



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia Department
of Community Health

2011

FY 2011 Annual Report





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FY 2011 Message from the Commissioner

Listening, Partnering and Being Good Stewards

The Department of Community Health, designated as the state agency for Medicaid and PeachCare for Kids,[®] provided access to health care for more than 1.7 million Georgians. DCH also administered the State Health Benefit Plan, providing health care coverage for nearly 700,000 state employees, public school personnel, retirees and dependents. Combined, these two divisions provided health insurance coverage to approximately one in four Georgians.



Additionally, the Division of Healthcare Facility Regulation (HFR) inspected, licensed and regulated almost 15,000 Georgia health care facilities, including hospitals, nursing homes and personal care homes. HFR also added oversight of the Office of Health Planning.

The Office of Health Information Technology and Transparency began to lead the state in transforming the delivery of health care services, including plans for a statewide health information exchange and an electronic health records incentive program for Medicaid providers.

The agency also received an unqualified opinion about its financial statements, helping to maintain the state's ability to obtain general revenue bonds for state-financed capital improvements across Georgia.

In mid FY 2011, Commissioner Clyde Reese transitioned to the Department of Human Services and I was appointed to replace Commissioner Reese by then newly elected Governor Nathan Deal.

Fiscal Year 2011 has been a year of positive and productive change for DCH. Then and now, our most important resources – our people – are to be commended for their ongoing good work as we listen, partner and continue to be good stewards of the health care resources of our state.

Sincerely,

A handwritten signature in black ink that reads "David A. Cook". The signature is written in a cursive, flowing style.

David A. Cook

Commissioner, Georgia Department of Community Health



DCH Board

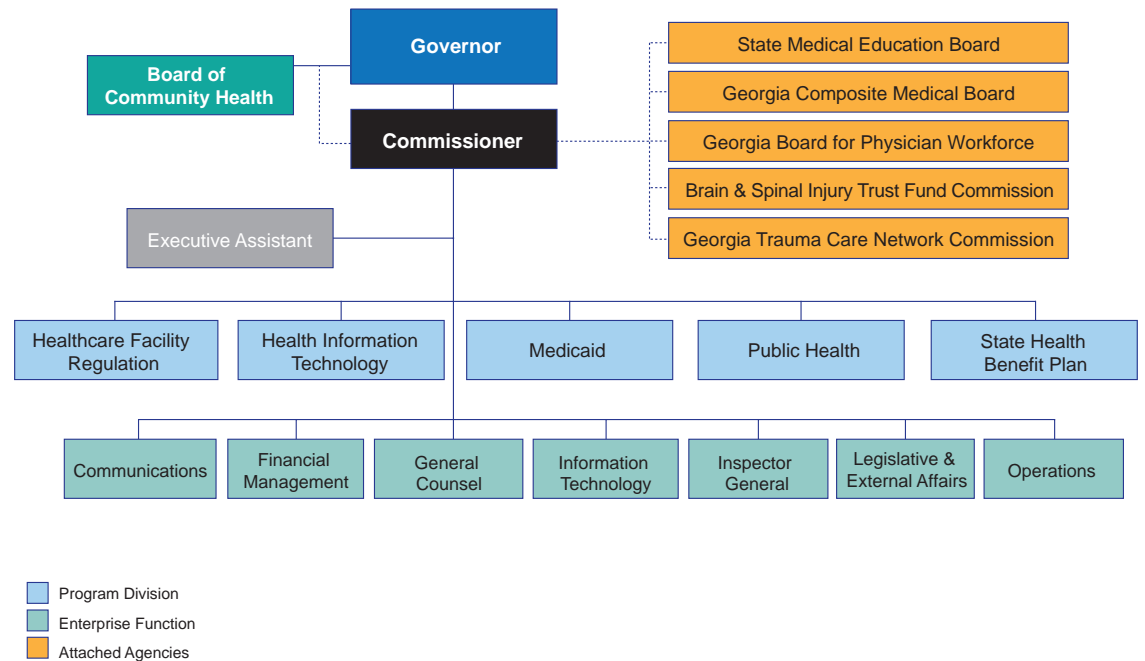
DCH is governed by the Board of Community Health. The Board is composed of nine people who have policymaking authority for the department. The Board is appointed by the Governor and confirmed by the State Senate. The Board meets monthly. The members serving at the end of FY 2011 were:

- Ross Mason, Chairman
- Norman L. Boyd, Vice Chairman
- Archer R. Rose, Secretary
- Inman C. English, M.D.
- Hannah K. Heck
- Sidney Kirschner
- Jamie Pennington
- William H. Wallace Jr.
- Mary Eleanor Wickersham

DCH at-a-glance

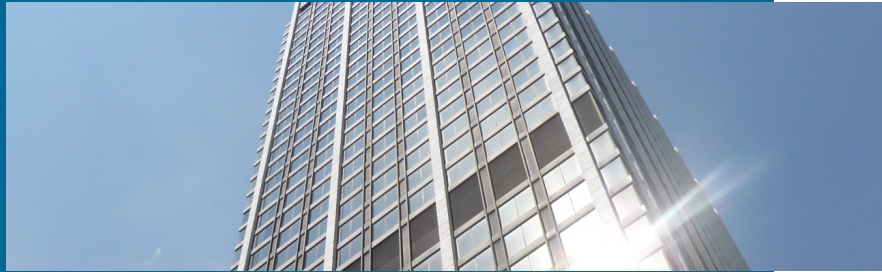
DCH Organization

In FY 2011, DCH was composed of four divisions, one office (Health Information Technology) seven support offices and five attached agencies. See chart below.



DCH Mission

We are dedicated to **A Healthy Georgia.**



Division Highlights

Division Highlights

Medicaid

Psychiatric Residential Treatment Facility Waiver

The Community-Based Alternatives for Youth (CBAY) Waiver Program allowed Medicaid-eligible youth — who would otherwise have been placed in Psychiatric Residential Treatment Facilities (PRTF) or were transitioned from PRTFs — to receive community-based services thus preventing reinstitutionalization. Georgia was one of 10 states that received a Center for Medicare and Medicaid Services (CMS) five-year demonstration grant to enable youth with serious emotional disturbances to participate fully in their communities. In FY 2011, 290 youths were served through the CBAY Program.

The State Health Benefit Plan

By the end of FY 2011, the State Health Benefit Plan had:

- Increased membership in the consumerism plans by 12.8 percent, or by more than 210,000 covered lives
- Increased retiree membership in the Medicare Advantage Plans by 90.58 percent, which was intended to reduce the Other Post Employment Benefits (OPEB) liability

Healthcare Facility Regulation

In FY 2011, the division transitioned from the previous Department of Human Resources (DHR) Office of Regulatory Services to the new Healthcare Facility Regulation Division (HFR) in DCH. The new division continued to respond to

