

Georgia Department of Community Health 2010 ANNUAL REPORT

July 1, 2009 to June 30, 2010

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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 2.3 million Georgians through Medicaid, PeachCare for Kids® and State Health Benefit Plan (SHBP) which provided health coverage for state employees, teachers, school personnel, retirees and their dependents
- Administered a budget that exceeded \$11.8 billion in Fiscal Year (FY) 2010
- 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 were:
 - ◆ Aged
 - ◆ Blind
 - ◆ Disabled
 - ◆ Low Income

DCH Mission

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

Initiatives FY 2010

- Medicaid Transformation
- Health Care Consumerism
- Financial and Program Integrity
- Health Improvement
- Workforce Development
- Customer Service
- Emergency Preparedness

DCH-at-a-Glance

Department Accomplishments

In FY 2010, each DCH division was tasked with specific projects and responsibilities to further the Department's mission. The following are some of the 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 2010, 138 youths were served through the CBAY Program.

The State Health Benefit Program

By the end of FY 2010, the State Health Benefit Program 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 2010, 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

In FY 2010, each DCH division was tasked with specific projects and responsibilities to further the Department's mission.

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 expanding rapidly across the state. These changes significantly affected the delivery of regulatory services by HFR.

Public Health

This past fiscal year, the Division of Public Health (PH) transitioned from DHR to DCH. Major accomplishments of the division included that they:

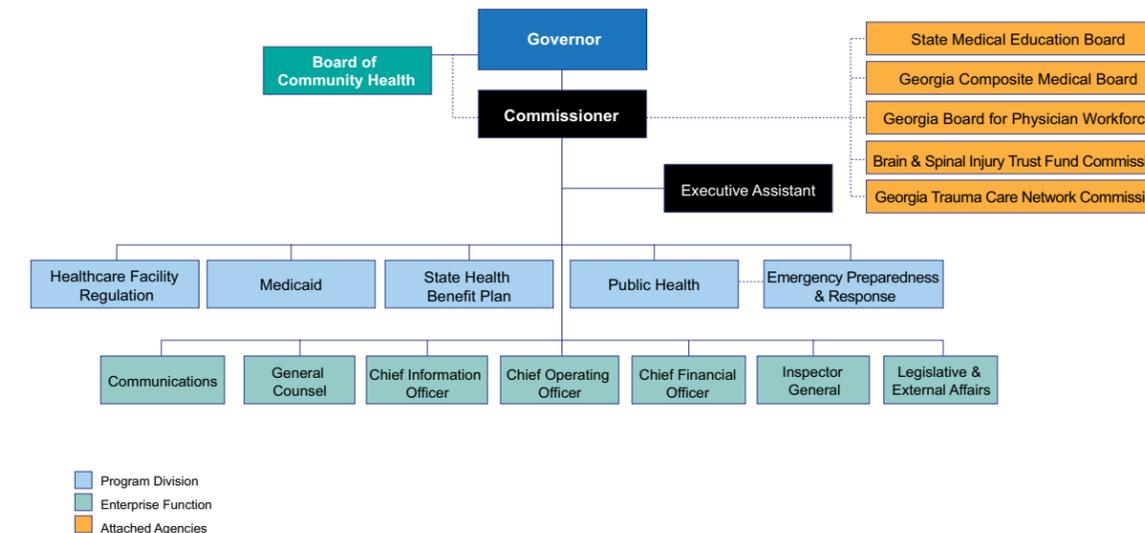
- Investigated 120 infectious disease outbreaks
- Implemented novel surveillance systems for influenza during the 2009 H1N1 pandemic including morbidity, mortality, outbreaks and school absenteeism/closures
- The Georgia Emerging Infections Program conducted active influenza surveillance that contributed to determination of national H1N1 hospitalization rates
- Developed automated electronic laboratory reporting (ELR) and the Outbreak Management System (OMS) in the State Electronic Notifiable Disease Surveillance System (SENDSS)
- Implemented the STD Disease Management module in SENDSS, which transmitted positive laboratory results to local STD programs within 24 hours
- Achieved Silver Certification for collecting cancer data

Department Organization

DCH Leadership

Dr. Rhonda Medows served as the Commissioner of DCH from December 2005 until March 2010. In April 2010, she was succeeded by Clyde L. Reese, III, Esquire.

Figure 1: DCH Division Organization Chart FY 2010



DCH Board

DCH is governed by the Board of Community Health. The Board is comprised 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 2010 were:

- Richard L. Holmes, Chairman
- Ross Mason, Vice Chairman
- Archer R. Rose, Secretary
- Norman L. Boyd
- Hannah K. Heck
- Inman C. English, M.D.
- Sidney Kirschner

DCH Expenditures

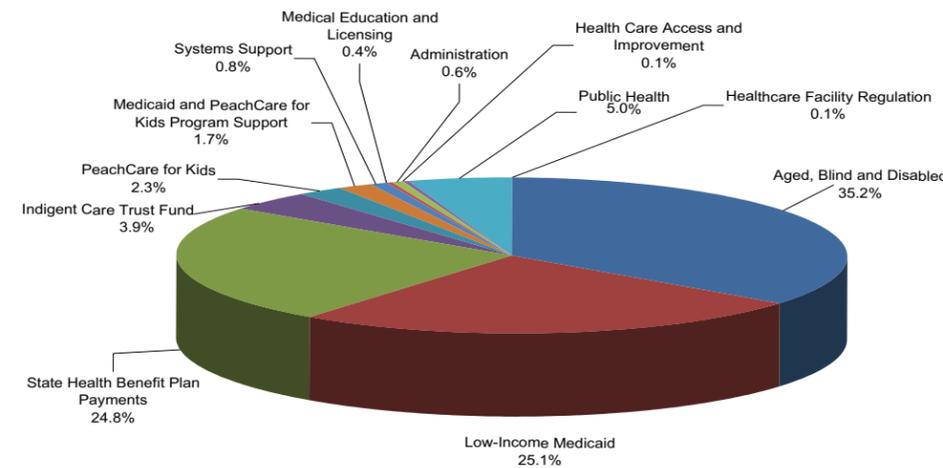
Table 1: Total DCH Expenditures FY 2010

Georgia Department of Community Health	Amount	Percent
Benefits (Based on Date of Payment)*		
Aged, Blind and Disabled Medicaid	\$4,176,100,086	
Low-Income Medicaid	\$2,981,231,877	
PeachCare for Kids	\$275,595,412	
Indigent Care Trust Fund	\$468,130,218	
State Health Benefit Plan Payments	\$2,936,301,538	
Subtotal	\$10,837,359,113	91.4%
Service - Program Support		
Systems Support (includes SHBP & MMIS Reprocurement)	\$94,989,525	
Medicaid and PeachCare for Kids Program Support	\$201,104,808	
Subtotal	\$296,094,333	2.5%
Health Care Access and Improvement		
Health Planning and Certificate of Need	\$1,075,142	
Rural Health	\$7,956,096	
Health Initiatives	\$886,405	
Health Information Technology	\$1,260,030	
Georgia Volunteer Health Care Program	\$362,205	
Subtotal	\$11,539,878	0.1%
Public Health		
Adolescent and Adult Health	\$36,507,262	
Adult Essential Health Treatment	\$9,312,219	
Emergency Preparedness and Trauma	\$63,453,016	
Epidemiology	\$9,867,761	
Immunization	\$14,142,315	
Infant and Child Essential Health	\$51,637,086	
Infant and Child Health Promotion	\$234,573,478	
Infectious Disease Control	\$83,217,075	
Injury Prevention	\$1,167,224	
Inspections and Environmental Hazards	\$4,985,729	
Public Health Formula Grants	\$74,234,197	
Vital Records	\$3,977,912	
Subtotal	\$590,075,274	5.0%

Georgia Department of Community Health	Amount	Percent
Healthcare Facility Regulation		
Health Care Living Administration	\$3,814,272	
Health Care Licensing Administration	\$98,684	
Long-term Care Administration Cost Pool	\$7,371,601	
Health Care ARRA-ASC-HAI	\$381,815	
Subtotal	\$11,666,372	0.1%
Administration		
State Health Benefit Plan Administration	\$8,893,842	
Administration - Medicaid, PeachCare for Kids	\$30,644,028	
Public Health Administration	\$24,905,700	
HFR Administration	\$1,181,930	
Subtotal	\$65,625,500	0.6%
Totals	\$11,857,672,003	100.0%

Source: Georgia State Accounting Office "Budgetary Compliance Report for Fiscal Year 2010"

Figure 2: DCH Total Expenditures for FY 2010



Medicaid

DCH is the state agency responsible for the administration of the Medical Assistance programs and State Children's Health Insurance Program (SCHIP) in Georgia.



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 2010, the Division of Medicaid provided access to health care for 1.6 million Georgians at a cost of \$7.253 billion.*

**Includes medical, pharmacy and capitation amounts with dates of service, July 2009 - June 2010, paid through October 2010. For all Medicaid and SCHIP services, including program support costs, please reference "Total DCH Expenditures" on page 8.*

Fee-for-Service (FFS) coverage groups included:

Aged, Blind and Disabled Medicaid (ABD)

This program covered people who were aged, blind or disabled.

Medically Needy Program (MNP)

People who may have been eligible for MNP included pregnant women, children, aged, blind or disabled individuals whose family incomes exceeded the established income limit. The MNP enabled 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, incomes less than 100 percent of the federal poverty level (FPL) and limited resources. Medicaid paid the Medicare premiums (A and B), coinsurance and deductibles.

Hospice

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

Emergency Medical Assistance (EMA)

Immigrants, including undocumented immigrants, who met Medicaid eligibility standards except for their immigrant status, were potentially eligible for EMA. 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).

Medicaid

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. All coverage groups (except Refugee Medicaid Assistance and Foster Care) are covered under the Georgia Families program.

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.

Right from the Start Medicaid for Pregnant Women (RSM Adults)

Pregnant women with family incomes at or below 200 percent of the FPL may have been in RSM Adults. This is the only RSM group that covered adults.

Right from the Start Medicaid (RSM Children)

Children from under one to 19 years of age whose family incomes were at or below the appropriate percentage of the FPL 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.

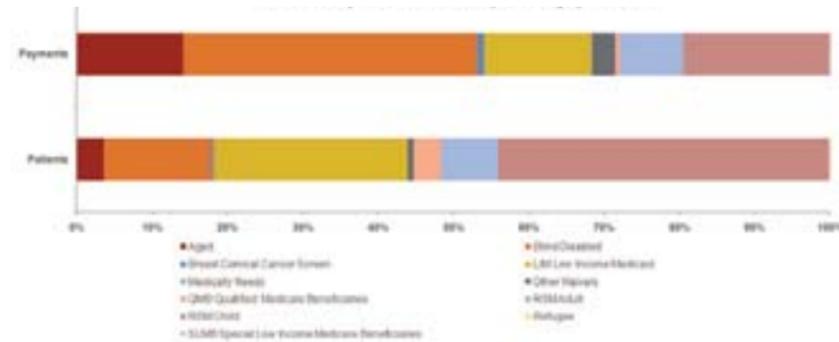


Refugee Medicaid Assistance

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 is federally required and 100 percent reimbursed by the federal government.

Medicaid

Figure 3: Medicaid Payments and Patients by Aid Category



Source: FY 2010 DCH Annual Report Data provided by Thomson Reuters

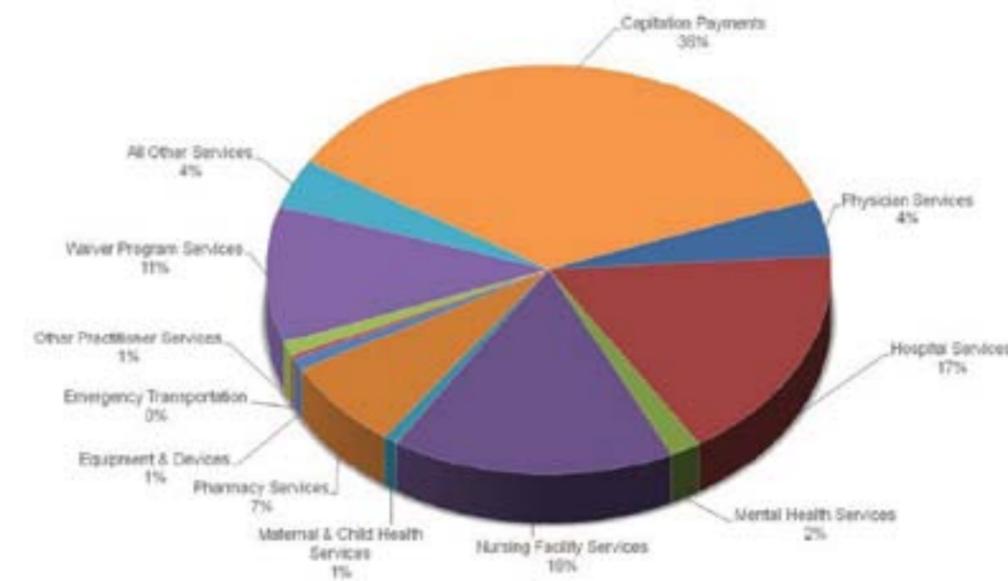
Figure 4: Average Aged, Blind, Disabled and Low Income Medicaid Members and Payments FY 2010



Source: FY 2010 DCH Annual Report Data provided by Thomson Reuters

Medicaid

Figure 5: Medicaid Payments by Distribution Type FY 2010



Source: FY 2010 DCH Annual Report Data provided by Thomson Reuters

Table 2: FY 2010 - Medicaid Members and Expenditures

Measures	Medicaid	Medicaid-ABD	Medicaid-LIM
Members	1,863,378	463,460	1,407,023
Patients ¹	1,593,135	366,169	1,235,886
Average of Members	1,447,865	407,892	1,039,973
Member Months	17,374,383	4,894,705	12,479,695
Net Payment ²	\$4,476,734,139	\$3,905,485,294	\$571,248,845
Providers	69,168	56,777	53,865
Claims Paid	\$46,043,187	\$22,526,661	\$23,518,044
Capitation Amount	\$2,474,720,710	\$24,975,184	\$2,449,745,527
Total Payment ³	\$6,951,454,849	\$3,930,460,477	\$3,020,944,372
Total Payment Per Member Per Month	\$400	\$803	\$242

¹The PeachCare for Kids, Medicaid LIM and Medicaid ABD member and patient counts cannot be added together to get the total due to member duplications. Some members participate in different programs throughout the year as their eligibility qualifications change

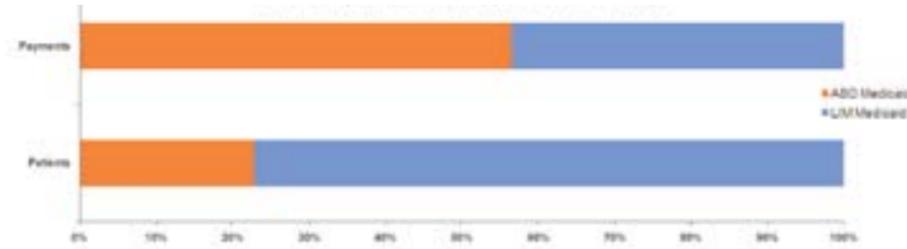
² Net payment does not equal final expenditures. Net payments do not include any offsets or adjustments made to claims

³ Total payment equals Net Payment plus the capitation amount

Source: Thomson Reuters Advantage Suite, based on incurred dates July 2009 through June 2010

Medicaid

Figure 6: Medicaid Payments and Patients by Aged, Blind, Disabled and Low Income Medicaid FY 2010



Source: Thomson Reuters Advantage Suite

Table 3: Historical Medicaid Members and Payments by Fiscal Year

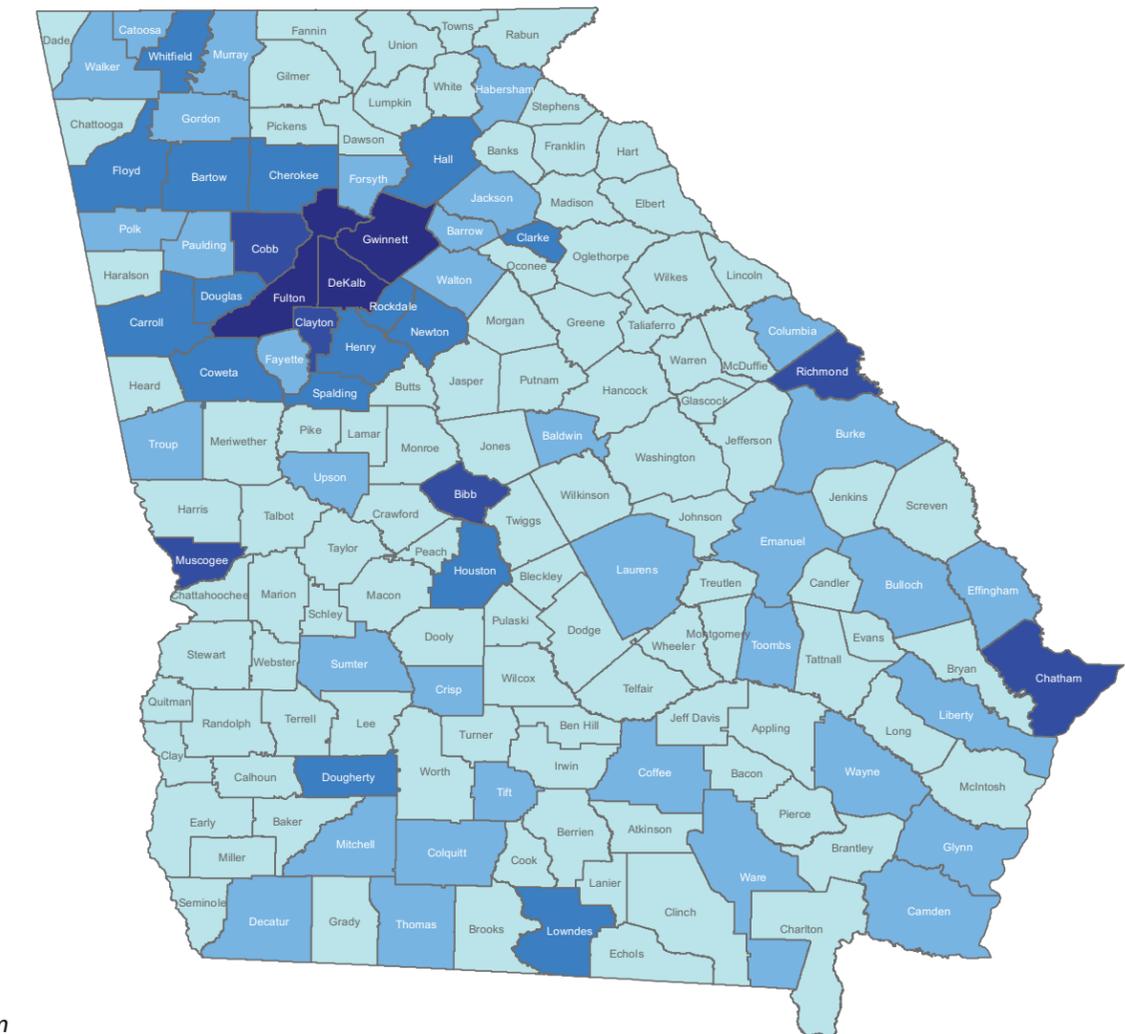
FY	Members Average	Total Payments*	Payment Per Member	% Change in Payment Per Member
1996	1,013,386	\$3,125,050,131	\$3,084	
1997	999,337	\$3,162,117,909	\$3,164	2.6%
1998	977,061	\$3,043,018,566	\$3,114	-1.6%
1999	965,229	\$3,226,445,622	\$3,343	7.3%
2000	947,054	\$3,482,779,560	\$3,677	10.0%
2001	996,901	\$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	1,390,497	\$6,280,193,139	\$4,517	-1.5%
2007	1,283,940	\$6,155,158,918	\$4,794	6.1%
2008	1,268,661	\$6,371,942,069	\$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%

* Includes expenditures for Georgia Better Health Care

Source: FY 2010 DCH Annual Report Data provided by Thomson Reuters

Medicaid

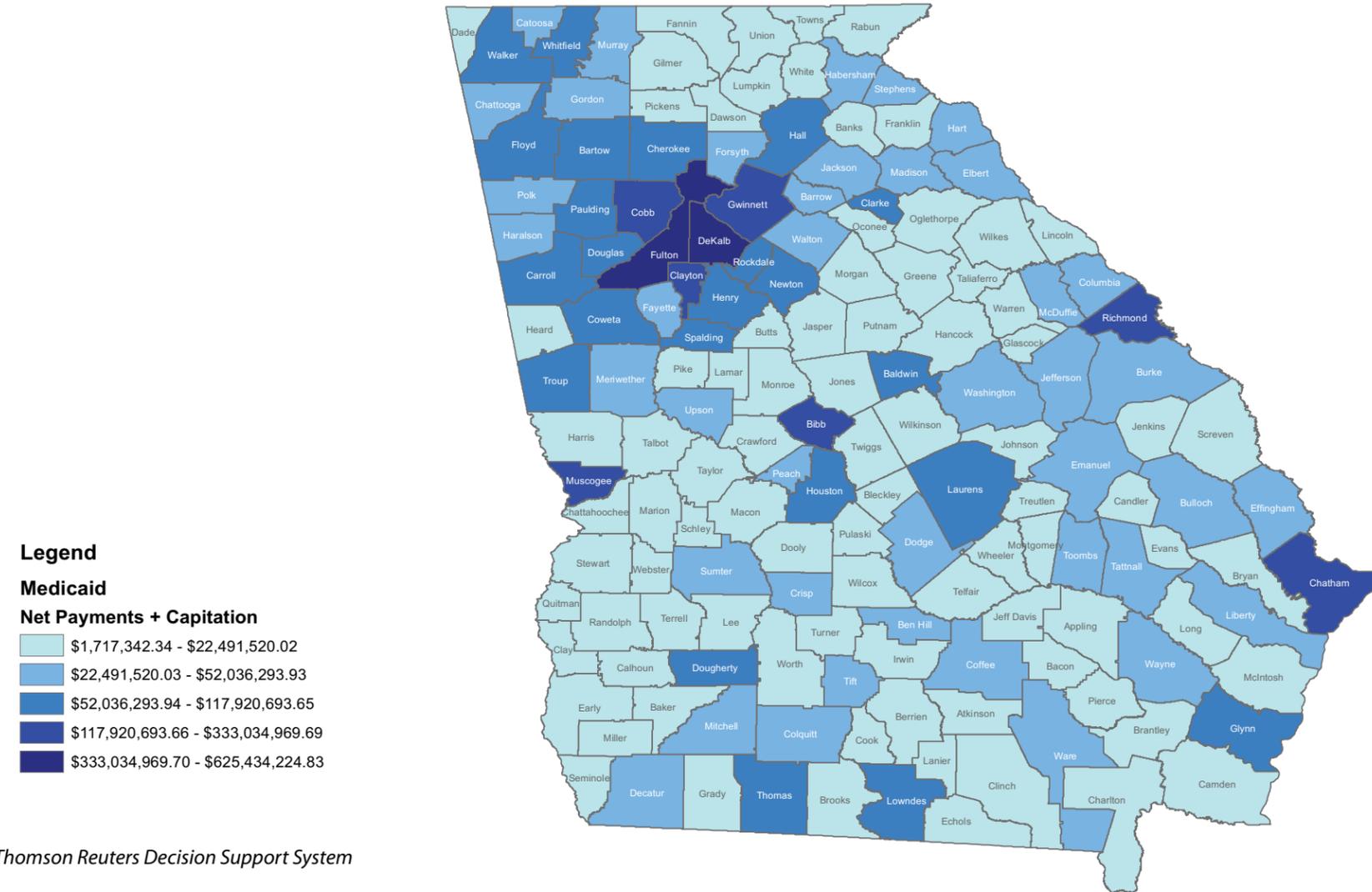
Figure 7: Medicaid Members by County FY 2010



Source: Thomson Reuters Decision Support System

Medicaid

Figure 8: Medicaid Net Payments and Capitation Amount by County FY 2010



Source: Thomson Reuters Decision Support System

Medicaid

Table 4: Georgia Families including Medicaid and PeachCare for Kids Population by Region, CMO and Month FY 2010

CMO	7/2009 Totals	8/2009 Totals	9/2009 Totals	10/2009 Totals	11/2009 Totals	12/2009 Totals	1/2010 Totals	2/2010 Totals	3/2010 Totals	4/2010 Totals	5/2010 Totals	6/2010 Totals
Atlanta Region												
Amerigroup	117,450	120,170	122,311	124,984	123,540	130,060	128,622	129,595	131,604	136,455	139,606	138,260
Peach State	172,051	172,813	173,023	173,894	1670,071	172,860	172,860	171,782	171,782	174,268	173,193	167,269
Wellcare	212,497	213,450	213,624	215,998	212,175	216,506	216,506	215,759	217,836	223,162	224,478	219,778
Atlanta Region Total	501,998	506,433	508,958	514,876	505,786	517,988	517,988	517,206	521,222	533,885	537,277	525,307
Central												
Peach State	50,621	50,688	50,796	51,076	50,036	51,585	50,393	49,983	50,131	51,016	51,057	49,331
Wellcare	80,738	81,435	81,785	82,376	81,044	83,702	81,521	81,384	81,946	83,768	84,266	82,398
Central Region Total	131,359	132,123	132,581	133,452	131,080	135,287	131,914	131,367	132,077	134,784	135,323	131,729
East												
Amerigroup	27,104	27,351	27,194	27,551	27,235	28,254	27,698	27,804	28,034	28,660	29,026	28,560
Wellcare	36,948	36,593	36,448	36,503	35,649	36,938	35,955	35,617	35,860	36,410	36,525	35,255
East Region Total	64,052	63,944	63,642	64,054	62,884	65,192	63,653	63,421	63,894	65,070	65,551	63,815
North												
Amerigroup	52,724	52,967	53,061	53,562	53,126	55,296	55,020	55,087	55,768	56,867	57,699	57,298
Wellcare	96,585	97,045	97,289	98,347	97,060	100,002	98,737	98,600	99,749	100,647	100,436	97,875
North Region Total	149,309	150,012	150,350	151,909	150,186	155,298	153,757	153,687	155,517	157,514	158,135	155,173
Southeast												
Amerigroup	33,991	34,075	34,043	34,573	33,910	35,177	34,411	34,265	34,461	35,296	35,993	35,984
Wellcare	63,096	63,376	63,256	64,159	63,082	65,344	63,556	63,608	64,224	65,245	65,173	63,360
Southeast Region Total	97,087	97,451	97,299	98,732	96,992	100,521	97,967	97,873	98,685	100,541	101,166	99,344
Southwest												
Peach State	77,657	77,829	77,753	78,303	77,301	79,019	77,597	77,195	77,397	78,336	78,535	77,343
Wellcare	34,931	35,343	35,745	36,325	36,252	37,769	37,336	37,142	37,392	38,053	38,494	37,689
Southwest Region Total	112,588	113,172	113,498	114,628	113,553	116,788	114,933	114,337	114,789	116,389	117,029	115,032
GHF Total	1,056,393	1,063,135	1,066,328	1,077,651	1,060,481	1,100,815	1,080,212	1,077,891	1,086,184	1,108,183	1,114,481	1,090,400

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

Medicaid

PeachCare for Kids®

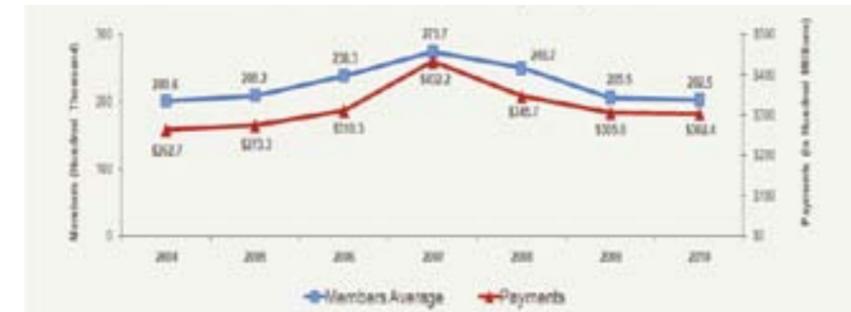
Georgia participated in the federal State Children's Health Care Program (SCHIP) through PeachCare for Kids, which served uninsured children living in Georgia whose family income is up to 235 percent of the FPL. After a 30-day choice period, all PeachCare for Kids members' access to health care was provided through the Georgia Families care management program.

