Georgia Department of Community Health




# Georgia Department of Community Health (DCH)

# 2008 Annual Report

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# I. Introduction

## Overview

Since its inception in 1999, the Georgia Department of Community Health (DCH) has been the lead agency in planning, purchasing and regulating health care in the state. DCH has:

- Capitalized on the state's health care purchasing power
- Maximized administrative efficiency in state health care programs
- Created a better health care infrastructure throughout Georgia to improve access and coverage
- Encouraged a healthy lifestyle for all Georgians
- Insured 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

- Administered a budget that exceeded $10.6 billion in Fiscal Year (FY) 2008
- Coordinated health planning for state agencies

DCH ensured quality health care services for Georgia's diverse population including:

- Children covered by PeachCare for Kids™
- Members of the SHBP:
  - Public school teachers
  - Public school employees
  - Retirees
  - State employees
  - Eligible dependents
- People covered by Medicaid, including those who are:
  - Aged
  - Low-income
  - Disabled
  - Blind

## Mission and Priorities

The Georgia Department of Community Health championed:

### 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

## 2008 Initiatives

- Medicaid Transformation
- Health Care Consumerism
- Financial Integrity
- Health Improvement
- Solutions for the Uninsured
- Medicaid Program Integrity
- Workforce Development
- PeachCare for Kids™ Program Stability
- State Health Benefit Plan Evolution
- Customer Service and Communication

## Department Accomplishments

In FY 2008, 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

Insured accessible and quality health care services for all of the Medicaid managed care members. By providing a choice of health plans, Georgia Families allowed members to select a health care plan that fitted their needs.

### Office of Inspector General

The Office of Inspector General recovered approximately $27.9 million In FY 2008 including overpayments to Medicaid providers and Global Settlements with pharmaceutical companies. Of the 1,349 cases opened, 860 were closed with findings, 233 were closed without findings and 17 were referred to the State Health Care Fraud Control Unit.

### Office of Minority Health

The Office of Minority Health developed and disseminated the *Georgia Health Disparities Report.* The office convened 11 statewide Community Conversations to engage community participation in addressing health disparities.

### Georgia Health Equity Grant Program

Fifteen health equity grants were awarded under the Georgia Health Equity Grant Program.

### Office of Health Information Technology and Transparency

The Office of Health Information Technology and Transparency (HITT) was formed in January 2008 within DCH. The office was responsible for leading the strategic efforts of the state of Georgia for health information technology adoption and health information exchange among health care providers to improve health care delivery for consumers, health care professionals and providers. The strategy encouraged the transparency of health information and the development of systems that worked together to communicate and secure health information exchange across provider and payer groups.

### Georgia Rx Exchange

In March 2008, Sonny Purdue issued an Executive Order creating the Georgia Rx Exchange to use pharmaceutical information and medication history among state agencies to improve coordination of care, patient safety and health care efficiency. The Rx Exchange allowed easier access to clinical decision support tools and the sharing of critical health information between patients and providers. It also enabled members of state health care programs access to the state's preferred drug list and direct transmission of patients' prescriptions to a preferred pharmacy.

# Total Expenditures FY 2008

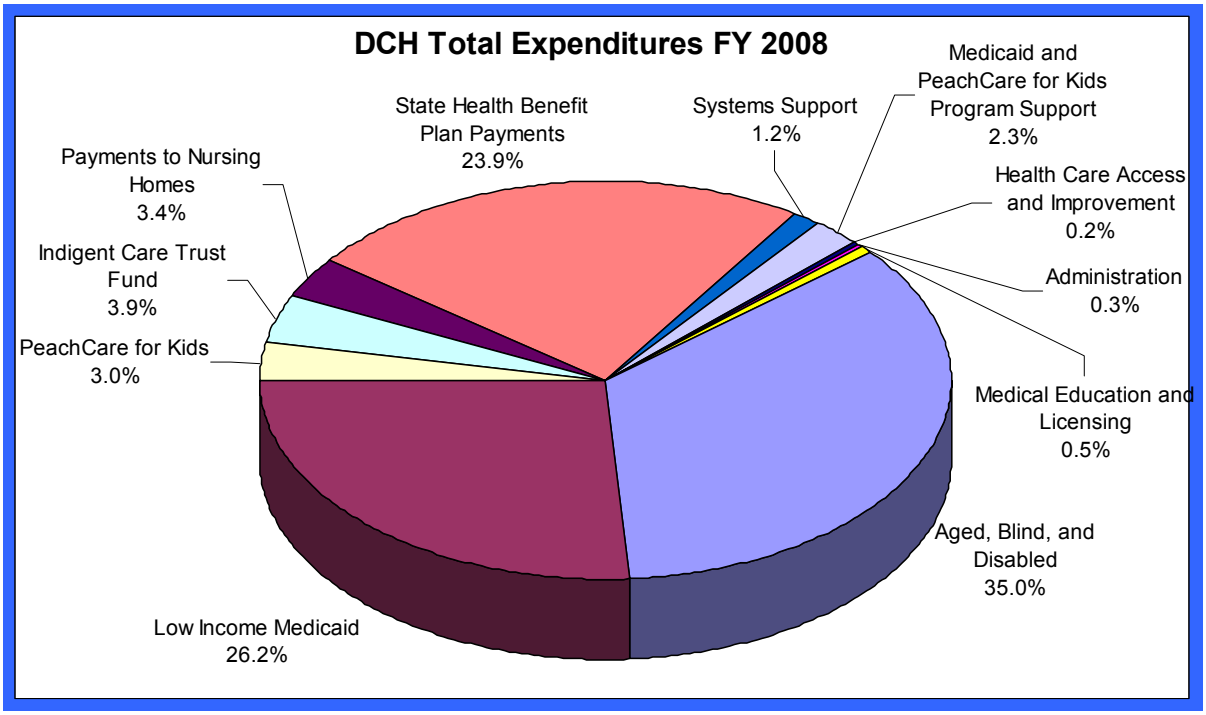
**Table 1 Total DCH Expenditures FY 2008**

| Georgia Department of Community Health | | |
|---|---|---|
| | **Amount** | **Percent** |
| | | |
| **Benefits (Based on Date of Payment)*** | | |
| Aged, Blind and Disabled Medicaid | $3,703,124,758 | |
| Low Income Medicaid | $2,777,388,664 | |
| PeachCare for Kids™ | $318,329,431 | |
| Indigent Care Trust Fund | $410,196,921 | |
| Payments to Nursing Homes | $360,493,241 | |
| State Health Benefit Plan Payments | $2,536,529,350 | |
| **Subtotal** | **$10,106,062,365** | 95.40% |
| | | |
| **Service - Program Support** | | |
| Systems Support (includes SHBP & MMIS Reprocurement) | $132,159,767 | |
| Medicaid and PeachCare for Kids™ Program Support | $246,210,029 | |
| **Subtotal** | **$378,369,796** | 3.57% |
| | | |
| **Medical Education and Licensing** | | |
| Georgia Board for Physician Workforce | $47,041,555 | |
| State Medical Education Board | $1,367,309 | |
| Composite State Board of Medical Examiners | $2,489,829 | |
| **Subtotal** | **$50,898,693** | 0.48% |
| | | |
| **Health Care Access and Improvement** | | |
| Health Planning and Certificate of Need | $1,194,642 | |
| Rural Health | $12,496,067 | |
| Health Initiatives | $5,478,454 | |
| Health Information Technology and Transparency | $1,610,247 | |
| Georgia Volunteer Health Care Program | $577,536 | |
| **Subtotal** | **$21,356,946** | 0.20% |
| | | |
| **Administration** | | |
| State Health Benefit Plan Administration | $4,923,552 | |
| Administration - Medicaid, PeachCare for Kids™, and Health Care | $31,732,718 | |
| **Subtotal** | **$36,656,270** | 0.35% |
| | | |
| **Totals** | **$10,593,344,070** | 100.00% |

*Source: Georgia State Accounting Office "Budgetary Compliance Report for Fiscal Year 2008"*
**Date paid: July 2007 through June 2008*

# DCH Total Expenditures FY 2008

**Figure 1 DCH Total Expenditures**




*Source: Georgia State Accounting Office "Budgetary Compliance Report for Fiscal Year 2008" Based on the date of payment and includes claims payments, non-claims payments, adjustments and offsets. Does not reflect FY 2007 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.*

## DCH Board

DCH is governed by the Board of Community Health. The Board is comprised of nine people who have policy-making authority for the Department. The Board is appointed by the Governor and confirmed by the State Senate. The Board meets monthly. The members serving at the end of FY 2008 were:

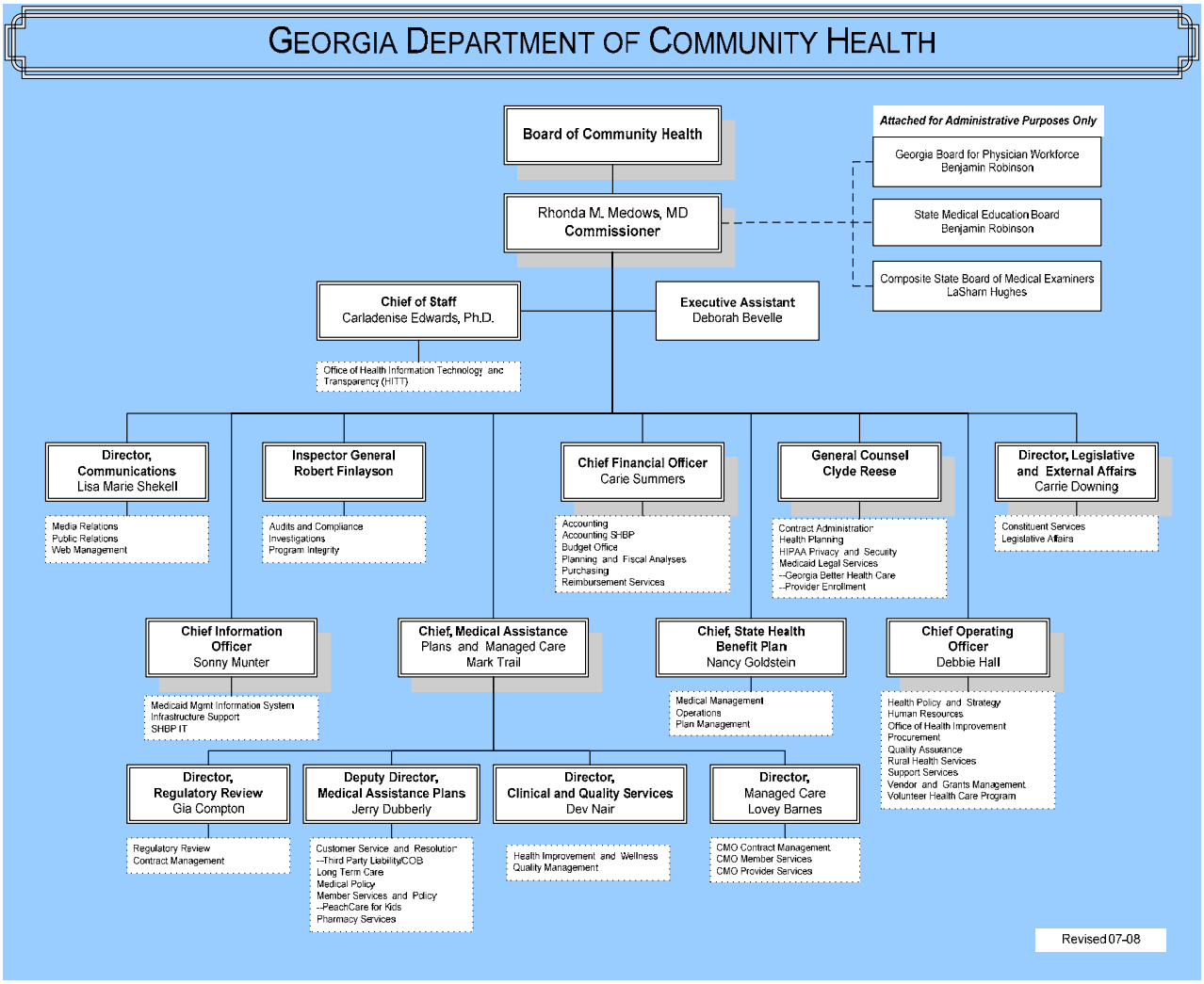
- Richard Holmes, Chairman
- Ross Mason, Vice Chairman
- Kim Gay
- Dr. Ann McKee Parker
- Dr. Inman "Buddy" English
- Richard Robinson
- D. Raymond Riddle
- Archer Rose

# Division Organization Chart

## DCH Leadership

Dr. Rhonda Medows serves as the commissioner of DCH.

**Figure 2 DCH Division Organization Chart**



# II. Division of Medical Assistance

## Overview

DCH is the state agency responsible for the administration of the Medicaid and State Children's Health Insurance Program (SCHIP) programs in Georgia. In FY 2008, the Division of Medical Assistance provided access to health care for 1.4 million Georgians at a cost of $6.4 billion through the administration of the following Medicaid Major Coverage Groups:

### Low Income Medicaid (LIM)

Adults and children who met the income standards of the Temporary Assistance for Needy Families (TANF) program were qualified to be a part of the LIM group. This program provided health care to eligible low-income families, breast and cervical cancer patients, foster children and refugees (states were federally required to cover this group, which consisted of legal immigrants). The majority of LIM members were eligible for the Georgia Families care management program, which began on June 1, 2006

### Aged, Blind and Disabled Medicaid (ABD)

This program provided health care for people who were aged, blind or disabled under a Fee-For-Service (FFS) provider reimbursement model.

### Medically Needy

Pregnant women, children, aged, blind and disabled individuals whose family incomes exceeded the established income limit might had been eligible under the Medically Needy Program (MNP). The MNP allowed people to use incurred/unpaid medical bills to "spend down" the difference between their income and the income limit to become eligible.

### Supplemental Security Income (SSI)

This program covered aged, blind or disabled individuals who received SSI.

### Nursing Home

This program provided health care for people who were aged, blind or disabled with low incomes and limited assets and who resided in nursing homes.

### Community Care Services Program (CCSP)

Aged, blind or disabled individuals who needed regular nursing care and personal services but who could stay at home with special community care services may have qualified for this program.

### Qualified Medicare Beneficiaries (QMB)

QMB included aged, blind or disabled individuals who had Medicare Part A (hospital) insurance and had incomes less than 100 percent of the federal poverty level and limited resources. Medicaid paid the Medicare premiums (A and B), co-insurance and deductibles only.

### Hospice

Terminally ill individuals who were not expected to live more than six months might have been eligible for hospice coverage.

### 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 might have been included in RSM adults.

### Right from the Start Medicaid (RSM Children)
Children from under one to 19 years whose family incomes were at or below the appropriate percentage of the federal poverty levels for their age and family size qualified for RSM children.

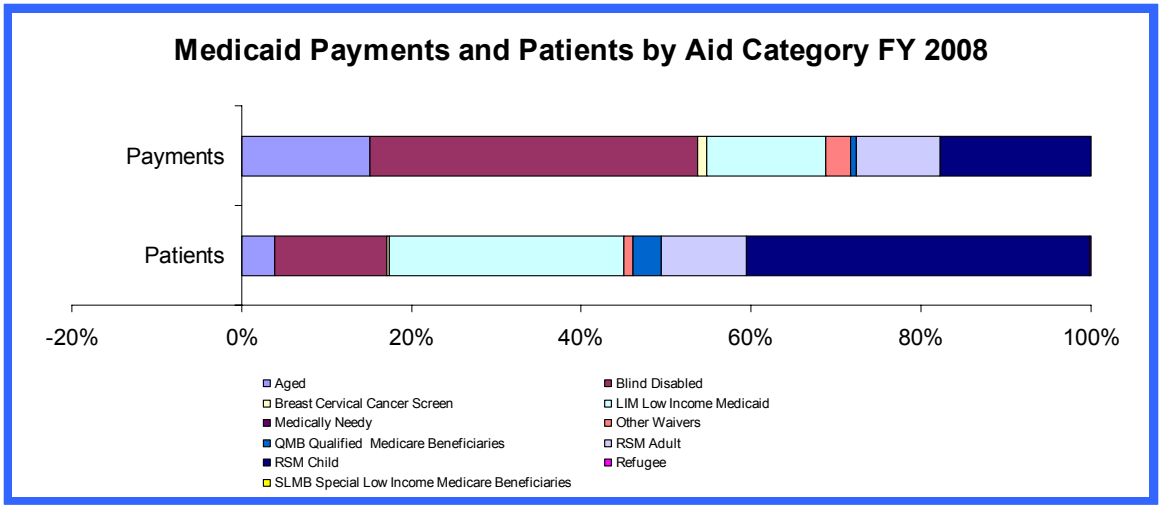
### Breast and Cervical Cancer Program
Uninsured and underinsured women under age 65 who had been screened by the public health department and then diagnosed with either breast or cervical cancer might have been eligible for treatment under this program.

### Refugee Medicaid Assistance
Legal immigrants who were classified as refugees, asylums, Cuban/Haitian entrants, Vietnamese Americans and victims of human trafficking were 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 was federally required and 100 percent reimbursed by the federal government.

### Emergency Medical Assistance
Immigrants, including undocumented immigrants, who were eligible for Medicaid except for their immigrant status, were potentially eligible for Emergency Medical Assistance (EMA). This included people who were aged, blind, disabled, pregnant women, children or parents of dependent children who met eligibility criteria. Services rendered to EMA recipients were limited to emergency care only as described in the Federal Regulations (1903 (v) of the Social Security Act and the Code of Federal Regulation 42 CFR 440.255).

## Medicaid Payments and Patients by Aid Category FY 2008

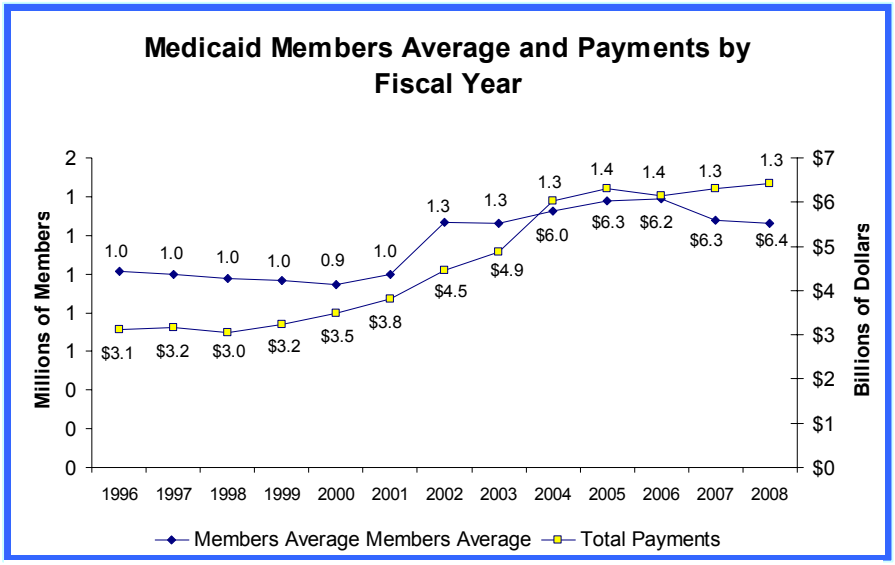
**Figure 3 Medicaid Payments and Patients by Aid Category**




*Source: FY 2008 DCH Annual Report Data provided by Thompson Reuters*

# Medicaid Members Average and Payments by Fiscal Year

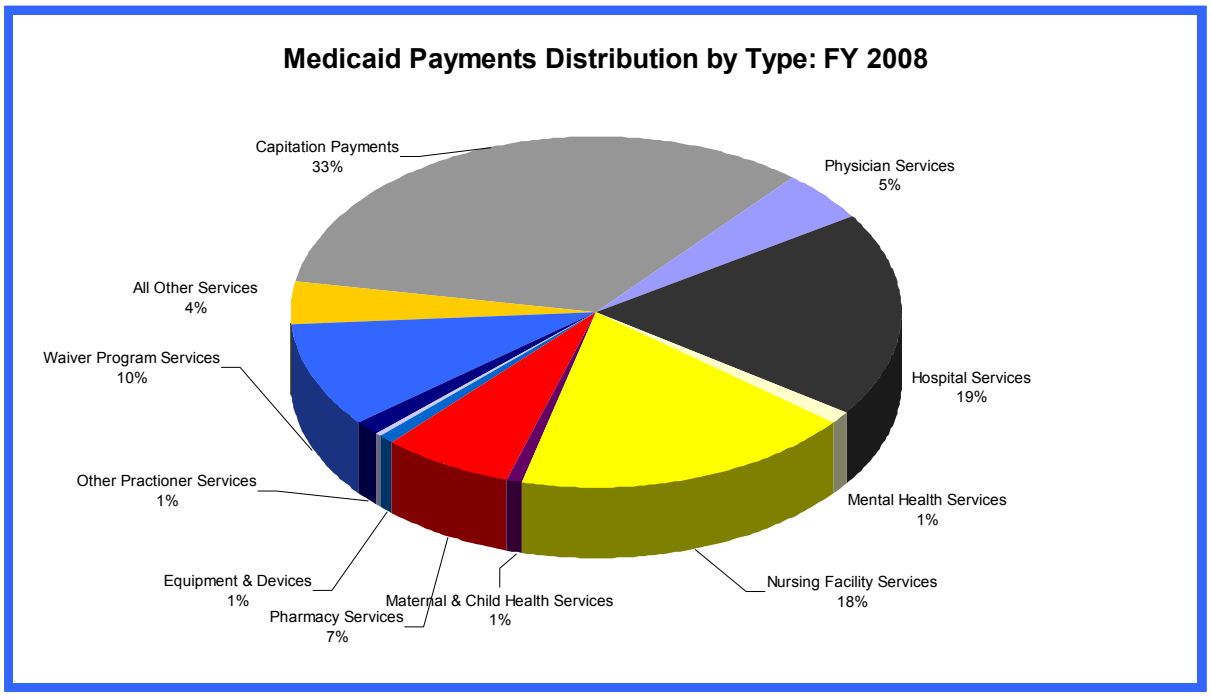
**Figure 4 Medicaid Members Average and Payments by Fiscal Year**




*Source: FY 2008 DCH Annual Report, Data provided by Thomson Reuters*

# Medicaid Payments by Distribution Type

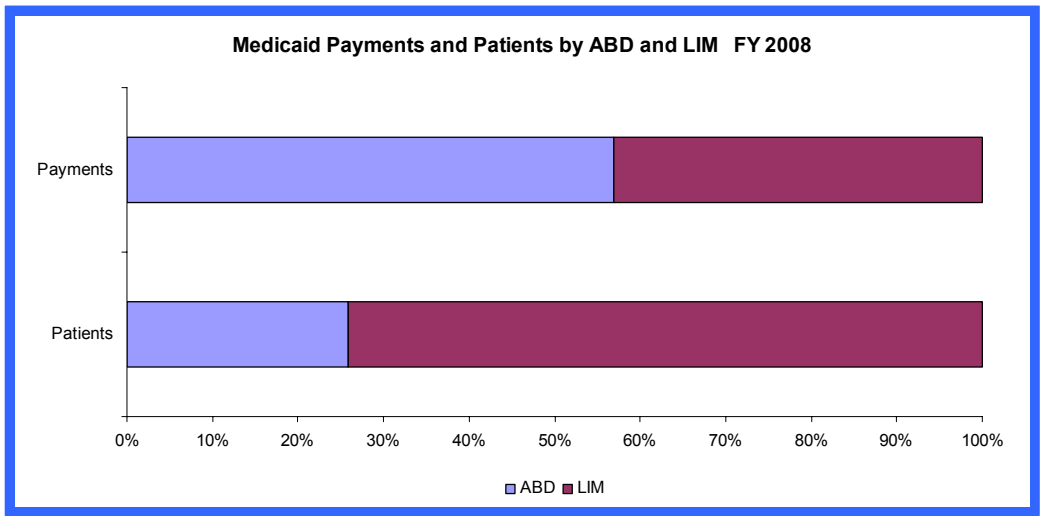
**Figure 5 Medicaid Payments by Distribution Type**




*Source: FY 2008 DCH Annual Report, Data provided by Thomson Reuters*

# Medicaid Payments and Patients by ABD and LIM

**Figure 6 Medicaid Payments and Patients by ABD and LIM**




*Source: FY 2008 DCH Annual Report Data provided by Thompson Reuters*

# Historical Medicaid Members and Payments

**Table 2 Historical Medicaid Members and Payments**

| Table of Historical Medicaid Members and Payments by Fiscal Year | | | | |
|---|---|---|---|---|
| **Fiscal Year** | **Members Average** | **Total Payments** | **Payment Per Member** | **Percent Change in Payment Per Member** |
| 1996 | 1,013,386 | $3,125,050,131 | $3,084 | |
| 1997 | 999,337 | $3,162,117,909 | $3,164 | 2.6% |
| 1998 | 977,061 | $3,043,018,566 | $3,114 | -1.6% |
| 1999 | 965,229 | $3,226,445,622 | $3,343 | 7.3% |
| 2000 | 947,054 | $3,482,779,560 | $3,677 | 10.0% |
| 2001 | 996,901 | $3,822,786,433 | $3,835 | 4.3% |
| 2002 | 1,268,225 | $4,461,972,245 | $3,518 | -8.3% |
| 2003 | 1,260,795 | $4,885,865,204 | $3,875 | 10.1% |
| 2004 | 1,326,909 | $6,039,465,103 | $4,552 | 17.5% |
| 2005 | 1,376,730 | $6,311,890,515 | $4,585 | 0.7% |
| 2006 | 1,389,693 | $6,156,378,075 | $4,430 | -3.4% |
| 2007 | 1,278,477 | $6,308,515,303 | $4,934 | 11.4% |
| 2008 | 1,260,519 | $6,432,243,069 | $5,103 | 3.4% |

***Source: FY 1996-2006 DCH archived data in DataProbe. FY 2007 - FY 2008 Thomson Reuters Advantage Suite. Total payments include capitation amounts from FY 2004 forward.***

# FY 2008 Table of Medicaid Members and Expenditures

**Table 3 FY 2008 Table of Members and Expenditures**

## FY 2008 Table of Members and Expenditures

**Date paid: July 2007 through June 2008**

| Measures | Medicaid | Medicaid-ABD | Medicaid-LIM | PeachCare for Kids™ |
|---|---|---|---|---|
| Members | 1,680,202 | 435,325 | 1,251,861 | 343,604 |
| Patients | 1,652,841 | 379,554 | 1,286,028 | 332,514 |
| Average of Members | 1,260,519 | 382,099 | 878,420 | 250,095 |
| Member Months | 15,126,224 | 4,585,187 | 10,541,037 | 3,001,136 |
| Net Payment | $4,301,197,112 | $3,639,411,175 | $661,785,937 | $22,624,380 |
| Net Payment Per Month Per Member | $213 | $697 | $44 | $5 |
| Net Payment Per Patient | $2,602 | $9,589 | $515 | $68 |
| Providers | 67,353 | 51,287 | 56,095 | 34,855 |
| Claims Paid | 35,757,803 | 19,044,157 | 16,716,494 | 3,403,734 |
| Capitation Amount | $2,131,045,957 | $24,272,949 | $2,106,773,008 | $327,264,743 |
| **Total Payment** | **$6,432,243,069** | **$3,663,684,124** | **$2,768,558,946** | **$349,889,122** |

*Source: FY 2008 DCH Annual Report, Data provided by Thomson Reuters*

## PeachCare for Kids™

Georgia participated in the federal State Children's Health Insurance Program (SCHIP) through PeachCare for Kids™ which served uninsured children living in Georgia whose family income was up to 235 percent of the federal poverty level (FPL). All PeachCare for Kids™ members' access to health care was through the Georgia Families care management program.

### Managed Care and Quality

The state implemented Georgia Families, a managed care program through which health care services were delivered to Medicaid and PeachCare for Kids™ members in 2006. The program was a partnership between the DCH and private Care Management Organizations (CMO) ensuring accessible and quality health care services for all of the Medicaid managed care members. By providing a choice of health plans, Georgia Families allowed members to select a health care plan that fitted their needs.

### Managed Care Initiatives

*Managed Care Flash Report*

The CMO Flash Report provided a quick reference to the current status of the Georgia Families program. This report gave an overview of member enrollment, CMO financial filings with the Department of Insurance, CMO self-reported utilization data, prior authorization performance, complaint tracking and trends to watch. For a sample of the CMO Flash Report, go to: http://dch.georgia.gov/00/channel_title/0,2094,31446711_61700694,00.html

*CMO Audit*

DCH engaged Myers and Stauffer to study and report on specific aspects of the Georgia Families program, including certain issues presented by providers, selected claims paid or denied by CMOs, and selected Georgia Families policies and procedures.

This assessment focused on the first year of the managed care transition (June 2006 through August 2007). The findings objectively quantified some reported concerns and clarified others. This review identified opportunities for improvement. Some of these were addressed through additional DCH monitoring activities and amendments to the Georgia Families CMO contract. DCH continues to monitor and report on these areas.

### *Georgia Families Provider Issue Resolution Hotline Number*

DCH implemented a provider hotline to increase accountability and to improve rapid response to issues raised by members, providers and CMOs. The Complaint Resolution Hotline offered providers a way to discuss CMO-related issues directly with DCH staff. This hotline facilitated resolution of questions and issues between the provider community and the CMO vendors. A local number, 404-651-8363 plus a toll-free alternative 888-943-5743 was available for providers throughout the business day (Monday through Friday 8:00 a.m. to 5:00 p.m.). This effort supported Governor Perdue's customer service initiative for Georgians seeking service through state agencies.

The hotline was an additional resource for providers who had not been able to successfully resolve their issues directly with a CMO.

## Medicaid Operations

In FY 2008, the federal government paid the largest share of Medicaid costs. The state's Medicaid program received varying levels of federal reimbursement for different services and functions. For example, the federal government paid 90 percent of the cost for family planning and more than 60 percent for most other benefits. Information systems costs were 75 percent federally funded and other administrative costs received 50 percent federal funding.

Medicaid and PeachCare for Kids™ reimbursed health care providers for services administered to eligible individuals. People who were eligible for Medicaid received a member card, very similar to an insurance card, to use for services from participating providers.

The Division also administered the Indigent Care Trust Fund (ICTF), 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 supported 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 Certificate of Need (CON) requirements.

## Georgia Families Population by Region, CMO and Month

**Table 4 Georgia Families Population by Region, CMO and Month**

| Region | CMO | July 2007 Roster Totals | August 2007 Roster Totals | September 2007 Roster Totals | October 2007 Roster Totals | November 2007 Roster Totals | December 2007 Roster Totals | January 2008 Roster Totals | February 2008 Roster Totals | March 2008 Roster Totals | April 2008 Roster Totals | May 2008 Roster Totals | June 2008 Roster Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Atlanta** | | | | | | | | | | | | | |
| | Amerigroup | 102,989 | 105,519 | 105,441 | 102,001 | 104,559 | 103,570 | 100,477 | 97,325 | 97,855 | 97,370 | 98,696 | 97,825 |
| | Peach State | 155,866 | 160,097 | 158,754 | 154,931 | 160,318 | 161,365 | 159,711 | 158,084 | 158,950 | 157,256 | 158,818 | 156,258 |
| | Wellcare | 174,005 | 178,889 | 177,981 | 174,149 | 179,364 | 179,438 | 177,027 | 173,309 | 175,163 | 173,819 | 176,528 | 175,962 |
| | **Atlanta Region Total** | **432,860** | **444,505** | **442,176** | **431,081** | **444,241** | **444,373** | **437,215** | **428,718** | **431,968** | **428,445** | **434,042** | **430,045** |
| | | | | | | | | | | | | | |
| **Central** | | | | | | | | | | | | | |
| | Peach State | 50,875 | 51,797 | 51,118 | 49,793 | 50,992 | 51,184 | 50,257 | 49,084 | 49,298 | 48,609 | 48,874 | 48,178 |
| | Wellcare | 70,168 | 72,165 | 71,191 | 69,886 | 72,175 | 72,765 | 72,310 | 71,399 | 71,931 | 71,427 | 72,221 | 71,863 |
| | **Central Region Total** | **121,043** | **123,962** | **122,309** | **119,679** | **123,167** | **123,949** | **122,567** | **120,483** | **121,229** | **120,036** | **121,095** | **120,041** |
| | | | | | | | | | | | | | |
| **East** | | | | | | | | | | | | | |
| | Amerigroup | 26,877 | 27,230 | 26,897 | 26,322 | 26,639 | 26,670 | 26,170 | 25,346 | 25,399 | 25,035 | 25,279 | 25,405 |
| | Wellcare | 31,703 | 32,294 | 32,124 | 32,128 | 33,409 | 33,847 | 33,870 | 33,477 | 34,013 | 33,602 | 33,956 | 33,819 |
| | | | | | | | | | | | | | |
| **East Region Total** | | **58,580** | **59,524** | **59,021** | **58,450** | **60,048** | **60,517** | **60,040** | **58,823** | **59,412** | **58,637** | **59,235** | **59,224** |

| Region | CMO | July 2007 Roster Totals | August 2007 Roster Totals | September 2007 Roster Totals | October 2007 Roster Totals | November 2007 Roster Totals | December 2007 Roster Totals | January 2008 Roster Totals | February 2008 Roster Totals | March 2008 Roster Totals | April 2008 Roster Totals | May 2008 Roster Totals | June 2008 Roster Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **North** | | | | | | | | | | | | | |
| | Amerigroup | 52,297 | 52,837 | 50,944 | 49,248 | 49,553 | 48,093 | 45,910 | 43,846 | 43,725 | 43,562 | 44,309 | 44,772 |
| | Wellcare | 76,386 | 78,347 | 79,474 | 78,346 | 80,596 | 81,935 | 82,562 | 82,450 | 83,953 | 83,470 | 84,807 | 84,148 |
| **North Region Total** | | **128,683** | **131,184** | **130,418** | **127,594** | **130,149** | **130,028** | **128,472** | **126,296** | **127,678** | **127,032** | **129,116** | **128,920** |
| | | | | | | | | | | | | | |
| **Southeast** | | | | | | | | | | | | | |
| | Amerigroup | 33,052 | 33,485 | 32,601 | 31,383 | 31,688 | 31,029 | 30,119 | 29,374 | 29,837 | 29,641 | 30,058 | 30,062 |
| | Wellcare | 55,354 | 57,078 | 56,857 | 56,260 | 58,163 | 59,083 | 58,783 | 57,242 | 57,406 | 57,024 | 57,828 | 56,698 |
| **Southeast Region Total** | | **88,406** | **90,563** | **89,458** | **87,643** | **89,851** | **90,112** | **88,902** | **86,616** | **87,243** | **86,665** | **87,886** | **86,760** |
| | | | | | | | | | | | | | |
| **Southwest** | | | | | | | | | | | | | |
| | Peach State | 71,384 | 73,012 | 72,463 | 71,656 | 73,285 | 73,244 | 72,319 | 70,973 | 72,062 | 71,899 | 72,906 | 72,770 |
| | Wellcare | 30,148 | 31,139 | 30,698 | 30,108 | 31,081 | 31,530 | 31,135 | 30,695 | 30,580 | 30,251 | 30,473 | 30,215 |
| **Southwest Region Total** | | **101,532** | **104,151** | **103,161** | **101,764** | **104,366** | **104,774** | **103,454** | **101,668** | **102,642** | **102,150** | **103,379** | **102,985** |
| | | | | | | | | | | | | | |
| **GHF Total** | | **931,104** | **953,889** | **946,543** | **926,211** | **951,822** | **953,753** | **940,650** | **922,604** | **930,172** | **922,965** | **934,753** | **927,975** |

*Source: Georgia Department of Community Health, Division of Financial Management (Commissioner's Report)*

# Medicaid Units

## Member Services and Policy Unit

The DCH Member Services and Policy Unit developed eligibility and enrollment criteria for the Georgia Medicaid program. This unit also ensured compliance with state and federal eligibility requirements. Additionally, the unit oversaw the enrollment activities performed by DFCS offices for Medicaid enrollment and vendor activities for PeachCare for Kids™ enrollment.

