Georgia Department of Community Health

The Georgia Department of Community Health

Fiscal Year 2009 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 Medicaid, Peachcare for Kids™ and State Health Benefit Plan (SHBP) which provides health coverage for state employees, retirees and their families
- Administered a budget that exceeded $10.7 billion in Fiscal Year (FY) 2009
- 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 SHBP:
  - Public school teachers
  - Public school employees
  - Retirees
  - State employees
  - Eligible dependents

- People covered by Medicaid, including those who are:
  - Aged
  - Blind
  - Disabled
  - Low Income

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

FY 2009

Medicaid Transformation

Health Care Consumerism

Financial and Program Integrity

Health Improvement

Solutions for the Uninsured

Workforce Development

PeachCare for Kids™ Program Stability

Customer Service

Department Accomplishments

In FY 2009, each DCH division was tasked with specific projects and responsibilities to further the Department's mission. The following are some of the highlights:

Department Transition of the Office of Regulatory Services and Division of Public Health

In FY 2009, as a result of the passage of House Bill (HB) 228 and Senate Bill (SB) 433, the Division of Public Health, Office of Emergency Preparedness and Response, Office of Regulatory Services and the Brain and Spinal Injury Trust Commission transitioned from the Georgia Department of Human Resources (DHR) to DCH. Every enterprise function in the Department participated on a Transition Team to prepare for the merger. Some efforts included:

- Financial Management - Staff in the division's units revised and incorporated changes to policies and procedures to accommodate the considerable increase in workload resulting from the transition. Much of the effort involved making modifications to financial data systems and transaction workflow
- Operations Division - Planning activities began in the fall and continued throughout the fiscal year. The division actively participated across several work groups including Finance, Purchasing, Contracts, Facilities and Support Services, Procurement, Vendor Management, Human Resources and Business Continuity/Disaster Recovery/Crisis Management to help assure the transition's success
- Office of Communications - The Office of Communications created and implemented a communications plan which included both internal and external communication strategies

Individuals who served on the Transition Team were honored with a Governor's Customer Service Commendation.

Office of Inspector General

The Office of Inspector General recovered approximately $26 million including overpayments to Medicaid providers and global settlements. Of the 2,631 cases opened, 1,006 were closed with findings, 234 were closed without findings and 28 were referred to the State Health Care Fraud Control Unit. At the end of FY 2009, 1,363 cases were still pending.

Office of Women's Health

In keeping with the rules and regulations of the breast cancer license tag program, the Office of Health Improvement's Office of Women's Health initiated the Georgia Access to Care, Treatment and Services for Women with Breast Cancer Grant Program (ACTS). The grants provided breast cancer treatment and services to underserved Georgia women. Communities across the state were awarded nearly $500,000 in tag proceeds in this effort. More than 3,900 women received either screenings or cancer treatment for more severe illnesses because of this initiative.

Office of Information Technology

After 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 (EDS), the Design Development and Implementation (DDI) phase of the project began.

Medicaid and PeachCare for Kids™

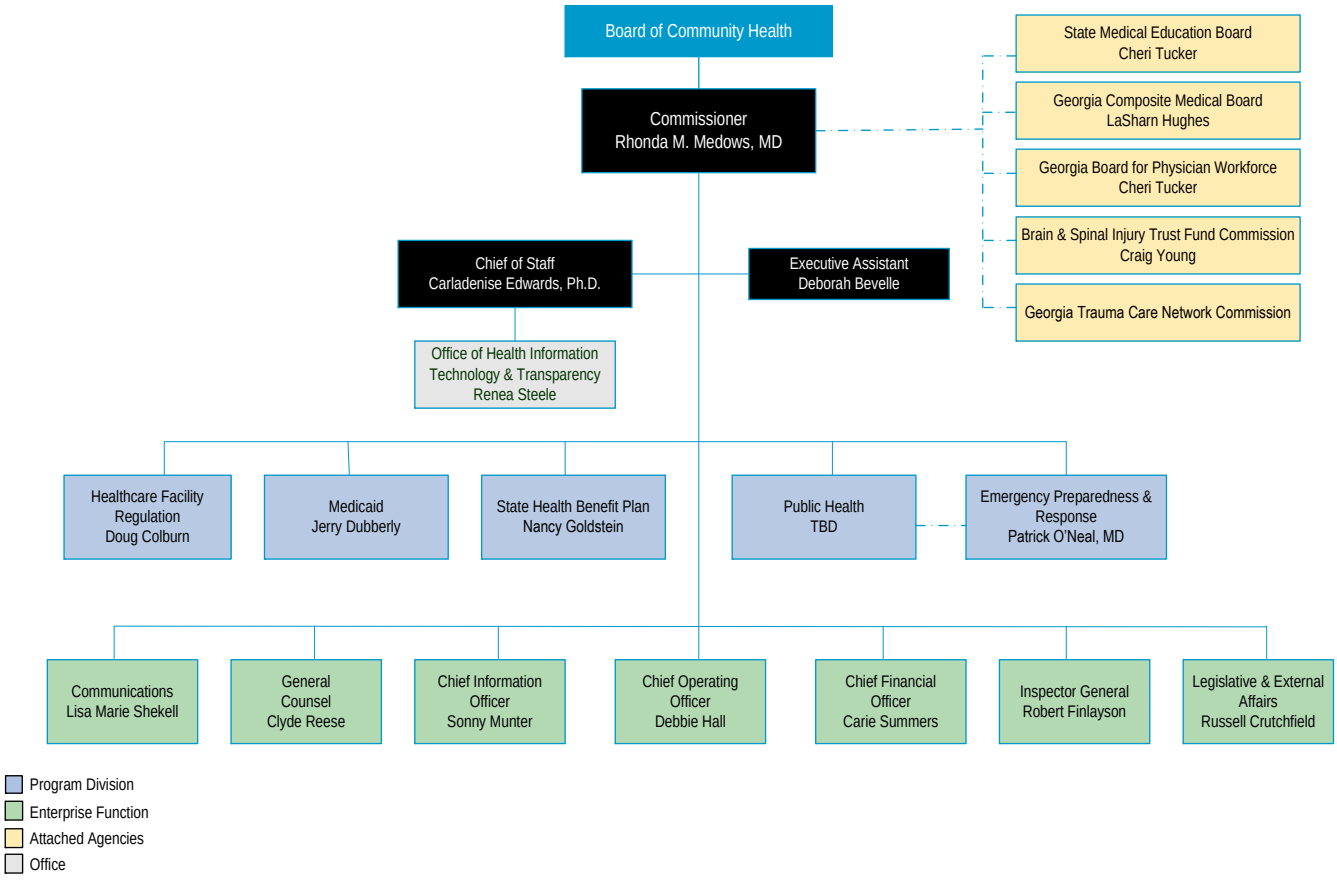
PeachCare for Kids™ collaborated with the Medicaid program in a Rapid Process Improvement (RPI) initiative to identify ways to handle PeachCare for Kids™ applications that were referred for Medicaid eligibility determination. This resulted in alignment of eligibility rules in both programs and other changes in the process to help avoid unnecessary confusion for families with children in both programs or transferring between programs.

Department Organization

DCH Leadership

Dr. Rhonda Medows served as the Commissioner of DCH. In FY 2009, she oversaw the preparation for the transition of the Office of Regulatory Services and the Division of Public Health from the Georgia Department of Human Resources (DHR) to DCH. As a result of the legislation, Governor Perdue appointed Dr. Medows as State Health Director following the transition.

Figure 1 DCH Division Organization Chart FY 2009



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 2009 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

Figure 2: DCH Total Expenditures for FY 2009

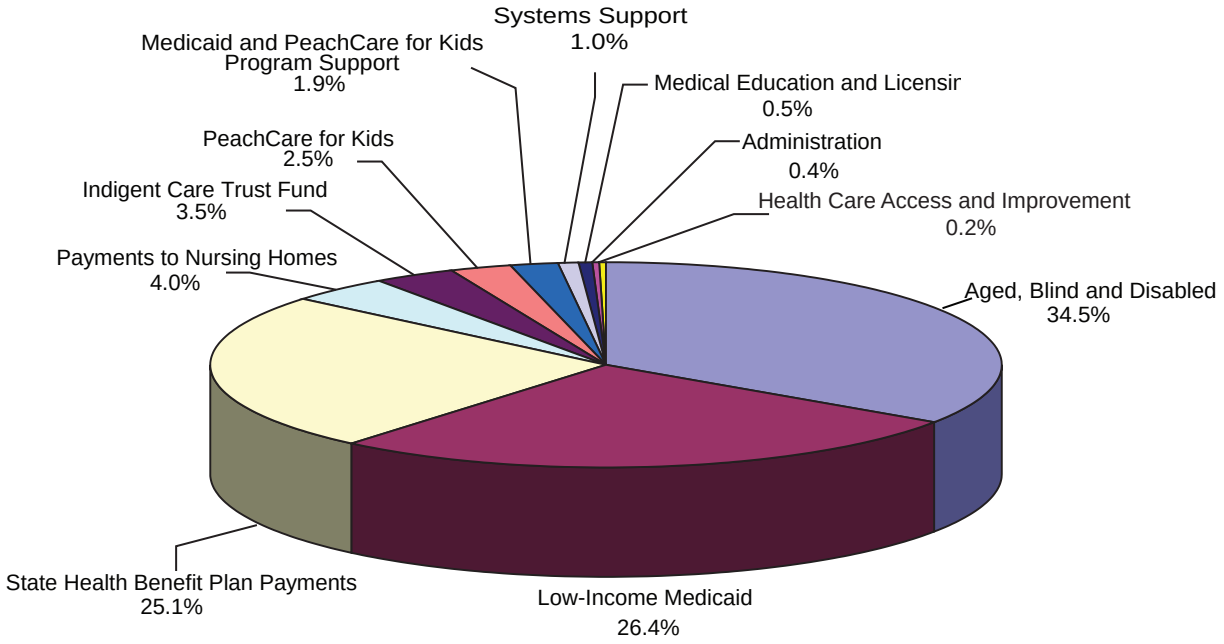


Table 1: Total DCH Expenditures FY 2009

Georgia Department of Community Health	Amount	Percent
Benefits (Based on Date of Payment)*		
Aged, Blind and Disabled Medicaid	$3,828,430,598	
Low Income Medicaid	$2,934,946,439	
PeachCare for Kids™	$273,955,728	
Indigent Care Trust Fund	$390,573,229	
Payments to Nursing Homes	$438,224,621	
State Health Benefit Plan Payments	$2,784,060,105	
Subtotal	$10,650,190,720	96.1%
Service - Program Support		
Systems Support (includes SHBP & MMIS Reprocurement)	$106,552,266	
Medicaid and PeachCare for Kids™ Program Support	$205,035,291	
Subtotal	$311,587,557	2.8%
Medical Education and Licensing		
Georgia Board for Physician Workforce	$46,918,536	
State Medical Education Board	$1,258,980	
Composite State Board of Medical Examiners	$2,419,588	
Subtotal	$50,597,104	0.5%
Health Care Access and Improvement		
Health Planning and Certificate of Need	$1,114,659	
Rural Health	$12,357,333	
Health Initiatives	$2,382,495	
Health Information Technology and Transparency	$4,062,983	
Georgia Volunteer Health Care Program	$535,769	
Subtotal	$20,453,240	0.2%
Administration		
State Health Benefit Plan Administration	$10,489,235	
Administration - Medicaid, PeachCare for Kids™, and Health Care	$33,574,288	
Subtotal	$44,063,523	0.4%
Totals	$11,076,892,144	100.0%

Source: Georgia State Accounting Office "Budgetary Compliance Report for Fiscal Year 2009"

II. Division of Medicaid

Overview

DCH is the state agency responsible for the administration of the Medicaid program and State Children's Health Insurance Program (SCHIP) in Georgia. In FY 2009, the Division of Medicaid provided access to health care for 1.3 million Georgians at a cost of $6.4 billion through the administration of the following Medicaid major Fee-for-Service (FFS) coverage groups:

Aged, Blind and Disabled Medicaid (ABD)

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

Medically Needy Program (MNP)

People who may have been eligible for MNP were pregnant women, children, aged, blind or disabled individuals whose family incomes exceeded the established income limit. The MNP allowed people to use incurred/unpaid medical bills to "spend down" the difference between their income and the minimum level of income to become eligible.

Supplemental Security Income (SSI)

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

Nursing Home

People who were aged, blind or disabled with low incomes, limited assets and who resided in nursing homes were provided for under this program.

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, had incomes less than 100 percent of the federal poverty level and limited resources. Medicaid paid the Medicare premiums (A and B), coinsurance and deductibles only.

Hospice

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

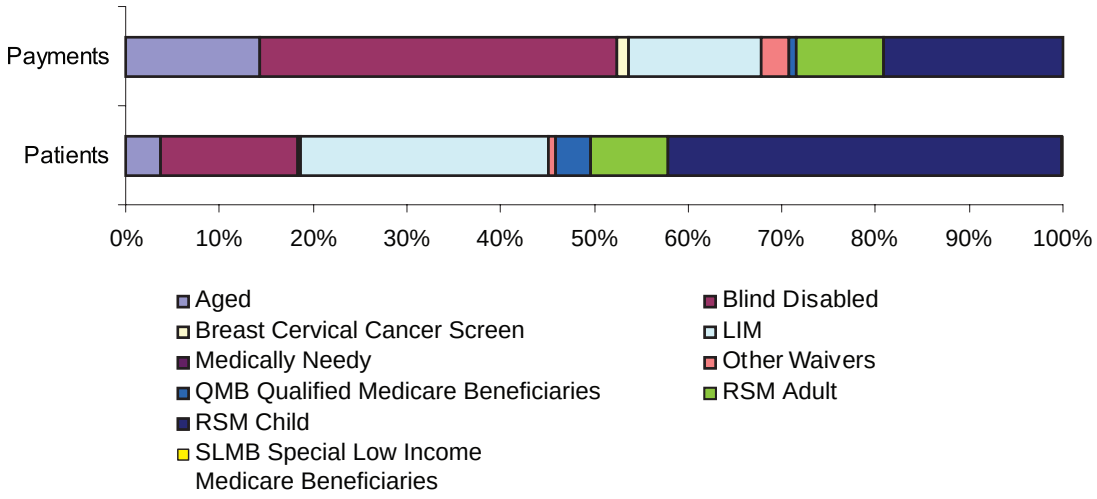
Chafee Option

The Foster Care Independence Act allowed states to extend Medicaid coverage to older youth (18-21) who aged out of Foster Care. This program was implemented on July 1, 2008.

Emergency Medical Assistance (EMA)

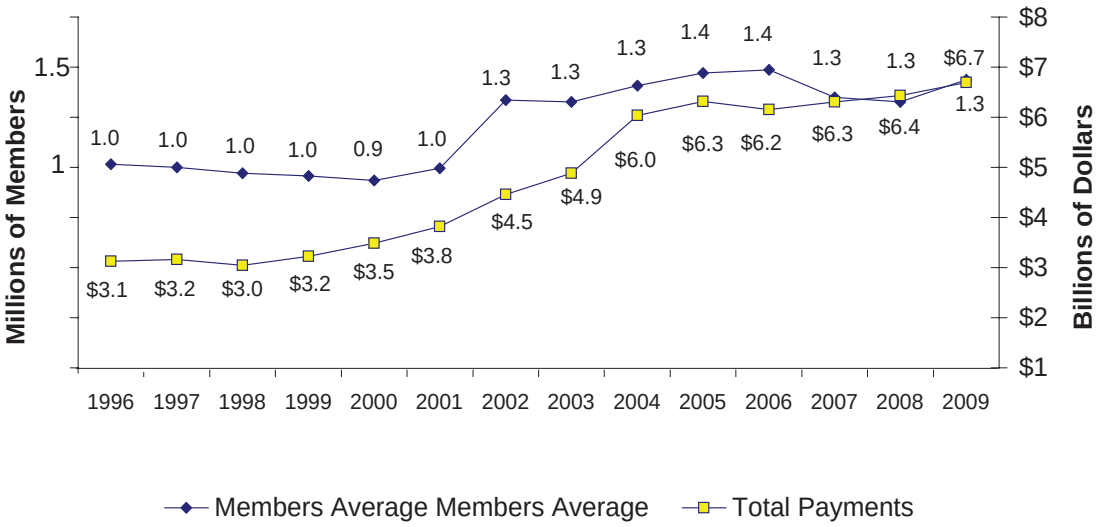
Immigrants, including undocumented immigrants, who met Medicaid eligibility standards except for their immigrant status, were potentially eligible for EMA. This included people who were aged, blind, disabled, pregnant women and children, or parents of dependent children who met eligibility criteria.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

Figure 3: Medicaid Payments and Patients by Aid Category FY 2009



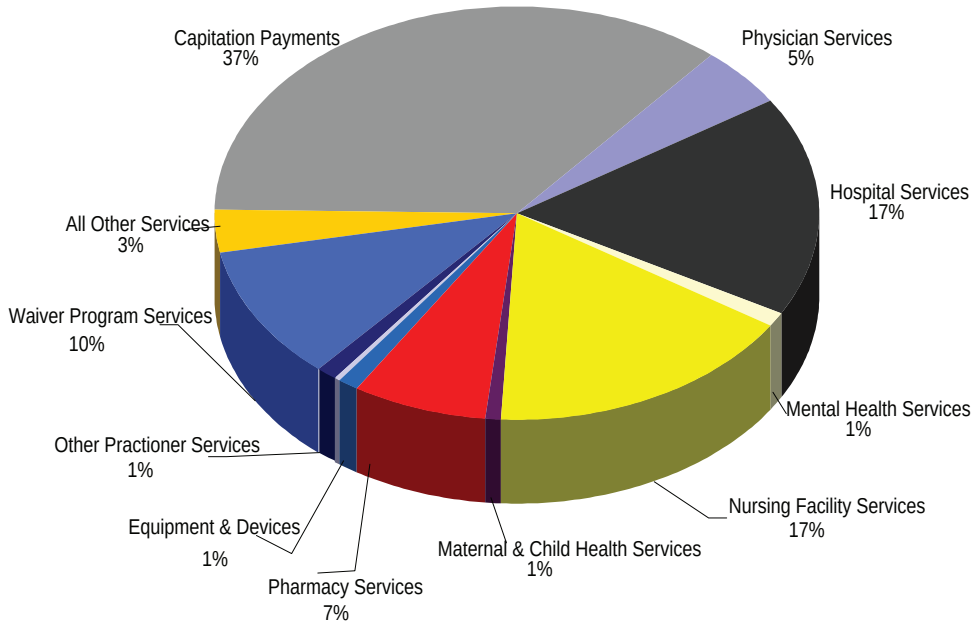
Source: FY 2009 DCH Annual Report Data provided by Thomson Reuters

Figure 4: Average Medicaid Members and Payments by Fiscal Year FY 2009



Source: FY 2009 DCH Annual Report Data provided by Thomson Reuters

Figure 5: Medicaid Payments by Distribution Type FY 2009



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.

Table 2: FY 2009 Table of Members and Expenditures

Date paid: July 2007 through June 2009			
Measures	**Medicaid**	**Medicaid-ABD**	**Medicaid-LIM**
Members[1]	**1,784,691**	**448,609**	**1,343,143**
Patients[2]	**1,496,135**	**356,227**	**1,148,143**
Average of Members	**1,349,663**	**393,527**	**956,135**
Member Months	**16,195,951**	**4,722,320**	**11,473,621**
Net Payment[3]	**$4,309,313,387**	**$3,725,181,539**	**$584,123,809**
Net Payment Per Month Per Member	**$201**	**$692**	**$36**
Net Payment Per Patient	**$2,880**	**$10,457**	**$509**
Providers	**66,129**	**53,302**	**52,463**
Claims Paid	**42,233,244**	**19,450,531**	**22,784,092**
Capitation Amount	**$2,377,949,551**	**$22,877,377**	**$2,355,072,149**
Total Payment[4]	**$6,687,262,938**	**$3,748,058,916**	**$2,939,195,958**

[1]Members is the unique number of people who were enrolled at any time during the year.
[2]Patients is the unique number of people who received a service at any time during the year.
[3]Net Payment is the amount DCH paid, net of any adjustments or third party liability amounts. This amount does not include capitation amounts.
[4]Total Payments includes the Net Payment and the Capitation amounts paid.

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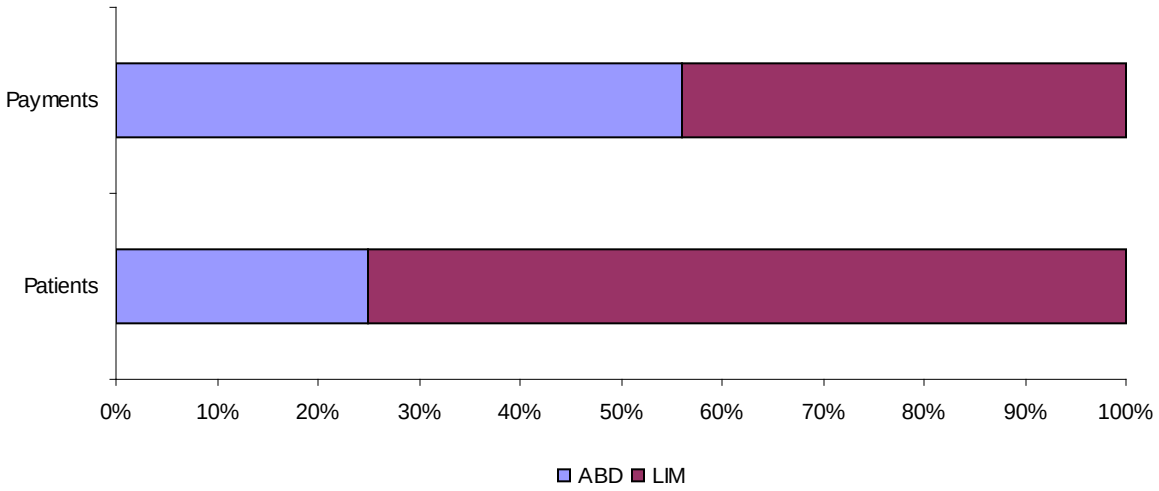
Figure 6: Medicaid Payments and Patients by Aged, Blind, Disabled and Low Income Medicaid FY 2009



Source: FY 1996-2006 DCH archived data in DataProbe. FY 2007 - FY 2009 Thomson Reuters Advantage Suite. Total payments includes capitation amounts from FY 2004 forward.

Table 3: Historical Medicaid Members and Payments by Fiscal Year

FY	Members Average	Total Payments	Payment Per Member	% 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	1,261,032	$6,432,243,069	$5,101	3.4%
2009	1,349,663	$6,693,892,977	$4,960	-2.8%

Source: FY 2009 DCH Annual Report Data provided by Thomson Reuters

Managed Care and Quality

In 2006, the state implemented Georgia Families, a managed care program through which health care services were delivered to certain Medicaid and PeachCare for Kids™ members. The program was a partnership between DCH and three private Care Management Organizations (CMOs), Amerigroup Community Care, PeachState Health Plan and WellCare of Georgia, 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 fit their needs and establishes a medical home with a primary care physician.

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. Also included were 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).

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 may 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 younger than 65 years old who had been screened by a public health department and then diagnosed with either breast or cervical cancer may have been eligible for treatment under this program.

Refugee Medicaid Assistance

Legal immigrants classified as refugees, asylees, 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 categories. Coverage of this group was federally required and 100 percent reimbursed by the federal government.

PeachCare for Kids™

Georgia participated in the federal State Children's Health Care 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).

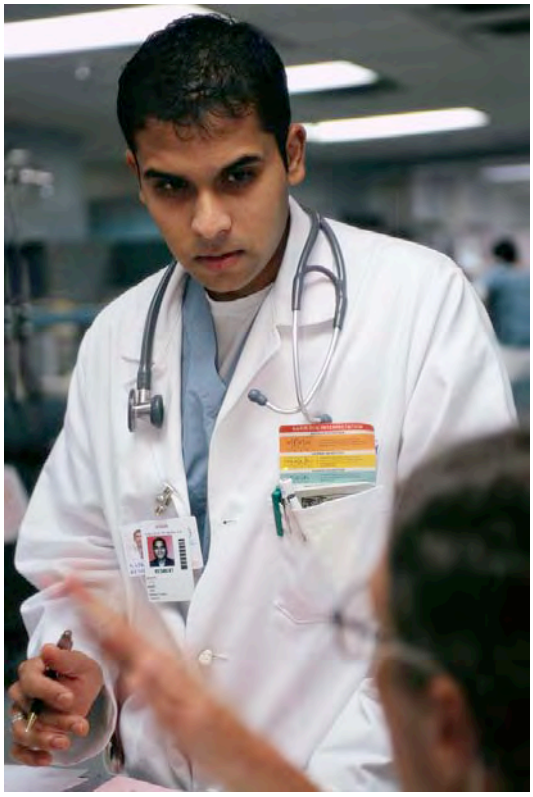
All PeachCare for Kids™ members' access to health care was through the Georgia Families care management program.

Managed Care Initiatives

CMO Audit

DCH engaged Myers & Stauffer to study and report on aspects of the Georgia Families program, including provider-identified issues, selected claims paid or denied by CMOs, and selected Georgia Families policies and procedures. They completed a dental analysis that focused on the first 30 months of the managed care transition (June 2006 through November 2008). Myers & Stauffer analyzed provider payment, prior authorization, denial trends of dental claims and other supporting factors such as the length of time to complete contract loading and credentialing.

The findings quantified some reported concerns and clarified others. This review identified opportunities for improvement. *CMO Performance and Oversight Update* is available on the DCH website at **dch.georgia.gov**.



Medicaid Operations

In FY 2009, the state's Medicaid program received varying levels of federal reimbursement for different services and functions. For example, the federal government paid approximately 71 percent of the costs for health care benefits for Medicaid members and 75 percent of the health care benefit costs for PeachCare for Kids™ members. Medicaid Management Information Systems costs were 75 percent federally funded and other administrative costs received 50 percent federal funding.

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, Breast Cancer Tag Fees, ambulance fees and penalties from non-compliance with Certificate of Need (CON) requirements.