Table 5: PeachCare for Kids FY 2010 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

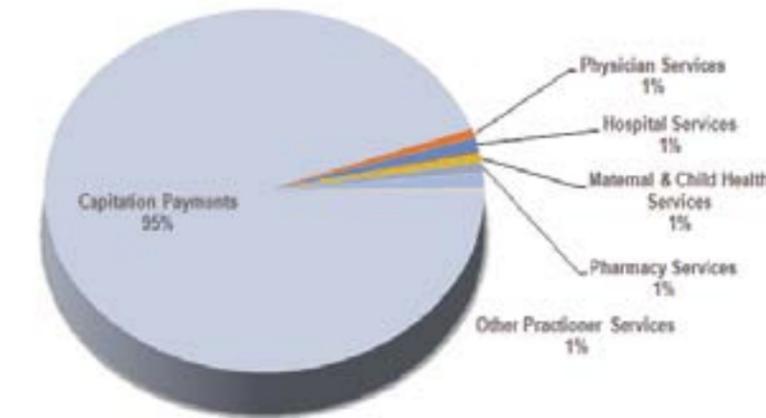
Figure 9: PeachCare for Kids Average Number of Members and Average Payments by Fiscal Year



Source: FY 2010 DCH Annual Report data provided by Thomson Reuters

Medicaid

Figure 10: PeachCare for Kids Payments Distribution by Type FY 2010



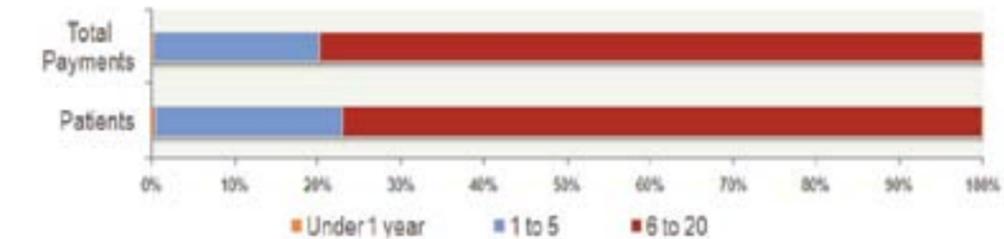
Source: Thomson Reuters Data, DCH FY 2010 Annual Report

Table 6: Members and Expenditures PeachCare for Kids FY 2010

Measures	PeachCare for Kids
Members	270,384
Patients	239,983
Average of Members	202,527
Member Months	2,430,323
Net Payment	\$16,636,547
Providers	30,963
Claims Paid	\$3,542,944
Capitation Amount	\$285,746,841
Total Payment	\$302,383,388
Total Payment Per Member Per Month	\$124

Source: Thomson Reuters Advantage Suite, based on incurred dates July 2009

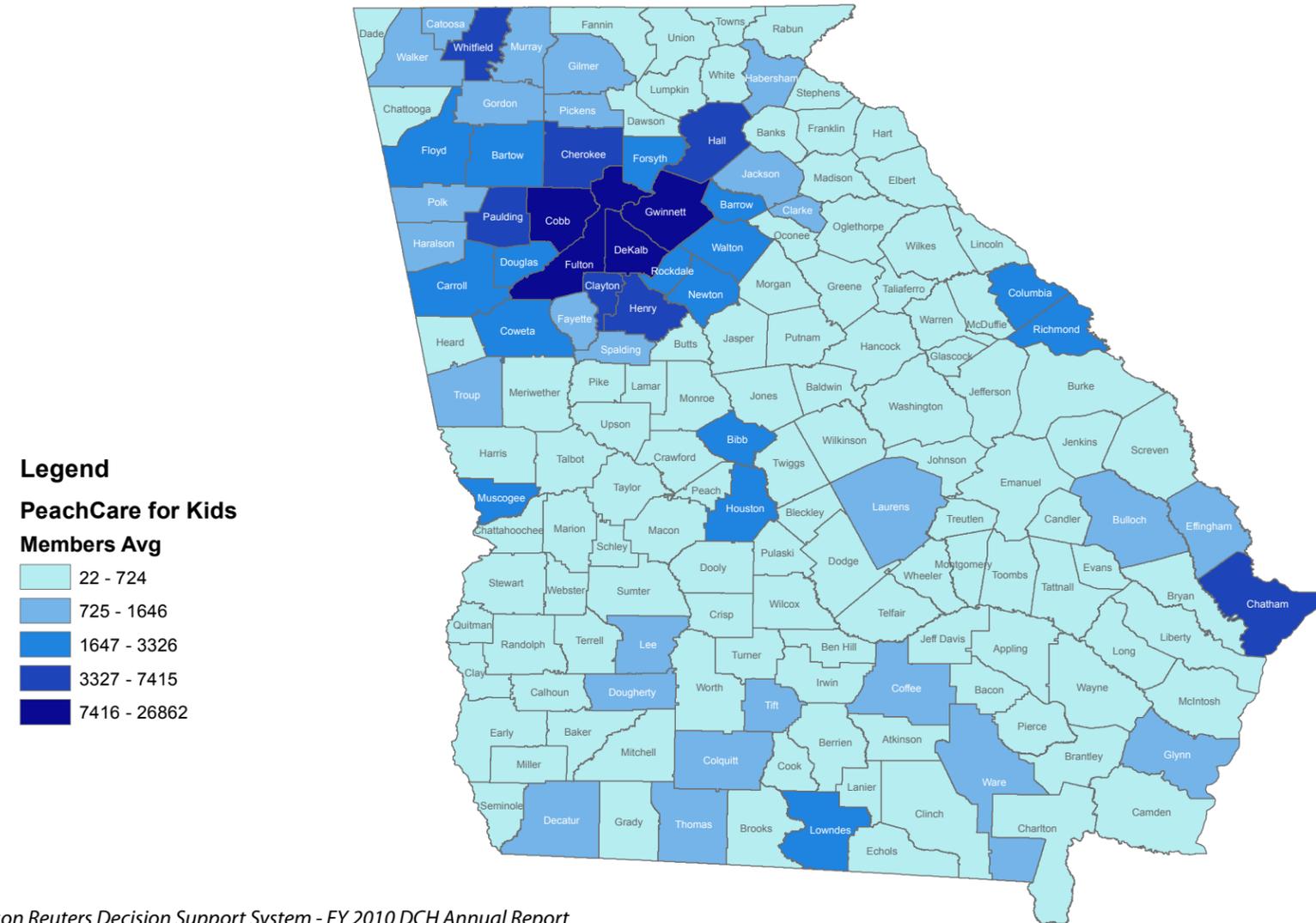
Figure 11: PeachCare for Kids Patients and Payments by Age Group FY 2010



Source: Thomson Reuters Decision Support, DCH FY 2010 Annual Report

Medicaid

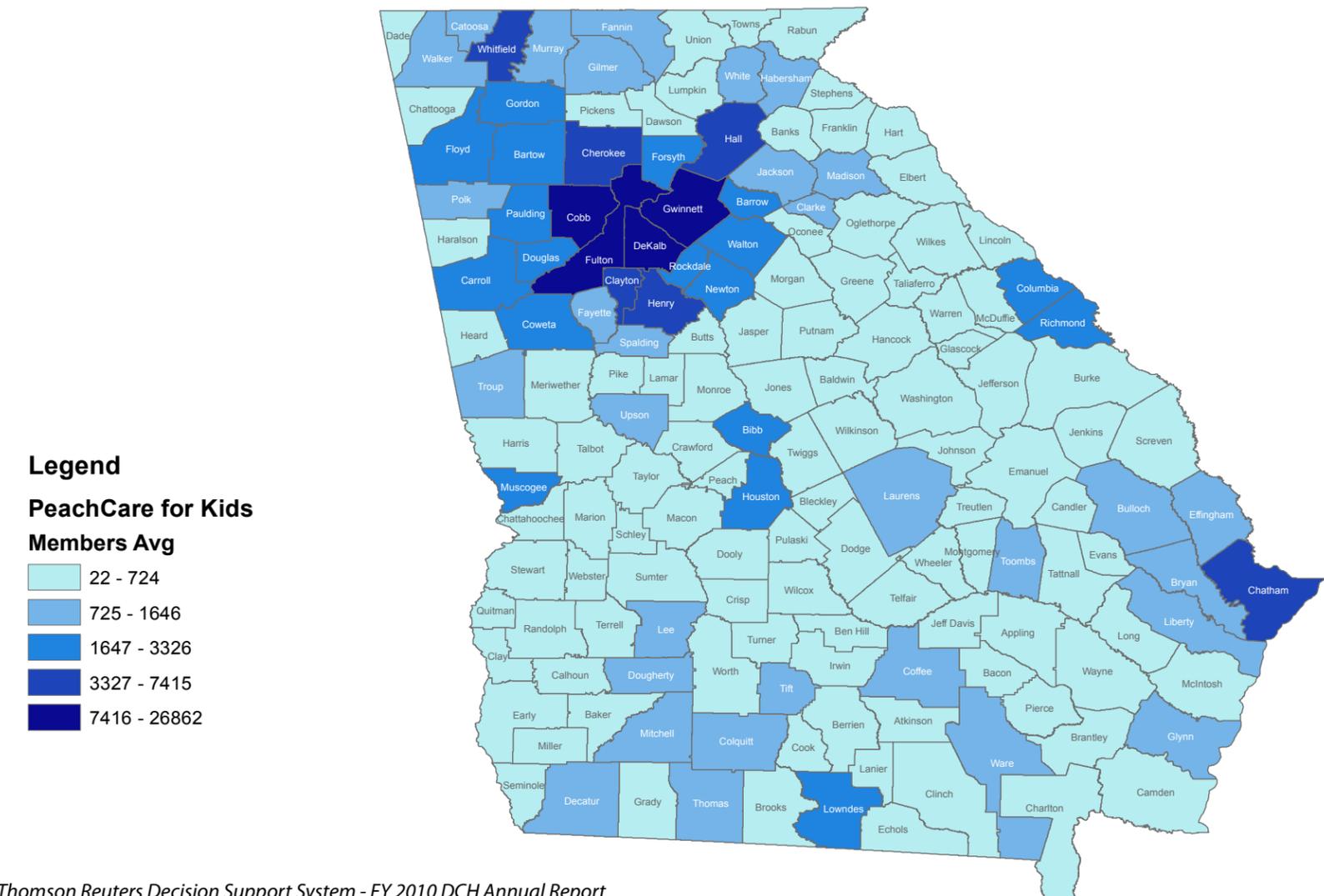
Figure 12: PeachCare for Kids Average Members by County FY 2010



Source: Thomson Reuters Decision Support System - FY 2010 DCH Annual Report

Medicaid

Figure 13: PeachCare for Kids Net Payments and Capitation by County FY 2010



Source: Thomson Reuters Decision Support System - FY 2010 DCH Annual Report

Medicaid

Medicaid Member Services Unit Overview

The Medicaid Member Services Unit included the Member Policy Unit, PeachCare for Kids Unit, Medicaid Quality Control Unit and the Third-Party Liability Unit (TPL).

Member 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/noteworthy events for this unit included:

Georgia Long-Term Care Partnership

DCH developed the policy for the Georgia Long-Term Care Partnership program which allowed long-term care partnership 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, DHS Division of Aging Services - GeorgiaCares and DFCS.

The Georgia Long-Term Care Partnership was designed to reward Georgians who planned ahead by purchasing long-term care (LTC) partnership insurance. Along with providing Medicaid asset protection, the insurance partnership exempted holders from estate recovery and reciprocity among other partnership states. For every dollar a Long-Term Care Partnership policy paid out in benefits, a dollar of assets was protected (disregarded) from the Long-Term Care Medicaid asset limit and exempted from estate recovery. The

Long-Term Care Partnership provided incentives for individuals to insure against the costs of providing for their long-term care needs and assisted individuals in qualifying for coverage of the cost of their LTC needs under the Medicaid program without first exhausting their resources. The Partnership also counseled participants through the Division of Aging Services and alleviated the financial burden on Georgia's Medicaid program by encouraging the pursuit of private initiatives.

Planning for Healthy Babies (P4HB)

Work on the 1115 Family Planning Waiver application began January 2010. P4HB provided no-cost family planning services to eligible women in Georgia. Women began enrolling in P4HB in December 2010. The waiver was available to women between 18 and 44 years; with incomes at or below 200 percent of the FPL; not pregnant but able to have children. Members could enroll in Family Planning services, Inter-pregnancy Care services (including Family Planning and Resource Mother) or Resource Mother services. The P4HB program:

- Improved Georgia's very low birth weight rate (VLBW) and low birth weight rates (LBW)
- Reduced the number of unplanned pregnancies
- Provided Family Planning to low income women
- Increased child spacing intervals through effective contraceptive use
- Provided access to Inter-pregnancy Care health services to women who previously had an infant with a very low birth weight

Medicaid

Right from the Start Medicaid (RSM)

Long-term Care (LTC) Project

RSM LTC authorized Nursing Home staff and CCSP case managers to interview applicants or responsible parties, collect necessary information, obtain necessary signatures and submit online applications for Nursing Home Medicaid and the CCSP Waiver. DCH maintained a website that allowed applications to be submitted on behalf of applicants. The project was implemented in the Atlanta metropolitan area and expanded statewide. Applications were processed by centrally-located staff in Atlanta. Project goals were to decrease the time for processing applications, increase the case accuracy rate and provide some relief to county Medicaid Eligibility case managers.

Key policy implications as a result of federal law changes in recent years included:

American Recovery and Reinvestment Act (ARRA)

Effective February 17, 2009, Section 2002, subsection H, increased Unemployment Compensation and authorized an additional \$25 weekly. This additional amount was disregarded in the Medicaid eligibility determination. Section 2201, subsection C, authorized a one-time payment of \$250 to recipients of Social Security (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 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. In 2010, Health Care Reform extended this coverage up to age 26.

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 birthday. The passage of CHIPRA amended the Medicaid statute by ending the requirement that newborn children remain in the household with their mothers to maintain continued eligibility 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 that category of assistance in Georgia, no citizenship or identity documents were required on any date that occurred during or after medical assistance determination.

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. 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.

Medicaid

PeachCare for Kids® Unit

PeachCare for Kids eligibility is for uninsured children through age 18 with income limits above the Medicaid level but not exceeding 235 percent of FPL. In FY 2010, this represented up to \$51,818 annually for a family of four. On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (Public Law 111-148) along with its companion set of amendments in H.R. 4782 providing funding for PeachCare for Kids through 2015. The program currently has an enrollment cap of 295,000 members. Accomplishments: PeachCare for Kids partnered with four CHIPRA outreach grantees (The Hispanic Alliance, SEEDCO, the Medical College of Georgia, West End Medical Center) to enroll more children in the program statewide. They conducted training sessions and provided material and data to outreach grantees throughout the year. The unit also assisted with testing for the new Georgia Medicaid Management Information System (GAMMIS). PeachCare for Kids also extended the premium grace period to assist families in maintaining enrollment in the program.

Medicaid Quality Control Unit (MEQC)

In FY 2010, the Medicaid Quality Control Unit oversaw the contractor performing federal Payment Error Rate Measurement (PERM) reviews. The PERM results helped to improve program integrity and implemented an ongoing Quality Control review of DFCS cases. The unit reviews 450 Medicaid eligibility cases monthly, compiling the results, and submitting the data to management and DFCS for corrective action. This Quality Control initiative moved the division toward complete federal compliance and enhanced program integrity.

A federally required MEQC pilot project was conducted on selected cases with reported income. The pilot's purpose was to thoroughly review these cases to ensure that information regarding income was accurate and properly included in the Medicaid budget.

Documentation and verification standards were adhered to in accordance with the State Medicaid Manual. Reviewers used all available resources including: Department of Labor (DOL) wage inquiry, employers, The Work Number, DFCS and the client themselves. Reviewers explored the potential for income which the recipient had not received but might have been eligible or entitled to receive, such as unemployment benefits. 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.

These Quality Control initiatives moved the division toward complete accountability and enhanced program integrity. Results of the federally-required MEQC pilot project were completed and the findings were reported to CMS.



Medicaid

Third-Party Liability Unit

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 it 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 \$47.8 million dollars for FY 2010 and cost avoided more than \$700 million dollars.**

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 in FY 2010 through a legislative mandate. More than 89 percent of all facilities participating in the program were awarded the incentive fees.

Nurse Aide Training Program

Georgia required the Nurse Aide Training Program (NATP), a state-approved program which provided training for work in nursing home facilities or community-based care, to provide one comprehensive course toward certification. DCH required a minimum of 85 hours of training that 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 pass a competency evaluation examination. The examination included written/oral and skills components which were evaluated by an approved Registered Nurse with the approved testing agency. Candidates who successfully passed the competency examination were listed on the Georgia Nurse Aide Registry.

Waiver Programs

DCH provided administrative oversight for all Georgia Medicaid Waiver Programs. The daily operational management of the programs was provided through partnership with various state agencies and the medical management contractor, Georgia Medical Care Foundation (GMCF). GMCF supported the Independent Care Waiver Program (ICWP) through assessment, clinical management and by maintaining the waiting list and new participant admission. The Department of Behavioral Health and Developmental Disabilities (DBHDD) operated the two waiver programs for people with developmental disabilities: the New Options Waiver (NOW) and the Comprehensive Supports Program (COMP). DBHDD provided management of assessments and maintenance of the waiting lists and all activities and services provided through the programs. DHR's Division of Aging Services (DAS) had oversight of the Community Care Services Program (CCSP) that included the management of assessments, the waiting list and admissions, service provision and coordination of care.

Medicaid

Table 7: Individuals Served in Waiver Programs in FY 2010

Waiver Name	Population Served	Institutional Service Waived	Members Served in FY10
Community Care Services Program	Elderly and disabled	Nursing facility	11,576
SOURCE	Elderly and disabled	Nursing facility	21,381
Independent Care Waiver Program	Severely physically disabled	Nursing facility Hospital	1,341
New Options Waiver	Developmental disabilities	ICF-MR	8,660
Comprehensive Supports Waiver	Developmental disabilities	ICF-MR	7,610
GAPP Medically Fragile Day Care	Ages 0 – 5	Institutional	479

The SOURCE Program (Service Options Using Resources in Community Environments)

SOURCE provided home-based services through a Medicaid Waiver to older adults and individuals with disabilities instead of nursing facility placement. The program featured an enhanced case management model that used primary care physician participation to develop and monitor the care plan.

The Georgia Pediatric Program (GAPP)

GAPP offered skilled nursing care in the home and center-based day care services to medically fragile children. It also provided teaching and education to parents about the care needs of the child.

Community-Based Alternatives for Youth

CBAY 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 designed to prevent reinstitutionalization. Georgia was one of 10 states receiving a CMS five-year demonstration grant to enable youth with serious emotional disturbances to participate fully in their communities. The grant required states to apply for and comply with 1915 (c) HCBS 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 or DFCS custody. The target population included children and youth, birth through age 21, with serious emotional and behavioral disturbances at risk for institutionalization. In FY 2010, 138 youths were served through the CBAY Program.

Money Follows the Person

On June 30, 2008, CMS approved the Georgia Money Follows the Person (MFP) operational plan beginning the demonstration program designed to rebalance long-term care expenditures toward community-based care. CMS awarded Georgia \$45,533,608 to resettle 618 persons from nursing homes and other institutions to the community with HCBS through 2011. CMS extended Georgia’s program through 2016. The program offered 15 transition-specific services designed to resettle older adults and persons with physical and developmental disabilities. Through MFP funding, the ICWP expanded by 100 new person/slots per year; the NOW and COMP Waiver Programs gained 150 new person/slots per year for each year of the grant; and CCSP – which provided services to a targeted older and disabled population – added 100 slots per year. As of December 2010, the program had resettled 76 older adults, 150 adults with disabilities and 119 individuals with developmental disabilities or acquired brain injury from institutions.

Medicaid

In FY 2010, Georgia received additional areas of Medicaid support for community-based care in the home health and hospice programs. Georgia provided home health care through home-based nursing services, physical, occupational and speech therapies and home health aides to 7,847 individuals. End-of-life care was provided both in private homes and through facility-based hospice centers to 7,624 Medicaid members.

Pharmacy Unit

The FFS Pharmacy Unit reimbursed its 2,220 pharmacies throughout the state a total of \$499,133,690 for 7,333,786 prescriptions during FY 2010. These changes represented a six percent increase in paid prescriptions and a two percent increase in overall paid prescriptions. Medicaid pharmacy services were available to an average of 411,819 total eligible members in FY 2010. Of this number, there was an average of 141,837 (34 percent) utilizing members during any given month. The total amount spent per utilizing member per month (PUMPM) was \$263.35 for an average of 4.31 prescriptions. If, however, the same expenditure had been spread across all eligible members, per member per month (PMPM) cost would have been \$101.04, with the average number of prescriptions per eligible member being 1.48. The highest utilization and expenditures occurred during the third fiscal quarter (January – March), most likely because of seasonal factors. The generic use continued to increase throughout the year with an overall percent average of 75 percent. 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 compliant in reporting. The Medicaid drug rebate program generated \$235 million in FY 2010, an increase of 14 percent compared to the previous year. The rebates obtained were equivalent to 45 percent of the total drug spending, which was significant. The Georgia Medicaid FFS pharmacy program exited the

National Medicaid Pooling Initiative (NMPI) in FY 2009 and established the State Supplemental Rebate and Special Rebate programs. These programs enabled the state to renegotiate more aggressively and expand rebates with drug manufacturers while streamlining the overall administrative burden to itself. Accomplishments of the unit included increased total rebate revenue, increased overall generic use rate and increased compliance with the MFN Provision.

Physician Program

During FY 2009 and 2010, the Physician Program continued to comprise a significant portion of the overall Medicaid budget. In FY 2010, the Physician Program reimbursed providers \$317,136,383.33. During FY 2010, there were a total of 603,336 unduplicated members being served. The Physician Services Program is significant because it includes a broad range of medical services to eligible members of all ages.

During FY 2010, DCH revised the labor epidural anesthesia policy, worked on the intensity of service and National Correct Coding Initiative (NCCI) editing, converted anesthesia minutes for Medicare crossover and developed tobacco cessation services for pregnant women.

Hospital Program

During FY 2010, the Hospital Program (both inpatient and outpatient) contributed \$1,216,721, 076.97 to the total Medicaid budget. Covered services for eligible program members of all ages were those primarily for treatment for the management of acute illness, injury, impairment or for maternity care. An inpatient would have been admitted to a medical facility on the recommendation of a licensed doctor and would receive room, board and professional services in a hospital on a 24-hour basis. An outpatient would have received professional services at a participating hospital but would not be provided room and board and professional services on a continuous basis.

Medicaid

Dental Program

The adult dental program for Georgia Medicaid was a limited benefit that allowed eligible members, 21 years of age and older, to receive 29 different dental services for emergency and related services. Prior approval was required for non-emergency hospitalization. Medicaid did cover emergency dental situations. "Emergencies" were considered situations such as a member needing immediate attention for relief of pain or repair for a severe injury or problem. The services had to be rendered immediately, but post authorization was required. The adult dental program expenditures for the FY 2010 were \$12,994,303.82 for 33,684 unduplicated Medicaid members. The pediatric dental program expenditures for FY 2010 were \$31,966,471.29 for 99,650 unduplicated members. DCH worked on implementing goals presented by CMS during the 2010 National Oral Health Conference .