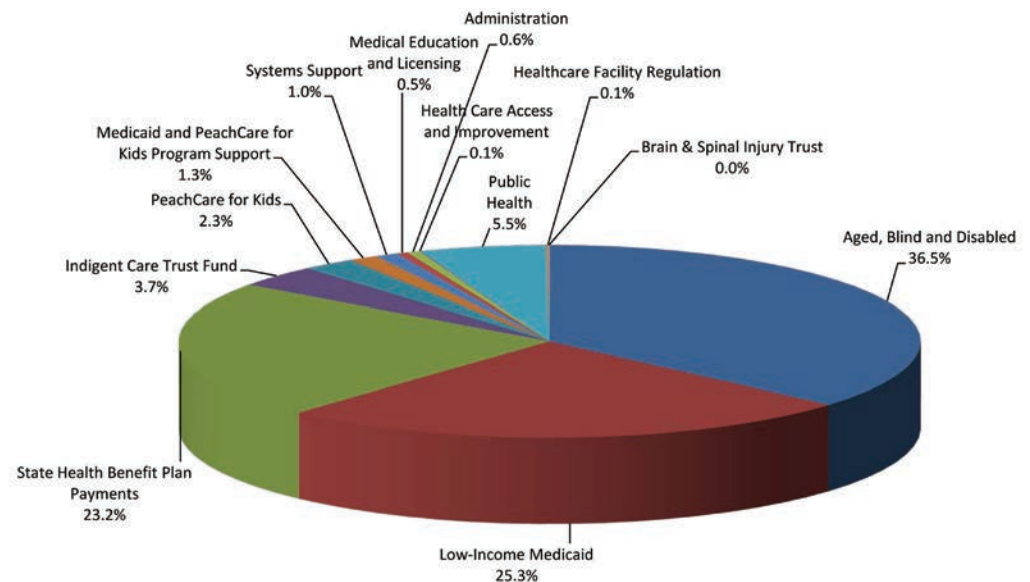
changes in the health care industry and consumer expectations. Trends included continuing growth in the use of personal care homes (assisted living facilities), and increased placement of persons with disabilities in community settings. The use of agencies that provided long-term care services in a person's home, such as private home care providers and hospice providers, was expanded rapidly across the state. These changes significantly affected the delivery of regulatory services by HFR.

Public Health

During FY 2011, the Division of Public Health (PH) transitioned from DHR to DCH. Major accomplishments of the division included that they:

- Investigated 120 infectious disease outbreaks
- Implemented novel surveillance systems for influenza during the 2009 H1N1 pandemic, including morbidity, mortality, outbreaks and school absenteeism/closures

DCH Total Expenditures for FY 2011





Accomplishments

Overview

It was a year of transition for the Georgia Department of Community Health (DCH), which was composed of four divisions, one office (Health Information Technology) and seven enterprise support offices at the end of Fiscal Year (FY) 2011. Included in this reorganization, the Office of Health Planning moved to the Healthcare Facility Regulation Division (HFR) and the Office of Health Information Technology and Transparency (HITT) became the Office of Health Information Technology (Health IT). January 2011 also saw the arrival of a new commissioner to the department.

During Fiscal Year 2011, DCH's accomplishments included:

Medicaid Management Information System (MMIS) Implementation –

Going live on November 1, 2010, DCH successfully launched its new claims processing system and changed its fiscal agent to Hewlett-Packard Enterprise Solutions (HPES).

Medicaid and CHIP Redesign – In early 2011, the Medicaid Division awarded a contract to Navigant Consulting Inc. to help conduct a Redesign of the Georgia Medicaid and CHIP programs. This initiative will continue into FY12 and beyond.

State Health Benefit Plan – Administrative costs increased only 4.1 percent, compared with the national trend of approximately 8 percent, including implementation of provisions mandated by the Affordable Care Act.

Planning for Healthy Babies (P4HB)® – As the country's first 1115 Demonstration Waiver Program, P4HB was designed to reduce the state's low birth weight and very low birth weight rates.

Healthcare Facility Regulation (HFR) – HFR regulated nearly 15,000 facilities, providers and registrants in FY 2011, issuing 887 licenses for new health care businesses in Georgia, an increase of more than 60 percent.

Office of Health Planning – The office received 97 Certificate of Need (CON) applications, 63 Letter of Nonreviewability (LNR) requests and 184 requests for Letters of Determination. The unit sent health planning surveys to 1,355 regulated facilities and providers and collected and deposited \$7,301,693 into the Indigent Care Trust Fund.

Public Health – The division contributed significantly to child safety and injury prevention, newborn screenings for hearing loss, as well as piloting statewide fitness testing in partnership with the Georgia Department of Education. Public Health earned three awards for its work in FY 2011 and became a stand-alone department on July 1, 2011.

Financial Management – In FY 2011, DCH received an unqualified opinion about its financial statements, helping maintain the state's ability to obtain general revenue bonds for state-financed capital improvements across Georgia.

Office of the Inspector General (OIG) – More than \$36 million was recovered in overpayments to Medicaid providers, members and global settlements. OIG opened more than 2,000 new Medicaid and PeachCare for Kids® cases, referring several to the State Medicaid Fraud Control Unit for prosecution.



Medicaid

Overview

DCH served as the single state agency for the administration of the Medicaid program under Title XIX of the Social Security Act, providing health care for children, pregnant women and people who were aged, blind or disabled. In FY 2011, DCH's Medicaid Division oversaw Georgia Medicaid programs and PeachCare for Kids,® Georgia's Children's Health Insurance Program (CHIP) population. Medicaid and PeachCare for Kids members received services through either managed care or Fee-for-Service (FFS) arrangements.

Eligible low-income Medicaid members, primarily children and pregnant women, were required to enroll in Georgia's Medicaid managed care program, Georgia Families. These members had a choice period before enrolling in Georgia Families and were in Medicaid under a FFS arrangement until the transition was complete.

Certain Medicaid populations were not eligible to enroll in Georgia Families, including children in foster care and the aged, blind and disabled (ABD). This meant that more than 487,000 members received services under a FFS arrangement.

In FY 2011, DCH coordinated statewide Non-Emergency Transportation (NET) services for both Georgia Families and FFS members on a capitated basis through three vendors.

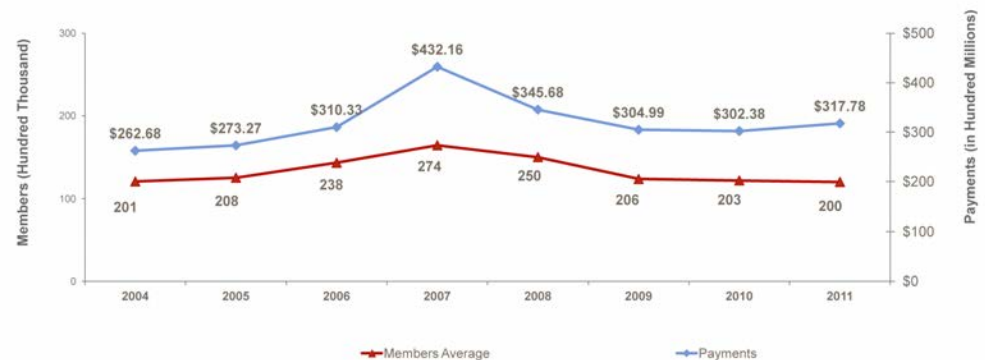
Georgia Families

The Georgia Families program served more than 1.1 million members enrolled in low-income Medicaid and PeachCare for Kids through three care management organizations (CMOs). This full-risk, capitated arrangement also provided care coordination, case management and a comprehensive array of services for its members.

PeachCare for Kids

In 1997, Congress created Title XXI of the Social Security Act to provide health care for the growing number of uninsured children in the United States. This legislation enabled states to create CHIP programs to increase access to affordable health insurance. Georgia's PeachCare for Kids began covering uninsured children through age 18 in 1999, providing comprehensive coverage to families at or below 235 percent of the Federal Poverty Level (FPL). Services included primary, preventive, specialist, dental care and vision care.

