208	\$12,814,642	\$4,705	0.2%
Liberty	7,729	\$31,651,828	\$10,240,340	\$41,892,168	\$5,420	0.6%
Lincoln	1,353	\$3,196,728	\$1,559,483	\$4,756,210	\$3,517	0.1%
Long	2,133	\$8,272,191	\$2,964,814	\$11,237,004	\$5,267	0.2%
Lowndes	16,072	\$79,024,423	\$19,828,540	\$98,852,963	\$6,151	1.3%
Lumpkin	3,184	\$11,702,309	\$4,135,560	\$15,837,870	\$4,974	0.2%
Macon	3,014	\$14,044,273	\$3,743,865	\$17,788,139	\$5,902	0.2%
Madison	4,144	\$15,526,757	\$5,033,163	\$20,559,920	\$4,961	0.3%
Marion	1,729	\$5,973,527	\$2,522,837	\$8,496,364	\$4,914	0.1%
McDuffie	4,589	\$17,369,615	\$5,541,176	\$22,910,790	\$4,992	0.4%
McIntosh	2,127	\$6,156,576	\$2,577,522	\$8,734,098	\$4,107	0.2%
Meriwether	4,778	\$15,755,233	\$7,282,870	\$23,038,102	\$4,822	0.4%
Miller	1,385	\$6,487,010	\$1,510,995	\$7,998,005	\$5,775	0.1%
Mitchell	5,712	\$21,004,619	\$6,266,021	\$27,270,640	\$4,774	0.4%
Monroe	3,261	\$15,095,651	\$4,447,224	\$19,542,875	\$5,993	0.3%
Montgomery	1,552	\$4,599,686	\$1,753,818	\$6,353,504	\$4,095	0.1%
Morgan	2,493	\$6,991,011	\$3,198,102	\$10,189,113	\$4,088	0.2%
Murray	6,657	\$18,820,185	\$8,313,677	\$27,133,862	\$4,076	0.5%
Muscogee	34,190	\$122,176,773	\$51,720,546	\$173,897,319	\$5,086	2.7%
Newton	14,199	\$32,942,198	\$22,564,589	\$55,506,786	\$3,909	1.1%
Oconee	1,715	\$7,205,235	\$2,106,377	\$9,311,612	\$5,431	0.1%
Oglethorpe	2,042	\$7,052,870	\$2,304,614	\$9,357,484	\$4,582	0.2%
Paulding	9,817	\$27,052,997	\$15,996,135	\$43,049,132	\$4,385	0.8%
Peach	4,740	\$13,118,228	\$7,369,857	\$20,488,085	\$4,322	0.4%
Pickens	3,196	\$12,897,529	\$4,854,478	\$17,752,007	\$5,555	0.2%
Pierce	3,426	\$14,351,759	\$4,014,374	\$18,366,133	\$5,361	0.3%
Pike	2,011	\$5,728,734	\$2,971,354	\$8,700,088	\$4,326	0.2%
Polk	7,392	\$30,186,722	\$9,025,957	\$39,212,679	\$5,305	0.6%
Pulaski	1,764	\$5,970,705	\$2,206,894	\$8,177,598	\$4,637	0.1%
Putnam	2,983	\$9,056,340	\$3,847,342	\$12,903,682	\$4,325	0.2%

Medicaid Pro	file by County	1				
County	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Quitman	543	\$1,287,089	\$555,730	\$1,842,818	\$3,397	0.0%
Rabun	2,038	\$8,160,955	\$2,187,863	\$10,348,818	\$5,079	0.2%
Randolph	1,953	\$8,889,063	\$1,996,491	\$10,885,554	\$5,574	0.2%
Richmond	40,522	\$175,596,072	\$51,249,218	\$226,845,290	\$5,598	3.2%
Rockdale	10,917	\$28,265,907	\$17,048,019	\$45,313,925	\$4,151	0.9%
Schley	821	\$1,751,313	\$978,944	\$2,730,258	\$3,327	0.1%
Screven	3,297	\$11,733,334	\$3,700,453	\$15,433,788	\$4,681	0.3%
Seminole	2,397	\$7,236,145	\$2,731,376	\$9,967,521	\$4,158	0.2%
Spalding	12,533	\$38,745,048	\$18,609,507	\$57,354,555	\$4,576	1.0%
Stephens	4,560	\$18,233,753	\$5,652,412	\$23,886,166	\$5,239	0.4%
Stewart	1,307	\$5,968,887	\$1,310,881	\$7,279,767	\$5,568	0.1%
Sumter	8,214	\$28,166,097	\$9,782,093	\$37,948,190	\$4,620	0.6%
Talbot	1,364	\$2,929,238	\$1,941,840	\$4,871,078	\$3,572	0.1%
Taliaferro	433	\$1,104,753	\$402,498	\$1,507,252	\$3,482	0.0%
Tattnall	3,978	\$20,628,823	\$4,223,439	\$24,852,262	\$6,248	0.3%
Taylor	2,035	\$8,563,766	\$2,811,534	\$11,375,300	\$5,589	0.2%
Telfair	2,749	\$13,794,739	\$3,431,452	\$17,226,191	\$6,267	0.2%
Terrell	2,924	\$8,626,853	\$3,215,368	\$11,842,222	\$4,050	0.2%
Thomas	9,093	\$50,778,541	\$10,024,932	\$60,803,472	\$6,687	0.7%
Tift	8,158	\$28,729,727	\$9,657,799	\$38,387,526	\$4,706	0.6%
Toombs	6,885	\$27,205,138	\$8,442,398	\$35,647,536	\$5,178	0.5%
Towns	1,129	\$7,636,618	\$1,220,779	\$8,857,397	\$7,845	0.1%
Treutlen	1,600	\$5,514,534	\$2,191,937	\$7,706,471	\$4,816	0.1%
Troup	12,194	\$44,205,497	\$18,001,740	\$62,207,238	\$5,102	1.0%
Turner	2,404	\$8,426,832	\$2,820,014	\$11,246,846	\$4,678	0.2%
Twiggs	2,034	\$8,036,344	\$2,718,730	\$10,755,074	\$5,288	0.2%
Union	2,443	\$11,337,090	\$2,927,456	\$14,264,546	\$5,840	0.2%
Upson	5,290	\$18,920,259	\$7,576,887	\$26,497,146	\$5,009	0.4%
Walker	10,421	\$39,453,540	\$13,433,525	\$52,887,065	\$5,075	0.8%
Walton	9,019	\$23,863,739	\$13,863,610	\$37,727,349	\$4,183	0.7%
Ware	7,906	\$37,423,182	\$8,902,353	\$46,325,535	\$5,860	0.6%
Warren	1,532	\$5,542,879	\$1,841,579	\$7,384,458	\$4,821	0.1%
Washington	4,227	\$18,898,754	\$4,651,163	\$23,549,918	\$5,571	0.3%
Wayne	5,566	\$18,780,380	\$7,341,609	\$26,121,989	\$4,693	0.4%
Webster	471	\$1,037,753	\$589,218	\$1,626,971	\$3,451	0.0%
Wheeler	1,180	\$4,517,025	\$1,591,707	\$6,108,732	\$5,178	0.1%
White	2,795	\$10,172,211	\$3,413,044	\$13,585,256	\$4,861	0.2%
Whitfield	13,943	\$43,990,145	\$18,461,773	\$62,451,919	\$4,479	1.1%
Wilcox	1,830	\$8,399,378	\$2,318,892	\$10,718,271	\$5,856	0.1%
Wilkes	2,202	\$6,616,833	\$2,195,186	\$8,812,019	\$4,002	0.2%

Medicaid Pro	Medicaid Profile by County								
County	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg			
Wilkinson	1,920	\$4,717,260	\$3,168,902	\$7,886,162	\$4,108	0.2%			
Worth	4,051	\$11,325,606	\$4,754,392	\$16,079,998	\$3,969	0.3%			
TOTAL	1,278,477	\$4,515,345,9 97	\$1,793,169,306	\$6,308,515,303	\$4,934	100.0%			

Source: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007.

APPENDIX C: PEACHCARE FOR KIDS[™] DATA TABLES

Source for all Medicaid Data Tables: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007. **Note:** A small amount of claims data missing certain information (such as gender or region) is not shown in each table below.

PeachCare for Kids[™] Payments Distribution

PEACHCARE for KIDS™SERVICES DISTRIBUTION

	Category of Service	Providers	Patients	Net Payment	Net Pay Per Patient
Physician Services					
430	Physician Services	10,146	86,882	\$10,391,077	\$120
	Net Payments Sub Total			\$10,391,077	
Hospital Services					
10	Inpatient Hospital Services	127	981	\$8,104,066	\$8,261
70	Outpatient Hospital Services	314	27,299	\$8,469,162	\$310
	Net Payments Sub Total			\$16,573,228	
Mental Health Services					
440	Community Mental Health Services	178	1,831	\$1,104,776	\$603
	Net Payments Sub Total			\$1,104,776	
Maternal & Child Health Services					
270	Family Planning Services	110	613	\$50,513	\$82
600	Health Check Services (EPSDT)	2,113	39,658	\$1,930,028	\$49
730	Pregnancy Related Services	1	1	\$61	\$61
761	Perinatal Targeted Case Mgmt	1	1	\$73	\$73
790	Diagnostic Screening and Prevention	170	1,216	\$33,899	\$28
800	Early Intervention Case Mgt	23	33	\$5,525	\$167
840	Children's Intervention Svc	759	2,015	\$692,145	\$343
910	Childbirth Education Program	1	21	\$0	\$0
960	Children's Intervention School	125	3,035	\$2,067,191	\$681
	Net Payments Sub Total			\$4,779,433	
Pharmacy Services					
300	Pharmacy	2,012	78,588	\$12,772,535	\$163
321	Pharmacy DME Supplier	702	1,302	\$99,781	\$77
	Net Payments Sub Total			\$12,872,316	
Equipment & Devices					
320	Durable Medical Equipment Services	255	1,510	\$329,572	\$218

PEACHCARE for KIDS™SERVICES DISTRIBUTION

	Category of Service	Providers	Patients	Net Payment	Net Pay Per Patient
330	Orthotics and Prosthetics/Hear	95	794	\$359,681	\$453
	Net Payments Sub Total			\$689,253	
Emergency Transportation					
370	Emergency Ground Ambulance Svc	147	892	\$290,126	\$325
371	Emergency Air Ambulance Svc	9	19	\$56,496	\$2,973
	Net Payments Sub Total			\$346,622	
Other Practitioner Services					
431	Physician Assistant Services	617	6,063	\$433,700	\$72
450	Health Check Dental Program - under 21	1,851	106,960	\$11,484,934	\$107
470	Vision Care	582	16,129	\$866,632	\$54
480	Nurse Midwifery	37	68	\$7,779	\$114
490	Oral Maxillofacial Surgery	27	69	\$11,836	\$172
550	Podiatry	157	501	\$68,453	\$137
570	Psychological Services	437	2,543	\$932,813	\$367
740	Advanced Nurse Practitioners	892	8,742	\$555,978	\$64
	Net Payments Sub Total			\$14,362,126	
Waiver Program Services					
100	Dedicated Case Management Services	1	2	\$375	\$188
	Net Payments Sub Total			\$375	
200	Home Health Services	19	27	\$6,554	\$243
230	Independent Laboratory Service	80	6,026	\$249,755	\$41
540	Federally Qualified Health Center	63	1,803	\$249,494	\$138
541	Hospital-based Rural Health Center	46	1,589	\$136,440	\$86
542	Free Standing Rural Health Clinic	30	1,453	\$155,147	\$107
670	Ambulatory Surgery Center / Birthing	46	456	\$276,823	\$607
720	Dialysis Services - Technical	4	4	\$12,546	\$3,136
721	Dialysis Services - Profession	2	2	\$3,223	\$1,612
767	Disease State Management Program	2	3	\$103	\$34
764	Child Protective Services	1	1	\$169	\$169
870	TRIS	1	4	\$0	\$0
990	Unknown	329	4,408	\$1,686	\$0
	Net Payments Sub Total			\$1,091,941	
	Net Payments Total			\$62,211,147	
Capitation Payments					
381	Non-Emergency Transportation			\$8,471	
830	Managed Care Organization			\$385,707,47 2	

PEACHCARE for KIDS™SERVICES DISTRIBUTION

Category of Service	Providers	Patients	Net Payment	Net Pay Per Patient
			\$385,715,94 2	
 Totals:	19,636	199,865	\$447,927,09 0	\$2,241

Source: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007.