Orthotics and Prosthetics (O&P)

The majority of the O&P program services required prior authorization. Total expenditures for SFY 2010 were \$14,350,166.13 and 13,849 unduplicated members received those services. The O&P program reimbursed for the purchase of certain orthotic and prosthetic devices for a patient's use in a non-institutional setting. The items were prescribed by a physician. There were no age limit restrictions for O&P. Hearing devices were provided for members less than 21 years of age.

Durable Medical Equipment (DME) (COS 320)

The DME program reimbursed for the purchase or rental of certain medical equipment and accessories and certain medical supplies for a patient's stay in a non-institutional setting. Most items required prior authorization and proof of medical necessity. In accordance with the Patient Protection and Affordable Care Act, Section 6407, DCH required a personal encounter between patients and physicians before physicians certified eligibility for durable medical equipment. The DCH team held a conference for DME providers to ensure that this policy was understood and implemented. The policy is still a work in progress; however, providers know the intent. The policy

team also discontinued automatic refills and shipping to Medicaid members. DME represented \$46,146,615.31 of the 2010 FY budget and was used by 86,536 members.

Vision

During FY 2010, the vision program reimbursed providers \$4,245,397.37 for 57,886 members. Services had to be provided by a licensed practitioner and included diagnosis and treatment of abnormal refraction, the diagnosis of ocular disease or the dispensing of optical devices to compensate for refractive errors.

Podiatry

During FY 2010, 40,506 Medicaid members used podiatry services, which resulted in a net payment of \$2,932,536.38. Medicaid podiatry services were defined as the diagnosis, medical, surgical, mechanical, manipulative and electrical treatment limited to ailments of the human foot or leg. Podiatry services allowed Georgia Medicaid members to see a specialized health care professional whose training focused on the foot, ankle, muscles and tendons governing foot function. As a condition of reimbursement, Medicaid required that certain podiatry services have prior approval.

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

Medicaid

Performance, Quality and Outcomes Unit

The Performance, Quality and Outcomes (PQO) Unit was established at the beginning of FY 10 to combine quality-focused staff working separately under FFS and managed care programs. The unit's charge was to integrate initiatives to assure quality health care for all Georgia Medicaid and PeachCare for Kids members by ensuring provision of accessible, acceptable, continuous and efficient care.

PQO Unit Accomplishments

- The unit updated the CMS-approved Georgia Families Quality Strategic Plan identifying the goals, objectives and strategies to improve the quality of care and health outcomes for Georgia Families' participants. One of the most significant updates to the plan was the adoption of National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS) and Agency for Healthcare Research and Quality (AHRQ) performance measures as standard for reporting health outcomes for both the FFS and managed care program areas.
- The number of performance measures reported by the Care Management Organizations (CMOs) rose from six for Calendar Year (CY) 08 to 32 for CY 09. The validated performance measures submitted by each CMO were posted to the DCH website. Additionally, performance measures similar to those reported by the CMOs were established and generated for the FFS population. DCH's decision-support vendor produced performance measure results using HEDIS 2009 specifications for CY 2004 (prior to the implementation of managed care) in addition to CY 2008 and CY 2009. All of these performance measure results were posted to the DCH website early in FY 2011 and will be trended over time.

- The Georgia Families auto-assignment algorithm and scoring process was modified to incorporate a quality component. Using NCQA and HEDIS performance measures reported by each of the Georgia Families CMOs and validated by Georgia Medicaid's contracted External Quality Review Organization (EQRO), quality performance was assigned 70 percent of the weight in the auto-assignment score. Cost contributed the remaining 30 percent. The CMO with the highest auto-assignment score for each region received all of the randomly assigned Georgia Families members. Initiation of this new algorithm occurred after CMS approval of a state plan amendment for the managed care program. The new quality-based, auto-assignment process prompted the CMOs to heighten their attention to improvements in quality and health outcomes.
- An Encounter Data Validation study of the CMOs was conducted by the EQRO and findings suggested that the overall quality of the encounter data submitted by the CMOs was relatively complete and accurate and generally supported by medical record documentation.
- Unit personnel evaluated the effectiveness of the Georgia Medicaid Management Program and based on that evaluation, the program was discontinued as of February 28, 2010.
- The unit coordinated and supported the DCH Strategic Quality Council that sponsored a "Know Your Numbers" campaign in May 2010 to raise awareness about cardiovascular health. Events were held statewide and included health assessments, blood pressure and weight assessments and health counseling. More than 200 State Health Benefit Plan members participated in the event held during Employee Appreciation Week.

Medicaid

- After consultations with CMS, unit personnel discussed the mandatory Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program's visit components with the CMOs' Quality and Medical Directors. CMO personnel then informed their network providers about the mandatory EPSDT components to be performed during each periodic visit. Clarifying language was added to the EPSDT section of the CMOs' contracts to allow incentives for providers and members that would encourage compliance with EPSDT requirements. Work was also initiated to update the EPSDT/Health Check Manual, allowing the FFS and Managed Care programs to follow the same periodicity schedule (2008 American Association of Pediatrics {AAP} Bright Futures Periodicity Schedule) for EPSDT visits.

In addition, the division:

- Began the Reducing Low Birth Weight Rates Initiative to address Georgia's high low birth weight rates and developed a community collaborative to address this issue statewide
- Submitted a formal application to CMS for an 1115 demonstration waiver that would expand Medicaid eligibility for family planning services and provide nurse case management and Resource Mother Outreach to eligible women delivering a very low birth weight infant on or after January 1, 2011, as an outgrowth of the Low Birth Weight Reduction Initiative; the demonstration was approved early in the second quarter of FY 11



- Developed a Request for Quote and selected a vendor to assist with the implementation of the Administrative Claiming for Education program to reimburse school districts for administrative services performed on behalf of Medicaid eligible students
- Established a Well Child Visit Collaborative Performance Improvement Project (PIP) with the three CMOs to drive improvements in members' access and use of primary care physicians. Effectiveness of the PIP will be monitored via NCQA and HEDIS Performance measures reported in June 2011

State Health Benefit Plan

The State Health Benefit Plan (SHBP) provided health insurance coverage to state and school system employees, contract groups, retirees and eligible dependents.

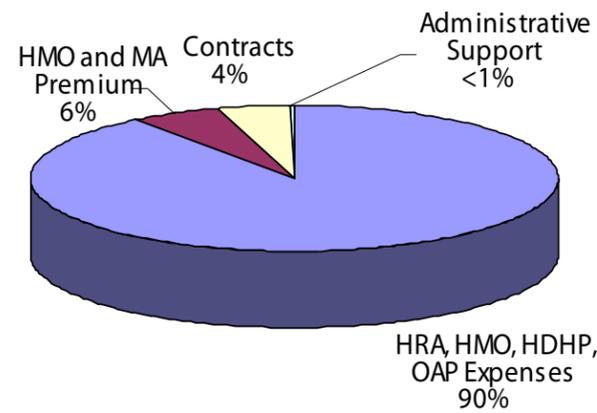


State Health Benefit Plan (SHBP)

Overview

DCH sponsored the State Health Benefit Plan (SHBP), which provided health insurance coverage to state and school system employees, contract groups, retirees and eligible dependents. Within DCH, the SHBP division was responsible for covering 685,100 lives. The Plan Year ran from January through December 2011.

Figure 14: SHBP Expenses by Category



Accomplishments for FY 2010

By the end of FY 2010, SHBP 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
- SHBP received 1,597 requests from individuals who wanted to take advantage of the Consolidated Omnibus Budget Reconciliation Act (COBRA) Premium Reduction provision of ARRA

Operating Units

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

During FY 2010, the operating units:

- Processed 242,431 coverage transactions for Health Plan members
- Received 196,197 calls from Health Plan members, an average of 15,051 per month
- Received 7,674 calls and placed 18,859 outbound calls to Human Resources staff at payroll locations
- Acquired \$1,827,685.30 in net savings from subrogation
- Produced and mailed 338,854 letters, a decrease of 3.28 percent, to members and payroll locations regarding member eligibility
- Processed 70,767 HIPAA notices
- Produced and mailed 12,369 dependent audit letters to determine eligibility for coverage
- Prepared and mailed 14,000 New Employee Decision Guides to 750 payroll locations

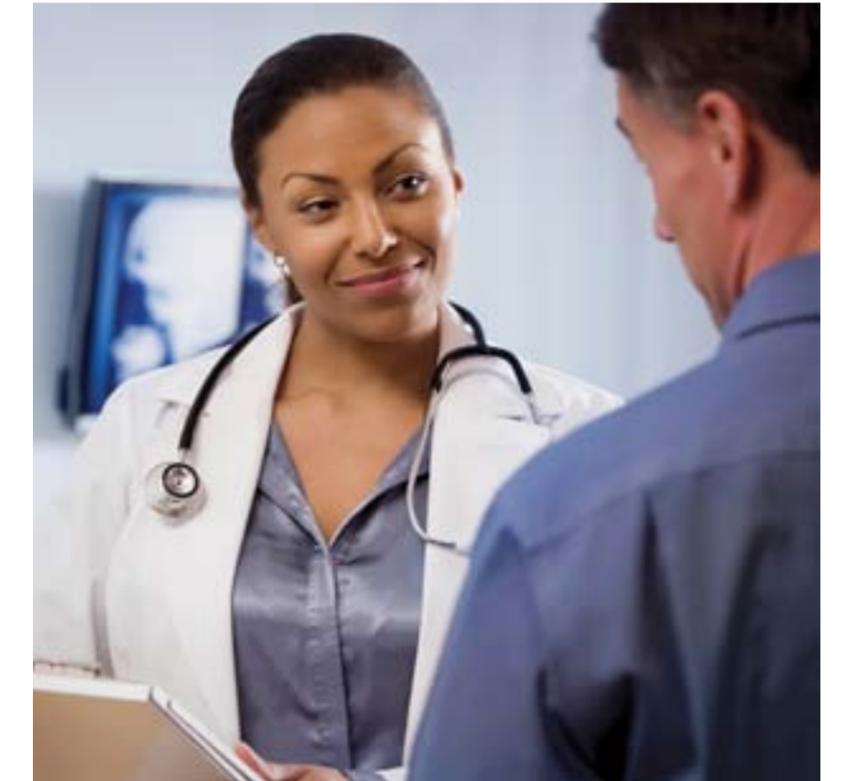
SHBP

Coverage Options

The SHBP offered the following plan options: two Open Access Plus (OAP), two Health Maintenance Organizations (HMO), two Health Reimbursement Arrangements (HRA) and two High Deductible Health Plans (HDHP).

- The OAP option allowed members the choice of using either in-network or out-of-network providers, with a higher level of benefit coverage available for in-network use. The CIGNA Georgia OAP provider network consisted of more than 16,587 participating physicians and 152 acute-care hospitals. The UnitedHealthcare Georgia OAP provider network encompassed more than 16,030 participating physicians and 153 acute-care hospitals.
- The HRA option was a consumer-driven health option that offered a different approach for managing health care needs. SHBP provided dollar credits to the HRA for first dollar expenses, whether for a provider or pharmacy. Unused dollars in the HRA account rolled over to the next plan year if the employee still participated in this option. This plan also allowed members to use either in-network or out-of-network providers, providing a higher level of benefit coverage available for in-network use.
- CIGNA and UnitedHealthcare HMO choices for FY 2010 included an option: except in emergencies, HMO participants were required to use network providers for coverage.
- The High Deductible Health Insurance Plan HDHP was a consumer-driven health option with a low monthly premium and a higher deductible than the other SHBP option with benefits payable after the deductible was satisfied. There were no co-payments under this option, only coinsurance.

This option also allowed a covered member to open a Health Care Savings Account (HSA) and put money aside tax-free for health-related expenses. Unused dollars in an HSA rolled over to the next year and could be carried into retirement.



SHBP

Open Enrollment and Retiree Option Change Period Activity

Open Enrollment was from October 9, 2009 through November 10, 2009 for coverage effective January 1, 2010. Activities completed included the following:

- Ninety-six percent of active employees (270,978) completed their enrollment on the Health Plan's website for coverage
- Two training presentations and Department guides were created and posted to the DCH website to provide instructions for human resources staff in state agencies and school systems
- Seventeen benefit fairs and 31 educational meetings for active members, as well as 188 meetings for retired members were held. SHBP sponsored 10 training sessions for Payroll/Human Resources across the state and 10 educational meetings for retiree associations members
- More than 270,000 Health Plan Decision Guides for active employees were distributed to more than 750 payroll locations
- Retired SHBP members received 92,993 retiree option change packets

Table 8: SHBP Expense Data FY 2010

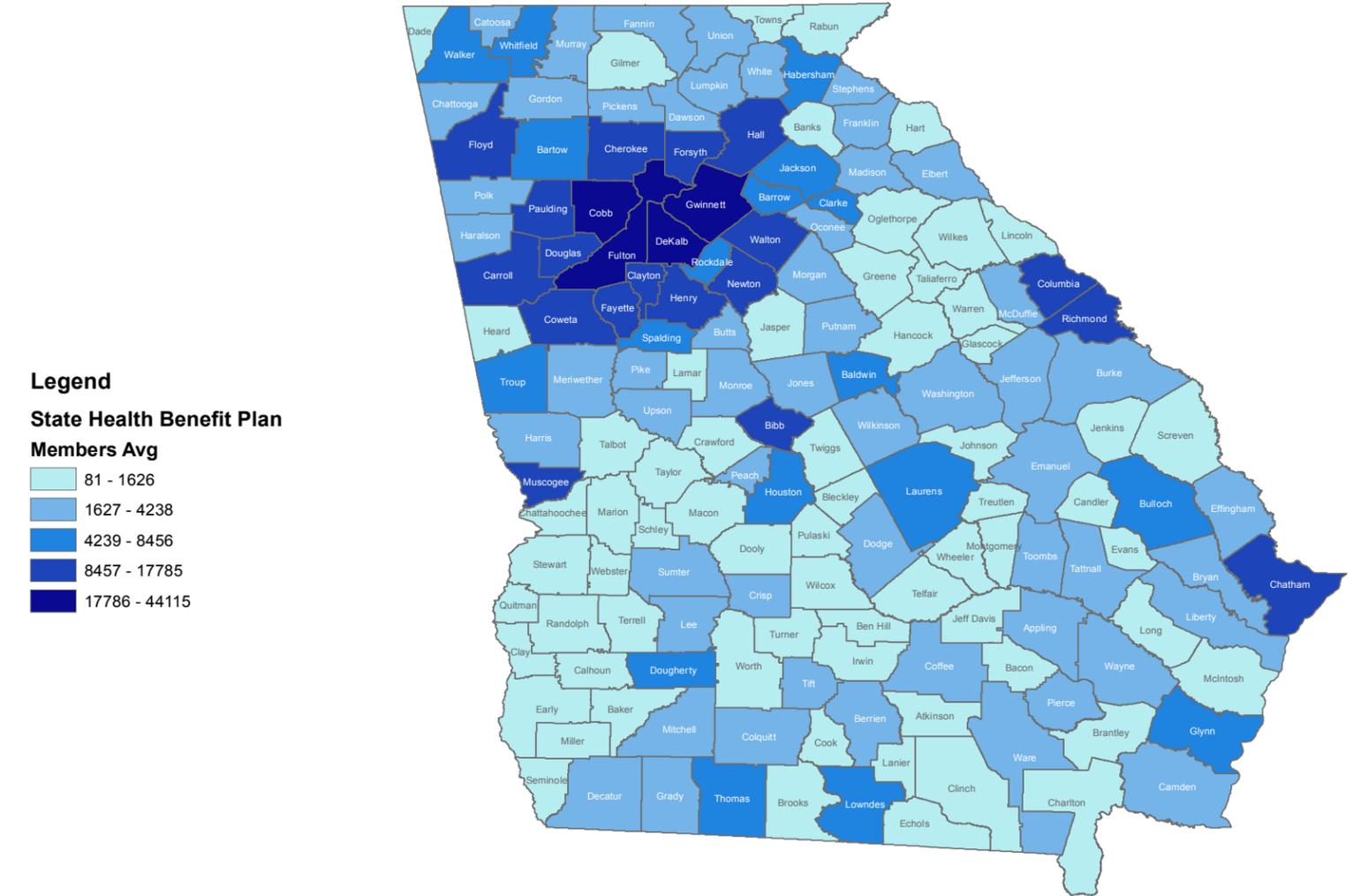
Total FY 2010 Expenses	
PPO, Indemnity, HMO and CDHP Expenses	\$2,605,551,489.15
HMO and MA Premium	165,577,466.10
Contracts	126,468,189.63
Administrative Support	9,098,639.00
Average Expense per Covered Life	\$4,202.47
Total GAAP Expenses	\$2,905,695,783.88
Covered Lives	691,426

Source: DCH Accounting for the FY 2010 Annual Report



SHBP

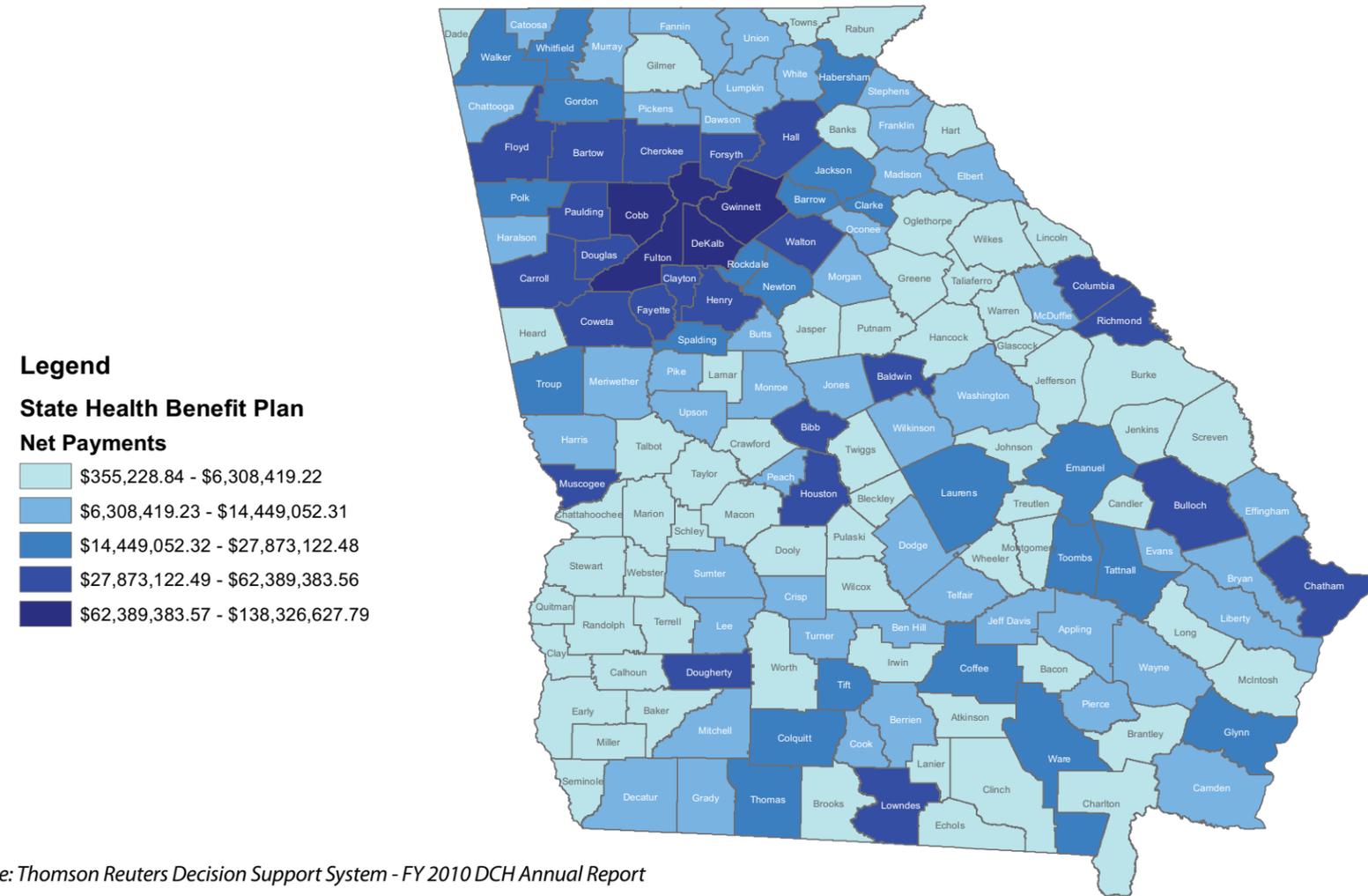
Figure 15: SHBP - Average Membership by County FY 2010



Source: Thomson Reuters Decision Support System - FY 2010 DCH Annual Report

SHBP

Figure 16: SHBP Payments by County FY 2010



Source: Thomson Reuters Decision Support System - FY 2010 DCH Annual Report

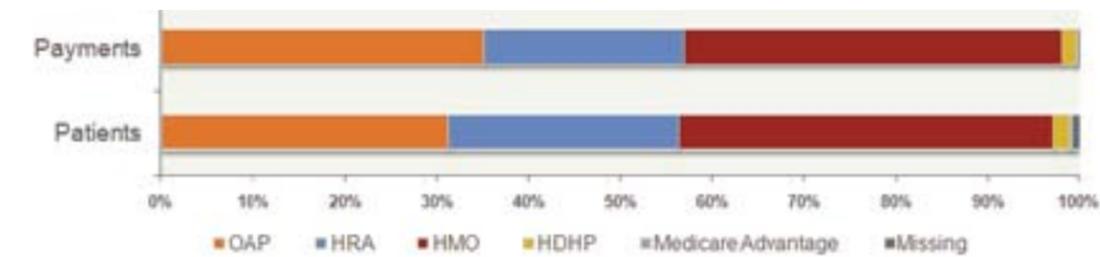
SHBP

Table 9: SHBP Enrollment FY 2010

Category	Members Averaged	Employee/ Retiree	Dependents
State Employees – Active	128,676	64,043	64,633
State Employees – Retired	43,145	29,818	13,327
Teachers – Active	269,665	114,415	155,250
Teachers – Retired	60,930	43,242	17,689
School Service Personnel – Active	158,515	75,684	82,832
School Service Personnel – Retired	23,916	17,593	6,324
Contracts/Board Members	2,097	1,342	755
COBRA	2,508	1,531	977
TOTAL	691,426	349,457	341,969

Source: Thomson Reuters Decision Support System - Advantage Suite, FY 2010 DCH Annual Report

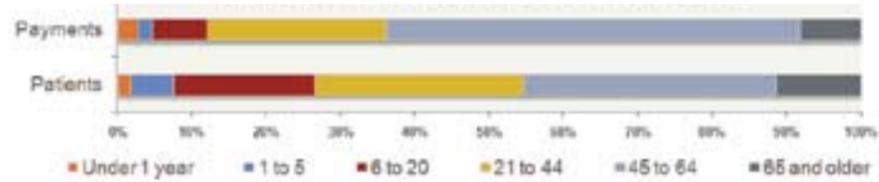
Figure 17: SHBP Enrollment Category by Plan Type FY 2010



Source: Thomson Reuters Decision Support System - FY 2010 DCH Annual Report

SHBP

Figure 18: SHBP Enrollment Category by Age Group FY 2010



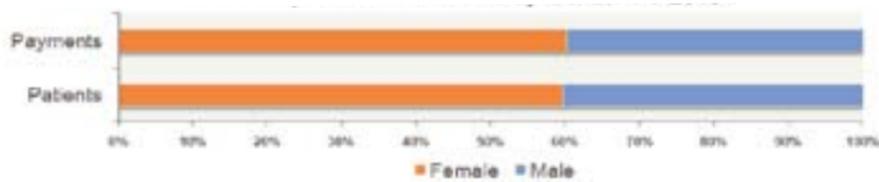
Source: Thomson Reuters Decision Support System - FY 2010 DCH Annual Report

Figure 20: SHBP Members Average by Employee Type FY 2010



Source: Thomson Reuters Decision Support System - FY 2010 DCH Annual Report

Figure 19: SHBP Enrollment Category by Gender FY 2010



Source: Thomson Reuters Decision Support System - FY 2010 DCH Annual Report

Healthcare Facility Regulation

The Healthcare Facility Regulation (HFR) Division was responsible for inspecting, monitoring, licensing, registering and providing certification for a variety of health care facilities.



Healthcare Facility Regulation

Overview

The Healthcare Facility Regulation (HFR) Division was responsible for inspecting, monitoring, licensing, registering and providing certification for a variety of health care facilities. The division ensured that facilities and programs operated at acceptable levels as mandated by state and federal statutes, rules and regulations. HFR also investigated complaints made against licensed facilities for adverse events and incidents reported by citizens and the facilities themselves. In addition, the division certified various health care facilities to receive Medicaid and Medicare funds through contracts and agreements with the Division of Medicaid, CMS and the Food and Drug Administration of the U.S. Department of Health and Human Services.

Accomplishments

In FY 2010, the division transitioned from the previous DHR Office of Regulatory Services to the new Healthcare Facility Regulation Division 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, expanded rapidly across the state. These changes significantly affected HFR's regulatory services delivery.

In addition, the public requested more information to help them choose facilities and services. To help meet this increasing demand, HFR placed more information about facilities on the Internet. The HFR webpage offered information about the types of facilities it licensed, rules and regulations for licensed facilities, links to accreditation reports on licensed facilities and survey inspection reports for some types of facilities. The site also offered the ability to file complaints online about regulated care. Providers and prospective providers could access application forms, informational documents and videos to assist in the license application processes and the understanding of rules and regulations.

Rapid changes in the way care was delivered affected the way health care facilities were regulated. Rules were revised and regulatory policy adapted to the changes. Federal regulations required the submission of health assessment data in an electronic format about persons receiving care from nursing homes and home health agencies. Access to this database by HFR provided better information for compliance monitoring decisions. The survey process used in these facilities also continued to evolve.

Increased consumer knowledge and concern about patient/client safety, as well as improved accessibility through Internet access, fueled the number of complaints received about care. Enforcement efforts to improve the quality of care consumers receive in licensed facilities were used or recommended by HFR when necessary.