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

CMO	7/2008 Totals	8/2008 Totals	9/2008 Totals	10/2008 Totals	11/2008 Totals	12/2008 Totals	1/2009 Totals	2/2009 Totals	3/2009 Totals	4/2009 Totals	5/2009 Totals	6/2009 Totals
Atlanta Region												
Amerigroup	101,485	102,242	100,422	103,276	104,439	103,651	107,653	102,565	106,654	109,758	111,612	114,358
Peach State	162,384	163,817	159,622	163,896	165,539	163,104	168,262	160,064	163,548	168,473	168,953	169,950
Wellcare	182,701	185,282	182,375	188,976	192,649	191,853	199,478	191,808	199,290	206,640	208,040	209,922
Atlanta Region Total	**446,570**	**451,341**	**442,419**	**456,148**	**462,627**	**458,608**	**475,393**	**454,437**	**469,492**	**484,871**	**488,605**	**494,230**
Central												
Peach State	49,401	49,358	48,308	48,894	49,027	48,427	49,494	47,495	48,739	49,704	49,867	50,096
Wellcare	73,994	74,513	73,382	75,052	75,784	75,100	77,359	74,416	76,051	78,248	78,736	79,732
Central Region Total	**123,395**	**123,871**	**121,690**	**123,946**	**124,811**	**123,527**	**126,853**	**121,911**	**124,790**	**127,952**	**128,603**	**129,828**
East												
Amerigroup	25,975	25,945	25,690	25,970	25,910	25,785	26,346	25,476	26,069	26,362	26,328	26,773
Wellcare	34,631	34,707	34,278	35,009	35,396	35,328	36,243	35,283	35,982	36,727	36,594	36,809
East Region Total	**60,606**	**60,652**	**59,968**	**60,979**	**61,306**	**61,113**	**62,589**	**60,759**	**62,051**	**63,089**	**62,922**	**63,582**
North												
Amerigroup	46,226	46,371	45,813	46,819	47,197	47,409	48,937	47,866	49,171	50,412	50,948	51,789
Wellcare	86,012	86,236	85,305	87,319	87,946	87,952	90,879	88,692	91,439	93,806	94,570	95,359
North Region Total	**132,238**	**132,607**	**131,118**	**134,138**	**135,143**	**135,361**	**139,816**	**136,558**	**140,610**	**144,218**	**145,518**	**147,148**
Southeast												
Amerigroup	31,125	31,227	30,367	30,964	31,403	31,466	32,498	31,197	32,071	32,809	33,040	33,581
Wellcare	57,974	58,074	56,588	58,236	58,873	58,445	60,362	58,289	59,857	61,511	62,011	62,378
Southeast Region Total	**89,099**	**89,301**	**86,955**	**89,200**	**90,276**	**89,911**	**92,860**	**89,486**	**91,928**	**94,320**	**95,051**	**95,959**
Southwest												
Peach State	74,379	74,619	73,894	75,079	75,212	74,977	76,821	73,807	75,367	76,777	76,837	76,998
Wellcare	30,986	31,173	30,735	31,511	32,131	31,842	33,046	31,861	32,448	33,438	33,810	34,388
Southwest Region Total	**105,365**	**105,792**	**104,629**	**106,590**	**107,343**	**106,819**	**109,867**	**105,668**	**107,815**	**110,215**	**110,647**	**111,386**
GHF Total	**957,273**	**963,564**	**946,779**	**971,001**	**981,506**	**975,339**	**1,007,378**	**968,819**	**996,686**	**1,024,665**	**1,031,346**	**1,042,133**

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 Division of Family and Children Services (DFCS) offices for Medicaid enrollment and vendor activities for PeachCare for Kids™ enrollment.

Major areas of work for this unit included:

Digitized or Scanned Electronic Signature - Effective December 2008

Tenet Healthcare used R&B Solutions software product, Rapid Application for Medical Programs (RAMP), to assist patients in applying for financial assistance. The software enabled Patient Advocate staff to complete the state Medicaid application on their laptop computers at the patients' bedside.

DCH granted approval to Tenet to use RAMP to fax the signed application and forms to local county DFCS offices through a fax server. DCH authorized DFCS to accept the digitized electronic signature with the same validity and effect as the use of a signature affixed by hand to Medicaid applications and related forms.

Money Follows the Person - Effective January 2009

Money Follows the Person (MFP) was a joint effort between DCH and DHR. MFP provided necessary transitional supports for eligible members who chose to leave the nursing home and receive care at home or in a community-based setting. Working with MFP project administrators, DCH developed a smooth process coordinated with MFP care coordinators and DHR state Medicaid staff to transition eligible members from Nursing Home Medicaid to a Medicaid Waiver category.

Long-Term Care Partnership

DCH developed the policy for the Georgia Long-Term Care Partnership program which allowed long term care policyholders to protect a portion of their assets if they chose to apply for Medicaid. Georgia Long-Term Care Partnership was a public-private partnership administered by DCH, with the assistance of the Office of the Commissioner of Insurance and DHR.

Policy changes in federal law with which the office dealt included:

American Recovery and Reinvestment Act - ARRA - Effective February 17, 2009

Section 2002 subsection H – Increased Unemployment Compensation and authorized an additional $25 in weekly Unemployment Compensation. This additional amount was disregarded in determining Medicaid eligibility.

Section 2201 subsection C – Authorized a one-time payment of $250 to Recipients of Social Security, Supplemental Security Insurance (SSI), Railroad Retirement Benefits and Veterans Disability Compensation or Pension Benefits. The one-time payment did not count as income in all federal and federally assisted programs. It also did not count as a resource for the month of receipt and the following nine months.

Chafee Foster Care Independence - Effective July 1, 2008

The Foster Care Independence Act (P.L. 106-169) was enacted into law in December 1999. The primary purpose of the Act was to reform and expand the Independent Living program. This program was authorized under Title IV-E of the Social Security Act to help children in foster care prepare to become independent once they transitioned out of the program. They must have been enrolled in foster care and have received benefits on their 18th birthday to be eligible for continued coverage. The Act enabled states to extend Medicaid coverage to youths 18-21 years old who would have otherwise aged out and exited the foster care system.

Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) - Effective April 1, 2009

Newborn (NB) Medicaid provided coverage to a child born to a mother who was eligible for and receiving Medicaid in Georgia on the child's birth day. The passage of CHIPRA amended the Medicaid statute by ending the requirement that newborn children remain in the household with their mother to continue to be eligible for that category of assistance. The change allowed children to be eligible whether they lived with the birth mother or not. In addition, once a Medicaid child was deemed eligible for the NB category of assistance in Georgia, no citizenship or identity documents were required on any date that occurred during or after the period in which the individual was eligible for medical assistance.

Afghan Special Immigrants Omnibus Appropriations Act 2009 - Effective April 2009

Under the Omnibus Appropriations Act of 2009 (Public Law No: 111-8), signed into law March 11, 2009, the eligibility period for Afghani special immigrants was changed from six months to eight months. The certification period of previously certified Afghani special immigrants was adjusted to allow eight months of eligibility, if they met all other eligibility factors. The eligibility period for Iraqi special immigrants remained at eight months.

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 FPL. In FY 2009, this represented up to $51,818 annually for a family of four.

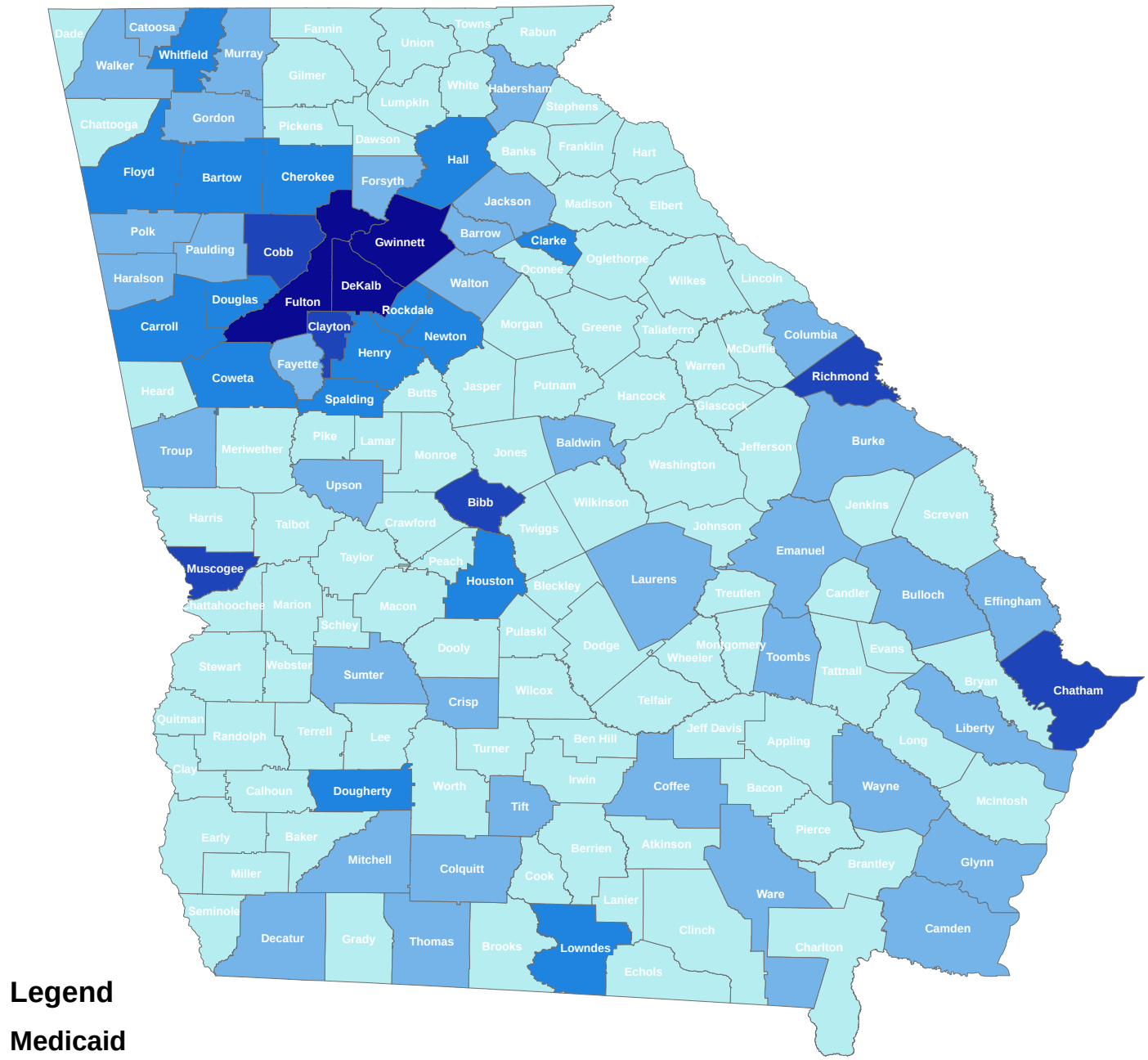
CHIPRA, which reauthorized children's health insurance programs across the country in 2009, will fund PeachCare for Kids™ through 2013. The program currently has an enrollment cap of 295,000 members.

Accomplishments:

PeachCare for Kids™ collaborated with the Medicaid program in a Rapid Process Improvement (RPI) initiative to identify ways to handle PeachCare for Kids™ applications that were referred for Medicaid eligibility determinations. This resulted in alignment of eligibility rules in both programs and other changes in the process to help avoid unnecessary confusion for families with children in both programs or transferring between programs.

The Third-Party Administrator for PeachCare for Kids™, Policy Studies, Inc., provided the program with a new, enhanced eligibility platform called VIDA. This eligibility system increased reporting capacity and enhanced access and program integrity.

Figure 7 Medicaid Average Membership by County Map FY 2009



Legend

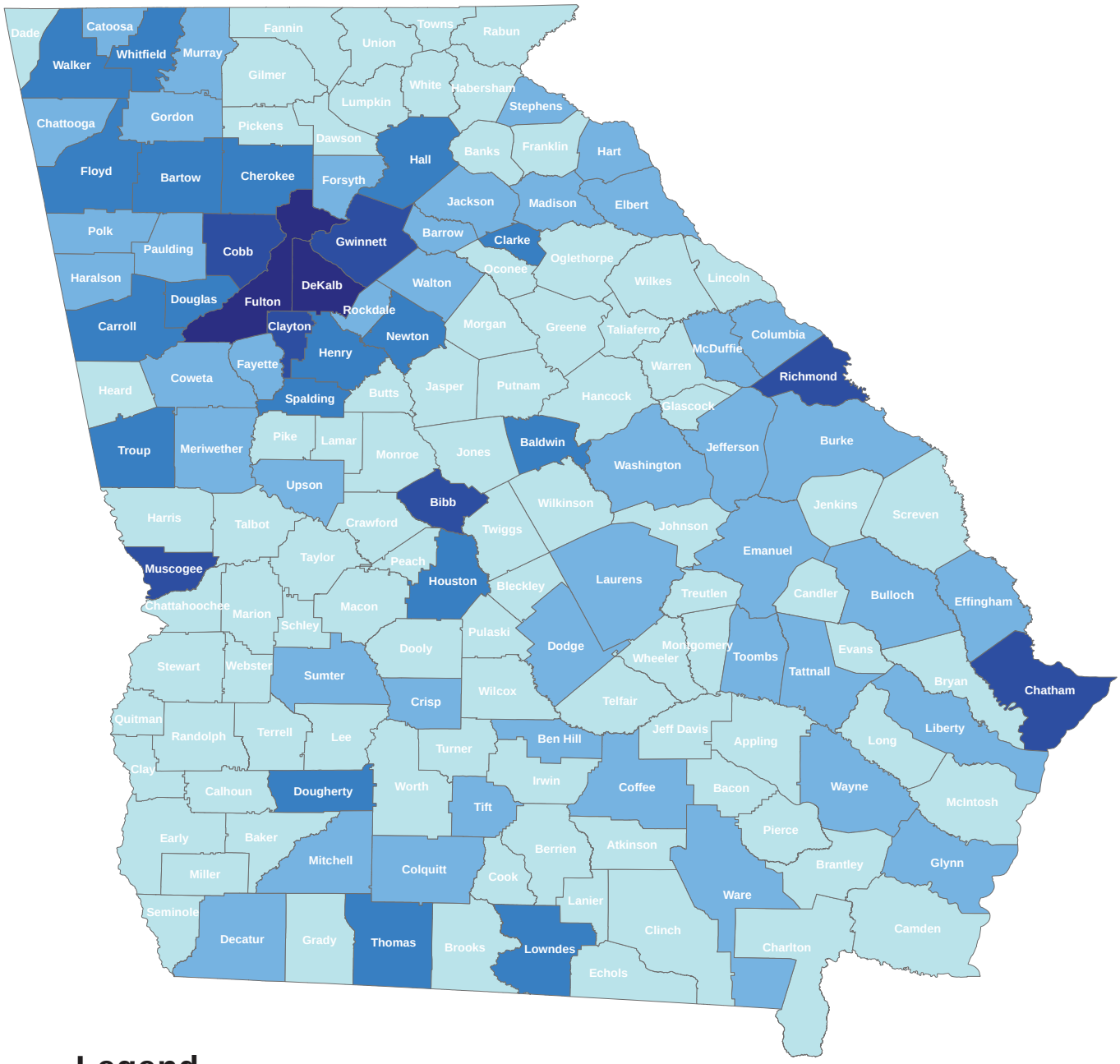
Medicaid

Average Members

- 506 - 5,859
- 5,860 - 13,710
- 13,711 - 28,117
- 28,118 - 65,339
- 65,340 - 132,915

Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

Figure 8: Medicaid by Net Payments and Capitation FY 2009



Legend

Medicaid

Net Payment + Capitation

- $1,005,681.30 - $14,977,980.98
- $14,977,980.99 - $34,447,874.14
- $34,447,874.15 - $71,514,963.96
- $71,514,963.97 - $180,589,680.21
- $180,589,680.22 - $398,008,871.95

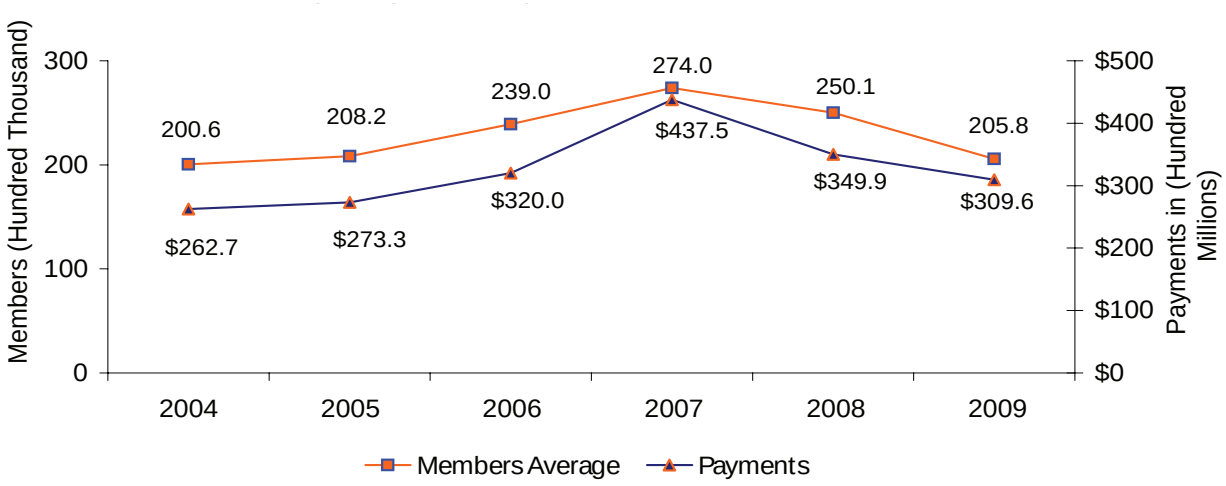
Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

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

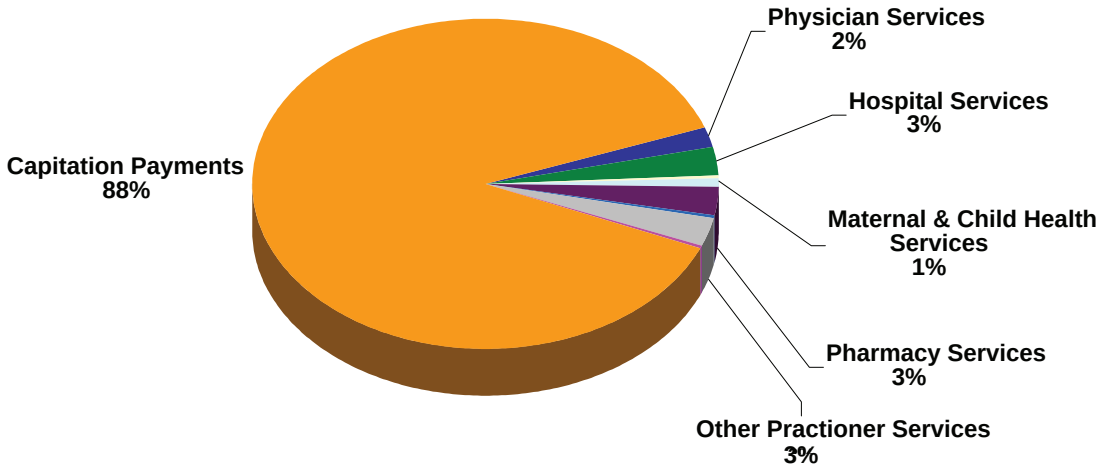
Source: Georgia Department of Community Health

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



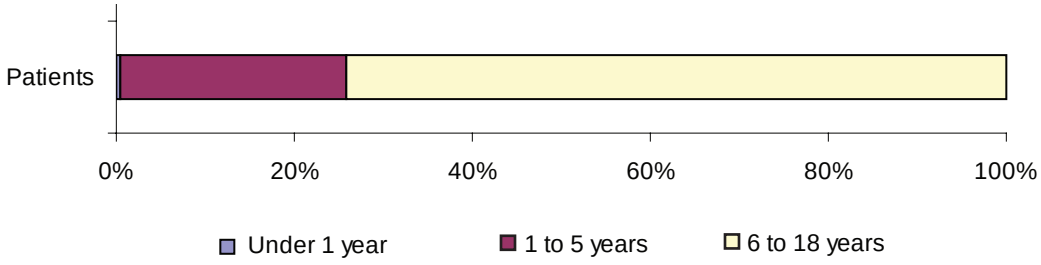
Source: FY 2009 DCH Annual Report data provided by Thompson Reuters

Figure 10: PeachCare for Kids™ Payments Distribution by Type FY 2009



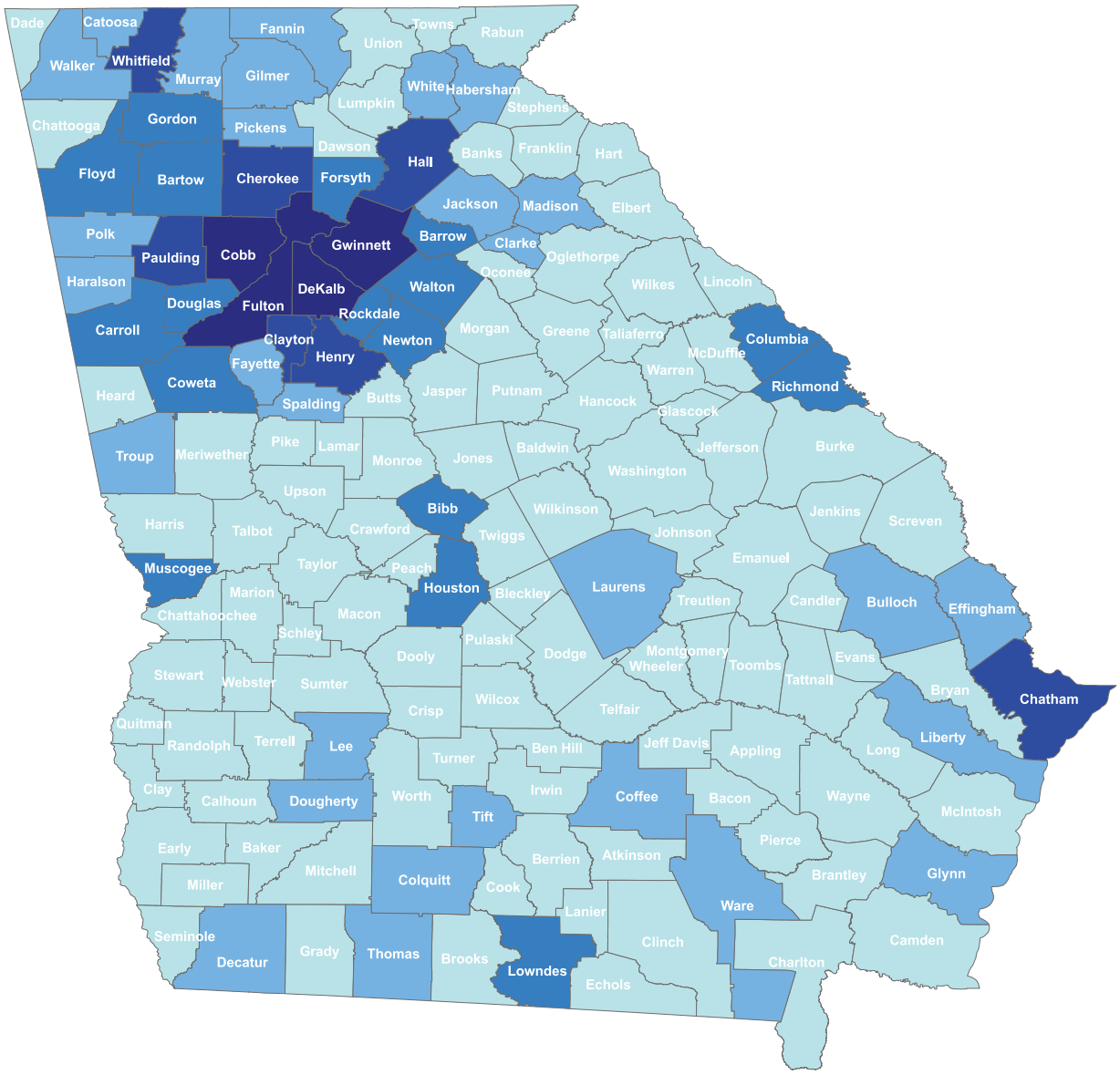
Source: Thomson Reuters Data, DCH FY 2009 Annual Report

Figure 11: PeachCare for Kids™ Patients and Payments by Age Group FY 2009



Source: Thomson Reuters Decision Support, DCH FY 2009 Annual Report

Figure 12: PeachCare for Kids™ Average Members by County FY 2009



Legend

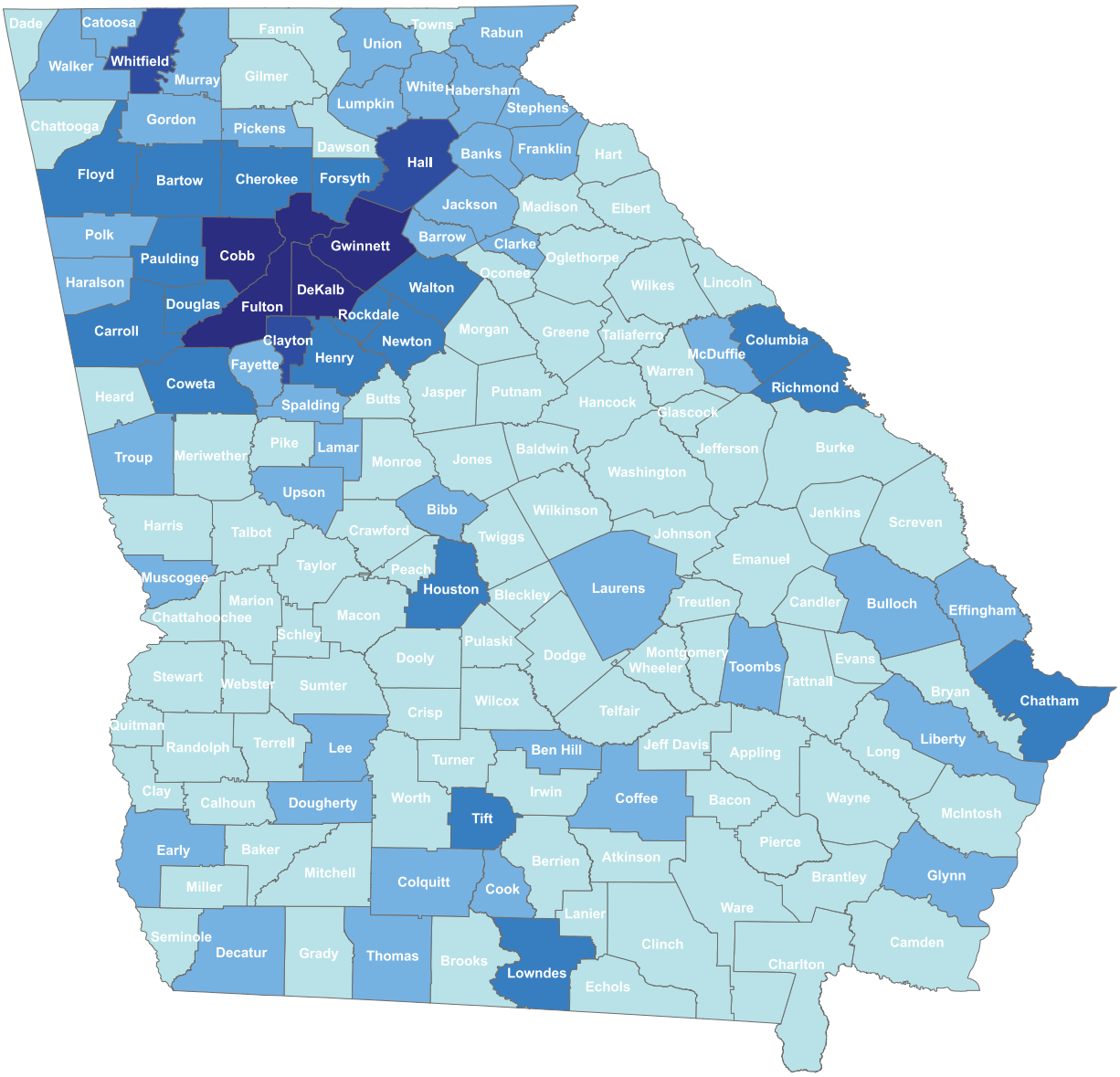
PeachCare for Kids™

Average Members

- 28 - 695
- 696 - 1,489
- 1,490 - 3,469
- 3,470 - 7,858
- 7,859 - 26,462

Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

Figure 13: PeachCare for Kids™ Net Payment by County FY 2009



Legend

PeachCare for Kids™

Net Payment

- $712.77 - $59,660.51
- $59,660.52 - $161,870.45
- $161,870.46 - $324,217.57
- $324,217.58 - $639,079.17
- $639,079.18 - $1,771,782.25

Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

Medicaid Quality Control Unit

In FY 2009, the Medicaid Quality Control Unit (MEQC) unit:

- Completed Payment Error Rate Measurement (PERM) results for the 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 DFCS cases through an Administrative Services Organization. The unit coordinated the review of 850 Medicaid eligibility cases monthly by a contracted vendor. It compiled the records and data, reviewed results and addressed areas of improvement based on the data with DFCS in monthly corrective action meetings. This Quality Control initiative moved the division toward complete contract accountability and enhanced program integrity

A federally required MEQC pilot project was completed and the findings were reported to CMS. The pilot's purpose was to determine the effectiveness of the online nursing home application process. All of the nursing home applications taken online were reviewed. All areas of eligibility and timeliness standards of the eligibility workers were included in the review. Documentation and verification standards of the workers were considered so that all state and federal guidelines were met when the eligibility was determined. Negative case decisions were also reviewed for accuracy. A monthly summary report of findings was provided to eligibility staff and management in DFCS.