PeachCare for Kids[™] Profile by Age

Age In Years	Patients	% of Total Patients	Net Payment	Capitation Amount	Payments	% of Total Payments
Under 1 year	1,197	0.6%	\$1,050,164	\$1,079,238	\$2,129,402	0.5%
1 to 5 years	79,491	39.8%	\$14,764,323	\$98,001,118	\$112,765,441	25.2%
6 to 13 years	131,638	65.9%	\$29,877,060	\$185,727,482	\$215,604,543	48.1%
14 to 18 years	61,112	30.6%	\$16,514,125	\$99,812,415	\$116,326,540	26.0%
Totals	199,865	100.0%	\$62,211,147	\$385,715,942	\$447,927,090	100.0%

Source: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007.

PeachCare for $\mathsf{Kids}^\mathsf{TM}$ Profile by Gender

Gender	Patients	% of Total Patients	Net Payments	Capitation Amount	Payments	% of Total Payments
Female	98,237	49.2%	\$27,564,427	\$190,926,573	\$218,491,000	48.8%
Male	101,624	50.8%	\$34,646,748	\$194,787,778	\$229,434,526	51.2%
Totals	199,865	100.0%	\$62,211,147	\$385,715,942	\$447,927,090	100.0%

Source: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007.

PeachCare for Kids[™] Profile by Race

RACE	Patients	% of Total Patients	Net Payments	Capitation Amount	NETPAY + CAPAMT	% of Total Payments
American Indian/ Alaskan	70	0.0%	\$31,473	\$153,444	\$184,917	0.0%
Asian and Pacific Islander	5,310	2.7%	\$1,135,402	\$14,047,274	\$15,182,676	3.4%
Black	57,721	28.9%	\$15,371,325	\$109,613,786	\$124,985,111	12.1%
Hispanic	23,803	11.9%	\$5,670,323	\$48,515,461	\$54,185,784	12.1%
Unknown	15,859	7.9%	\$5,450,155	\$33,640,037	\$39,090,193	8.7%
White	97,102	48.6%	\$34,552,470	\$179,745,940	\$214,298,409	47.8%
Totals	199,865	100.0%	\$62,211,147	\$385,715,942	\$447,927,090	100.0%

Source: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007.

PeachCare for Kids[™] Profile by County

PeachCare for	r Kids [™] Profile by	/ County				
County	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Appling	797	\$330,996	\$1,103,436	\$1,434,433	\$1,799	0.3%
Atkinson	450	\$184,327	\$602,720	\$787,047	\$1,750	0.2%
Bacon	510	\$267,849	\$707,873	\$975,722	\$1,914	0.2%
Baker	98	\$28,351	\$132,652	\$161,004	\$1,644	0.0%
Baldwin	662	\$82,098	\$985,031	\$1,067,129	\$1,612	0.2%
Banks	801	\$347,825	\$1,138,891	\$1,486,716	\$1,856	0.3%
Barrow	2,973	\$317,484	\$4,281,291	\$4,598,775	\$1,547	1.1%
Bartow	3,581	\$400,964	\$5,148,575	\$5,549,539	\$1,550	1.3%
Ben Hill	727	\$284,754	\$960,176	\$1,244,930	\$1,713	0.3%
Berrien	750	\$380,301	\$1,014,756	\$1,395,056	\$1,861	0.3%
Bibb	3,257	\$336,353	\$4,871,044	\$5,207,398	\$1,599	1.2%
Bleckley	269	\$41,840	\$404,796	\$446,636	\$1,659	0.1%
Brantley	773	\$377,842	\$1,073,550	\$1,451,391	\$1,878	0.3%
Brooks	663	\$227,143	\$895,463	\$1,122,607	\$1,693	0.2%
Bryan	929	\$422,989	\$1,283,369	\$1,706,357	\$1,837	0.3%
Bulloch	1,407	\$635,105	\$1,966,820	\$2,601,925	\$1,849	0.5%
Burke	792	\$285,637	\$994,411	\$1,280,048	\$1,616	0.3%
Butts	778	\$87,601	\$1,116,355	\$1,203,956	\$1,548	0.3%

PeachCare for Ki	ds [™] Profile by	/ County				
County	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Calhoun	183	\$90,378	\$248,285	\$338,663	\$1,846	0.1%
Camden	1,065	\$472,676	\$1,459,643	\$1,932,319	\$1,815	0.4%
Candler	349	\$161,222	\$492,890	\$654,112	\$1,873	0.1%
Carroll	3,300	\$448,382	\$4,728,488	\$5,176,869	\$1,569	1.2%
Catoosa	1,412	\$477,157	\$1,989,537	\$2,466,693	\$1,747	0.5%
Charlton	352	\$212,778	\$488,204	\$700,982	\$1,990	0.1%
Chatham	5,332	\$2,178,380	\$7,312,840	\$9,491,220	\$1,780	1.9%
Chattahoochee	108	\$17,072	\$159,092	\$176,165	\$1,632	0.0%
Chattooga	635	\$243,265	\$897,971	\$1,141,236	\$1,796	0.2%
Cherokee	5,858	\$592,576	\$8,369,278	\$8,961,854	\$1,530	2.1%
Clarke	1,787	\$558,878	\$2,481,599	\$3,040,476	\$1,702	0.7%
Clay	90	\$53,298	\$117,429	\$170,726	\$1,908	0.0%
Clayton	10,282	\$1,197,557	\$14,484,317	\$15,681,874	\$1,525	3.8%
Clinch	302	\$179,952	\$395,194	\$575,146	\$1,904	0.1%
Cobb	18,065	\$2,212,931	\$25,392,101	\$27,605,032	\$1,528	6.6%
Coffee	1,667	\$833,082	\$2,227,896	\$3,060,977	\$1,837	0.6%
Colquitt	1,734	\$745,185	\$2,315,745	\$3,060,930	\$1,765	0.6%
Columbia	2,508	\$783,712	\$3,168,118	\$3,951,830	\$1,576	0.9%
Cook	780	\$380,817	\$1,032,172	\$1,412,989	\$1,812	0.3%
Coweta	2,648	\$372,948	\$3,773,264	\$4,146,212	\$1,566	1.0%
Crawford	508	\$72,322	\$765,490	\$837,812	\$1,650	0.2%
Crisp	641	\$83,511	\$972,683	\$1,056,194	\$1,647	0.2%
Dade	400	\$152,435	\$562,871	\$715,306	\$1,788	0.1%
Dawson	771	\$250,532	\$1,111,679	\$1,362,211	\$1,767	0.3%
DeKalb	17,550	\$2,320,858	\$24,659,191	\$26,980,049	\$1,537	6.4%
Decatur	1,068	\$416,400	\$1,415,040	\$1,831,440	\$1,714	0.4%
Dodge	542	\$78,085	\$832,230	\$910,314	\$1,681	0.2%
Dooly	368	\$50,077	\$549,880	\$599,956	\$1,631	0.1%
Dougherty	2,044	\$846,608	\$2,696,070	\$3,542,678	\$1,733	0.7%
Douglas	4,502	\$515,359	\$6,393,253	\$6,908,612	\$1,535	1.6%
Early	346	\$254,632	\$455,968	\$710,600	\$2,051	0.1%
Echols	173	\$71,709	\$231,641	\$303,350	\$1,751	0.1%
Effingham	1,804	\$713,791	\$2,507,213	\$3,221,003	\$1,786	0.7%
Elbert	736	\$241,003	\$1,058,262	\$1,299,264	\$1,767	0.3%
Emanuel	842	\$343,778	\$1,067,180	\$1,410,958	\$1,675	0.3%
Evans	372	\$144,580	\$518,568	\$663,148	\$1,784	0.1%
Fannin	1,262	\$699,623	\$1,831,279	\$2,530,902	\$2,005	0.5%
Fayette	1,812	\$179,431	\$2,580,180	\$2,759,610	\$1,523	0.7%
Floyd	2,708	\$1,251,095	\$3,834,645	\$5,085,740	\$1,878	1.0%
Forsyth	3,003	\$372,163	\$4,283,494	\$4,655,657	\$1,550	1.1%

PeachCare for I	Kids [™] Profile by	County				
County	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Franklin	831	\$336,232	\$1,192,259	\$1,528,491	\$1,838	0.3%
Fulton	13,646	\$1,519,863	\$19,118,877	\$20,638,739	\$1,512	5.0%
Gilmer	1,249	\$452,609	\$1,766,311	\$2,218,919	\$1,777	0.5%
Glascock	122	\$44,857	\$151,740	\$196,597	\$1,614	0.0%
Glynn	1,963	\$1,137,870	\$2,738,332	\$3,876,202	\$1,974	0.7%
Gordon	2,131	\$865,837	\$2,983,576	\$3,849,413	\$1,807	0.8%
Grady	955	\$355,981	\$1,273,255	\$1,629,236	\$1,706	0.3%
Greene	396	\$199,519	\$497,761	\$697,279	\$1,763	0.1%
Gwinnett	32,096	\$3,988,625	\$45,212,026	\$49,200,651	\$1,533	11.7%
Habersham	1,699	\$495,079	\$2,419,615	\$2,914,694	\$1,715	0.6%
Hall	7,037	\$2,145,480	\$9,845,659	\$11,991,139	\$1,704	2.6%
Hancock	128	\$29,867	\$162,425	\$192,292	\$1,507	0.0%
Haralson	1,086	\$110,542	\$1,585,849	\$1,696,392	\$1,561	0.4%
Harris	558	\$55,176	\$865,341	\$920,516	\$1,651	0.2%
Hart	873	\$226,393	\$1,259,113	\$1,485,506	\$1,701	0.3%
Heard	448	\$31,105	\$696,816	\$727,921	\$1,625	0.2%
Henry	5,993	\$570,170	\$8,526,527	\$9,096,698	\$1,518	2.2%
Houston	2,848	\$257,818	\$4,285,857	\$4,543,675	\$1,595	1.0%
Irwin	374	\$200,039	\$498,613	\$698,652	\$1,868	0.1%
Jackson	2,021	\$754,711	\$2,876,767	\$3,631,477	\$1,797	0.7%
Jasper	500	\$43,912	\$702,076	\$745,988	\$1,492	0.2%
Jeff Davis	698	\$323,140	\$969,626	\$1,292,766	\$1,852	0.3%
Jefferson	624	\$254,448	\$790,588	\$1,045,036	\$1,676	0.2%
Jenkins	312	\$127,876	\$402,325	\$530,200	\$1,701	0.1%
Johnson	223	\$45,972	\$336,225	\$382,197	\$1,711	0.1%
Jones	924	\$97,131	\$1,413,603	\$1,510,734	\$1,635	0.3%
Lamar	505	\$72,224	\$765,636	\$837,859	\$1,660	0.2%
Lanier	310	\$119,009	\$413,764	\$532,773	\$1,720	0.1%
Laurens	1,344	\$205,190	\$2,034,930	\$2,240,120	\$1,667	0.5%
Lee	1,041	\$481,654	\$1,403,954	\$1,885,607	\$1,811	0.4%
Liberty	1,174	\$429,311	\$1,628,814	\$2,058,125	\$1,753	0.4%
Lincoln	290	\$96,402	\$375,925	\$472,326	\$1,630	0.1%
Long	323	\$126,422	\$447,894	\$574,316	\$1,776	0.1%
Lowndes	2,888	\$1,319,914	\$3,848,696	\$5,168,610	\$1,790	1.1%
Lumpkin	927	\$350,986	\$1,315,076	\$1,666,062	\$1,798	0.3%
Macon	367	\$38,078	\$574,708	\$612,786	\$1,670	0.1%
Madison	1,117	\$459,256	\$1,614,048	\$2,073,304	\$1,857	0.4%
Marion	234	\$45,689	\$354,145	\$399,834	\$1,711	0.1%
McDuffie	842	\$316,993	\$1,067,537	\$1,384,530	\$1,644	0.3%
McIntosh	422	\$166,021	\$577,997	\$744,018	\$1,762	0.2%