Healthcare Facility Regulation

In FY 2010, HFR regulated more than 14,000 facilities, providers and registrants. These included:

- 307 ambulatory surgical treatment centers
- One birthing center
- 414 community living arrangements
- One comprehensive outpatient rehabilitation facility
- 244 drug abuse treatment facilities
- 277 end stage renal disease (kidney dialysis) centers
- One eye bank
- 108 home health agencies
- 178 hospices
- 185 hospitals
- Seven dual psychiatric residential treatment facilities/residential mental health facilities
- Nine intermediate care facilities for people with mental retardation
- 240 mammography facilities
- 49 narcotic treatment programs
- 372 nursing homes
- 72 outpatient physical therapy centers
- 2,250 personal care homes/assisted living facilities
- 850 private home care providers
- 85 rural health clinics
- 399 state-licensed clinical laboratories
- 7,899 registered X-ray facilities
- Seven traumatic brain injury facilities

The division also regulated nine health maintenance organizations with the assistance of the Georgia Department of Insurance.

Regulatory activities included the issuing of 551 new licenses for new health care businesses in Georgia, conducting 2,945 routine inspections and 3,131 follow-up or initial inspections. HFR responded to 2,505 complaints against licensed facilities and 7,739 incident reports filed by licensed providers.



Public Health

The Division of Public Health (DPH) is entrusted by the people of the State of Georgia with the ultimate responsibility for the health of communities and the entire population. The mission is to promote and protect the health of people in Georgia wherever they live, work and play.



Public Health

Public Health (PH) was a Division of the Georgia Department of Community Health. The Division Director, in addition to leading the organization, was also the State Health Officer as appointed by the Governor. The division was subdivided into operational and programmatic elements, each headed by a Division Deputy Director.

Advisory Council for Public Health

House Bill 228, which was signed into law during the 2009 legislative session, moved PH from DHR into DCH in July 2009. This bill also created the Advisory Council for PH, which was composed of nine members appointed by the Governor for staggered three-year terms. This Advisory Council met at least quarterly, advising PH on all relevant matters.

Departmental Administrative Functions

Many of the administrative areas of responsibility were maintained at the Departmental level and thus had a reporting structure outside of the division, but their responsibility was with public health business. Below is a list of these services:

- Contracts Administration
- Human Resources
- Legal Counsel
- External Affairs & Constituent Services
- Budget
- Procurement & Purchasing
- Financial Services/Accounts Payable
- Communications

The following are descriptions of the administrative and operational functions that reported to the Departmental level but had responsibilities within PH.

Contracts Administration

PH Contracts Administration was responsible for managing the development, approval and execution for more than 600 contracts for all programs within PH, Division of Emergency Preparedness and Response and the Trauma Commission. This section also handled amendments, extensions, renewals, terminations, maintenance of executed agreements, and provided mandatory contract training and tracking tools on all contract activities.

Human Resources

There were more than 1,300 full time positions within the division at the state level and within district offices. Human Resources was responsible for all aspects of recruitment, hiring, benefits management and training for the division.

Office of General Counsel

The Georgia Attorney General's office served as the official attorney for state agencies. The Department's Office of General Counsel provided in-house administrative legal support throughout its various divisions and functions. Three attorneys were assigned to work exclusively with PH. These attorneys provided daily legal support and oversaw administrative legal tasks such as responding to open records requests, reviewing policies and legal research on state and federal laws and regulations affecting the various programs within the division. A staff person within the Office of General Counsel was assigned to PH to coordinate the work of the Institutional Review Board and the PH Advisory Council.

External Affairs & Constituent Services

This office served as the division's primary point of contact for activities involving the Georgia General Assembly. It also served as a liaison to consumers, families, advocates and the general public for assistance with questions, problems or access to services. The team tracked and analyzed state and federal legislation that affected public health.

Public Health

Budget Office

The division budget office managed a budget of \$600 million of state and federal public health funds in eight appropriated programs divided into 29 sub-programs. In addition, the budget office managed the Division of Emergency Preparedness and Response's \$46 million budget.

Procurement and Purchasing

Procurement and purchasing ensured the acquisition of appropriate goods and services at the best possible total cost to meet the needs of the division. This section ensured that processes promoted fair and open competition.

Financial Services

This section was responsible for ensuring that all financial processes were completed and accounted for. Financial Services monitored expenditures, paid bills for goods and services, and had accounting oversight for the Department.

Communications

This section was responsible for all aspects of marketing for PH. Communications staff members were the primary point of contact with the media and also worked directly with program staff on health communications and promotions.

Division Administrative Functions

The following administrative and operational functions reported to the Deputy Director for Public Health Administration.

Enterprise Coordination

This program was created during the transition of PH to DCH. The program was responsible primarily for ensuring that key administrative linkages between PH and DCH were made and maintained at the enterprise level. Areas of responsibility included Information Technology, Human Resources, Communications, Legislative Affairs, Inspector General, Operations, Budget, Finance, Legal, Facilities and Support.

Field Operations

Field Operations was created to support a strong emphasis on public health at the local level. This section was headed by the Chief Nurse of Georgia and included the Offices of Pharmacy and Nursing. It served as the primary point of contact with the 18 public health district offices.

State Operations

The Office of State Operations was responsible for grants management services. It coordinated the approval and submission of grants, monitored reporting requirements and provided training and technical assistance to program staff responsible for writing and implementing grants. It also coordinated strategic planning and development. It supported the creation and implementation of PH's strategic plans and promoted systematic organizational development through facilitation of internal and external partnerships and process improvement.

Public Health

Division Programmatic Functions

The following programs reported to the Deputy Director of Programs and Services:

- Epidemiology
- Environmental Health
- Immunization and Infectious Disease
- Health Promotion and Disease Prevention
- Maternal & Child Health
- Vital Records
- Public Health Laboratory
- Emergency Preparedness and Response

Epidemiology

The Epidemiology program systematically collected, analyzed, interpreted and disseminated data on the health of Georgians to prevent, control or mitigate disease. This information supported evidence-based public health practice, guided strategic planning at state and local levels, informed public health programs and improved Georgia's health status. The Epidemiology program consisted of the Acute Disease Epidemiology Section, the Chronic Disease/Healthy Behaviors/Injury Epidemiology Section, the HIV/AIDS Epidemiology Section, the TB Epidemiology Section, the EPI/STD Surveillance Section and the Office of Health Indicators for Planning.

Core Services

The Acute Disease Epidemiology Section (ADES) conducted surveillance for and provided subject matter expertise for infectious diseases in Georgia (i.e., enteric, vectorborne, health care-associated, zoonotic and vaccine-preventable diseases).

- ADES conducted notifiable disease and syndromic surveillance through the State Electronic Notifiable Disease Surveillance System (SENDSS).
- ADES coordinated the CDC Emerging Infections Program (EIP) in Georgia (one of only 10 in the U.S.).
- ADES responded to disease reports, conducted disease outbreak investigations and implemented control measures to mitigate the spread of diseases.
- The Chronic Disease, Healthy Behaviors and Injury Epidemiology (CHIE) Section systematically collected, analyzed, interpreted and disseminated data on chronic diseases (cardiovascular disease, stroke, diabetes, asthma, high blood pressure and cancer), injuries and violent deaths among Georgians. It also:
 - ◆ Provided subject matter expertise on chronic disease risk factors (tobacco, alcohol, obesity and physical activity) and cancer screenings
 - ◆ Conducted adult and youth behavioral surveys to monitor behavioral risks of Georgians
 - ◆ Maintained registries of priority health problems such as cancer, lupus, stroke and violent deaths



Public Health

- The EPI/STD Surveillance Section (ESS) provided ongoing and systematic collection, analysis and interpretation of Georgia STD data. This data was used for planning, implementing and evaluating STD programs and interventions.
- ESS identified STD outbreaks rapidly, coordinated the Internet Partner Notification (IPN) Project, conducted congenital syphilis surveillance and maintained Georgia's STD syphilis registry.
- The TB Epidemiology Section provided ongoing and systematic collection, analysis and interpretation of Georgia TB data. This data was used for planning, implementing and evaluating TB programs and interventions.
- The HIV/AIDS Epidemiology Section (HAES) provided ongoing and systematic collection, analysis and interpretation of Georgia HIV/AIDS data. This data was used for planning, implementing and evaluating HIV/AIDS programs and interventions.
- HAES conducted the HIV/AIDS Medical Monitoring Project and the National HIV Behavioral Surveillance in Georgia.
- 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 provided vital records and hospital discharge data for health planning through OASIS.
- OHIP provided valid and reliable evidence of the health status of the population of Georgia.

Total Funding

\$98,564,888 for FY 2010 (federal and state funds)

Numbers Served

In FY 2010, EPI tested:

- 126,833 people for HIV
- 45,147 people for Chlamydia
- 15,840 for Gonorrhea

Major Accomplishments and Program Highlights

- Investigated 120 infectious disease outbreaks
- Implemented novel surveillance systems for influenza during the 2009 H1N1 pandemic, including morbidity, mortality, outbreaks and school absenteeism/closures
- The Georgia Emerging Infections Program conducted active influenza surveillance that contributed to determination of national H1N1 hospitalization rates
- Implemented automated Electronic Laboratory Reporting (ELR) and the Outbreak Management System (OMS) in SENDSS
- Implemented the STD Disease Management module in SENDSS, which transmitted positive laboratory results to local STD programs within 24 hours
- Achieved Silver Certification for collecting cancer data
- Produced and disseminated Burden Reports and Fact Sheets on tobacco use, alcohol use, cardiovascular diseases, diabetes, asthma, physical activity, breast cancer, prostate cancer, colorectal cancer, ovarian cancer and lung cancer in Georgians
- Collaborated with the CDC, Emory University and the University of Georgia to conduct several cancer studies, including the breast and prostate cancer pattern of care study and the study examining the impact of socioeconomic status on melanoma incidence and mortality in the U.S.
- Continued automated data loading into the division health data repository, thereby improving data processing accuracy and efficiency

Public Health

- Continued improvement in functionality of the OASIS WebQuery, Mapping, Animated Charting and Excel Cross Tabulation tools, including data visualization
- Determined valid and reliable health status indicators related to premature death and excessive hospitalization, focusing on actual causes in addition to clinical descriptors

Environmental Health

The Environmental Health (EH) program promoted and protected the well-being of citizens and visitors of Georgia by assuring the environmental conditions in which people live, work and play were healthy. This was accomplished by providing primary prevention through a combination of surveillance, education, enforcement and assessment programs designed to identify, prevent and abate the biological, chemical and physical conditions that adversely affected human health, thereby reducing morbidity and premature death from environmental hazards.

Core Services

- Regulated and inspected food service establishments; investigated food-borne related complaints and illnesses; educated, trained and certified environmental health specialists; and educated and trained food service operators
- Regulated and inspected on-site sewage management systems; educated, trained and certified environmental health specialists, septic tank contractors and soil scientists
- Regulated and inspected public swimming pools; investigated complaints and water-borne illnesses; provided consultation and inspection of new swimming pool construction and installation; and provided education and training for swimming pool operators and environmental health specialists
- Regulated and inspected tourist accommodations; investigated

complaints and illnesses; provided education and training for tourist accommodation managers, employees and environmental health specialists

- Screened, monitored and educated the public on the causes of lead poisoning; conducted environmental inspections of residential housing and facilities to identify lead hazards; and required lead hazard abatement of rental residential property and facilities identified with lead hazards
- Regulated and inspected tattoo studios, and investigated complaints
- Registered tanning facilities and devices
- Conducted animal bite investigations, required and monitored quarantine of exposed animals. Recommended management options for rabies control
- Conducted health assessments, risk communication, technical assistance, community education and training to reduce and eliminate exposures to hazardous chemicals in the environment
- Reduced water-borne illnesses associated with contaminated well water supplies; under a Memorandum of Agreement, approved well water supplies serving food service establishments, tourist accommodations and public swimming pools; conducted well assessments and well water sampling for individual residences served by individual wells
- Provided consultation on indoor air issues associated with mold, mildew, formaldehyde, radon and other pollutants found in an indoor environment
- Inspected shelters, monitored temporary food service operations and temporary water supplies and mass fatality planning under the Georgia Emergency Response Plan

Public Health

Expenditures

State Funds:	\$2,812,965
Federal Funds:	\$1,130,537
Fee Revenue:	\$ 438,262
Total:	\$4,381,764

Major Accomplishments and Program Highlights

EH implemented an Environmental Health Information System to assist with the evaluation/assessment of EH programs statewide. This digital information system allowed the branch to audit county environmental health activities to ensure consistency in application of regulatory programs, as well as generate data for a qualitative analysis of programs. The system provided immediate public access to inspection records for food service establishments, tourist accommodations and public swimming pools, spas and recreational water parks.

EH and the 18 health districts conducted a statewide program assessment using the CDC National Environmental Public Health Performance Standards Instrument to assess how well the branch performed when providing 10 essential public health services. According to CDC, Georgia was the first state to use the instrument. Using the assessment results, EH identified performance metrics for each program.

As part of the Beltline Project, EH partnered with the City of Atlanta and Fulton County to collect and recycle 4,248 abandoned tires, which were dyed and shredded into mulch and used in project landscaping. EH coordinated the testing of 30 homes for radon around an abandoned granite quarry site.

Food Service Establishments

EH completed implementation of the new Georgia Food Code based on the U.S. Food & Drug Administration Model Food Code, based on

a risk-based inspection process to maximize use of resources. EH trained 250 county environmental health specialists on the new code. Georgia was the first state to implement the FDA standardization training program for county environmental health specialists inspecting establishments. This standardization ensured consistent knowledge, interpretation and application of the rules and regulations statewide:

- Conducted 62,404 inspections of 27,126 food service establishments and in conjunction with Epidemiology Branch, developed a “Food-borne Illness Investigation and Reference Manual”
- Trained 58 county environmental health specialists, 21 district epidemiologists, and four Department of Agriculture sanitarians on food and water-borne illness investigation. The branch standardized a new food and water-borne illness complaint form with Georgia Poison Control to facilitate investigations

On-Site Sewage Management Systems (Septic Tanks)

In conjunction with the Department of Community Affairs and Georgia Environmental Protection Division, EH developed gray water recycling and irrigation guidelines to promote green building and protection of Georgia’s water supply.

- Developed and distributed an educational DVD on proper use and maintenance of a septic tank system to homeowners
- Inspected 9,586 on-site sewage management systems
- Required the repair of 7,718 malfunctioning septic tank systems
- Evaluated 9,843 existing septic tank systems
- Trained and certified 1,400 septic tank contractors and 404 EH specialists

Public Health

Well Water Supplies

The branch developed and implemented a Well Assessment Tool to assess construction, protection and location standards; identify sources of well water contamination; and provide information to homeowners to make informed decisions about the safety of their water supply. EH trained county environmental health specialists on the assessment tool and standardized guidelines for well water disinfection.

- Sampled 5,608 individual wells
- Evaluated 3,007 individual wells

Public Swimming Pools, Spas and Recreational Water Parks

EH implemented pool safety initiatives required by the U.S. Consumer Product Safety Commission (Virginia Graeme Baker Pool & Spa Safety Act) concerning anti-entrapment. In FY 2010, the branch conducted 18,474 inspections on 8,945 permitted facilities.

Childhood Lead Poisoning Prevention Program

The branch received award/recognition from the CDC for accomplishments in advancing lead poisoning prevention activities in Georgia. It conducted educational outreach to CMOs and physician groups about lead hazards to increase testing of children less than 6 years of age and placed 1,000 children in case management due to elevated blood lead levels. EH implemented electronic reporting of lab results resulting in quicker case management and implemented targeted testing of children through use of Geographic Information Science (GIS) in areas identified with older housing associated with lead paint hazards.

Chemical Hazards Program

The EH Chemical Hazards Program received the “Best Health Assessor” award from the CDC Agency for Toxic Substances & Disease Registry. The Chemical Hazards Program exceeded the Agency for Toxic Substances and Disease Registry (ATSDR) productivity goals for conducting health assessments by 134 percent. Chemical Hazards staff participated in 11 public meetings providing technical assistance on chemical hazards in communities. The program developed five new health education brochures about chemical hazards and public health.

Tourist Accommodations

EH implemented policies to reduce illness and injury associated with hotels being utilized illegally as extended stay facilities. In FY 2010, EH conducted 4,831 inspections of 2,531 facilities.

Rabies Control

Rome Health District EH program partnered with the U.S. Department of Agriculture to implement a rabies vaccine baiting program to reduce the incidence of rabies in raccoons. In FY 2010, EH conducted 8,130 investigations on potential exposure to rabies, with 271 animals testing positive for rabies and 217 individuals requiring treatment.

Emergency Preparedness

EH revised the EH Emergency Response Manual to reflect current trends and responsibilities. The CDC and Federal Emergency Management Agency used the Georgia EH Manual in its training presentations for other states to follow.

The division’s EH Branch and Nursing Program partnered with the American Red Cross and DFCS on a Memorandum of Understanding regarding emergency shelter inspections and operations.

Public Health

Immunization and Infectious Disease

Immunization and Infectious Disease (IDI) programs provided statewide HIV, STD, TB, Refugee Health and Immunization services. IDI services covered a wide array of critical prevention, treatment and ongoing care services for Georgians who were either infected with communicable diseases and/or were at risk of acquiring communicable or vaccine-preventable diseases. IDI provided vaccines to all uninsured or underinsured children in Georgia 0-18 years of age. In addition, adult vaccination services were offered to uninsured and underinsured adults and adults who required vaccinations not covered by Medicaid. The immunization program assessed need and coordinated the distribution of vaccines in response to pandemic influenza emergencies. IDI provided critical infectious disease prevention and control services through statewide screening, treatment and care services for Georgians infected or at risk of acquiring communicable diseases and/or the medically underinsured or uninsured.

Core Services

- Vaccines for Children (VFC), adult vaccinations, vaccine distribution
- GRITS (Georgia Registry of Immunization Transactions and Services)
- HIV Prevention Education, Counseling & Testing/Partner Services, Care Quality Management
- Medication distribution for approved HIV positive clients/AIDS Drug Assistance Program (ADAP)
- Health Insurance Continuation Program (HICP)/Health insurance continuity of care program

- Screening of newly arriving refugees, parolees, asylees and victims of human trafficking
- TB prevention education, screening, treatment, control and medical consultation
- STD prevention education, screening, treatment and control and medical consultation

Funding

State:	\$32,517,439
Federal/Other:	\$79,308,701
Total:	\$111,826,140

Numbers Served

- 1.52 million 0-18 VFC eligible children in Georgia
- HIV care services were provided to approximately 12,000 Georgians in 2009 and 13,000 in 2010 respectively. More than 5,000 eligible Georgians enrolled in ADAP in 2009; more than 6,000 enrolled in 2010
- HIV Prevention – More than 110,000 Georgians received HIV counseling, testing and referral services in 2010. That number climbed to more than 120,000 in 2009
- STD – In 2007, Georgia ranked third in the nation for infectious Syphilis with 680 cases; fifth for Gonorrhea with 17,835 cases and sixth for Chlamydia with 42,913 cases. In 2008, Georgia ranked third in the nation with infectious 914 syphilis cases; sixth with 16,272 Gonorrhea cases and 13th with 42,629 Chlamydia cases
- TB - In 2010, 411 TB cases were reported; 80,121 Georgians received tuberculin skin tests (TSTs) and 6,757 participated in TB education. In 2009, Georgia had the ninth highest TB case rate in the U.S. Four hundred fifteen TB cases were reported and

Public Health

4,447 contacts to TB cases were evaluated by county public health departments to determine if people were infected with TB. Seven hundred eighty-seven (18 percent) contacts to TB cases were found to have latent TB infection (LTBI) and given treatment to prevent the development of active TB. Forty-seven (1 percent) contacts to TB cases were found to have active TB disease and were given anti-TB medications

- Refugee Health - In 2010, 2,967 (86 percent) of all refugees entering Georgia were provided health assessments within 90 days of arrival

Legal Authority

OCGA 31-17-1, OCGA 31-17-2, OCGA 31-17-4, OCGA 31-17A-2, OCGA 31-14-1 – 14, OCGA 31-14-2: 31-14-3, Refugee Act, §412(b)(5), OCGA 31-2-2

Health Promotion and Disease Prevention

Health Promotion and Disease Prevention (HPDP) implemented population-based programs and services aimed at reducing disease risks, promoting healthy youth development, targeting unhealthy behaviors, providing access to early detection and treatment services, and improving management of chronic diseases. Targeted risk behaviors included smoking, physical inactivity, unhealthy eating, lack of preventive health care, sexual violence and reducing risky behaviors in youth. There were five key action areas for the work of health promotion: 1) build healthy public policy; 2) create environments that support and promote health; 3) strengthen community action for health; 4) develop personal skills; 5) re-orient health services toward prevention and health promotion. Program activities were developed and implemented using evidence-based best practices. Health promotion strategies used to address



the five key action areas included health communication; health education; self-help/mutual aid; organizational change; community development and mobilization; advocacy and policy development. It was the combination of multiple strategies applied across the five action areas that made health promotion effective.

Public Health

Health Promotion Programs

- The programs that comprised the health promotion programs (cardiovascular health, diabetes, healthy communities, asthma, tobacco, and comprehensive cancer control) implemented policy, system and environmental changes to increase physical activity; increase access to chronic disease self-management programs; improve quality of care for stroke; manage asthma in schools; expand local smoke-free air legislation; and increase awareness of the importance of cancer prevention and screening. Health promotion programs in local communities, faith-based organizations and worksites improved physical activity and healthy eating.

Table 10: Health Promotion Expenditures, FY 2010

Program	Expenditure (Fund Source)
Cardiovascular Health	\$709,057 (federal)
Diabetes	\$222,543 (federal)
Asthma	\$204,849 (federal)
Healthy Communities	\$24,207 (federal)
Tobacco (smoke-free air)	\$437,924 (federal)
Comprehensive Cancer Control	\$242,655 (federal)

Major Accomplishments and Program Highlights

- Adopted the 100% Tobacco Free School Policy in 15 school systems (98 schools) thereby protecting 71,683 students in Georgia from the harmful effects of second-hand smoke
- Trained more than 50 health ministry leaders from across the state about policy, system and environmental change strategies to address physical activity, nutrition and healthy eating in their faith communities

- Achieved a 66 percent hypertension control rate by the Stroke and Heart Attack Prevention Program (SHAPP) for persons participating in the program, surpassing the Healthy People 2010 target of 50 percent
- Launched a Nicotine Replacement Therapy (NRT) pilot in five public health districts with the highest rates of tobacco use (Northwest, North, South, Southeast and Coastal)
- Funded five local communities to implement policies, systems and environmental changes to reduce obesity by increasing physical activity and healthy eating. The outcomes from these demonstration projects led to three *We Can* city designations – Smyrna, Ga., Douglasville, Ga., and Brunswick, Ga.
- Trained more than 50 lay leaders in rural areas of the state on Stanford University’s Chronic Disease Self-Management Program
- Provided almost 75,000 Pap tests and more than 16,400 mammograms to uninsured and underinsured women
- Provided more than 2,200 cancer treatment services to 324 uninsured cancer patients

Public Health

Core Services of HPDP

- Breast and cervical cancer screenings for eligible women through the Georgia Breast and Cervical Cancer Program (BCCP)
- Cancer treatment for low income, eligible Georgians through the Cancer State Aid (CSA) Program
- Breast and cervical cancer treatment for eligible women through the Women’s Health Medicaid Program (WHMP)
- Comprehensive tobacco use prevention activities including tobacco cessation services through the Georgia Tobacco Quit Line (GTQL)
- Implementation of population-based strategies that addressed chronic disease prevention and management
- Primary sexual violence prevention
- Health communication and education
- Implementation of primary prevention strategies to address obesity in children, adolescents and adults
- Technical assistance to worksites on the development and implementation of evidence-based worksite wellness policies and practices
- Capacity building through the provision of technical assistance to community-based organizations to address chronic disease prevention, risk factor reduction and positive youth development

Table 11: HDHP Expenditures and Numbers Served, FY 2010

Office	Program/Project	Numbers Served	Expenditures (Fund Source)
Cancer Screening and Treatment	Cancer State Aid	2,230 treatment services provided to 324 patients	\$6,321,056 (Tobacco Master Settlement-MSA)
	Breast and Cervical Cancer Screenings	16,428 mammograms 74,440 Pap tests	\$2,689,860 (federal) \$1,388,334 (MSA) \$124,059 (Koman for the Cure) \$1,484,511 (MSA) \$137,450 (federal)
Prevention and Wellness	Tobacco Use Prevention	Quit Line: 4,306 callers	\$546,910 (MSA)
	Tobacco Free School Project	Policy adopted in 15 school systems (98 schools); 71,683 students protected from second-hand smoke	\$650,000 (MSA) \$453,451 (federal)
	Sexual Violence Prevention	52,302 students educated 2,066 hot line callers 228,465 educational materials distributed 1,035 professionals trained	\$772,982 (federal)
	Stroke and Heart Attack Prevention (SHAPP)	6,692 clients served	\$922,403 (federal)
	Adolescent Health and Youth Development	43,597 youth served 3,278 professionals trained 2,519 parents trained	\$4,981,771 (federal-TANF) \$111,576 (state)

Public Health

Maternal & Child Health Program (MCH)

The Maternal & Child Health program provided direct services (i.e., family planning, children with special health care needs, early intervention and WIC), population-based interventions (newborn screening), and supported the public health infrastructure by administering Title V MCH Services Block Grant funds to improve the health of mothers, children and families through education.