PeachCare for Kids Member Average and Payments by Fiscal Year





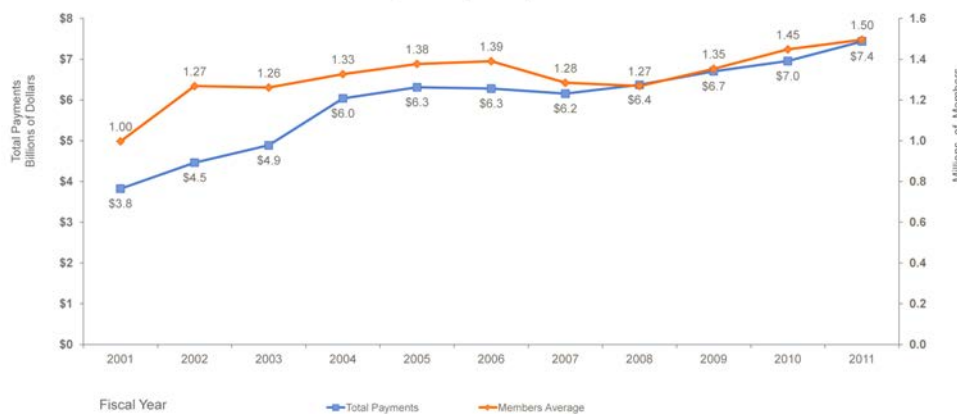
Medicaid

Enrollment

Medicaid enrollment grew slightly during FY 2011 with year-end enrollment in June 2011 representing only a 1.1 percent increase over July 2010. This was notably less than the growth in FY 2010, which had been approximately 2.6 percent. The year-end enrollment in the Medicaid program was 1,472,148 members. PeachCare for Kids® had a 2.2 percent increase in enrollment on July 1, 2010, compared to the end of the 2011 year enrollment of 207,192.

During FY 2011, the Georgia General Assembly approved a \$10 million bond to upgrade the Medicaid eligibility system. The bond was used as the state fund portion and was matched 90 percent federally for the Medicaid development part of this work. A multi-agency collaborative and governance council to oversee the project was created during FY 2011. The division and sister agencies also collected additional information for a procurement and Request for Proposal (RFP). The interagency collaborative's goal was to release the RFP release in early 2012 with a vendor on board by fall.

Medicaid Member Average and Payments by Fiscal Year



Waivers

Georgia Medicaid focused on community-based alternatives to institutional care settings through its Home- and Community-Based Services (HCBS) waiver funding for long-term care.

The Medicaid division provided administrative oversight for the six HCBS waiver programs listed below.

HCBS Waiver	What it Did	Number of Members Served FY 2011
Community Care Service Programs (CCSP)	Provided services to people who had functional impairments or disabilities. Helped members remain in their own communities as long as possible.	13,182
Georgia Pediatric Program (GAPP)	Provided services to medically fragile children with multiple system diagnoses in their homes, communities and in "medical" daycare settings.	479
Independent Care Waiver Program (ICWP)	Assisted some adult members with severe physical disabilities to live in their own homes or communities.	1,767
New Options Waiver Program (NOW) and Comprehensive Supports Waiver Program (COMP)	Offered HCBS for people with mental retardation or developmental disabilities.	14,923
Service Options Using Resources in a Community Environment (SOURCE)	Served aged, blind and disabled Georgians eligible for Supplemental Security Income/ Medicaid (SSI). Linked doctors and case managers with approved long-term care providers who served program members in their homes or communities.	23,060



Medicaid

Accomplishments

Planning for Healthy Babies (P4HB)[®] Program

P4HB[®] was the country's first approved 1115 Demonstration Program focussing on reducing low birth weight (less than 2500 grams/5.512 pounds) rates. It was implemented in January 2011. The program made family planning and related services available to women aged 18 - 44 years who were at or below 200 percent of FPL. The program also provided Inter-Pregnancy Care services to eligible women if they had delivered a very low birth weight (VLBW, less than 1500 grams/3.307 pounds) baby after January 1, 2011.

Family Planning Services provided medically necessary services and supplies to support wanted and appropriately timed pregnancies. Patient education, counseling and referrals, and various methods of contraceptive management were made available through this program. Enrolled women were eligible for all Family Planning Services covered by the Georgia Medicaid Program.

Inter-Pregnancy Care services included primary care and primary care case management (including Resource Mother outreach) and family planning and family planning-related services. These services were included in the P4HB demonstration to improve the health of the woman who delivered the VLBW baby and delay future conception for 18 to 23 months. Research has shown that women delivering VLBW babies are more likely to deliver another. Improving health and increasing the birth interval reduces the chances the next baby will be a VLBW baby.

Medicaid Management Information System (MMIS) Implementation

On November 1, 2010, DCH successfully changed fiscal agents to Hewlett-Packard Enterprise Solutions (HPES) for the Medicaid program. HP paid providers and processed all claims except those for pharmacy. The implementation was recognized across the country as one of the most successful in recent history.

The HPES system adaptation for the Georgia Medicaid program included an 18-month implementation period, oversight by an independent validation and verification vendor, a strong governance structure, provider engagement, and full participation and dedication of DCH's Medicaid team. DCH conducted more than 12,000 user acceptance tests to ensure system readiness and functionality prior to going live.

The new system also improved service delivery through:

- More online enrollment applications submitted through the Internet instead of paper, and fewer manual processes
- Greater online self-service options through the provider portal
- Ability to track applications by an assigned Application Transaction Number (ATN)
- Increased security for provider applications submitted online
- Interfaces with regulatory authorities to decrease the number of documents submitted and the timeline for verification
- Less than 15 days' turnaround time for processing clean provider applications
- Improved traceability and accountability of service requests made through the customer service center

Medicaid and CHIP Redesign

During FY 2011, the Medicaid division awarded a contract to Navigant Consulting Inc. to assist in conducting a review of the design of the Georgia Medicaid and CHIP programs. This contract required a national environmental scan of Medicaid and CHIP programs, including an assessment of program design and effectiveness; a comprehensive collection and evaluation of ideas for innovation and the financing and delivery of Medicaid and CHIP benefits; options for modification of Georgia's current program; assistance and support in obtaining the best solution for Medicaid's financial sustainability.



Medicaid

Payments and Expenditures

FY 2011 Table of Member Enrollment and Expenditures

Measures	Medicaid	Medicaid-ABD	Medicaid-LIM	PeachCare for Kids®
Members	1,938,229	504,257	1,433,972	270,913
Patients	1,644,076	406,275	1,237,801	236,540
Average of Members	1,496,881	432,472	1,064,409	199,512
Member Months	17,962,574	5,189,665	12,772,909	2,394,142
Net Payment	\$4,756,701,743	\$4,173,342,371	\$583,359,372	\$18,063,579
Providers	130,853	63,115	67,738	38,661
Claims Paid	42,970,201	21,573,391	21,396,810	3,092,387
Capitation Amount	\$2,704,857,197	\$68,977,015	\$2,635,880,182	\$299,449,103
Administrative Fees	\$2,468,276	\$2,468,276	\$0	\$0
Total Payment	\$7,464,027,216	\$4,244,787,662	\$3,219,239,554	\$317,512,684
Total Payment Per Member Per Month	\$416	\$818	\$252	\$133

Source: Thomson Reuters Advantage Suite, based on incurred dates July 2010 through June 2011

FY 2011 Medicaid Payments Distribution by Type

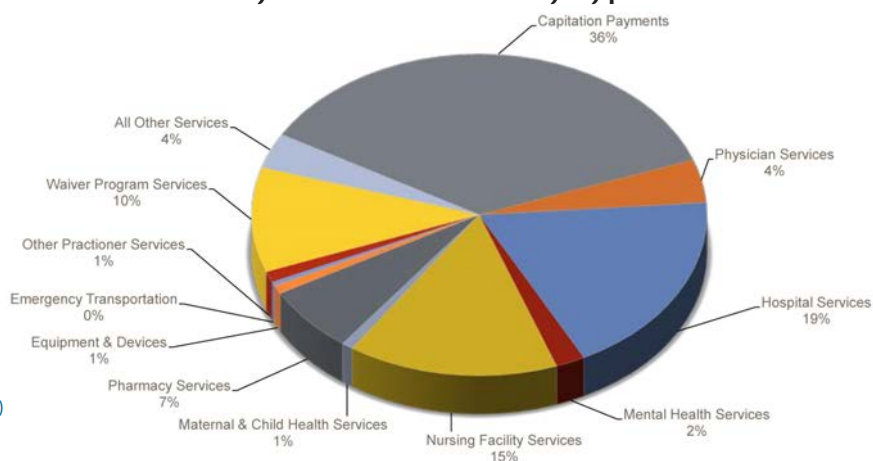


Table of Historical Medicaid Members and Payments by Fiscal Year

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

Source: Thomson Reuters Advantage Suite, based on incurred dates July 2010 through June 2011



Overview

The State Health Benefit Plan (SHBP) provided health insurance coverage to state and public school system employees, contract groups, retirees and eligible dependents. The SHBP division covered 692,568 lives as of June 2011.