PeachCare for K	ids [™] Profile by	/ County				
County	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Meriwether	623	\$287,753	\$945,633	\$1,233,386	\$1,979	0.2%
Miller	205	\$72,855	\$269,956	\$342,810	\$1,674	0.1%
Mitchell	880	\$383,872	\$1,166,264	\$1,550,136	\$1,761	0.3%
Monroe	665	\$58,753	\$1,011,955	\$1,070,708	\$1,609	0.2%
Montgomery	360	\$186,168	\$497,089	\$683,257	\$1,900	0.1%
Morgan	687	\$185,448	\$1,009,212	\$1,194,660	\$1,740	0.3%
Murray	1,925	\$634,422	\$2,720,499	\$3,354,921	\$1,743	0.7%
Muscogee	3,442	\$412,200	\$5,226,649	\$5,638,849	\$1,638	1.3%
Newton	3,678	\$457,589	\$5,228,377	\$5,685,966	\$1,546	1.3%
Oconee	698	\$341,228	\$1,012,445	\$1,353,673	\$1,938	0.3%
Oglethorpe	517	\$153,241	\$741,533	\$894,774	\$1,732	0.2%
Paulding	4,807	\$474,177	\$6,859,123	\$7,333,300	\$1,526	1.8%
Peach	672	\$63,141	\$1,040,534	\$1,103,675	\$1,642	0.2%
Pickens	1,126	\$213,171	\$1,629,719	\$1,842,890	\$1,636	0.4%
Pierce	785	\$400,980	\$1,099,587	\$1,500,568	\$1,911	0.3%
Pike	570	\$75,733	\$851,505	\$927,238	\$1,627	0.2%
Polk	1,519	\$548,332	\$2,136,600	\$2,684,933	\$1,767	0.6%
Pulaski	223	\$17,706	\$343,105	\$360,811	\$1,619	0.1%
Putnam	616	\$201,713	\$769,225	\$970,938	\$1,577	0.2%
Quitman	54	\$16,389	\$69,877	\$86,267	\$1,607	0.0%
Rabun	827	\$359,459	\$1,176,153	\$1,535,612	\$1,857	0.3%
Randolph	245	\$98,443	\$323,921	\$422,365	\$1,723	0.1%
Richmond	3,660	\$1,222,434	\$4,555,363	\$5,777,798	\$1,579	1.3%
Rockdale	2,588	\$263,113	\$3,683,756	\$3,946,869	\$1,525	0.9%
Schley	211	\$110,870	\$276,858	\$387,728	\$1,836	0.1%
Screven	437	\$183,544	\$611,918	\$795,462	\$1,819	0.2%
Seminole	372	\$190,753	\$498,705	\$689,458	\$1,855	0.1%
Spalding	1,585	\$164,103	\$2,246,084	\$2,410,188	\$1,521	0.6%
Stephens	898	\$313,255	\$1,272,067	\$1,585,322	\$1,765	0.3%
Stewart	113	\$43,206	\$147,938	\$191,143	\$1,699	0.0%
Sumter	836	\$413,745	\$1,125,949	\$1,539,695	\$1,842	0.3%
Talbot	186	\$13,665	\$281,474	\$295,140	\$1,588	0.1%
Taliaferro	48	\$10,661	\$63,663	\$74,324	\$1,562	0.0%
Tattnall	604	\$275,714	\$833,858	\$1,109,572	\$1,836	0.2%
Taylor	254	\$31,133	\$391,243	\$422,377	\$1,665	0.1%
Telfair	366	\$51,102	\$568,558	\$619,660	\$1,692	0.1%
Terrell	233	\$91,172	\$309,798	\$400,970	\$1,723	0.1%
Thomas	1,570	\$708,496	\$2,089,584	\$2,798,080	\$1,783	0.6%
Tift	1,466	\$654,039	\$1,962,589	\$2,616,628	\$1,785	0.5%
Toombs	1,032	\$422,324	\$1,447,255	\$1,869,580	\$1,811	0.4%

County	Members Avg	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Towns	437	\$149,563	\$629,517	\$779,081	\$1,784	0.2%
Treutlen	247	\$25,526	\$386,228	\$411,755	\$1,669	0.1%
Troup	2,014	\$341,143	\$3,039,659	\$3,380,803	\$1,678	0.7%
Turner	362	\$159,036	\$488,699	\$647,735	\$1,788	0.1%
Twiggs	272	\$25,300	\$407,189	\$432,489	\$1,591	0.1%
Union	852	\$297,637	\$1,235,244	\$1,532,881	\$1,800	0.3%
Upson	864	\$153,695	\$1,306,841	\$1,460,536	\$1,691	0.3%
Walker	1,541	\$632,841	\$2,187,206	\$2,820,047	\$1,830	0.6%
Walton	3,035	\$685,774	\$4,370,822	\$5,056,596	\$1,666	1.1%
Ware	1,255	\$552,272	\$1,761,877	\$2,314,149	\$1,844	0.5%
Warren	187	\$57,680	\$237,430	\$295,110	\$1,575	0.1%
Washington	481	\$152,720	\$593,729	\$746,448	\$1,551	0.2%
Wayne	853	\$332,198	\$1,181,154	\$1,513,352	\$1,775	0.3%
Webster	79	\$26,705	\$106,238	\$132,943	\$1,679	0.0%
Wheeler	205	\$21,965	\$319,282	\$341,247	\$1,661	0.1%
White	1,069	\$390,399	\$1,530,304	\$1,920,703	\$1,796	0.4%
Whitfield	5,441	\$1,610,148	\$7,652,064	\$9,262,212	\$1,702	2.0%
Wilcox	228	\$17,862	\$356,720	\$374,582	\$1,640	0.1%
Wilkes	316	\$113,633	\$412,373	\$526,006	\$1,664	0.1%
Wilkinson	262	\$24,512	\$400,517	\$425,029	\$1,622	0.1%
Worth	799	\$427,340	\$1,080,860	\$1,508,201	\$1,887	0.3%
TOTALS	274,024	\$62,211,147	\$385,715,942	\$447,927,090 port System (DSS)	\$1,635 with paid dates from J	100.0%

Source: DCH paid claims queried in the Thomson Reuters Decision Support System (DSS) with paid dates from July 2006 through June 2007.

State Health Benefit Plan Total FY 2007 Expenditures by Category

2007 Total FY Expenditures	\$2,290,587,883
PPO & Indemnity, HMO and CDHP Option Expenditures	\$2,004,711,908
HMO and TRICARE Premiums	\$151,551,857
Contracts	\$123,794,018
Administrative Support	\$10,530,100
Average Expenditure Per Covered Life	\$3,428.61
Source: Georgia Department of Community Health.	

SHBP Revenue and Expense Statement FY 2007

Georgia Department of Community Health	State Health Benefit Plan (SHBP)
Revenue and Expense Statement	

For t	For the Year Ended June 30, 2007								
Reve	enues								
R1	Earned	Premiums							
	R1.1	Earned Premiums - State Employees Active	470,674,061						
	R1.2	Earned Premiums - Teachers Active	996,627,781						
	R1.3	Earned Premiums - School Service Personnel Active (1)	433,742,900						
	R1.4	Earned Premiums - Other Active	7,832,737						
	R1.5	Earned Premiums - State Employees Retiree	180,306,499						
	R1.6	Earned Premiums - Teachers Retiree	242,836,493						
	R1.7	Earned Premiums - School Service Personnel Retiree	87,541,518						
	R1.8	Earned Premiums - Prior Teachers Retiree (1)	10,933,136						
	R1.9	Earned Premiums - Prior Service Personnel Retiree (1)	1,044,716						
	R1.10	Earned Premiums - Other Retiree	9,258						
		Subtotal	2,431,549,098						
R2	Interest	Income	16,690,249						
R3	Miscella	aneous Income	-						
R4	Dividen	ds	5,226,819						
R5	Unreali	zed Gain/(Loss) on Investments	1,154,730						
R6	Realize	d Gain/(Loss) On Investments	-						
Tota	I Revenue	es	2,454,620,897						
Ban	ofit Doloto	d Funancia							
Bene	ent Relate	d Expenses							

Geor	gia Depar	tment of Community Health State Health Benefit Plan (SHBF	P)
E1	Claims	Payments	
	E1.1	Claims Payments - State Employees Active	418,250,515
	E1.2	Claims Payments - Teachers Active	655,944,945
	E1.3	Claims Payments - School Service Personnel Active	487,545,689
	E1.4	Claims Payments - Other Active	7,493,902
	E1.5 E1.6	Claims Payments - State Employees Retiree Claims Payments - Teachers Retiree	165,155,831 225,170,087
	E1.7	Claims Payments - Teachers Retiree Claims Payments - School Service Personnel Retiree	77,704,440
	E1.8	Claims Payments - Prior Teachers Retiree	3,378,865
	E1.9	Claims Payments - Prior Service Personnel Retiree	941,582
	E1.10	Claims Payments - Other Retiree	133,892
		Drug Rebate Offset	(19,608,328)
		Subtotal, Claims Payments	2,022,111,418
E2		remium Payments	
	Kaiser		
	E2.1	State Employees Active	32,500,702
	E2.2 E2.3	Teachers Active School Service Personnel Active	57,678,344 41,046,379
	E2.3	Other Active	19,572
	E2.5	State Employees Retiree	6,461,490
	E2.6	Teachers Retiree	6,264,012
	E2.7	School Service Personnel Retiree	5,041,092
	E2.8	Prior Teachers Retiree	1,317
	E2.9	Prior Service Personnel Retiree	2,492
	E2.10	Other Retiree	1,956
		Subtotal	149,017,357
E3	Other P	remium Payments	
	ASI Tric	care	
	E3.1	State Employees Active	728,052
	E3.2	Teachers Active	775,449
	E3.3	School Service Personnel Active	506,211
	E3.4	Other Active	2,461
	E3.5	State Employees Retiree	221,560
	E3.6	Teachers Retiree	214,228
	E3.7	School Service Personnel Retiree	82,940
	E3.8	Prior Teachers Retiree	3,600
	E3.9	Prior Service Personnel Retiree	-
	E3.10	Other Retiree	
		Subtotal	2,534,500
		Subtotal, Premium Payments	151,551,857
		Related Expenses	2,173,663,275
Adm	inistrative	Expenses	
E4	Labor E	xpense	