Core Services

- Universal Newborn Hearing Screening initiative
- Hemoglobinopathy
- Early Intervention
- Coordinated care for children with special health care needs
- Women, Infants and Children (WIC)
- Family Planning
- Regional Perinatal Centers
- Coordinated care and outreach for all children
- Prenatal care
- Health education including breastfeeding support, nutrition, SIDS prevention
- Oral health preventive services
- Children and Youth with Special Needs and Children Medical Services
- Quality Management

Expenditures

State - \$38,507,015
Federal - \$254,762,193
Other - \$942,817
Total - \$304,212,025

Numbers Served

- Population-based services for all deliveries of live births (~150,000)
- WIC serves approximately 350,000 annually
- Early Intervention serves approximately 6,000 annually
- More than 200,000 dental treatments annually
- Family planning serves approximately 150,000 annually

Major Accomplishments and Program Highlights

- Partnered with an external contractor to survey birth hospital procedures compliance with current Perinatal Hepatitis B standards
- Partnered with an external contractor to create a curriculum for new parent classes on the Hepatitis B vaccine birth dose
- Provided funds to purchase car safety seats for infants, children, and children with special health care needs
- Supported training for all Georgia State Troopers to become certified to help parents with child safety seats
- Supported and participated in a public/private partnership to implement a pilot of the School Health and Physical Education Act requiring fitness testing for students enrolled in physical education classes in grades 1 through 12 statewide
- Completed the Basic Screening Survey that provides data on the oral health of Georgia's children in third grade. The Georgia Basic Screening Survey also collected information on nutrition behaviors and body mass index
- Partnered with Medicaid to support outreach efforts for Planning for Healthy Babies, Georgia's Family Planning Waiver
- Completed focus groups and data analyses for the Title V MCH Services Block Grant Five-Year Needs Assessment

Public Health

Vital Records

The Office of Vital Records was responsible for the recording and preservation of 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 was also responsible for providing data to state and federal health and human service agencies, law enforcement, the courts and the military.

Core Services

- Upon request, provided certified copies of vital event certificates to registrant, family member, or other authorized parties
- Provided custodial birth and death certificates to counties
- Corrected, amended or established delayed registrations
- Provided data to state and federal stakeholders under Memoranda of Understanding (MOU)
- Maintained putative father registry under OCGA 19-11-9

Expenditures

For FY 2010: \$3,977,912

Numbers Served

Vital events registered annually: 300,000+

Requests for Certified copies:
36,733 online requests
75,673 mail-in requests
89,445 walk-in requests
Total 201,851 (2010 data)

In addition to the issuance of vital events certificates, the State Office is responsible for approximately 125,000 corrections and amendments to existing registrations, including paternity acknowledgments, legitimations, court-ordered name changes and adoptions occurring each year.

Major Accomplishments and Program Highlights

Vital Records eliminated the backlog of fetal death and Induced Termination of Pregnancy (ITOP) records in FY 2010 and mandated they be registered electronically. Georgia brought all forms into compliance with the National Center for Health Statistics (NCHS) standards. Birth certificates were developed to print on paper that was almost impossible to alter or forge. The backlog of 2008 and 2009 death certificates was almost completely eliminated. Deaths were reported electronically. Most original certificates were moved to the State Archives. The backlog of pending customer requests for certificates was reduced from six weeks or longer to two weeks. The legislature awarded the office \$3.8 million to procure a new statewide vital records information system.



Public Health

Public Health Laboratory (GPHL)

Established by the Georgia Legislature in 1905, the Georgia Public Health Laboratory provided screening, diagnostic and reference testing services to residents of Georgia through county health departments, public health clinics, private physicians, hospitals, other clinical laboratories and state agencies. GPHL was comprised of three facilities including the Central Facility/Decatur, the Albany Regional PH Laboratory and the Waycross PH Laboratory. All three GPHL facilities were licensed in Georgia and certified by the Centers for Medicare and Medicaid Services (CMS) under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Additionally, the Central Facility and Waycross PH Laboratory were certified by the Centers for Disease Control and Prevention and the U.S. Department of Justice as testing sites for bioterrorism Select Agents.

Core Services

- GPHL supported public health programs, assisted in controlling infectious diseases (i.e., bacteriology, immunology, mycobacteriology, mycology, parasitology, virology) as well as identified conditions such as metabolic diseases and hemoglobinopathies in newborns and lead poisoning in children
- GPHL supported state and national security by standing ready and capable of providing testing for both biologic and chemical threats
- All GPHL facilities performed rabies testing
- Regional Labs performed water testing for coliform and Central Facility performed fluoride proficiency for all water systems within the state

Expenditures

For FY2010 - GPHL expenditures of state funds were \$13,662,373.

Numbers Served

In FY 2010 - GPHL received 676,372 specimens for testing, performed 7,968,580 tests, examinations or determinations on the specimens received, and performed 302,804 Quality Control tests.

Major Accomplishments and Program Highlights

- GPHL implemented a billing system for infectious disease specimens, which had not previously been invoiced
- The Molecular Biology Unit responded to the H1N1 pandemic, testing 6,611 specimens for influenza including H1N1
- The Emergency Response Unit tested 89 specimens for agents of bioterrorism
- The Bacteriology Unit provided laboratory support in response to 86 outbreaks, including 68 for Salmonella, one for E. coli O157:H7 as well as a wide range of other organisms
- The Molecular Biology and Virology Units responded to 58 norovirus outbreaks by testing more than 170 specimens



Public Health

Emergency Preparedness and Response (EP&R)

Overview

Within the National Response Plan, public health coordinated and/or delivered medical, environmental health and mental health services; accessed or sought health-related private resources and supplements for overburdened health service delivery personnel and resources. In Georgia, EP&R prepared for and responded to emergencies, natural disasters and acts of terrorism that affected the health of individuals and communities within Georgia. EP&R worked with state agencies and partners in preparing for a unified response to events of public health significance and helped to ensure Georgia's communities were effectively prepared to respond.

EP&R collaborated with its partners to determine preparedness priorities at the state, regional and local levels; allocated resources to improve public health and health care systems' ability to respond to public health emergencies; worked closely with its partners to find ways of doing business efficiently and effectively; continually monitored data and emerging issues to effectively plan and prepare for emergency response; continually worked to improve its program by exercising its plans, evaluating lessons learned and sharing best practices; was committed to effective, proactive communication on emergency issues with staff, partners and the public; and helped bring together state, local and regional public health staff, health care providers and other partners to plan collaboratively for emergencies.

Within the Division, there are four programs: Emergency Preparedness (Public Health Emergency Preparedness and Hospital Preparedness), Emergency Preparedness Training, the Office of Emergency Medical Services (OEMS) and Office of Trauma and Injury Prevention.

Public Health Emergency Preparedness (PHEP)

PHEP, a fully federally funded program, provided guidance and assistance and grant-in aid to the 18 state Public Health Districts in

preparation for effective public health emergency response. This work assured that effective disease surveillance systems were in place statewide and that the health systems were developing surge capacity for the health system response. Planning, training and response were all integrated from the state to the health districts and local health departments in collaboration with the Hospital Preparedness Program (HPP).

Major Accomplishment

During the H1N1 pandemic influenza response, PHEP successfully pre-positioned antiviral drugs in hospitals, pharmacies, health departments and FQHCs throughout Georgia.

Hospital Preparedness Program (HPP)

As a fully federally funded program, HPP coordinated and funded preparedness activities, training, exercises, and communication throughout the hospitals, EMS, long-term care facilities, federally funded community health centers and public health. HPP partnered with multiple agencies including the Georgia Hospital Association, Georgia Healthcare Association, Georgia Association of EMS, Georgia Primary Healthcare Association, University of Georgia, Medical College of Georgia and many others. The program was funded by Health and Human Services, Assistant Secretary for Preparedness and Response, Hospital Preparedness Program. The strength of the program was the relationships that were formed, the planning activities, and the lessons learned from the multiagency, multidisciplinary exercises.

Major Accomplishments

Successful utilization of the regional coordinating hospital system for rapid distribution of antiviral drugs to Georgia hospitals.

Both PHEP and HPP worked together for the successful coordination of the receipt of 50 Haitian earthquake trauma patients to Georgia hospitals.

Public Health

Office of Emergency Medical Services (OEMS)

OEMS, a partially state-funded program, encompassed the entire pre-hospital emergency care and transportation realm within the state. This office licensed and regulated all public and private EMS service providers and approved training courses for EMS providers in Georgia. In addition, OEMS was responsible for service-level licensing and inspection of over 900 emergency vehicles including first responder trucks, basic, intermediate and advanced life support level ambulances and EMS helicopters. Innovative services included on-line continuing education, automated license renewal and license verification.

Major Accomplishment

OEMS implemented the new online recertification and fee payment system and the new online system for complaint management.

Trauma Program

This 100 percent state-funded program oversaw and regulated Georgia's statewide trauma system, which included all designated trauma centers. The Trauma Program provided support to the Georgia Trauma Care Network Commission and promoted performance improvement through review of trauma registry data which was hosted within this program. This program developed injury prevention and performance improvement in trauma care through the designated trauma centers. Georgia citizens benefited from an optimal trauma program which improved patient outcomes, reduced length of hospital stay and returned patients to a productive life.

Major Accomplishment

One Level 4 Trauma Center was upgraded to a Level 3 Trauma Center in Walton County, and a new Level 2 Trauma Center was designated in Clarke County.

Injury Prevention

The Injury Prevention Program prevented injuries by empowering state and local coalitions through the provision of data, training, and leadership, and the leveraging of resources for prevention programs. This program provided technical assistance in program evaluation and coalition building to local community groups, provided injury data to community groups and the public at large, distributed safety equipment such as child safety seats, bike helmets, smoke detectors and then disseminated training and educational information on proper use. It provided general support to local coalitions to promote safe and injury-free lifestyles and behaviors. The majority of injury prevention activities were primarily grant-driven with funding from the CDC, the Governor's Office of Highway Safety (GOHS) and the National Highway Traffic Safety Administration.

Major Accomplishment

The infant and child car restraint program and the smoke alarm programs were credited with saving many lives in Georgia.



Enterprise Support

- Operations
- General Counsel
- Financial Management
- Inspector General
- Information Technology
- Health Information Technology and Transparency
- Legislative and External Affairs
- Communications



Operations

Operations worked closely with internal stakeholders to provide the support necessary to execute DCH's mission and agency priorities. The division's mission was "to support, assist and guide internal and external customers in improving the health of Georgia's citizens."

In FY 2010, DCH had 1,631 full-time equivalent employees. Operations supported DCH's mission through the following offices: Office of Human Resources, Office of Support Services, Vendor Management, Grantee/NET Management, Office of Procurement Services, Purchasing, Grant Administration and Quality Assurance. Through its Health Initiative Programs, the division supported Georgia's health care safety net. The Georgia Volunteer Health Care Program (GVHCP), State Office of Rural Health (SORH) and Health Improvement Programs provided Georgia's low income families, children, pregnant women, seniors and persons with disabilities access to programs and services that supported Georgia's uninsured and underinsured people. While state and federal fiscal realities influenced the effect of its safety net programs and the division's ability to protect its most vulnerable citizens, programs led by the Operations Division accomplished much during the fiscal year.

Accomplishments

During FY 2010, Operations was a major contributor to the agency's mission critical priorities. It:

- Served as a business lead during the design, development and implementation of the state's Medicaid Management Information System (MMIS) and the transition to a new fiscal agent, HP Enterprise Services
- Supported the governance structure, launched readiness assessments, provided input on performance reporting subject matter expertise to functions that were aligned to it (i.e., provider training, call center and business reporting)

- Reorganized to support administrative functions that transitioned as a result of HB 228 and SB 433, including Human Resources, Procurement Services, Grant Administration and Support Services
- Assumed responsibility for the purchasing functions for the enterprise, previously administered under Financial Services. In doing so, Operations led the transition to Team Georgia Marketplace (TGM), considered a critical priority for the state's top spending agencies. DCH migrated to the e-sourcing platform in March 2010. Thus, DCH standardized components of its strategic sourcing program, analyzed its spending, better managed its costs and automated its sub-processes. When collaboratively linked and executed, e-sourcing drove savings, spending visibility and sourcing excellence
- Launched agency's Workforce Development Project and established an interagency project team to design an enterprise work plan that addressed talent management and acquisition
- Developed the Agency's Strategic Planning process and the update of its Annual Implementation Plan, along with the assembly and tracking of performance measures
- Received \$2.5 million in federal funds through its SORH Migrant and Seasonal Farmworker Program. The funding enabled the program to administer 29,316 patient encounters. Collectively, Health Initiative Programs provided 79,390 encounters in FY 2010
- Promoted training to more than 1,100 employees using a competency-based curriculum through its Office of Human Resources
- Issued performance assessments for 100 percent of all DCH's qualifying contracts valued at \$465,683,932.22 through its Office of Vendor Management. The Metcalf Davis/Mauldin & Jenkins' Financial Audit commented favorably on Vendor Management's business practices, the strides made to ensure that all DCH's contracts were monitored, and that contractors were held accountable for performance

Operations

- Provided oversight and administration of the Department's Non-Emergency Transportation (NET) program, which provided 262,916 unduplicated Medicaid members with 3,104,756 completed trips. Medicaid members who accessed services under this program required medical care but had no other means of transportation
- Developed and released the Men's Health Report that assessed the health status of Georgia's men
- Completed Phase I of its Wildly Important Goal to develop an Operations Procedure Manual comprised of policy and procedures documents for all the various units within Operations. The team made excellent progress in FY 2010

Office of Human Resources (OHR)

OHR provided the full range of human resource services including talent acquisition, new employee onboarding, records management, classification and compensation administration, benefits coordination, employee relations management, performance management administration and staff training and development. OHR served as a strategic partner for the agency, working with all divisions to optimize human capital performance to support the DCH mission. OHR led the creation of the DCH 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 Development Phase of the Department's first Succession Plan. In FY 2010, the nine-member group of succession planning candidates completed

the development requirements and graduated from the Leadership Development program. Staff development was a major OHR focus in FY 2010 as the team trained more than 1,100 staff using its competency-based curriculum and in-house trainers. All associated workforce planning development activities raised awareness of DCH staff's value and the critical roles they played in reaching desired mission-critical outcomes. In FY 2010, DCH OHR honored 70 employees with Faithful Service Awards.



Operations

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 services, records retention, parking and fixed asset administration. The office supported geographically diverse 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 through staff. In FY 2010, OSS:

- Coordinated the physical move of PH staff to the 33rd Floor for Financial Services and IT
- Partnered with the Georgia Building Authority (GBA) to transition all parking cards to the updated access control system
- Worked with GBA to develop the first unified Emergency Evacuation Plan that considered the entire building and all of downtown
- Coordinated the mail services within DHS to continue the services to Vital Records and PH Lab buildings
- Initiated the Generated Project for Emergency Preparedness to provide power to the EOC in case of a power outage; project to be completed in 2011
- Initiated the transition of certified mail process to an electronic system expected to save between \$15,000 - \$20,000 in annual mail expense
- Transitioned all fleet vehicles to use the WEX (Fuel Card) and ARI (maintenance) systems to better manage the fuel usage and maintenance records of all vehicles

- Consolidated documents to eliminate the cost of two storage spaces from the lease agreement
- Continued to work with GTA to find cost-saving initiatives in telecommunication services to include policy changes and billing methods



Operations

Vendor Management Office (VMO)

With increased outsourcing and heightened regulatory requirements, vendor management policies and procedures were developed and executed in 2008 to incorporate best practices in vendor monitoring as well as to address lessons learned from prior monitoring experiences. 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.

In FY 2010, the VMO issued performance assessments for 100 percent of the agency's applicable contracts and received business owner responses on 95 percent of all its active performance-based contracts. This included 116 contracts valued annually at \$465,683,932.22.

Also noteworthy was that several business owners' actions and escalations resulted in the Department recouping \$958,973.01 in damages from contractors in response to identified performance and contract compliance issues. DCH used liquidated damages not to punish contractors but rather to ensure contract compliance with terms, conditions and performance guarantees. The goal was to prudently administer and closely monitor resources funded with taxpayer dollars, while maintaining the best value and quality for mission-critical services. 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. VMO staff invested 21 hours in conducting the 32 training sessions during FY 2010.

Table 12: Summary Grant Awards FY 2010

Summary - Grant Awards - July 1, 2009 - June 30, 2010	
Total Grant Awards	138
Number of Competitive Grants	62
Number of Direct Awards	76
Award Amount Ranges	\$7,000 to \$1.2 million
Total	\$8,580,980.32

Source: Georgia Department of Community Health Grant and Vendor Management, 2010

Office of Procurement Services (OOP)

OOP purchased supplies, materials, equipment and services for health benefit programs within DCH including Medicaid, PeachCare for Kids, PH, SHBP and the Health Initiative programs. The office provided information about procurement regulations and requirements to staff and worked cooperatively with other divisions interfacing in the contract/grant life cycle. In FY 2010, DCH posted and supported 99 formal competitive solicitations and 85 grants totaling approximately \$26,646,296.

OOP assisted in establishing a statewide electronic sourcing tool as part of its Procurement Transformation Initiative. Team Georgia Marketplace provided a mechanism for paperless processing beginning with requisitioning throughout the contract life cycle. The solicitation process proposed to automate solicitation development and vendor proposal preparation in a shared document/data environment, while improving the administrative ability to create and track team and individual metrics. Before the end of the fiscal year, more than 20 solicitations were processed using the new technology.

Operations

Grantee Management and Non-Emergency Transportation (NET) Services

The Grantee Management and Non-Emergency Transportation Services team provided oversight for DCH's grant administration processes. Grantee Management Services was implemented July 1, 2009 to govern the how DCH conducts the examination of grantee and grant-related activities and to report on compliance with grant requirements. During FY 2010, Grantee Management Services:

- Completed a 100 percent review of awarded grants initiated in the Grantee Management Database; and
- Monitored the expenditures of the ARRA Capital Improvement Program (CIP) and Increased Demand for Services (IDS) Program grants.

Grants managed under the program were awarded through a competitive bidding process resulting in the grant agreements with community partners.

Staff also monitored the state's NET program. In FY 2010, 262,916 unduplicated Medicaid members used NET services. Services managed by brokers resulted in 3,104,756 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. The office received and administered \$10,832,706 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, \$7,504,636 was from federal and \$3,328,070 was in state funding. Two grants received under ARRA sustained another year of funding: the Increased Demand for Services Grant (6HBCS11638-01-01) and Capital Improvement Grant (1C81CS13688-01-00), which provided much-needed resources to support the Georgia Migrant Farmworker Program. Both accounted for more than 42,000 enabling medical encounters.

Additional highlights are listed below:

- \$2.5 million received during Year 2 to fund the Emergency Room Diversion Grant (Centers for Medicare and Medicaid Services)
- \$1.5 million for the Federally Qualified Health Care Center (FQHC), New Site Development and Behavioral Health
- \$100,000 for the Southeastern Firefighters Fund
- Through the Health Resources and Services Administration the National Health Services Corps (NHSC) program, funding was provided for loan repayment/scholarships to 67 clinicians serving underserved areas of Georgia. The program allowed placement at an approved site in a Health Professional Shortage Area (HPSA)
- 25 J-1 physicians serving Georgia's underserved areas in 32 counties were recruited through the J-1 Visa Waiver Program

Operations

- 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 \$472,232 for a total of \$964,645 to rural Georgia providers

Office of Health Improvement (OHI)

The mission of the Office of Health Improvement (OHI) was to "lead in the elimination of health disparities, resulting in a healthy quality of life for all Georgians." OHI consisted of the Commission on Men's Health, the Office of Women's Health, the Office of Minority Health and the Georgia Volunteer Healthcare Program. OHI also had the support and expertise of the Minority Health Advisory Council, the legislatively created Women's Health Advisory Council and Georgia Commission on Men's Health. Through its various programs and outreach initiatives, the OHI touched more than 25,000 lives.

During FY 2010, the OHI executed several areas of its Strategic Plan. The five-year action plan provided for empowerment and direction for the OHI in realizing the vision and the priorities of the DCH, eradicating health disparities and improving the health of all Georgians. OHI centered its work on four major disease disparities in Georgia: 1) cardiovascular disease; 2) cancer; 3) diabetes; and 4) HIV/AIDS. Work for 2010 offered unique opportunities to strengthen access, increase resource allocation and improve health outcomes in support of the DCH mission.

Specific highlights for OHI included:

Commission on Men's Health - The Georgia Commission on Men's Health released its *Men's Health Report: A Comprehensive Look at the Status of Men's Health in Georgia*. The report analyzed the health of Georgia's men compared to women in the state and that of other men across the United States. The report generated constructive conversation about the alarming statistics men face health-wise in Georgia. The report was distributed at various men's health fairs and seminars. It was requested by various advocacy groups and out-of-state organizations promoting men's health. Additionally, a dedicated link was added to the DCH website (www.gacomh.com) to further promote men's health issues.

Office of Minority Health (OMH) - OHI and its Minority Health Advisory Council developed a Hospital Survey Addendum that was administered as a part of the DCH Annual Hospital Questionnaire to assess the state health system's ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of the population.

The OMH successfully acquired a \$37,000 grant from John Snow Inc. to participate in the *State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda*. The monies were used to fund the Communities Addressing Racial/Ethnic Disparities Initiative to bring attention to data gaps in the health status of Asian-Americans in Georgia. In partnership with the Center for Pan Asian Services Inc., and Morehouse School of Medicine, National Center for Primary Care, data was gathered and compiled through the Georgia Asian-American Health Access Survey (GA-HAS) to develop a full report.

Operations

In April 2010, the Georgia Health Equity Grant recipients' symposium shared best practices and communicated overall project results. Between 2008 through 2010, 17 community health partners reached more than 132,000 minorities, underserved and underinsured persons in Georgia.

Partners of the Health and Human Services, Office of Minority Health Take Action Keep Educated Communities of Practice (TAKE) and Project Stronger Together Collaborative Technical Assistance and Capacity Building grants collaborated on several community-building activities to develop cohesive delivery of HIV/AIDS services across the state. The program hosted its second annual Day of Communication and HIV/Capacity Development and Technical Assistance Summit at the Georgia State Capitol.

Office of Women's Health - The Georgia Access to Care, Treatment and Services for Women with Breast Cancer Grant Program (ACTS) initiated a second round of community grants promoting breast health, prevention and treatment for indigent women.

Additionally, the office partnered with PH's Breast and Cervical Cancer Program to enable health departments to provide additional breast cancer screenings and diagnostic follow-ups with the use of Breast Cancer License Tag Funds. The funds were dispersed to health districts and distributed through the county health departments to areas where health disparities in breast cancer were highest. Funding for the program was made possible through receipts from the Breast Cancer License Plate fund.

The Georgia Volunteer Health Care Program (GVHCP) - The GVHCP added more than 60 clinics and more than 8,000 volunteers (clinical and non-clinical) to its network and resources which provided care to Georgia's uninsured. The program released a more streamlined administrative process and received approval through the Composite State Board to allow volunteer hours to contribute

toward continuing education requirements for physicians, dentists and dental hygienists.

Table 13: GVHCP FY 2010 Performance Data

Total number of patient visits	87,695
Total number of active licensed volunteer health care providers	2,420
Total number of licensed volunteer health care provider hours	72,600
Total dollar value of services performed by licensed volunteer health care providers	\$13,443,100
Total number of active DCH volunteers (Eligibility Specialists)	1,163
Total number of DCH volunteer hours (Eligibility Specialists)	31,401
Total dollar value of services performed by DCH volunteers (Eligibility Specialists)	\$624,531
Total number of general administrative volunteers	4,044
Total number of general administrative volunteer hours	117,276
Total dollar value of services performed by general administrative volunteers	\$2,272,728
Total value of services performed under the Georgia Volunteer Health Care Program	\$16,340,359

General Counsel

Overview

In FY 2010, the Office of General Counsel housed the Contracts Administration Section, Medicaid Legal Services Section, Medicaid Provider Enrollment Section, the Division of Health Planning, Public Health Legal Services and provided legal counsel for the SHBP, SORH, OHI and HFR. In addition, the Office of General Counsel was responsible for DCH's compliance with health information privacy and security standards, ethics and the interpretation of the Georgia Public Records Act.

The division provided legal services to every component within DCH; managed the contracting process; 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 from hospitals, nursing homes, home health agencies, diagnostic, treatment or rehabilitation centers and personal care homes; obtained utilization, supply data and financial information; administered the Certificate of Need (CON) program; reviewed architectural plans for health care facilities; monitored proposed legislation for possible impact on DCH; and updated DCH Rules and Regulations with the Secretary of State.

The Office of General Counsel 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 Office of General Counsel conducted legal research, provided legal advice and suggestions about 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, SORH and Georgia Volunteer Health Care Program Counsel

An attorney within the Office of General Counsel provided legal services as requested by 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 when requested.

The Office of General Counsel also provided legal assistance to the GVHCP by assisting in the development of 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, determination of the effect of bankruptcy actions filed by entities that were receiving or had received support from SORH and other legal 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 Farm Worker clinics and homeless health programs.

General Counsel

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 state and federal law to be conducted by a DCH Administrative Hearing Officer. The Office of General Counsel provided an attorney experienced as an administrative hearing officer to conduct those proceedings. This attorney served in two basic judicial-like capacities for DCH. One was as an Administrative Hearing Officer who conducted in-person hearings that included the taking of the sworn testimony by witnesses, the introduction of evidence, making rulings on various legal motions and subsequently issuing the Final Agency Decision. The other role was conducting Agency Reviews (as delegated by the Commissioner) when an Initial Decision issued by OSAH was appealed by either party. These reviews required a complete reading and analysis of the OSAH proceeding and the assessment of the legal arguments subsequently provided by the parties. When available, the digital recording of the OSAH proceeding was examined. The conclusion issued became the Final Agency Decision of DCH.

Compliance Office

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

Privacy and Security

The Privacy and Security Best Practices Initiative began in 2007 and continued in FY 2010, featuring:

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

Training

The Director of Compliance presented training programs for DCH staff on ethics, privacy, security and public records. Training was continuous, not a one-time event. Training modules were made available online with competency testing. Continuing training of the entire DCH workforce was mandated by the HIPAA Privacy and Security Rules.