Long-Term Care: DCH Quality Program in Nursing Homes DCH continued the incentive fee program for nursing facility providers who met specific criteria for quality measures, adding a one percent additional increase to the incentive payment through legislative mandate that is scheduled to begin in FY 2010. Over 89 percent of all facilities participating in the program were awarded the incentive fees.

Nurse Aide Training Program

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 wanted to become 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.). The state 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 entered on the Georgia Nurse Aide Registry.

Waiver Programs

With the assistance of Georgia Medical Care Foundation (GMCF) and DHR's Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD), DCH added 741 new people to the two Medicaid waiver programs for people with developmental disabilities; 2,507 people to the Community Care Services Program (CCSP) and 217 people to the Independent Care Waiver Program (ICWP), as appropriated in FY 2008.

Psychiatric Residential Treatment Facility Waiver

The Community Based Alternatives for Youth Waiver Program, operationally managed by the Division of mental health, Developmental Disabilities and Addictive Diseases (MHDDAD), 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 will be served under the waiver over the next three years. Georgia was one of 10 states to receive the CMS five-year demonstration grant to better enable youth with serious emotional disturbances 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. 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 youth in parental custody or DFCS custody. Details for this 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 *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), and who were placed in or were at risk of placement in a PRTF
- Youths/young adults aged 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 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 Long-Term Care Partnership policy paid out in benefits, a dollar of assets could be protected (disregarded) from the Long-Term Care Medicaid asset limit as in Estate Recovery.

The Long-Term Care Partnership:

- Provided incentives for individuals to insure against the costs of providing for their long-term care (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 Division of Aging Services
- Alleviated the financial burden on 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 $45,533,608 to resettle 618 persons from nursing homes and other institutions to home and community-based services (HCBS) through 2011. Beginning in September 2008 and continuing through December 2012, the state will offer 15 transition services to resettle older adults, persons with physical disabilities and persons with mental retardation and/or developmental disabilities.

Through MFP funding, the Independent Care Waiver Program (ICWP) 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. The Elderly and Disabled waiver removed 100 slots from its budget for FY 2009. To date, the program transitioned 56 people into CCSP, five people into Service Options Using Resources in a Community Environment Program (SOURCE), 36 into ICWP and 131 people into the Comprehensive Supports Waiver Program (COMP).

Pharmacy Unit

The Pharmacy Unit reimbursed its 2,220 pharmacies throughout the state a total of $491,418,510.50 for 6,859,547 prescriptions during FY 2009. Medicaid pharmacy services were available to an average of 419,930 total eligible members in that year. Of this number, there was an average of 135,723 (32.32 percent) utilizing members during any given month. The total amount spent per utilizing member per month (PUMPM) was $301.73 for an average of 4.21 prescriptions. If, however, the same expenditure were spread across all eligible members, per member per month (PMPM) cost would be $97.70, with the average number of prescriptions per eligible member being 1.36.

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 69.49 percent to 71.49 percent, yielding an average of 70.41 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 a total of $199,961,191.36. The rebates obtained were equivalent to 41 percent of the total drug spending, which was significant. The Georgia Medicaid Fee for Service (FFS) pharmacy program continued participation in the National Medicaid Pooling Initiative (NMPI) in FY 2009. 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. For FY 2010, the Georgia Medicaid FFS pharmacy program will establish a stand-alone rebate program enabling the state to leverage additional rebate opportunities as the generic use rates continue to increase.

Third-Party Liability

Third-Party Liability (TPL), also known as Coordination of Benefits, 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. TPL administered the Estate Recovery program, Health Insurance Premium Payment 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 $41 million dollars for FY 2009 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, disabled and medically fragile children and those who were aged, blind, were not included in the Georgia Families program.

Vendor Oversight

The Managed Care and Quality (MCQ) sections within Medicaid monitored the Care Management Organizations (CMO) to ensure compliance with contract requirements and state and federal regulations on contract management, member services, provider services and quality management. The MC&Q Section

monitored and measured contract performance, oversaw contracts, assured contract accountability, enforced contract compliance, applied disciplinary mechanisms, developed corrective action plans and assessed liquidated damages.

DCH monitored the CMOs' contractual compliance through specific reports submitted regularly. 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 2009, DCH continued its strong commitment to quality strategic planning and assessment. CMS's approved Georgia Families Quality Strategic Plan explained Georgia's commitment to quality of care delivered through the CMOs based on this assessment and stated how the state would improve the quality of care for the program's members. DCH assessed the original Quality Strategic Plan's progress by identifying accomplishments, initiatives, opportunities for improvement and by reassessing established goals. The updated version of the Quality Strategic Plan was approved by CMS in March 2009. The Plan called for:

- Promotion of an organization-wide commitment to quality of care and service;
- Improvement and enhancement of the quality of patient care provided through ongoing, objective and systematic measurement, analysis and improvement of performance;
- Promotion of a system of health care delivery that provided coordinated and improved access to comprehensive health care and enhanced provider and client satisfaction; and
- Promotion of acceptable standards of health care within managed care programs by monitoring internal/external processes for improvement opportunities.

Each annual update identified plans for the forthcoming year, acknowledged accomplishments of the prior year, identified opportunities for improvement and reviewed and revised these goals. By doing this, DCH ensured its continual focus on quality care, optimal service and improved outcomes.

Initiatives and Accomplishments

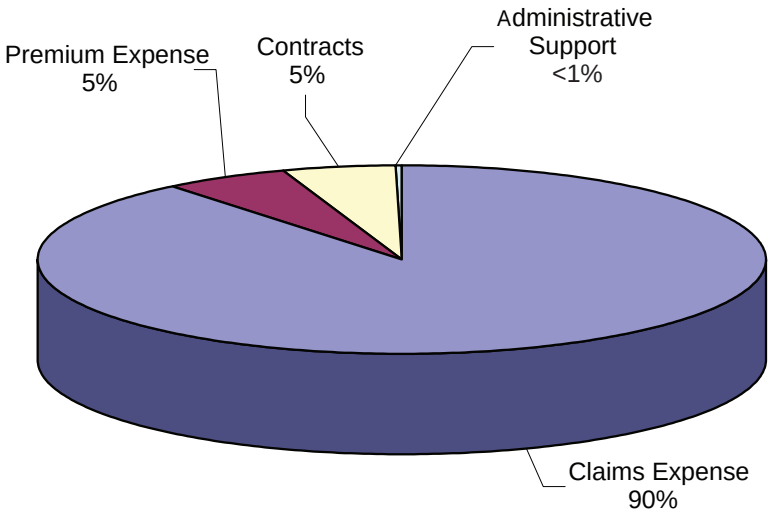
- Procured and completed initial year of External Quality Review (EQR) organization and completed evaluation
- Developed a plan to communicate, monitor and analyze information on race, ethnicity and primary language
- Created and implemented a Clinical Practice Guideline form to assure guidelines were based on valid and reliable clinical evidence and adopted in consultation with participating providers
- Redefined performance measures to align with standardized and nationally accepted metrics
- Defined performance targets for reported metrics

III. State Health Benefit Plan

Overview

The State Health Benefit Plan (SHBP), provided health insurance coverage to state and school system employees, contract groups, retirees and eligible dependents. In FY 2009, the SHBP division was responsible for 693,519 lives. The Plan Year ran from January through December 2009.

Figure 14: SHBP Expenses by Category FY 2009



Source: Georgia Department of Community Health Auditing for FY 2009 Annual Report

Accomplishments

SHBP implemented the COBRA premium reduction policy under ARRA. ARRA provided for a 65 percent reduction in health premiums under COBRA provisions for employees who were involuntarily terminated from employment. As of June 30, 2009, 341 SHBP members applied and were approved.

Operating Units

Within the division, 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. During FY 2009, for example, the operating units:

- Processed more than 263,460 coverage transactions for Health Plan members
- Responded to more than 233,000 phone calls; 1,214 e-mails and 298 pieces of correspondence
- Received 209,316 eligibility calls from Health Plan members
- Received 24,425 calls in Eligibility and Support Services Units and placed 11,569 outbound calls to Human Resources staff at payroll locations
- Received 1,137 telephone calls in Vendor Management
- Received 516 appeals and closed 521 during the fiscal year. Appeals may be carried over from the previous year
- Monitored 1,872 SHBP customer service telephone calls to verify quality of work being provided met standards for accuracy and timeliness, averaging three calls per week for representative

- Acquired $2,254,216 gross; $1,570,037 net savings from subrogation
- Received 174 constituent inquiries and closed 173
- Produced and mailed 349,968 letters from MEMS (the eligibility system), an increase of 13 percent, to members and payroll locations regarding member eligibility
- Reviewed clinical standards and practices used within cost-containment programs, including: programs for medical and behavioral health utilization management, case management, prior approval, organ and tissue transplants and disease management
- Processed 59,990 HIPAA notices
- Produced and mailed 16,653 dependent audit letters to determine eligibility for coverage
- Produced and mailed 91,362 worksheets for active employees and retirees
- Prepared and mailed 47,904 *New Employee Decision Guides* to 750 payroll locations
- Collected surcharge revenue totaling $26,847,140: Spousal - $8,045,220 and Tobacco - $18,801,920

Coverage Options

SHBP offered a Preferred Provider Organization Open Access Plus (PPO/OAP), three Health Maintenance Organizations (HMO), a Health Reimbursement Arrangement (HRA) and a High Deductible Health Plan (HDHP).

- The PPO/OAP 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 CIGNA Georgia OAP provider network consisted of over 14,700 participating physicians and 149 acute-care hospitals
  - The United Healthcare Georgia PPO provider network consisted of over 14,500 participating physicians and 153 acute-care hospitals
- HMO choices for FY 2009 included an option under CIGNA and United Healthcare. Except in emergencies, HMO participants were required to use network providers to receive coverage
- The 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 deductibles had been satisfied. There were no copayments 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)

Table 6: SHBP Total Expenditures FY 2009

Total FY 2009 Expenses	
PPO/OAP, Indemnity, HMO and CDHP Expenses	$2,496,930,752.09
HMO and Other premiums	153,147,246.04
Contracts	140,484,056.19
Administrative Support	10,580,005.15
Average Expense per Covered Life	**4,039.14**
Total GAAP Expenses	**$2,801,142,059.47**
Covered Lives	**693,500**

Note: HMO and Other premiums includes Kaiser and Medicare Advantage

Source: DCH Accounting for the FY 2009 Annual Report

Open Enrollment and Retiree Option Change Period Activity

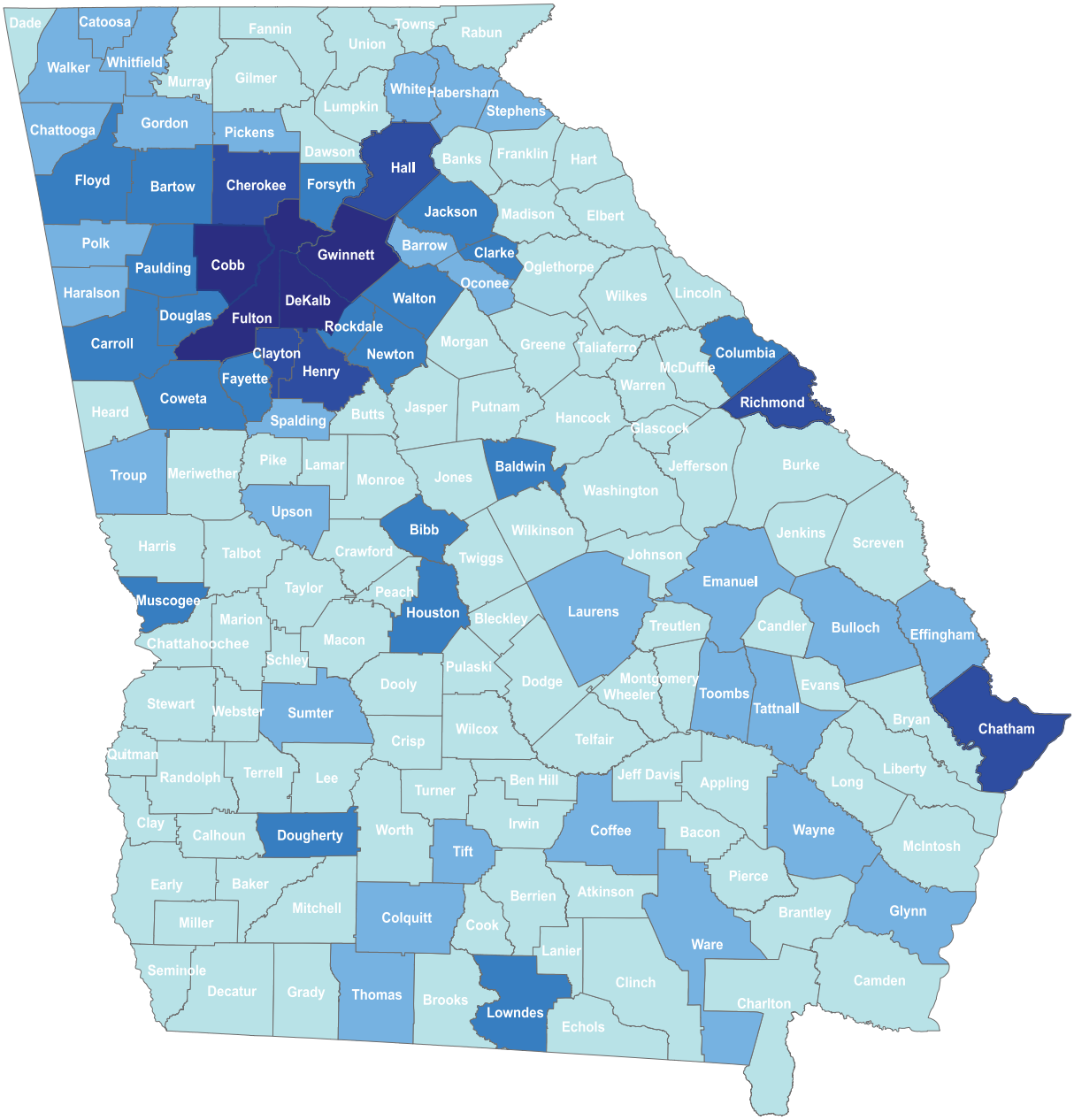
Open Enrollment dates were October 10 through November 9, 2008 for coverage effective January 1, 2009. The following projects were completed before the close of FY 2009 in preparation for the 2009 Plan year:

- Members made 274,025 web transactions on the Health Plan's website for Health Plan coverage effective January 1, 2009, which accounted for 96.36 percent of the members eligible to make their selections on the web
- SHBP staff made 263,460 data entries to update/correct members' records throughout the year

Otherwise, the division:

- Prepared and posted two Train-the-Trainer presentations and two Department Guides to the DCH website for open enrollment processing instructions for human resources staff in state agencies and school system
- Held 23 benefit fairs, 77 educational meetings for active members, 145 retiree meetings and 16 Train the Trainer meetings for Human Resources payroll offices across the state, 105 webinars for active employees, 14 meetings throughout the year for active employees who were completing their retirement paperwork and 12 meetings for retiree associations members
- Distributed 318,073 *Health Plan Decision Guides* for active employees to more than 750 payroll locations
- Prepared and mailed 89,101 retiree option change packets to retired SHBP members
- Prepared and mailed 2,035 open enrollment packets to SHBP members on COBRA and Leave without Pay

Figure 15: SHBP - Average Membership by County FY 2009



Legend

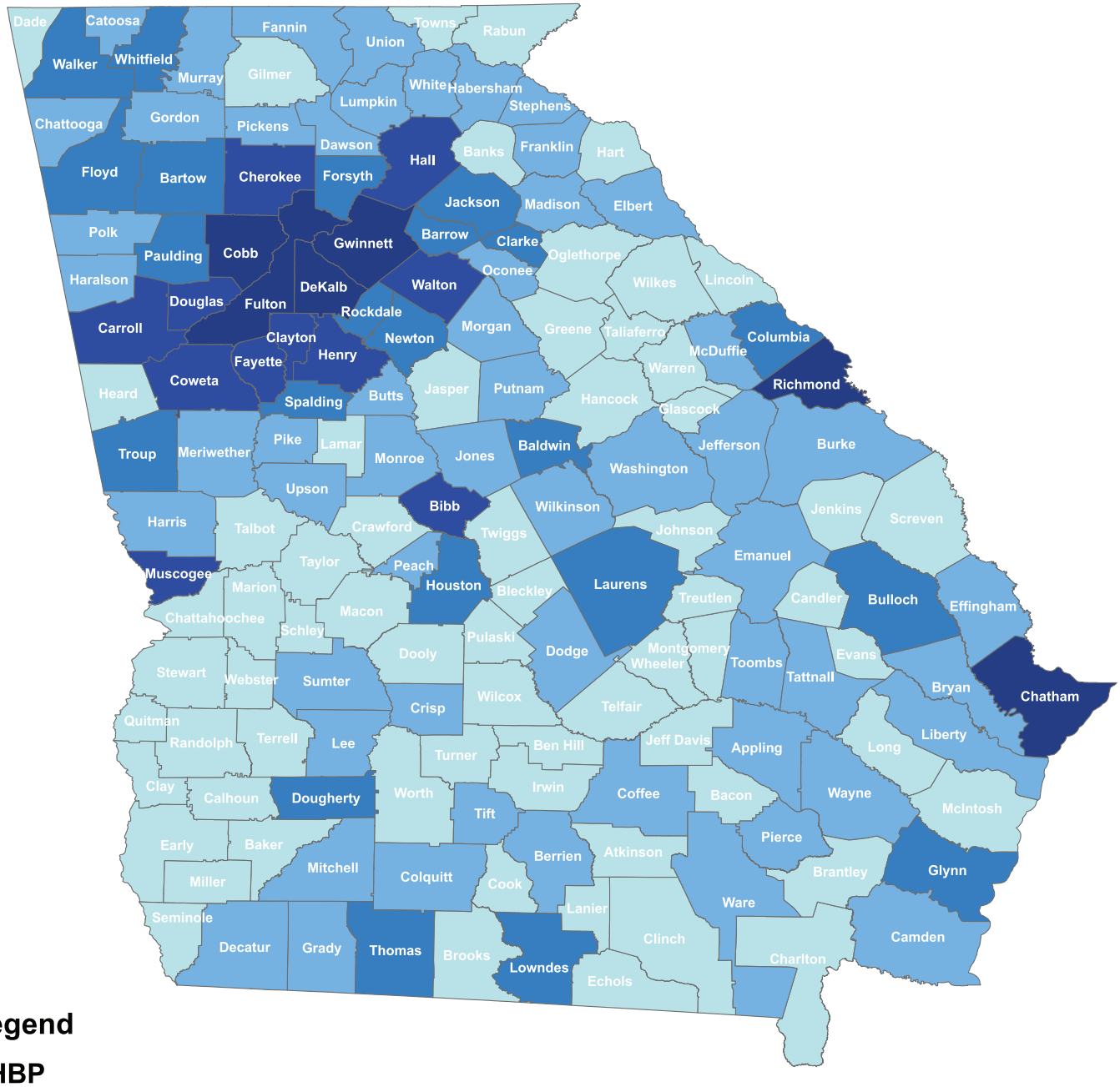
SHBP

Average Members

- 79 - 2,592
- 2,593 - 5,824
- 5,825 - 10,644
- 10,645 - 17,252
- 17,253 - 42,697

Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

Figure 16: SHBP Payments by County FY 2009



Legend

SHBP

Net Payment

- $79.83 - $1,647.17
- $1,647.18 - $4,667.25
- $4,667.26 - $9,121.17
- $9,121.18 - $17,985.33
- $17,985.34 - $43,687.08

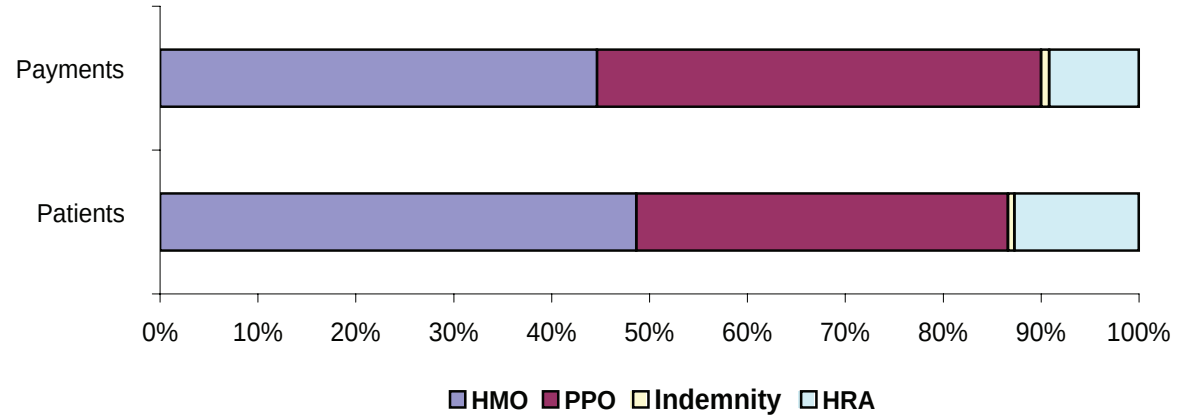
Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

Table 7: SHBP Enrollment FY 2009

Category	Members Average	Employee/ Retiree	Dependents
State Employees - Active	135,109	67,154	67,955
State Employees - Retired	42,043	28,946	13,097
Teachers – Active	270,181	116,002	154,179
Teachers – Retired	59,038	41,747	17,291
School Service Personnel – Active	160,607	75,985	84,622
School Service Personnel – Retired	23,034	16,949	6,085
Contracts/Board Members	1,687	1,094	593
COBRA	1,847	1,142	704
TOTAL	**693,545**	**349,020**	**344,525**

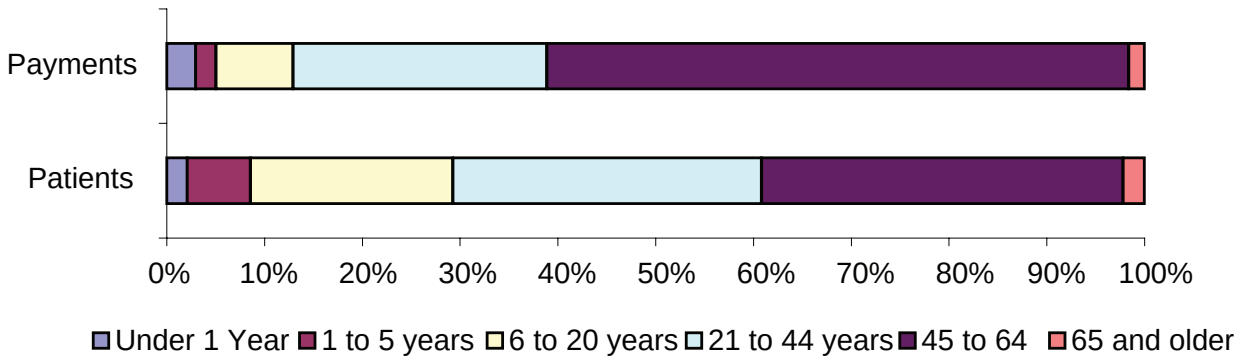
Source: Thomson Reuters Decision Support System - Advantage Suite, FY 2009 DCH Annual Report

Figure 17: SHBP Enrollment Category by Plan Type FY 2009



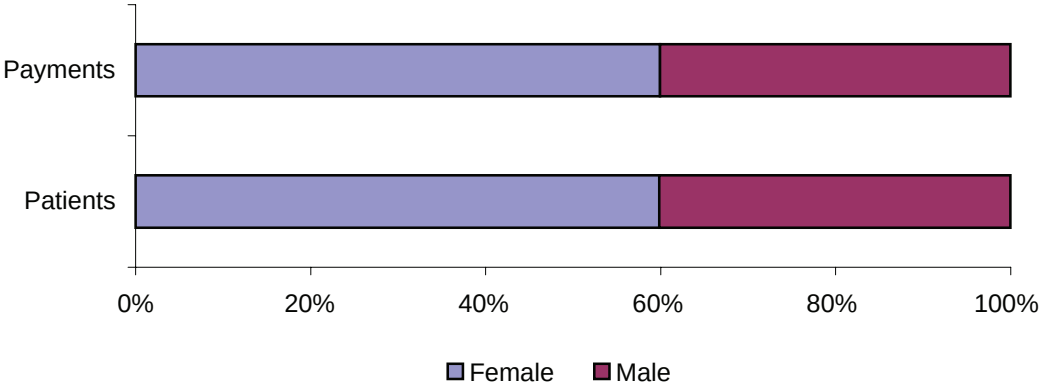
Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

Figure 18: SHBP Enrollment Category by Age Group FY 2009



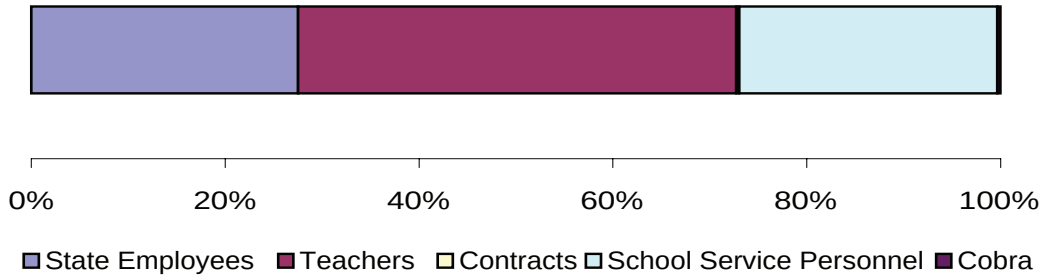
Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

Figure 19: SHBP Enrollment Category by Gender FY 2009



Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

Figure 20: SHBP Members Average by Employee Type FY 2009



Source: Thomson Reuters Decision Support System - FY 2009 DCH Annual Report

IV. Operations Division

The Operations Division provided services and programs to support improved management and use of resources. The division was comprised of the Chief Operating Officer, seven administrative areas (Human Resources, Support Services, Vendor Management, Grantee Management, Procurement, Project Management and Quality Assurance) and four programmatic offices (Office of Rural Health {SORH}, Office of Health Improvement {OHI}, Georgia Volunteer Health Care Program {GVHCP} and Non-Emergency Transportation {NET}). The division's goal remained to provide innovative solutions and exceptional customer service to support the agency in achieving its mission and priorities. Employing a formal project management approach to coordinate its activities was crucial to the significant contributions delivered to the HB 228 and SB 433 transitions, Business Continuity/ Disaster Recovery and Crisis Communication Planning, and implementation of Kronos Automatic Time and Attendance System.