Georg	gia Depart	tment of Community Health State Health Benefit Plan (SHBP)	
	E4.1	Labor Expense-Salaries/Wages/Benefits	5,213,872
	E4.2	Labor Expense-Contractors/Temp Services	<u>-</u>
		Subtotal	5,213,872
E5	Consulti	ng and Management Services	
	E5.1	AON	145,710
	E5.2	BCBS	35,061,858
	E5.3	Beechstreet	4,619
	E5.4	BKR Metcalf	183,000
	E5.5 E5.6	Cavanaugh McDonald CIGNA	137,385 3,895,702
	E5.7	Express Scripts	4,774,211
	E5.8	Hewlett Packard	24,482
	E5.9	Lumenos	240,196
	E5.10	Medstat Group	531,041
	E5.11	North Highland	175,000
	E5.12	Prudent RX	123,579
	E5.13	United Healthcare	79,488,313
	E5.14	Vitech	540,000
	E5.15	Wallace IPD Printing	175,537
	E5.16	William Mercer	21,950
	E5.17	Other Subtotal	839,721 126,362,306
E6	Computi	ng Related Expenses	309,247
E7	Rent and	d Utilities	369,757
E8	Telecom	nmunications	165,492
E9	Materials	s, Supplies and Equipment	256,388
E10	Printing	& Publication	20,485
E11	Postage		310,929
E12	Travel		40,750
E13	Professi	onal Development	6,177
E14	Other		121,165
		Subtotal, All Administrative Expenses	133,176,568
Total	Expenses	S	2,306,839,842
Reve	nues over	r/(under) Expenses	147,781,055
Gene	ral Annota	ations:	
(1)		DOE allotment of \$ 242,526,070 eorgia Department of Community Health.	

State Health Benefit Plan Covered Lives in FY 2007

		Employee/	
Category	Members Average	Retiree	Dependents
State Employees - Active	138,640	68,860	69,780
State Employees - Retired	39,987	27,253	12,733
Teachers – Active	254,067	110,817	143,250
Teachers - Retired	52,633	37,488	15,145
School Service Personnel – Active	151,202	71,830	79,373
School Service Personnel – Retired	21,060	15,513	5,547
Contracts/Board Members	2,047	1,246	801
COBRA	2,057	1,148	910
TOTAL Source: DCH data queried in Thomson Reuters Decis	661,692 ion Support System (DSS) for FY 2007	334,154	327,538

SHBP Payments by County

SHBP Profile by County										
County	Members Avg	Net Payments	Payment Per Member	% of Members Avg						
Appling	1,757	\$7,137,459	\$4,062	0.3%						
Atkinson	753	\$3,041,314	\$4,038	0.1%						
Bacon	1,088	\$4,232,087	\$3,891	0.2%						
Baker	241	\$707,875	\$2,934	0.0%						
Baldwin	8,370	\$32,598,710	\$3,895	1.3%						
Banks	1,596	\$6,364,898	\$3,987	0.2%						
Barrow	5,304	\$13,154,345	\$2,480	0.8%						
Bartow	7,444	\$22,643,542	\$3,042	1.1%						
Ben Hill	1,546	\$6,061,376	\$3,920	0.2%						
Berrien	1,749	\$7,561,050	\$4,324	0.3%						
Bibb	10,924	\$38,531,357	\$3,527	1.6%						
Bleckley	1,366	\$4,446,507	\$3,255	0.2%						
Brantley	1,362	\$5,312,824	\$3,900	0.2%						
Brooks	997	\$3,206,664	\$3,215	0.2%						
Bryan	2,274	\$6,508,691	\$2,862	0.3%						
Bulloch	5,215	\$21,943,502	\$4,208	0.8%						
Burke	1,752	\$4,767,919	\$2,722	0.3%						
Butts	2,282	\$7,207,226	\$3,159	0.3%						
Calhoun	711	\$3,181,497	\$4,477	0.1%						
Camden	2,208	\$7,934,016	\$3,594	0.3%						

SHBP Profile by Coun	ity		,	
County	Members Avg	Net Payments	Payment Per Member	% of Members Avg
Candler	918	\$2,962,393	\$3,226	0.1%
Carroll	9,051	\$29,000,747	\$3,204	1.4%
Catoosa	3,232	\$8,748,327	\$2,707	0.5%
Charlton	708	\$2,402,606	\$3,395	0.1%
Chatham	12,638	\$40,967,531	\$3,242	1.9%
Chattahoochee	161	\$317,839	\$1,970	0.0%
Chattooga	2,652	\$8,903,158	\$3,357	0.4%
Cherokee	15,172	\$42,346,162	\$2,791	2.3%
Clarke	6,520	\$19,459,777	\$2,984	1.0%
Clay	250	\$675,570	\$2,701	0.0%
Clayton	12,269	\$22,767,299	\$1,856	1.8%
Clinch	886	\$2,907,114	\$3,283	0.1%
Cobb	34,259	\$94,848,333	\$2,769	5.2%
Coffee	3,279	\$12,860,713	\$3,922	0.5%
Colquitt	3,952	\$16,321,246	\$4,130	0.6%
Columbia	8,635	\$26,384,723	\$3,055	1.3%
Cook	1,382	\$5,786,662	\$4,186	0.2%
Coweta	9,061	\$24,724,461	\$2,729	1.4%
Crawford	1,190	\$4,536,459	\$3,811	0.2%
Crisp	1,818	\$5,858,497	\$3,223	0.3%
Dade	812	\$2,278,151	\$2,806	0.1%
Dawson	2,050	\$7,223,261	\$3,524	0.3%
DeKalb	39,531	\$80,449,002	\$2,035	6.0%
Decatur	2,497	\$8,733,693	\$3,498	0.4%
Dodge	2,819	\$7,916,468	\$2,808	0.4%
Dooly	905	\$2,871,808	\$3,175	0.1%
Dougherty	6,949	\$25,454,920	\$3,663	1.0%
Douglas	8,948	\$23,105,886	\$2,582	1.3%
Early	1,245	\$3,492,944	\$2,805	0.2%
Echols	79	\$548,089	\$6,967	0.0%
Effingham	3,162	\$10,323,751	\$3,265	0.5%
Elbert	1,969	\$5,916,328	\$3,006	0.3%
Emanuel	3,052	\$12,146,220	\$3,979	0.5%
Evans	1,269	\$5,372,460	\$4,233	0.2%
Fannin	1,813	\$6,054,151	\$3,339	0.3%
Fayette	9,263	\$23,021,380	\$2,485	1.4%
Floyd	8,531	\$31,345,538	\$3,674	1.3%
Forsyth	7,807	\$22,682,026	\$2,905	1.2%
Franklin	2,301	\$8,155,206	\$3,544	0.3%
Fulton	39,170	\$101,800,103	\$2,599	5.9%

SHBP Profile by Cou	inty		,	
County	Members Avg	Net Payments	Payment Per Member	% of Members Avg
Gilmer	1,452	\$5,351,778	\$3,686	0.2%
Glascock	356	\$1,214,063	\$3,407	0.1%
Glynn	5,472	\$20,540,112	\$3,754	0.8%
Gordon	4,014	\$13,400,378	\$3,338	0.6%
Grady	1,993	\$7,108,589	\$3,566	0.3%
Greene	1,100	\$3,325,458	\$3,022	0.2%
Gwinnett	40,291	\$88,916,999	\$2,207	6.1%
Habersham	4,530	\$12,788,875	\$2,823	0.7%
Hall	12,814	\$38,785,160	\$3,027	1.9%
Hancock	1,516	\$5,178,639	\$3,416	0.2%
Haralson	2,675	\$9,971,671	\$3,727	0.4%
Harris	2,116	\$6,539,849	\$3,091	0.3%
Hart	1,491	\$4,135,166	\$2,773	0.2%
Heard	703	\$2,726,271	\$3,877	0.1%
Henry	16,559	\$34,590,606	\$2,089	2.5%
Houston	8,112	\$27,265,929	\$3,361	1.2%
Irwin	768	\$2,739,138	\$3,567	0.1%
Jackson	5,832	\$15,667,023	\$2,686	0.9%
Jasper	1,029	\$3,274,295	\$3,183	0.2%
Jeff Davis	1,414	\$5,349,846	\$3,785	0.2%
Jefferson	1,812	\$4,954,157	\$2,733	0.3%
Jenkins	803	\$3,058,810	\$3,810	0.1%
Johnson	1,041	\$3,376,187	\$3,242	0.2%
Jones	1,942	\$6,122,933	\$3,153	0.3%
Lamar	1,534	\$5,127,109	\$3,342	0.2%
Lanier	571	\$2,190,724	\$3,834	0.1%
Laurens	5,265	\$20,795,406	\$3,950	0.8%
Lee	2,182	\$6,695,896	\$3,068	0.3%
Liberty	2,700	\$7,424,215	\$2,750	0.4%
Lincoln	758	\$2,312,508	\$3,053	0.1%
Long	670	\$1,964,940	\$2,932	0.1%
Lowndes	7,688	\$27,351,009	\$3,558	1.2%
Lumpkin	1,712	\$6,091,175	\$3,558	0.3%
Macon	1,057	\$3,495,176	\$3,307	0.2%
Madison	2,230	\$8,064,473	\$3,616	0.3%
Marion	486	\$1,437,440	\$2,956	0.1%
McDuffie	2,055	\$7,087,895	\$3,449	0.3%
McIntosh	935	\$3,276,517	\$3,506	0.1%
Meriwether	2,058	\$7,829,066	\$3,805	0.3%
Miller	674	\$2,502,347	\$3,713	0.1%