FY 08 accomplishments for this unit included:

- Improved program integrity ensuring citizenship criteria matched federal regulations on all Medicaid cases
- Improved eligibility application processing, accuracy, and data integrity through the use of new information technology
- Revised policy to exclude tax rebate stimulus checks from income in the month of receipt and for two months after month of receipt. The value of coupons for digital converter boxes was also excluded from income. The policy revision ensured that access to health care services to those members eligible was ongoing.
- Offered Georgia Medicaid for Workers with Disabilities (GMWD) beginning in March 2008. GMWD enabled people with disabilities who were working the opportunity to pay a premium for health care coverage through the Georgia Medicaid program. The GMWD program promoted work while providing access to affordable health care.
- Began planning the Georgia Long-Term Care Partnership program (LTCP) which allowed policyholders to protect a portion of their assets if they chose to apply for Medicaid. Georgia LTCP was a public-private partnership administered by DCH, with the assistance of the Office of the Commissioner of Insurance and the Department of Human Resources (DHR), Division of Aging Services (DAS).
- Allowed income verified by PeachCare for Kids™ to be accepted by the Georgia Division of Family and Children Services (DFCS) and Right-from-the-Start-Medicaid (RSM) for the purposes of a Medicaid eligibility determination
- Implemented an ongoing Medical Assistance Quality Control (MEQC) review of the DFCS case reviews through an administrative services organization

The Medicaid Quality Control Unit coordinated the review of 850 Medicaid eligibility cases monthly by a contracted vendor. The MEQC Unit compiled the records, reviewed results and compiled data. The unit addressed areas of improvement based on the data compiled with DFCS in monthly corrective action meetings. This Quality Control initiative moved the division toward complete contract accountability and enhanced program integrity.

Georgia was instrumental in national efforts to stabilize the State Children's Health Insurance Program (SCHIP). While Congress did not fully re-authorize SCHIP, the Medicare, Medicaid and SCHIP Extension Act (PL 110-173) extended SCHIP funding through March 31, 2009. The law maintained current funding levels and allotment formula plus an additional appropriation for states, such as Georgia, which had projected shortfalls.

## PeachCare for Kids™ Unit

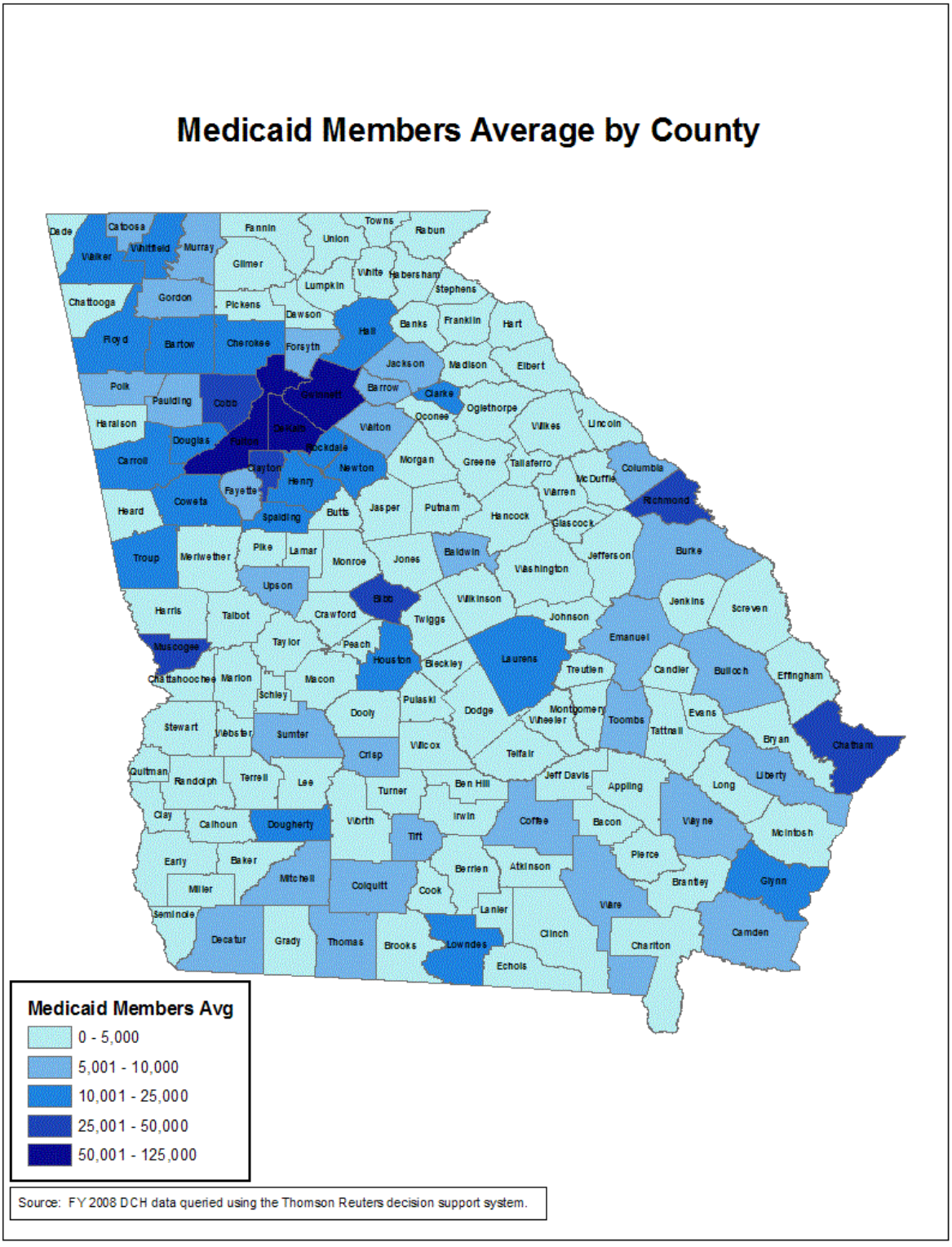
PeachCare for Kids™ eligibility was for uninsured children through age 18 with income limits above the Medicaid level but not exceeding 235 percent of Federal Poverty Level (FPL). In FY 2008, this represented up to $49,836 annually for a family of four.

Due to a federal funds shortfall, new enrollment in PeachCare for Kids™ was closed for a period of four months beginning in March 2007. After sufficient federal funding was secured, DCH re-opened the program with an enrollment cap of 295,000 members.

PeachCare for Kids™ implemented full verification of income and citizenship on July 1, 2007, which improved program integrity and stability for the program.

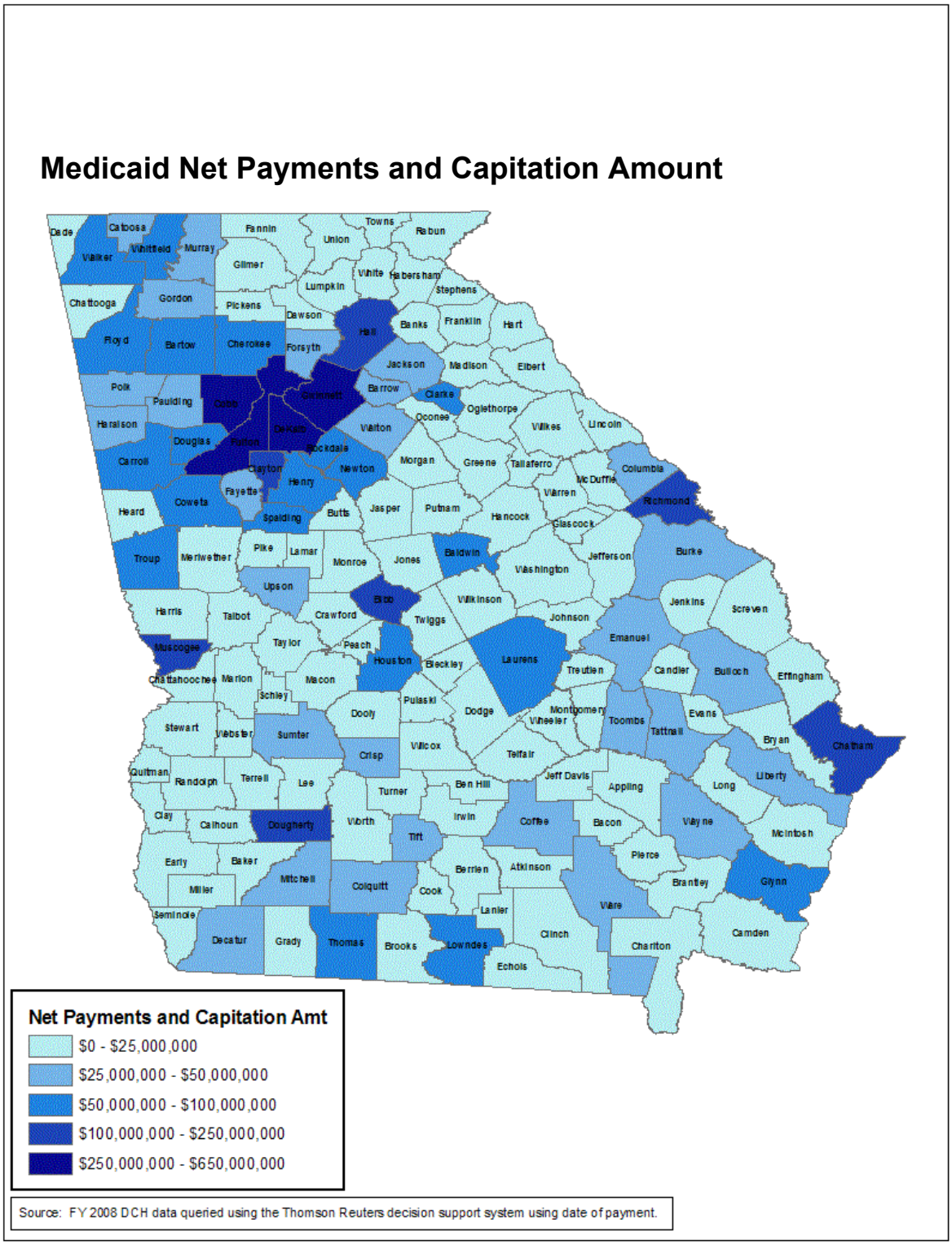
DCH successfully procured a new contract for the PeachCare for Kids™ third party administrator. In addition to providing continued support for eligibility, enrollment and member services, Policy Studies, Inc., would provide the program with a new, enhanced eligibility system. This eligibility system would provide increased reporting capacity, enhanced access and program integrity.

**Figure 7 Medicaid Members Average by County Map**




*Source: FY 2008 DCH Annual Report, Data provided by Thomson Reuters*

**Figure 8 Medicaid Net Payments and Capitation Amount by County Map**




*Source: FY 2008 DCH Annual Report, Data provided by Thomson Reuters. For more information, see Appendix VIII.*

# PeachCare for Kids™ Current Premium Schedule

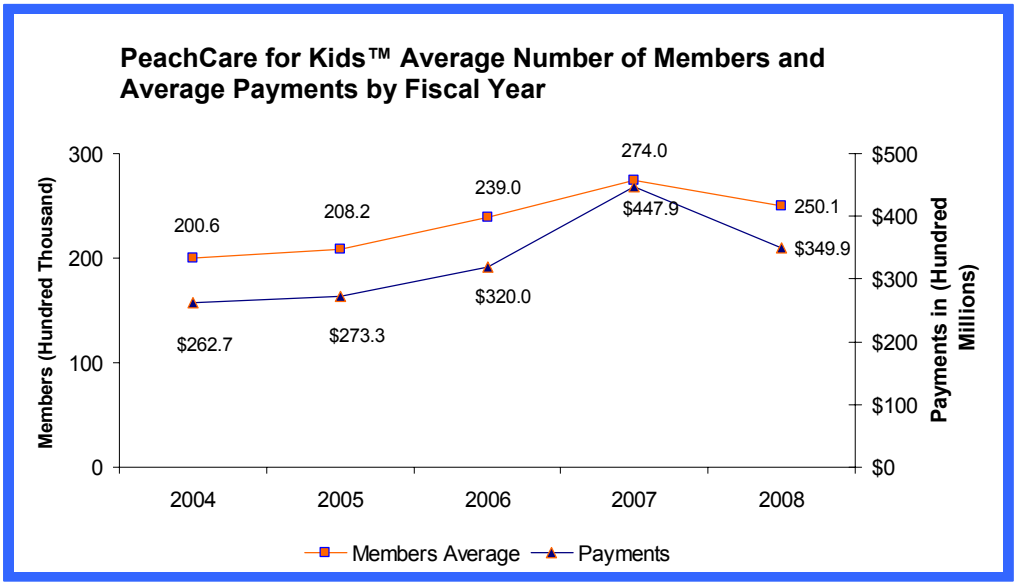
**Table 5 PeachCare for Kids™ Current Premium Schedule**

| Percent of Federal Poverty Level | One Child | Family Cap |
|---|---|---|
| 100 to 150 | $10.00 | $15.00 |
| 151 to 160 | $20.00 | $40.00 |
| 161 to 170 | $22.00 | $44.00 |
| 171 to 180 | $24.00 | $48.00 |
| 181 to 190 | $26.00 | $52.00 |
| 191 to 200 | $28.00 | $56.00 |
| 201 to 210 | $29.00 | $58.00 |
| 211 to 220 | $31.00 | $62.00 |
| 221 to 230 | $33.00 | $66.00 |
| 231 to 235 | $35.00 | $70.00 |

*Note: There are no premiums for children ages 5 and under*
*Source: Georgia Department of Community Health*

# PeachCare for Kids™ Average Number of Members and Average Payments by Fiscal Year

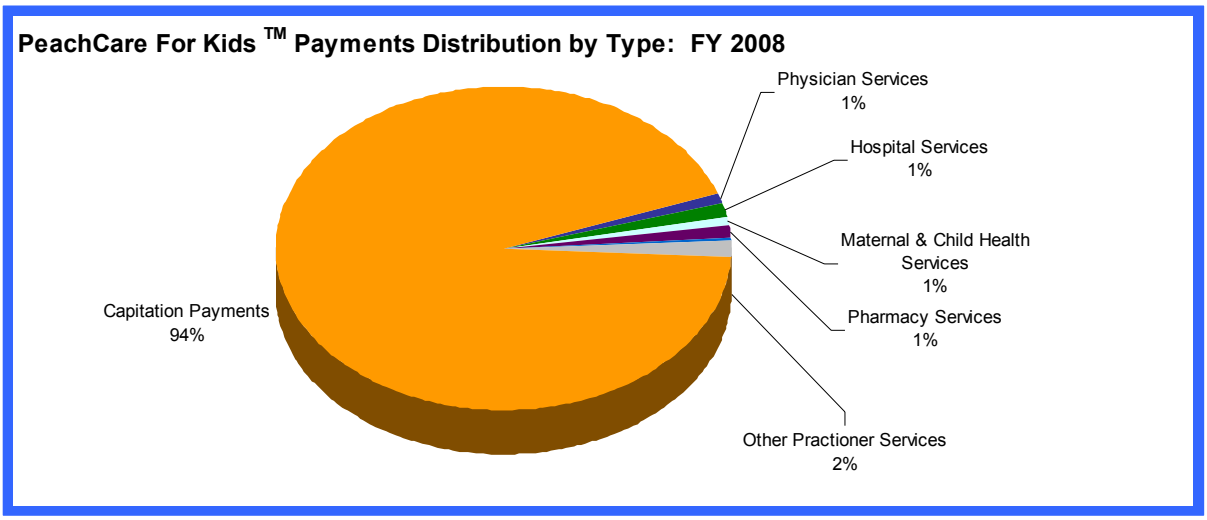
**Figure 9 PeachCare for Kids™ Average Number of Members and Average Payments by Fiscal Year**




*Source: Thomson Reuters Data, DCH FY 2008 Annual Report*

## PeachCare for Kids™ Payments by Distribution Type

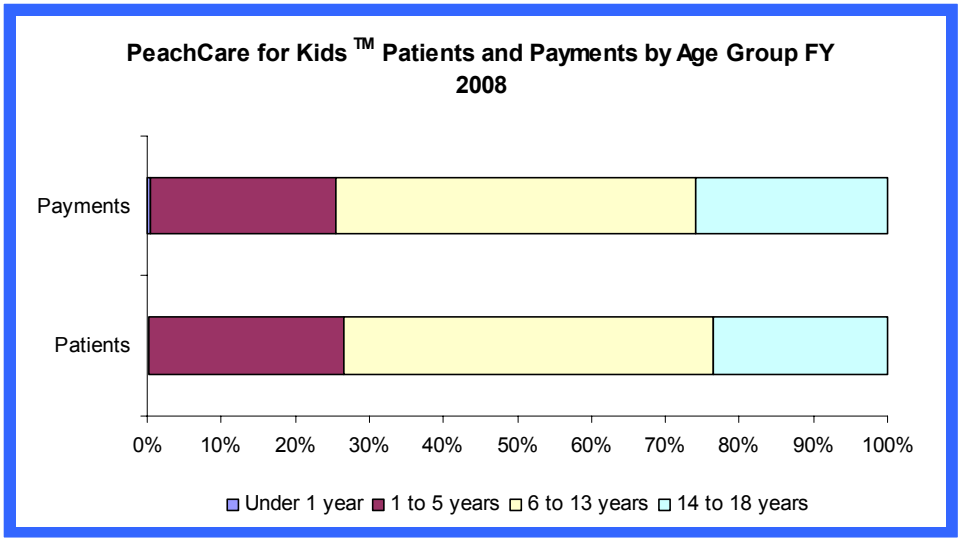
**Figure 10 PeachCare for Kids™ Payments Distribution by Type**




*Source: Thomson Reuters Data, DCH FY 2008 Annual Report*

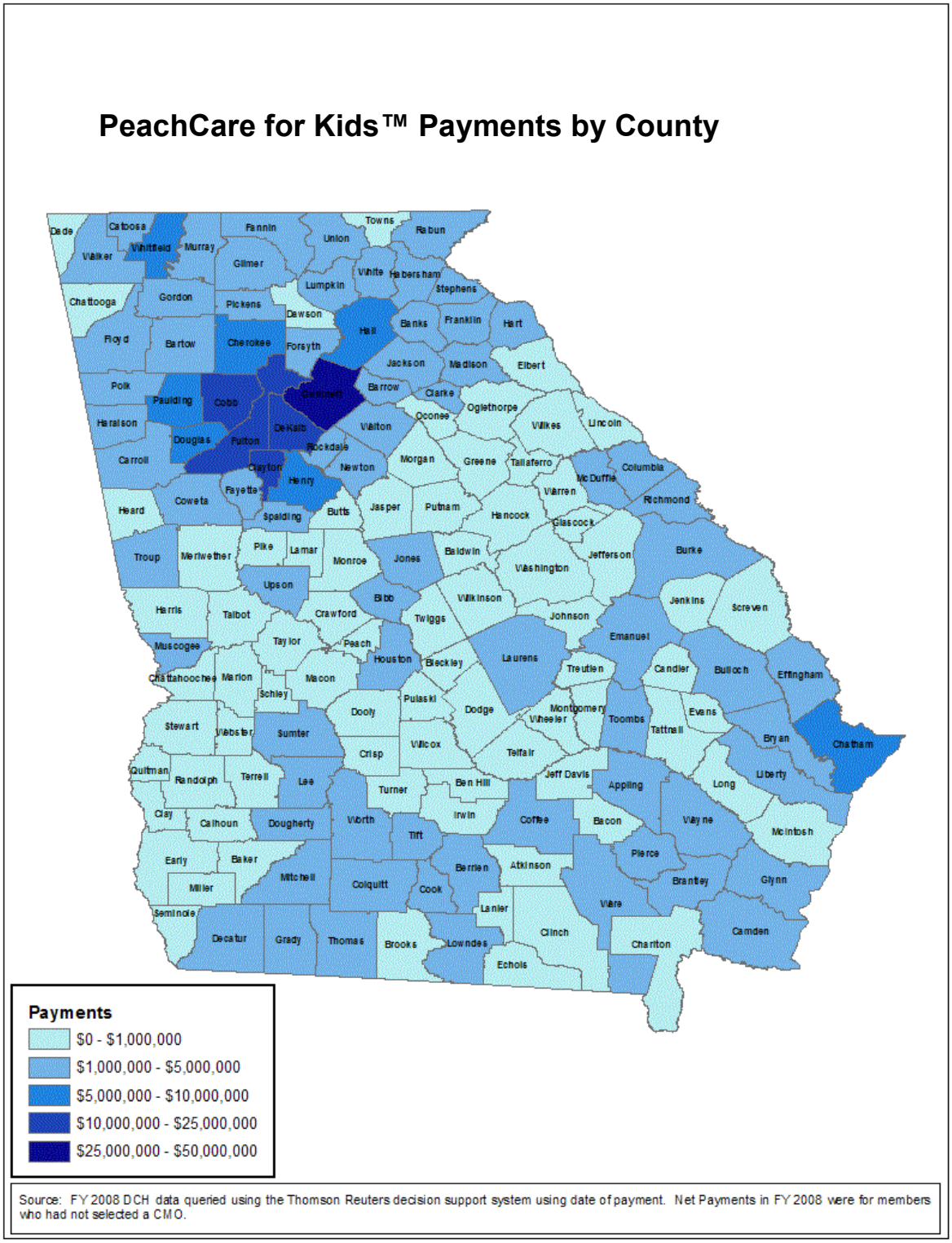
## PeachCare for Kids™ Patients and Payments by Age Group

**Figure 11 PeachCare for Kids™ Patients and Payments by Age Group**



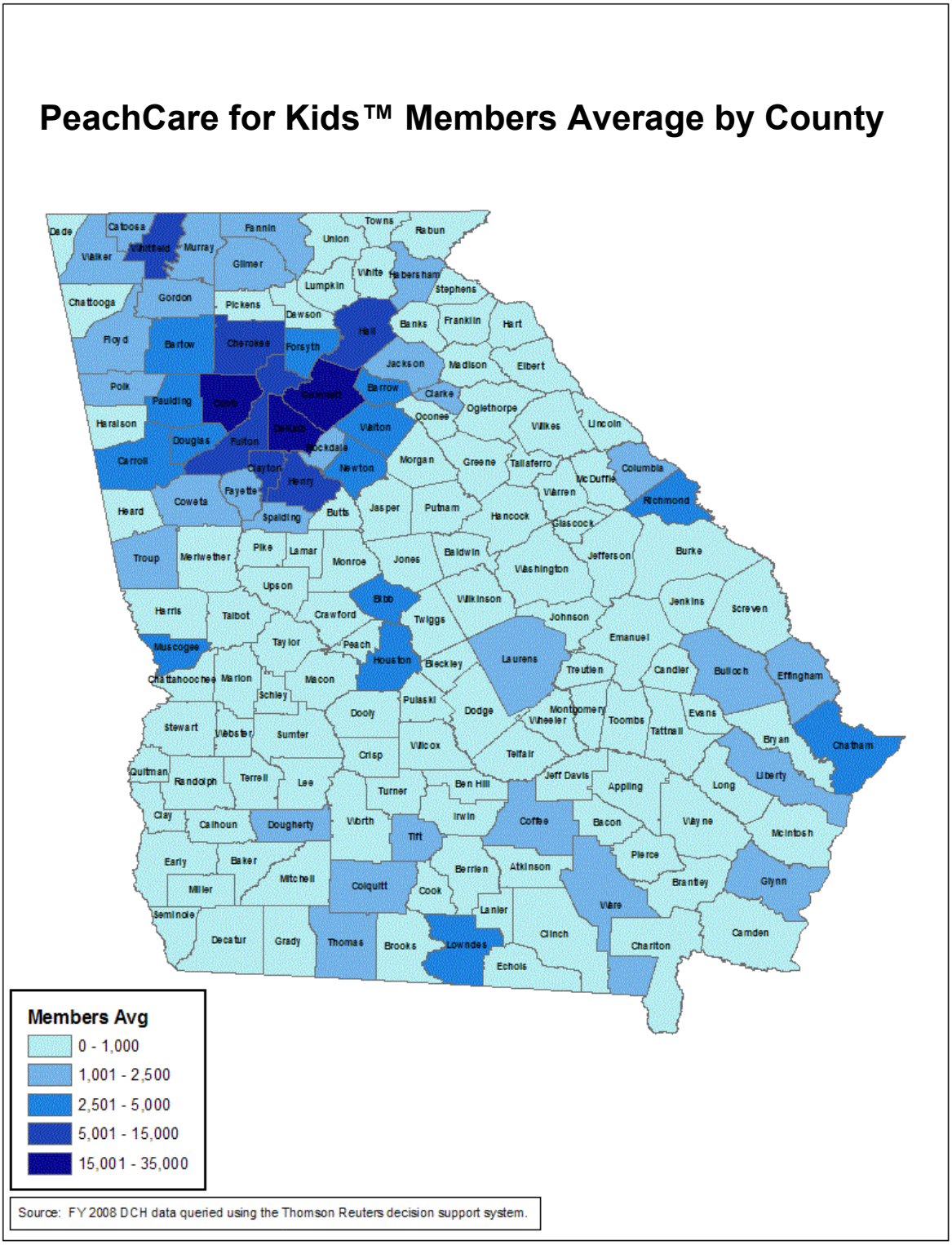

*Source: Thomson Reuters Data, DCH FY 2008 Annual Report*

**Figure 12 PeachCare for Kids™ Payments by County**




*Source: FY 2008 DCH Data using Thomson Reuters decision support system using date of payment. Net payments in FY 2008 were for members who needed a CMO. For more information, see Appendix IX.*

**Figure 13 PeachCare for Kids™ Members Average by County**




*Source: FY 2008 DCH data queried using the Thomson Reuters decision support system*

## Medicaid Quality Control Unit

In FY 2008, the Medicaid Quality control Unit (MEQC) unit:

- Completed Payment Error Rate Measurement (PERM) results for the Centers for Medicare and Medicaid Services (CMS) federal eligibility audit. The MEQC unit oversaw the contractor performing the reviews for the audit. The unit obtained records, sought missing verification, reviewed results and compiled all necessary data. MEQC also helped coordinate data submissions to CMS. The PERM results helped to improve program integrity.
- Implemented an ongoing Quality Control review of the DFCS case reviews through an Administrative Services Organization. The unit coordinated the review of 850 Medicaid eligibility cases monthly by a contracted vendor. It compiled the records, reviewed results and compiled data and addressed areas of improvement based on the data compiled with DFCS in monthly corrective action meetings. This Quality Control initiative moved the Division toward complete contract accountability and enhanced program integrity.

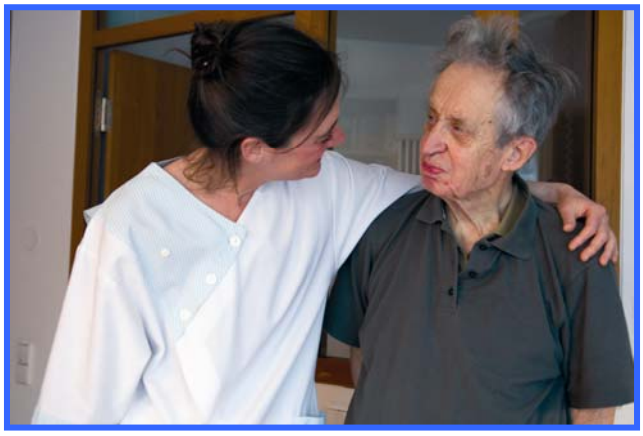
### Long-Term Care: *DCH Quality Program in Nursing Homes*

In FY 2008, DCH established an incentive fee program for nursing facility providers who met specific criteria for quality measures. More than 75 percent of all participants in the program were awarded the incentive fees.

### Nurse Aid Training Model

The Nurse Aide Training Program (NATP) was a state-approved program which was either nursing home facility-based or non-nursing home facility based and offered training to candidates who desired to become eligible for certification as certified nurse aides.

Georgia required the program to provide one comprehensive course to train candidates to work in all health care facilities (e.g. nursing homes, hospitals, hospice, home health, etc.). Georgia required a minimum of 85 hours of training which must have included 24 hours of clinical rotation in a nursing home supervised by an approved Registered Nurse or Licensed Practical Nurse.



After the completion of the state-approved training program, the candidate was required to take and pass the competency evaluation examination. The examination included a written/oral and skills competency examination evaluated by an approved Registered Nurse with the approved testing agency. Candidates who successfully passed the written, oral and skills competency examination were included on the Georgia Nurse Aide Registry.

## Waiver Programs

In FY 2008, DCH with the assistance of Georgia Medical Care Foundation (GMCF) and DHR, added 1,330 new people to the Mental Retardation Waiver Program; 1,000 people to the CCSP and 152 people to the Independent Care Waiver Program (ICWP), as appropriated in FY 2007.

DCH received approval from CMS for a state plan amendment to implement an incentive fee for providers who met specific criteria for quality measures in FY 2008.

### Psychiatric Residential Treatment Facility Waiver

The renamed Community Based Alternatives for Youth Waiver program allowed Medicaid-eligible children and youth who would otherwise have been placed in Psychiatric Residential Treatment Facilities (PRTF) to receive care in a community or non-institutional setting.

More than 300 children and youths were served under the waiver. Georgia was one of 10 states to receive the CMS five-year demonstration grant to better enable youth with serious emotional disturbances (SED) to live, work, learn and participate fully in their communities. The grant required states to apply for and comply with 1915 (c) HCB Waiver regulations. *Status:* Georgia's waiver application was pending case management regulation revisions and rate methodology review issues. Medicaid eligible children and youths who met the PRTF level of care (LOC) criteria were eligible to participate in this waiver. This could have included children or youths in parental custody, DFCS custody or with the Department of Juvenile Justice. Details for target population were as follows: Children and youth, birth through age 17, with serious emotional and behavioral disturbances who had a primary diagnosis of mental illness as identified in the DSM-IV (Diagnostic and Statistical Manual of mental disorders) and who were placed in or were at risk of placement in a PRTF.

Youth/young adults age 18 through 21 with a primary diagnosis of mental illness as identified in the DSM-IV who were placed in or were at risk of placement in a PRTF.

### Georgia Long-Term Care Partnership

The Georgia Long-Term Care Partnership (LTCP) was designed to reward Georgians who planned ahead by purchasing long-term care insurance. This insurance provided a Medicaid asset protection feature. This meant that for every dollar that a LTC Partnership policy paid out in benefits, a dollar of assets could be protected (disregarded) from the LTC Medicaid asset limit as in Estate Recovery.

The Georgia LTC Partnership:

- Provided incentives for individuals to insure against the costs of providing for their LTC needs
- Provided a mechanism for individuals to qualify for coverage of the cost of their LTC needs under the Medicaid program without first exhausting their resources
- Provided counseling services, through the DAS of the DHR
- Alleviated the financial burden on the Georgia's Medicaid program by encouraging pursuit of private initiatives

### Money Follows the Person Grant

On June 30, 2008, CMS approved the Georgia Money Follows the Person (MFP) Operational Protocol. CMS awarded Georgia $44,034,960.48 to resettle 1,312 persons from nursing homes and other institutions to home and community-based services (HCBS). Beginning in August 2008 and continuing through September 2011, the State did and will offer 16 new transition services to resettle older adults, persons with physical disabilities and persons with mental retardation and/or developmental disabilities.

Through MFP funding, the Elderly and Disabled Waiver expanded its capacity of 100 new person/slots per year, the Independent Care Waiver Program expanded by 100 new person/slots per year and the Mental Retardation waiver program expanded by 150 new person/slots per year for each year of the grant.

### Pharmacy Unit

The Pharmacy Unit reimbursed its 2,100 pharmacies throughout the state a total of $453,984,865 for 8,323,573 prescriptions during FY 2008. Medicaid pharmacy services were available to an average of 434,294 total eligible members. Of this number, there was an average of 135,536 (31.22 percent) utilizing members during any given month. The total amount spent per utilizing member per month (PUPM) was $278.97 for an average of 4.14 prescriptions. If, however, the same expenditure was spread across all eligible members, per member per month (PMPM) cost is $89.45, with the average number of prescriptions per eligible member being 1.29.