Accomplishments

During FY 2009, the Operations Division was a major contributor of Health and Human Services transition activities required by HB 228 and SB 433. The legislation transitioned the Division of Public Health, Office of Emergency Preparedness & Response, Office of Regulatory Services, and the Brain and Spinal Cord Trust Fund Commission to DCH, which quadrupled its size. Planning activities commenced in the fall and continued throughout the fiscal year. The division was a major contributor to the transition and actively participated across several work groups including Finance, Purchasing, Contracts, Facilities and Support Services, Procurement, Vendor Management, Human Resources and Business Continuity/Disaster Recovery/Crisis Management.

FY 2009 marked the passing of ARRA, which provided funding to sustain specific programs administered by Operations, specifically in SORH. The division applied for and received the Increased Demand for Services Grant (IDS) valued at $ 436,057 and the Capitol Improvement Grant (CIP) valued at $ 727,050. Both grants focused on improving access to health care for the Georgia's uninsured and underserved populations through health care delivery and improvements to infrastructure.

Increasing access to health care services was a primary focus of the Department's Health Initiative programs administered by the Operations Division. Collectively, OHI, GVHCP and SORH were successful in providing 282,929 medical encounters during FY 2009. Most were administered through the Department's various grant programs that served the uninsured/underinsured populations. Taken from a member's perspective, the grants, in most cases, provided access to primary health care services that otherwise would not have been available.

DCH chose to achieve 100 percent performance-based contracts and grants by the end of the fiscal year as its Wildly Important Goal (WIG). This led to a results-driven strategy, holding contractors accountable for performance. Performance standards determined what was measured. This was done in terms of outcomes or results that led to satisfying objectives. DCH relied on outsourced relationships and depended on staff to ensure that the state received the most value for these services. Operations played a key role in training, devising tools and resources to support the project and in ensuring performance-based acquisitions were administered.

Operations' specific contributions to the agency's WIG are highlighted next and followed by other administrative and programmatic highlights that supported DCH's mission and goals. In FY 2009, Operations:

- Facilitated the development of a Contract/Grant Review Checklist template through a newly-created integrated solutions team which ensured that performance-based criteria existed in all agreements

- Negotiated changes to the metrics and measures were formalized through amendments developed by Contracts Administration
- Coordinated the training program through its Vendor Management Unit entitled, *What it Means to be a Business Owner*. The curriculum was well-received and supported by DCH staff and management as an effective strategy to deliver on this critical agency priority
- Played a key role through its Procurement Unit in ensuring that new projects began with the development of a Statement of Work or Statement of Objectives that contained performance-based criteria
- Updated the DCH Grant Policy and Procedures to ensure alignment with performance-based objectives, state regulations and rules that govern how grants were administered
- Executed all Operations Division grants during the fiscal year using performance-based criteria

Office of Human Resources (OHR)

OHR provided human resource services including compensation and benefits, employee relations and recruitment in partnership with other divisions in support of the DCH mission. OHR coordinated the creation of its Workforce Development Plan by incorporating feedback from workshops, employee surveys, focus groups and consultations with various internal and external stakeholders. The goal of the Workforce Development Plan was to produce a well-educated, skilled, customer service-oriented and principle-centered workforce. Priority areas of focus included staff development and training, employee retention, employee recognition and leadership development. The latter included the launching of the Department's first Succession Plan in FY 2009 and the selection of its first succession planning team. A four-tiered training model was launched for the nine-member team, which was scheduled to complete its requirements in FY 2010. The team triumphed over financial barriers by researching best practices and developing most of the necessary administrative tools in-house. Additionally, the core Workforce Development Team coordinated the implementation of the plan developed last year to increase opportunities for employee recognition, employee retention and employee training and development. All associated Workforce Planning activities raised awareness of DCH staffs' value and the critical roles they played in reaching desired mission-critical outcomes.

The team:

- Developed and implemented a successful plan for transitioning the Office of Regulatory Services and the Division of Public Health from the Department of Human Resources, which included approximately 1,450 filled and vacant positions
- Presented the DCH Competency Model and FY 2009 Training Catalog designed upon the core competencies and gaps identified by DCH leadership. The resource was updated quarterly and posted internally for staff
- Implemented Stephen Covey's *7 Habits of Highly Effective People* and *4 Disciplines of Execution* (4DX) training courses with the assistance of a internally-developed multi-divisional team of certified trained facilitators. The training team made significant progress in reaching its goal of delivering content to 100 percent of its 470 full time employees (FTE) by July 1, 2009 and 4DX to 100 percent of its 150 managers and supervisors during the same period. The schedule is assessed annually to accommodate staffing changes. During the period, 218 FTEs participated in the training sessions and reported outstanding customer satisfaction ratings
- Executed new employee recognition programs based on strategies developed by the Workforce Development Team. As a result, in FY 2009 new recognition awards were routinely bestowed including Division and Agency Champions of the Month. Additionally, quarterly activities were conducted to recognize Faithful Service and to celebrate employees' birthday months. Both activities were viewed as morale boosters and were received positively by staff
- Implemented unit-based orientation program designed using feedback from employee exit surveys, focus groups and customer satisfaction surveys. A core team led this effort which included designing

the Department's first Orientation Check List implemented in August 1, 2008 for all new hires. The tool was designed to ensure consistency in messaging to new hires and was adopted as a best practice on-boarding strategy by industry experts

- Led the effort to implement ePerformance beginning on July 1, 2008 and ensured all managers and supervisors received required training and comprehension of a system designed to document, report and manage employee performance
- Began end-user training and completed parallel testing of the Kronos Time and Attendance System in preparation for the July through September 2009 go-live for all of DCH. The system was a web-based software that tracked employee time and attendance and applied necessary pay policies. This paperless tracking tool was designed to reduce the risks of errors common to manual processes
- Developed and implemented a pilot Succession Planning program for mid-level management. With input from agency leadership, a mid-level manager competency model was developed and used with minimum qualifications to assess and rank over 50 candidates. The top nine candidates began the Succession Planning development phase on May 29, 2008

Office of Support Services (OSS):

OSS provided assistance and support to the Department by administering the following functions: fleet management, facilities, mail distribution, business continuity, telecommunications mail management, records retention, parking and fixed assets. The office supported geographically dispersed operations and performed behind-the-scenes operations to allow other programmatic offices to directly focus on their mission-critical activities. The office performed work through statewide partnerships and internally with staff. In FY 2009, OSS:

- Consolidated the post office boxes used by DCH, eliminating unused ones and combining under-used boxes, saving DCH approximately $12,000 in fees
- Coordinated and consolidated the physical relocation of the Office of Regulatory Services staff from Albany to Cordele, Georgia, along with data and telephone lines. The plan resulted in a reduction of operating costs and improved efficiency
- Transitioned all employee access cards to the new Georgia Building Authority (GBA) system identification cards, which affected all DCH employees and attached agencies
- Participated in the coordination of DCH telecommunication activities in the state's Technology Transformation also known as GAIT2010. DCH continued to work with its state and business partners to reduce cost and increase efficiency
- Completed an initial process and procedure manual for the Support Services area
- Received recognition for its document services recycling efforts
- Coordinated the DCH response to the Governor's Energy Efficiency Project and 15 percent energy reduction goal by 2020

Vendor Management Office (VMO)

With increased outsourcing and heightened regulatory requirements, vendor management policies and procedures were developed and executed in 2009 to ensure the proper monitoring of vendors. The policies also guided business owners in adhering to their responsibilities while managing their assigned contracts. Internal controls including mandatory reporting, periodic reviews of physical files and continuous learning opportunities became common practice as a result of this team's efforts.

- The Department ensured that vendor relationship contract issues were documented and that liquidated damages were enforced when applicable. Successful relationships depended upon a clearly communicated scope of work including performance standards and service level agreements
- The VMO played a critical role in ensuring that monitoring was risk-appropriate and that services were in accordance with representations made in the contract. As a result of its test work, the Independent Auditors of BKR Metcalf and Davis responded favorably in FY 2009 to the contributions of the Vendor

Management Unit. Specifically, it noted "significant improvement in the monitoring controls and procedures in place and functioning"

- In FY 2009, the VMO issued performance assessments for 100 percent of the agency's applicable contracts and received business owner responses on a landmark 97 percent of all its active performance-based contracts. This included 183 contracts valued annually at $656,847,055.78
- Also noteworthy was that several business owners' actions and escalations resulted in the Department recouping $508,492.35 in damages from contractors in response to identified performance and contract compliance issues. The Department used liquidated damages not to punish contractors but rather to ensure contract compliance with terms and conditions and performance guarantees, thus prudently administering and closely monitoring taxpayer dollars, while maintaining the best value and quality for mission-critical services delivered
- Training contributed to the successful outcomes experienced by the Vendor Management team. The VMO successfully conducted consolidated business owner training sessions through one-on-one sessions or in coordination with Contracts Administration. Twenty-four sessions were given, and 18 man-hours were completed during FY 2009

Table 8: Summary Grant Awards 2009

Summary - Grant Awards - July 1, 2008 - June 30, 2009	
Total Grant Awards	79
Number of Competitive grants	36
Number of Direct Awards	43
Award Amount Ranges	$8,718 - $2,075,000
Total	$8,580,980.32

Source: Georgia Department of Community Health Grant and Vendor Management

Office of Procurement Services (OOP)

The Office of Procurement Services (OOP) was responsible for the purchase of supplies, materials, equipment and services for health benefit programs within DCH including Medicaid, PeachCare for Kids™, SHBP and the Health Initiative programs. The office provided information on procurement regulations and requirements to staff and worked cooperatively with other divisions interfacing in the contract/grant life cycle. In FY 2009, the Department posted and supported 77 formal competitive solicitations totaling approximately $45.5 million.

The OOP supported the state's efforts towards establishing a statewide electronic sourcing tool as part of its Procurement Transformation Initiative. e-Breviate improved the solicitation process by reducing the workload for solicitation development and vendor proposal preparation, shortening the solicitation process time line and facilitating the proposal evaluation process. DCH was among the early adopters of the electronic solicitation tool known as e-Breviate, which was used as a "bridge" between the paper-based process and the Team Georgia Marketplace module added to PeopleSoft, to which the agency will transition in FY 2010. DCH was selected from the state's pilot organizations to prepare for the FY 2010 transition by administering its FY 2009 solicitations using e-procurement strategies. The new e-portal linked stakeholders in such activities as vendor registration, accessing details of completed procurements and awarded contracts. Prior to the end of the fiscal year, two solicitations were processed using this electronic medium.

Procurement's delegated purchasing authority officially remained at $100,000 and the state's competitive bid threshold remained at $5,000. OOP's other notable FY 2009 accomplishments were:

- Processed and evaluated over 80 proposals for the Georgia Health Equity Initiative, resulting in 10 grant awards
- Processed and evaluated over 30 Georgia A.C.T.S. grants applications, resulting in five matching grant awards using breast cancer tag funding
- Developed a grant award process for ARRA funds, incorporating specified federal guidelines and a deliverable-based invoicing process
- Led efforts to resolve issues cited in the notification from State Audits and Accounts regarding grantees'/

contractors' compliance with submission of annual audit reports
- Achieved full participation from all procurement professionals in staff development on state purchasing standards. The team achieved recognition as Georgia Certified Purchasing Associates
- Created the Performance-Based Acquisition Team, a cross-functional team incorporated of Contracts, Vendor Management, Office of Inspector General and Finance. The team developed a process for review and approval of procurements which resulted in appropriate qualitative and quantitative contractual performance standards
- Assisted Human Resources in developing a process to transition over 30 temporary employees as a result of the implementation of new statewide contract vendors

Grantee Management and Non-Emergency Transportation (NET) Services:

The Grantee Management and Non-Emergency Transportation Services team oversaw DCH's grant administration processes. Grants managed under the program were awarded through a competitive bidding process resulting in the grant agreements with community partners.

Also, staff monitored the state's NET program. In FY 2009, 1,575,067 Medicaid members were eligible for NET services. Services managed by brokers resulted in 2,878,615 completed trips by Georgia providers, making it possible for members to receive access to medical services. The broker system effectively provided transportation to Medicaid members while reducing the fraud and abuse inherent in other models.

State Office of Rural Health (SORH)

SORH built regional rural health systems, increased the number of community and migrant health centers, supported rural hospitals and identified ways to make health care available to Georgians in underserved rural and urban areas. Major FY 2009 projects were:

- SORH received and administered $12,821,542 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, $7,493,472 was from federal and $5,328,070 was in state funding
- Grant initiatives for FY 2009, which included: $2.5 million for the CMS Emergency Room Diversion Grant
  - $1 million for the Federally Qualified Health Care Center, New Site Development
  - $1 million for the Federally Qualified Health Care Center, Behavioral Health
  - $100,000 for the Southeastern Firefighters Fund
- ARRA funding for FY 2009, encompassing:
  - $727,050[1] for a Capital Improvement Grant
  - $437,057 [2] for Increased Demand for Services Grant
  - $2,532,756 [3] for the Georgia Farmworker Health Program (GFHP). In FY 2009 GFHP was the most cost-efficient Migrant Voucher Program in the nation

[1] $727,050 –Migrant Program received ARRA Capital Improvement Program (CIP) Grant to Enhance Health Care Access for Underserved Georgians
[2] $437,057 – Migrant Program received ARRA Increased Demand for Services (IDS) Program Grant.
[3] Funds (federal) provided to migrant and seasonal farm workers and their dependents in FY 2009 accounted for 19,537 medical and 22,470 enabling encounters.

- Through the Health Resources and Services Administration through the National Health Services

Corps (NHSC) program, funding was provided for loan repayment/scholarships to 43 clinicians serving underserved areas of Georgia. The program allowed placement at an approved site in a Health Professional Shortage Area

- The SORH continued to administer the J-1 Visa Waiver Program. The program had a total of 56 J-1 physicians serving Georgia's underserved areas in 59 counties
- The National Rural Recruitment and Retention Network (3RNet had 113 positions posted; 46 providers). The 3RNet members were not-for-profit organizations helping health professionals find jobs in rural and underserved areas throughout the country
- In Hospital Services, the Medicare Rural Hospital Flexibility Program awarded $491,413 and the Small Rural Hospital Improvement Program awarded $462,068 for a total of $953,481 to rural Georgia providers

Office of Health Improvement (OHI)

The mission of OHI was to lead in the elimination of health disparities, resulting in a healthy quality of life for all Georgians. During FY 2008, OHI requested that the Georgia Health Policy Center assist in developing its strategic plan to help the office realize the vision and the priorities of DCH. This five year action plan was completed in FY 2009 by a nine-member task force representing leadership from the Department, advisory councils and program staff. The plan centered around the four major disease disparity areas of Cardiovascular Disease, Cancer, Diabetes and HIV/AIDS. These areas were targeted by the Department due to their high prevalence in Georgia. The plan strengthened access, increased resource allocation and improved health outcomes in synchronization with DCH's mission.

OHI consisted of the Commission on Men's Health, the Office of Women's Health, the Office of Minority Health (OMH) and the GVHCP. Two key federal grants were administered by the OMH and funded by the U.S. Health Human Services Health Resources and Services Administration: Take Action to Keep Educated (TAKE) and Project Stronger Together (PST). Both grants examined the impact HIV/AIDS had on communities in the state and focused on strategies to prevent HIV and reduce the risk of infection among uninfected citizens. The PST project was a collaboration between the OHI TAKE Project and three community partners: AID Atlanta, Mary Hall Freedom House and the Holistic Stress Control Institute. Both projects demonstrated success through community involvement and education/raising awareness of HIV/AIDS. The projects improved the prevention and treatment/care service delivery capacity of minority community-based and minority-serving organizations in metropolitan Atlanta and surrounding areas.

OHI experienced record participation in targeted community outreach activities, making FY 2009 a most productive year. Community outreach events offered a unique opportunity to increase awareness and improve access by offering alternative options to screening and clinical services. These events developed into a major facet of OHI's targeted strategy to improve health equity in Georgia communities.

Additional highlights for OHI are listed below:

Minority Health-Georgia Health Equity Initiative

In following up on Georgia's first-ever county-by-county assessment of health disparities, DCH launched its Health Equity Grant Program. Mini-grants ranging from $10,000 to $100,000 were competitively awarded to community organizations, health care providers and county health departments and boards of health across Georgia. Each entity proved its capacity to reduce existing disparities through intervention, direct treatment, training, communication and/or targeted outreach. In FY 2009, more than 26,000 underserved Georgians benefited from this grant effort and services delivered by community partners.

HIV/AIDS TAKE Program

The Community and Faith-Based Community of Practice (CFB CoP)

CFB CoP developed a strategic outline of concerns and targeted action plan. Project staff worked with individual members such as the Departments of Education, Juvenile Justice and Community Affairs to address the HIV/AIDS needs of their programs. In addition, the Hispanic/Latino Community of Practice (H/L CoP) demonstrated significant growth. As reported in *Georgia Health Equity Initiative 2008 Report*, the growth of Georgia's Hispanic/Latino population was relatively new. According to the U.S. Census demographics, the Hispanic/Latino population was three times the size it was in 1995.

Office of Women's Health

The Georgia Access to Care, Treatment and Services for Women with Breast Cancer Grant Program (A.C.T.S.)

In keeping with the rules and regulations of the breast cancer license tag program, OHI's Office of Women's Health initiated the Georgia A.C.T.S. program to provide breast cancer treatment and services to underserved women. Nearly $500,000 in tag proceeds were awarded to communities across the state in this effort. To date, more than 3,900 women had either received screenings or treatment for more severe cancer as a result of this initiative.

Commission on Men's Health

The Georgia Commission on Men's Health released the first report specifically assessing the health of the state's men since 2001, with the *2009 Men's Health Report*. This report analyzed the health of Georgia's men as compared to women in the state, and continued the comparison with other men across the U.S. The report led to Georgia's "Men's Health Agenda" in FY 2010.

The Georgia Volunteer Health Care Program (GVHCP)

GVHCP continued to grow and sponsored more than 50 clinics and over 8,000 volunteers (clinical and non-clinical), providing care to Georgia's uninsured. While the program made great strides in FY 2009, FY 2010 may be even more successful. With a new streamlined administrative process, and new incentives like continuing education credit for physicians volunteering and a targeted marketing strategy, the program expects to grow 33 percent in the next year.

Community Outreach

OHI dedicated full-time resources in sponsoring and hosting several health fairs and educational awareness sessions across the state. Over 25 events were held in many Georgia communities, resulting in more than 10,000 Georgians receiving valuable life-saving screening and health information.

V. General Counsel Division

Overview

In FY 2009, the General Counsel Division housed the Contracts Administration Section, Medicaid Legal Services Section, Medicaid Provider Enrollment, Division of Health Planning, and provided legal counsel for the State Health Benefit Plan (SHBP), State Office of Rural Health (SORH) and the Office of Health Improvement (OHI). In addition, the General Counsel Division was responsible for the Department's compliance with health information privacy and security standards, ethics and the Georgia Public Records Act.

The division provided legal services to every component within DCH and 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 DCH programs; collected health care data and surveys for every hospital, nursing home, ambulatory surgery center, home health agency, diagnostic, treatment or rehabilitation center and Certificate of Need (CON); regulated personal care homes in the state to obtain utilization and supply data as well as financial information; administered the 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 working relationship with the Commissioner's Office, the Governor's Office and the Attorney General's Office to ensure an open line of communication supporting DCH's programs, goals and mission.

Legal Counsel for DCH Programs

The General Counsel Division 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 and conducted public hearings.

OHI and SORH Counsel

An attorney within the General Counsel Division provided legal services as requested by the OHI and 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.

The General Counsel Division also provided legal assistance to the GVHCP by developing new forms, assisting with the modification of state rules and regulations and by providing consistent legal advice on issues as they arose.

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 receiving 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 primary care 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 adverse action or alleged omission by DCH were referred to the Office of State Administrative Hearings (OSAH), certain administrative hearings were required by federal law to be conducted by a DCH Hearing Officer. The General Counsel Division provided attorneys who were 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 conduct Commissioner or agency review (as delegated) 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 workforce training, policies and procedures, incident responses, contract review 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 FY 2009, featuring:

- Policies and procedures – review, modification, development based upon changes in law and business needs
- Credentialing through Provider Enrollment – contractors, employees, health care providers
- Technology collaboration – encryption, truncation of data
- Training – multiple modules and competency testing developed for future deployment of online training in privacy and security awareness
- Compliance – monitoring, continuous improvement, in accordance with new legal standards and changes in agency operations

Training

During FY 2009, the Director of Compliance produced and presented training programs for DCH staff on ethics, privacy, security and public records. Training is considered to be continuous, not a one-time event. Modules available online with competency testing were planned for the next fiscal year. Training of the entire DCH workforce was mandated by the HIPAA Privacy and Security Rules.

Policies and Procedures

In order 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 complemented the policy development role of compliance.

The Director of Compliance 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 2009, 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. During FY 09, the committee developed policies covering:

- Audit coordination
- Vehicle rentals
- Whistleblowers
- Use of state computers and the Internet (policy revision)
- Secure transport and receipt of portable media containing protected health information
- Criminal background check for advisory committee members
- Appropriate work appearance (policy revision)

- Progressive discipline
- No rehire

The committee also:

- Ensured consistency and established a mechanism by which employees knew what was expected of them
- Encouraged appropriate training and captured the different perspectives of the various business units as it developed the policies
- Ensured that the policies adopted were easy to understand so that employees could integrate them into their everyday work

Privacy and Security

DCH is 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 is a continuous concern to the DCH.

Privacy and security issues were significant for the General Counsel Division in FY 2009. In April 2008, 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 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.

Complete investigation and response to the incident continued into FY 09. A notable outcome of the incident was investigation by the U.S. Department of Health and Human Services' (HHS) Office for Civil Rights (OCR), which has enforcement authority for the Privacy Rule under HIPAA. In June 2009, OCR notified DCH that it determined that the matter had been "resolved through the voluntary compliance actions of DCH." Accordingly, the case was closed.

Significantly, the response of DCH was mirrored by federal regulations in April 2009, which for the first time required notification of breaches of protected health information. The proposed regulations required that the response to a breach included most of the steps that had been initiated and implemented by DCH in 2007 and 2008, particularly for notification to individuals affected by the breach. In practical effect, the DCH incident response procedures became the legal standard nationally. DCH continued to review and consider ways to improve its incident response procedure, including the contract provisions of performance guarantees and liquidated damages for breach by contractors who were business associates to DCH under HIPAA. Such contract provisions served as incentives for contractors to strengthen safeguards of individuals' information.

Public Records

Compliance with Georgia's public records law presented increasingly complex issues. During FY 2009, DCH received and responded to more than 1,000 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, e-mails and other correspondence and program policy materials. Some requests called for thousands of pages of records, some of which were available electronically or on disc and others only on paper. All protected health information, confidential or proprietary information, such as trade secrets, 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 related laws, especially the Georgia Trade Secrets Act (O.C.G.A. 10-1-760, et seq.) in health care and contracts, had escalated during FY 2009 as more companies that bid on and secured state contracts sought to protect proprietary information.

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. The section also provided support for the Georgia Attorney General on Medicaid and PeachCare for Kids™ matters that were or became the subject of litigation. The section's main function was the representation of DCH in administrative hearings. From July 1, 2008 through June 30, 2009, Legal Services represented DCH in hundreds of appeals. General Counsel Division expects an exponential increase in the next year as the section continues on a major project to process all of its administrative appeals and to adjudicate all existing cases.

The Legal Services Section saw a significant increase in the number of matters referred to the Office of State Administrative Hearings (OSAH). The 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 2009, the section drafted or reviewed a number of significant policy revisions including:

- Managed Care policy on administrative reviews and hearings
- General administrative review policy
- General Part I, Policies and Procedures for Medicaid/PeachCare for Kids™ manual
- Katie Beckett policy (subject to a continuing review)
- Affiliated Computer System (ACS) policy manuals (multiple)

In addition, the section:

- Provided guidance on legal matters associated with the implementation of the new Medicaid Management Information System (MMIS)
- Provided guidance on Managed Care legal issues

Medicaid Provider Enrollment

The Provider Enrollment Section was under the supervision of the General Counsel Division. This section functioned as the gatekeeper for the Georgia Medicaid/PeachCare for Kids™ program. Provider Enrollment was responsible for reviewing, evaluating and processing all applications for practitioner, supplier and facility enrollment in the Georgia Medicaid and PeachCare for Kids™ programs. The section worked with Legal Services to terminate providers who violated Medicaid policies and procedures. Control of fraud and abuse in the Medicaid/PeachCare for Kids™ program began with the Provider Enrollment process.

During FY 2009, the Medicaid Provider Enrollment Section processed approximately 27,000 Georgia Medicaid/PeachCare for Kids™ program initial applications, as well as additional location and change of ownership applications.

The Provider Enrollment team:

- Worked with DHR to develop and implement two new waivers
- Spearheaded the National Provider Identifier transition process and implementation for Georgia Medicaid providers
- Assisted the Managed Care Office's and Georgia Families in the registration of service providers to obtain encounter data to evaluate the effectiveness of the Managed Care program
- Served as subject matter experts for the design, testing and implementation of the provider subsystem, the web portal and other key components of the new Medicaid management Information Systems (MMIS)

Georgia Better Health Care (GBHC) Provider Enrollment Unit

The GBHC provider Enrollment Unit was the gatekeeper for the GBHC and Georgia Enhanced Care (Disease Management) programs. The staff reviewed applications for participation in the GBHC programs. All providers had to meet the criteria for participation in the program as indicated in the Georgia Better Health Care, Part II Policy and Procedure Manual. During FY 09, Provider Enrollment for GBHC:

- Reviewed network termination requests. Each termination request was reviewed to evaluate the impact on assigned members and a determination was made about how and when the provider file would be terminated
- Reviewed provider and member file update requests. Provider update requests were reviewed to determine the impact on members and to validate that the requested changes conformed to GBHC policy. Member update requests were reviewed and considered on a case-by-case basis
- Updated correspondence records with ACS
- Served as subject matter experts for the Managed Care and Provider Subsystem for the new MMIS
- Reviewed and generated referrals for requested providers. Provider referral requests were reviewed and generated case-by-case

Division of Health Planning

Certificate of Need (CON) Program

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 statutorily defined new institutional health services, including purchasing major medical equipment, constructing new facilities or engaging in capital renovations that exceeded established capital expenditure and equipment thresholds. Facilities which had to comply with the CON rules included: hospitals, nursing homes, home health agencies, diagnostic, treatment and rehabilitation centers, diagnostic imaging and radiation therapy services and ambulatory surgery centers.

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 exempted from the CON statute in certain circumstances. The 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 project proposals.

Project post-approval requirement reporting and monitoring were coordinated as a part of the division's Certificate of Need function. Prior approved project proposals had statutory and regulatory mandated beginning and completion schedules that insured 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 center projects.

CON activity was tracked weekly in the *Certificate of Need Tracking and Appeals Report*, which was available at the Department's website.

During FY 2009, 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; and managed the ongoing implementation of the Document Managing System. The division also administered the Patient's Right to Independent Review Program, mandated by 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, the number of requests for review that this section processed escalated.

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 became effective on July 1, 2008. SB 433 also transferred certain health care facility licensing functions of the DHR's Office of Regulatory Services to DCH effective July 1, 2009.