SHBP Profile by County	,		,	
County	Members Avg	Net Payments	Payment Per Member	% of Members Avg
Mitchell	2,142	\$7,824,045	\$3,653	0.3%
Monroe	2,098	\$5,728,014	\$2,730	0.3%
Montgomery	1,143	\$5,169,389	\$4,521	0.2%
Morgan	1,841	\$5,537,245	\$3,009	0.3%
Murray	2,447	\$6,284,743	\$2,568	0.4%
Muscogee	10,348	\$33,125,579	\$3,201	1.6%
Newton	8,203	\$19,224,874	\$2,344	1.2%
Oconee	3,497	\$9,971,538	\$2,852	0.5%
Oglethorpe	686	\$2,424,198	\$3,533	0.1%
Out of State / Emergency	16,285	\$59,626,488	\$3,662	2.5%
Paulding	7,797	\$20,583,052	\$2,640	1.2%
Peach	2,321	\$8,173,528	\$3,521	0.3%
Pickens	2,569	\$8,595,280	\$3,346	0.4%
Pierce	2,232	\$8,321,488	\$3,729	0.3%
Pike	2,018	\$8,012,423	\$3,970	0.3%
Polk	3,806	\$14,367,456	\$3,775	0.6%
Pulaski	1,101	\$3,292,395	\$2,991	0.2%
Putnam	1,717	\$6,027,319	\$3,510	0.3%
Quitman	145	\$397,478	\$2,749	0.0%
Rabun	1,537	\$4,131,090	\$2,687	0.2%
Randolph	669	\$2,347,219	\$3,508	0.1%
Richmond	11,833	\$35,610,726	\$3,009	1.8%
Rockdale	6,689	\$16,001,790	\$2,392	1.0%
Schley	502	\$1,461,375	\$2,910	0.1%
Screven	1,402	\$5,681,266	\$4,053	0.2%
Seminole	798	\$3,832,479	\$4,800	0.1%
Spalding	5,275	\$14,823,254	\$2,810	0.8%
Stephens	2,646	\$9,109,403	\$3,442	0.4%
Stewart	448	\$915,514	\$2,044	0.1%
Sumter	3,051	\$9,977,537	\$3,270	0.5%
Talbot	565	\$1,436,036	\$2,544	0.1%
Taliaferro	117	\$259,241	\$2,217	0.0%
Tattnall	3,384	\$12,895,769	\$3,810	0.5%
Taylor	1,100	\$3,233,213	\$2,939	0.2%
Telfair	1,732	\$6,212,713	\$3,587	0.3%
Terrell	768	\$3,243,723	\$4,225	0.1%
Thomas	5,360	\$22,750,041	\$4,245	0.8%
Tift	3,795	\$17,135,313	\$4,515	0.6%
Toombs	3,135	\$11,505,450	\$3,670	0.5%
Towns	1,005	\$3,007,062	\$2,994	0.2%

County	Members Avg	Net Payments	Payment Per Member	% of Members Av	
Treutlen	917	\$3,918,796	\$4,275	0.1%	
Troup	5,115	\$16,118,722	\$3,151	0.8%	
Turner	1,062	\$4,174,025	\$3,930	0.2%	
Twiggs	552	\$2,418,876	\$4,385	0.1%	
Union	1,757	\$5,640,417	\$3,210	0.3%	
Upson	3,150	\$11,640,790	\$3,696	0.5%	
Walker	4,673	\$14,480,884	\$3,099	0.7%	
Walton	9,019	\$24,084,998	\$2,670	1.4%	
Ware	4,215	\$16,974,007	\$4,027	0.6%	
Warren	417	\$744,299	\$1,786	0.1%	
Washington	2,676	\$6,826,963	\$2,551	0.4%	
Wayne	3,194	\$12,075,937	\$3,781	0.5%	
Webster	188	\$480,183	\$2,555	0.0%	
Wheeler	691	\$2,298,579	\$3,326	0.1%	
White	2,823	\$9,052,340	\$3,207	0.4%	
Whitfield	5,664	\$17,997,685	\$3,178	0.9%	
Wilcox	1,080	\$3,851,110	\$3,566	0.2%	
Wilkes	1,144	\$3,864,833	\$3,378	0.2%	
Wilkinson	1,793	\$7,679,324	\$4,283	0.3%	
Worth	1,356	\$5,286,584	\$3,900	0.2%	
TOTALS	663,250	\$2,005,519,327	\$3,024	100.0%	

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Care Management Organizations (CMO) Populations by Region and CMO

Region / CMO		July Roster Totals	August Roster Totals	September Roster Totals	October Roster Totals	November Roster Totals	December Roster Totals	January Roster Totals	February Roster Totals	March Roster Totals	April Roster Totals	May Roster Totals	June Roster Totals
Atlanta													
	Amerigroup	92,856	92,179	91,740	96,051	100,490	102,804	101,059	102,004	102,201	105,734	107,597	104,780
	Peach State	181,068	182,895	179,012	179,886	181,021	179,278	170,672	169,855	165,632	167,446	169,714	155,335
	Wellcare	188,670	184,489	182,322	184,804	186,763	188,118	181,309	181,552	178,777	183,477	185,513	173,82°
	Atlanta Region Total	462,594	459,563	453,074	460,741	468,274	470,200	453,040	453,411	446,610	456,657	462,824	433,936
Central													
	Peach State	48,198	50,063	50,349	52,323	52,923	53,316	51,539	51,677	50,946	52,912	53,115	51,123
	Wellcare	80,782	77,841	76,027	75,868	76,130	75,925	72,759	72,901	70,882	72,772	73,525	69,809
	Central Region Total	128,980	127,904	126,376	128,191	129,053	129,241	124,298	124,578	121,828	125,684	126,640	120,932
East													
	Amerigroup			21,843	26,064	27,727	28,293	27,545	27,579	27,315	28,139	28,333	27,334
	Wellcare			40,545	36,177	35,936	35,069	33,412	33,225	32,365	32,921	33,225	31,431
	East Region Total			62,388	62,241	63,663	63,362	60,957	60,804	59,680	61,060	61,558	58,765
North													
	Amerigroup			45,593	51,491	53,000	53,399	52,545	52,733	52,529	54,361	55,060	52,912
	Wellcare			84,276	79,628	79,922	79,581	76,502	76,774	76,145	78,821	79,825	75,453
	North Region Total			129,869	131,119	132,922	132,980	129,047	129,507	128,674	133,182	134,885	128,365
Southeast													
	Amerigroup			17,002	32,809	34,863	35,122	34,409	34,664	34,254	34,943	35,326	33,991
	Wellcare			17,862	60,668	60,258	60,323	57,724	57,700	56,407	57,551	58,964	55,899
	Southeast Region Total			34,864	93,477	95,121	95,445	92,133	92,364	90,661	92,494	94,290	89,890
Southwest													
	Peach State			19,765	62,899	69,841	72,845	72,599	72,232	71,436	73,310	74,380	72,065
	Wellcare			3,485	43,762	37,487	34,709	32,075	31,803	30,758	31,091	31,881	29,899
	Southwest Region Total			23,250	106,661	107,328	107,554	104,674	104,035	102,194	104,401	106,261	101,964
GHF Total		591,574	587,467	829,821	982,430	996,361	998,782	964,149	964,699			986,458	933,85

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Care Management Organizations, Members and Amount Paid by Month

Peach State Health Plan (PSHP)			Amerigroup (AM	/IG)	Wellcare (WC	<u> </u>	Georgia Families Total	
	Members	Total Paid	Members	Total Paid	Members	Total Paid	Members	Total Paid
June-Dec 2006	261,621	\$214,400,494	156,199	\$141,087,237	377,366	\$348,360,749	\$795,186	\$703,848,480
7-Jan	294,810	\$50,159,975	215,558	\$38,720,490	453,781	\$82,663,335	964,149	\$171,543,800
7-Feb	293,764	\$53,371,765	216,980	\$33,740,246	453,955	\$80,204,268	964,699	\$167,316,279
7-Mar	288,014	\$51,409,089	216,299	\$38,132,497	445,334	\$75,249,662	949,647	\$164,791,248
7-Apr	293,668	\$48,317,948	223,177	\$42,576,549	456,633	\$74,601,178	973,478	\$165,495,674
7-May	297,209	\$57,963,810	226,316	\$44,394,706	462,933	\$79,792,067	986,458	\$182,150,584
7-Jun	278,523	\$52,321,187	219,017	\$37,378,397	436,312	\$69,010,679	933,852	\$158,710,263
PSHP Total		\$527,944,268	AMG Total	\$376,030,121	WC Total	\$809,881,938	Georgia Families Total	\$1,713,856,328

Source: Georgia Department of Community Health, Division of Financial Management

Managed Care Report Card

	6-Nov	6-Dec	7-Jan	7-Feb	7-Mar	7-Apr	7-May	7-Jun
Amerigroup								
Utilization								
Obstetrical Deliveries/1000	54	51	57	61	63	56	50	52
NICU Admits/1000			6.2	6.9	6.6	6.3	6	4.9
C-Section Rate	31%	27%	28%	32%	31%	28%	30%	28%
Customer Service								
Percent of Claims Paid Timely	><	><	99.80%	99.90%	99.80%	97.70%	99.10%	98.50%
% Claims Denied as Duplicates	>	><	4.80%	1.20%	3.00%	5.90%	4.10%	4.70%
% Claims Denied - Other Reasons		><	3.30%	5.80%	10.40%	4.50%	3.70%	5.10%
Member Services - Telephone Service Level	87.40%	88.90%	88.50%	86.70%	86.70%	73.30%	93.80%	93.70%
Provider Services - Telephone Service Level	86.00%	84.80%	86.90%	92.40%	92.90%	89.40%	93.90%	91.90%
Source: Georgia Department of Community Health Division of	Managed Car	e and Quality						

Peach State Health Plan								
Utilization								
Obstetrical Deliveries/1000	62	62	61	61	59	58	57	58
NICU Admits/1000	><	><	7.8	7.3	8	8	9	8
C-Section Rate	32%	32%	31%	29%	33%	33%	33%	33%
Customer Service								
Percent of Claims Paid Timely	> <	> <	93.40%	94.10%	98.00%	93.80%	98.30%	98.30%
% Claims Denied as Duplicates			4.70%	9.40%	4.80%	4.90%	4.30%	6.30%
% Claims Denied - Other Reasons	><	><	11.40%	6.00%	9.10%	10.70%	11.80%	11.60%
Member Services - Telephone Service Level	97.80%	97.00%	96.20%	94.90%	92.30%	96.60%	97.10%	93.60%
Provider Services - Telephone Service Level	91.60%	86.80%	77.20%	88.90%	88.60%	89.00%	90.10%	86.90%

Wellcare								
Utilization								
Obstetrical Deliveries/1000	55	53	58	54	56	55	57	57
NICU Admits/1000		><	6.8	7.3	5	4.6	4.7	4.5
C-Section Rate	30%	29%	28%	29%	29%	29%	30%	30%
Customer Service								
Percent of Claims Paid Timely		><	99.30%	99.70%	99.80%	99.30%	99.90%	99.90%
% Claims Denied as Duplicates	><	><	3.00%	3.30%	5.00%	3.70%	4.50%	4.20%
% Claims Denied - Other Reasons	>	>>	5.60%	5.10%	5.20%	5.10%	4.90%	5.20%
Member Services - Telephone Service Level	92.00%	95.60%	93.50%	91.90%	93.90%	94.60%	92.50%	91.10%
Provider Services - Telephone Service Level	92.80%	94.90%	93.00%	92.00%	97.00%	98.00%	95.00%	94.00%

Source: Georgia Department of Community Health Division of Managed Care and Quality

Definitions Utilization	
Obstetrical Deliveries/1000	Deliveries per 1000 members per year
NICU Admits/1000	Neonatal Intensive Care Admissions per 1000 members per year
C-Section Rate Customer Service	Percent of OB Deliveries that are C-Sections
Percent of Claims Paid Timely % Claims Denied as Duplicates	Percentage of Total claims processed that were denied as a duplicate submission.
% Claims Denied - Other Reasons Member Services - Telephone Service	
Level Provider Services - Telephone Service	Percent of Member Service Calls Answered Within 30 Seconds
Level	Percent of Provider Service Calls Answered Within 30 Seconds

APPENDIX F: ACRONYMS AND KEY TERMS

ACS: Affiliated Computer Services **ADOC:** Access Dallas Output Center

(formerly DataDirect)