The health plans offered by SHBP as of June 2011 were: Health Maintenance Organizations (HMO), Health Reimbursement Arrangements (HRA) and High-Deductible Health Plans (HDHP) through Cigna, UnitedHealthcare and Medicare Advantage. Within the division, there were six primary operating units.

- The Eligibility Unit consisted of a Call Center for member questions and a production center that processed member eligibility transactions.
- The Employer Services Unit assisted employers covered under the plan with transactions and bills.
- The Vendor Management Unit enforced contract compliance among vendors and processed member appeals.
- The Network Management Unit worked with vendors to ensure provider networks were meeting access requirements and assisted in resolution of network provider issues.
- The Clinical Unit reviewed vendor performance and clinical standards.
- The Communications Unit managed the annual enrollment/change period and conducted member education programs.

The SHBP operated its Plan Year on a calendar year basis.

State Health Benefit Plan

FY 2011 Table of State Health Benefit Plan Covered Lives*

Category	Members Average	Employee/ Retiree	Dependents
State Employees – Active	125,849	60,741	65,108
State Employees – Retired	46,155	31,851	14,304
Teachers – Active	267,773	108,584	159,189
Teachers – Retired	65,527	46,165	19,362
School Service Personnel – Active	156,377	72,518	83,859
School Service Personnel – Retired	25,748	18,871	6,877
Contracts/Board Members	2,426	1,494	932
COBRA	2,713	1,544	1,169
SHBP TOTAL	692,568	341,768	350,800

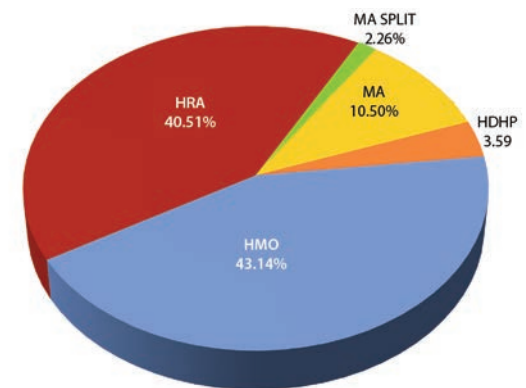
*Members average shown reflects enrollment in the last month of the Fiscal Year.

FY 2011 State Health Benefit Plan Members Average by Plan Type*

Plan Type	Members Average
HDHP	24,834
HMO	298,784
HRA	280,568
Medicare Advantage (MA)	72,744
MA SPLIT	15,638
SHBP TOTAL	692,568

*Members average shown reflects enrollment in the last month of the Fiscal Year.

FY 2011 SHBP Members Average by Plan Type





Accomplishments

- The medical expense trend for the plan was at 4.1 percent compared to the national trend of approximately 8 percent.

The Plan

- Implemented provisions of the Affordable Care Act that included expansion of coverage to dependents up to age 26 and the removal of lifetime maximum benefits. Approximately 18,000 dependents were added to the State Health Benefit Plan (SHBP).
- Increased tobacco surcharge from \$60 to \$80 and increased Spousal Surcharge from \$40 to \$50, which generated an additional \$5.3 million in revenue.
- Continued consumerism strategy with the elimination of the Open Access Plan (OAP). Half of SHBP's membership enrolled in a consumerism plan.
- Increased wellness activities: Offered flu shots at 125 worksites with 6,956 individuals receiving shots; 54,184 individuals completed their online health assessments; 1,879 biometric screenings were held at 46 worksites around the state.
- Targeted disease-specific screening campaigns including mammograms, colorectal cancer and pre-hypertension. The mammography campaign included 6,133 targeted members resulting in 1,409 receiving mammograms with 18 diagnosed with cancer. The colorectal cancer campaign included screening kit mailings to 13,667 members with 1,982 returning the kits and 44 found to be positive. For the pre-hypertension campaign, 93 members registered and 58 participated in an online webinar for completion of a five-week educational course. The average blood pressure was 130/80 before the course and lowered to 125/77 after completion.

State Health Benefit Plan

- Held Open Enrollment October 12, 2010, through November 10, 2010, for coverage effective January 1, 2011; 96.53 percent of members made their election on the Health Plan's website; SHBP reached 9,500 employees and 450 Human Resources (HR) managers through benefit fairs, meetings for active members, retiree meetings and conference calls with Payroll Human Resource offices across the state; assembled and mailed nearly 99,000 packets to SHBP retirees.
- Processed more than 211,029 coverage transactions for Health Plan members.
- Acquired \$3,860,130.28 gross, \$2,636,269.34 net in savings from subrogation.
- Produced and mailed 176,045 letters from the MEMS (the eligibility system) to members and payroll locations regarding member eligibility.

In addition

- Vendor Management monitored 686 vendor calls, responded to 1,145 telephone calls, 1,489 e-mails, 887 letters and 621 appeals.
- Through continued education, members accessed in-network providers more than 95 percent of the time, resulting in network discounts on average of 51 percent or better.
- The Call Center received 154,840 calls from Health Plan members for an average call volume of 12,903 per month.
- Support Services Units received 21,439 calls and placed 10,896 outbound calls to HR staff at payroll locations.

Looking Ahead

- SHBP plans to expand its wellness programs through plan design changes and pricing to engage members in taking steps toward better health.
- SHBP is reviewing a more direct billing method, on a covered per member per month basis, as opposed to the current method of a percentage of payroll basis.
- SHBP is using technology to improve efficiencies through implementation of a year-round web portal in phases for enrollment transactions.



Healthcare Facility Regulation

Overview

The Healthcare Facility Regulation Division (HFR) was composed of Healthcare Facility Licensing and Health Planning.

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

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

The Office of Healthcare Facility Licensing inspected, monitored, licensed, registered and certified a variety of health care facilities. The office ensured that facilities and programs operated at levels mandated by state and federal statutes and regulations.

HFR investigated complaints against licensed facilities, adverse events and incidents reported by citizens and the facilities themselves. The Office of Healthcare Facility Licensing certified various health care facilities to receive Medicaid and Medicare funds through contracts and agreements with the Division of Medicaid, the Centers for Medicare & Medicaid Services (CMS) and the Food and Drug Administration (FDA) of the U. S. Department of Health and Human Services (HHS).

Accomplishments

During FY 2011, Health Planning received 97 CON applications, 63 LNR requests and 184 requests for Letters of Determination. The unit sent health planning surveys to 1,355 regulated facilities and providers and collected and deposited \$7,301,693 into the Indigent Care Trust Fund from adjustment payments to offset shortfalls in indigent and charity care commitments. The unit conducted 179 plan reviews with 57 inspections at facilities under construction, and 102 appeals were submitted for review by an independent review organization.

Healthcare Facility Licensing regulated nearly 15,000 facilities, providers and registrants in FY 2011. The unit issued 887 licenses for new health care businesses in Georgia, up more than 60 percent from the previous year, and conducted 2,676 routine inspections and 1,762 follow-up or initial inspections. Health Care Facility Licensing also responded to 2,497 complaints against licensed facilities and 7,969 incident reports filed by licensed providers. The unit drafted and presented rules and regulations for adoption by proxy caregivers and assisted living communities pursuant to previous legislation.