Policies and Procedures

To make policies and procedures effective, training for staff routinely followed the introduction of new policies or any material changes to existing policies. The training 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 2010, the committee reviewed several policies. The committee was composed of representatives from the various divisions within DCH. Committee members were heavily engaged in the development and testing of

General Counsel

the new MMIS, causing limited time to be available for policy development. Ongoing functions of the Compliance and Ethics Officer and the committee included:

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

Privacy and Security

DCH was subject to the mandates of the Health Information Portability and Accountability Act (HIPAA) of 1996. Compliance by DCH and its contractors with HIPAA Privacy and the Security Rules was a continuous concern to DCH. Considerable effort was expended to maintain DCH's compliance with all state and federal privacy and confidentiality requirements.

Public Records

Compliance with Georgia's Inspection of Public Records law continued to present increasingly complex issues. During FY 2010, DCH received and responded to more than 500 requests for records under the law, O.C.G.A. § 50-18-70, et seq. 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. 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 2010 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 Office of Inspector General/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. A major function of the section was the representation of DCH in administrative hearings. From July 1, 2009, through June 30, 2010, Legal Services resolved 868 member and provider appeals and the section received 656 new requests for hearings. The General Counsel Division expects an exponential increase in the next year as the section continues to process all of its administrative appeals and to adjudicate all existing cases. The advent of changes at the federal level may significantly increase the section's caseload.

With the addition of the new Division of PH, 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 DCH at hearings conducted by OSAH. The Legal Services Section was responsible for drafting and reviewing proposed policies in Medicaid and PeachCare for Kids manuals to assure compliance with legal requirements. During FY 2010, the section drafted or reviewed a number of significant policy revisions

General Counsel

including general administrative review policy and General Part I, Policies and Procedures for Medicaid/PeachCare for Kids manual. In addition, the section provided guidance on legal matters associated with the implementation of the new MMIS and provided guidance on managed care legal issues.

Medicaid Provider Enrollment

The Provider Enrollment Section was under the supervision of the General Counsel Division. 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 2010, the Medicaid Provider Enrollment Section processed approximately 35,000 Georgia Medicaid/PeachCare for Kids program initial applications, as well as additional location and change of ownership applications.

The Provider Enrollment team:

- Reviewed enrollment application and update requests
- Assisted the Managed Care Offices and Georgia Families in the registration of service providers to obtain encounter data to evaluate the effectiveness of the managed care program
- Updated correspondence records with the MMIS vendor; and
- Served as subject matter experts for the design, testing and implementation of the provider sub-system, the web portal and other key components of the new MMIS



General Counsel

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. All providers were required 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 2010, Provider Enrollment for GBHC:

- Reviewed network termination requests to evaluate the impact upon assigned members and determined how and when the provider file would be terminated
- Reviewed updated provider and member file requests to determine the impact on members and validated 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 the MMIS vendor
- Reviewed and generated referrals for requested providers on a case-by-case basis
- Served as subject matter experts for the design, testing and implementation of the provider sub-system, the web portal and other key components of the new MMIS

Office of Health Planning Certificate of Need (CON) Program

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 that 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.

Health Planning reviewed and issued Letters of Non-Reviewability for physician-owned, single-specialty ambulatory surgery centers and major medical equipment, both of which are 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 CON function. Prior approved project proposals had statutory and regulatory mandated beginning and completion schedules that ensured 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 2010, 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 used by the CON program, the health planning function of the office and various other sections within DCH. It also managed the ongoing implementation of the

General Counsel

office's Document Managing System. The office also administered the Patient's Right to Independent Review Program, mandated by O.C.G.A. § 33-20A-31 et seq., which gives members of health maintenance organizations and other managed care plans the right to appeal an insurer's decision that denied coverage for medical services. Over the past several years, the number of requests for review that this section processed has escalated.

Contracts Administration

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

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. During FY 2010, the section managed 670 contracts, handled 184 contract renewals and extensions, and processed 60 contract terminations.

Contracts Administration conducted 19 training sessions for DCH Project Leaders and staff on the contracting process and responded to the needs of DCH Project Leaders about contract interpretation, vendor compliance and dispute resolution.

In FY 2010, DCH integrated its purchasing processes with Team Georgia Marketplace (TGM), an electronic application that transformed state purchasing, procurement and contract management. During the planning phase, Contracts Administration participated on a core team, which included representatives from all other divisions affected by the TGM implementation. This team

modified DCH's business processes to maximize the capabilities offered by TGM while causing minimal disruption and maintaining compliance with state purchasing requirements. During the design and development phases, the section worked closely with TGM programmers to ensure the solution was adapted to DCH's contract needs.

Finally, the section implemented an electronic routing procedure, which significantly expedited the approval of draft contracts and allowed for greater collaboration between the Department's internal approvers. The ability to route contracts electronically also decreased time for drafting and review by section staff to ensure the Department's agreements continued to meet their Performance-Based Contracting mandate to maximize vendor performance and increase vendor accountability.

Public Health Legal Services

The Public Health Legal Services Office (PHLSO) was comprised of three attorneys: a director responsible for the overall legal matters for the PH, one attorney who handled the Women, Infants and Children program, and another dedicated to public health contracts and several programs within PH.

The office:

- Provided advice on daily issues facing division leadership and internal programmatic staff
- Assisted the Department with the transition of PH from DHR to DCH, which was mandated through Act 102 of the 2009 Georgia General Assembly. Among other things, this required substantial review of policies and procedures to ensure consistent action across agencies
- Provided guidance on the day-to-day activities and programmatic mandates for PH's numerous sections

General Counsel

- Advised the district health directors on a variety of matters ranging from personnel issues and interpreting laws to implementing division policies

Throughout the year, the PHLSO advised public health's sections and leadership on a plethora of daily activities, which encompassed a wide range of issues. Some of the highlights included work in the following areas:

- Advised division and Departmental leadership on emergent and policy matters
- Served on Environmental Health's Soil Classifiers and Soil Scientist Advisory Committee and the Certification Review Committee
- Reviewed and made recommendations on individual certifications
- Assisted with Epidemiology's amended rules and regulations to add to the notifiable disease list
- Provided input to legislative staff concerning the potential effect of proposed legislation
- Worked with HPDP including advising on matters concerning the Smoke-Free Air Act
- Supported IDI's efforts to increase immunization among Georgians by assisting with policies, agreements and monitoring activities
- Assisted with efforts to contain clients who were non-compliant with TB treatment orders
- Supported Maternal & Child Health's newborn screening program; Women, Infants and Children vendor compliance and

policy matters; and Babies Can't Wait program

- Worked closely with Human Resources to resolve division's personnel matters
- Responded to inquiries from the Office of Pharmacy concerning interpretation of pharmacy laws
- Assisted State Health Laboratory with handling records requests and contracts
- Reviewed Vital Records' petitions to amend birth records, declaratory judgments and constituent inquiries
- Worked with DCH Communications Office on issues affecting public health
- Participated in Emergency Preparedness's program to educate judges and other stakeholders in the event of an emergency
- Advised Office of Nursing on policies and matters involving district health directors' activities
- Assisted Emergency Medical Services with legal guidance concerning its rules, regulations, policy reviews and sanctions against emergency medical personnel

PH had many legal mandates through state and federal laws. Additionally, vast numbers of internal and external stakeholders relied upon legal advice from PHLSO on a broad range of issues throughout the year.

General Counsel

Institutional Review Board (IRB)

The IRB was housed in PH, but its oversight fell within the Office of the General Counsel. As it was constituted, the IRB functioned as a multi-agency board for DCH, DHS and DBHDD pursuant to a Memorandum of Understanding. The IRB was charged with assuring that the rights of human subjects in research activities conducted or sponsored in association with these departments were protected as outlined in federal and state policies and regulations. The IRB was structured and operated in accordance with guidelines for the protection of human subjects identified in 45 Code of Federal Regulations (C.F.R.) 46 and 21 C.F.R., Part 50 and general standards for maintaining an IRB indicated in 21 C.F.R., Part 56. The Board was guided by the ethical principles set forth in the publication: *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. The activities of the IRB were subject to audits by the FDA and the Office of Human Research Protections, both part of the U.S. Department of Health and Human Services. DCH had to meet the federal requirements for an IRB to continue to receive specific funds for the advancement of its work.

Research projects involving human subjects had to be submitted to the IRB for review and approval prior to the project's initiation. The review process was intended to assure that research was sound and likely to have involved greater benefits than risks to subjects. Approval of research projects was based on the determination that all aspects of the project would be performed in accordance with the minimum

standards enumerated in the policies of the IRB and other applicable regulations. The Board had the authority to suspend or terminate approval for research projects when certain requirements were not met. The review process and authority given to the IRB also protected DCH from liability resulting from improperly conducted research.

The IRB was composed of representatives from DCH, DHS and DBHDD, as well as members who are not affiliated with the departments, including at least one community representative. The IRB reviewed 183 studies from January 1 to December 31, 2010, of which 43 were new proposals and 113 studies were reviewed for continuing approval. Twenty-seven studies were completed and closed by the end of 2010.



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 the division'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 division was composed of four units: Office of Planning and Fiscal Analyses, Financial Services, Reimbursement Services and the Budget Office.

The Office of Planning and Fiscal Services

This office 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 and other federal funding. This unit prepared annual financial statements for the agency and ensured 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 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 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 Analyses and Financial Services in budget development and expenditure monitoring, respectively.

Accomplishments

In FY 2010, 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.

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 2010, OIG was involved in recovering approximately \$23,671,972, including overpayments to Medicaid providers and global settlements. These monies were actual recoveries. OIG opened 2,036 Medicaid/PeachCare for Kids cases and closed 2,299 total cases. Fifty-six were referred to the State Health Care Fraud Control Unit.

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 unit's purpose 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 (SHCFU) and member cases were referred to local law enforcement or the district attorney's office located within the jurisdiction 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. SHCFU 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, coordinated, monitored and assisted in all internal and external audits and reviews 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 audits. They also helped write, implement and follow up on corrective actions as the result of audits. The staff then wrote letters of agreement or disagreement related to audits or findings to the initiating entity.

Information Technology

Overview

The Office of Information Technology (IT) was composed of three units: (1) 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; (2) the SHBP unit which supported Membership Enrollment Management System (MEMS) that provided health insurance coverage to SHBP members; and, (3) The Information Technology Infrastructure (ITI) unit.

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), currently known as Hewlett Packard Enterprise Services (HPES). Since that time, the MMIS team has conducted Design, Development and Implementation (DDI) for a new MMIS while simultaneously maintaining the legacy MMIS. Approximately 20 System Analysts worked more than 52,000 hours to test 32 MMIS business areas by executing 12,000 test cases. Additionally, the MMIS project team included more than 100 subject matter experts (SME) from the various DCH divisions and offices. The new MMIS, the most complicated and important IT project in Georgia, began live operations on November 1, 2010.

SHBP

The SHBP Unit continued to support the state's active and retired members. This unit executed 32,803 batch jobs, maintained 557 interfaces and completed 249 enhancements to improve customer service and system performance.

Additionally, the team assisted the State Personnel Administration with its HPES implementation by providing verified dependent information, Total Rewards information and User Acceptance testing.

Open Enrollment for SHBP was completed on schedule.

ITI

DCH staff continued to work on transformation efforts resulting from continued implementation of the Georgia Enterprise Services Technology (GETS) initiative. GETS involved 12 executive branch agencies and was geared toward saving money and improving service in IT network support, end-user computer support and server consolidation. Since the inception of GETS, DCH ITI was reduced from 13 full-time employees to two. Nevertheless, they have maintained desktop computer support and various other IT operational services for more than 500 DCH employees.

DCH IT maintained vigilance in Information Technology Security. Security assessments were conducted for the new MMIS during the \$57 million development phase. This ensured full HIPAA-compliance to protect personal health care information for more than 1,500,000 Medicaid members.



Office of Health Information Technology and Transparency

Overview

During FY 2010, the Office of Health Information Technology and Transparency (OHITT) 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. The OHIT objectives included:

- Completing the Health Information Exchange (HIE) Pilot Grant Program started in FY 2008
- Growing and maintaining the Transparency (georgiahealthinfo.gov) website
- Planning for the organization and implementation of a statewide HIE to allow critical patient care information to be shared between unaffiliated providers and hospital systems
- Planning for the implementation of the Medicaid Incentives Program (MIP) for eligible Medicaid providers to adopt, implement or upgrade their electronic health records (EHR) technology
- Educating providers and consumers on the value of HIT, HIE and EHR

Health Information Exchange Pilot Grant Program

Grantees under the HIE Pilot Program submitted final reports to OHIT on their programs, which were then compiled in the Final Report of the Georgia HIE Pilot Program describing the accomplishments and lessons learned from the pilots. This information was shared with other organizations implementing their own HIEs.

Table 14: HIE Pilot Programs – 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 2010 Annual Report

National HIT Leadership

The DCH Privacy Officer, an expert on privacy and HIPAA, served as a guest speaker and panelist at the Workgroup for Electronic Data Interchange Conference and other HIPAA-related events.

DCH staff from OHITT participated in numerous national, regional and local conferences, some of which included invitations to make presentations on the state's health IT initiatives and progress.

Health Information Technology and Transparency

Other Completed Projects

The National Health Museum Kiosk collaboration project in Blakely, Georgia, was a highlight in FY 2010. In conjunction with the National Health Museum in Atlanta, OHITT arranged for the placement of a "Personal Health Advisor" kiosk in rural southwest Georgia. This kiosk enabled individual users to complete health knowledge assessments and to improve their awareness about certain health conditions including diabetes, heart conditions and other health issues such as high blood pressure, excess weight, vaccinations and sexually transmitted diseases.

Continuing Activities Georgia Statewide HIE

In January 2010, the Office of the National Coordinator for Health Information Technology (ONC) approved DCH's application to participate in the State Health Information Technology Exchange Cooperative Agreement Program. The ONC awarded \$13,000,003 to DCH to facilitate the development of an operational statewide Health Information Exchange (HIE) that would serve all of Georgia. OHITT expanded its efforts to work with stakeholders across the state toward this purpose.

In March 2010, the Health Information Technology and Transparency Advisory Board issued its recommendations for the statewide HIE. The board provided guidance through four subcommittees: Business and Technical Operations, Technical Infrastructure, Legal and Privacy, and Governance and Finance.

The board recommended that the statewide HIE be governed by an organization that would be neutral and representative of all stakeholders and that the strategic plan for the HIE encompass a "consensus-driven vision" consistent with federal mandates and other state HIT initiatives.

After receiving the board's recommendations, OHITT proceeded with planning for the statewide HIE. An environmental scan was conducted to assess the state of health information technology in Georgia. Using the information from the environmental scan and input from stakeholders, OHITT developed the strategic and operational plan for a statewide HIE. The plan, submitted to the ONC for approval, met the requirements set by the State Cooperative Agreement with the Department of Health and Human Services and addressed the HIT Advisory Board's recommendations.

Medicaid EHR Incentives Program

DCH, through OHITT, was responsible for the administrative oversight of the Medicaid EHR Incentives Program. This program administered the distribution of incentive payments to eligible Medicaid providers. The payments, 100 percent federal funds, were to be made to eligible providers who adopted, implemented or upgraded their certified EHR technology. Eligible providers included physicians, dentists, nurse practitioners and certified nurse midwives who met a minimum patient Medicaid patient volume threshold of 30 percent, except for pediatricians who had to meet a 20 percent patient volume threshold. All children's hospitals were eligible for the program regardless of Medicaid patient volume. Critical access and acute care hospitals must have had a Medicaid patient volume of 10 percent or more. Medicaid incentive payments to providers in Georgia begin in 2011.

The State HIE Cooperative Agreement Program and the Medicaid EHR Incentives Program were ongoing multi-year programs.

Legislative and External Affairs

Overview

The Office of Legislative and External Affairs served as DCH's primary point of contact for all activities regarding the Georgia General Assembly and the annual Legislative Session. During the Session, the DCH legislative unit analyzed bills and shaped legislative strategies about Medicaid, PeachCare for Kids, 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 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.

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 about the Medicaid program.



Communications

Communications was responsible for DCH's internal and external communications outreach at local, state and national levels. This included the development, implementation and measurement of public and media relations activities, program promotional campaigns, interactive web and social media tools, collateral and other graphic materials, employee communications and customer service initiatives.

In FY 2010, the Communications Office produced 41 press releases, three bylines and proactively pitched stories featuring DCH programs and services including the *Shoo Flu Shoo* art contest, the monthly health observances and health information technology privacy and security outreach. The team also responded to numerous incoming media inquiries and marketed programs to the general public including Georgia WIC, Money Follows the Person and the 2009 H1N1 and seasonal flu vaccines. Proactive efforts and press office response resulted in the media producing 509 DCH-related articles, of which 93 percent were positive or neutral and seven percent were negative. Positive press was driven by proactive outreach and prompt response to media inquiries.

The team also launched DCH's social media accounts on Twitter and Facebook to complement its traditional public relations and communications tactics. A DCH YouTube channel was also established for viewing training videos and presentations.

The office was also involved in the following projects:

- Developed and led the external and internal communications strategy including rebranding for the transition of PH and Office of Regulatory Services into DCH
- Created the *Roll Up Your Sleeve* campaign for the 2009 H1N1 flu pandemic, which included the *Shoo Flu Shoo* art contest that received National Public Health Information Coalition Bronze Award for Excellence in Public Health Communications

- Developed a WIC advertising campaign to increase the overall number of WIC participants; campaign included billboards, public service announcements, posters, flyers, magazine ads and signage in public transportation venues throughout the state
- Trained the majority of DCH staff in the Art of Exceptional Customer Service and gained recognition from the Governor's Office of Customer Service
- Recognized by the Governor's Office of Customer Service for Outstanding Recognition Program
- Nominated three people for Governor's Customer Service Commendations in FY 2010 and all those nominated won
- Created agency's first internal communications plan, including internal newsletter, Intranet consolidation and migration, and weekly event calendar for all staff

To fulfill the Governor's request that DCH develop and carry out Customer Service Initiatives for FY 2010, 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
- Sponsored numerous training opportunities such as:
 - ◆ Programmatic Lunch and Learn seminars since November 2006
 - ◆ The second half of DCH's employee customer service training initiative

Note: At the end of FY 2010, 97 percent of DCH staff had taken The Art of Exceptional Customer Service training

Communications

- Ascertained customer satisfaction among users of georgiahealthinfo.gov website. Participants were surveyed to measure the overall user experience. Customer satisfaction was ranked at 80 percent.
- Enhanced access to affordable and quality health care services and improved health outcomes for Georgia Medicaid members by conducting Rapid Process Improvement (RPI) projects through the Customer Service Initiative:
 - ◆ 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 it 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 PH 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 and reduced the number of days in processing from 65 to 56



More DCH

- Attached Agencies
- Appendices
- Tables
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Attached Agencies

In addition, the following five administrative agencies were attached to 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.

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 help support trauma patient care and transport by Emergency Medical Services.



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 was 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 FPL 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 were per hour and were offered as a suggested guideline for participating clinics to use in estimating the value of volunteer services received. Reported value of hours may not have exceeded these hourly rates:

Table 15: Estimated Values of Volunteer Services

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

Source: GVHCP quarterly reports

Appendix I: Georgia Volunteer Health Care Program

Table 16: 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 <i>Total number of contracted and non-contracted volunteer providers that were actively participating in the program</i>	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 <i>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</i>	\$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: <i>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</i>	\$206,411
Total Number of Active DCH Volunteers (Eligibility Specialists) <i>Included only DCH volunteers who had approved Enrollment Applications on file and were trained to complete the Financial Eligibility and Patient Referral Forms</i>	751
Total Number of DCH Volunteer (Eligibility Specialists) Hours <i>Indicated the hours contributed by DCH volunteers responsible for completing Financial Eligibility and Patient Referral Forms</i>	20,707
Total Dollar Value of Services Performed by DCH Volunteer Eligibility Specialists	\$403,997
Total Number of General Administrative Volunteers <i>Volunteers who performed general duties such as answering telephones, making copies, filing patient records, repairs, etc.</i>	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 <i>Donations included items such as monies, pharmaceuticals, eyeglasses, labs, X-rays, equipment, etc., did not include grants</i>	\$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

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 care¹
- Nursing home provider fees²
- CMO quality assessment fees³
- Penalties related to the non-compliance of CON requirements⁴
- Ambulance license fees
- Fees collected from the sale of Breast Cancer License Tags⁵

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 DSH program (also Medicaid).

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

¹OCGA 31-8-153

²OCGA 31-8-163

³OCGA 31-8-172

⁴OCGA 31-8-153.1

⁵OCGA 40-2-86.8(f)(1)

⁶OCGA 31-8-156(a)

⁷OCGA 31-8-156(c)

- 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 state⁸

There are three exclusions:

- Georgia statute requires Nursing Home Provider Fees be remitted to the ICTF to be matched with federal Medicaid funds and made available for the provision of support to nursing homes that disproportionately serve the medically indigent⁹
- Georgia statute requires Care Management Organization (CMO) Quality Assessment (QA) Fees be remitted to the ICTF 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 fund¹⁰
- 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 that it funds

⁸OCGA 31-8-154

⁹OCGA 31-8-166

¹⁰OCGA 31-8-174(a)

Table 17: Sources of Revenue, Indigent Care Trust Fund FY 2010

Sources of Revenue for FY 2010	FY 2010
Federal Medicaid Disproportionate Share Hospital (DSH) Funds	\$296,941,067
Matching ARRA Federal Medicaid Funds for DSH	3,852,376
Intergovernmental Transfers from Hospitals for DSH	131,949,000
Prior Year State General	13,718,822
State Funds for DSH	17,893,729
<i>SUBTOTAL for DSH</i>	\$464,474,994
Breast Cancer License Tag Fees	\$898,752
Prior Year Reserves from Breast Cancer License Tag Fees	2,960,200
<i>SUBTOTAL for Breast Cancer</i>	\$3,858,952
Ambulance Licensure Fees	\$2,717,422
Matching Federal Medicaid Funds for Ambulance Licensure Fees	7,016,663
Matching ARRA Federal Medicaid Funds for Ambulance Licensure Fees	885,462
<i>SUBTOTAL for Ambulance Licensure Fees</i>	\$10,619,547
Certificate of Need Penalties	\$2,754,035
ICTF Interest	61,427
Total	\$481,378,955

* CMO Quality Assurance Fees and Nursing Home Provider Fees were included in the Aging, Blind and Disabled Medicaid budget under expenditures starting in FY 2010.