The highest utilization and expenditures occurred during the third fiscal quarter (January – March) which was to be expected because of seasonal factors. The generic utilization was very stable and ranged from 66.10 percent to 69.46 percent, yielding an average of 68.10 percent overall. Other factors contributing to the controlled drug spending were Maximum Allowable Cost (MAC) prices, drug utilization review (DUR) edits and interventions and the use of most favored nation (MFN) rates about which providers were being more compliant in reporting.

The Medicaid drug rebate program generated $178,633,976 plus $277,989 in interest payments for a total of $178,911,965. The rebates obtained were equivalent to 39.41 percent of the total drug spending, which was significant. The FFS Medicaid drug spending was down from prior years due to having fewer members, the complete transition of members to CMOs and the continued influence of Medicare D's prescription drug benefit that began in 2006. The Georgia Medicaid FFS pharmacy program joined the National Medicaid Pooling Initiative (NMPI) in 2007. The NMPI combined Georgia's drug utilization with that of other participating states and assisted in securing aggressive drug rebates from drug manufacturers while decreasing the administrative burden on the state.

### Third-Party Liability

Third-Party Liability (TPL), also known as Coordination of Benefits (COB), was the process Medicaid used to ensure enforcement of the federal law requiring Medicaid to be the payer of last resort. If any other entity was legally responsible for the payment of all or part of a member's medical expenses, that entity must have paid initially instead of Medicaid or repaid Medicaid if Medicaid had already paid the claim. The TPL program reduced the amount of money Medicaid spent on claims.

The TPL program identified, maintained and recovered third party resources which were liable for the medical cost of the Medicaid member. The Third Party Liability program/unit administered the Estate Recovery program, Health Insurance Premium Payment (HIPP) program, Trusts Operations – Miller Trust, Special Needs Trust, Pooled Trust, Casualty Program, Provider Recoupment and billing and the Credit Balance Audits. The TPL program recovered more than $36 million dollars for FY 2008 and cost avoided over $600 million dollars.

### Managed Care and Quality

Georgia Families provided health care services to children enrolled in PeachCare for Kids™; along with women, children, pregnant women, women with breast or cervical cancer and certain men covered by Medicaid. Children in foster care, those who were aged, blind, and disabled and medically fragile children were not included in the Georgia Families program.

### Vendor Oversight

The Managed Care and Quality (MC&Q) Sections, within the Division of Medical Assistance Plans, monitored the CMOs to ensure compliance with contract requirements as well as state and federal regulations related to contract management, member services, provider services and quality management. The MC&Q Sections' roles and responsibilities also included monitoring and measuring contract performance; contract oversight; assurance of contract accountability; enforcement of contract compliance; disciplinary mechanisms; development of corrective action plans; and assessing liquidated damages.

DCH monitored the CMOs' contractual compliance via specific reports submitted weekly, monthly, quarterly and annually. Each of the CMOs' Chief Executive Officers, Chief Operations Officers, or Chief Financial Officers attested to the reports' accuracy. In addition to review of submitted reports, DCH and CMO staff interacted regularly at all levels.

## Georgia Families Quality Strategic Plan

In FY 2008, the goal of DCH was to assure that the care provided within managed care was of acceptable quality, accessibility, continuity and efficiency. The purpose of the Georgia Families Quality Strategic Plan was an explanation of Georgia's commitment to quality of care delivered through the CMO and based on this assessment, how Georgia would improve the quality of care delivered to the members in the program. The initial version of the Quality Strategic Plan was approved by the DCH Board and by CMS in January 2008. The Quality Strategic Plan identified eight primary health areas as objectives for improvement which included:

- Access to Preventive /Ambulatory Health Services
- Asthma
- Behavioral Health
- Children's Preventive Health
- Diabetes
- Oral Health
- Utilization Rates
- Women's Health Care Services

The state reviews progress annually toward meeting these and other objectives and updates and revises Georgia Families Quality Strategic Plan as indicated.

The assessment of the plan and the evaluation of each of the performance measures served as the basis for implementing systems and processes for improving the quality of care delivered to the citizens enrolled in the Georgia Families program.

## Initiatives and Accomplishments

- Improved birth outcomes, through increased access to and receipt of prenatal care resulting in a reduction in the rate of premature and low birth weight babies
- Increased the utilization of preventive dental care
- Formed Managed Care and Quality - CMO Work Groups which improved program operations, identified best practices and collaborated on business processes
- Assessed progress in achieving goals of Quality Strategic Plan; modified Plan accordingly
- Improved timeframe for newborn CMO assignment

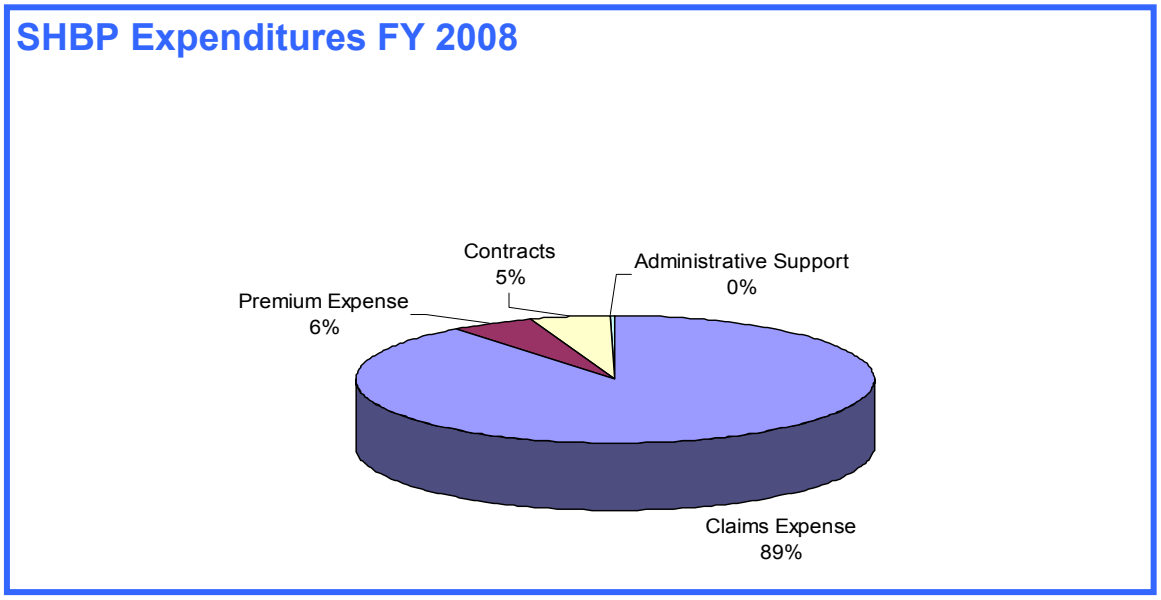
- Identified performance improvement opportunities for all Managed Care contracts
- Identified Medicaid Managed Care best practices in other states
- Implemented External Quality Review Organization (EQRO) in July 2008, with initial report on the Georgia Families program completed by March 2009
- Amended the Georgia Families Contract including House Bill 1234 requirements
- Developed Georgia Families Provider Resource Guide for internal and external customers
- Created process for routine information exchange with stakeholders about the status of the Georgia Families program

# III. State Health Benefit Plan

## Overview

DCH sponsored State Health Benefit Plan (SHBP), which provided health insurance coverage to state and school system employees, contract groups, retirees and eligible dependents. Within DCH, the SHBP division was responsible for the day-to-day management of the SHBP operations. At the end of FY 2008, SHBP covered 690,807 lives.

**Figure 14 SHBP Expenses by Category**




*Source: Georgia Department of Community Health Auditing for FY 2008 Annual Report*

## Accomplishments

In FY 2008, SHBP focused on improving and enhancing customer service for members and payroll locations by developing and implementing training and tools to help representatives perform their job The Call Answer rate increased to 93.44 percent with 87.09 percent answered within 20 seconds. Call Abandonment rate is 3.88 percent. Each representative had three calls per week monitored and assessed under the new Quality Assurance Program.

SHBP implemented two consumer-driven health plans for members as part of its consumerism strategy. The Health Reimbursement Account (HRA) offered individuals a different approach for managing their health care needs. It included a contribution of $500 for single coverage and $1,000 for family coverage to help pay for first dollar expenses. Another feature under this plan was 100 percent coverage for preventive care. The High Deductible Health Plan (HDHP) also offered 100 percent coverage for preventive care. This plan required satisfaction of the family deductible before any benefits were paid but offered a Health Savings Account that allowed individuals to set aside dollars for future medical expenses on a pre-tax basis.

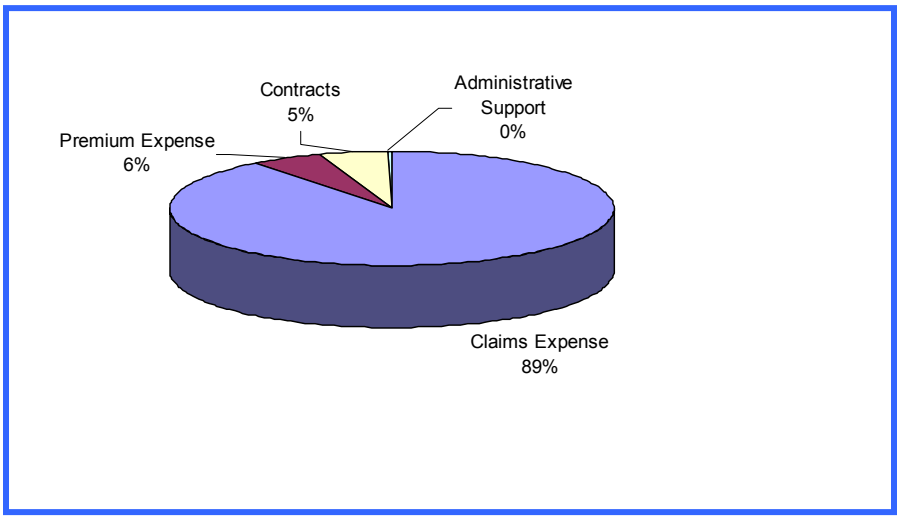
SHBP also implemented a Personal Health Assessment campaign under the HRA plan which encouraged covered adults to take a health assessment that then educated them about their potential health risks and provided them with tools and resources about how to improve their overall health.

## Operating Units

Within the division, in FY 2008 there were seven operating units. Their responsibilities included 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.

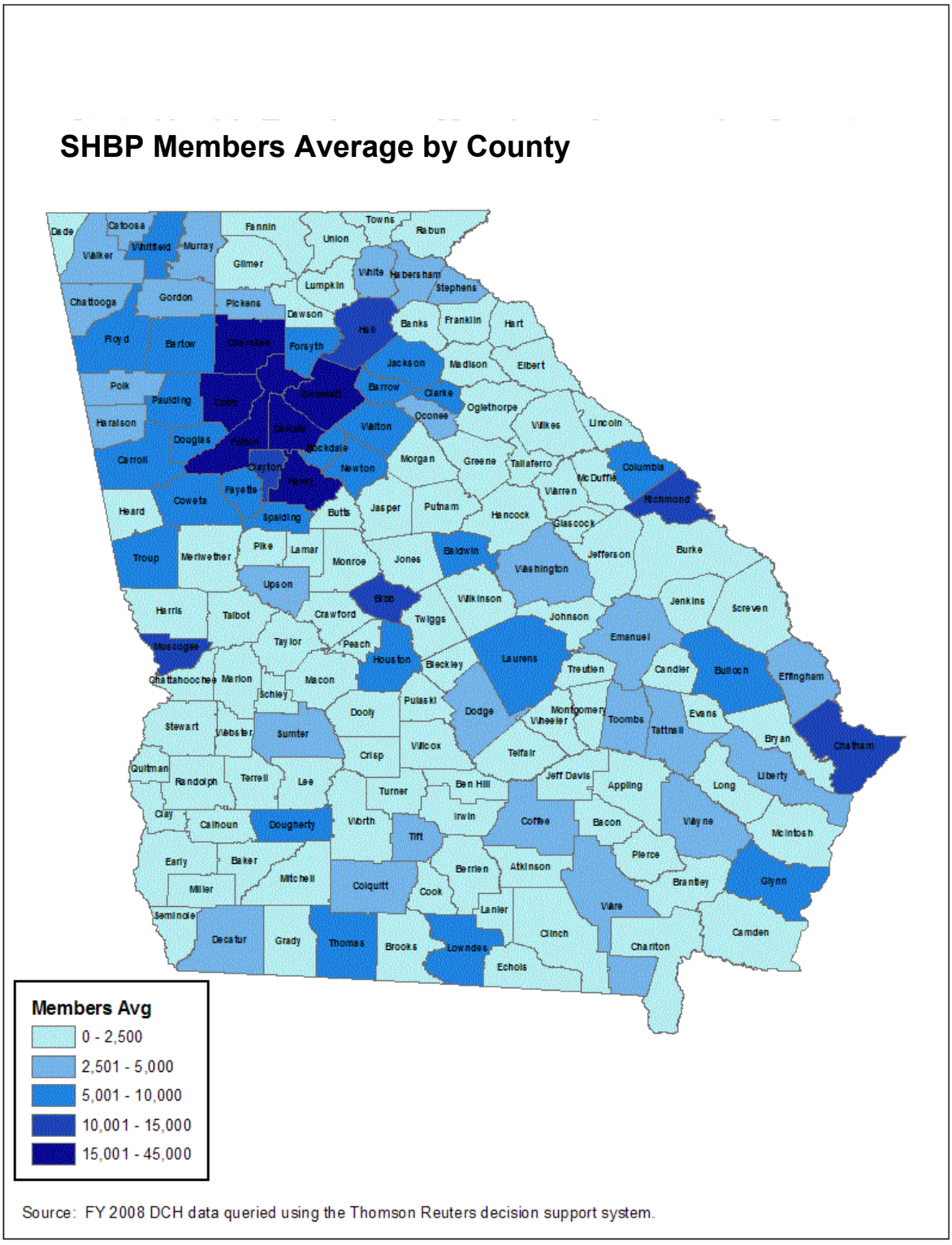
# SHBP Revenue and Expenses Statement FY 2008

**Figure 15 Revenue and Expenses Statement (unaudited) for FY 2008**



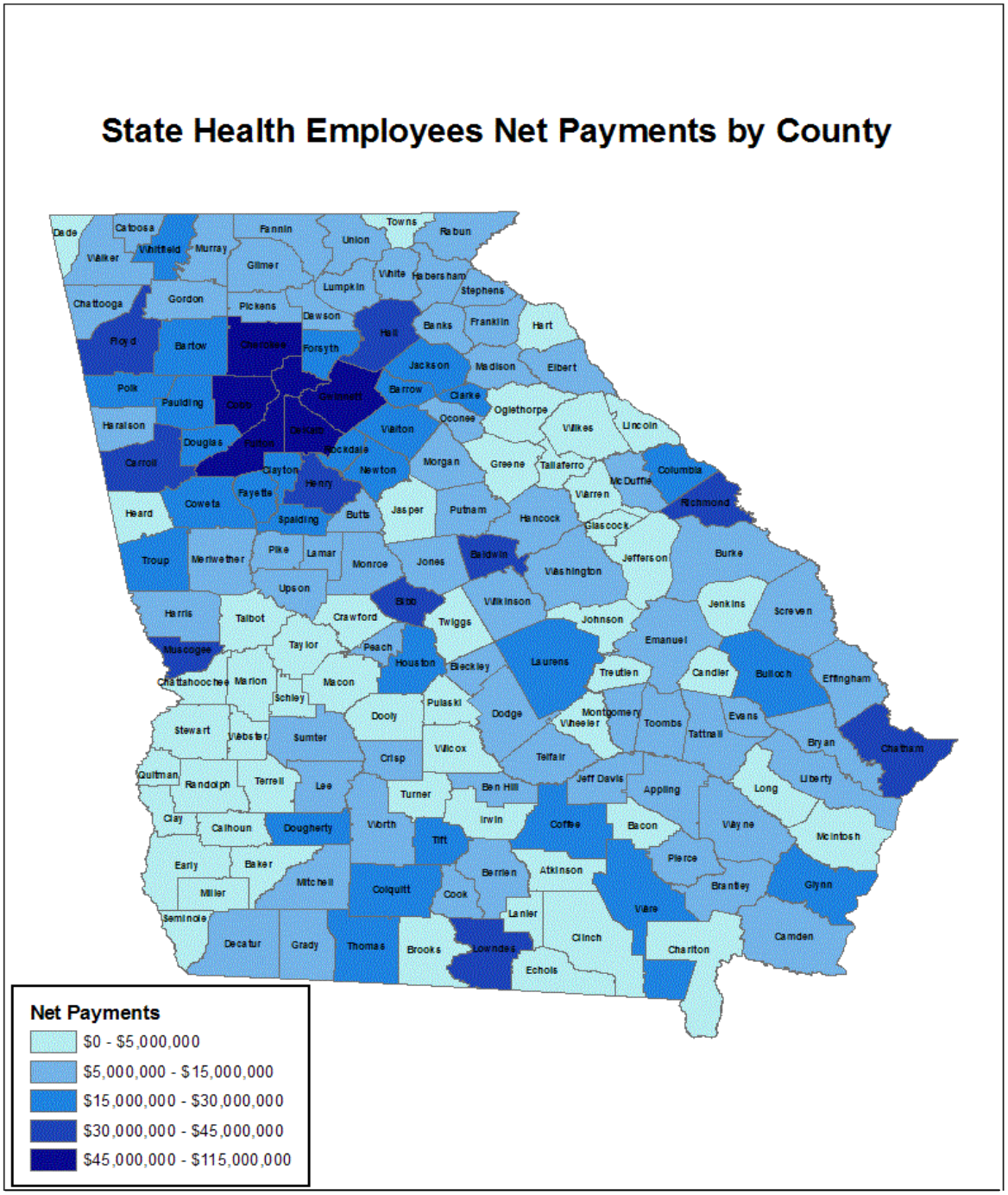

*Source: Georgia Department of Community Health Accounting*

**Figure 16 SHBP Members Average by County**




*Source: FY 2008 DCH data queried using the Thomson Reuters decision support system. These data do not reflect all payments for services such as certain capitation amounts not included in the DSS.*

**Figure 16 SHBP Employees Net Payment by County**




*Source: FY 2008 DCH data queried using the Thomson Reuters decision support system (DSS) using date of payment. These data do not reflect all payments for services such as certain capitation amounts not included in the DSS. For more information, see Appendix VII.*

## Coverage Options

The SHBP offered a Preferred Provider Organization (PPO), Indemnity, four Health Maintenance Organizations (HMO), a High Deductible Health Plan (HDHP) and a Health Reimbursement Account as options during FY 2008:

- The PPO option allowed members the choice of using either in-network or out-of-network providers, with a higher level of benefit coverage available when in-network providers were used. The Georgia PPO provider network consisted of 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, a traditional FFS plan, was frozen to new members.
- HMO options were available to members. HMO choices for FY 2008 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 was a consumer driven health option. This option had a low monthly premium and a higher deductible than the other SHBP options with benefits payable after the deductible had been satisfied. There were no co-payments under this option, only coinsurance. This option also allowed 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 rolled over to the next year and could be carried into retirement. See IRS Publication 502 for HSA eligibility and contribution rules.
- The Health Reimbursement Account (HRA) option was similar to the PPO and had the same provider network. It was a different approach to managing members' health care needs. It was one of the consumer driven options structured to provide lower out-of-pocket expenses and offered an SHBP-funded HRA to provide first dollar coverage for eligible health care and pharmacy expenses.
- The TRICARE Supplement was no longer offered.

## State Health Benefit Plan - Annual Report Data FY2008

**Table 6 SHBP Total Expenditures**

| | |
|---|---|
| Number of Covered Lives=690,807 | |
| **2008 Total FY Expenditures** | $ 2,778,011,601.13 |
| PPO & Indemnity, HMO and CDHP Option Expenditures | $ 2,482,068,101.81 |
| HMO and Medicare Advantage Premiums | $ 153,147,246.04 |
| Contracts | $ 133,673,046.29 |
| Administrative Support | $ 9,123,206.99 |
| **Average Expenditure Per Covered Life Per Year** | **$ 4,058.88** |

*Source: Georgia Department of Community Health Financial Department for the FY 2008 Annual Report*

# Revenue and Expense Statement (Unaudited)
# For the Year Ended June 30, 2008

**Table 7 Revenue and Expense Statement (Unaudited) FY 2008**

| | | | | |
|---|---|---|---|---|
| **Revenues** | | | | |
| R1 | Earned Premiums | | | |
| | R1.1 | Earned Premiums - State Employees Active | $ | 433,641,834.97 |
| | R1.2 | Earned Premiums - Teachers Active | | 931,517,897.76 |
| | R1.3 | Earned Premiums - School Service Personnel Active (1) | | 371,581,382.98 |
| | R1.4 | Earned Premiums - Other Active | | 8,024,920.62 |
| | R1.5 | Earned Premiums - State Employees Retiree | | 211,520,435.73 |
| | R1.6 | Earned Premiums - Teachers Retiree | | 284,885,373.22 |
| | R1.7 | Earned Premiums - School Service Personnel Retiree (1) | | 98,945,025.85 |
| | R1.8 | Earned Premiums - Prior Teachers Retiree (1) | | 4,799,847.63 |
| | R1.9 | Earned Premiums - Prior Service Personnel Retiree (1) | | 1,147,975.14 |
| | R1.10 | Earned Premiums - Other Retiree | | 16,264.36 |
| | | **Subtotal** | **$** | **2,346,080,958.26** |
| R2 | Interest Income | | | 12,205,296.53 |
| R3 | Miscellaneous Income | | | - |
| R4 | Dividends | | | 5,383,347.38 |
| R5 | Unrealized Gain/(Loss) on Investments | | | (22,201,327.46) |
| R6 | Realized Gain/(Loss) On Investments | | | (2,732,573.08) |
| **Total Revenues** | | | **$** | **2,338,735,701.63** |
| **Benefit Related Expenses** | | | | |
| E1 | Claims Payments | | | |
| | E1.1 | Claims Payments - State Employees Active | $ | 520,295,359.19 |
| | E1.2 | Claims Payments - Teachers Active | | 823,530,803.09 |
| | E1.3 | Claims Payments - School Service Personnel Active | | 634,544,182.19 |
| | E1.4 | Claims Payments - Other Active | | 10,792,101.67 |
| | E1.5 | Claims Payments - State Employees Retiree | | 186,619,495.68 |
| | E1.6 | Claims Payments - Teachers Retiree | | 269,868,549.21 |
| | E1.7 | Claims Payments - School Service Personnel Retiree | | 83,360,662.68 |
| | E1.8 | Claims Payments - Prior Teachers Retiree | | 2,212,507.94 |
| | E1.9 | Claims Payments - Prior Service Personnel Retiree | | 727,107.76 |
| | E1.10 | Claims Payments - Other Retiree | | 20,098.96 |
| | | Drug Rebate Offset | | (49,902,766.56) |
| | | **Subtotal, Claims Payments** | **$** | **2,482,068,101.81** |
| **E2** | **HMO Premium Payments** | | | |
| | *Kaiser* | | | |
| | E2.1 | State Employees Active | $ | 29,834,481.45 |
| | E2.2 | Teachers Active | | 58,719,436.18 |
| | E2.3 | School Service Personnel Active | | 39,703,632.49 |
| | E2.4 | Other Active | | 10,598.72 |
| | E2.5 | State Employees Retiree | | 7,846,016.21 |
| | E2.6 | Teachers Retiree | | 7,937,734.04 |

| | | | | |
|---|---|---|---|---|
| | E2.7 | School Service Personnel Retiree | | 5,936,003.55 |
| | E2.8 | Prior Teachers Retiree | | 12,045.08 |
| | E2.9 | Prior Service Personnel Retiree | | 2,804.78 |
| | E2.10 | Other Retiree | | - |
| | | **Subtotal** | **$** | **150,002,752.50** |
| **E3** | **Other Premium Payments** | | | |
| | *Medicare Advantage/LIS* | | | |
| | E3.1 | State Employees Active | | - |
| | E3.2 | Teachers Active | | - |
| | E3.3 | School Service Personnel Active | | - |
| | E3.4 | Other Active | | - |
| | E3.5 | State Employees Retiree | | 1,067,990.49 |
| | E3.6 | Teachers Retiree | | 1,419,825.20 |
| | E3.7 | School Service Personnel Retiree | | 636,014.06 |
| | E3.8 | Prior Teachers Retiree | | 17,275.05 |
| | E3.9 | Prior Service Personnel Retiree | | 3,388.74 |
| | E3.10 | Other Retiree | | - |
| | | **Subtotal** | **$** | **3,144,493.54** |
| | | **Subtotal, Premium Payments** | **$** | **153,147,246.04** |
| **Total Benefit Related Expenses** | | | **$** | **2,635,215,347.85** |
| | | | | |
| **Administrative Expenses** | | | | |
| E4 | Labor Expense | | | |
| | E4.1 | Labor Expense-Salaries/Wages/Benefits | $ | 5,655,917.29 |
| | E4.2 | Labor Expense-Contractors/Temp Services | | - |
| | | **Subtotal** | **$** | **5,655,917.29** |
| | E5 | Consulting and Management Services | $ | 133,673,046.29 |
| | E6 | Computing Related Expenses | | 870,094.15 |
| | E7 | Rent and Utilities | | 397,061.00 |
| | E8 | Telecommunications | | 118,975.21 |
| | E9 | Materials, Supplies and Equipment | | 1,317,624.64 |
| | E10 | Printing & Publication | | 38,124.08 |
| | E11 | Postage | | 506,877.54 |
| | E12 | Travel | | 9,673.94 |
| | E13 | Professional Development | | 13,637.56 |
| | E14 | Other | | 195,221.58 |
| | | **Subtotal, All Administrative Expenses** | **$** | **142,796,253.28** |
| **Total Expenses** | | | **$** | **2,778,011,601.13** |
| | | | | |
| ***Revenues over/(under) Expenses*** | | | ***$*** | ***(439,275,899.50)*** |
| | | | | |
| **General Annotations:** | | | | |
| (1) | Includes DOE allotment of $ 154,777,499 | | | |

## Open Enrollment and Retiree Option Change Period Activity

Open Enrollment dates were October 10 through November 9, 2007 for coverage effective January 1, 2008. The following projects were completed prior to the close of FY 2008 in preparation for the 2008 Plan Year:

- Members made 257,171 Web transactions on the Health Plans' Web sites for Health Plan coverage effective January 1, 2008. Ninety-six percent of the members eligible made their selections on the Web.
- SHBP staff made 299,599 data entries to update/correct members' records
- 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
- Held 22 benefit fairs, 88 educational meetings, 76 retiree meetings, 13 Train-The-Trainer meetings, and 11 Georgia Retired Educator meetings across the state

- Distributed 325,000 Health Plan Decision Guides for active employees to more than 650 payroll locations
- Prepared and mailed 92,000 retiree option change packets to retired SHBP members
- Prepared and mailed 1,353 open enrollment packets to SHBP members on COBRA and Leave Without Pay

## Covered Lives

The table below reflects the analysis of SHBP members. The table describes plan membership by employment group and active or retired status. Total covered lives included members, spouses and other dependents.

## SHBP Enrollment FY 2008

**Table 8 SHBP Enrollment**

| | Average Monthly Covered Lives | Average Monthly Employees | Average Monthly Dependents |
|---|---|---|---|
| State Employees - Active | 137,901 | 68,563 | 69,338 |
| State Employees - Retired | 41,790 | 28,846 | 12,944 |
| Teachers – Active | 263,883 | 114,275 | 149,608 |
| Teachers – Retired | 56,954 | 40,470 | 16,483 |
| School Service Personnel – Active | 157,404 | 74,433 | 82,971 |
| School Service Personnel – Retired | 22,409 | 16,560 | 5,848 |
| Contracts/Board Members | 1,952 | 1,199 | 753 |
| COBRA | 2,136 | 1,207 | 930 |
| **Total** | **684,429** | **345,553** | **338,876** |

*Source: Thomson Decision Support System - Advantage Suite, FY 2008 DCH Annual Report*

# IV. Operations Division

## Overview

In FY 2008, the Operations Division within DCH was comprised of the following departments: Office of Health Improvement, State Office of Rural Health (SORH) , Human Resources, Support Services, Office of Procurement Services, Vendor and Grantee Management and the Georgia Volunteer Health Care Program (GVHCP).

## Accomplishments

The Operations Division was comprised of both programmatic and functional units all working to support the agency in achieving its mission and priorities. During FY2008, the various divisions realized many successes which brought DCH closer to achieving its priorities and initiatives. These accomplishments included:

- Monitored 100 percent of all contract vendors to ensure compliance and consistency
- Received over five million dollars for the state's Safety Net clinics
- Executed a comprehensive Workforce Development Plan
- Collaborated with the OMH Advisory Council and OHI released the Georgia Health Disparities Report
- Expanded number of "free clinics" across the state through the Georgia Volunteer Health Care Program
- The Operations' internal Quality Assurance unit performed audits of the Vendor Management unit and the (GVHCP). Ultimately the service to members, vendors, and providers improved because of the tightening of controls.

## Offices within the Operations Division

### Office of Procurement Services Grant Administration

The Office of Procurement Services was created in March 2006 to support initiatives throughout DCH funded by state, federal and other grant sources. In FY 2008, it was responsible for the administration of all procurement activity exceeding $5,000. The unit was also responsible for proper dispensing of grant funds and the governance of services and activities by both grantees and all DCH staff involved in the grant and grant award administration.

In FY 2008, DCH solicited $549,010,396.56 in goods and services and processed grant awards totaling $14,065,787.

## Key initiatives

### State Health Benefit Plan Health/Consolidated Health Plan Strategy

The Office of Procurement Services developed and released a qualification-based competitive solicitation to select vendors with specific qualifications in providing the health care products and services required under the SHBP strategic plan. The solicitation was conducted in two phases: (1) a Statement of Qualifications (SOQ) and (2) a Request for Approach (RFA).

### Provider Linkage

DCH's Office of Inspector General (OIG) obtained the services of a qualified vendor to provide a custom case management system application for handling case investigations. The proposed application allowed for the linkage of personal and professional information on providers and their

business associates with electronic case files used to maintain information discovered during the tracking and reporting of persons suspected of fraud, waste and/or abuse.

### Provider License

The purpose of this Request for Quote (RFQ) was to seek a qualified vendor to provide Web-based access to search public records and proprietary information via one common portal to verify providers' licensure and certification for all health care categories of service nationwide and to conduct background investigations for the DCH OIG.

### Third Party Administrator

DCH sought a Third Party Administrator (TPA) to perform application and enrollment administrative services for the PeachCare for Kids™ program, the Medicaid Buy-in program. The TPA was required to provide and maintain a Web-based application for the Long-Term Care Programs. Additionally, DCH sought assistance in application and enrollment services for the Health Insurance Partnership for Georgia (HIPGA) program, subject to legislative and Federal waiver approval.

**Table 9 Summary of Grant Awards**

| *Summary of Grant Awards*<br><br>*July 1, 2007 through June 30, 2008* | |
|---|---|
| *Total Grant awards* | *64* |
| *Number of Competitive Awards* | *30* |
| *Number of Direct Awards* | *34* |
| *Award amount ranges* | *$5,000.00 to $2,095,000* |
| *Total* | *$14,065,787* |

*Source: Georgia Department of Community Health Grant and Vendor Management*

## Grants for Programs and Projects

*State Office of Rural Health Rural Health Safety Net*

Rural Health Safety Net grants enabled the creation of non-traditional, regional health care systems that were financially viable and tailored to meet the needs and demands of their communities. In FY 2008, the grants provided an opportunity for communities to redesign and integrate local and regional systems based on consumer needs. The grants also encouraged economic development and innovation, redesigned multi-county health care systems and helped establish Regional Health Care Systems (RHCS). Grantees for this initiative were:

- Health Care Central Georgia
- Ty Cobb Health Care System
- Spring Creek Health Cooperative
- Three Ring Health Care Consortium
- West Georgia Health Network
- Rural Eastern Access Consortium for Health

The State Office of Rural Health (SORH) obtained the services of qualified vendor(s) to establish these non-traditional, regional health care systems that were financially viable and designed to meet the health needs and service demands the communities served.

*Small Hospital Improvement Grant Program*
The SORH helped eligible rural hospitals participate in Small Hospital Improvement Program (SHIP). The goal of the program was to assist small (less than 50 beds) rural hospitals in paying for any or all of the following: 1) costs related to implementation of prospective payment systems, (2) compliance with provisions of HIPAA and 3) reduction of medical errors and quality improvement. Eligible hospitals submitted an application to the SORH; the SORH prepared and submitted a single grant application to Health Resources and Services Administration (HRSA) on behalf of all hospital applicants in the state.

*Georgia Migrant Farmworker Program*
Georgia Farmworker Program (GFHP) was created in 1990 to improve the quality of Georgia's migrant and seasonal farm workers by providing cost effective, culturally appropriate primary health care and by arranging for other levels of health care through collaboration and advocacy to workers and their families. The program provided quality primary and preventive care at six clinic sites that encompassed a 21 county area. The GFHP, a statewide program housed within the SORH, utilized a combination of a nurse practitioner model and a voucher program model to provide direct primary health care and preventive health services.

*Dental Loan Repayment Program*
In FY 2008, the State Medical Education Board administered and coordinated a minimum of four Dental Loan repayment awards to eligible candidates who qualified for participation based on the established guidelines. This funding helped reduce dental health provider shortages in rural communities.

*Federally Qualified Health Center Training and Development*
Funding supported the coordination, training and development of new start and expansion of existing Federally Qualified Health Clinic's (FQHC), to address clinical and operations requirements required by the Federal Section 330 funding.

*Health Information Exchange*
Grant funding supported qualified health care entities in piloting Health Information Exchange (HIE) or sharing data electronically among various healthcare settings. The following types of pilot programs were funded:

- Planning projects setting the stage for future HIE development
- Implementation of proposed HIEs
- Expansion of projects supporting active HIE implementations

The pilot projects served as model programs that could be replicated in a variety of health care delivery settings or across different patient populations. The intent of the pilot program was to take the lessons learned from the grantees' experience to form policy and/or initiatives that expanded the use of HIE across the state of Georgia.