AR: Accounts Receivables

ASO: Administrative Services Organization

BCW: Babies Can't Wait **BOR:** Board of Regents

BPS: Business Process Solutions (ACS

subsidiary)

CNA: Certified Nurses Assistant

CCSP: Community Care Services Program

COBRA: Consolidated Omnibus

Reconciliation Act

CMO: Care Management Organizations CMS: Centers for Medicare and Medicaid

Services

COB: Coordination of Benefits

CON: Certificate of Need

CSBME: Composite State Board of Medical

Examiners

CSIS: Constituent Services Information

Systems

DCH: Georgia Department of Community

DFCS: Division of Family and Children

Services

DHR: Georgia Department of Human

Resources

DJJ: Department of Juvenile Justice **DMA:** Division of Medical Assistance **DME:** Durable Medical Equipment

DMO: Disease Management Organization **DOAS:** Department of Administrative

Services

DOL: Department of Labor

DSD: Design Specification Documents **DSH:** Disproportional Share Hospital **DURB:** Drug Utilization Review Board **EDI:** Electronic Data Interchange

EDS: Electronic Data Systems (Fiscal agent

until 4/1/03)

EMA: Emergency Medical Assistance **FEMA:** Federal Emergency Management

Agency)

FSMB: Federation of State Medical Boards

GAO: General Accounting Office GBPW: Georgia Board for Physician

Workforce

GDOA: Georgia Department of Audits **GEMA:** Georgia Emergency Management

Agency (state)

GHA: Georgia Hospital Association **GHP:** Georgia Health Partnership

GMCF: Georgia Medical Care Foundation

(subcontractor)

GRITS: Georgia Registry of Immunizations

Transactions and Services

GVHCP: Georgia Volunteer Health Care

Program

HEDIS: Health Care Effectiveness Data and

Information Set

HMO: Health Maintenance Organization **HIPAA:** Health Insurance Portability &

Accountability Act

HPAS: Health Plan Administrative System **HRA:** Health Reimbursement Account

HSA: Health Savings Account ICTF: Indigent Care Trust Fund

ICWP: Independent Care Waiver Program **IDEA:** Individuals with Disabilities Education

Improvement Act

MAG: Medical Association of Georgia MCH: Maternal and Child Health Section **MEMS:** Member Enrollment Management System

MHN: MultiHealth Network

MMIS: Medical Management Information

System

NPI: National Provider Identifier

OBRA: Omnibus Budget Reconciliation Act

OCR: Optical Character Recognition **OIG:** Office of Inspector General

PA: Prior Authorization

PASARR: Pre-Admission Screening &

Annual Resident Review

PBM: Pharmacy Benefit Manager PMO: Program Management Office (program used to monitor progress) PPO: Preferred Provider Organization **PSI:** Policy Studies, Inc. (PeachCare for

Kids[™] sub-contractor)

RA: Remittance Advice (claim amount

description/explanation) **RFP:** Request for Proposal RFQ: Request for Quotation

SBME: State Board of Medical Examiners

APPENDIX F - ACRONYMNS AND KEY TERMS

SCHIP: State's Children Health Insurance

Plan

SHBP: State Health Benefit Plan

SIR: Stored Information Retriever (system) **SLA:** Service Level Agreement (scale used

to pay ACS for performance)

SMEB: State Medical Education Board

TAD: Turnaround Document (Provider

Services documentation)

TANF: Temporary Assistance for Needy

Families

TEFRA: Tax Equity and Fiscal

Responsibility Act

TRIS: Therapeutic Residential Intervention

Carvicas

Key Data Definitions

Members – Members is the unique count of members with any coverage type. Each member is counted once regardless of their number of eligible months.

Members Average - Members Average is the average number of members per month with any coverage type. Each member is counted once for each month they are eligible, then this count is divided by the overall number of months in the time period during which at least one member was enrolled.

Patients – Patients is the unique count of members who received facility, professional, or pharmacy services.

Net Payment- Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance and deductible amounts have been subtracted.

Capitation Amount- Capitation Amt is the pre-paid amount paid to plans or providers under risk-based managed care contracts.

1	COMMUNITY HEALTH GF COMMUNITY HEALTH	ortina F	-orm	
QU	ARTER/YEAR: Annual 2007	orting i	OIIII	
Nar	me of Clinic/Organization: 29 Clinics/Programs/Even	t		
1.	Total Number of Patient Visits: (A patient visit is a face-to-face meeting between a patie professional in order to receive medical/dental services.)	nt and	23,923 a health care	
2.	Total Number of Active Licensed Health Care Provid In Your Clinic/Organization: (Total number of contracted and non-contracted volunted participating in your clinic/organization.)		684	/ely
3.	Total Number of Licensed Volunteer Health Care Pro	ovider F	lours: 20,399	
4.	Total Dollar Value of Services for Licensed Health C (To be determined by: (1) An hourly rate based on the f of services; or (3) Value based on visits or referrals.)			
5.	Total Dollar Value of Donations: (Donations include items such as monies, pharmaceutic equipment, etc. Do not include grants.)	\$ als, eye	<u>1,161,185</u> eglasses, labs, x-r	ays,
6.	Total Number of Active DCH Volunteers: (Include only DCH volunteers that have applications on patient financial eligibility and patient referral forms.)	ile who	175 complete the	
7.	Total Number of DCH Volunteer Hours: (DCH volunteer hours completing patient eligibility and re	eferral t	13,793 forms.)	
8.	Total Dollar Value of Services for DCH Volunteers: (Multiply line 7 by \$18.77)	\$	258,895	
9.	Total Number of General Staff Volunteers: (Volunteers performing general duties such as: answeri filing Patient Records, repairs, etc.)	ng telep	645 ohones, making co	- opies,
10.	Total Number of General Staff Volunteer Hours:		21,265	
11.	Total Value of Services for General Staff Volunteers: (Multiply line 10 by \$18.77)	\$	394,053	
12.	Total Value of Service: (Add lines 4, 5, 8, 11)	\$	4,164,226	•

The following values per hour are offered as a <u>suggested guideline</u> for your use in <u>estimating</u> the value of your volunteer services. Reported value of hours should not exceed these hourly values.

Physician: \$250/hour Optometrist: \$50/hour Respiratory Therapist: \$ 40/hour Dentist: \$200/hour ARNP/PA: \$75/hour Dental Hygienist: \$25/hour Chiropractor: \$90/hour Registered Nurse: \$35/hour Dental Assistant: \$18.77/hour Pharmacist: \$75/hour Licensed Practical Nurse\$25/hour Support Staff: \$18.77/hour Social Worker: \$50/hour Physical Therapist: \$60/hour

July 1, 2006

Appendix 16: Georgia clinics added to the Georgia Volunteers in Health Care in FY 2007

BALDWIN COUNTY

The Compassionate Care Clinic (CCC), Inc., located in Milledgeville, Georgia, was the second clinic to come under the GVHCP. This clinic signed-on October 5, 2006. CCC initially offered primary care services. With DCH grant money, the clinic was able to add dental services. The clinic made the following accomplishments during this reporting year:

Established a formal agreement with The Oconee Center for mental health services

Formalized an agreement with the Georgia College and State University as a clinical site for nursing and health education students

Formed a partnership with the Susan G. Komen Foundation to help identify and meet the needs of the uninsured breast cancer patients in the Oconee region

Obtained funding and began construction on a new clinic physical plant

CCC continues to seek partnerships and funding sources to help meet the needs of the uninsured, low-income residents in Middle Georgia.

BIBB COUNTY

The Macon Volunteer Clinic (MVC) came under the GVHCP on March 26, 2007. MVC is a 501(c)3 corporation that receives no remuneration from patients for rendered services. The clinic provides health and dental care to the working, uninsured and low-income residents of Bibb County.

Since MVC's participation with the GVHCP, patients have access to a cardiologist and an ophthalmologist. The clinic provides a bimonthly ophthalmologic clinic and a monthly cardiology clinic for the patients.

CAMDEN COUNTY

Coastal Medical Access Project at Goodwin Community Health Center (CMAP):

CMAP, located in St. Mary's, came under the GVHCP on January 30, 2007. CMAP's mission is to help build healthier communities by focusing primarily on programs that increase access to health care for Coastal Georgia residents. This is accomplished through collaboration among the medical community, faith-based organizations, local businesses and volunteers.

Pastors and their faith communities, housing authority officials, service organizations, private businesses, the Southeast Georgia Health System, Coastal Health District, DFCS, school systems and volunteers form the CMAP leader partnerships. These partners assisted in the planning, design and implementation of CMAP services.

The clinic uses an appointment basis to provide primary care, chronic illness care, specialty care and medications to patients. CMAP works closely and individually by guiding patients through the complex process of obtaining free or low-cost prescriptions.

CHATHAM COUNTY

The Community Health Mission (CHM), formerly known as the Community Health Center, is located in Savannah. It came under the GVHCP on November 6, 2006. The clinic is associated with Memorial Medical Center. It is open Monday through Friday, with patients seen by appointment only. Spanish interpreters are available. Services offered at the clinic are:

Medical Services: Internal medicine, cardiology, orthopedics, primary care and gynecology Preventive Services: Pap-smears, screening mammograms, flu shots and eye exams Complete lab work

Wellness Programs: Women's health program, diabetes self-management and a cardiovascular program Patient Assistance Program for long-term treatment medications

Insulin and calibrated syringes for diabetic patients

Translation services to patients (English and Spanish)

CHM developed a curriculum to implement a Cardiopulmonary Resuscitation program using the American Heart Association and first-aid program for the uninsured and underserved individuals located in urban and rural areas.

Savannah Health Mission c/o Georgia Ear Institute:

Savannah Health Mission (SHM), located in Savannah, came under the GVHCP on November 16, 2006. This clinic provides primary care services, medications and referrals. Even though SHM operates separately from CHM, the clinic has been incorporated with CHM. SHM's statistics are reported with CHM.

Savannah Georgia Lions Lighthouse Foundation Eye Clinic:

The Georgia Lions Lighthouse Foundation Eye Clinic, located in Savannah, came under the GVHCP on June 7, 2007. The clinic operates at the St. Mary's Health Center and provides free eye exams and eyeglasses.

St. Mary's Health Center came under the GVHCP November 7, 2006. This inner-city clinic is located in the historic Cuyler-Brownville neighborhood of Savannah. A part of the St. Joseph/Candler Health Systems, the clinic provides a wide range of services to adults, ages 19 to 64, treating minor illnesses such as headaches, colds, allergies and sinus problems, heartburn and earaches. Health care screening, education and management are provided to address gynecological, breast and prostate health, high-blood pressure, diabetes, weight loss and exercise. Additionally, assistance with access to free and low-cost medications is provided. This clinic is free and open Monday through Thursdays. Patients are seen by appointment and on a walk-in basis.

CLARKE COUNTY

Mercy Health Center (MHC), located in Athens, came under the GVHCP on May 17, 2007. MHC is a volunteer-based nonprofit Christian health center that provides whole-person care including medical, pharmaceutical and limited dental care to the uninsured, low-income population in and around Athens, Georgia. MHC opened in September 2001, originally operating out of Sunday school rooms at a downtown church. Today, MHC is located at 767 Oglethorpe Avenue. A weekly medical clinic is operated on Thursday evenings and also on the second and fourth Tuesdays, a pharmacy refill clinic on Wednesday mornings and a dental clinic on Fridays. These service hours accommodate approximately 1,914 office visits annually.