Looking Ahead

HFR will stay responsive to changes in the health care industry and consumer expectations. Trends include the consolidation of health care facilities, the creation of new types of facilities, the implementation of new technologies, the continued growth in the use of long-term care facilities, and the increased placement of persons with disabilities in community settings.

To help meet these demands, HFR is putting more information about facilities on the DCH website and working to accept licensure applications and fee payments online. HFR is also considering options to increase oversight of health care facilities and conducting a review of the fees facilities are charged. HFR plans to develop geo-mapping capabilities to help citizens find comprehensive information about facilities on the DCH website.



Health Information Technology

Georgia Statewide HIE

In February 2011, Georgia submitted its final Strategic and Operational Plan for the Statewide Health Information Exchange (HIE) to the U.S. Department of Health and Human Services (HHS) Office of the National Coordinator (ONC). The final plan was approved on March 23, 2011, allowing Georgia to move forward in the planning and implementation of the statewide HIE.

Medicaid EHR Incentive Program

Through Health IT, DCH was responsible for the administrative oversight of the Medicaid EHR Incentive Program (MIP), including the program, eligibility, registration and attestation for the planned distribution of incentive payments to eligible Medicaid providers. The 100 percent federally funded payments were to be made to eligible professionals and hospitals who adopted, used or upgraded certified EHR technology. The State Medicaid Health IT Plan was approved and given permission for final testing and preparation for launch of the Medicaid EHR Incentive Program. Medicaid incentive payments to eligible professionals and hospitals in Georgia began in September 2011, during FY 2012.

Challenge Grant

Health IT, in collaboration with the Georgia Cancer Coalition, received one of 10 grants nationwide to develop a program for patient-mediated health information exchange for cancer patients. The program had three major goals: to provide patient access to his/her personal health records (PHR), to provide secure bi-directional communication between patient and provider, and allow for individual health data to be sent to a patient-selected PHR.

Overview

During FY 2011, the Office of Health Information Technology (Health IT) continued its mission to advance the use of health information technology throughout Georgia to reduce health care disparities, improve health outcomes, increase the efficiency of health care delivery, and reduce overall health care costs. Health IT's objectives included:

- Planning for the implementation of a statewide Health Information Exchange (HIE) to allow critical patient care information sharing between unaffiliated providers and hospital systems
- Planning for the implementation of the Medicaid EHR Incentive Program for eligible Medicaid professionals and hospitals to adopt, implement or upgrade electronic health records (EHR)
- Educating providers and consumers about the value of health information technology, health information exchange and electronic health records



Overview

In FY 2011, Public Health (PH) was the division in DCH charged with preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters. Locally, PH administered 18 health districts and 159 county health departments. The Governor appointed Brenda Fitzgerald, M.D., as the State Health Officer and Director of the division in February 2011.

On July 1, 2011, legislation transferred the responsibilities of PH from DCH to a new Georgia Department of Public Health, an independent agency. Dr. Fitzgerald was appointed Commissioner. The new department was to operate with general policy guidance from a Board of Public Health.

Programs and offices included Health Promotion and Disease Prevention, Maternal & Child Health, Infectious Disease and Immunization, Environmental Health, Epidemiology, Emergency Preparedness and Response, Vital Records, and the State Public Health Laboratory, among others.

Public Health

Epidemiology

The Epidemiology Program assessed and monitored Georgians' health status by conducting notifiable disease, chronic disease and behavioral health surveillance. This information controlled health problems and provided data for evidence-based practices. The program conducted outbreak investigations and data analyses, and distributed epidemiologic reports to support priority setting, resource allocation and program evaluation. It also maintained registries of priority health problems including stroke, violent deaths and cancer, and provided support, resources and subject matter expertise to district epidemiologists, local public health agencies, health care providers and community partners.

Environmental Health (EH)

The Environmental Health Program promoted and protected the well-being of Georgia citizens and visitors by ensuring healthy environmental conditions in which people could live, work and play. EH monitored, educated, enforced and assessed programs that identified, prevented and abated the biological, chemical and physical conditions adversely affecting human health. The program reduced morbidity and premature death caused by environmental hazards. It also regulated or ensured safety at food service establishments, on-site sewage management systems, public swimming pools, spas and water parks, tattoo studios, tourist accommodations and the non-public water supply. EH undertook initiatives to prevent childhood lead poisoning, rabies, vector-borne diseases and chemical hazards.

Emergency Preparedness and Response (EPR)

Within the National Response Plan, PH coordinated and/or delivered medical, environmental health and mental health services; accessed or sought health-related private resources; and supplemented over-burdened health service delivery personnel and resources. EPR prepared for and responded to emergencies, natural disasters and potential acts of terrorism affecting the health of individuals and communities in the state. EPR partnered with state agencies for effective, unified responses to events of public health significance.



EPR and its partners determined preparedness priorities at the state, regional and local levels and allocated resources to improve the public health and health care systems' response to public health emergencies. It monitored data and emerging issues to plan and prepare the best emergency responses, exercised its plans, evaluated lessons learned and shared best practices. It communicated effectively and proactively on emergency issues with staff, partners and the public.

Infectious Disease and Immunization (IDI)

IDI programs delivered statewide included HIV, STD, TB, Refugee Health and Immunization services. IDI services covered critical prevention, treatment and ongoing care services for Georgians who were either infected or at risk of acquiring communicable or vaccine-preventable diseases. IDI provided vaccines to all uninsured or underinsured children in Georgia from 0 to 18 years of age. In addition, adult vaccination services were offered to uninsured and underinsured adults not covered by Medicaid. The immunization program assessed needs and coordinated the distribution of vaccines for pandemic influenza emergencies. IDI provided critical infectious disease prevention and control services through statewide screening, treatment and administration of the Vaccines for Children (VFC) program and maintained the Georgia Registry of Immunization Transactions and Services (GRITS).

Health Promotion and Disease Prevention (HPDP)

HPDP used population-based programs and services and evidence-based best practices to reduce disease risks, promote healthy youth development, target unhealthy behaviors, provide access to early detection and treatment services, and improve the management of chronic diseases. Targeted risk behaviors included smoking, physical inactivity, unhealthy eating, poor preventive health care, sexual violence and risky behaviors in youth.

Public Health

HPDP Major Accomplishments

- Adopted the 100 percent Tobacco-Free School Policy in 12 school systems (151 schools), protecting 93,879 students from harmful second-hand smoke
- Achieved a 66 percent hypertension control rate for persons participating in the Stroke and Heart Attack Prevention Program (SHAPP), surpassing the Healthy People 2010 target of 50 percent
- Funded seven communities to implement policies, systems and environmental changes focused on reducing obesity
- Provided 2,800 cancer treatments to more than 300 uninsured cancer patients
- Conducted nearly 72,000 Pap tests, more than 17,000 mammograms and clinical breast examinations for uninsured and underinsured women

Maternal & Child Health Program (MCH)

MCH provided direct services (i.e., family planning, children with special health care needs, early intervention and Special Supplemental Nutrition Program for Women, Infants and Children (WIC)), population-based interventions (newborn screenings), and supported the public health infrastructure by administering Title V MCH Services Block Grant funds to improve the health of mothers, children and families. With core services rooted in newborn screening and early intervention, family planning, Sudden Infant Death Syndrome (SIDS) prevention, oral health and breastfeeding support, MCH coordinated care and outreach for children and families.