## Office of Health Improvement

The Office of Health Improvement (OHI) was 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, OHI housed the Georgia HIV/AIDS TAKE Project. These offices were dedicated to the wellness, prevention and health improvements of various populations.

In FY 2008, OHI focused on education, heightening awareness and developing networks to improve the health disparities in Georgia for heart disease and stroke, diabetes, cancer and HIV/AIDS. These diseases have traditionally adversely affected Georgia's minority populations, who made up roughly

one-fifth of Georgia's population. According to the *United Health Foundation America's Health Rankings*, Georgia ranked 41 out of 50 states in 2008. To combat the growing health disparities, the office:

- Worked to eliminate disparities in health status between minority and non-minority populations
- Recommended ways to promote the benefits of regular checkups, preventive screening tests and healthy lifestyle practices for men
- Raised awareness, educated and empowered people to have control over their health issues
- Served as a clearing house for health information related to women, men and minorities
- Developed policies and plans that supported community partnerships and actions to identify and solve health problems
- Linked various health professionals and facilities to the people who were in need of personal health service
- Evaluated the effectiveness, accessibility and quality of personal and population-based health services
- Fostered awareness among Georgia's citizens of the current health crisis affecting specific ethnic populations
- Encouraged physical activity, healthy diets and other positive behavioral lifestyle improvement promoting healthy living

### Key Deliverables

### Commission on Men's Health

The OHI released the report, *A Comprehensive Look at the Status of Men's Health in Georgia*. The report was a guide to the development and implementation of programs and/or initiatives that had an impact upon the status of men's health in Georgia.

### Men's Health Expo

DCH partnered with Phoebe Putney and other organizations for this event in Albany, Georgia. The health fair provided various free screenings and educational seminars for the men of Albany. More than 1,000 men received services that day.

### Office of Women's Health

*American Heart Association Making Strides against Breast Cancer Walk*

Office of Women's Health (OWH) partnered with the American Cancer Society in their efforts to raise awareness of breast cancer. The efforts supporting "Making Strides" showed true team spirit in helping to fight breast cancer and provided hope to people facing the disease.

*Women's Health Summit 2008*

OWH hosted its Sixth Annual Women's Health Summit, entitled "Celebrate Healthy Living: Women Creating a Culture of Wellness," to raise awareness about women's health issues and to give women and stake holders an opportunity to discuss the health of women in Georgia. One-hundred fifty participated.

The major goals of this summit were to:

- Increase knowledge of strategies to increase positive health outcomes for women
- Explore current prevention strategies, including strength-based approaches that work in various communities
- Foster community partnerships to identify and implement the best practices to target prevention, diagnosis, and treatment that affect women in the home, in the office and in their community

- Identify necessary tools to improve health outcomes for women leaders in the various roles they serve

*Georgia ACTS (Access, Care, Treatment and Services) Breast Cancer Grant*

The Georgia ACTS Breast Cancer Grant Program was part of a statewide, strategic initiative to improve breast cancer services for the state's uninsured population. The program provided five grants to organizations offering breast cancer health promotion, screening and treatment to indigent women. Grant amounts ranged from $25,000 to $50,000 for screening projects and up to $300,000 for treatment projects. Monies were raised through the Georgia Breast Cancer License Tag Fund.

The following Georgia ACTS became active in FY 2009:

| Georgia ACTS Access To Care Treatment & Services Initiative |
|---|
| **Grant Name** |
| Georgia Cancer Foundation |
| Georgia State University - Byrdine F. Lewis School of Nursing |
| Lowndes County Board of Health |
| Saint Joseph's Hospital |
| Southwest Georgia Health Care, Inc. |

*Generating Active Elders through Nutrition and Exercise (GANE) Project*

To combat the health hazards of dietary deficiency and lack of physical activity, rural Georgia communities were provided nutrition education and "healthy kitchen" awareness demonstrations. The GANE project consisted of community-based education sessions coordinated by local neighborhood senior citizen organizations, community groups and churches. Local collaborators facilitated the attendance of senior-aged residents, families and caregivers during informational programs that encouraged exercise and healthy eating. Specific benchmarks included the growth of walking groups, nutrition classes and "healthy kitchen" demonstrations, community events and family activities. The Central Savannah River Area Regional Development Center Area Agency on Aging received funding for this grant.

**Office of Minority Health**

*The Georgia Health Equity Initiative*

OMH and its Minority Health Advisory Council implemented the Georgia Health Equity Initiative to inform policy and provide information and guidance to health policy makers, healthcare advocates, health systems, practitioners and the community to eliminate disparities in healthcare and improve health outcomes for Georgia's minority populations. The project was divided into three phases:

**Phase 1** – Was implemented in April 2008 with the development and dissemination of the *Georgia Health Disparities Report 2008: A County-Level Look at Health Outcomes for Minorities in Georgia*.

Detailed racial/ethnic specific data on the health status of Georgia's minority populations, data and information is provided. The report and detailed county data may be found at: http://dch.georgia.gov/vgn/images/portal/cit_1210/5/49/111684019Georgia_Health_Equity_Initiative_Health_Disparities_Report_2008.pdf

**Phase 2** – Included implementing a series of 11 Community Conversations in every region of the state

**Phase 3** – The Georgia Health Equity Grant Program was funded with matching Indigent Care Trust Fund dollars. Fifteen health equity grants were awarded to public and private entities and community-based organizations which:

- Reduced and eliminated racial and ethic health disparities;
- Promoted the health and quality of life of individuals and communities;
- Built on community strengths and assets to address health issues;
- Developed effective working relationships among community members and the organizations and leaders who serve them; and
- Focused on prevention and early detection

| Office of Health Improvement, Office of Minority Health Georgia Health Equity Grant Program | | |
|---|---|---|
| **Name** | **Activity** | **Number Served** |
| **American Diabetes Association** | Diabetes Education and Outreach | 65,125 |
| **Community Health Mission** | Health Screenings, Prescription Drug Services/Referrals | 7604 |
| **Partnership for Community Health** | Glucose Screenings, Diabetes Education and Outreach, Homeless Outreach | 5406 |
| **Kennesaw State University** | Screening and Testing Services through Extended Clinic Hours, HIV Testing | 397 |
| **Georgia State University** | Legal Services for Hospitalized Children | 85 |
| **Meadows Regional** | | |
| **Morehouse School of Medicine** | Develop DVD for Blood Pressure Measurement for Laypersons | |
| **SW Ga Cancer Coalition** | Men's Health Education and Testing | 900 |
| **Thomasville Community Resource Center** | Cancer and CVD Preventive Health Screenings, Education | 15,454* |
| * It should be noted that an estimated reach of 15,000 was documented as a result of a series of ads in local paper | | |
| **Total Served** | | 94,971 |

Other projects included:

*Georgia Cancer Coalition Centers of Excellence*
The OHI through the Georgia Cancer Coalition Centers of Excellence (GCC) managed $250,000 in grant funding to support infrastructure, such as basic operating expenses for each of the regional coalitions and money for training, clinical trials and other projects to the six centers of excellence - Southwest Georgia Cancer Coalition, Southeast Georgia Cancer Coalition, Northwest Georgia Cancer Coalition, Central Georgia Cancer Coalition, East Georgia Cancer Coalition and West Georgia Cancer Coalition.

In addition to supporting infrastructure, these funds provided a means for the coalitions to reach more than 13,000 persons with breast care screenings, mammograms, outreach and education.

*Georgia Cancer Coalition Grants*
*Breast Cancer License Tag Fund*
OHI oversaw a contract for $500,000 with the Georgia Cancer Coalition. In FY 2008, the GCC awarded 12 grantees in amounts ranging from $15,000 to $50,000. Grantees represented community public/private sector and community organizations throughout the state. To date, more than 1,700 women have been served though these projects by receiving breast health education, mammography and breast screening services.

*Medical Interpreter Services*
This project provided interpreter services for health care to migrant and seasonal farm workers in south Georgia; co-funded medical interpreter training; and funded translation of health careers training resources for Hispanic youth and parents.

*Outreach*
OHI planned and/or supported outreach initiatives to increase knowledge about health and raise awareness for cardiovascular disease, cancer, diabetes, HIV/AIDS and other attributing risk factors resulting in adverse health outcomes for Georgia's citizens.

**Georgia HIV/AIDS TAKE Project**
The Take Action and Keep Educated (TAKE) Project examined the impact HIV/AIDS had on communities in the state. The TAKE Project was a part of the Office of Minority Health in DCH that worked to eliminate minority HIV/AIDS disparities in Georgia. This project demonstrated success through community involvement and education/raising awareness of HIV/AIDS. In FY 2008, the TAKE Project had two federally funded projects - the Communities of Practice and Project Stronger Together. Projects for FY 2008 included:

*Georgia HIV/AIDS Communities of Practice (CoP)*
The goal in FY 2008 was to develop CoP to create a more cohesive approach in addressing minority HIV/AIDS care and prevention issues at the state, county and/or local levels. This goal further enhanced information dissemination and service access in the continuum of care for minority communities in Georgia.

*Community and Faith-Based Community of Practice (CFB CoP)*
This group met twice with an average participation of 30 people from around the state. The group developed a strategic outline of concerns. Five workgroups met through teleconferencing with each addressing an area of concern.

*Hispanic/Latino Community of Practice (H/L CoP)*
The H/L CoP met twice with an average of 15 participants. The group developed a strategic outline and five workgroups monitored the implementation of the plan through teleconferences.

*Intergovernmental Community of Practice (ICoP)*
ICoP had 22 members. The group developed a basic strategic outline to improve communications among government entities and share more information. Also, project staff worked with individual

members such as the Department of Education, Department of Juvenile Justice and the Department of Community Affairs to meet the HIV/AIDS needs of their programs.

*HIV/AIDS Mini-grant Program*

The goal of the mini-grants was to empower communities to support the strategic plans developed by the community of practice. A Request for Grant Proposals process was made available for $100,000.

The grant program disseminated monies to local communities to address HIV/AIDS in Georgia. Each application had to look at least one of the following priority areas in a minority population as identified by the CoP. Priorities for FY 2008 included:

- Expanding and/or enhancing an advocacy plan
- Increasing access to mental health services
- Increasing access of HIV positive people to care/treatment services
- Reducing stigma and increase awareness of HIV/AIDS
- Expanding/enhancing HIV testing services

Eight grant awards were made through this initiative which ended on June 30, 2009

**Table 9 Grant Awards through HIV/AIDS Mini Grant Program**

| Agency | Activity | Number Served |
|---|---|---|
| AID Atlanta, Inc. | HIV testing | 519 |
| Wholistic Health Control Institute, Inc. | Minority Youth HIV Education | 140 |
| North Georgia AIDS Alliance, Inc. | Outreach, VOICES and HIV Testing | 191 |
| Positive Impact, Inc. | Community planning and education | 103 |
| National AIDS Education Services for Minorities, Inc. | HIV & mental health education/counseling | 280 |
| SisterLove, Inc. | VOICE/VOCES (HIV/AIDS group intervention) | 125 |
| Center for Pan Asian Community Services, Inc. | HIV testing & HIV education | 144 |
| Someone Cares, Inc. | VOICES/VOCES & HIV testing | 426 |

*Source: DCH HIV/AIDS TAKE Program for FY 2008 Annual Report*

*Project Stronger Together (PST)*

The PST project was a collaboration among DCH's Office of Health Improvement, HIV/AIDS TAKE Project and three Community Partners – AID Atlanta, Mary Hall Freedom House and Holistic Stress Control Institute. PST provides technical assistance to increase, develop and improve the prevention and treatment/care service delivery capacity of minority community-based serving organizations in metropolitan Atlanta and surrounding areas.

Additional information regarding grants can be found on the following link:
http://dch.georgia.gov/00/channel_title/0,2094,31446711_98666602,00.html

## Georgia Volunteer Health Care Program (GVHCP)

In FY 2008, the GVHCP expanded the volunteer clinic network and increased access to free health care services statewide.

GVHCP had the participation of 29 clinics in FY 2007. In FY 2008, 47 volunteer clinics participated in the statewide network and 13 clinics were identified as potential service sites for FY 2009. A total of 1,251 licensed health care providers volunteered their services treating the uninsured, Medicaid- eligible and low-income populations of Georgia. Volunteer health care providers reported 62,521 patient visits across the state, up from 24,000 in FY 2007. Professional and administrative volunteers worked 127,096 hours, representing $8.48 million in donated services, whereas in FY 2007, 21,000 hours were reported. In FY 2008, participating volunteer clinics received $7.22 million in donated goods. Services performed under the GVHCP were valued at $15.71 million.

To increase the number of primary and secondary care providers GVHCP also established partnerships with a health maintenance organization, medical and dental care networks, statewide health care event organizers, colleges and universities. This resulted in an increase of 384 providers. For more information, see Appendix I.

### Prescription Drugs Pilot Program

The GVHCP and DCH Pharmacy Unit jointly planned for the implementation of the Prescription Drugs Pilot Program to facilitate the redistribution of donated, unused medications from residents of long-term care facilities to eligible, underserved patients of volunteer clinics increasing access to prescription drugs at no cost. As part of the planning activities, the GVHCP:

- Identified two volunteers to participate in the implementation of the prescription drugs redistribution pilot in the Savannah region
- Identified South University Pharmacy Department as a potential partner and source of pharmaceutical professionals to volunteer at participating clinics
- Developed and drafted policies and procedures
- Drafted a work plan to implement, evaluate the pilot and statewide program expansion
- Developed a draft formulary of medications to be considered eligible for redistribution
- Identified 33 long-term care facilities in the Savannah area that could potentially serve as donating sites

## State Office of Rural Health (SORH)

SORH worked to improve access to health care in rural and underserved areas to reduce health status disparities of the populations in Georgia. For more information, see Appendix XVII and X. SORH:

- Empowered communities to strengthen and maintain the best possible health care using existing resources
- Built strong partnerships to meet local and regional needs
- Provided incentives to local areas to implement integrated service delivery systems
- Acted as the single point of contact for all regional issues related to health care

- 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.

SORH received and administered $12,142,614 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 $3,714,544 was from federal sources and $8,428,070 was received from state sources.

Major grants received for FY 2008 included:

- $1.5 million for the Governor's Rural Health Safety Net Program
- $3.5 million for the expansion of Federally Qualified Health Centers to address primary care, mental health and health information technology
- $100,000 for Dental Loan Repayment Grants for rural dentists

SORH consists of several programs and offices: the Primary Care Office, the Georgia Farmworker Health Program, Hospital Services, the Rural Health Safety Net Phase I and the Dental Health Repayment Program.

## Primary Care Office (PCO)

Federally Qualified Health Centers (FQHC) provided crucial health care for the underserved. In FY 2008, 10 Georgia FQHC applicants were awarded federal funding for 11 new FQHC access points, and two applicants received funding to start FQHCs. These centers were in 13 different counties and had a total population of 1,214,322. During FY 2008, SORH/PCO administered $1.5 million in state funding for the development of FQHCs in six Georgia counties. SORH also administered $1,250,000 in state funds to integrate behavioral health into five Georgia FQHCs.

PCO worked with physicians interested in the J-1 Visa Waiver program to place them in underserved areas of Georgia. The J-1 Visa Waiver Program placed six medical providers resulting in a total of 58 J-1 Physicians serving Georgia's underserved areas during FY 2008. These physicians served in 53 counties with a combined population of 3,822,140.

The PCO evaluated shortage classifications to insure that Georgian's underserved communities participated in federal and state programs targeting their special needs. The National Health Service Corps (NHSC) assisted these areas in the recruitment of NHSC loan repayors and scholars. The NHSC had 79 providers in 64 different counties in their loan repay/scholarship program in Georgia. These mental, dental and primary health care providers received a minimum of $25,000 each for their service in these underserved areas. These counties had a combined population of 2,001,426.

### Georgia Farmworker Health Program

To improve the general health status of migrant seasonal farm workers and their families through culturally appropriate, cost effective health care services, the Georgia Farmworker Health Program (GFHP) provided services to 12,093 migrant and seasonal farm workers and their dependents in FY 2008. These people accounted for 18,221 medical encounters and 19,749 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 FY 2007. The medical users for the program had decreased steadily over the last few years. Environmental factors such as droughts, hurricanes and crop freezes were possible reasons for the decline. Immigration and Customs Enforcement raids and the increased presence of immigration enforcement had also been a major factor in the decline of numbers.

In FY 2008, The GFHP received an Expanded Medical Capacity Grant totaling $173,000 to extend the hours of The Migrant Farm Workers Clinic, LLC in Lake Park, Georgia. The clinic also brought their health care services into Echols County. The clinic exceeded their two year projection goal of serving 2,500 medical users in the first operational year by helping 2,581 medical users.

### Hospital Services

The Medicare Rural Hospital Flexibility Grant, Small Rural Hospital Improvement Grant, New and Expansion Network Grant programs provided vital support to Georgia's 67 rural hospitals that were critical to continued access to affordable, quality hospital services for rural communities throughout Georgia. The New and Expansion Network Grants provided cardiovascular, diabetes management, childhood obesity prevention, breast health screenings, education and treatment to 1,684 rural South Georgians in FY 2008. Through these grant programs, SORH provided and sustained Georgia's Critical Access and Small Rural Hospitals and improved the health status of rural communities through the development of regional systems that focused on improving health status, access to appropriate and affordable health care services and the reduction of disparities in rural health care delivery.

### Rural Health Safety Net Phase I

This program facilitated the economic development and the creation of sustainable non-traditional, regional health care delivery systems that were financially viable and designed to meet the needs of the citizens within the regions.

SORH provided funding to six pilot sites during Phase 1 – The Planning and Development Phase, the growth of community-based leadership development, an evaluation of a community needs assessment, consensus building and sustainability planning. The six project sites and counties served included:

- Health Care Central Georgia (Monroe, Crawford, Jones, Peach, Twiggs, Bibb and Houston Counties)
- Ty Cobb Health Care System (Hart, Franklin and Madison Counties)
- Spring Creek Health Cooperative (Early, Clay, Calhoun, Miller, Seminole, Decatur, Mitchell, Grady, Colquitt, Thomas and Brooks Counties)
- Three Ring Health Care Consortium (Liberty, Long and Mcintosh Counties)
- West Georgia Health Network (Haralson, Heard and Carroll Counties)
- Rural Eastern Access Consortium for Health (Green, Morgan and Putnam Counties)

### Dental Loan Repayment Program

The dental loan repayment was a recruitment tool for dentists serving in underserved areas of Georgia. Five dentists serving Chatham, Telfair, Fulton, Randolph and Putnam counties received dental loan repayment scholarships. For more information, see Appendix XII.

## Vendor Management

### Contract Monitoring

In FY 2008, each state agency was responsible for the effective management of all contracts under its purview. Vendor Management was one facet of DCH's continuum of process for administering and reviewing the performance of its contractors for efficiency, cost-effectiveness and accountability and intended performance results. While other divisions shared in this charge including Contracts Administration, Financial Management, Programmatic Business Owners and Accounting, Contracts Payable, the Vendor Management Database (VMD) documented and tracked activities to ensure that all contractors were accountable.

VMD made certain that all vendors' performance was compliant with contract terms, and that the contracted services were performed for their intended purpose and at the intended level/value to the State. The Comprehensive Vendor Management Policy that guided its work applied to all employees charged with managing contracts. All documentation was stored in DCH's VMD system which was implemented in March 2007. During FY 2008, Vendor Management Services successfully monitored

100 percent of all active applicable contracts and recouped over $247,379.00 in damages related to performance failures while completing an annual Independent Verification and Validation (IV&V) control audit with no major findings.

### Office of Procurement Services

With the assurance that all department procurements were managed in compliance with all state, federal and departmental policies during FY 2008, the Office of Procurement Services (OPS) managed over $108,367,028 including support for:

- Transparency Web site
- State Health Benefit Plan
- Provider License Verification
- Medicaid Management Consultant
- Provider Linkage System
- External Review Quality Outcomes Consultant
- Myers and Stauffer
- Third Party Administrator
- Blue Cross Blue Shied
- Membership Enrollment Management System Conversion
- Legislative Tracking Software

Additionally, the unit released a major procurement for a Contingency Care Management Organization (CCMO). This project helped to ease the risk of a potential loss of services to Georgia Families members if a Care Management Organization (CMO) left the Georgia Families program due to insolvency or other factors. As a result of significant system requirements associated with a contingent vendor, OPS simultaneously was involved in the solicitation of the CMO IV&V vendor for project management. The recommendations for the IV&V procurement, conducted by Georgia Technology Authority, allowed bidding for two concurrent projects resulting in a negotiated contract price for both projects at the cost of one. The team also initiated and successfully negotiated pricing for the organization's electronic document storage system through Ambit Solutions. This amendment resulted in more than $20,000 in savings by requiring the vendor to provide enterprise level pricing.

## Human Resources

### Workforce Development Project

The FY 2008 Workforce Development plan was to produce a workforce team that was well-educated, skilled, customer service-oriented and principle-centered. The agency identified four target priorities for the initiative and the Workforce Development Team. Employees from all departments throughout the agency were assigned to one of four priority work streams:

- Staff Development and Training
- Employee Retention
- Employee Recognition
- Leadership Development

## Staff Development and Training

The Staff Development and Training team developed a plan to enhance DCH employees' fundamental and leadership core competencies. Building on current DCH training, this work stream developed a replicable model for training and development priorities based on results and focused on skill building.

The FY 2008 Staff Development and Training team outcomes were the production of:

- DCH Training Catalogue
- DCH Competency Model
- DCH Training Curriculum
  - Mandatory
  - Competency-Based DCH Training Policies and Procedures
- DCH Training Policies and Procedures

## Employee Retention

The Employee Retention team designed and implemented a strategy to minimize turnover with special emphasis on critical positions identified in the FY 2008 Workforce Development Plan.

The objectives were to identify key reasons for turnover, develop strategies to improve retention, develop recruitment and selection processes to attract and hire qualified people.

The FY 2008 Employee Retention outcomes were from the *FY 2008 DCH Employee Satisfaction Survey and Summary Report*. Highlights are as follows:

- Respondents cited compensation and career advancement as the most important factors
- A majority of employees surveyed indicated that they were not satisfied with the current salary scale and their compensation
- Employees cited a better job opportunity as the most important reason they would leave DCH
- A majority of the respondents enjoyed working at DCH and cited that working with good people and helping others were the most satisfying elements about working at DCH
- DCH employees said training and development were the highest priority area for improvement. Specifically, the employees cited job specific training, technical certifications, mentoring and management training
- Employees said that job performance recognition was an opportunity for improvement. DCH employees commented most frequently that they appreciated public recognition from leaders and co-workers
- DCH employees identified core competencies needed by all staff: basic computer skills, business writing and more information to enhance their knowledge about DCH
- Employees suggested that in order to be successful, DCH needed more cross training, succession planning and documented business processes

### FY 2008 Employee Retention Strategies

The Employee Retention team developed two main strategies. DCH was committed to the importance of every employee receiving a performance evaluation. To that end, this team established a goal of achieving a 100 percent completion of employee performance evaluations.

Studies have shown that there is a direct relationship between employee satisfaction with the orientation experience and the employee retention rate. DCH is improving the on-boarding experience for its new hires by implementing a unit-based orientation checklist. The checklist provided the manager with a practical, time-specific tool to ensure that every new hire received a standard, quality orientation to the unit.

### Employee Recognition Program

The Employee Recognition team enhanced the DCH Employee Recognition Program. The team objectives were to identify standards of recognition, including performance, length of service, community involvement and customer service; then develop and implement recognition programs as an integral part of DCH culture.

The Employee Recognition team outcomes were:

- Employee Recognition Toolkit on the intranet that includes instructions and links to all employee recognition programs
- DCH expanded its "Employee of the Month" recognition program into the Champions program, increasing the number of recognition opportunities from 12 per year to over 120 per year. The Champions program had four parts:
  - Each division selected one employee as the Division Champion of the Month. The employees were recognized on the DCH Intranet.
  - Division managers chose one Division Champion to be the DCH Champion of the Month. The employee was recognized on both the DCH Intranet and DCH Internet.
  - DCH Champion of the Year: The commissioner chose one Champion from the calendar year as the DCH Champion of the Year. The employee was recognized on the DCH Intranet, Internet and the DCH Employee Recognition Week celebration.
  - Spotlight Cards: Manager were encouraged to use DCH-branded note cards to give employees personalized, timely, hand-written recognition.

### Leadership Development

The Leadership Development Team created a comprehensive DCH leadership development process emphasizing the succession planning model. This team performed best practice research with assistance from State Personnel Administration.

The Leadership Development/Succession Planning team outcome was:

- Targeted leadership level - Prioritized the first leadership level for which Succession Planning would be performed
- Identified Leadership Characteristics - Identified the knowledge, skills and abilities required for success at each leadership level
- Informal Assessment - Nomination of candidates who met minimum qualifications
- Formal Assessment - Assessed and ranked qualifying candidates on leadership characteristics, identifying the high-potential candidates
- High-Potential Candidates - Development occurred through experiential training, job rotations/job assignments, formal training, professional relationships and professional organization

# V. General Counsel Division

## Overview

In FY 2008, the General Counsel Division (GCD) housed the Contracts Administration, Medicaid Legal Services, Division of Health Planning, and provided Legal Counsel for DCH's State Health Benefit Plan (SHBP) and Health Improvement Programs. In addition, the General Counsel Division covered DCH's compliance with health information privacy and security standards, ethics, and compliance with the Public Records Act.

The General Counsel Division provided legal services to every component within DCH. This division managed the contracting process for DCH; analyzed and researched health care policy issues; generated reports and provided support in various administrative and judicial cases; provided legal services for all aspects of the Medicaid, PeachCare for Kids™, Health Improvement Programs and the SHBP programs; collected 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; administered the Certificate of Need (CON) program; reviewed architectural plans for health care facilities; monitored proposed legislation for possible impact on DCH; and updated DCH Rules and Regulations with the Secretary of State.

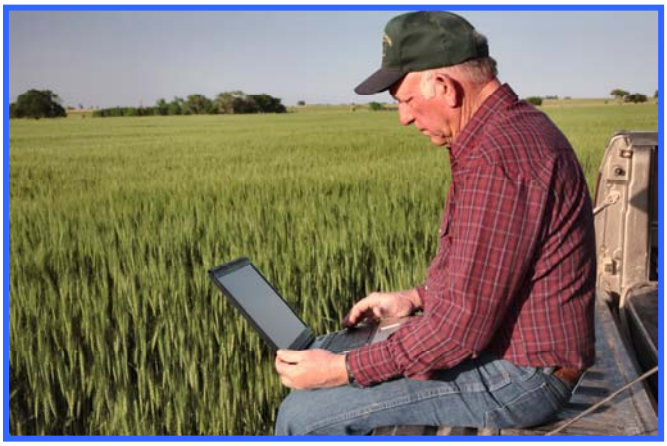
The General Counsel Division maintained a close relationship with the Commissioner's Office, the Governor's Office and the Attorney General's Office to ensure a line of communication supporting DCH's programs, goals and mission.

## Legal Counsel for DCH Programs

The GCD provided counsel to assist the Division of Public Employee Health Benefits, Office of Rural Health and Health Improvement Programs. Counsel conducted legal research and provided legal advice and comment on regulatory compliance, state and federal laws and proposed legislation, assisted the Attorney General's staff with litigation and discovery requests, drafted rules and regulations and conducted public hearings.

### Office of Health Improvement and State Office of Rural Health Counsel

An attorney within the GCD provided legal services as requested by the Office of Health Improvements (OHI) and the State Office of Rural Health (SORH). These two offices were involved in numerous programs and projects that directly affected the health care received by thousands of people within Georgia.



The OHI received legal research, support, guidance, rule-drafting assistance and policy advice for its direct programs such as its Office of Minority Health, Office of Women's Health, Commission on Men's Health, HIV/AIDS TAKE program, Georgia Health Equity Initiative and their attached citizen advisory organizations. Cooperative programs such as the Health Insurance Partnership also received direct legal support.

SORH was the primary leadership organization for many of the health initiatives benefiting rural Georgia residents and certain medically underserved urban areas. SORH received legal support, research, rule-drafting assistance, policy manual reviews for legal compliance with state and federal requirements, legal guidance concerning various grants received by or issued by SORH, the impact of bankruptcy actions filed by entities that were or had received support from SORH and other services as requested. Some of the projects, grants, services and programs included rural hospital services, primary care services, the Rural Health Safety Net Program (which included supporting

numerous types of "free" clinics), the Health Professional Shortage Program, obtaining Federal J-1 Visa Waivers for physicians in rural areas, the National Health Service Corps, Migrant Farmworker clinics and homeless health programs.

## Departmental Administrative Hearing Officer and Agency Appeal Officer

Although most administrative hearings originating from an act or omission by DCH were referred to Office of State Administrative Hearings (OSAH), certain administrative hearings were required by federal law to be conducted by a DCH Hearing Officer. The GCD provides attorneys who are experienced administrative hearing officers to fill those mandated positions. These hearing officers served in two basic capacities. One was as an Administrative Law Judge, which was very similar to the function of an Office of State Administrative Hearings Administrative Law Judge, who conducted hearings including the testimony of witness and the introduction of evidence. The other was to function as the Agency's designated Appeal Hearing Officer when an initial decision issued by OSAH was appealed by either party.

## Compliance Office

The Compliance function within the General Counsel Division included responsibilities for training, policies and procedures, incident responses, reviewing contract provisions and monitoring of compliance by staff. The issues of privacy and public records were assigned to Compliance for legal oversight.

### Privacy and Security Initiatives

The Privacy and Security Best Practices Initiative began in 2007 and continued in 2008, featuring:

- Policies and Procedures – review, modification, development
- Credentialing – contractors, employees, health care providers
- Technology – encryption, truncation of data
- Training – multiple modules and competency testing
- Compliance – monitoring, continuous improvement

### Training

During FY 2008, the Director of Compliance produced and presented training programs for DCH staff in ethics, privacy, security and public records. Training was considered to be continuous, not a one-time event. Modules available online with competency testing were planned for the next fiscal year.

### Policies and Procedures

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

The Director of Compliance co-chaired the DCH's Ethics and Compliance Committee, which was responsible for the revision of existing policies and the development of new policies. During FY 2008, the committee revised several policies and developed others, including the subjects of audit coordination and progressive discipline. The Committee was composed of representatives from the various divisions of DCH. The Committee:

- Set a standard of ethics and give direction about what was acceptable and what was not
- Ensured consistency and established a mechanism by which employees knew what was expected of them
- Ensured widespread training and captured the different perspectives of the various units as it developed the program
- Defined what ethics policies would be adopted and ensured that they were enforceable

- Ensured that the policies adopted were easy to understand so that employees could integrate them into their everyday lives

The Committee prioritized policies for development or revision, depending upon issues current in DCH. Its primary focus was on ethics and compliance issues, with other administrative policies following in general priority. During FY 2008, policies developed by or updated by the Committee included:

- Statement of Ethics
- Code of Ethics and Conflicts of Interest
- Ethics in Procurement
- Standards of Conduct
- Group Meal Reimbursement
- Audit Coordination
- Whistleblowers
- Vehicle Rentals
- Use of State Computers and the Internet
- Transport and Receipt of Media Containing Protected Health Information
- Progressive Discipline
- No Rehire

### Privacy and Security

DCH was subject to the mandates of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Compliance by DCH and its contractors with the HIPAA Privacy Rule and the Security Rule was a continuous concern to the DCH.

Privacy and security issues were significant for the GCD in 2008. In April, DCH learned that a contractor had made an error in the transfer of computerized data, causing the protected health information of more than 71,000 members of the Georgia Medicaid program to be exposed on the Internet without security or privacy protections. Thorough investigation of the incident was followed by the DCH's imposition of six-figure liquidated damages paid by the contractor. DCH required the contractor to mail notices to every individual whose name and information was exposed, to set up a call center dedicated to answering questions about the incident and to provide information to the members about how to help protect against identity theft. The contractor also provided identity theft insurance upon request of any affected individuals. Corrective actions by the contractor were implemented and verified. There was no evidence that any individual's information was obtained by anyone due to the incident.

### Public Records

Compliance with Georgia's public records law presents practical, logistical and, increasingly often, legal challenges. During FY 2008, DCH received and responded to approximately 200 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 disk and others only on paper. All protected health information, confidential or proprietary information and any other information that was excluded from inspection as public records was identified and redacted before the records were released. DCH provided a cost estimate to requesters prior to any charges for records.

The state law required that DCH respond to requests for public records within three business days after receipt of a request. The complexity of the applicable laws, especially in health care and contracts, was reflected in the fact that some DCH contractors and some bidders in competitive procurements sought court ordered protection from disclosure of certain types of records during 2008. DCH complied with the laws, despite growing challenges over access to public records and protection of businesses' trade secrets.

## Legal Services Section

The General Counsel's Legal Services Section provided support and assistance to every unit of DCH associated with Medicaid and PeachCare for Kids™ and to the Program Integrity Unit. Legal Services received and responded to hundreds of inquiries from program staff, providers, recipients, corporate counsel and legislators. Legal Services also provided support for the Georgia Attorney General on Medicaid and PeachCare for Kids™ matters that were or became the subject of litigation. Legal Services' main function was the representation of DCH in administrative hearings. In 2007 through 2008, Legal Services represented DCH in 351 appeals. GCD expected an exponential increase in the upcoming year as the section embarked on a major project to appropriately process all of its backlogged administrative appeals.

In FY 2008, the Legal Services Unit saw a significant increase in the number of matters referred to the Office of State Administrative Hearings. The Legal Services Section provided representation to the Department at hearings conducted by OSAH. The Legal Services Section was responsible for drafting and reviewing proposed policies in Medicaid and PeachCare for Kids™ to assure compliance with legal requirements. During FY 2008, the section drafted or reviewed a number of significant policy revisions including:

- Managed Care Policy on Administrative Reviews and Hearings
- Burial Fund Policy
- General Administrative Review Policy
- General Part I, Policies and Procedures for Medicaid/PeachCare for Kids™ Manual
- Emergency Medical Assistance
- Katie Beckett Policy (subject to a continuing review)
- Affiliated Computer System (ACS) Policy Manuals (multiple)
- Managed Care Legal Issues guidance provided

In addition, the section:

- Drafted and implemented new policies for the reviews of charges billed to members and PA requests (Fullard and Favors review)
- Provided guidance on legal matters associated with the implementation of the new Medicaid Management Information System

## Medicaid Provider Enrollment

The Provider Enrollment Section was a part of the Legal Services Section. The section functioned as the gatekeeper for the Georgia Medicaid program. Provider Enrollment was responsible for reviewing, evaluating and processing all applications for practitioner, supplier and facility enrollment in the Georgia Medicaid program. This section worked with the Legal Services staff to terminate providers who violated Medicaid policies and/or procedures. Control of fraud and abuse in the Medicaid program began with the Provider Enrollment process.