Appendix III: State Office of Rural Health(SORH) County-by-County

Click on the links below to see the county-by-county view:

- Appalachian Regional Commission Counties
- Hospitals Certified for Critical Access
- Dental Health Professional Shortage Areas
- Georgia Farmworker Health Program
- Primary Health Professional Shortage Areas
- Mental Health Professional Shortage Areas
- Medically Underserved Areas/Populations
- Georgia's Rural Counties
- Small Rural Hospital Improvement Grant Program Awardees



Medicaid Members Average by County

Table 18: Medicaid Members Average by County FY 2010

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Appling	4,888	\$13,457,421.16	\$6,924,696.57	\$20,382,118	\$4,741	0.3%
Atkinson	2,125.1	\$4,225,059.09	\$3,521,918.75	\$7,746,978	\$3,645	0.1%
Bacon	2,309.5	\$9,352,940.96	\$3,855,785.94	\$13,208,727	\$5,719	0.2%
Baker	915.4	\$2,044,568.21	\$1,481,329.59	\$3,525,898	\$3,852	0.1%
Baldwin	7,638.3	\$57,722,492.86	\$12,425,187.90	\$70,147,681	\$9,184	0.5%
Banks	3,097.4	\$9,422,863.99	\$5,353,444.82	\$14,776,309	\$4,771	0.2%
Barrow	9,782.3	\$24,244,398.09	\$15,547,557.87	\$39,791,956	\$4,068	0.7%
Bartow	16,418.3	\$45,873,982.84	\$27,845,846.38	\$73,719,829	\$4,490	1.1%
Ben Hill	4,819.5	\$16,398,337.79	\$8,105,081.82	\$24,503,420	\$5,084	0.3%
Berrien	4,236.6	\$12,410,453.59	\$7,080,543.30	\$19,490,997	\$4,601	0.3%
Bibb	36,535.3	\$130,137,255.65	\$60,681,971.19	\$190,819,227	\$5,223	2.5%
Bleckley	2,206.3	\$6,676,247.26	\$3,299,725.63	\$9,975,973	\$4,522	0.2%
Brantley	3,834.3	\$9,086,519.00	\$7,244,922.89	\$16,331,442	\$4,259	0.3%
Brooks	3,858.8	\$12,226,518.85	\$5,923,972.78	\$18,150,492	\$4,704	0.3%
Bryan	3,213.8	\$9,729,764.75	\$5,866,747.44	\$15,596,512	\$4,853	0.2%
Bulloch	9,710.3	\$33,213,049.86	\$18,353,361.09	\$51,566,411	\$5,311	0.7%
Burke	6,418.4	\$18,811,967.32	\$10,651,604.12	\$29,463,571	\$4,590	0.4%
Butts	4,019.6	\$13,477,237.78	\$6,463,294.56	\$19,940,532	\$4,961	0.3%
Calhoun	1,401.5	\$5,237,421.12	\$2,033,911.91	\$7,271,333	\$5,188	0.1%
Camden	5,770.8	\$10,979,654.76	\$11,352,301.18	\$22,331,956	\$3,870	0.4%
Candler	2,763.6	\$13,721,590.82	\$4,300,215.96	\$18,021,807	\$6,521	0.2%
Carroll	18,666.1	\$47,285,358.82	\$32,314,832.48	\$79,600,191	\$4,264	1.3%
Catoosa	8,457.6	\$21,759,338.87	\$15,875,900.88	\$37,635,240	\$4,450	0.6%
Charlton	2,050.1	\$5,978,526.71	\$3,647,994.07	\$9,626,521	\$4,696	0.1%
Chatham	37,080.8	\$128,411,336.29	\$67,340,466.32	\$195,751,803	\$5,279	2.6%
Chattahoochee	813.7	\$1,545,853.15	\$1,348,442.78	\$2,894,296	\$3,557	0.1%
Chattooga	5,394.6	\$16,705,612.20	\$9,341,215.23	\$26,046,827	\$4,828	0.4%

Medicaid Members Average by County

Table 18: Medicaid Members Average by County FY 2010

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Cherokee	14,565.9	\$42,452,135.21	\$24,575,513.49	\$67,027,649	\$4,602	1.0%
Clarke	16,348.6	\$50,695,503.83	\$30,103,805.77	\$80,799,310	\$4,942	1.1%
Clay	1,055.3	\$5,272,834.87	\$1,612,920.61	\$6,885,755	\$6,525	0.1%
Clayton	54,176.6	\$121,378,866.62	\$96,351,695.67	\$217,730,562	\$4,019	3.7%
Clinch	2,036.8	\$6,332,822.95	\$3,360,523.42	\$9,693,346	\$4,759	0.1%
Cobb	60,096.1	\$176,715,984.07	\$100,728,494.06	\$277,444,478	\$4,617	4.2%
Coffee	9,832.3	\$25,625,590.60	\$17,490,627.33	\$43,116,218	\$4,385	0.7%
Colquitt	11,206.2	\$30,986,710.06	\$19,587,548.08	\$50,574,258	\$4,513	0.8%
Columbia	8,501.1	\$26,933,381.15	\$15,647,391.63	\$42,580,773	\$5,009	0.6%
Cook	4,059.8	\$11,221,793.55	\$6,925,026.97	\$18,146,821	\$4,470	0.3%
Coweta	14,364.4	\$33,889,701.01	\$26,180,527.05	\$60,070,228	\$4,182	1.0%
Crawford	2,417.3	\$10,400,731.22	\$3,761,389.98	\$14,162,121	\$5,859	0.2%
Crisp	6,235.7	\$20,144,832.52	\$9,698,873.88	\$29,843,706	\$4,786	0.4%
Dade	2,175.9	\$6,733,790.03	\$3,516,700.25	\$10,250,490	\$4,711	0.2%
Dawson	2,366.2	\$6,088,144.93	\$4,673,193.49	\$10,761,338	\$4,548	0.2%
DeKalb	102,748.9	\$327,886,322.72	\$168,745,975.56	\$496,632,298	\$4,833	7.1%
Decatur	7,155.5	\$21,038,010.09	\$12,439,377.83	\$33,477,388	\$4,679	0.5%
Dodge	4,333.1	\$17,058,758.89	\$6,568,558.29	\$23,627,317	\$5,453	0.3%
Dooly	2,692.4	\$10,568,443.66	\$4,017,748.70	\$14,586,192	\$5,418	0.2%
Dougherty	25,492.3	\$70,432,914.06	\$45,050,318.47	\$115,483,233	\$4,530	1.8%
Douglas	18,006.1	\$50,020,991.84	\$31,552,260.24	\$81,573,252	\$4,530	1.2%
Early	3,362.1	\$9,028,269.85	\$5,204,030.58	\$14,232,300	\$4,233	0.2%
Echols	835.4	\$1,478,593.27	\$1,469,921.78	\$2,948,515	\$3,529	0.1%
Effingham	5,700.2	\$15,973,509.22	\$11,253,949.98	\$27,227,459	\$4,777	0.4%
Elbert	4,372.4	\$17,061,795.38	\$6,954,782.86	\$24,016,578	\$5,493	0.3%
Emanuel	5,954.7	\$24,441,395.26	\$9,348,240.21	\$33,789,635	\$5,674	0.4%
Evans	2,549.2	\$6,813,866.83	\$4,136,880.62	\$10,950,747	\$4,296	0.2%

Medicaid Members Average by County

Table 18: Medicaid Members Average by County FY 2010

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Fannin	3,824.9	\$12,089,712.94	\$6,965,259.30	\$19,054,972	\$4,982	0.3%
Fayette	6,287.6	\$20,269,936.39	\$10,261,572.22	\$30,531,509	\$4,856	0.4%
Floyd	17,802.8	\$71,720,552.76	\$30,972,168.60	\$102,692,721	\$5,768	1.2%
Forsyth	7,905.0	\$23,627,125.96	\$12,663,464.56	\$36,290,591	\$4,591	0.5%
Franklin	4,444.6	\$14,250,476.31	\$8,082,017.59	\$22,332,494	\$5,025	0.3%
Fulton	126,642.5	\$417,563,552.32	\$198,287,554.44	\$615,851,107	\$4,863	8.7%
Gilmer	4,520.9	\$14,093,133.04	\$7,985,406.21	\$22,078,539	\$4,884	0.3%
Glascocock	576.3	\$3,275,408.74	\$866,296.98	\$4,141,706	\$7,186	0.0%
Glynn	11,822.8	\$35,127,413.22	\$22,324,215.80	\$57,451,629	\$4,859	0.8%
Gordon	9,405.8	\$27,100,684.53	\$16,833,999.99	\$43,934,685	\$4,671	0.6%
Grady	5,532.2	\$12,985,401.38	\$8,903,378.74	\$21,888,780	\$3,957	0.4%
Greene	3,233.0	\$11,319,963.78	\$4,863,177.33	\$16,183,141	\$5,006	0.2%
Gwinnett	84,244.8	\$193,095,035.32	\$136,672,922.79	\$329,767,958	\$3,914	5.8%
Habersham	5,826.9	\$16,094,574.68	\$10,015,428.64	\$26,110,003	\$4,481	0.4%
Hall	26,602.9	\$66,479,777.80	\$50,278,240.36	\$116,758,018	\$4,389	1.8%
Hancock	2,107.6	\$9,289,563.64	\$3,015,934.02	\$12,305,498	\$5,839	0.1%
Haralson	5,521.5	\$19,323,507.89	\$8,516,386.28	\$27,839,894	\$5,042	0.4%
Harris	2,594.0	\$9,079,808.82	\$3,907,852.31	\$12,987,661	\$5,007	0.2%
Hart	4,569.3	\$16,109,289.69	\$7,819,202.55	\$23,928,492	\$5,237	0.3%
Heard	2,497.3	\$6,999,548.85	\$3,818,912.59	\$10,818,461	\$4,332	0.2%
Henry	21,461.8	\$46,681,559.77	\$38,676,472.73	\$85,358,033	\$3,977	1.5%
Houston	18,788.5	\$53,481,875.04	\$33,209,134.35	\$86,691,009	\$4,614	1.3%
Irwin	2,320.6	\$9,597,757.83	\$3,734,410.06	\$13,332,168	\$5,745	0.2%
Jackson	8,027.6	\$24,357,890.91	\$15,078,446.02	\$39,436,337	\$4,913	0.6%
Jasper	2,577.8	\$6,615,489.75	\$4,468,143.69	\$11,083,633	\$4,300	0.2%
Jeff Davis	3,882.3	\$9,395,448.06	\$6,984,136.56	\$16,379,585	\$4,219	0.3%
Jefferson	4,507.2	\$17,441,683.28	\$6,550,078.30	\$23,991,762	\$5,323	0.3%

Medicaid Members Average by County

Table 18: Medicaid Members Average by County FY 2010

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Jenkins	2,418.3	\$9,836,811.33	\$3,707,185.32	\$13,543,997	\$5,601	0.2%
Johnson	2,246.3	\$11,210,774.24	\$3,139,334.86	\$14,350,109	\$6,388	0.2%
Jones	4,101.8	\$14,733,040.44	\$6,958,687.96	\$21,691,728	\$5,288	0.3%
Lamar	2,989.1	\$9,602,103.05	\$4,909,147.31	\$14,511,250	\$4,855	0.2%
Lanier	2,150.3	\$7,157,414.22	\$3,745,304.48	\$10,902,719	\$5,070	0.1%
Laurens	11,113.3	\$36,568,084.41	\$18,145,146.29	\$54,713,231	\$4,923	0.8%
Lee	3,122.2	\$9,522,041.14	\$5,994,744.69	\$15,516,786	\$4,970	0.2%
Liberty	7,706.0	\$18,287,675.76	\$15,319,531.80	\$33,607,208	\$4,361	0.5%
Lincoln	1,398.1	\$3,114,601.34	\$2,063,212.51	\$5,177,814	\$3,704	0.1%
Long	2,455.3	\$7,917,444.60	\$4,881,863.41	\$12,799,308	\$5,213	0.2%
Lowndes	18,908.5	\$63,505,808.46	\$36,105,542.70	\$99,611,351	\$5,268	1.3%
Lumpkin	3,742.1	\$12,657,582.68	\$6,871,741.60	\$19,529,324	\$5,219	0.3%
Macon	2,895.1	\$14,761,648.25	\$3,957,555.69	\$18,719,204	\$6,466	0.2%
Madison	5,054.8	\$16,207,466.08	\$9,206,153.91	\$25,413,620	\$5,028	0.3%
Marion	1,740.1	\$6,211,576.35	\$2,819,465.21	\$9,031,042	\$5,190	0.1%
McDuffie	5,018.3	\$16,037,661.63	\$8,541,448.14	\$24,579,110	\$4,898	0.3%
McIntosh	2,142.1	\$4,947,325.18	\$3,449,664.50	\$8,396,990	\$3,920	0.1%
Meriwether	4,882.6	\$18,108,842.63	\$7,435,343.93	\$25,544,187	\$5,232	0.3%
Miller	1,470.8	\$7,717,326.16	\$2,251,871.61	\$9,969,198	\$6,778	0.1%
Mitchell	6,103.2	\$17,916,600.86	\$10,387,428.19	\$28,304,029	\$4,638	0.4%
Monroe	3,430.8	\$14,889,952.92	\$5,322,206.45	\$20,212,159	\$5,891	0.2%
Montgomery	1,736.8	\$5,621,722.71	\$2,864,423.07	\$8,486,146	\$4,886	0.1%
Morgan	2,793.3	\$9,429,491.96	\$4,741,507.26	\$14,170,999	\$5,073	0.2%
Murray	8,360.4	\$19,432,964.25	\$15,130,282.04	\$34,563,246	\$4,134	0.6%
Muscogee	35,637.6	\$124,414,590.94	\$59,312,996.68	\$183,727,588	\$5,155	2.5%
Newton	16,448.3	\$40,159,662.04	\$27,922,206.74	\$68,081,869	\$4,139	1.1%
Oconee	1,979.9	\$6,034,349.93	\$3,629,876.83	\$9,664,227	\$4,881	0.1%

Medicaid Members Average by County

Table 18: Medicaid Members Average by County FY 2010

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Oglethorpe	2,372.8	\$7,809,156.66	\$4,100,946.62	\$11,910,103	\$5,020	0.2%
Paulding	12,489.2	\$32,572,217.13	\$22,029,035.68	\$54,601,253	\$4,372	0.9%
Peach	5,112.1	\$15,479,380.48	\$9,052,646.28	\$24,532,027	\$4,799	0.4%
Pickens	4,223.0	\$15,399,005.11	\$6,899,397.34	\$22,298,402	\$5,280	0.3%
Pierce	3,816.5	\$13,114,961.93	\$6,108,508.13	\$19,223,470	\$5,037	0.3%
Pike	2,459.6	\$5,875,469.67	\$4,039,660.55	\$9,915,130	\$4,031	0.2%
Polk	9,076.8	\$28,752,260.67	\$15,665,130.39	\$44,417,391	\$4,893	0.6%
Pulaski	1,838.9	\$8,004,670.16	\$2,734,552.20	\$10,739,222	\$5,840	0.1%
Putnam	3,486.2	\$8,702,450.48	\$6,178,991.39	\$14,881,442	\$4,269	0.2%
Quitman	594.7	\$1,040,557.32	\$846,504.19	\$1,887,062	\$3,173	0.0%
Rabun	2,386.0	\$9,380,114.05	\$3,730,433.98	\$13,110,548	\$5,495	0.2%
Randolph	1,973.3	\$9,249,219.39	\$2,821,846.79	\$12,071,066	\$6,117	0.1%
Richmond	42,739.1	\$164,650,125.36	\$73,786,208.32	\$238,436,334	\$5,579	3.0%
Rockdale	13,393.7	\$32,099,914.92	\$23,506,904.26	\$55,606,819	\$4,152	0.9%
Schley	817.1	\$1,580,845.54	\$1,318,168.91	\$2,899,014	\$3,548	0.1%
Screven	3,500.9	\$12,576,255.60	\$5,970,278.40	\$18,546,534	\$5,298	0.2%
Seminole	2,470.3	\$6,615,735.82	\$3,995,311.78	\$10,611,048	\$4,295	0.2%
Spalding	14,225.7	\$41,042,121.40	\$23,362,973.56	\$64,405,095	\$4,527	1.0%
Stephens	5,265.9	\$18,973,798.97	\$8,736,777.94	\$27,710,577	\$5,262	0.4%
Stewart	1,266.7	\$5,435,211.67	\$1,837,239.18	\$7,272,451	\$5,741	0.1%
Sumter	8,572.6	\$28,003,077.33	\$15,080,075.26	\$43,083,153	\$5,026	0.6%
Talbot	1,328.9	\$3,332,416.61	\$1,865,854.66	\$5,198,271	\$3,912	0.1%
Taliaferro	454.3	\$1,418,420.97	\$623,309.67	\$2,041,731	\$4,494	0.0%
Tattnall	4,260.3	\$18,259,718.44	\$6,549,026.91	\$24,808,745	\$5,823	0.3%
Taylor	2,040.3	\$8,775,493.44	\$2,818,005.02	\$11,593,498	\$5,682	0.1%
Telfair	2,950.8	\$14,599,407.28	\$4,359,677.36	\$18,959,085	\$6,425	0.2%
Terrell	3,009.6	\$7,890,446.42	\$4,965,144.66	\$12,855,591	\$4,272	0.2%

Medicaid Members Average by County

Table 18: Medicaid Members Average by County FY 2010

County	Members Average	Net Payments	Capitation Amount	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Thomas	9,699.7	\$39,468,655.96	\$15,858,877.59	\$55,327,534	\$5,704	0.7%
Tift	8,889.0	\$26,898,788.18	\$15,239,123.01	\$42,137,911	\$4,740	0.6%
Toombs	7,316.6	\$26,359,227.50	\$12,202,317.57	\$38,561,545	\$5,270	0.5%
Towns	1,402.5	\$6,553,365.77	\$2,406,661.39	\$8,960,027	\$6,389	0.1%
Treutlen	1,711.3	\$6,762,167.96	\$2,585,740.68	\$9,347,909	\$5,462	0.1%
Troup	12,772.0	\$40,764,239.39	\$20,028,189.45	\$60,792,429	\$4,760	0.9%
Turner	2,379.3	\$8,817,602.94	\$3,544,576.20	\$12,362,179	\$5,196	0.2%
Twiggs	1,943.1	\$8,301,265.61	\$2,518,860.44	\$10,820,126	\$5,569	0.1%
Union	2,934.8	\$11,266,559.36	\$5,120,411.09	\$16,386,970	\$5,584	0.2%
Upson	5,954.3	\$22,580,662.57	\$9,029,365.98	\$31,610,029	\$5,309	0.4%
Walker	11,552.3	\$38,447,170.87	\$20,649,323.68	\$59,096,495	\$5,116	0.8%
Walton	11,567.0	\$28,892,080.85	\$19,392,551.11	\$48,284,632	\$4,174	0.8%
Ware	8,271.9	\$35,204,083.26	\$12,925,855.13	\$48,129,938	\$5,818	0.6%
Warren	1,572.0	\$5,314,397.32	\$2,317,889.32	\$7,632,287	\$4,855	0.1%
Washington	4,414.3	\$17,526,312.88	\$7,182,418.86	\$24,708,732	\$5,597	0.3%
Wayne	6,273.3	\$18,202,297.48	\$11,364,554.88	\$29,566,852	\$4,713	0.4%
Webster	494.2	\$910,895.68	\$795,473.44	\$1,706,369	\$3,453	0.0%
Wheeler	1,330.1	\$4,811,049.14	\$2,092,989.50	\$6,904,039	\$5,191	0.1%
White	3,566.8	\$11,484,213.20	\$6,535,818.25	\$18,020,031	\$5,052	0.2%
Whitfield	17,222.5	\$42,108,996.52	\$31,458,260.52	\$73,567,257	\$4,272	1.2%
Wilcox	1,835.3	\$9,100,687.79	\$2,601,554.43	\$11,702,242	\$6,376	0.1%
Wilkes	2,303.5	\$6,984,833.78	\$3,689,429.38	\$10,674,263	\$4,634	0.2%
Wilkinson	2,061.8	\$5,790,611.76	\$3,615,765.17	\$9,406,377	\$4,562	0.1%
Worth	4,221.9	\$9,477,420.06	\$7,136,704.83	\$16,614,125	\$3,935	0.3%
Total	1,447,865	\$4,476,734,139	\$2,474,720,710	\$6,951,454,849	\$4,801	100.0%

Source: FY 2010 DCH Annual Report, data provided by Thomson Reuters

PeachCare for Kids® Payments by County

Table 19: PeachCare for Kids® Payments by County FY 2010

County	Patients	Providers	Members Average	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Appling	581	525	487	\$35,890.97	\$816,866	\$1,677	0.2%
Atkinson	356	343	300	\$27,807.18	\$518,386	\$1,727	0.1%
Bacon	394	443	318	\$42,055.85	\$560,069	\$1,762	0.2%
Baker	84	208	69	\$11,589.81	\$124,986	\$1,818	0.0%
Baldwin	648	528	528	\$39,157.15	\$814,968	\$1,543	0.3%
Banks	718	904	586	\$46,206.10	\$928,000	\$1,583	0.3%
Barrow	2,639	1,996	2,177	\$165,945.56	\$3,007,743	\$1,382	1.1%
Bartow	2,964	1,905	2,394	\$214,085.56	\$3,357,995	\$1,402	1.2%
Ben Hill	602	467	517	\$34,529.48	\$881,358	\$1,705	0.3%
Berrien	589	614	460	\$70,495.65	\$825,888	\$1,797	0.2%
Bibb	2,972	1,256	2,438	\$197,593.36	\$3,749,974	\$1,538	1.2%
Bleckley	267	365	218	\$22,219.97	\$342,843	\$1,576	0.1%
Brantley	538	598	438	\$52,058.44	\$757,297	\$1,728	0.2%
Brooks	528	480	430	\$39,495.64	\$748,171	\$1,739	0.2%
Bryan	838	742	671	\$36,226.51	\$1,121,349	\$1,671	0.3%
Bulloch	1,141	841	917	\$90,437.69	\$1,574,304	\$1,717	0.5%
Burke	678	596	567	\$65,436.27	\$899,034	\$1,585	0.3%
Butts	647	864	516	\$73,040.47	\$747,440	\$1,450	0.3%
Calhoun	156	312	128	\$14,752.77	\$228,361	\$1,789	0.1%
Camden	769	512	641	\$51,366.67	\$1,072,041	\$1,674	0.3%
Candler	292	375	226	\$29,181.34	\$395,415	\$1,747	0.1%
Carroll	2,659	1,679	2,218	\$159,422.45	\$3,069,260	\$1,384	1.1%
Catoosa	1,246	791	1,030	\$77,439.80	\$1,617,625	\$1,571	0.5%
Charlton	261	342	207	\$12,575.68	\$339,969	\$1,643	0.1%
Chatham	4,467	1,388	3,650	\$328,813.46	\$6,160,676	\$1,688	1.8%
Chattahoochee	74	164	60	\$5,331.15	\$97,482	\$1,631	0.0%
Chattooga	542	612	469	\$24,886.08	\$716,915	\$1,527	0.2%

PeachCare for Kids® Payments by County

Table 19: PeachCare for Kids Payments by County FY 2010

County	Patients	Providers	Members Average	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Cherokee	5,238	2,940	4,398	\$302,014.19	\$6,055,047	\$1,377	2.2%
Clarke	1,664	1,019	1,356	\$114,833.28	\$2,112,966	\$1,559	0.7%
Clay	59	164	45	\$2,508.00	\$77,719	\$1,714	0.0%
Clayton	9,027	3,682	7,415	\$559,380.83	\$10,331,475	\$1,393	3.7%
Clinch	214	252	169	\$16,201.06	\$291,369	\$1,720	0.1%
Cobb	15,707	5,403	13,251	\$1,014,083.37	\$18,283,787	\$1,380	6.5%
Coffee	1,460	659	1,206	\$101,887.60	\$2,106,533	\$1,747	0.6%
Colquitt	1,516	817	1,249	\$122,934.81	\$2,171,626	\$1,739	0.6%
Columbia	2,306	1,070	1,886	\$197,990.73	\$2,944,464	\$1,561	0.9%
Cook	674	606	560	\$72,772.74	\$992,463	\$1,772	0.3%
Coweta	2,377	1,477	1,970	\$222,521.09	\$2,775,967	\$1,409	1.0%
Crawford	390	564	318	\$25,410.96	\$484,808	\$1,525	0.2%
Crisp	657	501	536	\$45,309.92	\$837,101	\$1,563	0.3%
Dade	320	354	267	\$20,148.95	\$416,361	\$1,559	0.1%
Dawson	674	840	558	\$44,714.66	\$875,331	\$1,568	0.3%
DeKalb	15,688	5,453	13,031	\$907,939.26	\$18,001,060	\$1,381	6.4%
Decatur	1,005	507	818	\$93,443.83	\$1,435,424	\$1,755	0.4%
Dodge	472	413	387	\$30,301.83	\$606,835	\$1,567	0.2%
Dooly	321	391	264	\$21,901.73	\$409,957	\$1,553	0.1%
Dougherty	1,736	819	1,404	\$135,389.11	\$2,411,138	\$1,717	0.7%
Douglas	4,017	2,492	3,326	\$209,432.74	\$4,593,729	\$1,381	1.6%
Early	255	322	212	\$30,288.99	\$376,298	\$1,776	0.1%
Echols	163	207	126	\$22,417.15	\$223,068	\$1,777	0.1%
Effingham	1,397	891	1,145	\$110,201.64	\$1,945,623	\$1,699	0.6%
Elbert	591	582	505	\$27,607.59	\$781,982	\$1,549	0.2%
Emanuel	681	745	570	\$46,344.34	\$881,492	\$1,546	0.3%
Evans	317	382	257	\$19,897.93	\$435,707	\$1,695	0.1%

PeachCare for Kids® Payments by County

Table 19: PeachCare for Kids Payments by County FY 2010

County	Patients	Providers	Members Average	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Fannin	846	703	720	\$45,492.54	\$1,142,198	\$1,586	0.4%
Fayette	1,639	1,481	1,344	\$164,257.48	\$1,917,856	\$1,427	0.7%
Floyd	2,436	1,244	2,006	\$279,171.26	\$3,288,391	\$1,639	1.0%
Forsyth	2,889	2,036	2,393	\$202,554.41	\$3,315,592	\$1,385	1.2%
Franklin	713	794	592	\$41,759.00	\$925,725	\$1,565	0.3%
Fulton	13,681	6,145	11,432	\$852,989.19	\$15,750,174	\$1,378	5.6%
Gilmer	943	993	773	\$54,824.96	\$1,221,294	\$1,581	0.4%
Glascocock	106	296	86	\$8,601.60	\$134,384	\$1,563	0.0%
Glynn	1,573	775	1,334	\$91,124.45	\$2,249,313	\$1,686	0.7%
Gordon	2,018	1,049	1,646	\$114,791.76	\$2,574,310	\$1,564	0.8%
Grady	737	376	602	\$42,753.50	\$1,023,498	\$1,701	0.3%
Greene	310	421	262	\$21,205.38	\$399,177	\$1,526	0.1%
Gwinnett	31,226	6,693	26,862	\$1,505,138.51	\$36,914,783	\$1,374	13.3%
Habersham	1,459	917	1,204	\$103,781.62	\$1,903,145	\$1,580	0.6%
Hall	6,217	2,402	5,274	\$308,826.74	\$8,162,932	\$1,548	2.6%
Hancock	107	196	89	\$5,030.21	\$134,628	\$1,510	0.0%
Haralson	927	945	749	\$68,518.04	\$1,063,755	\$1,419	0.4%
Harris	465	519	389	\$25,043.34	\$601,627	\$1,549	0.2%
Hart	786	744	632	\$83,954.13	\$1,024,003	\$1,619	0.3%
Heard	333	487	270	\$19,640.95	\$417,682	\$1,549	0.1%
Henry	5,921	3,030	4,963	\$359,738.59	\$6,847,209	\$1,380	2.5%
Houston	2,689	1,223	2,194	\$136,639.23	\$3,335,246	\$1,520	1.1%
Irwin	339	413	266	\$44,411.47	\$479,805	\$1,802	0.1%
Jackson	1,754	1,648	1,452	\$152,867.91	\$2,299,181	\$1,583	0.7%
Jasper	437	589	359	\$17,614.41	\$488,360	\$1,362	0.2%
Jeff Davis	579	543	499	\$39,164.62	\$857,149	\$1,718	0.2%
Jefferson	602	588	511	\$35,876.86	\$775,123	\$1,518	0.3%