SB 433:

- Created a new category of health care facility called a destination cancer hospital
- Added new definitions to the health planning statute
- Deregulated personal care homes that were not certified Medicaid providers from CON review
- Created new exemptions from CON review for certain types of health care facilities like continuing care retirement communities and traumatic brain injury facilities
- Increased the statutory dollar thresholds for capital expenditures, diagnostic and therapeutic equipment acquisitions, and for single specialty ambulatory surgery centers
- 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
- 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
- Added numerous enforcement and revocation powers to the administration of the CON program

These changes were implemented by the division during FY 2009.

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. The Health Strategies Council was not appointed and/or active during FY 2009.

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. Three members were appointed and active during FY 2009.

Contracts Administration Section

The Contracts Administration Section managed the contracting process for the Department. 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 Department.

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.

Contracts Administration managed 164 contracts during FY 2009, handled 106 contract renewals and extensions and worked on 31 contract terminations during that same period. The section responded to the needs of DCH Project Leaders about contract interpretation, vendor compliance and dispute resolution.

Contracts Administration participated in four training sessions for DCH Project Leaders and staff on the contracting process. The section also joined with the Procurement and Vendor Management Sections to design and implement the Performance Based Contracting Initiative. Under this program, existing contracts were reviewed and, if necessary, amended to maximize vendor performance. A similar process was also initiated to address new procurements and contracts.

VI. Division of Financial Management

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 division'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

The Office of Planning and Fiscal Services was the primary source of data for internal and external ad hoc and routine data requests on claims payments and managed care encounter data through the Department's Decision Support System (DSS). The office provided routine reports for programmatic monitoring by policy staff and coordinated with Financial Services to perform payment reconciliations between claims data and the accounting interface with third party administrators. This office also created health benefit payment projections for Medicaid, PeachCare for Kids™ and SHBP.

Financial Services (Accounting)

Accounting paid 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

Reimbursement Services performed rate-setting functions for the Medicaid and PeachCare for Kids™ programs and was comprised of units supporting 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 (UPL) and Disproportionate Share Hospital (DSH) programs.

The Budget Office

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 2009, the division was again instrumental in obtaining an unqualified opinion on the Department's financial statements, an important classification that helped maintain the state's ability to obtain general revenue bonds for state-financed capital improvements across Georgia.

A major activity for the Division of Financial Management as well as the Department in FY 2009 was the preparation for the transition of the Division of Public Health and the Office of Regulatory Services from the Department of Human Resources to DCH as a result of legislation by the General Assembly. A significant amount of preparation was undertaken by staff in the units of the division to revise and incorporate changes to policies and procedures to accommodate the considerable increase in workload resulting from transition. Much of the effort involved was making modifications to financial data systems and transaction workflow.

VII. Office of Inspector General (OIG)

Overview

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

Accomplishments

In FY 2009, OIG was involved in recovering approximately $26 million including overpayments to Medicaid providers and global settlements. These monies were actual recoveries. Of the 2,631 cases opened, 1,006 were closed with findings, 234 were closed without findings and 28 were referred to the State Health Care Fraud Control Unit. At the end of FY 2009, 1,363 cases were still pending.

Units

The Internal Investigations Unit

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

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 unit was to guard against fraud, abuse and deliberate waste of Medicaid program services and benefits.

The Medicaid Investigations Unit

The Medicaid Investigations Unit identified and investigated fraud and abuse within the Medicaid and PeachCare for Kids™ programs (both provider and member). When investigations were complete and a complaint had been corroborated, provider cases were referred to the State Health Care Fraud Control Unit (SHCFCU) and member 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 Federal Bureau of Investigation (FBI) on cases that crossed over among 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).

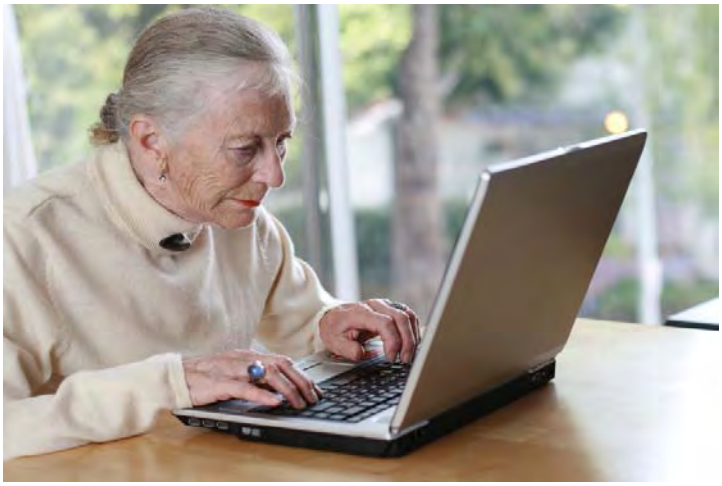
The Office of Audits

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 DOAA and 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 audits and audit reports. Staff attended all entrance and exit conferences that pertained to an audit. They also helped write, implement and follow up on corrective actions as the result of an audit. The staff then wrote letters of agreement or disagreement related to audits or findings back to the initiating entity.

VIII. Office of Information Technology

Overview

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



- The Medicaid Management Information System (MMIS) unit, which supported the various systems used for processing, collecting, analyzing and reporting information needed to support all Medicaid and PeachCare for Kids™ claim payment functions
- The State Health Benefit Plan (SHBP) unit, which supported MEMS, that provided health insurance coverage to SHBP members
- The Information Technology Infrastructure (ITI) unit. In June 2009, the Georgia Technology Authority (GTA) outsourced Information Technology Infrastructure management to IBM and Managed Network Services to AT&T for the state's 12 largest agencies including DCH. The DCH ITI staff responsible for managing these areas were transferred to IBM and AT&T on June 1, 2009. IBM had subcontracted desktop, laptop, notebook and tablet computer support to Dell and Information Technology printing services to Xerox

Medicaid Management Information System (MMIS)

In March 2008, DCH received approval from CMS and the Governor's office, to award a new MMIS contract to Electronic Data Systems (EDS). Immediately following this approval in March 2008, the Design Development and Implementation (DDI) phase of the project began. The DDI phase has a completion date of October 31, 2010.

State Health Benefit Plan unit (SHBP)

In 2008, the SHBP unit of IT awarded Expersolve a contract to convert DCH's MEMS TOTAL Database Management System to IBM's DB2 Relational Database Management System. This project was completed August 2009.

Open Enrollment for the State Health Benefit Plan was completed on schedule.

Information Technology Infrastructure (ITI)

Three key DCH ITI associates spent more than 60 percent of their time during FY 2009 working with GTA's GAIT2010 Project. The GAIT2010 project's purpose was to outsource GTA's North Atlanta Data Center, the Data Centers for the state's 12 largest agencies and the state's voice and data communication network. A Consolidated Service Desk for these 12 agencies had been established and was managed by IBM. All IT Infrastructure and Managed Network Services' problems were reported to the Consolidated Service Desk for resolution. The GAIT2010 project was completed June 1, 2009.

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

IX. Health Information Technology and Transparency

Overview

The Office of Health Information Technology and Transparency (OHITT) formed in January 2008. The Office's responsibilities included 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 quality and efficiency for consumers, health care professionals and providers.

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

- Encouraging universal e-prescribing
- Implementing the Georgia Health Information Exchange Grant Program
- Developing and promoting the value of health information technology and transparency
- Developing and implementing a Transparency website for health care consumers and practitioners that provided quality, cost and other health care information so consumers could make informed health care decisions
- Conducting HITT outreach and consumer education activities
- Promoting and encouraging the adoption of electronic health records (EHR)

HITT Advisory Board

The HITT Advisory Board, which consisted of 12 members from a number of health care professions, was charged with being strategic advisors to DCH on health information technology issues and encouraging the adoption of electronic health information. The Board:

- Developed and adopted the HITT Strategic Plan
- Monitored the progress of the DCH health IT initiatives:
  - Health Information Exchange (HIE) Pilot Program
  - Transparency website for health care Consumers – georgaihealthifo.gov
  - Health Information Security and Privacy Collaboration (HISPC)
  - Rx Exchange
  - Health-e Connect Electronic Health Record
- Served as the Privacy and Security Steering Committee for Georgia on the multi-state HISPC project
- Volunteered as "HISPC Champions" to speak to consumers about the benefits and risks of electronic health information, to identify venues to reach target audiences and to distribute educational materials

HIE Pilot Grant Program

- In FY 2009, the HIE Grant Program announced a second year of program funding to health care entities to assist them in planning, implementing or expanding their exchanges
- Three grants were awarded, totaling $702,000.00
- The first year HIE grantees submitted final reports which were compiled into the Final Report of the Georgia Health Information Exchange Pilot Program describing the accomplishments and lessons learned from the pilots. The Report was shared with other health entities that were implementing HIEs

Table 9: HIE Pilot Program Second Year Grant Recipients

Grantee	Location	Amount	Grant project
Chatham County Safety Net Planning Council, Inc.	Chatham County, Savannah, Georgia	$202,000	Implementation of a health information exchange between Memorial Hospital and Union Mission Lewis Health Center, a federally qualified health center
Saint Joseph's East Georgia Hospital	Greene County Greensboro, Georgia	$250,000	Implementation of a health information exchange between Saint Joseph's East Georgia Hospital and TenderCare Clinic, Inc., a federally qualified health center
Washington County Regional Medical Center and Extended Care Facility	Washington, Johnson, Glascock, Hancock and Wilkinson counties; Sandersville, Georgia	$250,000	Implementation of an electronic record solution by area hospitals, physicians, community health centers, nursing homes and health departments

Source: DCH OHITT, FY 2009 Annual Report

Health Information Security and Privacy Collaboration (HISPC)

- In March 2008, Georgia participated in a collaborative with 42 other states to address issues about privacy and security of electronic health information
- Georgia participated in the Consumer Education and Engagement (CEE) workgroup with seven other states
- DCH successfully implemented an awareness program that included a series of consumer forums, brochures, an educational toolkit and other related materials that were posted on the georgiahealthinfo.gov and DCH websites
- After the first year, the CEE states were awarded an extension contract to build upon their previous work. Each state was challenged to adapt existing materials and to identify consumer organizations for dissemination of those materials
- Georgia developed a Spanish version of its consumer brochure, created an online slide show to educate consumers on the benefits of electronic health records, and adapted two Public Service Announcements (PSAs)
- The collaborative created and presented a 90-minute webinar and a series of mini-webinars on lessons learned from the HISPC project to a nationwide audience
- The CEE states also identified organizations that would promote the Provider Education Toolkit developed by the Provider Education Collaborative

Transparency website for the Health Care Consumer

An initiative of the Advisory Board, the Transparency website for the health care consumer was envisioned as a source of information to help consumers make more informed decisions about their health care. The Centers for Medicare and Medicaid Services (CMS) Medicaid Transformation Grant funded $3,929,855 for website implementation.

Accomplishments:

- DCH successfully launched georgiahealthinfo.gov, the transparency website for health care consumers in December 2008
- Within a month, georgiahealthinfo.gov had over 100,000 visitors
- The website was developed using data from approximately 20 sources, including Medicaid claims; the Georgia Department of Human Resources Division of Public Health and Office of Regulatory Services; the Georgia Hospital Association; and the U.S. Department of Health and Human Services, Centers for

Medicare and Medicaid
- The rich data content about health, wellness, prevention and disease content from MayoClinic.com was featured on georgiahealthinfo.gov
- The site was publicly promoted through an extensive communication and marketing campaign
- Feedback from visitors indicated that they found the site useful and easy to navigate
- In June 2009, Phase 2 of georgiahealthinfo.gov was launched. This phase included the addition of data on Long-Term Care, Federally Qualified Health Clinics (FQHCs), Public Health Clinics, Nursing Homes Quality Ratings and Trauma and Stoke Centers

Georgia Health-e Connect

The adoption of interoperable electronic health information technology and the capability to exchange electronic health records and documents aligned with the deployment of a modernized Medicaid Management Information System (MMIS), offered Medicaid the tools to drive health system transformation and improved health system efficiency, patient safety and quality.

To allow physicians to electronically exchange secured health information, Georgia Health-e Connect provided the technological tools necessary to support this connectivity by offering an EHR solution with underlying HIE components as a Software as a Service (SaaS) model. The SaaS model transferred the burden of managing and operating systems (e.g., patient management, lab, prescriptions and billing) onto the shoulders of SaaS vendors, thereby freeing the physician's office to focus on patient care and outcomes.

The key component of the Georgia Health-e Connect project included the introduction of a EHR with an underlying HIE that connected Medicaid providers with numerous other health care stakeholders serving beneficiaries.

National HIT Leadership

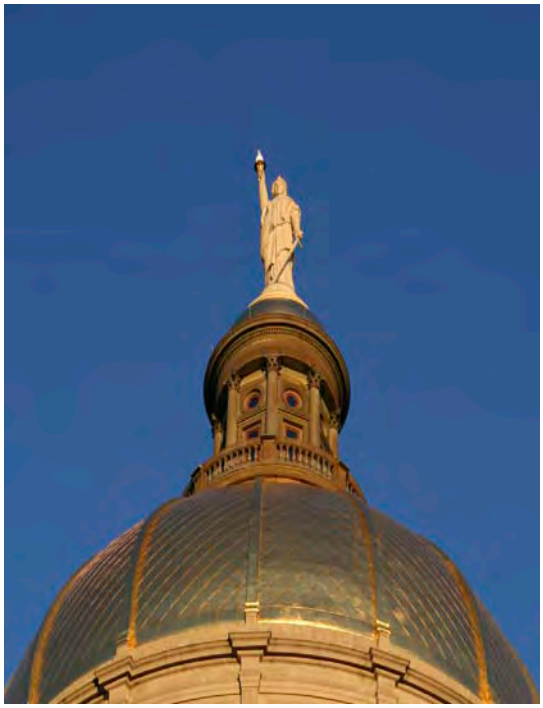
DCH has positioned itself as a national leader in Health IT, making it available to dedicated stakeholders (including health care leaders, associations, hospitals, physicians, academia, health plans and technology vendors).

The following accomplishments attest to DCH's dedication to serving as a national model and convener:
- Georgia was selected as a Medicare EHR Demonstration site by the U. S. Department of Health and Human Services in 2008
- DCH received the 2009 Laureate Medal in Government for its georgiahealthinfo.gov website from International Data Group's (IDG) Computerworld Honors Award Program. The website was recognized for its exceptional use of information technology to benefit society
- The DCH Commissioner received the Advocacy State Leadership Award in 2008 for her work in promoting health information technology to transform health care within Georgia
- The DCH Commissioner co-chaired the Health Information Communication and Data Task Force for the National Governor's Association (NGA)
- The DCH Chief-of-Staff addressed the National Subcommittee for Small Business on the adoption of health information technology in June 2009
- The DCH Privacy Officer, an expert on privacy and Health Information Portability and Accountability Act (HIPAA) issues, served as a guest speaker and panelist at the Workgroup for Electronic Data Interchange (WEDI) Conference and other HIPAA-related events

In addition, OHITT staff:
- Were involved in numerous national, regional and local conferences, some of which included invitations to make presentations on Georgia's Health IT initiatives
- Produced a final report of accomplishments and lessons learned from the Georgia Health Information Exchange Pilot Program that were shared with other health entities implementing HIEs
- Were interviewed for a case study on Medicaid and SCHIP published on the Agency for Healthcare Research and Quality 's (AHRQ) National Resource Center for Health IT (NRC) website. The study highlighted Georgia's work in collaborating with other health and human service agencies

IX. Legislative and External Affairs

Overview



The Office of Legislative Affairs served as DCH's primary point of contact for all activities regarding the Georgia General Assembly and the annual Legislative Session, during which the DCH legislative unit analyzed bills and shaped legislative strategies specific to Medicaid, PeachCare for Kids™, SHBP and health care in general.

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

During the 2009 Session, Legislative Affairs worked with Senator Greg Goggans and Representative Mickey Channell to pass SB 165. SB 165 authorized DCH to obtain income eligibility verification from the Department of Revenue for applicants for Medicaid and the PeachCare for Kids™ Program. This enhanced the existing income eligibility verification processes by enabling DCH to partner with the Department of Revenue to verify the income of claimants by cross-checking their adjusted gross revenue with the means-tested eligibility standards for Georgia Medicaid and PeachCare for Kids™. The enhanced income verification efforts proposed in SB 165 were used as a secondary check in addition to the income verification methods already in place at application and at annual or semi-annual review. SB 165 passed both the House and Senate with overwhelming support.

The Office of Constituent Services (OCS) assisted in providing customer service for Georgia's Medicaid program. OCS interacted daily with members, providers, legislators and others, as well as helped people 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, website operations, internal communications, marketing and customer service goals.

The Communications Office produced 15 press releases, seven bylines, and pitched stories featuring DCH programs and services, including georgiahealtinfo.gov, the Sixth Annual Women's Health Summit and PeachCare for Kids™. The team also responded to numerous incoming press inquiries and marketed programs including the Georgia Families Hotline, DCH Succession Planning initiative and the Health Information Security and Privacy Collaborative (HISPC). Proactive efforts and press office response resulted in the media producing 305 DCH-related articles, of which 79 percent of coverage was positive or neutral and 21 percent of coverage was negative. Positive press was driven by proactive outreach and prompt response to media inquiries.

The team also began utilizing new communications media during FY 2009 with the launch of DCH's monthly, e-newsletter, *Georgia Health Connection*, and podcast, *The Georgia Wellcast*, combined with more traditional public relations and communications tactics.

The Office of Communications was also involved in the following projects:

- Facilitated the production of the FY 2008 Annual Report
- Led the re-organization of the DCH website, which entailed revamping 70 percent of the original content. The reorganization ultimately streamlined the website, creating a more user-friendly and easy-to-navigate tool
- Created the marketing and communications strategy for georgiahealthinfo.gov which contributed to the overall use of the website. From January 2009 through June 2009, georgiahealthinfo.gov had more than 19 million website hits
- Developed consumer awareness materials for HISPC to help health care consumers understand the security and privacy measures behind electronic health records
- Began streamlining and redesigning the DCH Dispatch, the Intranet for internal communications
- Created and implemented a communications plan to assist in the transition of Public Health and Office of Regulatory Services employees to DCH

To fulfill the Governor's request that DCH develop and carry out Customer Service Initiatives for FY 2009, the Communications Office:

- Improved Internal Customer Service, tackling such projects as maintaining a directory of who-does-what in the Department as a quick reference guide for employees, employee recognition programs such as the PeachStar awards and DCH Champion of the Month on behalf of the Division of Operations Employee Recognition efforts
- Sponsored numerous training opportunities such as:
  - Programmatic Lunch and Learn seminars since November 2006
  - The second half of our employee customer service training initiative. At the end of FY 2009, 97 percent of staff had taken *The Art of Exceptional Customer Service* training
- Ascertained customer satisfaction with georgiahealthinfo.gov website. Participants were surveyed to see if the site was faster, friendlier and easier, and if customers were getting the information the way they needed it on the site. Customer satisfaction ranked at 80 percent. The program measured customer satisfaction with the layout, ease of navigation and information offered beginning in January 2009. The

result of that measurement was that 69 percent were satisfied. Acceptability problem solving tests were conducted for customers to see if they could access helpful information on the new site easily. Seventy-nine percent said the access on the site was helpful

- Enhanced access to affordable and quality health care services and improved health outcomes for Georgia Medicaid members by conducting Rapid Process Improvement (RPI) projects:
  - Medicaid/PeachCare for Kids™:
    - Measured the number of rebounds before and after RPI (5,300 down to 3,913 at the end of the RPI) and the number of days took to get a case approved before and after RPI (113 days down to 46 at the end of RPI)
  - CMS Managed Care Exemption:
    - Measured the number of weeks it took the Georgia Division of Public Health to process and send an exemption referral form to Children's Medical Services through DCH so that children could obtain more intensive and appropriate services and equipment by disengaging from their Care Management Organization
    - Reduced the number of days in processing from 65 to 56

XII. Attached Agencies

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

Composite State Board of Medical Examiners

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

Georgia Board for Physician Workforce

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

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.

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 donated 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.

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:

Table 10: Estimated Values of Volunteer Services

Service	Rate
ARN/PA	$72/hour
Chiropractor	$64/hour
Dental Assistant	$30/hour
Dental Hygenist	$58/hour
Dentist	$132/hour
Licensed Practical Nurse	$31/hour
Optometrist	$115/hour
Pharmacist	$86/hour
Physical Therapist	$66/hour
Primary Care Physician	$125/hour
Registered Nurse	$52/hour
Respiratory Therapist	$43/hour
Social Worker	$46/hour
Support Staff	$19.51/hour

Source: GVHCP quarterly reports

Table 11: GVHCP Year-End Report

Total Number of Patient Visits - *A patient visit was a face-to-face meeting between a patient and a health care professional to receive medical/dental services*	**84,347**
Total Number of Active Health Care Providers Participating in the Program *Total number of contracted and non-contracted volunteer providers that were actively participating in the program.*	**1,867**
Total Number of Licensed Volunteer Health Care Provider Hours	**54,794**
Total Dollar Value of Services Donated by Licensed Volunteer Health Care Providers *Were 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.*	**$6,509,780**
Total Number of Active Non-Licensed Volunteer Health Care Providers	**643**
Total Number of Non-Licensed Volunteer Health Care Provider Hours	**7,967**
Total Dollar Value of Services Performed by Non-Licensed Volunteer Health Care Providers: *(Were determined by: (1) an hourly rate based on the figures suggested in Section VI; or (2) an hourly rate based on the actual cost of service provided.)*	**$206,411**
Total Number of Active DCH Volunteers (Eligibility Specialists) *Included only DCH volunteers that had approved Enrollment Applications on file and were trained to complete the Financial Eligibility and Patient Referral Forms.*	**751**
Total Number of DCH Volunteer Hours (Eligibility Specialists) *Indicated the hours contributed by DCH volunteers responsible for completing Financial Eligibility and Patient Referral Forms.*	**20,707**
Total Dollar Value of Services Performed by DCH Volunteer Eligibility Specialists	**$403,997**
Total Number of General Administrative Volunteers *Volunteers who performed general duties such as answering telephones, making copies, filing patient records, repairs, etc.*	**2,909**
Total Number of General Administrative Volunteer Hours	**83,835**
Total Dollar Value of Services Donated by General Administrative Volunteers	**$1,635,621**
Total Dollar Value of Donations *Donations included items such as: monies, pharmaceuticals, eyeglasses, labs, x-rays, equipment, etc. Did not include grants.*	**$13,970,652**
Total Dollar Value of Services Provided Through the Georgia Volunteer Health Care Program	**$22,726,461**

Source: GVHCP annual report

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
- 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 health care providers, primarily hospitals, who serve the medically indigent
- For primary health care programs for medically indigent citizens and children of this state[8]

There are three exclusions:

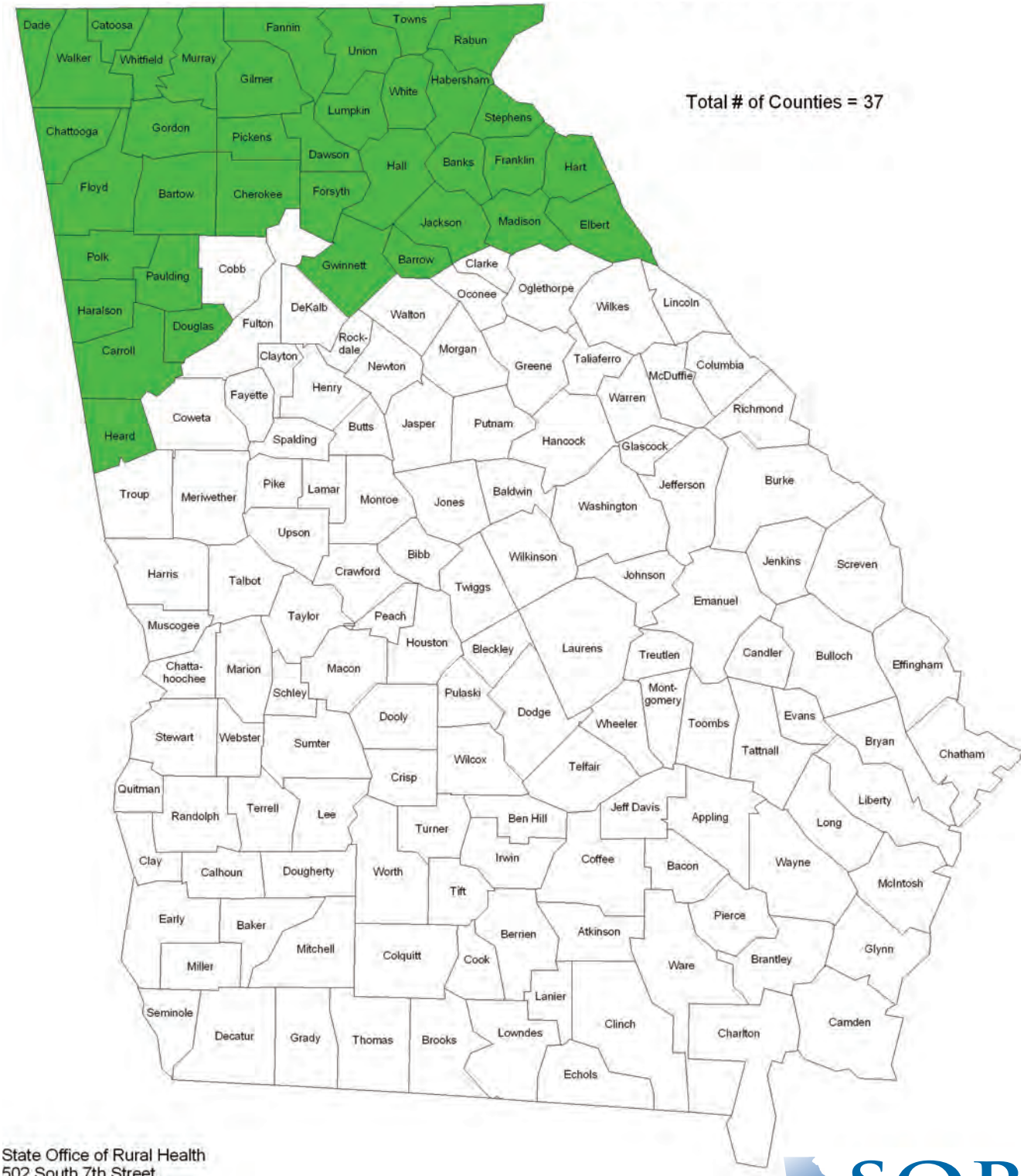
- Georgia statute requires Nursing Home Provider Fees be remitted to the Indigent Care Trust Fund to be matched with federal Medicaid funds and made available for the provision of support to nursing homes that disproportionately serve the medically indigent[9]
- Georgia statute requires Care Management 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

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

Table 12: Sources of Revenue, Indigent Care Trust Fund FY 2009

Sources of Revenue for FY 2009	FY 2009
Federal Medicaid Disproportionate Share Hospital (DSH) Funds	243,138,527
Intergovernmental Transfers from Hospitals for DSH	133,996,651
State Funds for DSH	13,718,752
SUBTOTAL for DSH	$390,853,930
Care Management Organization (CMO) Quality Assessment (QA) Fees	143,957,013
Matching Federal Medicaid Funds for Medicaid CMO QA Fees	290,889,259
Matching ARRA Federal Medicaid Funds for CMO QA Fees	34,453,548
Matching Federal Medicaid Funds for PeachCare for KidsTM CMO QA Fees	49,203,449
SUBTOTAL for CMO QA Fees	$518,503,269
Nursing Home (NH) Provider Fees	122,623,032
Matching Federal Medicaid Funds for NH Provider Fees	281,628,747
Matching ARRA Federal Medicaid Funds for NH Provider Fees	33,972,842
SUBTOTAL for NH Provider Fees	$438,224,621
Breast Cancer License Tag Fees	864,774
Prior Year Reserves from Breast Cancer License Tag Fees	2,518,796
SUBTOTAL for Breast Cancer	$3,383,570
Ambulance Licensure Fees	2,047,375
Matching Federal Medicaid Funds for Ambulance Licensure Fees	5,068,167
Matching ARRA Federal Medicaid Funds for Ambulance Licensure Fees	747,810
SUBTOTAL for Ambulance Licensure Fees	$7,863,352
Prior Year Reserves	10,018,633
Certificate of Need Penalties	4,297,624
ICTF Interest	222,718
TOTAL	$1,373,367,717
ICTF Interest	607,311
Total	**$1,210,237,811**