During FY 2008, the Medicaid Provider Enrollment Section processed more than 12,000 initial, additional location and change of ownership applications for the Georgia Medicaid program.

Among other duties, the Provider Enrollment team:

- Reviewed and evaluated all applications for practitioner, supplier and facility enrollment in the program
- Spearheaded the National Provider Identifier transition process and implementation for Georgia Medicaid providers
- Assisted the DCH Financial Management team in correcting the Federal Employer Identification information in the provider subsystem, which resulted in a substantial reduction in Internal Revenue Services fines
- Served as a project lead on the Business Lead for the Provider Subsystem in the new Medicaid Management Information System

## Georgia Better Health Care Provider Enrollment Unit (GBHC PEU)

The unit was a new addition to the Legal Services Section. The GBHC PEU acted as a gatekeeper for the Georgia Better Health Care and Georgia Enhanced Care (the Disease Management program) enrollment process. The staff reviewed applications for participation for both the Georgia Better Health Care group as well as the corresponding individual practitioners who were enrolling to manage members' care. All providers must have met the criteria for participation in the Georgia Better Health Care as indicated in the *Georgia Better Health Care, Part II Policy and Procedure Manual*. In addition the GBHC PEU:

- Reviewed network Termination Requests. Each termination was reviewed to determine the impact on assigned members and made a determination as to how and when the provider file would be terminated.
- Reviewed provider file Update Requests. Each update request was reviewed to determine the impact on members and validate that the requested change was not in contradiction with any Georgia Better Health Care Policy.
- Conducted Site Visits to validate that the provider practice met all enrollment criteria of the Georgia Better Health Care (as needed)
- Updated correspondence records; in calendar year 2007, GBHC updated 900 correspondence records with Affiliated Computer Systems (ACS)
- Served as subject matter experts for the Provider Subsystem in the new Medicaid Management Information System

## Division of Health Planning

### Certificate of Need (CON)

The Division of Health Planning administered the CON Program according to statutory and regulatory standards. The program required providers to obtain a CON before offering new services, purchasing major medical equipment, constructing new facilities or engaging in capital renovations that exceeded established capital expenditure and equipment thresholds. Several of the facilities, which must have complied with the CON rules, included 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 reviewed and issued Letters of non-reviewability for physician-owned, single-specialty ambulatory surgery centers and major medical equipment, both of which were exemptions to the CON statute. CON section issued Letters of Determination and provided guidance and insight to applicants on 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 was coordinated as a part of the Division's Certificate of Need function. Prior approved project proposals had statutory and regulatory mandatory beginning and completion schedules to insure the timely provision of services in the respective community. The state architect provided 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 updated the CON application, which was available on line, and developed new forms for Letters of Non-Reviewability and Letters of Determination requests, as well as other CON application supporting documents, all of which helped streamline the application process. CON activity was tracked weekly in the Certificate of Need Tracking and Appeals report, which was available at the department's Web site.

During FY 2008, 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, the health planning function of the Division and various other sections within DCH; managed the ongoing implementation of the Document Managing System; and managed the state's Patient's Right to Independent Review Process.

The Division also administered the Patient's Right to Independent Review Program which was a 1999 law (See O.C.G.A. § 33-20A-31 et seq.) which gave 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 was a continual upward trend in the number of requests for review that this section processed.

In the 2008 Session of the Georgia General Assembly, the legislature passed Senate Bill (SB) 433, signed into law by the Governor. SB 433 instituted the most comprehensive reform of the Georgia CON program since its inception in 1979. The CON reform changes were effective on July 1, 2008. SB 433 also transferred certain health care facility licensing functions of the Georgia Department Human Resources Office of Regulatory Services (ORS) to DCH effective July 1, 2009.

SB 433 created a new category of health care facility called a destination cancer hospital; it added new definitions to the health planning statute; it deregulated personal care homes that were not certified Medicaid providers from CON review; it created new exemptions from CON review for certain types of health care facilities like continuing care retirement communities and traumatic brain injury facilities; it increased the statutory dollar thresholds for capital expenditures, diagnostic and therapeutic equipment acquisitions, and for single specialty ambulatory surgery centers; it changed the definition of an exempt single specialty ambulatory surgery center to allow general surgeons and physiatrists to benefit from the exemption in certain circumstances; it changed the CON application review process to provide for a longer review period and to allow the Division of Health Planning to review services in a batching cycle; and it added numerous enforcement and revocation powers to the administration of the CON program.

The law also abolished the Health Strategies Council as of June 30, 2008 and created a newly-constituted Council as of July 1, 2008, with 13 members appointed by the Governor and affirmed the role of the Council as an advisory body to the DCH governing Board.

SB 433 abolished the State Health Planning Review Board as of June 30, 2008, and replaced it as of July 1, 2008, with a Certificate of Need Appeal Panel. The Appeal Panel was a five-member panel of attorneys appointed by the Governor to conduct initial administrative appeal hearings of CON applications.

On July 1, 2009, the licensure functions of ORS for hospitals and related institutions, including nursing homes and ambulatory surgery centers, home health agencies, private duty home care providers, personal care homes, employee records checks for personal care homes, and traumatic brain injury facilities transferred to DCH, along with the ORS employees who worked in these functional areas.

## Contracts Administration Section

The Contracts Administration Section managed the contracting process for DCH. The section was responsible for document review and drafting, contract management, file maintenance, training, and contingency planning. In accordance with its mandate, the section responded to contract needs of every division in the DCH. In FY 2008, Contracts Administration:

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:

- Drafted 52 new agreements
- Managed 149 contracts and handled 78 contract renewals and extensions and 14 contract terminations during that same period.
- Responded to the needs of DCH Project Leaders regarding contract interpretation, vendor compliance and dispute resolution
- Participated in four training sessions for DCH Project Leaders and staff on the contracting process.
- Worked with DCH Project Leaders to plan for alternative arrangements in the event of disruption of service under existing contracts.

# VI. Financial Services

## Overview

The Division of Financial Management was primarily responsible for the budget and accounting of the funds appropriated to DCH. The Chief Financial Officer, who oversaw the Financial Service's operations, represented 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 was 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** was 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 (DSS). The office provided 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 provided health benefit payment projections for Medicaid, PeachCare for Kids™ and the State Health Benefit Plan.

**Financial Services** (Accounting) was responsible for payments to providers, vendors and employees and prepared financial reports to ensure receipt of Medicaid, PeachCare for Kids™ (SCHIP) and other federal funding. This unit prepared annual financial statements for the agency and ensured the department complied with generally accepted accounting principles.

**Reimbursement Services** performed rate setting functions for the Medicaid and PeachCare for Kids™ programs and was comprised of units that supported Nursing Home and Long-Term Care payments, Hospital Payments and other non-institutional provider payments. This unit supported special financing projects such as the Upper Payment Limit and Disproportionate Share Hospital programs.

The **Budget Office** developed, requested, maintained and monitored DCH's budget. The Budget Officer represented DCH in the budget development process when DCH's request was reviewed by the Governor and General Assembly. The Budget Office ensured funding was available for departmental operations before liabilities were incurred and coordinated with the Office of Planning and Fiscal Analyses and Financial Services in budget development and expenditure monitoring, respectively.

## Accomplishments

In FY 2008, the Division was again instrumental in obtaining an unqualified opinion on the department's FY 2008 financial statements; an important classification that helped support the state's ability to obtain general revenue bonds for state-financed capital improvements across Georgia.

The Division facilitated significant changes in the Disproportionate Share Hospital (DSH) program in FY 2008. With the assistance of the Department's Hospital Advisory Committee, the Division conducted a re-evaluation of the eligibility criteria and the fund allocation methodology. The goals of the DSH program reform were to consider changes that directed DSH funds to hospitals most affected by uncompensated Medicaid and uninsured costs (i.e., those who are the most disproportionate) but that also recognized that hospitals relied on DSH as a Medicaid subsidy, even if they were not the most disproportionate. As a result of input from the Hospital Advisory Committee received in multiple meetings, the Division crafted program revisions and sought approval from the DCH Board and the CMS. The program revisions specifically included:

- Elimination of state-specific eligibility criteria, which allowed more hospitals to become DSH-eligible
- Use of an allocation formula that distributed funding based on a hospital's disproportionate provision of uncompensated care to the Medicaid and uninsured populations
- Use of payment floors and ceilings to mitigate any significant negative impact of transitioning to the new methodology in FY 2008

The Board approved the changes to the DSH program in November 2007 and CMS provided approval in early May 2008. The department made FY 2008 DSH payments using the new eligibility criteria and allocation methodology in late May 2008. For more information, see Appendix II.

The Division implemented updates to the inpatient hospital payment methodology that were effective January 1, 2008. Specifically, Reimbursement Services worked with EP&P, a hospital reimbursement consulting firm, to update hospital-specific base rates used in Diagnoses Related Group (DRG) payments for inpatient hospital services and to update the grouper used to determine reimbursement levels.

The Division created a new unit in the Reimbursement Services section to support the Federally Qualified Health Center (FQHC) and Rural Health Center provider groups. Due to federal mandates that drove Medicaid payment policy and their unique role in the provision of primary care services, particularly in rural and underserved communities, these providers merited specialized reimbursement service support. The new unit was comprised of a director and three reimbursement service professionals.

The Division received CMS approval in May 2008 to make supplemental payments to physician faculty practices in metropolitan statistical areas (MSA) affiliated with public teaching hospitals. These payments were made to provide additional financial support for medical education. Supplemental payments were based on the difference between the Medicare equivalent of the average commercial rate and the Medicaid payment. Eligible physician faculty practices consisted of those affiliated with the following:

- Medical College of Georgia Hospital
- Floyd Medical Center
- Grady Memorial Hospital
- Medical Center of Central Georgia
- Memorial Health University Medical Center
- Phoebe Putney Memorial Hospital
- Satilla Regional Medical Center
- The Medical Center

# VII. Office of Inspector General (OIG)

## Overview

The mission of the OIG was to safeguard DCH from risk, both internally and externally. The OIG provided a central point for coordination of and responsibility for activities that promoted accountability, integrity and efficiency. It consisted of four operational Units: Internal Investigations, Program Integrity, Medicaid Investigations and the Office of Audits.

## Accomplishments

In FY 2008, OIG was involved in recovering approximately $27.9 million including overpayments to Medicaid providers and Global Settlements with pharmaceutical companies. These monies were actual recoveries. Of the 1,349 cases opened, 860 were closed with findings, 233 were closed without findings and 17 were referred to the State Health Care Fraud Control Unit.

## Units

The **Internal Investigations Unit** investigated allegations of misconduct made against DCH employees concerning violations of Department policies, procedures and law. It also probed allegations of fraud, waste and abuse involving DCH employees, contractors, sub-contractors and vendors that had a potential to negatively affect the integrity of DCH, its reputation and its employees.

The **Program Integrity Unit** monitored the utilization habits and patterns of both members and providers of the Medicaid Community. This unit consisted of five teams including: Hospital, Pharmacy, Physician Services, Waivers and Professional Services. The purpose of the Program Integrity Unit was to guard against fraud, abuse and deliberate waste of Medicaid program services and benefits.

The **Medicaid Investigations Unit** identified and investigated fraud and abuse within the Medicaid and PeachCare for Kids™ programs (both provider and recipient). When investigations were complete and a complaint had been corroborated, provider cases were referred to the State Health Care Fraud Control Unit (SHCFCU) and recipient cases were referred to local law enforcement or the district attorney's office located within the jurisdiction of where the crime occurred. The unit also worked with Department of Health and Human Services-OIG and the FBI on cases that crossed over between Medicaid, Medicare and private insurance. These cases were usually prosecuted by the United States Attorney's Office. SHCFCU was composed of three state agencies including the Georgia Bureau of Investigation, the Georgia Attorney General's Office and the Georgia Department of Audits and Accounts (DOAA).

The **Office of Audits** conducted both internal and external audits and reviews. The main function of the DCH Office of Audits was to perform, coordinate, monitor and assist in all internal and external audits occurring at DCH. The office worked with the Georgia Department of Audits and Accounts, all other auditors and DCH staff before, during and after an audit to ensure that they received everything necessary to complete their work. In addition, the office received and reviewed dispositions audits and audit reports. Staff attended all entrance and exit conferences that pertained to an audit. They also helped write, implemented and followed-up on corrective actions as the result of an audit. Then, the staff wrote letters of agreement or disagreement related to audits or findings back to the initiating entity.

# VIII. Information Technology

## Overview

Information Technology (IT) was comprised of three units, including:

- **Medicaid Management Information System (MMIS**) unit - supported 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
- **State Health Benefit Plan (SHBP)** unit - supported the Member Enrollment Management System (MEMS) that provided health insurance coverage to SHBP members
- **Information Technology Infrastructure (ITI)** unit - supported all aspects of the computing environment for DCH and its attached agencies.

  IT staff was responsible for installing, configuring and supporting all network and desktop hardware and software. They supported network resource connectivity for in-house users, three remote sites, DCH teleworkers and field staff across Georgia. IT implemented and supported both desktop and WAN security measures ensuring a safe computing environment and compliance with federal regulations.

### MMIS

In March 2008, DCH received approval from the Centers for Medicare and Medicaid Services (CMS), and the Governor's office, to award a new Medicaid Management Information System (MMIS) contract to Electronic Data Systems. Immediately following this approval in March 2008, the Design Development and Implementation (DDI) phase of the project began. The DDI phase had a completion date of July 1, 2010.

- Successful completion of the conversion to a new National Provider Identifier (NPI)
- Enhanced Program Integrity
- Replaced multiple legacy provider Medicaid numbers

### SHBP

In 2008, the SHBP unit of IT awarded Expersolve a contract to convert DCH's Member Enrollment Management System (MEMS) TOTAL Database Management System to IBM's DB2 Relational Database Management System. This project had a completion date of August 2009.

Additional online reports were developed to assist the SHBP employers with maintaining employee health coverage records. Particularly well-received was the Proof Billing Statement. This report allowed the employers to verify health benefit coverage transactions prior to the final monthly billing. Prompt corrective action could be taken to prevent coverage disruption for the employee and accounting reconciliation items.

### ITI

Three key associates spent more than 60 percent of their time in the Georgia Technology Authority's (GTA) GAIT2010 Project. The GAIT2010 project's purpose was to outsource the GTA data center, which were housed in the state's 12 largest agencies and the state's voice and data communication network. One vendor was selected for the IT Infrastructure and one was selected for the Voice and Data Communication network.

Security for DCH's overall IT environment was enhanced by encrypting all of DCH's laptop computers. An initiative also began to encrypt all desktop computers. This effort ended in early FY 2009. All backup files that were stored off-site were encrypted.

An initiative also began to establish a standard operating system for all laptop and desktop computers. This effort was completed in mid 2009.

# IX. Office of Health Information Technology and Transparency (HITT)

## Overview

The Office of Health Information Technology and Transparency (HITT) formed in January 2008 within Georgia's Department of Community Health. The office responsibilities include leading the State's strategic efforts for health information technology (HIT) adoption and health information exchange (HIE) among health care providers to improve health care delivery for consumers, health care professionals and providers.

The HITT strategy was to encourage the transparency of health information and the development of systems that worked together to communicate and secure health information exchange across provider and payer groups. The HITT goals and objectives included:

- Encouraging universal e-prescribing
- The implementation of the Georgia HIE Grant Program
- Developing and promoting the value of health information technology and transparency
- Development and implementation of a Transparency Web site for health care consumers and practitioners that provides quality, cost, and other health care information to be used to make informed health care decisions
- Conducting HITT outreach and consumer education activities
- Promoting the adoption of electronic health records (EHR)

## Initiatives and Accomplishments

In FY 2008, the Office of HITT had numerous accomplishments in the area of health information technology. They include the following:

*HITT Advisory Board*

The Board was charged with the task of being strategic advisors to DCH on health information technology and encouraging the adoption of electronic health information. It included 12 members and approximately 16 ad hoc members with expertise in a variety of health care areas.

*HIE Pilot Grant Program*

DCH implemented a health information exchange grant program to provide funding to health care entities to assist them in planning and implementing exchanges with organizations in their geographic areas. Some of the accomplishments with the HIE Grant Program were:

- Awarded $853,088 in HIE grants to four organizations that will help foster the development of HIE, electronic prescribing, and/or adoption of EHR across Georgia
- Completed a mid-year assessment of Year 1 grantees. The grantees, their award amount along with their projects are listed below:

- Revised grant criteria for second year grants to include requirement for cash match cash match by grantee
- Released second year grant notice

**Table 10 HIE Grant Award**

| HIE Grant Awards | | |
|---|---|---|
| **Grantee** | **Amount** | **Grant Project** |
| Chatham County Safety Net Planning Council, Inc. | $272,588 | Planning and implementation of an Electronic Health Record and e-Prescribing |
| East Georgia Health Care Center, Inc. | $250,000 | Planning and implementation of e-prescribing |
| Sumter Regional Hospital | $250,000 | Planning and implementation of an Electronic Health Record |
| Washington County Regional Medical Center and Extended Care Facility | $80,500 | Planning of an Electronic Health Record |

*Source: DCH Grant and Vendor Management for FY 2008 Annual Report*

*Health Information Security and Privacy Collaboration (HISPC)*

Georgia was selected to participate with 42 other states to address issues related to the privacy and security of electronic health information. HISPC accomplishments include the following:

- DCH submitted a proposal to participate in HISPC with seven other states. The purpose of the Collaborative was to build consumer trust in privacy and security of electronic health information
- Awarded $202,000 from RTI to work with the Consumer Education and Engagement Collaborative on developing training materials for a privacy and security toolkit. The materials and outreach efforts were developed to educate consumers about privacy and security of health information and to address consumers privacy and security concerns
- Attended national HISPC meetings to meet with collaborating states and share information on the workgroups
- Developed a HISPC Fact Sheet to inform interested parties about the project
- Created a glossary of Security and Privacy Terms
- Provided HISPC content for the Transparency Web site

*Transparency Web site for the Health Care Consumer*

The Transparency Web site was envisioned as a source of information for consumers to make more informed decisions when making choices about their health care. The accomplishments include:

- Received a $3,929,855 Medicaid Transformation Grant from Centers for Medicare and Medicaid Services (CMS) to assist with the implementation of Transparency Web site for health care consumers.
- Developed and released Request for Proposals (RFP) for Transparency Web site Design and Hosting
- Awarded Contract to IBM to develop and host the Transparency Web site

- Developed and released RFQ for and External Evaluator for the Transparency Web site
- Awarded contract to TDM Business Tool Suit to develop an Evaluation Plan for the Web site
- Developed and released a RFQ for Independent Verification and Validation Services. Awarded contract to CSG
- Developed Transparency Web site fact sheet

### *Georgia Rx Exchange*

In March 2008 Governor Sonny Purdue issued an Executive Order creating the Georgia Rx Exchange program would exchange pharmaceutical information and medication history among state agencies, including DCH the Department of Corrections, the Department of Juvenile Justice and the Department of Human Resources to improve coordination of care, patient safety and healthcare efficiency. The accomplishments of the program include:

- Developed the Georgia Rx Exchange Roadmap
- Held multi-agency organizational meetings
- Identified technical and clinical business teams
- Developed baseline assessment tools
- Developed high-level project time line
- Developed high-level project budget for FY2009 and FY2010
- Developed Georgia Rx Exchange Fact Sheet

### *EHR Demonstration Project*

The U. S. Secretary of Health and Human Services named DCH Commissioner, Dr. Rhonda Medows, to serve as a leader for Georgia communities participating in the national EHR Demonstration project. The accomplishments of this initiative include the following:

- Submitted an application on behalf of the Georgia Electronic Health Record Community Partnership for the EHR Demonstration project to participate in a research project to study the impact of incentives on EHR adoption by primary care providers
- Georgia was selected as one of 12 communities nation wide to participate in the Medicare EHR Demonstration project
- Convened the EHR Community Workgroup to develop the Physician Recruitment Strategy, provide physician education and leverage the public private collaborations that will provide additional incentives/discounts to encourage physician adoption of EHR
- Created EHR partners, vendors and physician distribution list
- Developed EHR fact sheet
- Developed outline of meeting objectives and goals

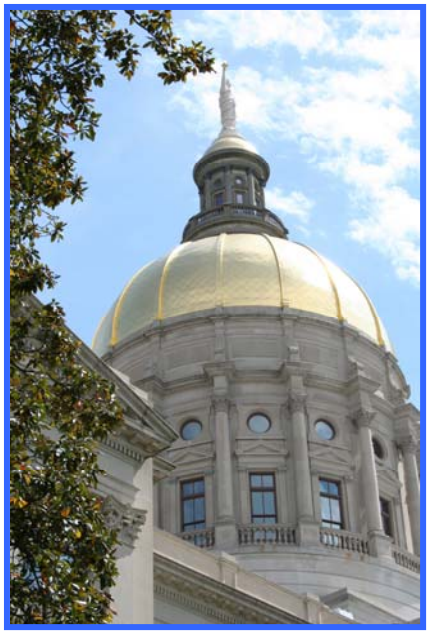
### *Health Information Security and Privacy Collaborative*

DCH submitted a proposal to participate in the Health Information Security and Privacy Collaborative (HISPC) with seven other states: Colorado, Kansas, Massachusetts, New York, Oregon, Washington and West Virginia. The purpose of the collaborative was to build consumer trust in privacy and security of electronic health information. The Office of HITT was awarded a $202,000 contract from Research Triangle Institute to develop training materials that described the benefits and risks of HIE for the Consumer Education and Engagement Collaborative. The materials and outreach efforts educated consumers about privacy and security of health information and addressed consumers' privacy and security concerns.

# X. Legislative and External Affairs

## Overview

The Office of Legislative Affairs served as DCH's primary point of contact for all activities related to the Georgia General Assembly and the annual Legislative Session. During the FY 2008 Session, the DCH legislative unit analyzed bills and shapes legislative strategies specific to Medicaid, SHBP and health care in general.



The Legislative and External Affairs Unit was also responsible for the development and direction of DCH's legislative goals and agenda. The external affairs function was 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 sought to develop and maintain effective working relationships with legislative and advocacy groups on a local, state and national level. The office advised, coordinated and directed internal policies related to legislative and political issues that affected DCH. Additionally, the office coordinated the implementation of legislation by reviewing newly enacted legislation for provisions that affected DCH.

The Office of Constituent Services (OCS) assisted DCH in providing customer service for Georgia's Medicaid program. OCS interacted daily with members, providers, legislators and others, as well as helped Georgians understand the Medicaid program and the department's business functions as a whole. OCS responded to thousands of calls, e-mails, letters, faxes and inquiries on the Medicaid program.

# XI. Office of Communications

The Office of Communications oversaw DCH's media relations, public relations, strategic communications, Web site operations and customer service goals.

The Communications Office produced 38 press releases, answered numerous press contacts and was active in other initiatives, such as:

- Producing the FY 2006 and FY 2007 Annual Reports
- Editing documents to conform to DCH style
- Updating the DCH Style Guide
- Creating posters highlighting each DCH program
- Completing the Fact Sheet inventory
- Coordinating DVD script and production - wrote, edited and produced two DVD presentations
  - Medicaid: We're Here to Help You
  - Women's Health Summit Introduction

To fulfill the Governor's request that DCH develop and carry out Customer Service Initiatives for FY 2008, the Communications Office:

- Offered 12 Lunch and Learns, averaging about 18 people each. One-hundred percent of the people surveyed thought the programs offered were a good use of their time, up from 84 percent in 2006.
- Placed 12 Employees of the Month on Internet and Intranet sites
- Trained 213 people on all five modules of the Art of Exceptional Customer Service classes. DCH had 529 appropriated positions in FY 2008
- 96 percent of staff responding to a survey said they had been involved in some sort of CS activity over the past year. (N=125)
- 72 percent of DCH employees who answered the survey above thought customer service between colleagues had been very positively or positively affected over the last year
- Completed the filming of "Medicaid is Here to Help You" DVD to be distributed in FY 2009
- Created and developed Medicaid Information Center (MIC) pilot project, which was to go live in FY 2009. MIC places surplus computers and printers in towns in Georgia that have few public-access computers. These computers contain only Medicaid eligibility and application information.
- Negotiated with the Governor's Office of Customer Service to begin a Rapid Process Improvement (RPI) project involving PeachCare for Kids™ and Right from the Start Medicaid applications to improve eligibility determination
- Worked with State Health Benefit Plan to learn how reforms in their system resonated with their customers.

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

## Georgia Board for Physician Workforce

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

## State Medical Education Board

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

For more information on DCH's attached agencies, go to:
http://dch.georgia.gov/00/channel_title/0,2094,31446711_31452419,00.html

# Appendix I: Georgia Volunteer Health Care Program

## Georgia Volunteer Health Care Program (GVHCP)

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 offered 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.

Estimated Values of Volunteer Services
The following values are per hour and are offered as a suggested guideline for participating clinics to use in estimating the value of volunteer services received. Reported value of hours may not exceed these hourly rates:

## Estimated Values of Volunteer Services

**Table 11 Estimated Values of Volunteer Services**

| Service | Rate |
|---|---|
| ARNP/PA | $75/hour |
| Chiropractor | $90/hour |
| Dental Assistant | $19.51/hour |
| Dental Hygienist | $25/hour |
| Dentist | $200/hour |
| Licensed Practical Nurse | $25/hour |
| Optometrist | $50/hour |
| Pharmacist | $75/hour |
| Physical Therapist | $60/hour |
| Physician | $250/hour |
| Registered Nurse | $35/hour |
| Respiratory Therapist | $40/hour |
| Social Worker | $50/hour |
| Support Staff | $19.51/hour |

*Source: GVHCP quarterly reports*

# FY 2008 Year-End Report

**Table 12 GVHP Year-End Report**

| | | |
|---|---|---|
| **1** | **Number of Participating Clinics/Organizations** | **49** |
| **2** | **Total Number of Patient Visits**<br>*A patient visit is a face-to-face meeting between a patient and a health care professional in order to receive medical/dental services* | **62,521** |
| **3** | **Total Number of Active Health Care Providers Participating in the Program**<br>*Total number of contracted and non-contracted volunteer providers that are actively participating in the program.* | **1,251** |
| **4** | **Total Number of Licensed Volunteer Health Care Provider Hours** | **48,259** |
| **5** | **Total Dollar Value of Services Donated by Licensed Volunteer Health Care Providers**<br>*To be determined by: (1) An hourly rate based on the figures to the right; (2) Actual cost of services; or (3) Value based on visits or referrals.* | **$6,950,335** |
| **6** | **Total Dollar Value of Donations Received by Participating Clinics**<br>*Donations include items such as: monies, pharmaceuticals, eyeglasses, labs, x-rays, equipment, etc. Does not include grants*<br>. | **$7,226,575** |
| **7** | **Total Number of Active Georgia Department of Community Health Volunteers (Eligibility Specialists)**<br>*Includes DCH volunteers who complete the patient Financial Eligibility and Referral Forms.* | **481** |
| **8** | **Total Number of Eligibility Specialist Volunteer Hours**<br>*Includes DCH volunteers who complete the patient Financial Eligibility and Referral Forms.* | **22,611** |
| **9** | **Total Dollar Value of Services Donated by Eligibility Specialist Volunteers**<br>*Multiply number 8 by $19.51* | **$441,141** |
| **10** | **Total Number of General Administrative Volunteers**<br>*Volunteers performing general administrative duties such as: answering telephones, making copies, filing patient records, etc.* | **807** |
| **11** | **Total Number of General Administrative Volunteer Hours** | **56,226** |
| **12** | **Total Dollar Value of Services Donated by General Administrative Volunteers**<br>*Multiply number 11 by $19.51* | **$1,096,970** |
| **13** | **Total Dollar Value of Services Provided Through the Georgia Volunteer Health Care Program**<br>*Add numbers 5, 6, 9, 12* | **$15,715,021** |

# Appendix II: Indigent Care Trust Fund Briefing Document

How Funds are Received and Used by the Indigent Care Trust Fund:

Contributions made to the Indigent Care Trust Fund (ICTF) by non-federal sources include:

- Intergovernmental transfers from hospitals that participated in the Disproportionate Share Hospital (DSH) program. The DSH program helped to compensate hospitals for their uncompensated indigent care[1];
- Nursing home provider fees[2];
- Care Management Organizations quality assessment fees[3];
- Penalties related to the non-compliance of Certificate of Need (CON) requirements[4];
- Ambulance license fees; and
- Fees collected from the sale of Breast Cancer License Tags[5].

The ICTF is also allowed to retain for use interest earned from funds contributed into the trust fund[6].

As required by Georgia statute, contributions to the ICTF are matched with federal funds or other funds from a public source or charitable organization[7]. The type of match applied to the ICTF contribution is dependent on the use of the funds. The primary source of federal matching funds is Title XIX of the Social Security Act (Medicaid) and the Disproportionate Share Hospital Program (also Medicaid).

Unless otherwise precluded, uses of Indigent Care Trust Funds are limited to any one or a combination of the following:

- To expand Medicaid eligibility and services;
- For programs to support rural and other healthcare providers, primarily hospitals, who serve the medically indigent; and/or
- For primary healthcare programs for medically indigent citizens and children of this state[8].

[1] OCGA 31-8-153
[2] OCGA 31-8-163
[3] OCGA 31-8-172
[4] OCGA 31-8-153.1
[5] OCGA 40-2-86.8(f)(1)
[6] OCGA 31-8-156(a)
[7] OCGA 31-8-156(c)
[8] OCGA 31-8-154

There are three exclusions:

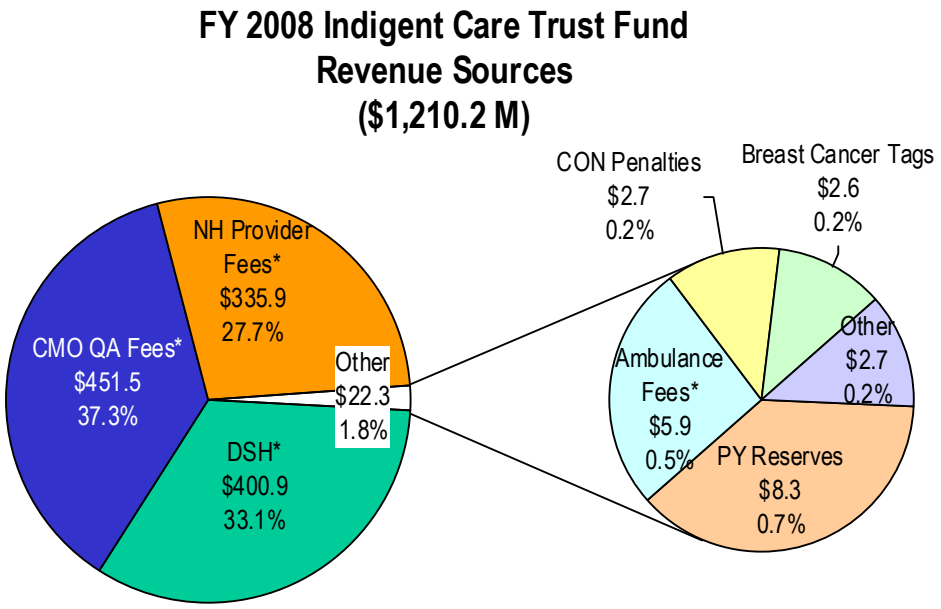
- Georgia statute requires Nursing Home Provider Fees be remitted to the Indigent Care Trust Fund to be matched with federal Medicaid funds and made available for the provision of support to nursing homes that disproportionately serve the medically indigent[9].
- Georgia statute requires Care Management Organization (CMO) Quality Assessment (QA) Fees be remitted to the Indigent Care Trust Fund to obtain federal financial participation for medical assistance payments to one or more providers pursuant to Article 7 of Chapter 4 of Title 49 (i.e., the Georgia Medical Assistance Act of 1977) or for purposes as authorized for expenditures from the trust fund[10].
- Proceeds from the sale of breast cancer license tags are to be used to fund cancer screening and treatment related programs for those persons who are medically indigent and may have breast cancer. Such programs may include education, breast cancer screening, grants-in-aid to breast cancer victims, pharmacy assistance programs for breast cancer victims, and other projects to encourage public support for the special license plate and the activities which it funds.