Currently, there are over 150 volunteers including dentists, physicians, nurses, interpreters, pharmacists, students and many others who work at the clinic. The clinic's ability to organize the volunteers and provide the setting and support for their work enables MHC to provide services for many of the people in the community who would otherwise go without health care.

CLAY COUNTY

Clay County Health Department sponsored a county health fair located in the rural area of Fort Gaines, Georgia. Doctor's Laboratory came under the GVHCP on March 10, 2007. This was a collaborative effort between the Clay County Health Department, Family Connection Collaborative, the community and Doctor's Laboratory. Doctor's Laboratory provided a volunteer to assist in providing accurate and quality medical services. Doctor's Laboratory donated lab services in the form of PSA tests, glucose tests and a lipid panels to the underserved and uninsured Georgians in this county.

CLAYTON COUNTY

The Good Shepherd Clinic (GSC), located in Morrow, came under the GVHCP on April 25, 2007. GSC is open Monday evenings and Wednesday mornings. The clinic provides primary care services and is by appointment with some walk-ins.

The Riley Clinic located in Jonesboro, came under the GVHCP on January 25, 2007. Riley Clinic is a nonprofit clinic serving Clayton County residents. The clinic is supported by the First Baptist Church of Jonesboro and is staffed in its entirety by volunteers.

The goal of the clinic is to minister medically to the community in a safe, uplifting, nurturing environment. Every patient is treated with dignity and respect. The clinic is free and ministers to patients in non-emergency situations. Individuals who have insurance, Medicare or Medicaid are not eligible for this service. RC provides primary care services every Thursday evening on a walk-in basis.

Each patient is given personal and private counseling concerning his or her personal needs. When patients have problems beyond the clinic's capabilities, they are directed to other care providers.

COLUMBIA COUNTY

The FaithCare Clinic, Inc., (FCC), located in Evans, Georgia, was the first clinic to come under the GVHCP on August 29, 2006. FCC started and continues as a mission ministry of Wesley United Methodist Church. The clinic was launched in September 2002 following months of planning and data gathering, which confirmed that medical needs were not being met in Columbia County. FCC provides care for acute minor illnesses, ongoing primary medical care, professional counseling and some prescription drug assistance to those who do not have reasonable financial access to health care. The clinic meets every other Tuesday night using Doctor's Hospital outpatient surgical center. Since FCC's inception, all staff personnel are volunteers from the community and the patients pay no fees.

Important activities over the past reporting year include contracting with the statewide DCH program, under the Volunteers in Medicine Act. This alliance addresses liability issues and allows sharing of ideas and resources with other free clinics in Georgia. Over the past nine months, the clinic staff has mentored Medical College of Georgia medical students, introducing these doctors-in-training to the challenging dilemma of meeting health care needs for the underserved.

DEKALB COUNTY

The South DeKalb Center for Healthy Living (SDCHL), located in Lithonia, came under the GVHCP on April 28, 2007. This clinic operates on the tenet that health maintenance is a guiding principle in health care. It emphasizes health promotion and disease prevention rather than the management of symptoms and illness. It includes the full array of counseling, screening and other preventive services designed to minimize the risk of premature sickness and to assure optimal physical, mental and emotional health throughout the natural life cycle. SDCHL provides direct services, education or referral for the following: blood pressure, blood sugar, cholesterol, height/weight, mammogram referral, nutrition counseling and exercise recommendations. It also offers pap smears, physical exam, self-breast exam, smoking cessation and other preventative services.

The clinic is open the second and fourth Saturday of the month from 10:00 a.m. to 2 p.m. No appointments are necessary.

EMANUAL COUNTY

The East Georgia Healthcare Center (EGHC), located in Swainsboro, Georgia, came under the GVHCP on January 16, 2007, to operate a time-limited free clinic called the Welcome Home project as a way to bring patients with diabetes and high-blood pressure back into primary care. This program has since ended.

The mission statement for EGHC was a not-for-profit, community-based organization dedicated to improving the health and quality of life for all residents of Emanuel, Tattnall and Treutlen Counties, regardless of their race, color, creed, religion, national origin, age, gender, disability or veteran status.

Established in 1992, EGHC cared for the people of Emanuel, Tattnall, Treutlen and surrounding counties. This area is characterized by extreme poverty. More than 25 percent of the three county area's residents live below 100 percent of the federal poverty level. The clinic offered three full-service, comprehensive primary care centers, located in Swainsboro, Reidsville and Soperton. EGHC was committed to providing comprehensive health care to all residents regardless of their ability to pay. As described in the section above, much of the community is designated by the federal government as not having sufficient health care resources. EGHC services included assisting patients with medication assistance programs, EKG, urine screenings, pregnancy testing and much more. EGHC also offered several health education programs free of charge to the public. The clinic was proud of its Diabetic Collaborative and accomplishments. Patients were given diabetic counseling, free glucometers and strips were sold to the patient at a discount. EGHC offered free blood-pressure screenings throughout the community at local businesses, schools and industries. EGHC also offered a sliding fee scale program for those who qualify. The target populations were the migrant/seasonal farm workers, Latinos, Hispanics, African Americans, low-income, underinsured and the uninsured.

FAYETTE COUNTY

The Fayette Care Clinic, Inc., (FCC), located in Fayetteville, Georgia, came under the GVHCP on November 8, 2006. FCC provides primary care and dental services on Tuesday evenings and Wednesday mornings. The clinic has added physical therapy services and minor surgery procedures. FCC tracks patient improvement in their diabetes and hypertension diagnosis and planning classes. Another service offered at the clinic is teaching English to patients.

FLOYD COUNTY

The Free Clinic of Rome, Georgia, came under the GVHCP on May 14, 2007. The clinic is a community-based medical and dental health clinic, founded in 2003 by a group of medical and lay volunteers interested in providing health care to those members of the greater Rome community who were having difficulty accessing care. The mission is to provide free, quality health care and treatment to individuals who have no insurance and no access to quality health care. Care is offered to those with no Medicare, Medicaid, PeachCare for Kids™ or other insurance program.

In the fall of 2006, the Free Clinic of Rome became involved in community-wide discussions regarding medical care to the under/uninsured. The outcome of these discussions was the desire and plan for the Free Clinic to grow services and facilities to provide part of the solution.

Since October 2006,, the Free Clinic of Rome has accomplished the following:

Formally organized as a 501(c)3 organization (application submitted and final approval pending) Established partnership agreements with Floyd Medical Center (FMC) and Redmond Regional Medical Center (RRMC) (the local non-profit and profit, respectively, hospitals in Floyd County) for monetary and material support. Both FMC and RRMC have committed to providing \$26,000 a year for the next two years, in addition to material and equipment support and other assistance. The Harbin Clinic, the area's largest multi-specialty clinic, has also agreed to support the free clinic financially in an amount as yet to be announced

Hired an Executive Director with extensive experience in the non-profit sector to help guide the clinic's growth

Formulated a business plan

Secured a more permanent location within the Floyd County Health Department building that will allow the free clinic to increase hours of operation by July 2007

Formed a partnership with the Floyd County Dental Society and NW Georgia Public Health to provide free dental extractions as needed for clinic patients. Currently, this service is on hold, as funding cuts at the state level have limited the availability of staff required by the state to operate the state's equipment Completed visits to other successful clinics to learn from their experiences.

The primary care clinic is open Mondays, from 6:00 p.m. to 8:30 p.m. The dental clinic is open two nights a month (second and fourth Mondays, from 6:00p.m. to 8:30 p.m.) in borrowed space at the Salvation Army of Rome, but will be moving as previously mentioned.

The clinic treats only minor acute care problems, although it will refill prescriptions and treat complications of chronic diseases as the clinic is able, given its current limited hours and follow up. The clinic provides blood sugar and blood pressure checks. It can perform otoscopy and provide nebulized bronchodilator medications. It also has an on-site dispensary and a limited on-site formulary with the ability to treat most common problems.

GLYNN COUNTY

Coastal Medical Access Project – Goodwin Community Health Center: located in Brunswick, Georgia, came under the GVHCP on February 26, 2007. CMAP's mission is to help build healthier communities by focusing primarily on Coastal Georgia through programs that increase access to health care. This is accomplished through collaboration among the medical community, faith-based organizations, local businesses and volunteers.

CMAP formed partnerships with pastors and their faith communities, housing authority officials, service organizations, private businesses, the Southeast Georgia Health System, Coastal Health District, DFCS, school systems and volunteers to assist in the planning, design and implementation of CMAP services.

The clinic provides primary, chronic illness, and specialty care and medications to patients on an appointment basis. CMAP works closely with patients on guiding them individually through the complex process of obtaining free or low-cost prescriptions.

GREENE COUNTY

The Good Samaritan Clinic (GSC), located in Greensboro, Georgia, came under the GVHCP on March 12, 2007. The GSC, established in 1997, is located in the Episcopal Church of the Redeemer's Activity Center. The small clinic is open one evening a week and is staffed by volunteer physicians, nurses and clerical personnel. The clinic provides primary medical care and assistance with generic pharmaceuticals to the eligible patients of Greene, Putnam and Morgan Counties. Patients pay no fees. Clinic personnel facilitate patient referrals to specialists willing to provide services on a pro bono or minimal fee basis. Ongoing funding is entirely from donations from community organizations. The major financial support of the clinic is from the Episcopal Church Women of the Church of the Redeemer through their annual home tour of Revnolds Plantation.

HALL COUNTY

The Good News Clinics opened in 1993 and came under the GVHC Program on January 3, 2007. The Sam Poole Medical Clinic and the Green Warren Dental Clinic are open Monday through Friday, 8:30 a.m. to 5:00 p.m., and provide free medical and dental care to patients residing in Hall County with an income at or below 150 percent of the federal poverty level. The Good News Clinics Dispensary provides free medication to all patients. Specialty services available at Good News Clinics include ophthalmology, pediatrics, nephrology, rheumatology, dermatology, neurology and x-ray. In 2006, 42 volunteer dentists and 31 volunteer physicians provided services for more than 16,000 patient visits.

HENRY COUNTY

The Hands of Hope Clinic, Inc., McDonough, Georgia, came under the GVHC Program on December 11, 2006. Hands of Hope Clinic is a faith-based, volunteer medical clinic serving the low-income, uninsured residents of Henry County. The clinic is staffed entirely by volunteer physicians, dentists, nurse practitioners, nurses, pharmacists and a cadre of other medical individuals to provide basic medical and dental care. The services are free. Funding comes from a combination of grants as well as public and

private donations. The clinic has two full-time employees, an executive director and an administrative assistant.

Originally, the clinic operated from the McDonough Presbyterian Church. Space was shared with a preschool during the regular school year. The clinic's schedule has been every Monday evening, excluding holidays, from 6:00 to 8:30 p.m. or until the last patient is seen. In 2006, the clinic was able to open the second and fourth Thursday evening of every month, running the same hours. Patient registration begins about 4:30 p.m. each clinic day. On-site staff is at least two and sometimes as many as four licensed physicians to treat the patients. A licensed registered nurse oversees the support services provided by a team of licensed nurses, medical assistants and phlebotomists. On an average clinic evening, the clinic treats between 20 and 25 patients.

The volunteers rely on sample medications donated by local physicians to provide patients prescription medications. The clinic does not run a pharmacy. Most clinic evenings, a volunteer pharmacist is available to work with the physicians and to distribute sample medications and instructions. In the absence of a pharmacist, the physician performs this function.