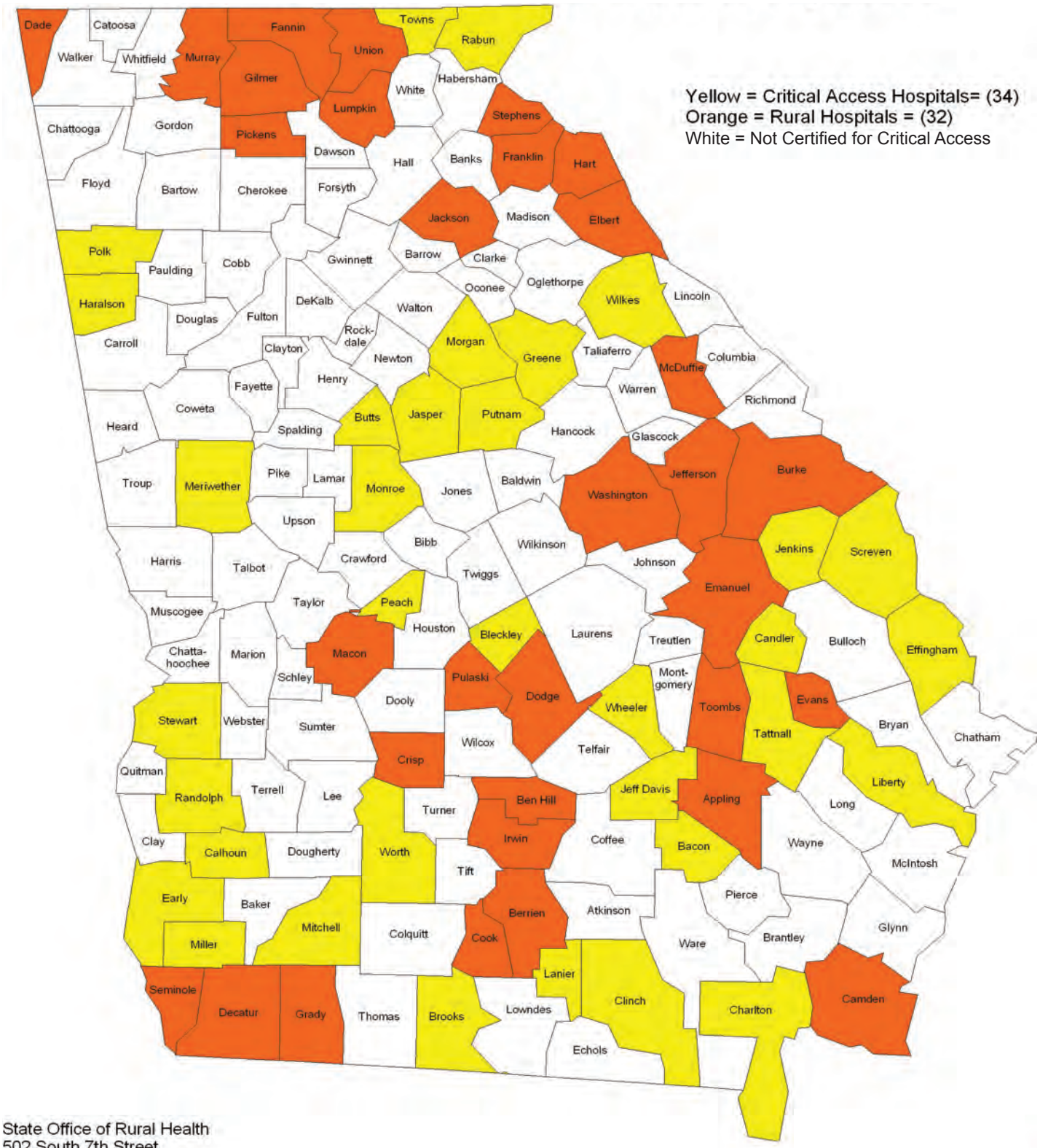
Appendix III: Appalachian Regional Commission Counties



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

SORH
GEORGIA STATE OFFICE OF RURAL HEALTH

Appendix IV: Hospitals Certified for Critical Access



State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
December 31, 2009

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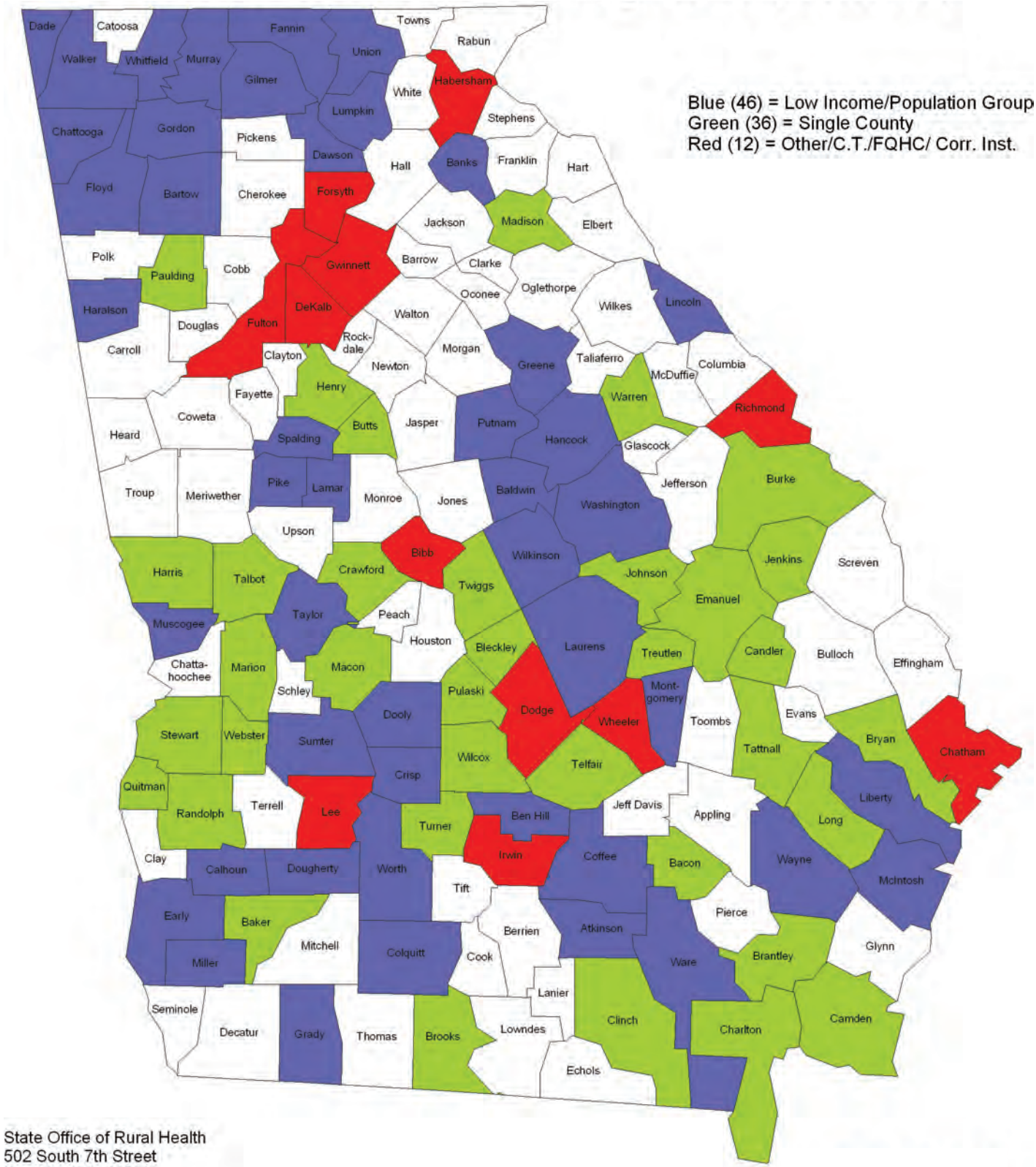
Appendix V: Dental Health Professional Shortage Areas



State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
Source: http://www.hrsa.gov
June 30, 2009

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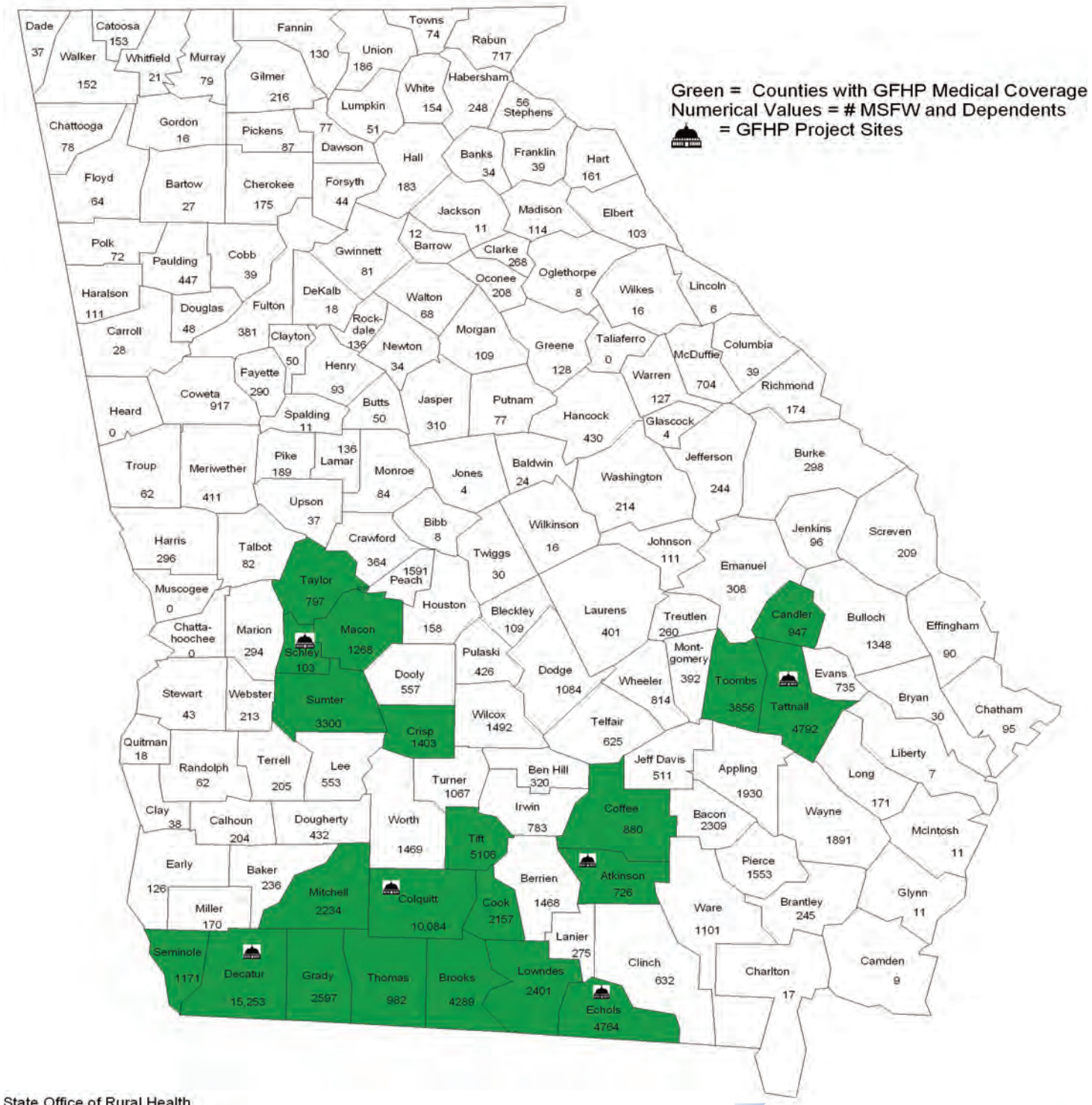
Appendix VI: Georgia Farmworker Health Program



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

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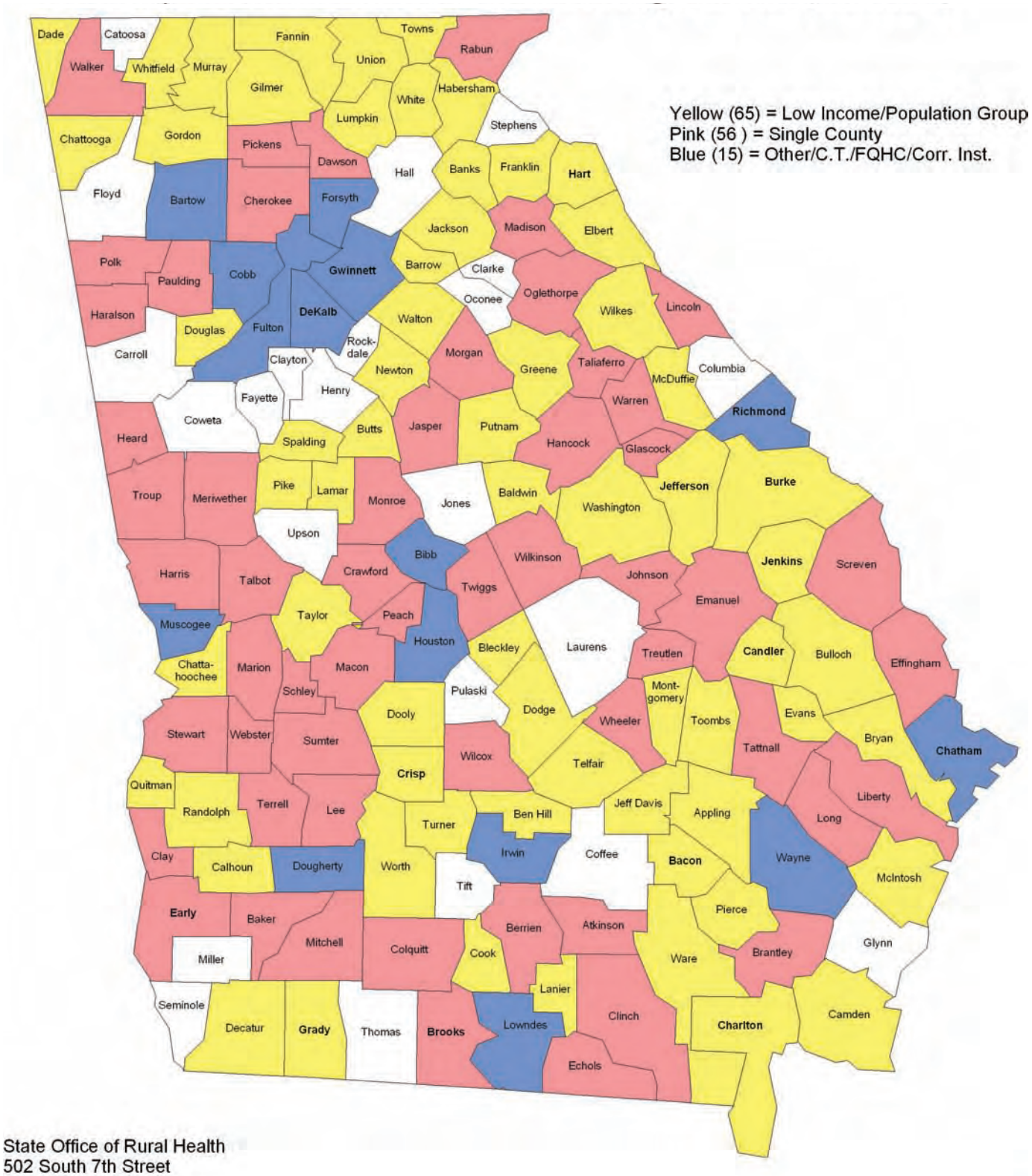
Appendix VII: Primary Health Professional Shortage Areas



State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
Source: http://www.hrsa.gov
June 30, 2009

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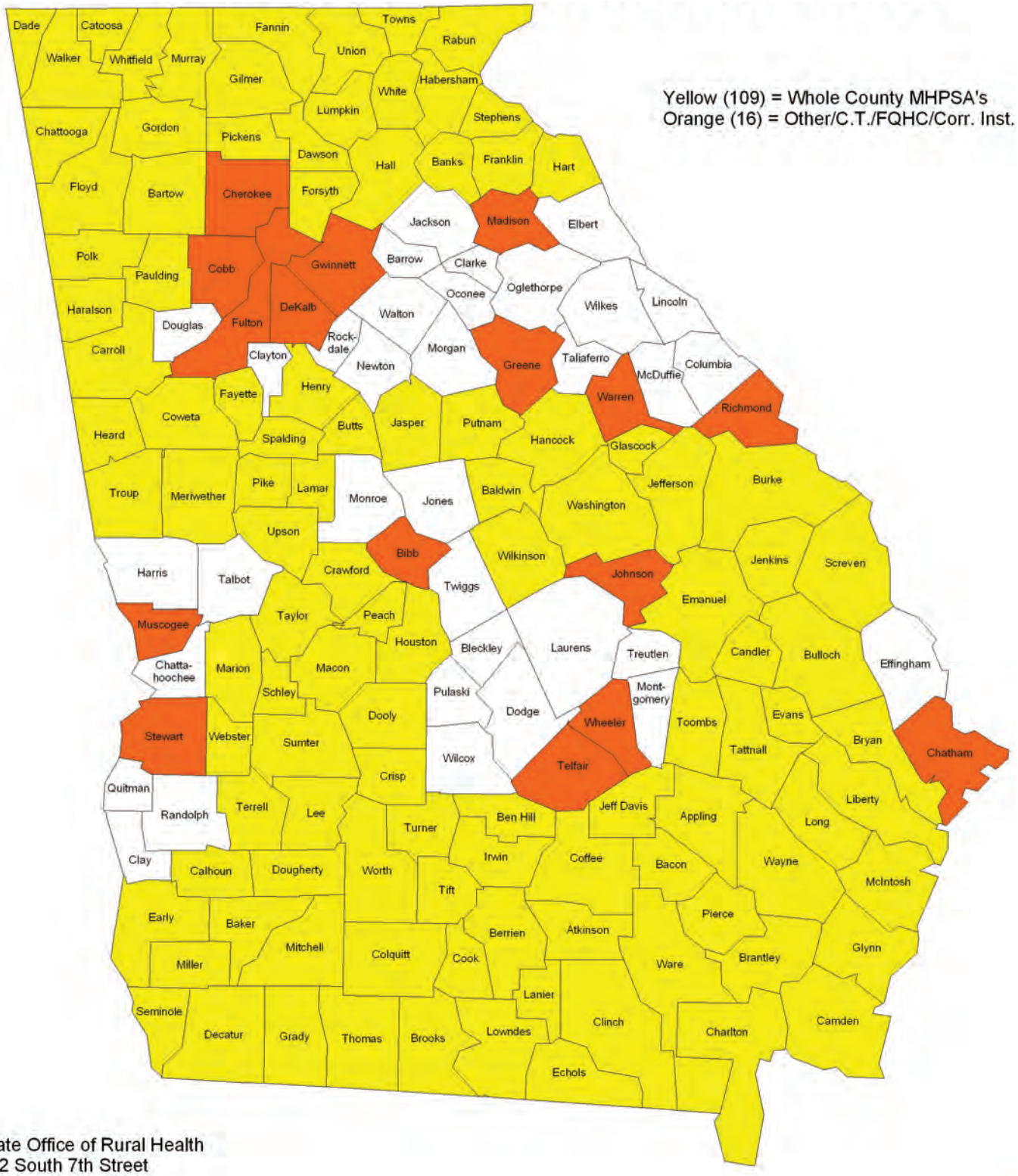
Appendix VIII: Mental Health Professional Shortage Areas



State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
Source: http://www.hrsa.gov
June 30, 2009

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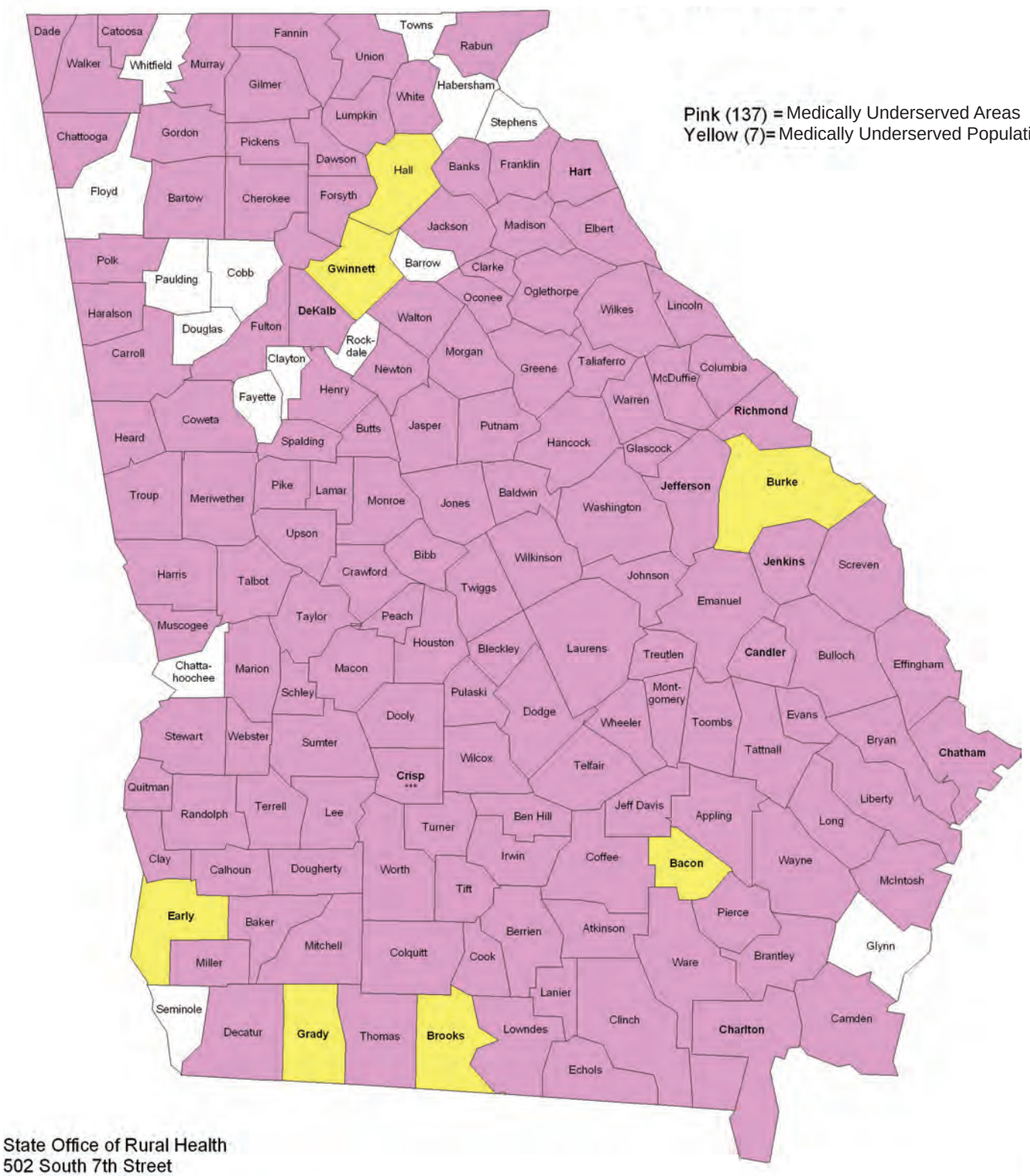
Appendix IX: Medically Underserved Areas/Populations



State Office of Rural Health
502 South 7th Street
Cordele, GA 31015
Ph: 229-401-3090
Source: http://www.hrsa.gov (Dec 23, 2008)