[9] OCGA 31-8-166
[10] OCGA 31-8-174(a)

## Sources of Revenue for FY 2008:

| | FY 2008 |
|---|---|
| Federal Medicaid Disproportionate Share Hospital (DSH) Funds | $252,974,446 |
| Intergovernmental Transfers from Hospitals for DSH | 134,241,092 |
| State Funds for DSH | 13,713,384 |
| *SUBTOTAL for DSH* | *$400,928,922* |
| Care Management Organization (CMO) Quality Assessment (QA) Fees | $153,360,265 |
| Matching Federal Medicaid Funds for CMO QA Fees | 235,151,142 |
| Matching Federal PeachCare for Kids™ Funds for CMO QA Fees | 63,021,295 |
| *SUBTOTAL CMO QA Fees* | *$451,532,702* |
| Nursing Home (NH) Provider Fees | $120,805,958 |
| Matching Federal Medicaid Funds for NH Provider Fees | 215,064,801 |
| *SUBTOTAL NH Provider Fees* | *$335,870,759* |
| Breast Cancer License Tag Fees | $ 1,129,490 |
| Prior Year Reserves from Breast Cancer License Tag Fees | 965,262 |
| State Funds for Georgia Cancer Coalition | 500,000 |
| *SUBTOTAL for Breast Cancer* | *$ 2,594,752* |
| Ambulance Licensure Fees | $ 2,140,952 |
| Matching Federal Medicaid Funds for Ambulance Licensure Fees | 3,721,599 |
| *SUBTOTAL Ambulance Licensure Fees* | *$ 5,862,551* |
| Prior Year Reserves | $ 8,346,142 |
| Certificate of Need Penalties | 2,728,787 |
| Other Federal Medicaid Funds | 1,765,885 |
| ICTF Interest | 607,311 |
| **Total** | **$1,210,237,811** |

**Figure 17 Indigent Care Trust Fund Revenue Sources**




All figures in millions
* includes federal matching funds

*Source: DCH Accounting*

# FY 2008 Expenditures

**Table 13 FY 2008 Expenditures**

| | FY 2008 |
|---|---|
| Disproportionate Share Hospital Payments | $400,909,558 |
| Medicaid Payments Financed by CMO QA Fees | 451,532,702 |
| Medicaid Payments to Nursing Homes Financed by NH Provider Fees | 335,870,759 |
| Medicaid Upper Payment Limit Payments to address CMS disallowance[11] | 2,914,002 |
| Ambulance Medicaid Rate Subsidy | 5,862,551 |
| Breast Cancer Initiatives | 510,809 |
| Health Disparities Grant for HIV/AIDS | 100,000 |
| **Total** | **$1,197,700,381** |

## FY 2008 Funds Reserved for Specific Use in FY 2009:

**Table 14 FY 2008 Funds Reserved for Specific Use in FY 2009**

| | |
|---|---|
| Breast Cancer Initiatives (from Tag Receipts) | $2,083,943 |
| Health Disparities Grant | 900,000 |
| Health Information Exchange Initiatives | 2,750,000 |
| Mental Health E-Prescribing Initiative | 3,000,000 |
| **Total Reserved for Specific Use in FY 2009** | **$ 8,733,943** |

*Source: DCH Accounting*

[11] The Centers for Medicaid and Medicare Services disallowed a series of calendar year 2002 Upper Payment Limit payments made to Erlanger and T.C. Thompson hospitals. These hospitals are located in Chattanooga, TN but serve the north Georgia region as a trauma center and children's hospital, respectively. Like other public and critical access hospitals serving Georgia Medicaid members, the state made UPL payments to those hospitals financed with intergovernmental transfers. CMS ruled that the state could not accept an IGT from an out of state public provider and disallowed the federal share of payment. The state successfully pursued legal remedy against CMS; however, later determined it was not in the best interest of the state to continue with its position after CMS appealed to the US District Court. To maintain the UPL funds earned by these 2 hospitals, the state utilized CON penalties to replace the hospital's IGT's to support the state share of the UPL payments.

# Appendix III: Georgia Electronic Health Records Community Partners

Georgia's Electronic Health Records (EHR) Community Partners represent diverse collaborations of public and private organizations committed to expanding the use of Health Information Technology.

The Partners assisted CMS with outreach activities, education and recruitment of eligible primary care physician practices in their communities. The Partners also collaborated with CMS on an ongoing basis in an effort to assist them in achieving the goal of leveraging the combined forces of private and public payers to implement similar incentive programs to further drive physician practices to widespread adoption of EHRs.

- Albany Internal Medicine (AIM)
- American College of Physicians (ACP) Georgia Chapter
- Amerigroup
- APS Healthcare
- Archbold Medical Center
- Blue Cross Blue Shield of Georgia (BCBSGa)
- Business Computer Applications
- Center for Health Transformation (CHT)
- Chatham County Safety Net Planning Council (Council)
- Cobb County Community Services Board (CCSB)
- Emory Healthcare
- Gainesville Eye Associates
- Georgia Association for Primary Health Care (GAPHC)
- Georgia Department of Community Health - Medical Assistance Plans
- Georgia Department of Community Health - State Health Benefit Plan
- Georgia Department of Human Resources (DHR) Division of Public Health
- Georgia Medical Care Foundation (GMCF)
- Georgia State Medical Association
- Georgia State Senator Judson Hill
- Georgia Statewide Area Health Education Center (AHEC)
- Health Systems Institute (HSI)
- Healthcare Billing and Management Association (HBMA)
- HIMformatics
- Institute of Health Administration of the Robinson College of Business at Georgia State University
- Intel American, Inc.
- Kaiser Permanente
- McDuffie Medical Associates (MMA)
- Medical Association of Georgia (MAG)
- Memorial University Medical Center
- Morehouse School of Medicine
- North Fulton Family Medicine
- North Highland Company
- Peach State Health Plan
- Quest Diagnostics
- Savannah Business Group (SBG)
- State Office of Rural Health (SORH)
- The Meridian Group
- UnitedHealth Group

**Provider Name/Address/County**

Bacon County Hospital, 302 South Wayne Street, PO Drawer 1987, Alma, Georgia 31510-0987
Bacon County

Bleckley Memorial Hospital, 408 Peacock Street, PO Box 536, Cochran, Georgia 31014-1559
Bleckley County

Brooks County Hospital, 903 N. Court Street, PO Box 5000, Quitman, Georgia 31643-1315
Brooks County

Calhoun Memorial Hospital, 209 Academy Avenue SE, PO Drawer R, Arlington, Georgia 31713
Calhoun County

Candler County Hospital, 400 Cedar Street, PO Box 597, Metter, Georgia 30439
Candler County

Charlton Memorial Hospital, 1203 North Third Street, PO Box 188, Folkston, Georgia 31537
Charlton County

Chatuge Regional Hospital, 110 East Main Street, Hiawassee, Georgia 30546-2212
Towns County

Clinch Memorial Hospital, 524 Carswell Street, PO Box 5156, Homerville, Georgia 31634-1507
Clinch County

Early Memorial Hospital, 630 Columbia Road, Blakely, Georgia 31723-1710
Early County

Effingham Hospital, 459 Georgia Highway 119 South, PO Box 386, Springfield, Georgia 31329
Effingham County

Higgins General Hospital, 200 Allen Memorial Drive, PO Box 655, Bremen, Georgia 30110-2012
Haralson County

Jasper Memorial Hospital, 898 College Street, Monticello, Georgia 31064-1258
Jasper County

Jeff Davis Hospital, 163 South Tallahassee Street, PO Box 1690, Hazlehurst, Georgia 31539
Jeff Davis County

Jenkins County Hospital, 931 East Winthrope Avenue, Millen, Georgia 30442-1823
Jenkins County

Liberty Regional Medical Center, 462 E. G. Miles Parkway, Lewis Ashmore Medical Park
Hinesville, Georgia 31313
Liberty County

Louis Smith Memorial Hospital, 852 Thigpen Avenue, Lakeland, Georgia 31635-1006
Lanier County

Miller County Hospital, 209 North Cuthbert Street, PO Box 7, Colquitt, Georgia 31737-1015
Miller County

Minnie G. Boswell Memorial Hospital, 1201 Siloam Road, Greensboro, Georgia 30642-2811
Greene County

Mitchell County Hospital, 90 E. Stephens Street, PO Box 639, Camilla, Georgia 31730
Mitchell County

Monroe County Hospital, 88 Martin Luther King, Jr. Drive, PO Box 1068, Forsyth, Georgia 31029-1682
Monroe County

Morgan Memorial Hospital, 1077 South Main Street, PO Box 860, Madison, Georgia 30650-2073
Morgan County

Mountain Lakes Hospital, 196 Ridgecrest Circle, Clayton, Georgia 30525
Rabun County

Peach Regional Medical Center, 601 Blue Bird Blvd., PO Box 1799, Fort Valley, Georgia 31030
Peach County

Phoebe Worth Medical Center, 807 South Isabella Street, PO Box 545, Sylvester, Georgia 31791
Worth County

Polk Medical Center, 424 North Main Street, Cedartown, Georgia 30125
Polk County

Putnam General Hospital, 101 Greensboro Highway, PO Box 4330, Eatonton, Georgia 31024-6007
Putnam County

Screven County Hospital, 215 Mims Road, Sylvania, Georgia 30467-1994
Screven County

Southwest Georgia Regional Medical Center, 109 Randolph Street, Cuthbert, Georgia 31740-1338
Randolph County

Stewart-Webster Hospital, 300 Alston Street, PO Box 190, Richland, Georgia 31825
Stewart County

Sylvan Grove Hospital, 1050 McDonough Road, Jackson, Georgia 30233
Butts County

Tattnall Community Hospital, 247 South Main Street, Reidsville, Georgia 30453
Tattnall County

Telfair Regional Hospital,, Highway 341, PO Box 150, McRae, Georgia 31055-0150
Telfair County

Warm Springs Medical Center, 5995 Spring Street, PO Box 8, Warm Springs, Georgia 31830
Meriwether County

Wheeler County Hospital, 111 North Third Street, PO Box 398, Glenwood, Georgia 30428
Wheeler County

Wills Memorial Hospital, 120 Gordon Street, PO Box 370, Washington, Georgia 30673
Wilkes County

# Appendix IV: SHBP Members Average and Payments by County FY 2008

**Table 15 SHBP Members Average and Payments by County**

| County | Members Avg | Net Payments | Payment Per Member | % of Members Avg |
|---|---|---|---|---|
| Appling | 1,786.5 | $7,335,130.89 | $4,106 | 0.3% |
| Atkinson | 792.8 | $3,353,611.42 | $4,230 | 0.1% |
| Bacon | 1,105.9 | $4,139,823.80 | $3,743 | 0.2% |
| Baker | 241.7 | $731,705.54 | $3,028 | 0.0% |
| Baldwin | 8,434.2 | $30,057,498.88 | $3,564 | 1.2% |
| Banks | 1,649.5 | $5,880,237.68 | $3,565 | 0.2% |
| Barrow | 5,628.3 | $17,038,209.90 | $3,027 | 0.8% |
| Bartow | 7,806.3 | $27,059,313.25 | $3,466 | 1.1% |
| Ben Hill | 1,605.1 | $8,673,017.70 | $5,403 | 0.2% |
| Berrien | 1,762.2 | $8,716,749.27 | $4,947 | 0.3% |
| Bibb | 11,063.8 | $43,083,101.76 | $3,894 | 1.6% |
| Bleckley | 1,374.5 | $6,057,185.50 | $4,407 | 0.2% |
| Brantley | 1,370.3 | $5,030,503.11 | $3,671 | 0.2% |
| Brooks | 1,027.5 | $3,982,918.60 | $3,876 | 0.2% |
| Bryan | 2,324.9 | $7,461,131.02 | $3,209 | 0.3% |
| Bulloch | 5,402.6 | $23,969,652.08 | $4,437 | 0.8% |
| Burke | 1,797.6 | $5,769,168.98 | $3,209 | 0.3% |
| Butts | 2,365.0 | $6,036,407.56 | $2,552 | 0.3% |
| Calhoun | 721.8 | $2,240,127.97 | $3,103 | 0.1% |
| Camden | 2,238.0 | $8,990,629.43 | $4,017 | 0.3% |
| Candler | 946.7 | $3,240,963.65 | $3,424 | 0.1% |
| Carroll | 9,504.9 | $31,163,162.95 | $3,279 | 1.4% |
| Catoosa | 3,347.1 | $10,382,288.05 | $3,102 | 0.5% |
| Charlton | 730.7 | $3,033,715.36 | $4,152 | 0.1% |
| Chatham | 12,867.5 | $41,270,521.23 | $3,207 | 1.9% |
| Chattahoochee | 159.8 | $832,665.48 | $5,210 | 0.0% |
| Chattooga | 2,764.4 | $10,950,603.54 | $3,961 | 0.4% |
| Cherokee | 16,092.2 | $48,987,255.29 | $3,044 | 2.4% |
| Clarke | 6,737.8 | $21,805,426.15 | $3,236 | 1.0% |
| Clay | 263.2 | $731,186.12 | $2,778 | 0.0% |
| Clayton | 12,495.3 | $24,454,886.91 | $1,957 | 1.8% |
| Clinch | 894.3 | $3,481,996.47 | $3,893 | 0.1% |
| Cobb | 35,882.3 | $106,198,153.57 | $2,960 | 5.3% |
| Coffee | 3,370.2 | $16,117,384.15 | $4,782 | 0.5% |
| Colquitt | 4,122.8 | $17,611,368.00 | $4,272 | 0.6% |
| Columbia | 8,963.5 | $27,099,302.14 | $3,023 | 1.3% |
| Cook | 1,478.3 | $6,883,690.77 | $4,657 | 0.2% |
| Coweta | 9,525.3 | $29,018,706.10 | $3,046 | 1.4% |

| County | Members Avg | Net Payments | Payment Per Member | % of Members Avg |
|---|---|---|---|---|
| Crawford | 1,181.7 | $3,912,340.52 | $3,311 | 0.2% |
| Crisp | 1,838.9 | $6,643,098.65 | $3,613 | 0.3% |
| Dade | 850.1 | $2,146,929.12 | $2,526 | 0.1% |
| Dawson | 2,138.8 | $6,926,080.32 | $3,238 | 0.3% |
| DeKalb | 40,403.3 | $91,204,949.65 | $2,257 | 5.9% |
| Decatur | 2,595.3 | $9,066,086.82 | $3,493 | 0.4% |
| Dodge | 2,755.6 | $8,425,556.03 | $3,058 | 0.4% |
| Dooly | 929.3 | $2,999,265.03 | $3,228 | 0.1% |
| Dougherty | 7,116.8 | $27,663,402.95 | $3,887 | 1.0% |
| Douglas | 9,408.2 | $25,060,864.33 | $2,664 | 1.4% |
| Early | 1,216.7 | $3,539,590.35 | $2,909 | 0.2% |
| Echols | 80.3 | $246,910.32 | $3,077 | 0.0% |
| Effingham | 3,362.2 | $10,776,201.30 | $3,205 | 0.5% |
| Elbert | 2,003.0 | $5,769,100.93 | $2,880 | 0.3% |
| Emanuel | 3,065.8 | $12,106,416.48 | $3,949 | 0.4% |
| Evans | 1,286.1 | $5,090,857.67 | $3,958 | 0.2% |
| Fannin | 1,803.7 | $6,098,050.24 | $3,381 | 0.3% |
| Fayette | 9,405.4 | $26,946,994.60 | $2,865 | 1.4% |
| Floyd | 8,782.6 | $36,468,696.35 | $4,152 | 1.3% |
| Forsyth | 8,469.1 | $27,674,393.57 | $3,268 | 1.2% |
| Franklin | 2,348.2 | $8,383,020.63 | $3,570 | 0.3% |
| Fulton | 41,067.8 | $113,478,025.18 | $2,763 | 6.0% |
| Gilmer | 1,488.8 | $5,130,405.61 | $3,446 | 0.2% |
| Glascock | 348.9 | $1,082,945.65 | $3,104 | 0.1% |
| Glynn | 5,558.8 | $23,170,735.16 | $4,168 | 0.8% |
| Gordon | 4,211.6 | $14,512,831.16 | $3,446 | 0.6% |
| Grady | 2,045.2 | $6,813,639.33 | $3,332 | 0.3% |
| Greene | 1,086.3 | $3,523,959.07 | $3,244 | 0.2% |
| Gwinnett | 42,557.2 | $100,509,954.38 | $2,362 | 6.2% |
| Habersham | 4,657.9 | $14,231,584.26 | $3,055 | 0.7% |
| Hall | 13,309.9 | $43,812,884.61 | $3,292 | 2.0% |
| Hancock | 1,504.8 | $5,815,197.00 | $3,864 | 0.2% |
| Haralson | 2,720.6 | $10,762,823.08 | $3,956 | 0.4% |
| Harris | 2,127.7 | $7,965,478.62 | $3,744 | 0.3% |
| Hart | 1,497.7 | $4,863,459.02 | $3,247 | 0.2% |
| Heard | 706.8 | $2,642,412.37 | $3,739 | 0.1% |
| Henry | 17,380.9 | $40,253,234.70 | $2,316 | 2.5% |
| Houston | 8,311.4 | $29,982,578.16 | $3,607 | 1.2% |
| Irwin | 791.1 | $3,121,631.13 | $3,946 | 0.1% |
| Jackson | 6,259.9 | $18,664,071.53 | $2,982 | 0.9% |
| Jasper | 1,062.4 | $2,961,755.13 | $2,788 | 0.2% |
| Jeff Davis | 1,433.8 | $5,202,563.01 | $3,628 | 0.2% |

| County | Members Avg | Net Payments | Payment Per Member | % of Members Avg |
|---|---|---|---|---|
| Jefferson | 1,839.3 | $4,198,786.13 | $2,283 | 0.3% |
| Jenkins | 823.8 | $2,917,778.40 | $3,542 | 0.1% |
| Johnson | 1,047.3 | $3,981,903.88 | $3,802 | 0.2% |
| Jones | 2,015.1 | $6,609,328.04 | $3,280 | 0.3% |
| Lamar | 1,557.9 | $5,680,284.97 | $3,646 | 0.2% |
| Lanier | 586.0 | $2,187,728.00 | $3,733 | 0.1% |
| Laurens | 5,360.9 | $22,133,839.17 | $4,129 | 0.8% |
| Lee | 2,299.6 | $7,454,203.53 | $3,242 | 0.3% |
| Liberty | 2,664.0 | $8,035,359.85 | $3,016 | 0.4% |
| Lincoln | 771.8 | $2,868,242.89 | $3,716 | 0.1% |
| Long | 685.3 | $2,460,363.49 | $3,590 | 0.1% |
| Lowndes | 7,958.8 | $32,940,824.29 | $4,139 | 1.2% |
| Lumpkin | 1,799.8 | $5,722,724.44 | $3,180 | 0.3% |
| Macon | 1,052.4 | $3,734,793.39 | $3,549 | 0.2% |
| Madison | 2,258.3 | $7,846,543.94 | $3,475 | 0.3% |
| Marion | 496.2 | $1,615,879.50 | $3,257 | 0.1% |
| McDuffie | 2,082.1 | $7,655,236.72 | $3,677 | 0.3% |
| McIntosh | 910.4 | $2,668,451.18 | $2,931 | 0.1% |
| Meriwether | 2,099.6 | $8,388,638.96 | $3,995 | 0.3% |
| Miller | 697.7 | $2,409,181.35 | $3,453 | 0.1% |
| Mitchell | 2,168.8 | $8,276,716.64 | $3,816 | 0.3% |
| Monroe | 2,078.5 | $6,001,779.18 | $2,888 | 0.3% |
| Montgomery | 1,137.7 | $5,825,877.02 | $5,121 | 0.2% |
| Morgan | 1,871.9 | $5,950,745.98 | $3,179 | 0.3% |
| Murray | 2,565.3 | $7,392,817.56 | $2,882 | 0.4% |
| Muscogee | 10,541.6 | $33,413,393.06 | $3,170 | 1.5% |
| Newton | 8,723.1 | $22,241,155.93 | $2,550 | 1.3% |
| Oconee | 3,617.0 | $11,104,917.97 | $3,070 | 0.5% |
| Oglethorpe | 706.1 | $2,270,597.67 | $3,216 | 0.1% |
| Out of State / Emergency | 16,143.1 | $59,072,434.80 | $3,659 | 2.4% |
| Paulding | 8,291.0 | $25,168,314.53 | $3,036 | 1.2% |
| Peach | 2,352.3 | $8,963,971.62 | $3,811 | 0.3% |
| Pickens | 2,628.7 | $10,271,619.02 | $3,908 | 0.4% |
| Pierce | 2,282.9 | $10,891,977.05 | $4,771 | 0.3% |
| Pike | 2,090.8 | $6,493,838.43 | $3,106 | 0.3% |
| Polk | 3,875.1 | $15,294,752.97 | $3,947 | 0.6% |
| Pulaski | 1,102.3 | $4,028,812.25 | $3,655 | 0.2% |
| Putnam | 1,750.8 | $6,303,189.85 | $3,600 | 0.3% |
| Quitman | 133.9 | $442,926.85 | $3,307 | 0.0% |
| Rabun | 1,565.7 | $5,029,150.58 | $3,212 | 0.2% |
| Randolph | 669.9 | $2,769,513.45 | $4,134 | 0.1% |
| Richmond | 12,008.1 | $39,478,709.77 | $3,288 | 1.8% |
| Rockdale | 6,915.2 | $16,910,541.42 | $2,445 | 1.0% |

| County | Members Avg | Net Payments | Payment Per Member | % of Members Avg |
|---|---|---|---|---|
| Schley | 507.6 | $1,648,909.26 | $3,249 | 0.1% |
| Screven | 1,413.8 | $5,457,141.27 | $3,860 | 0.2% |
| Seminole | 824.7 | $3,506,891.87 | $4,252 | 0.1% |
| Spalding | 5,381.8 | $17,640,539.01 | $3,278 | 0.8% |
| Stephens | 2,715.3 | $8,444,161.49 | $3,110 | 0.4% |
| Stewart | 426.2 | $1,167,392.84 | $2,739 | 0.1% |
| Sumter | 3,164.8 | $10,746,473.17 | $3,396 | 0.5% |
| Talbot | 570.4 | $1,577,071.28 | $2,765 | 0.1% |
| Taliaferro | 125.0 | $298,219.18 | $2,386 | 0.0% |
| Tattnall | 3,439.1 | $13,785,350.09 | $4,008 | 0.5% |
| Taylor | 1,117.7 | $3,502,111.95 | $3,133 | 0.2% |
| Telfair | 1,687.1 | $6,525,699.79 | $3,868 | 0.2% |
| Terrell | 776.3 | $3,451,646.22 | $4,447 | 0.1% |
| Thomas | 5,385.1 | $24,212,607.50 | $4,496 | 0.8% |
| Tift | 3,823.7 | $20,461,354.25 | $5,351 | 0.6% |
| Toombs | 3,163.8 | $12,046,573.50 | $3,808 | 0.5% |
| Towns | 1,012.4 | $3,170,900.22 | $3,132 | 0.1% |
| Treutlen | 927.8 | $3,345,423.19 | $3,606 | 0.1% |
| Troup | 5,323.3 | $17,872,177.31 | $3,357 | 0.8% |
| Turner | 1,088.5 | $4,829,507.20 | $4,437 | 0.2% |
| Twiggs | 555.1 | $2,431,770.99 | $4,381 | 0.1% |
| Union | 1,789.1 | $7,034,216.33 | $3,932 | 0.3% |
| Upson | 3,155.9 | $12,858,228.56 | $4,074 | 0.5% |
| Walker | 4,794.0 | $14,647,444.23 | $3,055 | 0.7% |
| Walton | 9,503.6 | $27,301,469.43 | $2,873 | 1.4% |
| Ware | 4,283.8 | $18,234,108.74 | $4,257 | 0.6% |
| Warren | 421.5 | $1,020,155.81 | $2,420 | 0.1% |
| Washington | 2,729.9 | $7,440,992.25 | $2,726 | 0.4% |
| Wayne | 3,238.2 | $12,408,827.68 | $3,832 | 0.5% |
| Webster | 195.3 | $540,690.01 | $2,769 | 0.0% |
| Wheeler | 690.1 | $2,481,574.96 | $3,596 | 0.1% |
| White | 2,858.4 | $9,285,063.80 | $3,248 | 0.4% |
| Whitfield | 5,844.3 | $16,202,493.18 | $2,772 | 0.9% |
| Wilcox | 1,094.9 | $4,628,865.02 | $4,228 | 0.2% |
| Wilkes | 1,157.8 | $3,507,567.70 | $3,029 | 0.2% |
| Wilkinson | 1,789.3 | $7,363,572.47 | $4,115 | 0.3% |
| Worth | 1,401.5 | $5,635,718.71 | $4,021 | 0.2% |
| Unique Count Total | 682,480.5 | $2,193,830,677.93 | $3,214 | 100.0% |

# Appendix V: Medicaid Members Average and Payments by County FY 2008

**Table 16 Medicaid Members Average and Payments by County**

| County | Members Avg | Net Payments | Capitation Amount | NETPAY + CAPAMT | Payment Per Member | % of Members Avg |
|---|---|---|---|---|---|---|
| Appling | 3,963.1 | $12,922,174.88 | $6,610,548.71 | $19,532,724 | $4,929 | 0.3% |
| Atkinson | 1,973.9 | $5,135,317.98 | $3,122,521.80 | $8,257,840 | $4,183 | 0.2% |
| Bacon | 2,121.1 | $9,160,022.61 | $3,472,534.63 | $12,632,557 | $5,956 | 0.2% |
| Baker | 909.0 | $1,798,391.29 | $1,408,746.78 | $3,207,138 | $3,528 | 0.1% |
| Baldwin | 6,920.8 | $64,130,293.86 | $11,206,249.23 | $75,336,543 | $10,885 | 0.5% |
| Banks | 2,617.2 | $9,186,896.54 | $4,059,223.17 | $13,246,120 | $5,061 | 0.2% |
| Barrow | 7,630.8 | $24,902,350.41 | $12,221,944.55 | $37,124,295 | $4,865 | 0.6% |
| Bartow | 13,351.3 | $40,580,368.28 | $22,658,119.33 | $63,238,488 | $4,736 | 1.1% |
| Ben Hill | 4,467.3 | $16,113,312.03 | $7,742,115.66 | $23,855,428 | $5,340 | 0.4% |
| Berrien | 3,760.7 | $12,210,740.33 | $6,579,523.21 | $18,790,264 | $4,997 | 0.3% |
| Bibb | 35,022.6 | $128,368,313.98 | $58,481,343.05 | $186,849,657 | $5,335 | 2.8% |
| Bleckley | 2,026.9 | $7,213,654.87 | $3,353,660.76 | $10,567,316 | $5,213 | 0.2% |
| Brantley | 3,165.1 | $8,489,000.93 | $5,657,857.57 | $14,146,859 | $4,470 | 0.3% |
| Brooks | 3,602.9 | $11,794,211.07 | $5,782,334.62 | $17,576,546 | $4,878 | 0.3% |
| Bryan | 2,745.3 | $10,031,770.90 | $5,399,072.17 | $15,430,843 | $5,621 | 0.2% |
| Bulloch | 8,698.9 | $30,046,399.40 | $17,643,043.84 | $47,689,443 | $5,482 | 0.7% |
| Burke | 6,083.3 | $17,043,712.91 | $9,864,331.80 | $26,908,045 | $4,423 | 0.5% |
| Butts | 3,555.5 | $13,586,734.38 | $5,445,296.26 | $19,032,031 | $5,353 | 0.3% |
| Calhoun | 1,417.1 | $5,239,555.37 | $2,140,553.67 | $7,380,109 | $5,208 | 0.1% |
| Camden | 5,144.1 | $11,735,334.90 | $10,430,283.55 | $22,165,618 | $4,309 | 0.4% |
| Candler | 2,563.3 | $14,022,304.09 | $4,421,873.33 | $18,444,177 | $7,196 | 0.2% |
| Carroll | 16,605.3 | $43,962,308.48 | $27,927,308.11 | $71,889,617 | $4,329 | 1.3% |
| Catoosa | 6,938.1 | $21,129,187.18 | $12,412,827.65 | $33,542,015 | $4,834 | 0.6% |
| Charlton | 1,889.2 | $6,274,101.54 | $3,283,712.94 | $9,557,814 | $5,059 | 0.1% |
| Chatham | 33,384.7 | $128,071,376.27 | $60,344,555.03 | $188,415,931 | $5,644 | 2.6% |
| Chattahoochee | 787.3 | $1,313,958.64 | $1,328,753.63 | $2,642,712 | $3,357 | 0.1% |
| Chattooga | 4,749.2 | $15,993,317.25 | $7,884,992.93 | $23,878,310 | $5,028 | 0.4% |
| Cherokee | 10,934.3 | $42,107,845.80 | $19,252,483.69 | $61,360,329 | $5,612 | 0.9% |
| Clarke | 14,244.0 | $50,032,826.42 | $23,842,218.47 | $73,875,045 | $5,186 | 1.1% |
| Clay | 1,042.2 | $3,956,111.94 | $1,460,775.11 | $5,416,887 | $5,198 | 0.1% |
| Clayton | 46,391.5 | $116,005,668.55 | $82,123,084.57 | $198,128,753 | $4,271 | 3.7% |
| Clinch | 1,833.1 | $6,613,671.45 | $2,882,847.99 | $9,496,519 | $5,181 | 0.1% |
| Cobb | 48,644.8 | $172,101,473.63 | $81,292,827.07 | $253,394,301 | $5,209 | 3.9% |
| Coffee | 8,682.4 | $24,578,758.37 | $15,675,067.47 | $40,253,826 | $4,636 | 0.7% |
| Colquitt | 9,822.2 | $30,305,739.52 | $16,808,737.47 | $47,114,477 | $4,797 | 0.8% |
| Columbia | 7,359.9 | $23,926,880.75 | $13,800,249.91 | $37,727,131 | $5,126 | 0.6% |
| Cook | 3,626.4 | $10,993,906.73 | $6,471,214.18 | $17,465,121 | $4,816 | 0.3% |
| Coweta | 11,657.6 | $29,525,025.02 | $20,493,487.59 | $50,018,513 | $4,291 | 0.9% |

| County | Members Avg | Net Payments | Capitation Amount | NETPAY + CAPAMT | Payment Per Member | % of Members Avg |
|---|---|---|---|---|---|---|
| Crawford | 2,171.6 | $8,597,872.75 | $3,778,669.74 | $12,376,542 | $5,699 | 0.2% |
| Crisp | 6,065.1 | $21,440,353.59 | $9,786,055.48 | $31,226,409 | $5,149 | 0.5% |
| Dade | 1,853.2 | $5,530,761.37 | $2,924,321.63 | $8,455,083 | $4,563 | 0.1% |
| Dawson | 1,784.8 | $4,314,977.96 | $3,335,415.62 | $7,650,394 | $4,286 | 0.1% |
| DeKalb | 87,907.1 | $307,295,639.19 | $140,995,568.16 | $448,291,207 | $5,100 | 7.0% |
| Decatur | 6,715.1 | $21,373,397.40 | $10,992,536.84 | $32,365,934 | $4,820 | 0.5% |
| Dodge | 4,090.1 | $14,886,881.27 | $6,454,748.67 | $21,341,630 | $5,218 | 0.3% |
| Dooly | 2,682.3 | $11,098,283.41 | $3,941,540.03 | $15,039,823 | $5,607 | 0.2% |
| Dougherty | 24,067.8 | $70,985,203.52 | $41,514,257.95 | $112,499,461 | $4,674 | 1.9% |
| Douglas | 14,852.3 | $45,040,374.24 | $25,536,546.65 | $70,576,921 | $4,752 | 1.2% |
| Early | 3,383.1 | $9,283,500.97 | $5,330,816.35 | $14,614,317 | $4,320 | 0.3% |
| Echols | 655.7 | $1,541,728.80 | $1,152,542.83 | $2,694,272 | $4,109 | 0.1% |
| Effingham | 4,843.8 | $15,406,041.40 | $9,406,305.88 | $24,812,347 | $5,123 | 0.4% |
| Elbert | 4,007.9 | $15,197,559.67 | $5,911,673.36 | $21,109,233 | $5,267 | 0.3% |
| Emanuel | 5,544.1 | $24,781,855.20 | $8,784,166.76 | $33,566,022 | $6,054 | 0.4% |
| Evans | 2,357.5 | $7,081,524.94 | $3,917,908.56 | $10,999,434 | $4,666 | 0.2% |
| Fannin | 3,130.3 | $11,281,915.50 | $5,389,571.09 | $16,671,487 | $5,326 | 0.2% |
| Fayette | 5,090.8 | $18,185,102.53 | $8,103,025.15 | $26,288,128 | $5,164 | 0.4% |
| Floyd | 15,815.4 | $65,821,062.84 | $26,016,604.22 | $91,837,667 | $5,807 | 1.3% |
| Forsyth | 5,588.7 | $20,949,345.73 | $8,570,126.71 | $29,519,472 | $5,282 | 0.4% |
| Franklin | 3,952.2 | $12,887,484.67 | $6,615,003.30 | $19,502,488 | $4,935 | 0.3% |
| Fulton | 115,261.8 | $402,377,665.92 | $172,229,433.63 | $574,607,100 | $4,985 | 9.1% |
| Gilmer | 3,800.0 | $13,437,154.17 | $7,047,885.03 | $20,485,039 | $5,391 | 0.3% |
| Glascock | 517.3 | $3,339,895.59 | $725,476.29 | $4,065,372 | $7,858 | 0.0% |
| Glynn | 10,533.5 | $32,932,951.85 | $19,884,625.94 | $52,817,578 | $5,014 | 0.8% |
| Gordon | 7,523.4 | $22,024,834.14 | $13,120,260.81 | $35,145,095 | $4,671 | 0.6% |
| Grady | 4,990.3 | $12,052,341.68 | $7,955,070.32 | $20,007,412 | $4,009 | 0.4% |
| Greene | 2,839.2 | $9,567,541.82 | $4,076,902.68 | $13,644,445 | $4,806 | 0.2% |
| Gwinnett | 61,267.4 | $183,220,814.63 | $100,616,678.65 | $283,837,493 | $4,633 | 4.9% |
| Habersham | 4,551.9 | $14,063,099.72 | $7,724,685.77 | $21,787,785 | $4,787 | 0.4% |
| Hall | 21,234.9 | $62,200,930.81 | $38,514,084.68 | $100,715,015 | $4,743 | 1.7% |
| Hancock | 2,073.6 | $7,826,986.39 | $3,045,069.27 | $10,872,056 | $5,243 | 0.2% |
| Haralson | 4,898.3 | $17,927,774.73 | $7,562,847.89 | $25,490,623 | $5,204 | 0.4% |
| Harris | 2,336.4 | $8,760,272.73 | $3,826,840.15 | $12,587,113 | $5,387 | 0.2% |
| Hart | 4,056.3 | $14,144,760.25 | $6,922,093.94 | $21,066,854 | $5,194 | 0.3% |
| Heard | 2,116.9 | $6,147,228.61 | $3,110,824.68 | $9,258,053 | $4,373 | 0.2% |
| Henry | 17,420.3 | $39,780,357.04 | $31,681,831.86 | $71,462,189 | $4,102 | 1.4% |
| Houston | 16,517.4 | $49,202,223.68 | $29,981,303.67 | $79,183,527 | $4,794 | 1.3% |
| Irwin | 2,098.4 | $9,557,438.68 | $3,368,512.07 | $12,925,951 | $6,160 | 0.2% |
| Jackson | 6,765.9 | $23,616,708.77 | $11,568,880.32 | $35,185,589 | $5,200 | 0.5% |
| Jasper | 2,225.7 | $7,615,995.49 | $3,803,330.71 | $11,419,326 | $5,131 | 0.2% |
| Jeff Davis | 3,410.1 | $9,486,233.62 | $5,741,397.52 | $15,227,631 | $4,465 | 0.3% |