Dental patients are screened on Wednesday afternoon, twice a month, at a local dentist's office. Any dental procedures deemed necessary are performed in the volunteer dentist's office by appointment only.

The Hands of Hope Clinic has received several grants during December 2006 to June 2007. Grants received are as follows:

Central Georgia EMC	\$ 7,600
Snapping Shoals Electric Co-op	\$ 1,000
Episcopal Grant WTO	\$18,500
Presbytery of Greater Atlanta	\$ 900

The United Way honored two of the clinic's volunteers as "Volunteers of the Year." The clinic was also awarded \$22,000 from the Henry County Board of Commissioners in appreciation of the work the clinic has done for the needy of Henry County.

HOUSTON COUNTY

Houston County Volunteer Medical Clinic (HCVMC), Warner Robbins, Georgia, came under the GVHCP on December 21, 2006. The HCVMC is a non-profit facility providing free medical care to the working, uninsured citizens of Houston County. The physicians, nurses, technicians and administrative personnel all volunteer their time to provide primary care services two evenings per week. The clinic depends on donated funds to provide free, quality and compassionate medical care to those who have no other resources for health care. The clinic offers primary, non-emergency, medical care on an appointment-only basis. The clinic hours are Monday and Thursday from 5 to 8 p.m.

Many of the medications are provided to the patients through the Community Health Works Assistance Program (CHWAP). A representative of Community Health Works is available for patient consultations at the patient's appointment time. This representative will help the patient apply for the prescription medication assistance. There is a three dollar per month, per prescription co-pay for some medications through the CHWAP.

Donations and Grants received by the clinic from April to June 2007 were as follows:

Sunmark Bank	\$ 200
Orchid House	\$ 200
Houston Healthcare	\$7,000
(Proceeds of a Benefit Golf Tournament)	
Houston Healthcare Medical Staff	\$7,500

NEWTON COUNTY

Willing Helpers Medical Clinic, Covington, Georgia, came under the GVHCP on December 7, 2006. Several members of Solid Rock Baptist Church were concerned about the rising number of uninsured people in Newton County. After a visit to the Leesburg First Baptist Church, Leesburg, Florida, that has operated a free clinic for 20 years, the vision for a free clinic was born. With the help of Georgia State University School of Nursing and Newton, Rockdale, and Gwinnett Health Departments and various other local organizations, a plan was developed to open a free clinic in Covington on the grounds of the Solid Rock Baptist Church.

Newton County conducted a needs assessment evaluating area demographics, population, occupation, educational attainment, medical insurance and income. From the assessment, it was determined that more than 8,000 Newton County residents were without medical health insurance.

The goal of the clinic is to serve as a health care provider for indigent, homeless and the working poor who have no insurance, low-income and who are unable to pay for medical services in the Newton County area. Contributions, donations and grants from national, state and local organizations fund the clinic. Volunteer area physicians, nurses, respiratory therapists, pharmacists and non-licensed personnel provide the no-fee clinical services.

The clinic is located in the fellowship hall of the Solid Rock Baptist Church with expectations of a building in the next few years. The clinic is open every Thursday, from 5 to 8 p.m., by appointment with some walk-ins.

PICKENS COUNTY

Good Samaritan Health & Wellness Center, Jasper, Georgia, came under the GVHCP on April 2, 2007. The center improves the quality of life for the uninsured and indigent of Pickens County by providing medical, dental and vision services that are free, compassionate and individualized. Primary care is provided along with laboratory services, pharmaceuticals, x-ray services and limited mental health counseling.

Since opening in 2002, Good Samaritan has served over 4,200 individuals. Each year, the clinic provides over 9,000 patient visits, more than 200 X-rays and fills over 15,000 prescriptions. This is accomplished by nearly 350 volunteers who donate over 33,000 hours each year. There is one paid staff member, an executive director.

RICHMOND COUNTY

ALAS Clinica Latina, Inc., joined the GVHCP on December 20, 2006. The Clinica Latina, Augusta, Georgia, started in 2003 by a professor at the Medical College of Georgia to offer service to Spanish-speaking people. The operation of the clinic was formalized in 2005 when the non-profit organization, Asociacion Latina de Servicios of the CSRA, was created to oversee its operation.

Volunteer physicians, nurse practitioners, medical students and other health professionals offer their services free one evening a month. Patients begin to line up outside the building at 4 p.m. for the 6 p.m. clinic. Some patients drive almost an hour to get to the clinic. Twenty to 30 patients, of all ages and sexes, are served at each clinic. Some come regularly for monitoring of chronic diseases such as hypertension or diabetes and others for acute illnesses. Some mothers just want to know if their children are growing properly as they have no resources for medical care. With time and through the clinic volunteer's efforts to provide a culturally- appropriate atmosphere, the clinic has developed a relationship of trust with the Latinos of the Augusta area.

Miracle Making Ministries, Inc., (MMM), Druid Park near Augusta, Georgia, came under the GVHCP on November 29, 2006. MMM is a faith-based organization that provides a complete range of social services that include primary medical care with a comprehensive referral system.

Currently, the health center has six primary care medical providers including a full and part-time complement of three board-certified physicians (one paid, two volunteers) and three board-certified mid-

levels (two paid, one volunteer). MMM maintains working relationships and collaborates with many organizations that have the same commitment to the target population it serves.

The health care center provides primary care, vision screening with access to eyeglasses and a referral system to specialty services for conditions outside the scope of primary care. A referral program for dental services has been established for the patients in need of those services. The service delivery model is designed to establish and maintain continuity of care through a system of well-designed services. Access to services is designed to accommodate both scheduled patients as well as those with urgent or emergent needs. Patients are encouraged to select an individual provider who will care for them on an ongoing basis. A physician or mid-level professional is available "on call" during all times the health center is closed.

The health center provides the following services: primary care, some diagnostic laboratory services, preventive services including cancer, diabetes and sexually transmitted diseases screenings, immunizations and vision screenings. Specialty services, mental and substance services and radiology services are provided through well-designed referral arrangements with collaborating entities.

The Richmond County Medical Society Project Access, Inc., (RCMSPA), Augusta, Georgia, came under the GVHCP on January 26, 2007. RCMSPA was established in July 2002 as a comprehensive health care assistance program for the uninsured, indigent residents of Richmond County. Health care services provided by RCMSPA are rendered in private offices by volunteer physicians and in area volunteer hospitals through this referral network. Prescription services are an added benefit of the program and are provided through funding by the Augusta-Richmond County Commission. In 2005, RCMSPA was able to direct private grant funding to Miracle Making Ministries to assist in establishing an indigent care clinic. The Druid Park Community Health Center sees many RCMSPA patients in coordination with the program. This reduces the burden on private practicing physicians who volunteer. In 2006, the neighboring Columbia County commission budgeted funding for RCMSPA to provide services to residents of that county. The program continues to grow and seeks to expand to neighboring counties as funding is established in those areas.

The Neighborhood Improvement Project, Inc. (NIP), Augusta, Georgia, came under the GVHCP on March 27, 2007. Growing concern in the Augusta-Richmond County community about access to health care led to the development of a consortium of government, health, social service, religious and community agencies that organized as the CSRA Partnership for Community Health, Inc. Targeting a three-county area (Columbia and Richmond Counties in Georgia and Aiken County in South Carolina), the CSRA Partnership for Community Health conducted a health needs assessment as well as numerous community "town hall" meetings. The result of the data analysis indicated that although disparities were widespread, they were most prevalent in some "pockets."

NIP was a result of these town meetings where residents of the 30906 zip code area identified their major needs as: access to health care; access to mental health care; support for the elderly; support for families and economic development. NIP was created as the vehicle to develop, implement and sustain projects, programs and partnerships to meet the community needs. NIP operates a free dental clinic for their patients thanks to funds from Rural Health, which allowed them to construct a dental suite in the facility.

TROUP COUNTY

Troup Cares, Inc., Clinic, LaGrange, Georgia, came under the GVHCP on June 6, 2007. The Troup Cares, Inc. Clinic received an \$85,000 HRSA Planning Grant. The clinic provides primary care services and promotes wellness by the management of chronic disease, such as: hypertension, cardiac disease, diabetes and asthma.

The clinic received two patient exam tables from Taccoa and two additional tables remain in storage. It obtained an EKG machine, cardiac echo machine, three blood pressure cuffs, one rolling stretcher, an IV pole, a blood collection type of chair, three computers with towers and keyboards, exam table paper for one year, disposable pillow cases, two pillows, miscellaneous exam supplies and metal containers for

supplies. The following items were also donated: one metal two-drawer file cabinet, medical chart jackets, printing paper, pens, tape, paper clips, printed patient forms and appointment books through 2008.

WALTON COUNTY

The Healing Angels Medical Clinic, Monroe, Georgia, came under the GVHCP on March 29, 2007. The clinic is open on Thursday, from 5 to 8 p.m. by appointment only. The services offered at the clinic are as follows: basic health care for ongoing conditions such as hypertension and diabetes and treatment of common illnesses. Currently, the clinic does not offer physicals or any form of birth control or female exams.

WASHINGTON COUNTY

The Agape Clinic & Crisis Pregnancy Center:

The Agape Clinic & Crisis Pregnancy Center (ACCPC), Sandersville, Georgia, came under the GVHCP and opened on March 1, 2007. The center is staffed by volunteers who provide care to any qualified, uninsured patient in the county.

The clinic is funded entirely by donations from the community. Most of the medical supplies used by the clinic were donated by area physicians and the Washington County Regional Medical Center. The medical center donates the use of the office building.

The clinic offers financial, nurse and doctor evaluations (including diagnosis and treatment) and a session of encouragement. The clinic is staffed with encouragers from many denominations representing several area churches. Male volunteers encourage male patients and female volunteers encourage female patients. Privacy is respected.

the Georgia Volunteers in Health Care Program Fiscal Year 2007 is a list of clinics participating in the Georgia Volunteers Health Care Program (GVHCP): **LEGEND** Mercy Health Center, Inc. (Athens) (13) Macon Volunteer Clinic (Macon) ALAS, Inc. Clinic Latina (Augusta) (Milledgeville) Miracle Making Ministries (Augusta) (15) Healing Angels Medical Clinic (Monroe) Project Access (Augusta) The Good Shepherd Clinic (Morrow) Neighborhood Improvement Project fig. Free Clinic of Rome (Rome) Agape Clinic (Sandersville) 3 Goodwin Community Health Center 18 Community Health Mission (Savannah) (Brunswick) (B) St Mary's Health Center (Savannah) Willing Helpers Medical Clinic n Savannah Health Mission (Savannah) (Convington) Savannah Georgia Lions Lighthouse FaithCare Clinic, Inc. (Evans) (Savannah) Fayette Care Clinic (Fayetteville) 19 Project Access at Goodwin Center Good News Clinics (Gainesville) (St. Marys) Hands of Hope Medical Clinic Good Samaritan Clinic (Greensboro) Good Samaritan (Jasper) (Stockbridge) n Riley Clinic (Jonesboro) @ East Georgia Community Health Center Troup Cares Medical Clinic (LaGrange) (Swainsboro) 2 Houston County Volunteer Clinic South DeKalb Center for Healthy Living (Warner Robins) (Lithonia) * TThe Baptist Mobile Health Ministries is also pa





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