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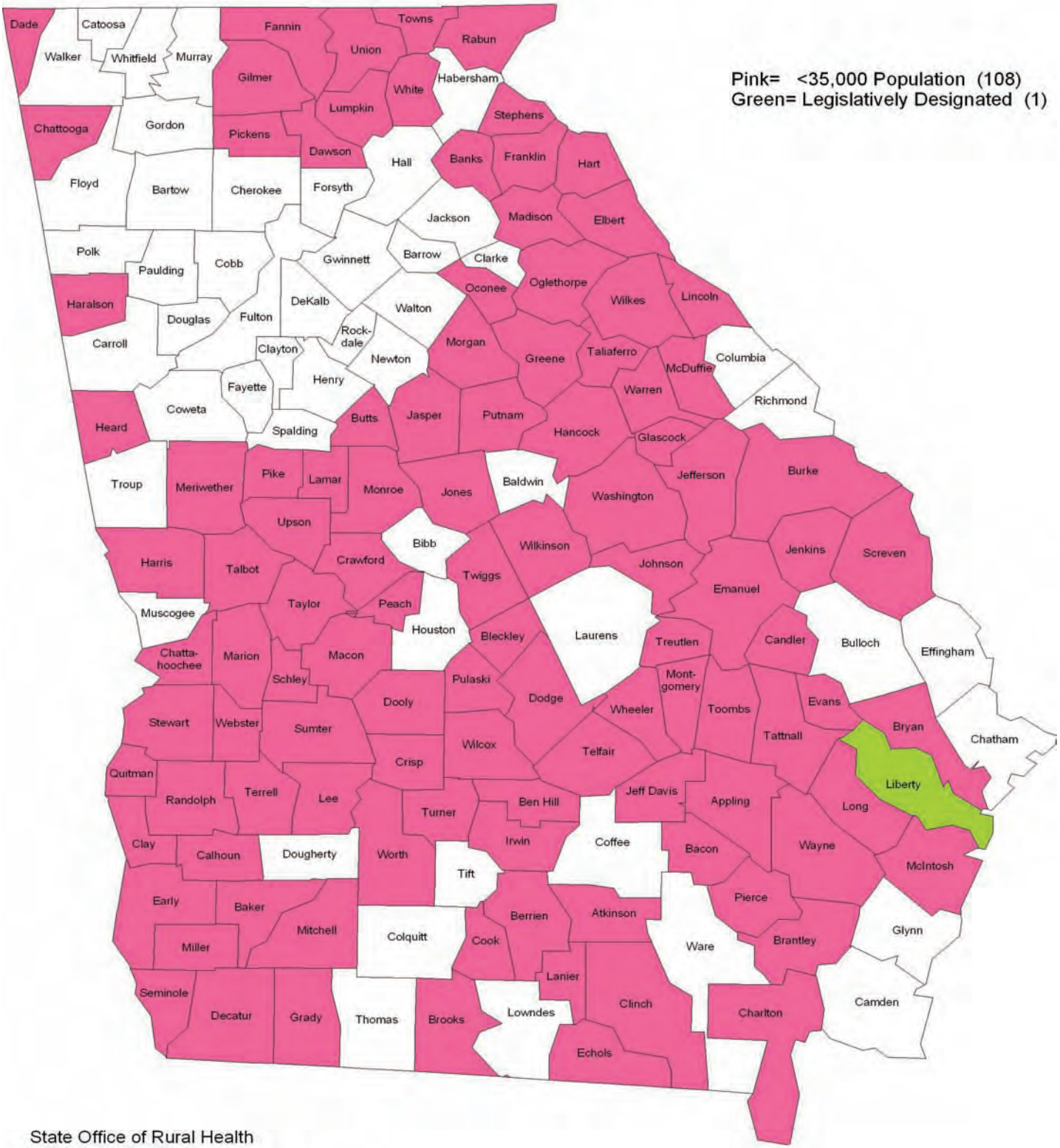
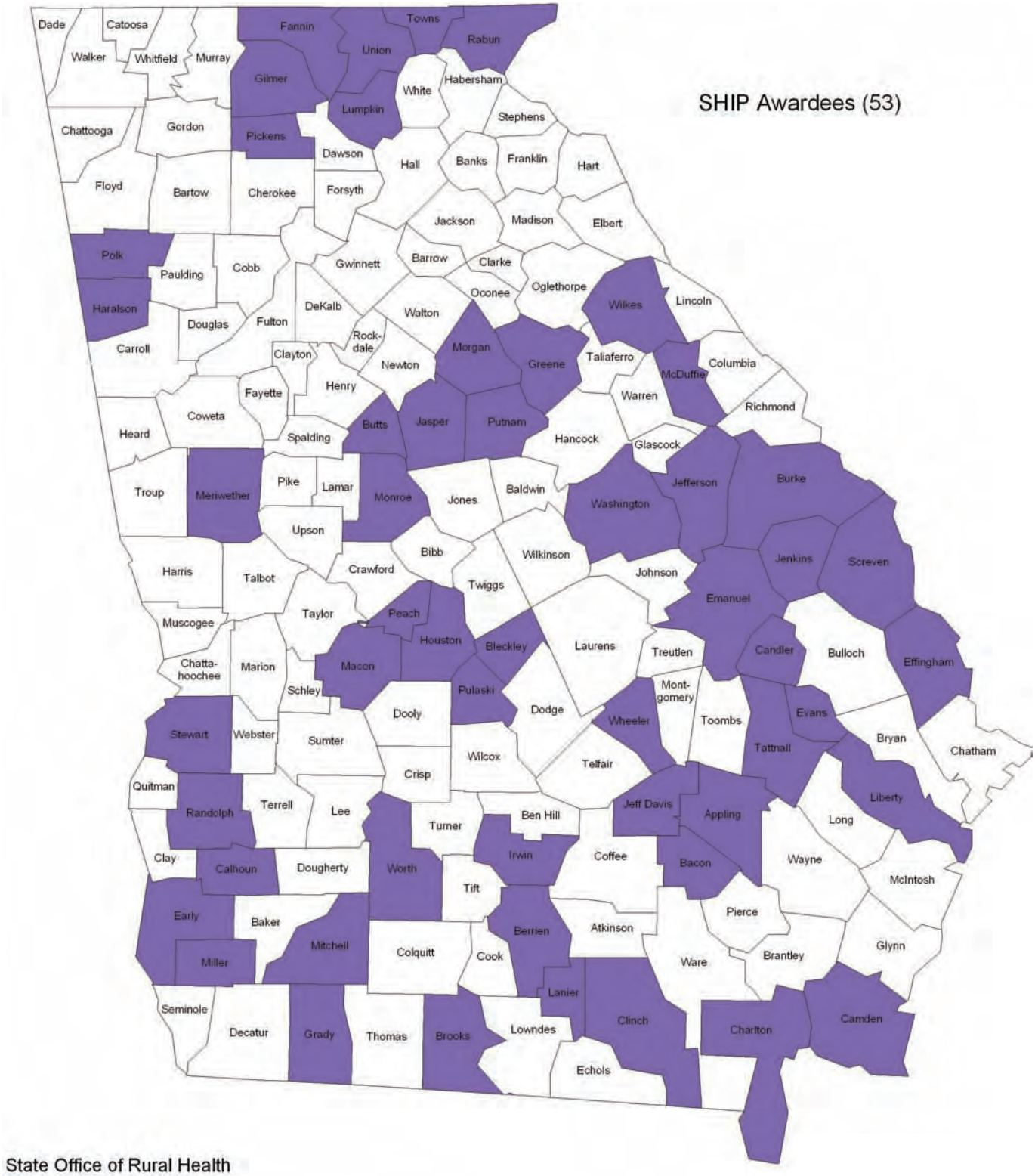
Appendix X: Georgia's Rural Counties



Appendix XI: Small Rural Hospital Improvement Grant Program Awardees



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

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Table 13: Medicaid Members Average by County FY 2009

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Appling	4,100.7	$12,76,214.18	$6,694,463.73	$19,570,678	$4,773	0.3%
Atkinson	2,057.9	$4,383,287.09	$3,639,622.57	$8,022,910	$3,899	0.2%
Bacon	2,182.2	$9,384,961.02	$3,722,158.19	$13,107,119	$6,006	0.2%
Baker	908.3	$2,224,317.34	$1,506,631.03	$3,730,948	$4,108	0.1%
Baldwin	7,236.3	$61,445,166.96	$12,504,621.64	$73,949,789	$10,219	0.6%
Banks	2,970.9	$9,983,769.15	$5,322,794.54	$15,306,564	$5,152	0.2%
Barrow	8,622.1	$23,521,985.25	$13,506,317.58	$37,028,303	$4,295	0.7%
Bartow	14,835.2	$43,748,958.91	$24,933,530.18	$68,682,489	$4,630	1.2%
Ben Hill	4,669.0	$16,680,160.62	$8,491,343.16	$25,171,504	$5,391	0.4%
Berrien	3,996.3	$12,641,645.14	$6,895,451.53	$19,537,097	$4,889	0.3%
Bibb	35,655.1	$126,843,209.15	$63,018,656.58	$189,861,866	$5,325	2.8%
Bleckley	2,125.7	$7,030,920.72	$3,663,142.44	$10,694,063	$5,031	0.2%
Brantley	3,550.3	$9,077,971.38	$6,712,750.77	$15,790,722	$4,448	0.3%
Brooks	3,776.3	$12,161,557.01	$6,630,101.40	$18,791,658	$4,976	0.3%
Bryan	2,979.8	$9,429,851.77	$5,751,852.35	$15,181,704	$5,095	0.2%
Bulloch	9,045.4	$30,742,752.66	$18,014,980.51	$48,757,733	$5,390	0.7%
Burke	6,210.6	$19,840,774.92	$10,820,788.04	$30,661,563	$4,937	0.5%
Butts	3,832.6	$13,717,473.32	$6,406,744.15	$20,124,217	$5,251	0.3%
Calhoun	1,370.9	$5,395,584.02	$2,042,705.49	$7,438,290	$5,426	0.1%
Camden	5,431.9	$10,512,549.99	$11,372,010.45	$21,884,560	$4,029	0.4%
Candler	2,611.8	$13,990,209.79	$4,293,372.98	$18,283,583	$7,001	0.2%
Carroll	17,749.2	$43,885,939.92	$31,780,809.43	$75,666,749	$4,263	1.4%
Catoosa	7,757.7	$20,531,746.34	$14,864,974.28	$35,396,721	$4,563	0.6%
Charlton	1,992.3	$6,098,287.45	$3,388,460.83	$9,486,748	$4,762	0.2%
Chatham	34,971.1	$128,834,412.94	$67,005,270.37	$195,839,683	$5,600	2.8%
Chattahoochee	777.4	$1,637,935.14	$1,345,081.15	$2,983,016	$3,837	0.1%
Chattooga	5,210.2	$16,093,676.91	$9,254,968.81	$25,348,646	$4,865	0.4%
Cherokee	12,697.1	$38,134,386.81	$22,559,413.19	$60,693,800	$4,780	1.0%
Clarke	15,248.5	$47,774,247.29	$28,207,649.66	$75,981,897	$4,983	1.2%
Clay	1,062.9	$4,583,971.84	$1,633,589.27	$6,217,561	$5,850	0.1%
Clayton	49,170.0	$112,311,809.64	$89,283,106.95	$201,594,917	$4,100	3.9%
Clinch	1,956.6	$7,085,237.35	$3,177,302.52	$10,262,540	$5,245	0.2%
Cobb	54,157.1	$171,279,602.32	$92,083,374.09	$263,362,976	$4,863	4.3%
Coffee	9,282.4	$26,508,639.92	$17,746,828.06	$44,255,468	$4,768	0.7%
Colquitt	10,209.0	$30,847,420.09	$17,985,481.93	$48,832,902	$4,783	0.8%
Columbia	7,904.3	$24,507,986.01	$15,197,830.75	$39,705,817	$5,023	0.6%
Cook	3,815.3	$11,563,401.70	$7,002,284.75	$18,565,686	$4,866	0.3%
Coweta	13,175.1	$30,020,303.58	$24,413,272.31	$54,433,576	$4,132	1.0%
Crawford	2,272.5	$8,569,085.89	$3,736,440.44	$12,305,526	$5,415	0.2%
Crisp	6,120.0	$21,132,273.37	$10,172,338.56	$31,304,612	$5,115	0.5%
Dade	2,007.4	$6,452,781.57	$3,346,363.98	$9,799,146	$4,881	0.2%

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Dawson	2,113.8	$5,227,891.95	$4,290,828.86	$9,518,721	$4,503	0.2%
DeKalb	95,204.3	$310,108,346.00	$161,038,964.63	$471,147,311	$4,949	7.6%
Decatur	6,923.9	$21,187,698.21	$12,230,700.63	$33,418,399	$4,827	0.5%
Dodge	4,183.9	$16,030,109.09	$7,054,492.87	$23,084,602	$5,517	0.3%
Dooly	2,696.3	$10,740,044.13	$4,001,390.37	$14,741,434	$5,467	0.2%
Dougherty	24,931.7	$71,514,963.96	$47,398,880.43	$118,913,844	$4,770	2.0%
Douglas	16,487.6	$45,401,514.58	$29,607,895.41	$75,009,410	$4,549	1.3%
Early	3,379.5	$9,359,243.60	$5,562,817.71	$14,922,061	$4,415	0.3%
Echols	713.8	$1,977,813.40	$1,337,812.77	$3,315,626	$4,645	0.1%
Effingham	5,308.5	$15,839,157.00	$10,610,275.08	$26,449,432	$4,982	0.4%
Elbert	4,176.9	$15,745,116.56	$7,023,127.88	$22,768,244	$5,451	0.3%
Emanuel	5,713.1	$25,561,646.07	$9,240,707.20	$34,802,353	$6,092	0.5%
Evans	2,419.3	$6,465,038.25	$3,896,974.74	$10,362,013	$4,283	0.2%
Fannin	3,465.0	$11,612,851.67	$6,148,734.79	$17,761,586	$5,126	0.3%
Fayette	5,590.0	$19,007,077.22	$9,017,451.95	$28,024,529	$5,013	0.4%
Floyd	16,628.1	$67,735,672.13	$29,058,067.03	$96,793,739	$5,821	1.3%
Forsyth	6,683.8	$22,322,531.53	$10,721,521.00	$33,044,053	$4,944	0.5%
Franklin	4,131.2	$13,890,247.49	$7,254,018.75	$21,144,266	$5,118	0.3%
Fulton	119,620.3	$398,008,871.95	$189,946,915.26	$587,955,787	$4,915	9.5%
Gilmer	4,164.1	$13,322,336.90	$8,165,955.41	$21,488,292	$5,160	0.3%
Glascock	547.1	$3,205,377.16	$745,475.16	$3,950,852	$7,222	0.0%
Glynn	11,054.3	$30,989,803.53	$21,061,116.77	$52,050,920	$4,709	0.9%
Gordon	8,330.6	$23,712,859.36	$15,274,388.79	$38,987,248	$4,680	0.7%
Grady	5,236.1	$12,432,465.73	$8,937,483.35	$21,369,949	$4,081	0.4%
Greene	3,067.4	$10,328,341.11	$4,861,397.12	$15,189,738	$4,952	0.2%
Gwinnett	72,999.8	$180,589,680.21	$123,377,366.07	$303,967,046	$4,164	5.8%
Habersham	5,202.2	$14,459,022.85	$9,513,696.09	$23,972,719	$4,608	0.4%
Hall	23,703.6	$62,973,845.44	$45,891,563.67	$108,865,409	$4,593	1.9%
Hancock	2,072.9	$8,256,904.32	$3,141,148.02	$11,398,052	$5,499	0.2%
Haralson	5,228.4	$18,065,981.01	$8,296,996.16	$26,362,977	$5,042	0.4%
Harris	2,436.8	$9,285,752.90	$4,017,487.20	$13,303,240	$5,459	0.2%
Hart	4,357.4	$15,552,226.04	$7,717,569.21	$23,269,795	$5,340	0.3%
Heard	2,321.0	$6,412,596.67	$3,569,099.73	$9,981,696	$4,301	0.2%
Henry	19,104.7	$40,635,136.30	$35,098,845.44	$75,733,982	$3,964	1.5%
Houston	17,808.0	$50,141,001.56	$34,143,937.80	$84,284,939	$4,733	1.4%
Irwin	2,258.1	$9,356,891.23	$3,962,633.97	$13,319,525	$5,899	0.2%
Jackson	7,356.6	$22,912,782.20	$13,663,110.94	$36,575,893	$4,972	0.6%
Jasper	2,388.3	$6,632,011.45	$4,322,137.74	$10,954,149	$4,587	0.2%
Jeff Davis	3,651.3	$9,740,171.18	$6,312,859.93	$16,053,031	$4,397	0.3%
Jefferson	4,434.9	$17,945,124.64	$6,566,784.00	$24,511,909	$5,527	0.4%
Jenkins	2,434.8	$9,047,185.32	$3,961,154.00	$13,008,339	$5,343	0.2%
Johnson	2,153.4	$11,024,700.31	$2,983,238.81	$14,007,939	$6,505	0.2%
Jones	3,828.5	$13,102,993.86	$6,713,484.40	$19,816,478	$5,176	0.3%

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Lamar	2,751.6	$10,134,118.13	$4,820,887.25	$14,955,005	$5,435	0.2%
Lanier	1,989.6	$7,725,215.40	$3,744,998.98	$11,470,214	$5,765	0.2%
Laurens	10,631.8	$33,718,608.78	$18,145,776.55	$51,864,385	$4,878	0.8%
Lee	2,948.3	$8,245,839.24	$6,231,756.48	$14,477,596	$4,911	0.2%
Liberty	7,700.1	$20,322,522.94	$15,321,135.01	$35,643,658	$4,629	0.6%
Lincoln	1,370.6	$3,085,704.03	$2,235,470.45	$5,321,174	$3,882	0.1%
Long	2,154.1	$7,989,509.64	$4,095,145.75	$12,084,655	$5,610	0.2%
Lowndes	17,633.3	$63,480,790.67	$35,616,351.99	$99,097,143	$5,620	1.4%
Lumpkin	3,367.2	$11,899,504.25	$6,029,556.84	$17,929,061	$5,325	0.3%
Macon	2,919.8	$14,882,836.45	$4,181,570.21	$19,064,407	$6,529	0.2%
Madison	4,635.3	$15,537,757.51	$8,457,628.69	$23,995,386	$5,177	0.4%
Marion	1,664.6	$6,395,663.83	$2,849,600.19	$9,245,264	$5,554	0.1%
McDuffie	4,773.9	$15,601,084.97	$8,722,055.41	$24,323,140	$5,095	0.4%
McIntosh	2,019.3	$5,458,583.48	$3,439,744.47	$8,898,328	$4,407	0.2%
Meriwether	4,683.5	$17,386,276.11	$7,628,100.21	$25,014,376	$5,341	0.4%
Miller	1,413.9	$7,589,191.32	$2,295,568.95	$9,884,760	$6,991	0.1%
Mitchell	5,876.3	$17,408,014.06	$10,228,381.77	$27,636,396	$4,703	0.5%
Monroe	3,257.7	$14,401,414.40	$5,236,397.73	$19,637,812	$6,028	0.3%
Montgomery	1,662.4	$4,468,693.93	$2,729,139.73	$7,197,834	$4,330	0.1%
Morgan	2,601.2	$7,184,815.86	$4,554,562.15	$11,739,378	$4,513	0.2%
Murray	7,666.5	$17,778,412.71	$14,284,569.88	$32,062,983	$4,182	0.6%
Muscogee	34,465.2	$116,644,058.98	$62,262,091.33	$178,906,150	$5,191	2.7%
Newton	15,249.4	$35,965,939.95	$26,584,898.08	$62,550,838	$4,102	1.2%
Oconee	1,840.8	$6,357,016.76	$3,531,162.73	$9,888,179	$5,372	0.1%
Oglethorpe	2,140.4	$7,504,262.51	$3,518,014.37	$11,022,277	$5,150	0.2%
Paulding	11,019.7	$30,571,944.98	$19,851,393.51	$50,423,338	$4,576	0.9%
Peach	4,820.5	$13,855,898.77	$8,871,350.37	$22,727,249	$4,715	0.4%
Pickens	3,748.3	$14,132,942.91	$6,426,977.01	$20,559,920	$5,485	0.3%
Pierce	3,613.2	$13,642,525.93	$6,135,651.98	$19,778,178	$5,474	0.3%
Pike	2,285.1	$5,825,338.63	$3,989,131.85	$9,814,470	$4,295	0.2%
Polk	8,228.2	$29,473,257.49	$14,248,468.84	$43,721,726	$5,314	0.7%
Pulaski	1,719.3	$8,019,940.10	$2,674,863.11	$10,694,803	$6,220	0.1%
Putnam	3,199.7	$8,364,485.28	$6,027,751.07	$14,392,236	$4,498	0.3%
Quitman	553.2	$1,059,005.43	$938,833.96	$1,997,839	$3,612	0.0%
Rabun	2,146.9	$8,328,287.20	$3,422,764.06	$11,751,051	$5,473	0.2%
Randolph	1,897.5	$8,895,601.97	$3,046,398.88	$11,942,001	$6,294	0.2%
Richmond	42,017.5	$163,971,289.35	$76,500,644.47	$240,471,934	$5,723	3.3%
Rockdale	11,963.8	$31,486,614.23	$21,386,598.34	$52,873,213	$4,419	0.9%
Schley	809.2	$1,369,489.15	$1,469,813.29	$2,839,302	$3,509	0.1%
Screven	3,299.8	$12,886,289.64	$5,507,370.69	$18,393,660	$5,574	0.3%
Seminole	2,524.6	$6,843,103.04	$4,413,020.16	$11,256,123	$4,459	0.2%
Spalding	13,366.0	$39,847,992.42	$22,163,772.57	$62,011,765	$4,640	1.1%

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Stephens	4,909.6	$16,636,579.81	$8,481,595.83	$25,118,176	$5,116	0.4%
Stewart	1,238.5	$6,103,340.00	$1,924,870.40	$8,028,210	$6,482	0.1%
Sumter	8,484.1	$27,483,708.79	$16,072,044.40	$43,555,753	$5,134	0.7%
Talbot	1,304.3	$4,175,149.74	$2,131,312.09	$6,306,462	$4,835	0.1%
Taliaferro	456.4	$1,309,409.99	$557,069.26	$1,866,479	$4,089	0.0%
Tattnall	4,110.3	$18,820,853.80	$6,669,828.60	$25,490,682	$6,202	0.3%
Taylor	1,937.0	$8,099,816.37	$3,166,692.61	$11,266,509	$5,816	0.2%
Telfair	2,820.6	$14,977,980.98	$4,044,178.86	$19,022,160	$6,744	0.2%
Terrell	2,927.1	$8,956,853.64	$5,088,530.33	$14,045,384	$4,798	0.2%
Thomas	9,247.8	$41,812,548.28	$16,386,517.77	$58,199,066	$6,293	0.7%
Tift	8,492.8	$26,625,537.80	$15,424,810.15	$42,050,348	$4,951	0.7%
Toombs	6,982.3	$24,686,316.19	$11,798,351.96	$36,484,668	$5,225	0.6%
Towns	1,303.0	$6,460,694.24	$2,148,725.91	$8,609,420	$6,607	0.1%
Treutlen	1,696.7	$5,920,280.63	$2,640,010.17	$8,560,291	$5,045	0.1%
Troup	12,196.4	$40,393,087.34	$20,015,928.82	$60,409,016	$4,953	1.0%
Turner	2,331.7	$8,815,285.02	$3,791,040.47	$12,606,325	$5,407	0.2%
Twiggs	1,998.5	$8,143,186.66	$2,912,276.49	$11,055,463	$5,532	0.2%
Union	2,720.4	$10,860,340.67	$4,578,089.43	$15,438,430	$5,675	0.2%
Upson	5,697.4	$20,777,164.48	$9,439,494.74	$30,216,659	$5,304	0.5%
Walker	11,050.4	$36,789,907.51	$20,071,659.04	$56,861,567	$5,146	0.9%
Walton	10,652.4	$27,152,142.29	$17,839,143.20	$44,991,285	$4,224	0.8%
Ware	7,982.8	$34,447,874.14	$13,264,685.80	$47,712,560	$5,977	0.6%
Warren	1,499.4	$5,232,432.40	$2,538,700.59	$7,771,133	$5,183	0.1%
Washington	4,229.0	$17,966,258.04	$6,782,447.65	$24,748,706	$5,852	0.3%
Wayne	5,961.4	$18,095,330.90	$11,161,962.29	$29,257,293	$4,908	0.5%
webster	455.9	$1,005,681.30	$814,218.42	$1,819,900	$3,992	0.0%
Wheeler	1,214.1	$4,454,712.27	$1,804,159.49	$6,258,872	$5,155	0.1%
White	3,206.8	$10,057,320.55	$5,955,004.51	$16,012,325	$4,993	0.3%
Whitfield	15,626.5	$42,198,367.30	$29,548,079.59	$71,746,447	$4,591	1.2%
Wilcox	1,800.9	$9,353,917.77	$2,759,189.91	$12,113,108	$6,726	0.1%
Wilkes	2,245.3	$6,725,852.04	$3,483,679.40	$10,209,531	$4,547	0.2%
Wilkinson	1,977.8	$4,933,229.83	$3,626,828.61	$8,560,058	$4,328	0.2%
Worth	4,060.1	$9,539,691.77	$7,823,301.09	$17,362,993	$4,277	0.3%
Total	**1,260,518.7**	**$4,309,313,386.64**	**$2,377,949,551.46**	**$6,687,262,938**	**$5,305**	**100.0%**

Source: FY 2009 DCH Annual Report, data provided by Thomson Reuters

Table 14: PeachCare for Kids™ Payments by County FY 2009

County	Patients	Providers	Members Avg	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Appling	642	567	514.3	$31,749.91	$816,398	$1,588	0.2%
Atkinson	391	358	315.7	$37,278.25	$514,274	$1,629	0.1%
Bacon	427	446	340.9	$40,002.59	$560,502	$1,644	0.1%
Baker	92	202	66.0	$6,242.29	$105,100	$1,592	0.0%
Baldwin	648	482	525.9	$25,069.00	$800,037	$1,521	0.2%
Banks	751	846	599.7	$112,890.53	$1,026,252	$1,711	0.2%
Barrow	2,736	2,089	2,288.8	$132,404.32	$3,229,897	$1,411	0.9%
Bartow	3,173	1,897	2,529.8	$246,161.85	$3,694,570	$1,460	1.0%
Ben Hill	616	438	500.8	$65,734.83	$825,448	$1,648	0.2%
Berrien	647	571	502.2	$31,674.79	$799,999	$1,593	0.2%
Bibb	3,046	1,323	2,471.4	$161,870.45	$3,818,489	$1,545	1.0%
Bleckley	278	379	212.8	$22,504.60	$338,109	$1,589	0.1%
Brantley	575	658	454.9	$36,090.12	$716,215	$1,574	0.2%
Brooks	538	454	434.8	$45,520.35	$698,351	$1,606	0.2%
Bryan	836	831	694.7	$53,033.25	$1,093,255	$1,574	0.3%
Bulloch	1,210	969	991.0	$98,995.91	$1,590,984	$1,605	0.4%
Burke	697	612	588.0	$32,302.51	$907,774	$1,544	0.2%
Butts	677	871	526.8	$42,524.70	$755,997	$1,435	0.2%
Calhoun	162	300	132.6	$18,326.22	$218,975	$1,652	0.1%
Camden	840	576	682.3	$53,538.12	$1,066,747	$1,564	0.3%
Candler	296	371	239.7	$10,663.54	$375,634	$1,567	0.1%
Carroll	2,799	1,686	2,218.6	$216,860.10	$3,217,901	$1,450	0.9%
Catoosa	1,331	770	1,085.5	$70,152.81	$1,720,499	$1,585	0.4%
Charlton	260	351	211.6	$11,689.24	$328,843	$1,554	0.1%
Chatham	4,691	1,513	3,801.2	$302,099.63	$5,987,549	$1,575	1.5%
Chattahoochee	87	207	68.8	$2,935.91	$106,337	$1,545	0.0%
Chattooga	565	605	456.3	$24,058.81	$727,982	$1,596	0.2%
Cherokee	5,282	2,868	4,275.3	$256,441.17	$6,035,657	$1,412	1.7%
Clarke	1,690	896	1,359.6	$139,490.30	$2,214,793	$1,629	0.5%
Clay	67	175	59.3	$1,885.48	$85,857	$1,449	0.0%
Clayton	9,486	3,698	7,857.6	$639,079.17	$11,256,891	$1,433	3.1%
Clinch	225	210	175.9	$23,924.32	$282,825	$1,608	0.1%
Cobb	16,164	5,160	13,507.0	$979,983.48	$19,258,891	$1,426	5.4%
Coffee	1,606	655	1,268.9	$106,179.10	$2,050,950	$1,616	0.5%
Colquitt	1,618	726	1,314.1	$111,586.16	$2,109,134	$1,605	0.5%
Columbia	2,303	1,096	1,857.8	$193,431.83	$2,904,563	$1,563	0.7%
Cook	722	537	556.4	$75,721.50	$917,156	$1,648	0.2%
Coweta	2,454	1,650	1,908.1	$188,728.30	$2,783,614	$1,459	0.8%
Crawford	428	538	329.8	$9,957.11	$506,828	$1,537	0.1%
Crisp	654	464	520.3	$50,951.69	$820,897	$1,578	0.2%
Dade	321	347	265.7	$18,812.93	$427,398	$1,609	0.1%