| County | Members Avg | Net Payments | Capitation Amount | NETPAY + CAPAMT | Payment Per Member | % of Members Avg |
|---|---|---|---|---|---|---|
| Jefferson | 4,339.7 | $18,419,535.28 | $6,419,804.74 | $24,839,340 | $5,724 | 0.3% |
| Jenkins | 2,372.5 | $9,581,662.34 | $3,697,784.38 | $13,279,447 | $5,597 | 0.2% |
| Johnson | 2,092.8 | $10,811,717.86 | $2,861,247.47 | $13,672,965 | $6,533 | 0.2% |
| Jones | 3,705.8 | $13,423,723.25 | $6,200,735.07 | $19,624,458 | $5,296 | 0.3% |
| Lamar | 2,573.3 | $10,423,938.51 | $4,073,041.30 | $14,496,980 | $5,634 | 0.2% |
| Lanier | 1,913.2 | $6,975,467.59 | $3,690,254.08 | $10,665,722 | $5,575 | 0.2% |
| Laurens | 10,255.8 | $35,460,968.83 | $16,795,896.94 | $52,256,866 | $5,095 | 0.8% |
| Lee | 2,707.9 | $9,055,818.66 | $5,186,302.52 | $14,242,121 | $5,259 | 0.2% |
| Liberty | 7,491.3 | $20,517,266.98 | $14,693,085.15 | $35,210,352 | $4,700 | 0.6% |
| Lincoln | 1,338.6 | $3,286,911.18 | $2,154,851.00 | $5,441,762 | $4,065 | 0.1% |
| Long | 2,098.2 | $7,372,408.82 | $4,011,024.17 | $11,383,433 | $5,425 | 0.2% |
| Lowndes | 16,230.2 | $61,436,372.83 | $30,518,569.25 | $91,954,942 | $5,666 | 1.3% |
| Lumpkin | 3,039.6 | $11,003,029.75 | $5,107,915.86 | $16,110,946 | $5,300 | 0.2% |
| Macon | 2,855.7 | $14,641,222.52 | $3,879,748.55 | $18,520,971 | $6,486 | 0.2% |
| Madison | 4,169.8 | $15,380,065.81 | $7,114,803.96 | $22,494,870 | $5,395 | 0.3% |
| Marion | 1,636.5 | $6,451,583.66 | $2,688,192.31 | $9,139,776 | $5,585 | 0.1% |
| McDuffie | 4,568.2 | $15,766,653.49 | $7,763,636.72 | $23,530,290 | $5,151 | 0.4% |
| McIntosh | 1,999.8 | $4,632,613.87 | $3,459,058.86 | $8,091,673 | $4,046 | 0.2% |
| Meriwether | 4,503.3 | $16,445,100.08 | $7,313,963.21 | $23,759,063 | $5,276 | 0.4% |
| Miller | 1,370.2 | $6,347,576.81 | $1,963,489.19 | $8,311,066 | $6,066 | 0.1% |
| Mitchell | 5,666.1 | $17,585,220.71 | $9,316,958.14 | $26,902,179 | $4,748 | 0.4% |
| Monroe | 3,089.3 | $15,366,167.87 | $4,246,414.66 | $19,612,583 | $6,348 | 0.2% |
| Montgomery | 1,583.1 | $4,405,170.16 | $2,448,707.80 | $6,853,878 | $4,329 | 0.1% |
| Morgan | 2,425.1 | $7,595,059.06 | $4,021,410.61 | $11,616,470 | $4,790 | 0.2% |
| Murray | 7,019.8 | $17,730,059.16 | $12,177,077.62 | $29,907,137 | $4,260 | 0.6% |
| Muscogee | 33,477.3 | $115,387,770.40 | $57,610,471.16 | $172,998,242 | $5,168 | 2.7% |
| Newton | 14,098.0 | $35,642,170.17 | $24,405,399.10 | $60,047,569 | $4,259 | 1.1% |
| Oconee | 1,686.2 | $6,343,154.97 | $3,063,199.86 | $9,406,355 | $5,579 | 0.1% |
| Oglethorpe | 1,994.3 | $7,554,087.34 | $2,802,766.30 | $10,356,854 | $5,193 | 0.2% |
| Paulding | 9,778.2 | $28,386,581.89 | $17,750,696.89 | $46,137,279 | $4,718 | 0.8% |
| Peach | 4,645.8 | $14,377,689.15 | $7,928,960.52 | $22,306,650 | $4,801 | 0.4% |
| Pickens | 3,271.0 | $13,335,419.67 | $5,458,689.41 | $18,794,109 | $5,746 | 0.3% |
| Pierce | 3,406.8 | $13,706,930.54 | $5,615,348.65 | $19,322,279 | $5,672 | 0.3% |
| Pike | 2,076.8 | $6,370,237.96 | $3,456,180.06 | $9,826,418 | $4,732 | 0.2% |
| Polk | 7,531.9 | $31,548,446.62 | $12,224,658.50 | $43,773,105 | $5,812 | 0.6% |
| Pulaski | 1,685.3 | $6,561,375.77 | $2,546,431.40 | $9,107,807 | $5,404 | 0.1% |
| Putnam | 2,965.2 | $8,553,142.31 | $5,381,328.17 | $13,934,470 | $4,699 | 0.2% |
| Quitman | 513.3 | $930,388.75 | $742,272.72 | $1,672,661 | $3,258 | 0.0% |
| Rabun | 1,993.3 | $7,857,506.96 | $3,237,401.80 | $11,094,909 | $5,566 | 0.2% |
| Randolph | 1,831.5 | $8,361,515.26 | $2,593,978.68 | $10,955,494 | $5,982 | 0.1% |
| Richmond | 40,506.8 | $170,925,065.44 | $69,379,746.69 | $240,304,812 | $5,932 | 3.2% |
| Rockdale | 11,165.2 | $32,636,180.80 | $19,401,713.48 | $52,037,894 | $4,661 | 0.9% |
| Schley | 825.8 | $1,527,662.52 | $1,493,635.35 | $3,021,298 | $3,658 | 0.1% |

| County | Members Avg | Net Payments | Capitation Amount | NETPAY + CAPAMT | Payment Per Member | % of Members Avg |
|---|---|---|---|---|---|---|
| Screven | 3,200.1 | $11,712,329.07 | $5,101,141.76 | $16,813,471 | $5,254 | 0.3% |
| Seminole | 2,371.0 | $6,356,398.46 | $3,896,562.18 | $10,252,961 | $4,324 | 0.2% |
| Spalding | 12,550.4 | $43,117,890.49 | $19,308,299.68 | $62,426,190 | $4,974 | 1.0% |
| Stephens | 4,460.6 | $16,535,591.98 | $6,874,873.22 | $23,410,465 | $5,248 | 0.4% |
| Stewart | 1,248.8 | $5,601,531.42 | $1,823,745.42 | $7,425,277 | $5,946 | 0.1% |
| Sumter | 8,243.8 | $25,685,868.80 | $13,961,199.31 | $39,647,068 | $4,809 | 0.7% |
| Talbot | 1,280.3 | $3,146,631.34 | $1,946,425.99 | $5,093,057 | $3,978 | 0.1% |
| Taliaferro | 439.6 | $1,118,159.64 | $561,547.25 | $1,679,707 | $3,821 | 0.0% |
| Tattnall | 3,968.9 | $19,048,552.39 | $6,222,572.01 | $25,271,124 | $6,367 | 0.3% |
| Taylor | 1,924.7 | $8,203,522.07 | $2,805,588.71 | $11,009,111 | $5,720 | 0.2% |
| Telfair | 2,698.1 | $14,817,822.85 | $3,955,635.42 | $18,773,458 | $6,958 | 0.2% |
| Terrell | 2,842.0 | $8,630,117.95 | $4,451,193.67 | $13,081,312 | $4,603 | 0.2% |
| Thomas | 8,808.8 | $43,183,639.26 | $14,434,722.13 | $57,618,361 | $6,541 | 0.7% |
| Tift | 8,117.1 | $26,778,625.83 | $14,056,757.51 | $40,835,383 | $5,031 | 0.6% |
| Toombs | 6,746.9 | $27,381,210.02 | $10,880,425.63 | $38,261,636 | $5,671 | 0.5% |
| Towns | 1,111.3 | $6,528,790.56 | $1,717,418.80 | $8,246,209 | $7,421 | 0.1% |
| Treutlen | 1,597.3 | $6,025,518.53 | $2,509,723.96 | $8,535,242 | $5,344 | 0.1% |
| Troup | 11,762.6 | $39,383,751.82 | $18,794,996.72 | $58,178,749 | $4,946 | 0.9% |
| Turner | 2,355.2 | $7,698,710.45 | $3,906,454.96 | $11,605,165 | $4,928 | 0.2% |
| Twiggs | 1,974.9 | $9,116,516.36 | $2,691,601.20 | $11,808,118 | $5,979 | 0.2% |
| Union | 2,430.7 | $10,694,884.57 | $4,067,870.53 | $14,762,755 | $6,074 | 0.2% |
| Upson | 5,332.3 | $19,779,095.95 | $7,732,850.98 | $27,511,947 | $5,160 | 0.4% |
| Walker | 10,441.8 | $38,598,768.90 | $17,707,578.57 | $56,306,347 | $5,392 | 0.8% |
| Walton | 9,405.4 | $25,771,379.22 | $16,048,833.32 | $41,820,213 | $4,446 | 0.7% |
| Ware | 7,750.4 | $33,862,177.78 | $12,624,205.89 | $46,486,384 | $5,998 | 0.6% |
| Warren | 1,495.3 | $5,240,315.41 | $2,168,934.65 | $7,409,250 | $4,955 | 0.1% |
| Washington | 4,100.7 | $17,982,479.26 | $6,326,550.65 | $24,309,030 | $5,928 | 0.3% |
| Wayne | 5,678.1 | $16,235,000.86 | $10,689,674.44 | $26,924,675 | $4,742 | 0.5% |
| Webster | 445.1 | $835,620.74 | $688,325.49 | $1,523,946 | $3,424 | 0.0% |
| Wheeler | 1,156.7 | $4,249,068.79 | $1,795,914.98 | $6,044,984 | $5,226 | 0.1% |
| White | 2,867.5 | $10,175,477.48 | $5,096,130.86 | $15,271,608 | $5,326 | 0.2% |
| Whitfield | 14,095.2 | $41,401,320.68 | $25,309,914.97 | $66,711,236 | $4,733 | 1.1% |
| Wilcox | 1,781.8 | $9,023,578.64 | $2,361,862.69 | $11,385,441 | $6,390 | 0.1% |
| Wilkes | 2,194.5 | $6,322,219.71 | $3,182,037.09 | $9,504,257 | $4,331 | 0.2% |
| Wilkinson | 1,919.8 | $4,808,254.22 | $3,210,012.10 | $8,018,266 | $4,177 | 0.2% |
| Worth | 3,893.6 | $9,021,331.36 | $6,717,970.08 | **$15,739,301** | **$4,042** | **0.3%** |
| **TOTAL** | **1,260,519** | **$4,515,345,997** | **$1,793,169,**306 | $6,308,51**5,303** | **$5,005** | **100.0%** |

# Appendix VI: PeachCare for Kids™ Members and Payments by County FY 2008

**Table 17 PeachCare for Kids™ Members and Payments by County**

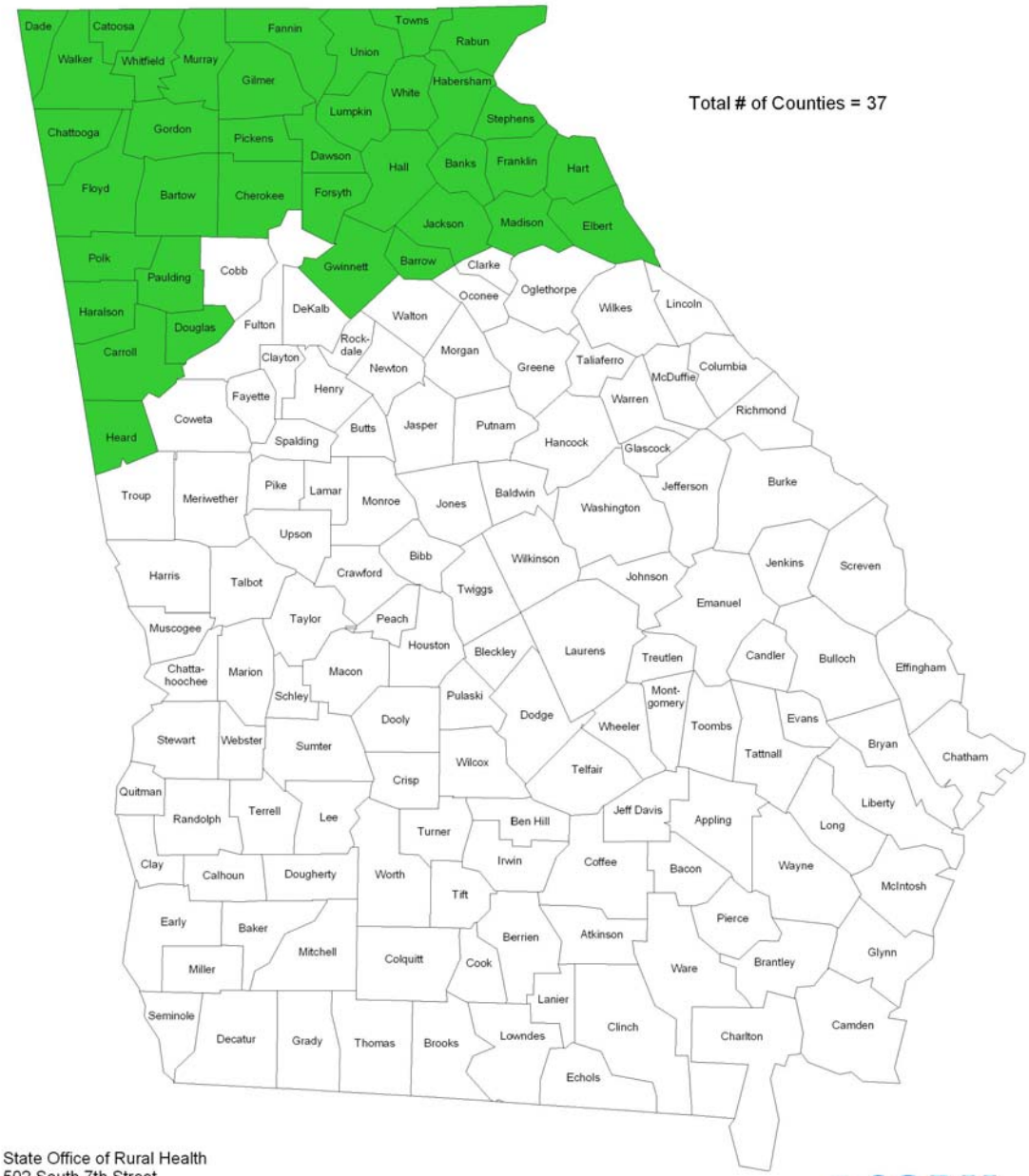
| County | Members Avg | Net Payments | Capitation Amount | NETPAY + CAPAMT | Payment Per Member | % of Members Avg |
|---|---|---|---|---|---|---|
| Appling | 697.2 | $56,293.41 | $1,014,151.57 | $1,070,445 | $1,535 | 0.3% |
| Atkinson | 394.3 | $44,769.01 | $571,860.04 | $616,629 | $1,564 | 0.2% |
| Bacon | 453.6 | $57,896.89 | $662,176.84 | $720,074 | $1,588 | 0.2% |
| Baker | 92.0 | $10,033.65 | $135,592.62 | $145,626 | $1,583 | 0.0% |
| Baldwin | 623.3 | $53,020.75 | $848,369.73 | $901,390 | $1,446 | 0.2% |
| Banks | 684.6 | $57,495.97 | $965,688.96 | $1,023,185 | $1,495 | 0.3% |
| Barrow | 2,735.8 | $186,809.30 | $3,364,975.83 | $3,551,785 | $1,298 | 1.1% |
| Bartow | 3,182.0 | $274,603.37 | $3,934,084.67 | $4,208,688 | $1,323 | 1.3% |
| Ben Hill | 619.0 | $51,801.56 | $898,231.29 | $950,033 | $1,535 | 0.2% |
| Berrien | 676.2 | $71,810.56 | $1,001,792.08 | $1,073,603 | $1,588 | 0.3% |
| Bibb | 2,973.9 | $209,977.41 | $4,051,401.04 | $4,261,378 | $1,433 | 1.2% |
| Bleckley | 241.5 | $12,226.40 | $329,055.99 | $341,282 | $1,413 | 0.1% |
| Brantley | 651.4 | $46,819.07 | $954,529.74 | $1,001,349 | $1,537 | 0.3% |
| Brooks | 540.3 | $52,389.01 | $787,245.23 | $839,634 | $1,554 | 0.2% |
| Bryan | 839.1 | $71,443.37 | $1,213,106.90 | $1,284,550 | $1,531 | 0.3% |
| Bulloch | 1,231.8 | $131,188.71 | $1,778,267.27 | $1,909,456 | $1,550 | 0.5% |
| Burke | 700.9 | $97,007.78 | $959,694.04 | $1,056,702 | $1,508 | 0.3% |
| Butts | 693.3 | $66,710.98 | $864,702.12 | $931,413 | $1,344 | 0.3% |
| Calhoun | 156.2 | $9,186.56 | $229,447.90 | $238,634 | $1,528 | 0.1% |
| Camden | 879.9 | $71,715.72 | $1,252,551.55 | $1,324,267 | $1,505 | 0.4% |
| Candler | 302.8 | $38,167.43 | $444,487.82 | $482,655 | $1,594 | 0.1% |
| Carroll | 2,863.1 | $254,988.97 | $3,522,123.16 | $3,777,112 | $1,319 | 1.1% |
| Catoosa | 1,288.1 | $95,080.82 | $1,814,303.35 | $1,909,384 | $1,482 | 0.5% |
| Charlton | 304.3 | $25,398.31 | $441,167.79 | $466,566 | $1,533 | 0.1% |
| Chatham | 4,787.0 | $460,930.91 | $6,827,554.75 | $7,288,486 | $1,523 | 1.9% |
| Chattahoochee | 95.2 | $6,115.96 | $141,736.80 | $147,853 | $1,554 | 0.0% |
| Chattooga | 571.1 | $41,326.81 | $813,337.73 | $854,665 | $1,497 | 0.2% |
| Cherokee | 5,301.7 | $387,195.22 | $6,531,286.66 | $6,918,482 | $1,305 | 2.1% |
| Clarke | 1,652.2 | $160,753.82 | $2,293,631.33 | $2,454,385 | $1,486 | 0.7% |
| Clay | 75.5 | $7,110.35 | $108,828.27 | $115,939 | $1,536 | 0.0% |
| Clayton | 9,620.8 | $752,669.06 | $11,692,392.83 | $12,445,062 | $1,294 | 3.8% |
| Clinch | 248.7 | $32,500.53 | $354,798.02 | $387,299 | $1,558 | 0.1% |
| Cobb | 16,751.0 | $1,667,736.51 | $20,440,809.00 | $22,108,546 | $1,320 | 6.7% |
| Coffee | 1,509.4 | $250,124.90 | $2,190,768.96 | $2,440,894 | $1,617 | 0.6% |
| Colquitt | 1,542.0 | $165,727.46 | $2,227,817.77 | $2,393,545 | $1,552 | 0.6% |
| Columbia | 2,232.9 | $234,107.62 | $3,046,807.99 | $3,280,916 | $1,469 | 0.9% |
| Cook | 681.3 | $99,075.34 | $981,617.76 | $1,080,693 | $1,586 | 0.3% |
| Coweta | 2,376.5 | $238,518.25 | $2,900,199.46 | $3,138,718 | $1,321 | 1.0% |

| County | Members Avg | Net Payments | Capitation Amount | NETPAY + CAPAMT | Payment Per Member | % of Members Avg |
|---|---|---|---|---|---|---|
| Crawford | 446.5 | $34,286.06 | $616,581.82 | $650,868 | $1,458 | 0.2% |
| Crisp | 588.3 | $91,177.23 | $792,257.68 | $883,435 | $1,502 | 0.2% |
| Dade | 335.1 | $24,801.02 | $480,479.78 | $505,281 | $1,508 | 0.1% |
| Dawson | 662.5 | $55,409.07 | $932,088.52 | $987,498 | $1,491 | 0.3% |
| DeKalb | 16,183.5 | $1,441,364.22 | $19,492,154.50 | $20,933,519 | $1,294 | 6.5% |
| Decatur | 976.6 | $93,919.94 | $1,398,566.90 | $1,492,487 | $1,528 | 0.4% |
| Dodge | 485.0 | $39,402.23 | $671,322.19 | $710,724 | $1,465 | 0.2% |
| Dooly | 336.4 | $26,568.14 | $460,155.24 | $486,723 | $1,447 | 0.1% |
| Dougherty | 1,787.5 | $191,287.69 | $2,531,437.14 | $2,722,725 | $1,523 | 0.7% |
| Douglas | 4,150.3 | $374,389.49 | $5,070,805.88 | $5,445,195 | $1,312 | 1.7% |
| Early | 293.2 | $47,321.71 | $422,329.49 | $469,651 | $1,602 | 0.1% |
| Echols | 155.8 | $23,422.10 | $219,923.00 | $243,345 | $1,562 | 0.1% |
| Effingham | 1,541.3 | $170,611.25 | $2,233,620.26 | $2,404,232 | $1,560 | 0.6% |
| Elbert | 631.6 | $51,535.10 | $902,805.44 | $954,341 | $1,511 | 0.3% |
| Emanuel | 723.3 | $71,772.38 | $991,681.12 | $1,063,454 | $1,470 | 0.3% |
| Evans | 321.8 | $29,018.96 | $468,114.51 | $497,133 | $1,545 | 0.1% |
| Fannin | 1,133.8 | $68,542.13 | $1,634,436.38 | $1,702,979 | $1,502 | 0.5% |
| Fayette | 1,568.8 | $105,074.38 | $1,938,313.34 | $2,043,388 | $1,303 | 0.6% |
| Floyd | 2,423.6 | $245,424.39 | $3,405,361.50 | $3,650,786 | $1,506 | 1.0% |
| Forsyth | 2,778.5 | $284,468.16 | $3,440,457.97 | $3,724,926 | $1,341 | 1.1% |
| Franklin | 722.6 | $51,131.22 | $1,029,725.87 | $1,080,857 | $1,496 | 0.3% |
| Fulton | 12,835.3 | $1,182,055.74 | $15,481,309.03 | $16,663,365 | $1,298 | 5.1% |
| Gilmer | 1,116.1 | $74,153.49 | $1,598,011.08 | $1,672,165 | $1,498 | 0.4% |
| Glascock | 112.8 | $28,885.97 | $156,270.16 | $185,156 | $1,641 | 0.0% |
| Glynn | 1,705.5 | $115,247.36 | $2,461,044.82 | $2,576,292 | $1,511 | 0.7% |
| Gordon | 2,063.5 | $193,790.12 | $2,898,034.43 | $3,091,825 | $1,498 | 0.8% |
| Grady | 836.2 | $95,923.83 | $1,199,729.47 | $1,295,653 | $1,550 | 0.3% |
| Greene | 352.9 | $17,846.01 | $484,794.08 | $502,640 | $1,424 | 0.1% |
| Gwinnett | 30,678.4 | $2,305,177.56 | $37,543,966.10 | $39,849,144 | $1,299 | 12.3% |
| Habersham | 1,502.6 | $124,347.28 | $2,124,480.16 | $2,248,827 | $1,497 | 0.6% |
| Hall | 6,523.2 | $513,217.13 | $9,122,051.52 | $9,635,269 | $1,477 | 2.6% |
| Hancock | 116.1 | $3,799.97 | $164,798.58 | $168,599 | $1,452 | 0.0% |
| Haralson | 923.4 | $77,414.07 | $1,153,258.38 | $1,230,672 | $1,333 | 0.4% |
| Harris | 513.8 | $32,684.92 | $712,318.53 | $745,003 | $1,450 | 0.2% |
| Hart | 790.5 | $58,339.63 | $1,121,829.22 | $1,180,169 | $1,493 | 0.3% |
| Heard | 386.3 | $40,781.12 | $534,128.19 | $574,909 | $1,488 | 0.2% |
| Henry | 5,574.0 | $360,463.14 | $6,817,861.28 | $7,178,324 | $1,288 | 2.2% |
| Houston | 2,598.0 | $201,230.33 | $3,561,883.50 | $3,763,114 | $1,448 | 1.0% |
| Irwin | 313.3 | $68,862.75 | $455,029.21 | $523,892 | $1,672 | 0.1% |
| Jackson | 1,756.3 | $121,319.69 | $2,486,491.99 | $2,607,812 | $1,485 | 0.7% |
| Jasper | 480.0 | $34,252.19 | $586,709.96 | $620,962 | $1,294 | 0.2% |
| Jeff Davis | 633.3 | $79,144.27 | $917,729.64 | $996,874 | $1,574 | 0.3% |

| County | Members Avg | Net Payments | Capitation Amount | NETPAY + CAPAMT | Payment Per Member | % of Members Avg |
|---|---|---|---|---|---|---|
| Jefferson | 571.1 | $41,283.20 | $781,286.34 | $822,570 | $1,440 | 0.2% |
| Jenkins | 272.9 | $20,630.20 | $377,421.20 | $398,051 | $1,459 | 0.1% |
| Johnson | 204.2 | $15,972.74 | $278,128.64 | $294,101 | $1,440 | 0.1% |
| Jones | 847.6 | $69,455.53 | $1,177,409.09 | $1,246,865 | $1,471 | 0.3% |
| Lamar | 441.2 | $75,638.95 | $607,753.97 | $683,393 | $1,549 | 0.2% |
| Lanier | 287.5 | $56,824.26 | $408,265.50 | $465,090 | $1,618 | 0.1% |
| Laurens | 1,206.0 | $124,354.39 | $1,674,700.84 | $1,799,055 | $1,492 | 0.5% |
| Lee | 998.2 | $81,107.34 | $1,447,268.18 | $1,528,376 | $1,531 | 0.4% |
| Liberty | 1,004.2 | $70,753.45 | $1,438,658.17 | $1,509,412 | $1,503 | 0.4% |
| Lincoln | 230.6 | $17,011.39 | $314,328.73 | $331,340 | $1,437 | 0.1% |
| Long | 277.1 | $15,777.76 | $402,444.91 | $418,223 | $1,509 | 0.1% |
| Lowndes | 2,606.7 | $358,784.61 | $3,746,963.45 | $4,105,748 | $1,575 | 1.0% |
| Lumpkin | 855.4 | $123,775.67 | $1,197,145.20 | $1,320,921 | $1,544 | 0.3% |
| Macon | 297.6 | $24,524.60 | $414,607.12 | $439,132 | $1,476 | 0.1% |
| Madison | 966.0 | $118,574.84 | $1,367,473.10 | $1,486,048 | $1,538 | 0.4% |
| Marion | 243.4 | $18,919.67 | $330,213.58 | $349,133 | $1,434 | 0.1% |
| McDuffie | 745.9 | $72,560.64 | $1,027,901.61 | $1,100,462 | $1,475 | 0.3% |
| McIntosh | 345.9 | $45,032.04 | $507,397.33 | $552,429 | $1,597 | 0.1% |
| Meriwether | 584.2 | $51,126.42 | $801,929.65 | $853,056 | $1,460 | 0.2% |
| Miller | 169.3 | $12,180.96 | $242,699.52 | $254,880 | $1,505 | 0.1% |
| Mitchell | 768.7 | $77,721.81 | $1,105,419.26 | $1,183,141 | $1,539 | 0.3% |
| Monroe | 625.0 | $65,074.53 | $857,823.42 | $922,898 | $1,477 | 0.2% |
| Montgomery | 309.8 | $32,088.76 | $455,062.21 | $487,151 | $1,572 | 0.1% |
| Morgan | 593.8 | $43,020.48 | $862,358.75 | $905,379 | $1,525 | 0.2% |
| Murray | 1,755.3 | $152,163.07 | $2,479,077.41 | $2,631,240 | $1,499 | 0.7% |
| Muscogee | 3,073.3 | $325,026.28 | $4,188,637.52 | $4,513,664 | $1,469 | 1.2% |
| Newton | 3,423.3 | $299,981.58 | $4,169,678.43 | $4,469,660 | $1,306 | 1.4% |
| Oconee | 626.6 | $52,309.52 | $887,672.54 | $939,982 | $1,500 | 0.3% |
| Oglethorpe | 465.0 | $42,395.02 | $668,444.09 | $710,839 | $1,529 | 0.2% |
| Paulding | 4,480.2 | $376,071.33 | $5,511,863.21 | $5,887,935 | $1,314 | 1.8% |
| Peach | 579.1 | $44,090.21 | $807,369.52 | $851,460 | $1,470 | 0.2% |
| Pickens | 995.7 | $128,756.86 | $1,249,429.96 | $1,378,187 | $1,384 | 0.4% |
| Pierce | 663.6 | $47,649.90 | $978,097.81 | $1,025,748 | $1,546 | 0.3% |
| Pike | 498.0 | $55,473.16 | $673,964.12 | $729,437 | $1,465 | 0.2% |
| Polk | 1,378.9 | $146,658.54 | $1,921,614.66 | $2,068,273 | $1,500 | 0.6% |
| Pulaski | 180.5 | $11,980.66 | $249,272.14 | $261,253 | $1,447 | 0.1% |
| Putnam | 550.0 | $35,366.67 | $752,892.89 | $788,260 | $1,433 | 0.2% |
| Quitman | 44.7 | $2,129.60 | $64,107.53 | $66,237 | $1,483 | 0.0% |
| Rabun | 735.9 | $62,954.79 | $1,065,664.35 | $1,128,619 | $1,534 | 0.3% |
| Randolph | 217.4 | $18,565.02 | $316,584.55 | $335,150 | $1,542 | 0.1% |
| Richmond | 3,298.3 | $337,361.74 | $4,421,459.34 | $4,758,821 | $1,443 | 1.3% |
| Rockdale | 2,385.3 | $195,454.89 | $2,888,981.44 | $3,084,436 | $1,293 | 1.0% |