MCH Major Accomplishments

Children with Special Health Care Needs

- Served 11,947 Babies Can't Wait program infants and toddlers from birth to 3 years who had significant developmental delays
- Provided care coordination and other needed medical/health services for more than 8,800 children, ages birth to 21 through the Children's Medical Services program



Public Health

Family Planning

- Promoted pregnancy planning and birth spacing to more than 135,000 men and women

Injury Prevention

- Supplied 9,157 child safety seats; saved 28 children from serious injury or death as a result of the statewide program. Additionally, provided 1,440 high-back booster seats and 960 backless booster seats to the Give Kids a Boost Program with local partners in conjunction with a new law that went into effect July 1, 2011
- Worked with local fire departments to install 2,439 smoke alarms in high-risk houses

Newborn Screening

- Tested 148,963 specimens for 28 metabolic and hemoglobin conditions and identified 272 infants with at least one of these conditions
- Screened more than 136,000 newborns (99 percent of births) for hearing loss

Oral Health

- Provided dental sealants to more than 1,600 children through school programs

MCH Epidemiology

- Identified six significant clusters of infant mortality throughout the state during 2002-2006
- Published a paper in a peer-review journal, made five oral presentations and three poster presentations at regional/national meetings
- Received two awards at the 2011 National MCH Epidemiology Conference for oral health and breastfeeding research

Title V Block Grant Initiatives

- Worked with the Georgia Department of Education to pilot and implement statewide fitness testing in grades 1-12 in public schools, as required by the Georgia Student Health and Physical Education (SHAPE) Act. More than 99 percent of schools were trained or had scheduled training
- Partnered with the Governor's Office for Children and Families to implement the federal Maternal, Infant and Early Childhood Home Visiting program in Georgia. MCH staff led the development and implementation of a central intake system for this initiative
- Partnered with the Georgia Campaign for Adolescent Pregnancy Prevention to reduce teen pregnancy

Women Infants and Children (WIC)

- Served 543,416 women, infants and children; average monthly participation 305,580
- Tabulated that 67 percent of WIC children 2 to 5 years old were within normal weight

WIC Breastfeeding

- Awarded \$969,410 in grant funding for the "Most Improved" WIC breastfeeding initiation rates



Office of Health Indicators for Planning

The Office of Health Indicators for Planning (OHIP) maintained a single standard information repository (the Online Analytical Statistical Information System, or OASIS) to support health assessment models and decisions, interventions and policies made by the division. OHIP supplied vital records and hospital discharge data for health planning through OASIS. OHIP provided valid and reliable health status evidence for Georgia’s populations.

Vital Records

The Office of Vital Records recorded and preserved all vital events including births, deaths, marriages, divorces, fetal deaths and induced terminations of pregnancy (ITOP) occurring in the state and among Georgia residents out of state. Vital Records also supplied data to state and federal health and human service agencies, law enforcement, the courts and the military.

Certificates issued by the state office numbered 188,896; revenue collected was \$2,615,406.

Georgia Public Health Laboratory (GPHL)

GPHL delivered screening, diagnostic and reference testing services to Georgians through county health departments, public health clinics, private physicians, hospitals, other clinical laboratories and state agencies. GPHL included the Central Facility in Decatur, the Albany Regional PH Laboratory and the Waycross PH Laboratory, all licensed in Georgia and certified by the Centers for Medicare & Medicaid Services (CMS) under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). The Central Facility and Waycross PH Laboratory were also certified by the Centers for Disease Control and Prevention and the U.S. Department of Justice as testing sites for bioterrorism select agents.

Public Health

In FY 2011, GPHL received 585,220 specimens for testing and performed 7,652,865 tests/examinations/determinations. In addition, the laboratory conducted 289,923 tests for Quality Control (QC).

Summary of Expenditures*

Program	State Expenditures	Federal Expenditures	Other Expenditures
Adolescent and Adult Health	\$8,949,230.80	\$32,822,983.79	\$645,255.65
Adult Essential Treatment Services	\$7,390,280.35	\$1,708,752.24	\$0.00
Emergency Preparedness	\$2,656,707.32	\$43,527,234.14	\$294,089.20
Epidemiology	\$3,364,930.87	\$4,761,151.76	\$15,418.09
Immunization	\$749,702.44	\$10,029,894.65	\$0.00
Infant and Child Essential Treatment Services	\$24,487,628.78	\$32,561,196.31	\$0.00
Infant and Child Health Promotion	\$10,060,942.38	\$299,580,871.40	\$0.00
Infectious Disease Control	\$29,643,519.40	\$64,041,511.51	\$0.00
Inspections and Environmental Hazards	\$3,512,827.44	\$957,750.97	\$535,595.24
Public Health Formula Grants to Counties	\$66,171,983.27	\$16,027,234.99	\$0.00
Vital Records	\$3,569,741.20	\$455,154.91	\$0.00
Administration	\$21,307,585.61	\$7,004,316.73	(\$142.25)
Totals	\$181,865,079.86	\$513,478,053.40	\$1,490,215.93

* DCH, Financial Management Decision Support System



Communications

Overview

The Office of Communications served as the internal and external outreach arm of the Department of Community Health (DCH). The office responded to the diverse communications needs of the department.

The office developed and implemented department-wide communications plans for local, regional and national media and public relations activities as well as program promotional campaigns; maintained the department's public website and the employee Intranet and social media initiatives; developed and implemented collateral and branding/graphics and a customer service promotion. Communications was also responsible for fielding all media inquiries, speechwriting for DCH leadership, collecting news clippings and preparing media summaries.

Communications marketed a number of programs to various audiences, including:

- Planning for Healthy Babies®
- Maternal & Child Health (MCH)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- MCH's Newborn Screening
- Money Follows the Person
- PeachCare for Kids®
- Public Health Job Fair
- Health IT
- Refreshed & Ready*

* With 100 percent employee participation, this campaign was recognized by the Governor's Office as a pilot for possible roll-out to other state agencies.

Accomplishments

During FY 2011, Communications produced more than 50 news releases/advisories and responded to more than 320 media inquiries. Media interest was especially high for Public Health, Medicaid and Healthcare Facility Regulation issues with coverage received from a variety of state and national media outlets.

Communications continued to produce **DCH HERO**, an Intranet e-magazine for employees until it was replaced with a weekly e-mail publication – **DCHNOW**. This internal e-newsletter maintained a strong open rate averaging 40-50 percent above the average open rate for similar government-employee publications.

Communications also prepared/updated more than 60 fact sheets about DCH and its various programs.

The DCH website received more than 5.6 million hits. The most-visited site pages were Medicaid and the State Health Benefit Plan (SHBP), with nearly 1 million hits combined, accounting for 16.7 percent of web visitation. New visitors accounted for nearly 58 percent of all page views. Communications also set up Facebook, Twitter, GovLoop and YouTube accounts to increase messaging outreach through social media.

In FY 2011, DCH nominated exceptional individual customer service performers from its Information Technology, SHBP and Legislative & External Affairs sections for Governor's Customer Service Commendation Awards who all won. DCH nominated the General Counsel's Legal Services team which won, as well. Commendations were awarded on a competitive basis.

Looking Ahead

To support DCH's mission and goals, the office is becoming more proactive in select communications outreach channels, including evolving the department's branding, expanding e-mail marketing communications with providers and other DCH stakeholders, spearheading the website "refresh" and migrating to a new content management system.



Financial Management

Overview

Financial Management was primarily responsible for the budget and accounting of the funds appropriated to DCH. The Chief Financial Officer, who oversaw Financial Management's operations, represented DCH's financial interests when working with the Governor's Office, General Assembly, Board of Community Health, CMS and other stakeholders. The office was composed of four units: Office of Planning and Fiscal Analysis, Financial Services, Reimbursement Services, and the Budget Office.

The Office of Planning and Fiscal Analysis

This office was the primary source of information for internal and external data requests for Medicaid, PeachCare for Kids,[®] and State Health Benefit Plan (SHBP) programs. 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 developed budget projections for Medicaid, PeachCare for Kids and SHBP.