PeachCare for Kids® Payments by County

Table 19: PeachCare for Kids Payments by County FY 2010

County	Patients	Providers	Members Average	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Jenkins	255	409	202	\$10,303.21	\$309,916	\$1,537	0.1%
Johnson	186	362	150	\$13,234.43	\$231,081	\$1,544	0.1%
Jones	788	644	651	\$21,952.43	\$990,408	\$1,522	0.3%
Lamar	440	569	348	\$26,356.70	\$537,494	\$1,544	0.2%
Lanier	281	259	221	\$21,984.30	\$383,393	\$1,739	0.1%
Laurens	1,194	721	969	\$91,614.39	\$1,526,750	\$1,576	0.5%
Lee	1,017	671	832	\$73,876.27	\$1,436,654	\$1,727	0.4%
Liberty	856	616	709	\$44,684.70	\$1,176,339	\$1,660	0.3%
Lincoln	220	352	189	\$15,367.68	\$289,192	\$1,529	0.1%
Long	273	378	217	\$15,281.63	\$360,933	\$1,660	0.1%
Lowndes	2,486	841	2,075	\$220,215.94	\$3,635,193	\$1,752	1.0%
Lumpkin	850	849	678	\$70,036.04	\$1,072,421	\$1,581	0.3%
Macon	261	283	214	\$10,922.41	\$325,144	\$1,523	0.1%
Madison	858	729	724	\$90,487.04	\$1,178,489	\$1,627	0.4%
Marion	209	391	189	\$6,943.38	\$291,648	\$1,540	0.1%
McDuffie	750	640	599	\$73,929.13	\$957,382	\$1,598	0.3%
McIntosh	303	360	235	\$22,151.34	\$390,941	\$1,667	0.1%
Meriwether	573	754	462	\$58,803.45	\$737,961	\$1,598	0.2%
Miller	172	249	135	\$8,534.82	\$229,313	\$1,700	0.1%
Mitchell	746	649	576	\$182,148.36	\$1,114,956	\$1,937	0.3%
Monroe	573	684	466	\$50,533.51	\$727,507	\$1,561	0.2%
Montgomery	266	368	211	\$14,685.62	\$358,939	\$1,700	0.1%
Morgan	566	655	476	\$17,982.31	\$748,634	\$1,572	0.2%
Murray	1,758	818	1,411	\$135,109.73	\$2,248,968	\$1,594	0.7%
Muscogee	2,930	970	2,484	\$159,444.37	\$3,794,074	\$1,528	1.2%
Newton	3,350	1,925	2,732	\$222,110.96	\$3,793,822	\$1,389	1.3%
Oconee	617	579	509	\$42,332.37	\$792,593	\$1,558	0.3%

PeachCare for Kids® Payments by County

Table 19: PeachCare for Kids Payments by County FY 2010

County	Patients	Providers	Members Average	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Oglethorpe	419	530	341	\$14,757.39	\$536,030	\$1,574	0.2%
Paulding	4,417	2,834	3,704	\$271,161.00	\$5,130,802	\$1,385	1.8%
Peach	518	484	426	\$17,491.05	\$661,489	\$1,554	0.2%
Pickens	929	1,071	751	\$68,732.01	\$1,048,311	\$1,396	0.4%
Pierce	564	515	460	\$47,276.98	\$791,386	\$1,720	0.2%
Pike	506	646	414	\$37,648.40	\$637,086	\$1,539	0.2%
Polk	1,288	975	1,050	\$128,696.84	\$1,719,284	\$1,637	0.5%
Pulaski	178	274	148	\$20,061.51	\$240,646	\$1,624	0.1%
Putnam	507	499	413	\$46,100.86	\$647,478	\$1,567	0.2%
Quitman	41	103	33	\$3,184.06	\$55,672	\$1,696	0.0%
Rabun	627	558	532	\$48,700.12	\$846,673	\$1,593	0.3%
Randolph	179	222	143	\$12,738.99	\$252,002	\$1,760	0.1%
Richmond	3,355	1,223	2,699	\$224,840.35	\$4,144,671	\$1,536	1.3%
Rockdale	2,473	1,741	2,010	\$175,589.45	\$2,796,257	\$1,391	1.0%
Schley	212	249	164	\$12,194.85	\$277,011	\$1,690	0.1%
Screven	341	443	283	\$46,642.24	\$500,757	\$1,768	0.1%
Seminole	284	257	233	\$22,099.48	\$408,477	\$1,751	0.1%
Spalding	1,432	1,138	1,185	\$241,927.03	\$1,795,160	\$1,515	0.6%
Stephens	727	571	579	\$28,874.59	\$918,099	\$1,586	0.3%
Stewart	84	146	71	\$5,705.40	\$120,092	\$1,693	0.0%
Sumter	711	542	581	\$78,369.11	\$1,035,068	\$1,781	0.3%
Talbot	125	271	106	\$7,873.27	\$167,035	\$1,573	0.1%
Taliaferro	22	85	22	\$1,649.26	\$32,100	\$1,487	0.0%
Tattnall	483	591	404	\$33,121.54	\$690,899	\$1,710	0.2%
Taylor	226	405	193	\$35,433.02	\$321,637	\$1,664	0.1%
Telfair	261	396	220	\$14,422.73	\$339,676	\$1,547	0.1%
Terrell	190	273	159	\$10,716.06	\$270,545	\$1,706	0.1%

PeachCare for Kids® Payments by County

Table 19: PeachCare for Kids Payments by County FY 2010

County	Patients	Providers	Members Average	Net Payments	NETPAY + CAPAMT	Payment Per Member	% of Members Average
Thomas	1,358	604	1,107	\$124,108.11	\$1,932,411	\$1,746	0.5%
Tift	1,227	558	1,005	\$122,552.18	\$1,786,555	\$1,778	0.5%
Toombs	814	619	667	\$93,148.23	\$1,180,780	\$1,771	0.3%
Towns	317	359	268	\$10,992.26	\$424,877	\$1,587	0.1%
Treutlen	207	342	166	\$16,029.92	\$267,811	\$1,612	0.1%
Troup	1,786	848	1,440	\$200,642.87	\$2,297,162	\$1,596	0.7%
Turner	287	358	238	\$34,594.59	\$428,710	\$1,800	0.1%
Twiggs	227	406	195	\$13,650.21	\$301,700	\$1,547	0.1%
Union	652	529	553	\$37,756.90	\$886,456	\$1,604	0.3%
Upson	771	678	624	\$328,804.69	\$1,245,239	\$1,995	0.3%
Walker	1,253	795	1,031	\$93,447.83	\$1,635,574	\$1,586	0.5%
Walton	2,754	1,995	2,221	\$179,727.57	\$3,085,828	\$1,390	1.1%
Ware	983	651	817	\$102,829.68	\$1,431,900	\$1,752	0.4%
Warren	167	271	144	\$7,838.68	\$217,450	\$1,514	0.1%
Washington	448	467	368	\$22,779.58	\$561,611	\$1,526	0.2%
Wayne	586	449	458	\$55,145.85	\$797,687	\$1,743	0.2%
Webster	76	181	60	\$6,668.17	\$104,335	\$1,732	0.0%
Wheeler	166	260	133	\$8,221.51	\$204,014	\$1,531	0.1%
White	877	886	714	\$75,197.16	\$1,140,606	\$1,599	0.4%
Whitfield	5,234	1,150	4,458	\$314,841.68	\$7,054,722	\$1,583	2.2%
Wilcox	194	303	157	\$12,674.39	\$245,850	\$1,566	0.1%
Wilkes	308	432	253	\$17,165.24	\$382,888	\$1,515	0.1%
Wilkinson	201	337	163	\$24,019.34	\$262,262	\$1,607	0.1%
Worth	630	647	515	\$44,984.85	\$902,185	\$1,752	0.3%
Total	239,983	30,963	202,527	\$16,636,547.13	\$302,383,388	\$1,493	100.00%

Source: FY 2010 DCH data queried using the Thomson Reuters decision support system

SHBP Members Net Payment by County

Table 20: SHBP Members Net Payment by County FY 2010

County	Members Average	Net Payments	Payment Per Member	% of Members Average
Appling	1,781.2	\$7,887,609.34	\$4,428	0.3%
Atkinson	781.0	\$3,684,726.29	\$4,718	0.1%
Bacon	1,091.7	\$5,543,359.19	\$5,078	0.2%
Baker	229.0	\$1,068,513.20	\$4,666	0.0%
Baldwin	8,381.1	\$32,886,897.41	\$3,924	1.2%
Banks	1,619.9	\$5,716,237.30	\$3,529	0.2%
Barrow	5,896.4	\$21,895,867.09	\$3,713	0.9%
Bartow	7,860.9	\$32,866,348.18	\$4,181	1.1%
Ben Hill	1,619.2	\$8,334,323.74	\$5,147	0.2%
Berrien	1,809.8	\$9,094,634.50	\$5,025	0.3%
Bibb	10,911.1	\$43,689,557.27	\$4,004	1.6%
Bleckley	1,321.1	\$5,222,715.71	\$3,953	0.2%
Brantley	1,322.5	\$5,880,608.33	\$4,447	0.2%
Brooks	1,016.8	\$4,540,959.94	\$4,466	0.1%
Bryan	2,380.8	\$10,389,718.59	\$4,364	0.3%
Bulloch	5,558.7	\$29,389,297.10	\$5,287	0.8%
Burke	1,769.5	\$6,002,661.52	\$3,392	0.3%
Butts	2,371.2	\$8,312,486.81	\$3,506	0.3%
Calhoun	758.7	\$3,598,611.35	\$4,743	0.1%
Camden	2,263.2	\$10,282,196.42	\$4,543	0.3%
Candler	965.4	\$4,426,616.99	\$4,585	0.1%
Carroll	9,644.4	\$41,125,795.17	\$4,264	1.4%
Catoosa	3,502.8	\$11,654,398.30	\$3,327	0.5%
Charlton	737.8	\$3,234,010.18	\$4,384	0.1%
Chatham	13,286.4	\$47,506,523.25	\$3,576	1.9%
Chattahoochee	183.4	\$556,798.24	\$3,036	0.0%
Chattooga	2,762.9	\$11,119,784.74	\$4,025	0.4%

SHBP Members Net Payment by County

Table 20: SHBP Members Net Payment by County FY 2010

County	Members Average	Net Payments	Payment Per Member	% of Members Average
Cherokee	16,679.7	\$62,249,080.93	\$3,732	2.4%
Clarke	6,747.3	\$24,796,996.00	\$3,675	1.0%
Clay	256.4	\$797,594.37	\$3,111	0.0%
Clayton	11,968.4	\$32,046,987.00	\$2,678	1.7%
Clinch	893.6	\$3,712,373.13	\$4,154	0.1%
Cobb	36,183.2	\$127,911,871.74	\$3,535	5.2%
Coffee	3,455.3	\$17,423,879.71	\$5,043	0.5%
Colquitt	4,141.8	\$19,188,321.83	\$4,633	0.6%
Columbia	9,158.3	\$29,762,547.99	\$3,250	1.3%
Cook	1,581.8	\$7,774,714.09	\$4,915	0.2%
Coweta	9,615.9	\$32,992,917.26	\$3,431	1.4%
Crawford	1,140.1	\$4,384,087.18	\$3,845	0.2%
Crisp	1,867.9	\$9,194,572.34	\$4,922	0.3%
Dade	887.8	\$3,201,412.13	\$3,606	0.1%
Dawson	2,227.8	\$9,216,623.61	\$4,137	0.3%
DeKalb	39,432.4	\$119,259,766.99	\$3,024	5.7%
Decatur	2,623.2	\$9,384,593.69	\$3,578	0.4%
Dodge	2,641.4	\$9,894,610.45	\$3,746	0.4%
Dooly	936.0	\$3,742,883.51	\$3,999	0.1%
Dougherty	7,237.2	\$30,210,090.85	\$4,174	1.0%
Douglas	9,464.8	\$32,860,306.86	\$3,472	1.4%
Early	1,233.0	\$4,578,951.27	\$3,714	0.2%
Echols	80.5	\$360,461.64	\$4,478	0.0%
Effingham	3,582.0	\$12,654,161.17	\$3,533	0.5%
Elbert	1,988.8	\$6,830,003.08	\$3,434	0.3%
Emanuel	3,014.7	\$15,863,868.84	\$5,262	0.4%
Evans	1,288.5	\$6,705,014.40	\$5,204	0.2%

SHBP Members Net Payment by County

Table 20: SHBP Members Net Payment by County FY 2010

County	Members Average	Net Payments	Payment Per Member	% of Members Average
Fannin	1,844.6	\$7,736,172.57	\$4,194	0.3%
Fayette	9,474.8	\$31,107,303.16	\$3,283	1.4%
Floyd	8,807.1	\$39,571,524.41	\$4,493	1.3%
Forsyth	9,092.9	\$36,535,145.98	\$4,018	1.3%
Franklin	2,333.9	\$8,186,544.93	\$3,508	0.3%
Fulton	42,009.8	\$131,226,205.74	\$3,124	6.1%
Gilmer	1,536.8	\$5,810,071.24	\$3,781	0.2%
Glascocock	345.3	\$1,067,184.01	\$3,091	0.0%
Glynn	5,833.5	\$27,831,435.36	\$4,771	0.8%
Gordon	4,238.2	\$19,626,088.96	\$4,631	0.6%
Grady	2,040.4	\$7,788,029.30	\$3,817	0.3%
Greene	1,087.8	\$3,474,181.27	\$3,194	0.2%
Gwinnett	44,115.1	\$138,130,554.61	\$3,131	6.4%
Habersham	4,561.2	\$15,041,303.88	\$3,298	0.7%
Hall	13,272.9	\$49,406,045.26	\$3,722	1.9%
Hancock	1,428.9	\$4,687,400.69	\$3,280	0.2%
Haralson	2,711.3	\$11,373,019.63	\$4,195	0.4%
Harris	2,226.4	\$7,659,105.41	\$3,440	0.3%
Hart	1,482.4	\$4,626,324.93	\$3,121	0.2%
Heard	713.8	\$3,258,489.17	\$4,565	0.1%
Henry	17,784.9	\$47,675,189.38	\$2,681	2.6%
Houston	8,456.2	\$34,129,777.70	\$4,036	1.2%
Irwin	781.7	\$3,978,639.52	\$5,090	0.1%
Jackson	6,650.1	\$23,842,710.73	\$3,585	1.0%
Jasper	1,058.9	\$3,786,767.52	\$3,576	0.2%
Jeff Davis	1,492.8	\$7,294,973.10	\$4,887	0.2%
Jefferson	1,778.3	\$5,887,470.96	\$3,311	0.3%
Jenkins	797.7	\$3,123,812.95	\$3,916	0.1%

SHBP Members Net Payment by County

Table 20: SHBP Members Net Payment by County FY 2010

County	Members Average	Net Payments	Payment Per Member	% of Members Average
Johnson	1,063.3	\$4,216,557.43	\$3,966	0.2%
Jones	2,015.7	\$7,384,675.94	\$3,664	0.3%
Lamar	1,546.8	\$6,194,092.27	\$4,005	0.2%
Lanier	617.5	\$3,281,344.88	\$5,314	0.1%
Laurens	5,437.1	\$23,226,198.28	\$4,272	0.8%
Lee	2,425.0	\$9,165,762.38	\$3,780	0.4%
Liberty	2,505.9	\$10,160,684.27	\$4,055	0.4%
Lincoln	773.7	\$2,479,938.21	\$3,205	0.1%
Long	658.3	\$3,764,927.76	\$5,719	0.1%
Lowndes	8,234.3	\$34,813,265.13	\$4,228	1.2%
Lumpkin	1,823.2	\$6,775,237.11	\$3,716	0.3%
Macon	994.3	\$4,927,986.12	\$4,956	0.1%
Madison	2,340.6	\$9,530,074.83	\$4,072	0.3%
Marion	510.9	\$1,559,956.69	\$3,053	0.1%
McDuffie	2,038.6	\$7,988,405.86	\$3,919	0.3%
McIntosh	922.2	\$4,122,699.25	\$4,471	0.1%
Meriwether	2,094.5	\$7,635,127.13	\$3,645	0.3%
Miller	682.2	\$2,828,091.55	\$4,146	0.1%
Mitchell	2,128.8	\$10,046,161.40	\$4,719	0.3%
Monroe	2,196.9	\$7,674,748.91	\$3,493	0.3%
Montgomery	1,054.5	\$6,289,922.66	\$5,965	0.2%
Morgan	1,929.0	\$6,493,523.96	\$3,366	0.3%
Murray	2,590.8	\$10,490,090.89	\$4,049	0.4%
Muscogee	10,436.3	\$38,141,845.84	\$3,655	1.5%
Newton	9,075.7	\$25,499,779.92	\$2,810	1.3%
Oconee	3,695.3	\$12,124,276.34	\$3,281	0.5%
Oglethorpe	712.7	\$2,591,746.26	\$3,637	0.1%

SHBP Members Net Payment by County

Table 20: SHBP Members Net Payment by County FY 2010

County	Members Average	Net Payments	Payment Per Member	% of Members Average
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%
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%

SHBP Members Net Payment by County

Table 20: SHBP Members Net Payment by County FY 2010

County	Members Average	Net Payments	Payment Per Member	% of Members Average
Terrell	791.6	\$4,080,601.80	\$5,155	0.1%
Thomas	5,317.9	\$25,027,428.49	\$4,706	0.8%
Tift	3,851.8	\$21,217,562.94	\$5,508	0.6%
Toombs	3,103.3	\$17,387,977.58	\$5,603	0.4%
Towns	993.8	\$3,085,932.62	\$3,105	0.1%
Treutlen	893.2	\$3,642,770.97	\$4,078	0.1%
Troup	5,395.7	\$20,489,416.72	\$3,797	0.8%
Turner	1,095.0	\$6,505,222.90	\$5,941	0.2%
Twiggs	569.2	\$2,018,171.33	\$3,546	0.1%
Union	1,764.7	\$7,125,665.84	\$4,038	0.3%
Upson	3,079.9	\$11,350,005.85	\$3,685	0.4%
Walker	4,892.5	\$16,649,698.08	\$3,403	0.7%
Walton	10,072.7	\$34,814,355.48	\$3,456	1.5%
Ware	4,208.7	\$18,816,022.93	\$4,471	0.6%
Warren	419.1	\$1,213,823.13	\$2,896	0.1%
Washington	2,652.8	\$9,821,484.49	\$3,702	0.4%
Wayne	3,230.8	\$14,447,708.56	\$4,472	0.5%
Webster	180.5	\$873,036.86	\$4,837	0.0%
Wheeler	682.8	\$3,935,778.29	\$5,764	0.1%
White	2,854.2	\$9,524,788.65	\$3,337	0.4%
Whitfield	5,935.1	\$22,463,491.60	\$3,785	0.9%
Wilcox	1,047.6	\$5,103,418.68	\$4,872	0.2%
Wilkes	1,101.3	\$3,716,050.88	\$3,374	0.2%
Wilkinson	1,760.3	\$6,916,679.12	\$3,929	0.3%
Worth	1,399.8	\$6,035,048.04	\$4,312	0.2%
Missing	5.8	\$5,014,834.59	\$872,145	0.0%
Total	691,426.3	\$2,574,622,523.28	\$3,724	100.0%

Source: FY 2010 DCH data queried using the Thomson Reuters decision support system. This data does not reflect all payments for services as certain capitation amounts not included in the DSS.

Appendix IV: Acronyms and Definitions

A.

AAP: American Association of Pediatrics
ABD: Aged, Blind, Disabled
ADAP: AIDS Drug Assistance Program
ADES: Acute Disease Epidemiology Section
AHRQ: Agency for Healthcare Resolution and Quality
ARRA: American Recovery and Reimbursement Act of 2009
ASO: Administrative Services Organization
ATSDR: Agency for Toxic Substances & Disease Registry

B.

BCCP: Georgia Breast and Cervical Cancer Program

C.

CBAY: Community-Based Alternatives for Youth
CCSP: Community Care Services Program
CDC: Centers for Disease Control and Prevention
CEE: Consumer Education and Engagement
C.F.R.: Code of Federal Regulations
CHIE: Chronic Disease Healthy Behaviors and Injury Epidemiology
CHIPRA: Children's Health Insurance Program Reauthorization Act
CIP: Capital Improvement Program to Enhance Health Care Access for Underserved Georgians
CLAS: Culturally and Linguistically Appropriate Services
CLIA: Clinical Laboratory Improvement Amendments
COBRA: Consolidated Omnibus Reconciliation Act
CMO: Care Management Organization
CMS: Centers for Medicare and Medicaid Services

COMP: Comprehensive Support Waiver
CON: Certificate of Need
CSA: Cancer State Aid
CSBME: Composite State Board of Medical Examiners
CSIS: Constituent Services Information Systems
CY: Calendar Year

D.

DAS: Division of Aging Services
DBHDD: Department of Behavioral Health and Developmental Disabilities
DCH: Department of Community Health
DDI: Design, Development and Implementation
DFCS: Division of Family and Children Services
DHR: Department of Human Resources, now DHS: Department of Human Services
DMA: Division of Medical Assistance
DOAA: Department of Audits and Accounts
DOL: Department of Labor
DSD: Design Specification Documents
DSH: Disproportional Share Hospital
DSS: Decision Sciences Section
DUR: Drug Utilization Review

E.

EDI: Electronic Data Interchange
EDS: Electronic Data Systems
EH: Environmental Health

Appendix IV: Acronyms and Definitions

EHR: Electronic Health Records
EIP: Emerging Infections Program
ELR: Electronic Laboratory Reporting
ESS: EPI/STD Surveillance Section
ELR: Electronic Laboratory Reporting
EMA: Emergency Medical Assistance
EPSDT: Episodic and Early Screening, Diagnostic and Treatment
EQRO: External Quality Review Organization

F.

FBI: Federal Bureau of Investigation
FFS: Fee for Service
FPL: Federal Poverty Limit
FQHC: Federally Qualified Health Clinics
FTE: Full-Time Employee

G.

GAMMIS: Georgia Medicaid Management Information System
GBA: Georgia Building Authority
GBHC: Georgia Better Health Care
GBI: Georgia Bureau of Investigation
GBPW: Georgia Board for Physician Workforce
GDOA: Georgia Department of Audits
GETS: Georgia Enterprise Services Technology
GFHP: Georgia Farmworker Health Program

GHP: Georgia Health Partnership
GIS: Geographic Information Science
GMCF: Georgia Medical Care Foundation
GOHS: Governor's Office of Highway Safety
GRITS: Georgia Registry of Immunization Transactions and Services
GTQL: Georgia Tobacco Quit Line
GVHCP: Georgia Volunteer Health Care Program

H.

HAC: Hospital Acquired Condition
HAES: HIV/AIDS Epidemiology Section
HB: House Bill
HCBS: Home and Community-Based Services
HDHP: High Deductible Health Plan
HEDIS: Healthcare Effectiveness Data and Information Set
HFR: Healthcare Facility Regulation
HHS: U.S. Office of Health and Human Services
HICP: Health Insurance Continuity of Care
HIE: Health Information Exchange
HMO: Health Maintenance Organization
HIPP: Health Insurance Premium Payment
HIPAA: Health Insurance Portability & Accountability Act of 1996
HPP: Hospital Preparedness Program
HISPC: Health Information Security and Privacy Collaboration
HIT: Health Information Technology

Appendix IV: Acronyms and Definitions

HPDP: Health Promotion and Disease Prevention

HRA: Health Reimbursement Account

HSA: Health Savings Account

I.

ICTF: Indigent Care Trust Fund

ICWP: Independent Care Waiver Program

IDG: International Data Group

IDI: Immunizations and Infectious Disease

IDS: Increased Demand for Services

IPN: Internet Partner Notification

IRB: Institutional Review Board

ITI: Information Technology Infrastructure

ITOP: Induced termination of Pregnancy

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

MHN: MultiHealth Network

MMIS: Medicaid Management Information System

MNP: Medically Needy Program

MOU: Memorandum of Understanding

N.

NATP: Nurse Aide Training Program

NB: Newborn

NCCI: National Correct Coding Initiative

NCHS: National Center for Health Statistics

NCQA: National Committee for Quality Assurance

NET: Non-Emergency Transportation

NHIN: National Health Information Network

NHSC: National Health Services Corps

NMPI: National Medicaid Pooling Initiative

NOW: New Options Waiver

NRC: National Resource Center for Health Information Technology

NRT: Nicotine Replacement Therapy

O.

O&P: Orthotics and Prosthetics

OAP: Open Access Plus

OASIS: Online Analytical Statistical Information System

OCR: Office of Civil Rights

OCS: Office of Constituent Services

OEMS: Office of Emergency Medical Services

Appendix IV: Acronyms and Definitions

OHI: Office of Health Improvement

OHIP: Office of Health Indicators for Planning

OHITT: Office of Information Technology & Transparency

OHR: Office of Human Resources

OIG: Office of Inspector General

OMS: Outbreak Management System

ONC: Office of the National Coordinator

OOP: Office of Procurement Services

OPEB: Other Post Employment Benefits

OSAH: Office of State Administrative Hearings

OSS: Office of Support Services

OWH: Office of Women's Health

P.

P4HB: Planning for Healthy Babies

PA: Prior Authorization

PBM: Pharmacy Benefit Manager

PERM: Payment Error Rate Measurement

PH: Division of Public Health

PHEP: Public Health Emergency Preparedness

PHLSO: Public Health Legal Services Office

PIP: Performance Improvement Project

P.L.: Public Law

PMPM: Per Member Per Month

PPO: Preferred Provider Organization

PRTF: Psychiatric Residential Treatment Facility

PSA: Public Service Announcement

PUMPM: 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 Medicaid

S.

SaaS: Software as a Service

SB: Senate Bill

SBME: State Board of Medical Examiners

SHCFU: State Health Care Fraud Control Unit

SCHIP: State Children's Health Insurance Plan

SHAPP: Stroke and Heart Attack Prevention Program

SED: Severely Emotionally Disturbed

SENDSS: State Electronic Notifiable Disease Surveillance System

SHBP: State Health Benefit Plan

SORH: State Office of Rural Health

SHCFU: State Health Care Fraud Control Unit

SORH: State Office of Rural Health

SOURCE: Service Options Using Resources in a Community Environment

Appendix IV: Acronyms and Definitions

SSI: Supplemental Security Income

STD: Sexually Transmitted Disease

SMEB: State Medical Education Board

T.

TAKE: Take Action to Keep Educated Program

TGM: Team Georgia Marketplace

3R Network: National Rural Recruitment and Retention Network

TANF: Temporary Assistance for Needy Families

TPL: Third Party Liability

TST: Tuberculin Skin Test

U.

UPL: Upper Payment Limit

V.

VFC: Vaccines for Children

VMO: Office of Vendor Management

W.

WEDE: Workgroup for Electronic Data Exchange

WHMP: Women's Health Medicaid Program

WIC: Women, Infants and Children

X.

Y.

Z.

Key Definitions

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

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

Members Average – 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 – 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 – the unique count of members who received facility, professional or pharmacy services