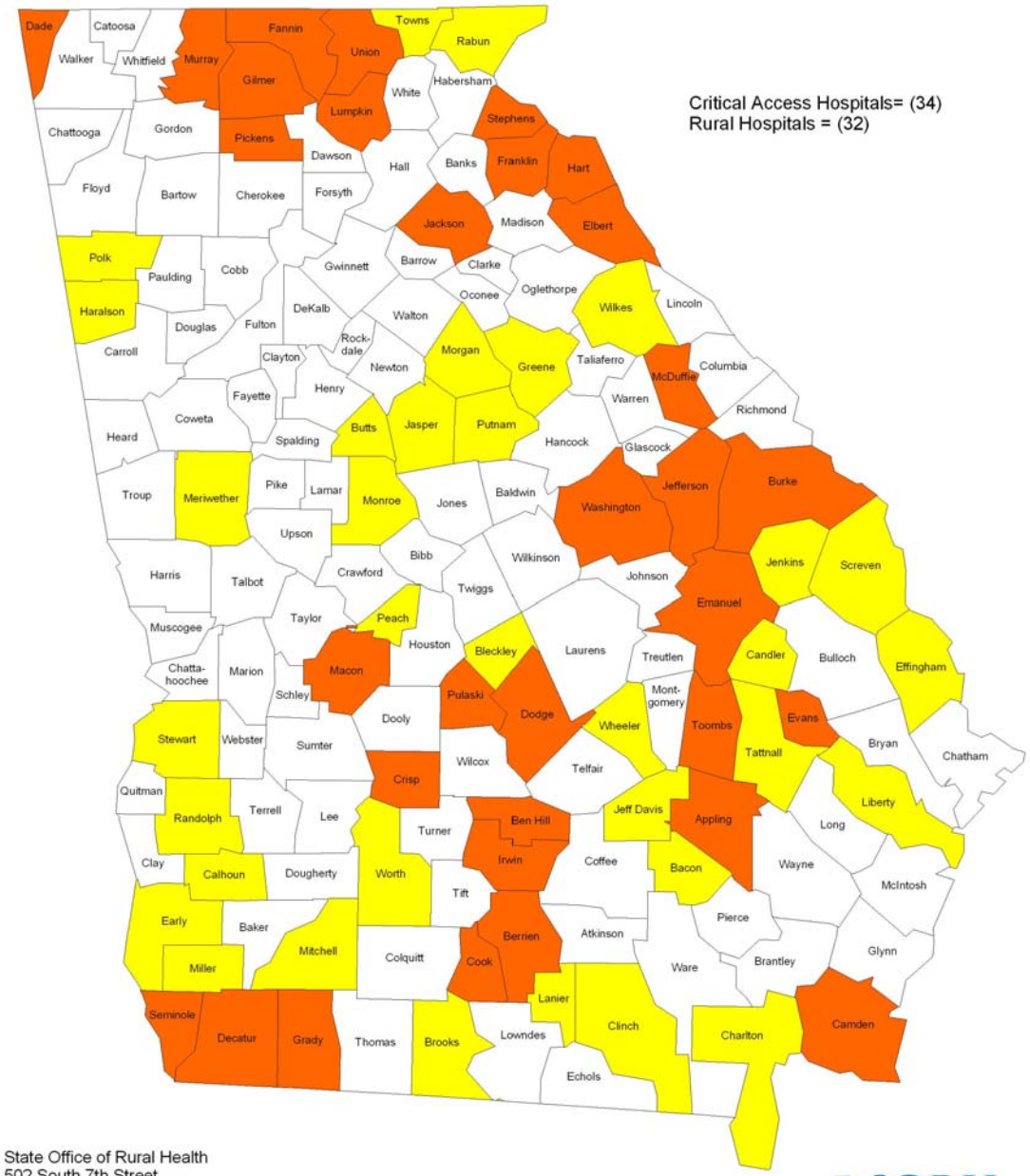
| County | Members Avg | Net Payments | Capitation Amount | NETPAY + CAPAMT | Payment Per Member | % of Members Avg |
|---|---|---|---|---|---|---|
| Schley | 179.4 | $13,874.77 | $255,056.45 | $268,931 | $1,499 | 0.1% |
| Screven | 389.3 | $40,319.87 | $564,368.39 | $604,688 | $1,553 | 0.2% |
| Seminole | 318.3 | $21,804.51 | $463,269.62 | $485,074 | $1,524 | 0.1% |
| Spalding | 1,425.5 | $118,720.77 | $1,753,478.83 | $1,872,200 | $1,313 | 0.6% |
| Stephens | 800.5 | $54,595.42 | $1,142,872.62 | $1,197,468 | $1,496 | 0.3% |
| Stewart | 97.3 | $3,644.32 | $141,726.52 | $145,371 | $1,494 | 0.0% |
| Sumter | 724.7 | $81,093.20 | $1,058,673.78 | $1,139,767 | $1,573 | 0.3% |
| Talbot | 162.6 | $4,025.59 | $231,061.78 | $235,087 | $1,446 | 0.1% |
| Taliaferro | 37.3 | $83.64 | $54,205.35 | $54,289 | $1,454 | 0.0% |
| Tattnall | 554.4 | $49,135.00 | $806,326.35 | $855,461 | $1,543 | 0.2% |
| Taylor | 229.1 | $34,737.71 | $310,960.81 | $345,699 | $1,509 | 0.1% |
| Telfair | 324.6 | $26,557.70 | $448,731.90 | $475,290 | $1,464 | 0.1% |
| Terrell | 195.3 | $25,903.28 | $278,020.68 | $303,924 | $1,557 | 0.1% |
| Thomas | 1,414.8 | $184,490.29 | $2,015,096.18 | $2,199,586 | $1,555 | 0.6% |
| Tift | 1,277.3 | $166,407.45 | $1,838,582.62 | $2,004,990 | $1,570 | 0.5% |
| Toombs | 909.9 | $103,239.42 | $1,313,715.79 | $1,416,955 | $1,557 | 0.4% |
| Towns | 411.0 | $36,606.56 | $588,819.94 | $625,427 | $1,522 | 0.2% |
| Treutlen | 210.1 | $24,554.29 | $294,381.65 | $318,936 | $1,518 | 0.1% |
| Troup | 1,775.8 | $167,784.40 | $2,410,406.70 | $2,578,191 | $1,452 | 0.7% |
| Turner | 304.7 | $130,589.02 | $441,503.39 | $572,092 | $1,878 | 0.1% |
| Twiggs | 221.3 | $10,447.57 | $310,045.25 | $320,493 | $1,449 | 0.1% |
| Union | 753.3 | $58,435.05 | $1,081,858.89 | $1,140,294 | $1,514 | 0.3% |
| Upson | 758.3 | $113,930.48 | $1,040,484.01 | $1,154,414 | $1,522 | 0.3% |
| Walker | 1,391.6 | $126,991.60 | $1,964,854.39 | $2,091,846 | $1,503 | 0.6% |
| Walton | 2,779.6 | $214,313.69 | $3,437,741.83 | $3,652,056 | $1,314 | 1.1% |
| Ware | 1,103.8 | $122,908.80 | $1,609,947.30 | $1,732,856 | $1,570 | 0.4% |
| Warren | 170.3 | $22,363.07 | $231,634.83 | $253,998 | $1,491 | 0.1% |
| Washington | 450.5 | $38,082.40 | $604,243.89 | $642,326 | $1,426 | 0.2% |
| Wayne | 729.8 | $94,754.53 | $1,060,224.65 | $1,154,979 | $1,583 | 0.3% |
| Webster | 73.8 | $5,789.27 | $104,084.48 | $109,874 | $1,488 | 0.0% |
| Wheeler | 180.3 | $29,053.50 | $249,640.52 | $278,694 | $1,545 | 0.1% |
| White | 970.7 | $116,741.25 | $1,386,614.00 | $1,503,355 | $1,549 | 0.4% |
| Whitfield | 5,258.4 | $466,310.61 | $7,401,777.83 | $7,868,088 | $1,496 | 2.1% |
| Wilcox | 193.2 | $11,494.00 | $267,767.06 | $279,261 | $1,446 | 0.1% |
| Wilkes | 278.3 | $23,290.79 | $385,353.88 | $408,645 | $1,468 | 0.1% |
| Wilkinson | 229.6 | $18,789.39 | $322,167.85 | $340,957 | $1,485 | 0.1% |
| Worth | 680.3 | $95,342.18 | $970,628.58 | $1,065,971 | $1,567 | 0.3% |
| **Unique Count Total** | **250,094.7** | **$22,624,379.66** | **$327,264,742.59** | **$349,889,122** | **$1,399** | **100.0%** |

# Appendix VII: Appalachian Regional Commission Counties

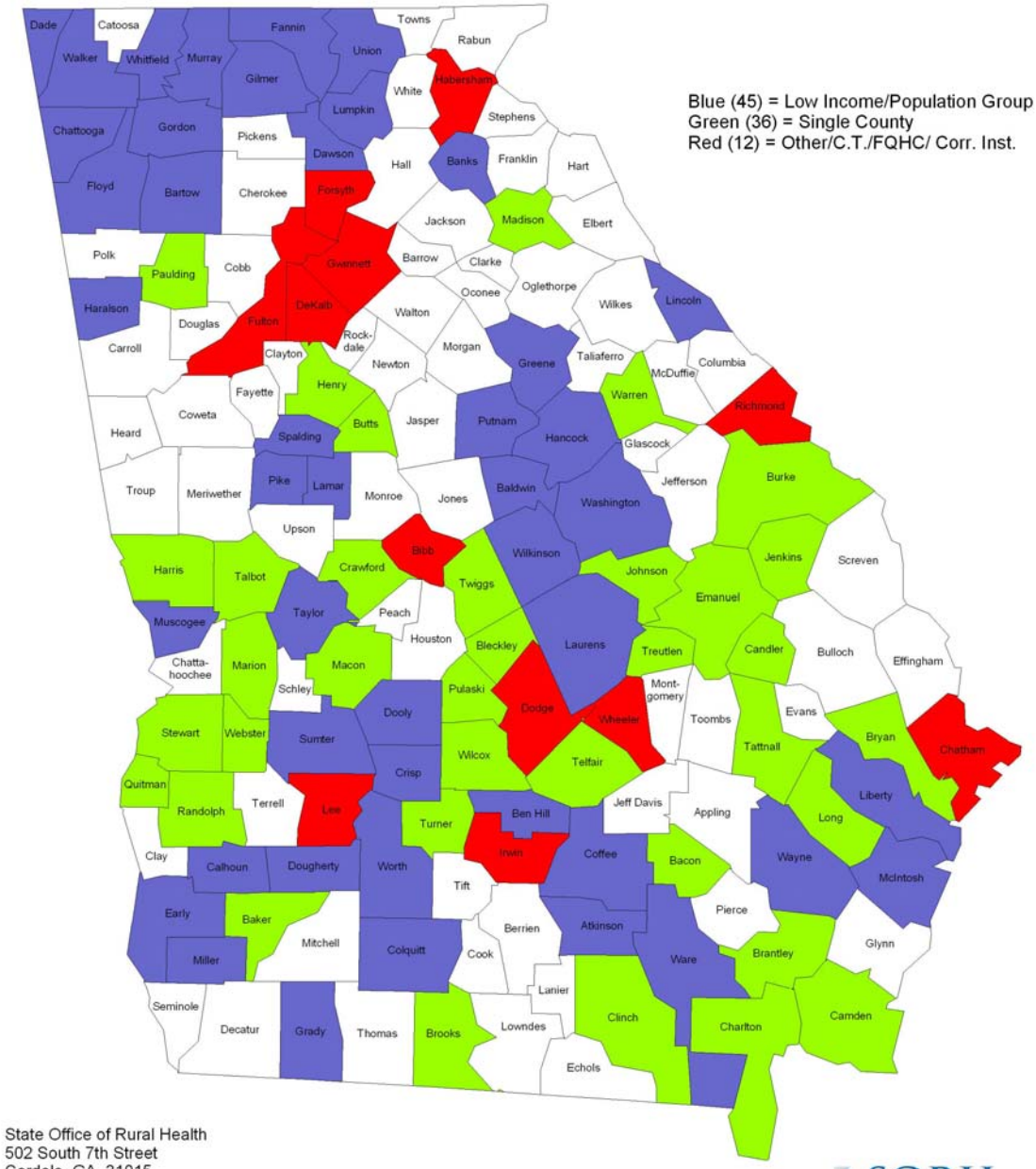



State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
Source: http://www.arc.gov
December 2008

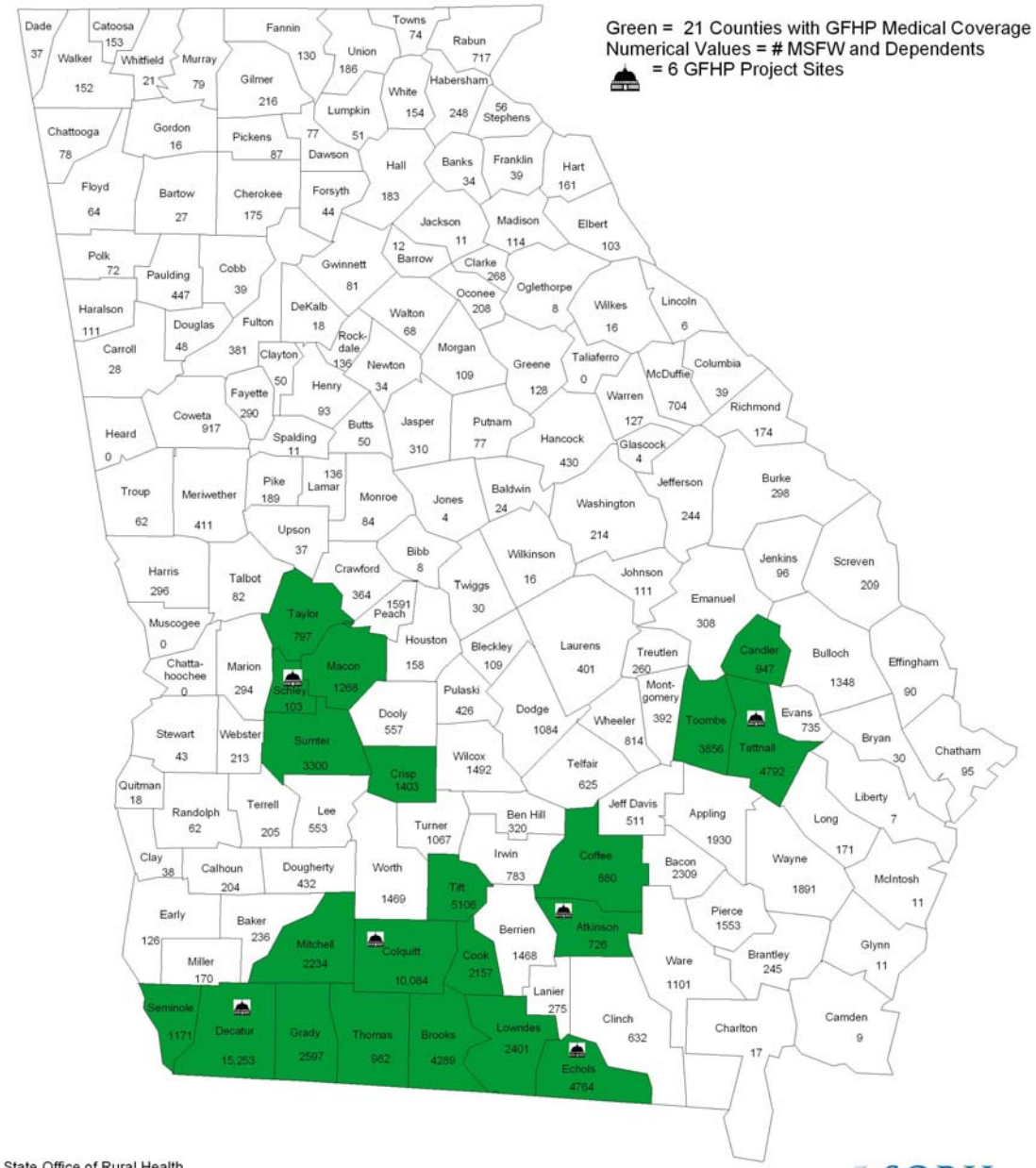
# Appendix VIII: Hospitals Certified for Critical Access



# Appendix IX: Dental Health Professional Shortage Areas



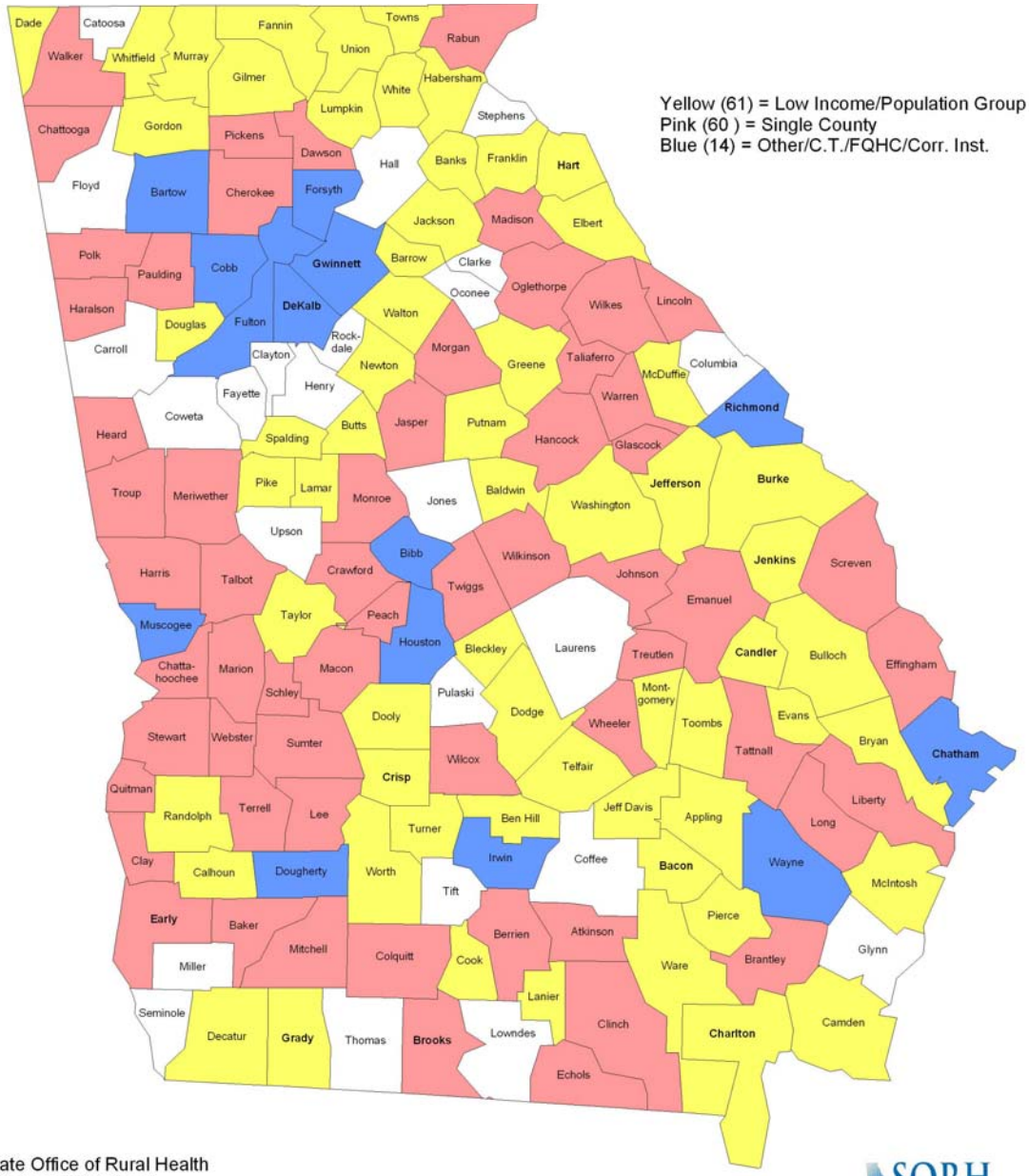
# Appendix X: Georgia Farmworker Health Program




State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
Source: Enumeration Profile Study Jan. 08
December 2008

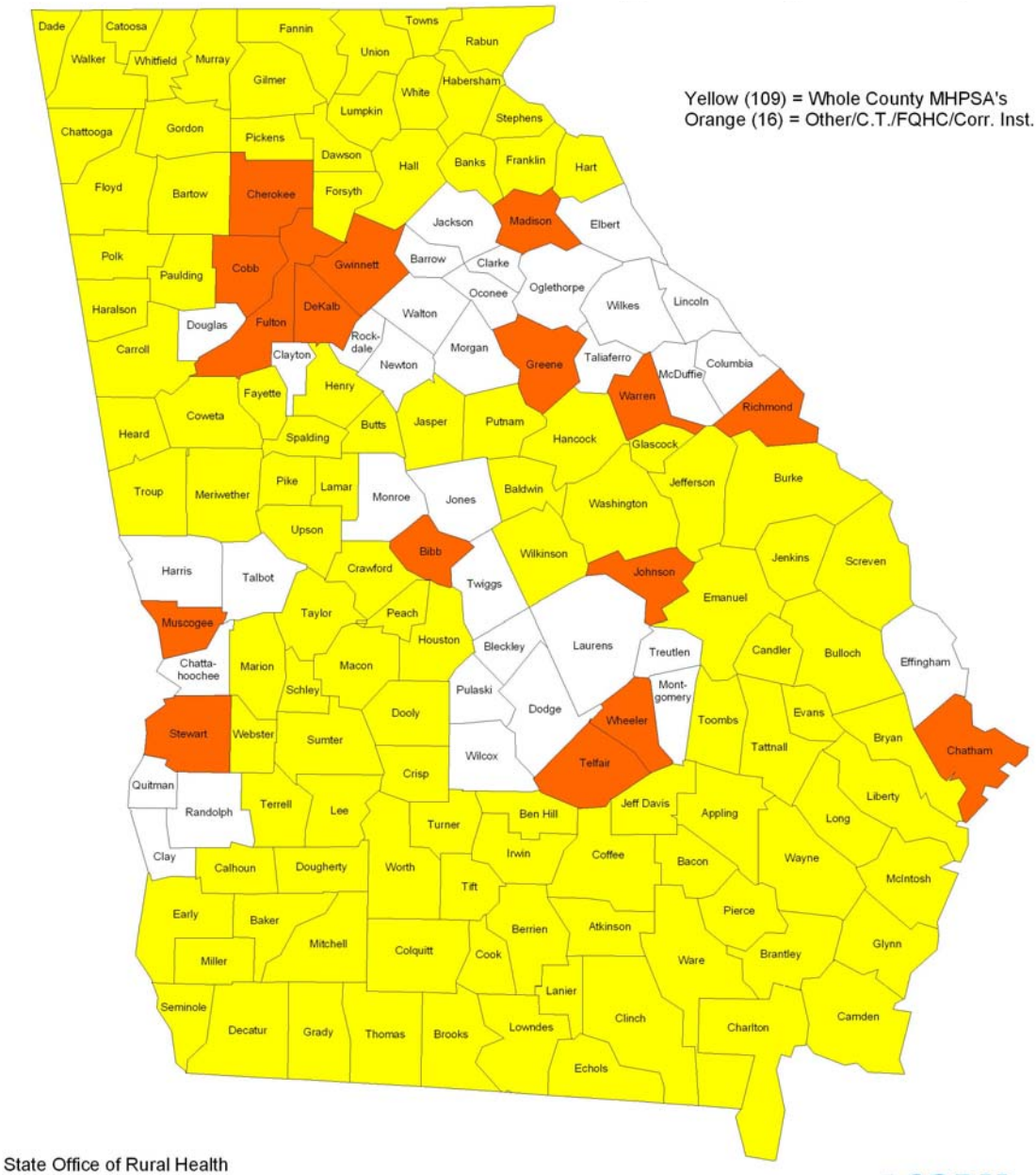
SORH

# Appendix XI: Primary Health Professional Shortage Areas



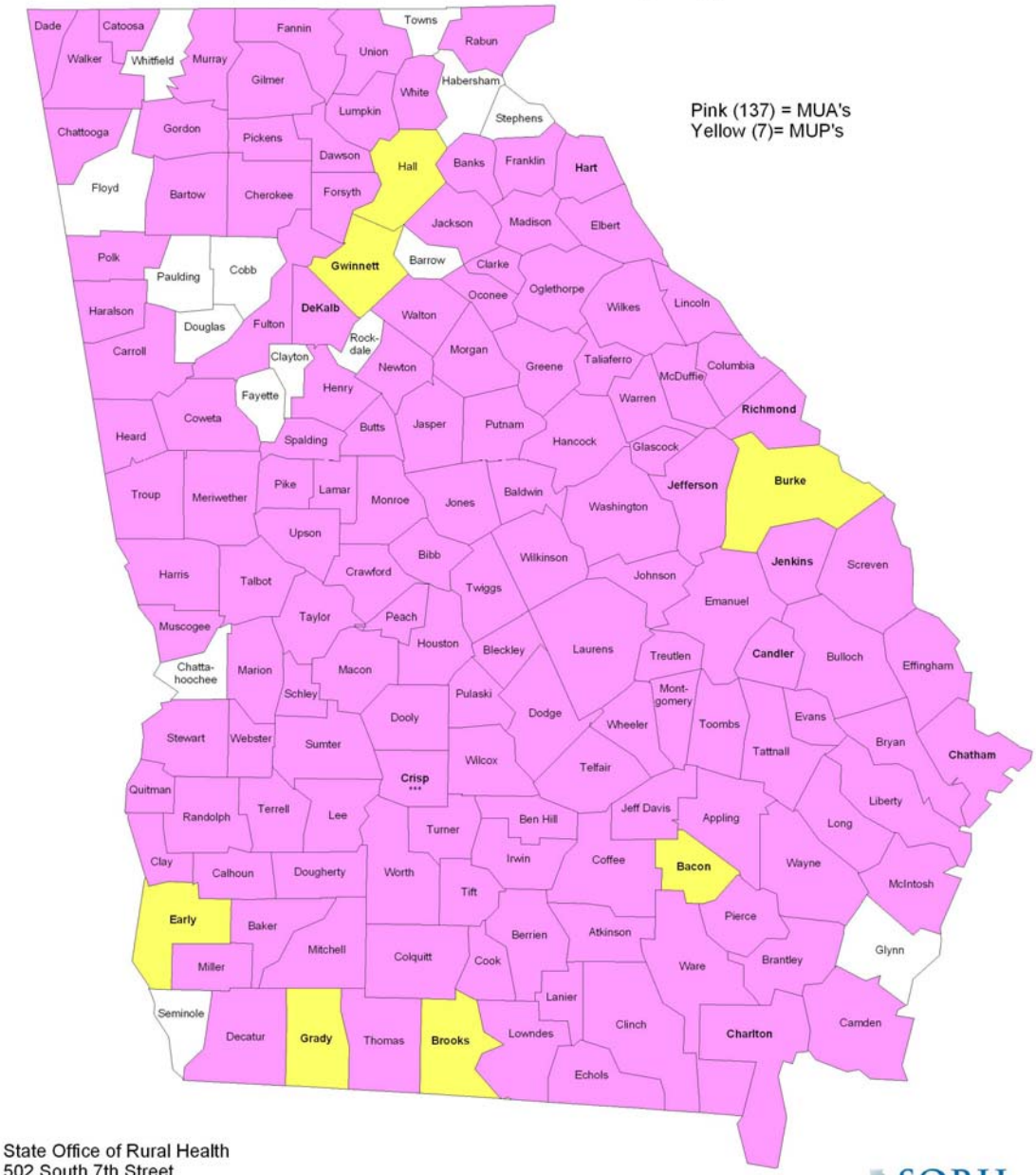

State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
Source: http://www.hrsa.gov
December 2008

# Appendix XII: Mental Health Professional Shortage Areas

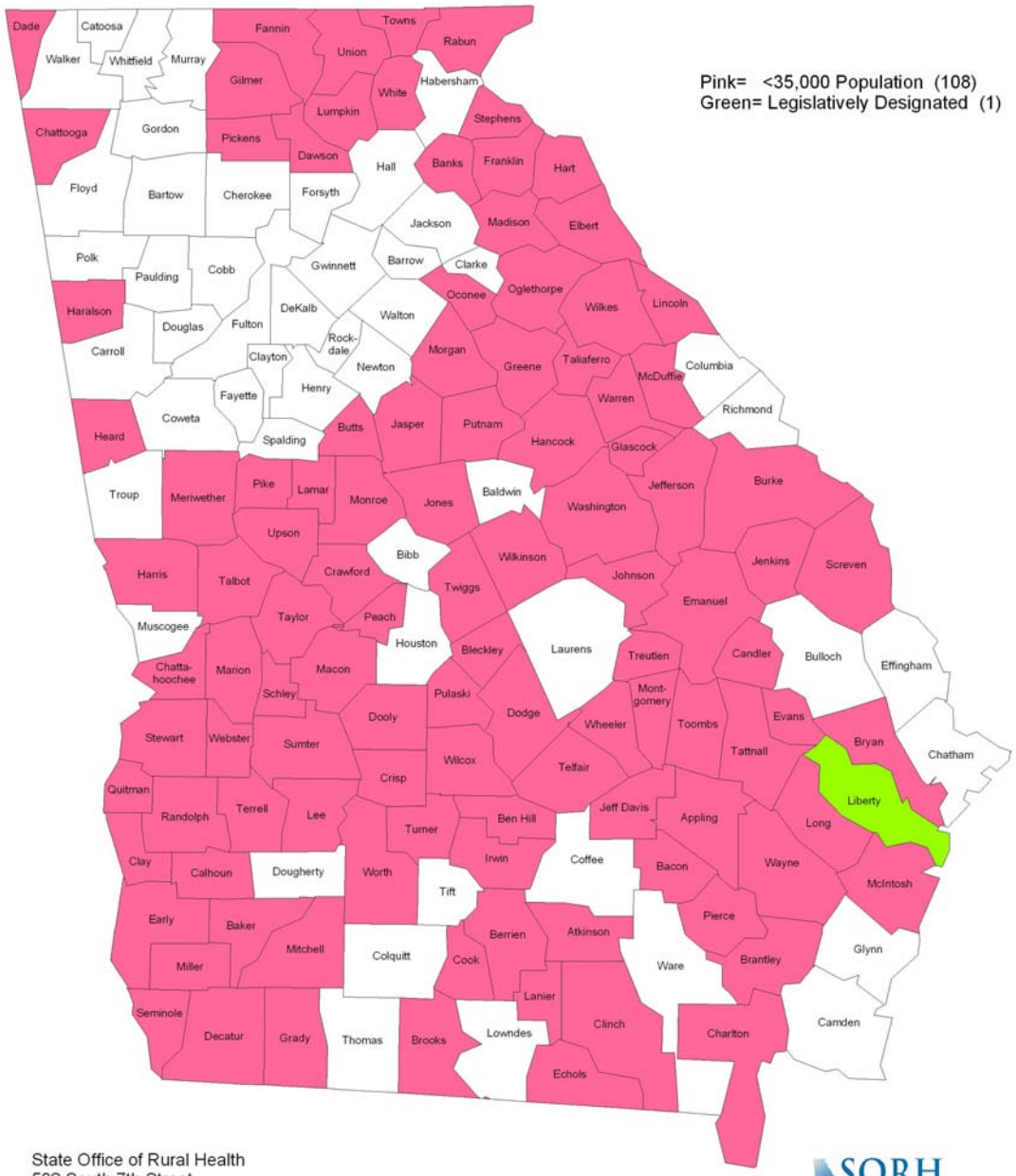



State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
Source: http://www.hrsa.gov
December 2008

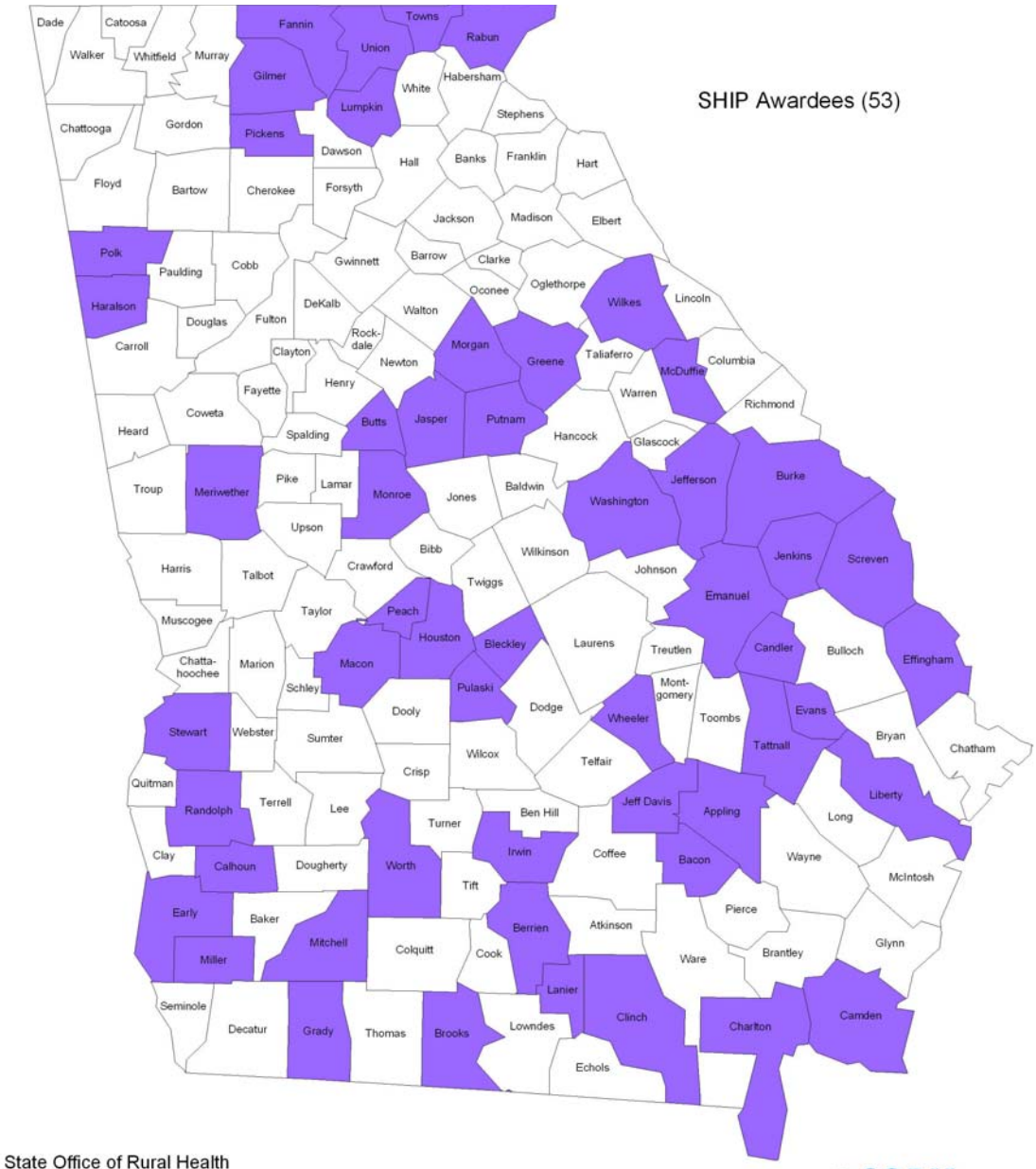
# Appendix XIII: Medically Underserved Areas/Populations



# Appendix XIV: Georgia's Rural Counties



# Appendix XV: Small Rural Hospital Improvement Program



# Appendix XVI: Acronyms and Definitions

## A.

ACS: Affiliated Computer Services
ADOC: Access Dallas Output Center (formerly DataDirect)
AR: Accounts Receivables
ASO: Administrative Services Organization

## B.

BCW: Babies Can't Wait
BOR: Board of Regents
BPS: Business Process Solutions (ACS subsidiary)

## C.

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

## D.

DCH: Georgia Department of Community Health
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

## E.

EDI: Electronic Data Interchange
EDS: Electronic Data Systems (Fiscal agent until 4/1/03)
EMA: Emergency Medical Assistance

## F.

FEMA: Federal Emergency Management Agency
FSMB: Federation of State Medical Boards

## G.

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

## H.

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

## I.

ICTF: Indigent Care Trust Fund
ICWP: Independent Care Waiver Program
IDEA: Individuals with Disabilities Education Improvement Act
IV & V: Independent Verification and Validation

## J.

## K.

## L.

## M.

MAG: Medical Association of Georgia
MCH: Maternal and Child Health Section
MEMS: Member Enrollment Management System
MHN: MultiHealth Network
MMIS: Medical Management Information System

## N.

NPI: National Provider Identifier

## O.

OBRA: Omnibus Budget Reconciliation Act
OCR: Optical Character Recognition
OIG: Office of Inspector General

## P.

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)

## Q.

## R.

RA: Remittance Advice (claim amount description/explanation)
RFP: Request for Proposal
RFQ: Request for Quotation

## S.

SBME: State Board of Medical Examiners
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
SSI: Supplemental Security Income

## T.

TAD: Turnaround Document (Provider Services documentation)
TANF: Temporary Assistance for Needy Families
TEFRA: Tax Equity and Fiscal Responsibility Act
TRIS: Therapeutic Residential Intervention Services

## W.

## X.

## Y.

## Z.

### Key Data Definitions

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

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.

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.

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

# Appendix XVII: Index