Financial Services (Accounting)

Financial Services paid providers, vendors and employees and prepared the financial reports that secured receipt of federal funding for the Medicaid and PeachCare for Kids programs. Financial Services was also instrumental in the successful implementation of the new Medicaid Management Information System (MMIS). This unit prepared annual financial statements for the agency and ensured that the Department of Community Health (DCH) complied with generally accepted accounting principles.

Reimbursement Services

Reimbursement Services performed rate-setting functions for the Medicaid and PeachCare for Kids programs and was composed 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 its request was reviewed by the Governor and General Assembly. The office ensured funding was available for DCH operations before liabilities were incurred and coordinated with the Office of Planning and Fiscal Analysis and Financial Services in budget development and expenditure monitoring, respectively.

Accomplishments

In FY 2011, the office 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. Financial Management played a key role in the Division of Public Health transitioning to its own agency.



Office of General Counsel

Overview

In FY 2011, the Office of the General Counsel provided legal advice and support to the Commissioner, the Board of Community Health and all offices and divisions of the Department of Community Health (DCH). The office prepared contracts, drafted and monitored proposed legislation, analyzed health care policy issues, resolved state and federal laws and provided litigation support in various administrative and judicial cases. The Office of the General Counsel processed open records requests, prepared policies, resolutions, rules and regulations for DCH, Medicaid and the State Health Benefit Plan; monitored HIPAA Privacy; and provided advice regarding ethics and regulatory compliance. The office represented the department in administrative hearings in front of the Office of State Administrative Hearings (OSAH). Also, the department's Administrative Hearing Officer held hearings on provider appeals and reviewed appeals from OSAH regarding Medicaid members.

The office maintained a close relationship with the Governor's Office, the Attorney General's Office, and its sister agencies DBHDD and DHS to support DCH's programs, goals and mission.

Medicaid Legal Services Section

The Medicaid Legal Services Section provided support and assistance to DCH, especially Medicaid, PeachCare for Kids® and the Office of Inspector General/Program Integrity Unit. The section provided litigation support to the Attorney General's Office on matters that were or became the subject of litigation in

the court system. In-house litigation attorneys represented DCH at administrative hearings. Through FY 2011, Legal Services received a total of 804 member and provider appeals. The section received a Governor's Commendation for Excellence in Customer Service. The section expects a significant increase in its caseload due to changes in federal law.

Contracts Administration Section

The Contracts Administration Section managed the contracting process for the department. The section was responsible for document review and drafting, contract development, file maintenance, training and contingency planning. The section responded to the contract needs of every division and office in the department, managing 193 contracts in FY 2011. Contracts Administration coordinated with program staff, department leadership and vendors to enter into 17 new contracts and 43 amendments to further DCH's mission. Additionally, the section processed renewals, extensions and terminations as necessary for the total contract portfolio. Finally, the section interpreted contract language and contract compliance issues for business owners and Operations (Vendor Management).

Privacy, Security and Compliance

In accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA), DCH worked to ensure that its staff, contractors and vendors complied with all state and federal privacy and confidentiality requirements. A staff attorney served as DCH's Privacy and Security Compliance Officer. The attorney monitored all incident reports regarding HIPAA breaches, developed policies and procedures to protect confidential health information and trained staff about ethics, compliance and security awareness. The office is working on securing advanced technology that will assist in the agency's operations.

Public Records

The office received and responded to 379 requests for records. The requests required a search and retrieval of electronic records, procurement documents, contract files, e-mails, program policy materials and other correspondence. Some requests required copying thousands of pages of records. Each document was reviewed to delete confidential information and Protected Health Information.



Information Technology

Overview

In FY 2011, the Office of Information Technology (IT) was composed of four units:

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

MMIS

The new MMIS, one of the most complex and important information technology projects in Georgia, began live operations on November 1, 2010.

Since operations began, the MMIS Policy and Information Technology teams implemented more than 1,100 Customer Service Requests (CSR) including enhancements, modifications and system maintenance. The MMIS team also oversaw the initiation and planning phases of several large federally mandated projects such as transitioning to the Health Insurance Portability and Accountability Act (HIPAA) 5010 Transaction Standards, MMIS system modifications for conversion of the International Classification of Diseases (ICD-9) to version 10 (ICD-10 Code Sets), and the Georgia Integrated Eligibility System. Moving forward, the MMIS team will continue to support these projects for the design, development and implementation phases by overseeing resource management and project management, and providing subject matter expertise to meet the following deadlines:

- 5010 — January 1, 2012 — (Centers for Medicare & Medicaid Services (CMS) extended to July 1, 2012)
- ICD-10 — October 1, 2013 — (CMS is considering a 1-year extension)
- New Eligibility System — January 1, 2014

As part of the federal mandate regulated by CMS, the MMIS is being certified.

SHBP

The SHBP IT Unit provided technical support to SHBP Operations and Accounting. In FY 2011, more than 35,300 batch jobs were executed, 567 interfaces were maintained and 487 enhancements and data requests were completed. Open Enrollment was successfully completed. The unit also helped strategize for required system changes.

ITS

DCH IT maintained vigilance in ITS. Security assessments were conducted for the new MMIS during the \$57 million development phase. This ensured full HIPAA-compliance to protect personal health information for more than 1.5 million Medicaid members. Security Access Control UAT testing was successfully conducted that contributed to the successful deployment of the MMIS System. An MMIS Information Security Audit was conducted by the Social Security Administration and successfully completed. Several potential HIPAA Data Breach incidents were investigated and successfully resolved.

A Security Architecture Project involving the replacement of the DCH Intrusion Prevention Systems (IPS) was successfully completed and contributed to the enhancement of DCH HIPAA security safeguards. DCH staff participated in Security Awareness Training. Security Requirements planning was performed for all new major IT Project Initiatives. Information Security planning, coordination and operational oversight was performed for all GETS projects and activities, including Disaster Recovery, Change Management and IT Technology Transformation.



Office of Inspector General

Overview

The Office of the Inspector General (OIG) provided department oversight, audit and provider enrollment certification services for Department of Community Health (DCH) to reduce fraud, waste and abuse; increase assurances concerning the safety and security of program members; and maintain wise stewardship of public funds.

Units

The Internal Affairs Unit (IA)

The Internal Affairs Unit pursued allegations of misconduct made against DCH employees on violations of departmental policies, procedures and state law. It also probed allegations of fraud, waste and abuse involving DCH employees, contractors, sub-contractors and vendors that could affect the integrity of DCH, its reputation and its employees. The OIG worked with local, state and federal law enforcement agencies on behalf of DCH to uphold the highest standards of integrity and accountability.

The Program Integrity Units (PI)

The Program Integrity Units monitored the utilization habits and patterns of both members and providers of the Medicaid and PeachCare for Kids® communities. There were six units including Hospital, Pharmacy, Practitioner, General Practitioner, Data Integrity Analysis Team and Waivers. These units guarded against fraud, abuse and deliberate waste of Medicaid program services and benefits. The PI Units covered the entire state of Georgia.

Medicaid Provider Enrollment Unit (PE)

Provider Enrollment reviewed, evaluated and processed all applications for supplier and facility enrollment in the Georgia Medicaid and PeachCare for Kids programs. The PE section worked with Legal Services to terminate providers who violated Medicaid policies and procedures. It assisted the Managed Care offices and Georgia Families in

registering service providers. PE also oversaw and monitored the review and processing of practitioner applications conducted by DCH's fiscal agent, Hewlett-Packard Enterprise Services (HPES). In the Medicaid and PeachCare for Kids programs, fraud and abuse control began with the Provider Enrollment process. The PE Unit also enrolled additional location applications and change of ownership applications.