County	Patients	Providers	Members Avg	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Dawson	703	816	536.8	$38,411.84	$851,500	$1,586	0.2%
DeKalb	15,985	5,537	13,412.1	$963,274.92	$19,040,261	$1,420	5.4%
Decatur	995	504	811.3	$66,044.68	$1,291,927	$1,592	0.3%
Dodge	496	416	403.2	$43,706.86	$635,761	$1,577	0.2%
Dooly	370	431	283.3	$24,470.47	$447,490	$1,580	0.1%
Dougherty	1,795	779	1,453.8	$159,972.80	$2,342,933	$1,612	0.6%
Douglas	4,295	2,797	3,469.1	$282,747.23	$4,988,748	$1,438	1.4%
Early	293	356	226.8	$79,065.42	$424,471	$1,872	0.1%
Echols	161	189	132.2	$22,071.83	$214,695	$1,624	0.1%
Effingham	1,390	969	1,131.6	$102,262.58	$1,824,587	$1,612	0.5%
Elbert	610	553	512.0	$31,832.64	$826,585	$1,614	0.2%
Emanuel	710	672	561.6	$53,374.34	$875,561	$1,559	0.2%
Evans	322	361	266.7	$24,887.85	$424,412	$1,592	0.1%
Fannin	1,024	715	838.1	$28,977.90	$1,343,297	$1,603	0.3%
Fayette	1,656	1,427	1,309.9	$94,056.47	$1,863,314	$1,422	0.5%
Floyd	2,561	1,212	2,040.4	$217,390.36	$3,337,379	$1,636	0.8%
Forsyth	2,823	2,051	2,288.5	$176,509.65	$3,252,809	$1,421	0.9%
Franklin	747	815	615.2	$88,758.43	$1,016,805	$1,653	0.2%
Fulton	13,589	5,862	11,182.8	$933,799.23	$15,961,164	$1,427	4.5%
Gilmer	1,041	1,009	853.8	$48,518.92	$1,362,244	$1,595	0.3%
Glascock	110	282	84.9	$7,458.15	$133,824	$1,576	0.0%
Glynn	1,675	755	1,353.6	$123,331.69	$2,165,339	$1,600	0.5%
Gordon	2,148	1,209	1,721.1	$129,420.99	$2,775,951	$1,613	0.7%
Grady	802	401	642.3	$49,568.26	$1,026,449	$1,598	0.3%
Greene	341	427	271.2	$17,782.74	$412,938	$1,523	0.1%
Gwinnett	31,499	6,324	26,462.3	$1,771,782.25	$37,439,979	$1,415	10.6%
Habersham	1,501	877	1,228.6	$73,234.30	$1,947,438	$1,585	0.5%
Hall	6,430	2,453	5,427.6	$410,745.46	$8,641,057	$1,592	2.2%
Hancock	113	224	86.2	$2,571.89	$132,545	$1,538	0.0%
Haralson	925	923	721.4	$108,721.39	$1,085,930	$1,505	0.3%
Harris	513	559	419.3	$17,930.95	$646,679	$1,542	0.2%
Hart	796	713	666.4	$42,939.18	$1,057,313	$1,587	0.3%
Heard	393	562	298.8	$25,595.90	$477,539	$1,598	0.1%
Henry	5,805	2,904	4,757.1	$292,128.94	$6,735,628	$1,416	1.9%
Houston	2,725	1,275	2,194.4	$173,527.64	$3,399,839	$1,549	0.9%
Irwin	343	433	254.3	$43,591.93	$427,832	$1,682	0.1%
Jackson	1,740	1,642	1,388.6	$118,260.71	$2,191,451	$1,578	0.6%
Jasper	477	589	381.3	$13,546.74	$535,070	$1,403	0.2%
Jeff Davis	592	473	500.4	$44,670.74	$802,286	$1,603	0.2%
Jefferson	587	564	474.8	$38,663.33	$731,054	$1,540	0.2%
Jenkins	261	354	209.0	$10,017.75	$319,202	$1,527	0.1%
Johnson	186	297	147.7	$11,155.85	$229,022	$1,551	0.1%

County	Patients	Providers	Members Avg	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Jones	856	732	695.2	$58,560.82	$1,091,526	$1,570	0.3%
Lamar	454	508	370.2	$65,264.90	$605,778	$1,637	0.1%
Lanier	291	300	224.6	$38,730.81	$374,431	$1,667	0.1%
Laurens	1,261	733	1,010.1	$104,322.74	$1,599,363	$1,583	0.4%
Lee	1,012	633	819.1	$94,313.53	$1,328,993	$1,623	0.3%
Liberty	957	639	780.9	$73,783.40	$1,237,929	$1,585	0.3%
Lincoln	239	333	192.1	$23,797.50	$302,553	$1,575	0.1%
Long	288	385	221.4	$13,112.01	$346,283	$1,564	0.1%
Lowndes	2,639	848	2,157.2	$234,858.53	$3,524,885	$1,634	0.9%
Lumpkin	868	863	688.2	$104,725.36	$1,146,933	$1,667	0.3%
Macon	284	325	227.1	$12,541.26	$351,291	$1,547	0.1%
Madison	927	805	755.7	$46,093.86	$1,213,153	$1,605	0.3%
Marion	234	354	184.9	$7,577.22	$291,629	$1,577	0.1%
McDuffie	800	642	623.8	$88,249.31	$991,262	$1,589	0.2%
McIntosh	322	432	259.3	$13,278.88	$405,416	$1,564	0.1%
Meriwether	601	720	464.6	$54,074.81	$739,954	$1,593	0.2%
Miller	190	244	144.8	$6,132.74	$222,290	$1,536	0.1%
Mitchell	774	615	620.3	$48,012.78	$992,120	$1,599	0.2%
Monroe	581	673	460.2	$29,210.43	$712,754	$1,549	0.2%
Montgomery	303	418	257.0	$21,119.76	$409,527	$1,593	0.1%
Morgan	567	656	472.5	$33,828.75	$760,171	$1,609	0.2%
Murray	1,768	841	1,436.6	$126,951.71	$2,323,449	$1,617	0.6%
Muscogee	3,052	944	2,486.1	$155,393.95	$3,819,603	$1,536	1.0%
Newton	3,527	1,923	2,747.6	$213,706.04	$3,939,791	$1,434	1.1%
Oconee	639	633	502.0	$46,953.28	$811,358	$1,616	0.2%
Oglethorpe	449	518	372.3	$21,502.41	$595,222	$1,599	0.1%
Paulding	4,459	2,941	3,688.2	$245,962.33	$5,250,252	$1,424	1.5%
Peach	567	569	458.8	$28,222.99	$706,742	$1,541	0.2%
Pickens	982	1,019	775.1	$79,082.19	$1,123,921	$1,450	0.3%
Pierce	596	554	496.9	$37,085.31	$790,150	$1,590	0.2%
Pike	485	564	402.1	$25,457.27	$622,719	$1,549	0.2%
Polk	1,419	1,042	1,153.3	$137,725.75	$1,894,143	$1,642	0.5%
Pulaski	175	284	140.2	$6,730.73	$214,190	$1,528	0.1%
Putnam	522	532	450.3	$23,115.55	$686,483	$1,525	0.2%
Quitman	31	69	27.6	$1,064.80	$41,824	$1,516	0.0%
Rabun	695	642	570.4	$72,255.62	$959,066	$1,681	0.2%
Randolph	200	208	164.2	$12,873.97	$262,926	$1,602	0.1%
Richmond	3,462	1,390	2,808.3	$268,721.01	$4,333,849	$1,543	1.1%
Rockdale	2,594	1,679	2,050.3	$324,217.57	$3,119,633	$1,522	0.8%
Schley	206	239	159.9	$14,302.44	$256,840	$1,606	0.1%
Screven	391	457	307.8	$22,915.88	$491,482	$1,597	0.1%
Seminole	301	304	249.3	$43,539.18	$421,039	$1,689	0.1%

County	Patients	Providers	Members Avg	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Avg
Spalding	1,471	1,114	1,138.6	$160,883.58	$1,688,246	$1,483	0.5%
Stephens	803	683	644.8	$109,490.75	$1,094,449	$1,697	0.3%
Stewart	77	143	64.8	$4,117.28	$100,112	$1,544	0.0%
Sumter	733	442	576.0	$47,981.92	$921,323	$1,600	0.2%
Talbot	160	271	130.8	$8,872.97	$202,314	$1,547	0.1%
Taliaferro	31	86	29.3	$712.77	$43,108	$1,474	0.0%
Tattnall	555	535	434.6	$33,984.07	$682,927	$1,571	0.2%
Taylor	225	360	176.5	$17,330.24	$279,871	$1,586	0.1%
Telfair	307	415	244.4	$13,058.18	$381,514	$1,561	0.1%
Terrell	201	318	166.4	$11,540.14	$263,516	$1,583	0.1%
Thomas	1,406	595	1,146.7	$89,864.12	$1,831,164	$1,597	0.5%
Tift	1,325	618	1,043.4	$170,639.43	$1,758,563	$1,685	0.4%
Toombs	839	614	680.2	$69,383.79	$1,112,876	$1,636	0.3%
Towns	374	381	308.5	$22,931.59	$501,007	$1,624	0.1%
Treutlen	207	308	173.6	$16,139.20	$276,651	$1,594	0.1%
Troup	1,836	779	1,489.3	$145,387.53	$2,338,052	$1,570	0.6%
Turner	312	360	255.2	$38,228.64	$433,537	$1,699	0.1%
Twiggs	229	352	191.3	$20,021.34	$301,295	$1,575	0.1%
Union	726	606	611.1	$66,566.69	$1,024,808	$1,677	0.2%
Upson	803	553	641.9	$84,627.17	$1,046,218	$1,630	0.3%
Walker	1,332	867	1,080.0	$105,120.18	$1,764,776	$1,634	0.4%
Walton	2,833	2,138	2,249.2	$190,343.89	$3,259,057	$1,449	0.9%
Ware	1,026	662	849.3	$59,660.51	$1,359,136	$1,600	0.3%
Warren	160	238	142.2	$4,374.44	$217,830	$1,532	0.1%
Washington	452	489	369.4	$16,968.40	$562,955	$1,524	0.1%
Wayne	663	526	516.8	$40,631.31	$826,820	$1,600	0.2%
webster	76	141	57.5	$2,314.83	$88,026	$1,531	0.0%
Wheeler	185	276	146.7	$43,534.12	$266,039	$1,814	0.1%
White	940	904	742.3	$80,619.33	$1,231,699	$1,659	0.3%
Whitfield	5,334	1,110	4,567.3	$368,400.00	$7,382,212	$1,616	1.8%
Wilcox	193	284	159.2	$9,268.67	$249,857	$1,570	0.1%
Wilkes	289	391	222.8	$13,983.35	$337,889	$1,517	0.1%
Wilkinson	223	365	178.5	$6,741.51	$267,184	$1,497	0.1%
Worth	672	594	552.0	$55,202.60	$900,510	$1,631	0.2%
Total	**246,964**	**31,134**	**250,055.0**	**$16,943,622.28**	**$309,646,345**	**$1,238**	**100.00%**

Source: FY 2009 DCH data queried using the Thomson Reuters decision support system

Table 15: SHBP Employees Net Payment by County FY 2009

County	Members Avg	Net Payments	Payment Per Member	% of Members Avg
Appling	1,810.8	$9,890,568.96	$5,462	0.3%
Atkinson	809.8	$3,801,678.99	$4,695	0.1%
Bacon	1,120.8	$4,607,377.37	$4,111	0.2%
Baker	243.6	$865,885.86	$3,555	0.0%
Baldwin	8,539.3	$34,458,019.24	$4,035	1.2%
Banks	1,647.2	$6,405,970.14	$3,889	0.2%
Barrow	5,894.5	$19,223,603.86	$3,261	0.8%
Bartow	7,983.1	$29,687,782.69	$3,719	1.2%
Ben Hill	1,600.8	$8,323,285.55	$5,200	0.2%
Berrien	1,792.8	$9,265,878.39	$5,169	0.3%
Bibb	10,977.7	$46,635,429.06	$4,248	1.6%
Bleckley	1,364.3	$5,386,800.97	$3,948	0.2%
Brantley	1,356.3	$6,348,794.06	$4,681	0.2%
Brooks	1,009.3	$4,671,533.89	$4,628	0.1%
Bryan	2,364.4	$9,316,856.65	$3,940	0.3%
Bulloch	5,535.0	$26,598,376.68	$4,805	0.8%
Burke	1,793.8	$5,743,726.90	$3,202	0.3%
Butts	2,367.8	$8,170,670.48	$3,451	0.3%
Calhoun	752.3	$2,747,181.38	$3,652	0.1%
Camden	2,259.6	$11,353,197.06	$5,024	0.3%
Candler	937.7	$3,873,465.43	$4,131	0.1%
Carroll	9,712.3	$41,210,950.85	$4,243	1.4%
Catoosa	3,472.3	$12,384,386.49	$3,567	0.5%
Charlton	746.1	$2,889,170.20	$3,872	0.1%
Chatham	13,147.0	$47,978,090.67	$3,649	1.9%
Chattahoochee	175.8	$517,831.77	$2,946	0.0%
Chattooga	2,815.4	$12,364,097.82	$4,392	0.4%
Cherokee	16,752.0	$57,839,787.51	$3,453	2.4%
Clarke	6,829.9	$22,864,480.19	$3,348	1.0%
Clay	273.8	$769,162.46	$2,810	0.0%
Clayton	12,327.0	$26,406,619.02	$2,142	1.8%
Clinch	898.4	$3,722,426.79	$4,143	0.1%
Cobb	36,453.7	$114,262,123.57	$3,134	5.3%
Coffee	3,436.8	$17,157,812.91	$4,992	0.5%
Colquitt	4,175.1	$21,486,210.83	$5,146	0.6%
Columbia	9,121.2	$29,839,752.27	$3,271	1.3%
Cook	1,545.4	$7,447,142.10	$4,819	0.2%
Coweta	9,728.5	$30,298,659.49	$3,114	1.4%
Crawford	1,167.9	$5,630,801.70	$4,821	0.2%
Crisp	1,856.9	$8,170,037.58	$4,400	0.3%
Dade	874.5	$3,395,323.95	$3,883	0.1%
Dawson	2,242.3	$8,477,765.68	$3,781	0.3%
DeKalb	40,288.7	$104,236,073.31	$2,587	5.8%

County	Members Avg	Net Payments	Payment Per Member	% of Members Avg
Decatur	2,608.3	$9,198,635.96	$3,527	0.4%
Dodge	2,726.0	$9,627,722.02	$3,532	0.4%
Dooly	951.7	$3,315,786.11	$3,484	0.1%
Dougherty	7,203.5	$29,689,226.17	$4,122	1.0%
Douglas	9,583.5	$30,167,783.23	$3,148	1.4%
Early	1,230.9	$3,735,903.16	$3,035	0.2%
Echols	79.8	$229,039.04	$2,869	0.0%
Effingham	3,515.5	$12,859,411.73	$3,658	0.5%
Elbert	1,991.4	$7,838,039.59	$3,936	0.3%
Emanuel	3,070.2	$13,094,316.86	$4,265	0.4%
Evans	1,286.8	$7,135,791.79	$5,546	0.2%
Fannin	1,818.2	$7,470,542.90	$4,109	0.3%
Fayette	9,621.6	$30,839,468.01	$3,205	1.4%
Floyd	8,883.4	$37,793,854.14	$4,254	1.3%
Forsyth	8,954.6	$31,118,720.78	$3,475	1.3%
Franklin	2,374.7	$7,927,864.54	$3,339	0.3%
Fulton	42,144.4	$128,714,518.87	$3,054	6.1%
Gilmer	1,516.1	$5,502,039.81	$3,629	0.2%
Glascock	343.4	$1,306,295.17	$3,804	0.0%
Glynn	5,701.2	$24,465,271.38	$4,291	0.8%
Gordon	4,268.5	$17,360,763.09	$4,067	0.6%
Grady	2,086.9	$7,843,056.35	$3,758	0.3%
Greene	1,100.8	$4,499,503.84	$4,088	0.2%
Gwinnett	43,687.1	$123,919,281.29	$2,837	6.3%
Habersham	4,667.3	$14,519,450.91	$3,111	0.7%
Hall	13,444.6	$50,223,217.18	$3,736	1.9%
Hancock	1,484.5	$6,016,117.60	$4,053	0.2%
Haralson	2,756.2	$10,611,626.70	$3,850	0.4%
Harris	2,178.9	$7,558,420.90	$3,469	0.3%
Hart	1,493.2	$5,203,448.72	$3,485	0.2%
Heard	704.8	$2,974,454.93	$4,221	0.1%
Henry	17,985.3	$46,645,905.23	$2,594	2.6%
Houston	8,420.7	$31,772,193.22	$3,773	1.2%
Irwin	796.3	$3,776,808.43	$4,743	0.1%
Jackson	6,561.8	$23,370,272.85	$3,562	0.9%
Jasper	1,071.8	$3,312,236.62	$3,090	0.2%
Jeff Davis	1,486.3	$6,356,679.16	$4,277	0.2%
Jefferson	1,829.1	$5,601,327.63	$3,062	0.3%
Jenkins	805.9	$2,688,920.38	$3,336	0.1%
Johnson	1,076.8	$5,103,435.93	$4,739	0.2%
Jones	2,058.8	$8,576,162.69	$4,166	0.3%
Lamar	1,598.8	$5,797,120.24	$3,626	0.2%

County	Members Avg	Net Payments	Payment Per Member	% of Members Avg
Lanier	599.6	$2,868,249.98	$4,784	0.1%
Laurens	5,429.0	$23,874,789.02	$4,398	0.8%
Lee	2,360.8	$9,870,892.00	$4,181	0.3%
Liberty	2,605.1	$9,754,763.54	$3,745	0.4%
Lincoln	777.4	$2,914,594.96	$3,749	0.1%
Long	666.0	$2,563,499.60	$3,849	0.1%
Lowndes	8,096.3	$34,727,823.85	$4,289	1.2%
Lumpkin	1,860.0	$6,008,047.92	$3,230	0.3%
Macon	1,023.2	$4,462,940.31	$4,362	0.1%
Madison	2,324.3	$9,664,604.18	$4,158	0.3%
Marion	503.5	$1,474,974.76	$2,929	0.1%
McDuffie	2,091.2	$8,436,049.82	$4,034	0.3%
McIntosh	915.4	$3,837,152.06	$4,192	0.1%
Meriwether	2,130.0	$7,506,310.98	$3,524	0.3%
Miller	684.2	$2,575,053.11	$3,764	0.1%
Mitchell	2,166.7	$8,938,826.73	$4,126	0.3%
Monroe	2,102.5	$7,471,261.24	$3,554	0.3%
Montgomery	1,074.7	$7,069,515.93	$6,578	0.2%
Morgan	1,927.9	$6,770,672.11	$3,512	0.3%
Murray	2,601.3	$10,345,679.79	$3,977	0.4%
Muscogee	10,494.3	$37,810,119.97	$3,603	1.5%
Newton	9,062.2	$24,073,081.69	$2,656	1.3%
Oconee	3,722.8	$12,940,619.46	$3,476	0.5%
Oglethorpe	717.1	$2,482,284.20	$3,462	0.1%
Out of State/Emergency	16,341.4	$61,090,100.81	$3,738	2.4%
Paulding	8,733.0	$29,746,506.54	$3,406	1.3%
Peach	2,390.9	$10,938,373.04	$4,575	0.3%
Pickens	2,727.3	$10,367,260.94	$3,801	0.4%
Pierce	2,310.5	$11,475,644.82	$4,967	0.3%
Pike	2,173.0	$7,361,085.99	$3,388	0.3%
Polk	3,932.3	$17,858,165.43	$4,541	0.6%
Pulaski	1,108.3	$5,317,456.13	$4,798	0.2%
Putnam	1,822.1	$7,567,178.96	$4,153	0.3%
Quitman	135.8	$400,057.39	$2,947	0.0%
Rabun	1,552.1	$5,777,669.80	$3,723	0.2%
Randolph	661.6	$2,855,751.91	$4,317	0.1%
Richmond	11,973.2	$45,806,535.41	$3,826	1.7%
Rockdale	7,010.8	$19,154,806.82	$2,732	1.0%
Schley	515.8	$1,771,222.90	$3,434	0.1%
Screven	1,422.3	$5,949,346.35	$4,183	0.2%
Seminole	855.3	$4,112,484.00	$4,808	0.1%
Spalding	5,413.5	$21,280,481.63	$3,931	0.8%

County	Members Avg	Net Payments	Payment Per Member	% of Members Avg
Stephens	2,729.8	$9,730,559.30	$3,565	0.4%
Stewart	424.5	$1,600,492.99	$3,770	0.1%
Sumter	3,172.9	$12,843,396.58	$4,048	0.5%
Talbot	579.1	$1,640,849.06	$2,834	0.1%
Taliaferro	135.0	$315,523.11	$2,337	0.0%
Tattnall	3,425.1	$17,938,320.94	$5,237	0.5%
Taylor	1,111.4	$4,389,609.56	$3,950	0.2%
Telfair	1,644.4	$6,131,748.90	$3,729	0.2%
Terrell	784.3	$3,436,508.56	$4,381	0.1%
Thomas	5,386.8	$25,309,934.68	$4,698	0.8%
Tift	3,846.4	$21,138,062.59	$5,496	0.6%
Toombs	3,152.2	$16,721,694.97	$5,305	0.5%
Towns	1,009.3	$3,246,070.68	$3,216	0.1%
Treutlen	922.2	$3,989,535.07	$4,326	0.1%
Troup	5,446.9	$21,808,937.84	$4,004	0.8%
Turner	1,098.9	$4,817,596.04	$4,384	0.2%
Twiggs	588.5	$2,118,760.88	$3,600	0.1%
Union	1,804.8	$5,902,719.09	$3,271	0.3%
Upson	3,125.5	$12,520,096.19	$4,006	0.5%
Walker	4,906.6	$15,269,875.78	$3,112	0.7%
Walton	9,940.7	$31,044,054.69	$3,123	1.4%
Ware	4,323.6	$19,084,649.97	$4,414	0.6%
Warren	423.3	$1,014,895.66	$2,397	0.1%
Washington	2,703.4	$7,878,444.68	$2,914	0.4%
Wayne	3,261.2	$14,261,647.66	$4,373	0.5%
webster	190.0	$820,082.76	$4,316	0.0%
Wheeler	691.8	$2,726,202.13	$3,941	0.1%
White	2,908.3	$10,967,743.96	$3,771	0.4%
Whitfield	5,956.8	$19,668,448.44	$3,302	0.9%
Wilcox	1,090.9	$5,115,748.77	$4,689	0.2%
Wilkes	1,135.0	$4,475,149.34	$3,943	0.2%
Wilkinson	1,794.8	$7,706,045.70	$4,294	0.3%
Worth	1,408.4	$6,143,312.79	$4,362	0.2%
Total	**693,544.7**	**$2,475,727,718.98**	**$3,570**	**100.0%**

Source: FY 2009 DCH data 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.

Appendix XII: Acronyms and Definitions

A.
ABD: Aged, Blind, Disabled
ACS: Affiliated Computer Services
ACTS: Georgia Access to Care Treatment and Services for Women with Breast Cancer
AHRQ: Agency for Healthcare Resolution and Quality
ARRA: American Recovery and Reimbursement Act of 2009
ASO: Administrative Services Organization

B.

C.
CCSP: Community Care Services Program
CEE: Consumer Education and Engagement
CFBCoB: Community and Faith Based Community of Practice
CHIPRA: Children's Health Insurance Program Reauthorization Act
CIP: Capital Improvement Program to Enhance Health Care Access for Underserved Georgians
COBRA: Consolidated Omnibus Reconciliation Act
CMO: Care Management Organizations
CMS: Centers for Medicare and Medicaid Services
COMP: Comprehensive Support Waiver
CON: Certificate of Need
CSBME: Composite State Board of Medical Examiners
CSIS: Constituent Services Information Systems

D.
DAS: Division of Aging Services
DCH: Georgia Department of Community Health
DDI: Design, Development and Implementation
DFCS: Division of Family and Children Services
DHR: Georgia Department of Human Resources
DMA: Division of Medical Assistance
DMO: Disease Management Organization
DSD: Design Specification Documents
DSH: Disproportional Share Hospital
DSM-IV: Diagnosis and Statistical Manual of Mental Diseases, edition four
DSS: Decision Sciences Section
DUR: Drug Utilization Review

E.
EDI: Electronic Data Interchange
EDS: Electronic Data Systems
EHR: Electronic Health Records
EMA: Emergency Medical Assistance
EQR: External Quality Review

F.
4DX: Four Disciplines of Execution
FFS: Fee for Service

FPL: Federal Poverty Limit
FQHC: Federally Qualified Health Clinics
FTE: Full Time Employee

G.
GBA: Georgia Building Authority
GBHC: Georgia Better Health Care
GBPW: Georgia Board for Physician Workforce
GCD: General Counsel Division
GDOA: Georgia Department of Audits
GFHP: Georgia Farmworker Health Program
GHP: Georgia Health Partnership
GMCF: Georgia Medical Care Foundation (subcontractor)
GVHCP: Georgia Volunteer Health Care Program

H.
HB: House Bill
HCBS: Home and Community Based Services
HDHP: High Deductible Health Plan
HHS: U.S. Office of Health and Human Services
HIE: Health Information Education
H/LCoP: Hispanic/Latino Community of Practice
HMO: Health Maintenance Organization
HIPP: Health Insurance Premium Payment
HIPAA: Health Insurance Portability & Accountability Act
HISPC: Health Information Security and Privacy Collaboration
HITT: Health Information Technology and Transparency
HRA: Health Reimbursement Account
HSA: Health Savings Account

I.
ICTF: Indigent Care Trust Fund
ICWP: Independent Care Waiver Program
IDG: International Data Group
ITI: Information Technology Infrastructure

J.

K.

L.
LIM: Low Income Medicaid
LOC: Level of Care
LTC: Long Term Care

M.
MAC: Maximum Allowable Cost
MC&Q: Managed Care and Quality

MEMS: Member Enrollment Management System
MEQC: Medicaid Quality Control Unit
MFN: Most Favored Nation
MFP: Money Follows the Person program
MHADDD: Division of Mental Health, Addictive Diseases and Developmental Disabilities
MHN: MultiHealth Network
MMIS: Medical Management Information System
MNP: Medically Needy Program

N.
NATP: Nurse Aide Training Program
NB: New Born
NET: Non-Emergency Transportation
NHSC: National Health Services Corps
NNPI: National Medicaid Pooling Initiative
NRC: National Resource Center for Health Information Technology

O.
OCR: Office of Civil Rights
OCS: Office of Constituent Services
OHI: Office of Health Improvement
OHITT: Office of Information Technology and Transparency
OHR: Office of Human Resources
OIG: Office of Inspector General
OOP: Office of Procurement Services
OSAH: Office of State Administrative Hearings
OSS: Office of Support Services
OWH: Office of Women's Health

P.
PA: Prior Authorization
PBM: Pharmacy Benefit Manager
PERM: Payment Error Rate Measurement
P.L.: Public Law
PMPM: Per Member Per Month
PPO: Preferred Provider Organization
PRTF: Psychiatric Residential Treatment Facility
PSA: Public Service Announcement
PST: Project Stronger Together
PUPM: Per Utilizing Member Per Month

Q.
QMB: Qualified Medicare Beneficiaries

R.
RA: Remittance Advice (claim amount description/explanation)
RAMP: Rapid Application for Medical Processes
RPI: Rapid Process Improvement
RSM: Right from the Start

S.
SaaS: Software as a Service
SB: Senate Bill
SBME: State Board of Medical Examiners
SCHIP: State's Children Health Insurance Plan
SED: Severely Emotionally Disturbed
SHBP: State Health Benefit Plan
SHCFCU: State Health Care Fraud Control Unit
SORH: State Office of Rural Health
SOURCE: Service Options Using Resources in a Community Environment
SMEB: State Medical Education Board
SSI: Supplemental Security Income

T.
TAKE: Take Action to Keep Educated Program
3R Nework: National Rural Recruitment and Retention Network
TANF: Temporary Assistance for Needy Families
TPL: Third Party Liability

U.
UPL: Upper Payment Limit

V.
VMO: Office of vendor Management

W.
WEDI: Workgroup for Electronic Data Exchange
WIG: Wildly Important Goal

X.

Y.

Z.

Key Data Definitions
Capitation Amount - Capitation Amount 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.