The Office of Audits

The Office of Audits conducted, coordinated, monitored and assisted in all internal and external audits and reviews of DCH. The Audit team worked with the Georgia Department of Audits and Accounts (DOAA) and all other auditors and DCH staff before, during and after each audit to ensure that all resources needed were made available to complete it. In addition, the office received and reviewed audit finding reports. Audit Team members attended all entrance and exit conferences pertaining to DCH audits. They also assisted in writing, implementing and following up on any corrective actions needed.

Accomplishments

In FY 2011, OIG was involved in recovering \$36,339,694.74, including overpayments to Medicaid providers, members and global settlements. These monies were actual recoveries that were collected. OIG opened more than 2,000 new Medicaid and PeachCare for Kids cases. Several of these cases were referred to the State Healthcare Fraud Control Unit in the Georgia Department of Law for prosecution.



Legislative & External Affairs

Overview

In FY 2011, the Office of Legislative & External Affairs was the Department of Community Health's (DCH) primary point of contact for all activities with the Georgia General Assembly and the annual Legislative Session. During the session, the DCH legislative office analyzed bills and shaped legislative strategies about Medicaid, PeachCare for Kids,[®] State Health Benefit Plan (SHBP), Public Health, Healthcare Facility Regulation and health care in general.

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

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



Overview

In FY 2011, Operations supported, assisted and guided its customers in improving the health of Georgia's citizens. Operations was composed of the following programmatic offices: the Georgia Volunteer Health Care Program (GVHCP), State Office of Rural Health (SORH), Health Improvement Programs, Non-Emergency Transportation Program (NET), Breast Cancer Tag program, and administrative services including Human Resources, Office of Procurement Services (OPS), Purchasing, Grant Administration, Vendor and Grantee Management, Vendor Operations and Support Services that supported all Department of Community Health (DCH) offices and attached agencies.

Operations executed mission-critical initiatives, improved processes and assisted with issue resolution as needed for agency leadership and regulatory authorities.

Accomplishments

- Made contributions to the work groups transitioning the Divisions of Public Health and Emergency Preparedness & Response from DCH to become a stand-alone agency
- Provided expertise in the design, development and implementation of the new MMIS as well as the transition to a new fiscal agent
- Developed and supported the multi-disciplinary inter-agency contract monitoring of the MMIS contract
- Coordinated the Agency Strategic Planning Process, including the development of enterprise goals, strategies and performance measures
- The Office of Procurement Services procured supplies, materials, services and equipment used to support and/or administer Medicaid and the State Health Benefit Plan. OPS managed 65 solicitations totaling approximately \$83.1 million.

Operations

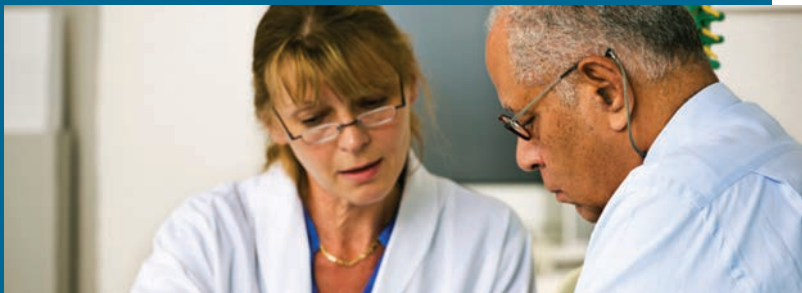
- Grant Administration increased its execution of performance-based grants from 82 percent to 100 percent by implementing a more efficient electronic grant approval process. This enhanced process simplified administration that assisted in reducing the time to execute agreements with community partners thereby allowing them to obtain much-needed resources.
- The Office of Support Services oversaw more than 600,000 square feet of office space and gained efficiency and cost savings when space utilized for Health Information Technology, Provider Enrollment, Vital Records and the Georgia Board of Physician Workforce was reallocated or redesigned.
- The Office of Human Resources focused on the Agency Workforce Development Plan. The unit provided payroll and benefit services to support the entire DCH workforce, composed of 1,457 filled positions, 12 divisions and offices and five attached agencies.*

Additionally, Operations administered programs and grants to improve access to health care services in Georgia. Specifically, the SORH focused on building regional rural health systems, supporting rural hospitals, increasing capacity in migrant health clinics and workforce development in Georgia's underserved communities. SORH federal- and state-funded grants helped provide needed safety-net services.

The GVHCP improved access to the uninsured and increased its reach throughout the state, while increasing the number of volunteer providers who donated their services.

Operations remained committed to the department's mission, its strategic plan, best practices and timely, responsive customer service.

* The plan provided goals and initiatives aimed at specific talent management and acquisition strategies. It revamped its on-boarding process and made significant progress in reducing the time to fill chronic vacancies in professional Public Health specialties. It also launched the campaign "People, Programs and Passion," recognizing DCH as a great place to work.



During FY 2011, the following five administrative agencies were attached to DCH:

Georgia Composite Medical Board

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

Georgia Board for Physician Workforce

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

Attached Agencies

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.

Brain and Spinal Injury Trust Fund Commission

The mission of the Brain and Spinal Injury Trust Fund Commission was to enhance the lives of Georgians with traumatic brain and spinal cord injuries. Guided by the aspirations of people with traumatic injuries, the Commission supported lives of meaning, independence and inclusion. As the state's lead agency on traumatic injuries, it:

- Administered the Central Registry to identify those who are injured
- Distributed resources through the trust fund
- Advocated for improvements in statewide services

Georgia Trauma Care Network Commission

In 2007, the Georgia Legislature established the Georgia Trauma Care Network Commission through Senate Bill 60. The bill charged the Commission to create a trauma system for Georgia and to act as the accountability mechanism for distribution of trauma system funds appropriated each fiscal year by the legislature, to stabilize and strengthen the state's remaining trauma centers, and to help support trauma patient care and transport by Emergency Medical Services.



Below and to the right are links to the auxiliary charts and maps for the FY 2011 Department of Community Health Annual Report. To access the charts and maps, please click on the links.

Medicaid

- Medicaid Members Average Enrolled by County Map
- Medicaid Net Payments and Capitation Amount by County Map

PeachCare for Kids®

- PeachCare for Kids Payment Distribution by Type
- PeachCare for Kids Members Average Enrolled by County
- PeachCare for Kids Net Payments by County

Georgia Families

- Georgia Families including Medicaid and PeachCare for Kids Population by Region, CMO and Month

Indigent Care Trust Fund

- Sources of Revenue

State Health Benefits Plan

- SHBP Average Membership by County
- SHBP Payments by County

Appendix

Operations

- Georgia Volunteer Health Care Program (GVHCP) Year-End Report
- GVHCP Estimated Values of Volunteer Services
- State Office of Rural Health
 - Appalachian Counties - Updated 12/11
 - Critical Access Hospitals (CAHs) - Updated 12/11
 - Dental Health Professional Shortage Areas (DHPSA) - Updated 12/11
 - Dental Care Scores 17 or Greater - Updated 12/11
 - Emergency Room Diversion Grantees - Updated 1/13/11
 - Federally Qualified Health Centers (FQHCs) - Updated 12/11
 - Georgia Counties with J-1 Visa Physicians - Updated 12/11
 - Georgia Counties with NHSC Participants - Updated 12/11
 - Georgia Farmworker Health Program - Updated 12/11
 - Primary Health Professional Shortage Areas (HPSA) - Updated 12/11
 - Mental Health Professional Shortage Areas (MHPSA) - Updated 12/11
 - Medically Underserved Areas & Populations - Updated 12/11
 - Mental Health Care Scores 17 or Greater - Updated 12/11
 - Primary Care Scores 17 or Greater - Updated 12/11
 - Rural Counties - Updated 12/11
 - Rural Health Clinics - Updated 7/6/11
 - Rural Hospitals FQHCs and CAHs Small Rural Hospital Improvement Grant Program (SHIP) Awardees - Updated 10/03/11
- Summary of Grant Awards