

# **DEPARTMENT OF COMMUNITY HEALTH**

## **2005 Annual Report**

**Tim Burgess, Commissioner**

### **Overview**

The Georgia Department of Community Health (DCH) is involved in planning, purchasing and regulating health care in the state. Since its inception in 1999, the department's purposes have included the following:

- Acting as the lead planning agency for health issues in Georgia;
- Capitalizing on the state's health care purchasing power;
- Maximizing administrative efficiency in state health care programs;
- Creating a better health care infrastructure throughout Georgia which improves access and coverage; and
- Encouraging a healthy lifestyle for all Georgians.

### **Mission**

DCH is committed to improving the health of all Georgians through health benefits, systems development and education.

### **Vision**

DCH will be a national leader for innovative health planning, promotion, programs and services to improve community health.

### **Roles and Responsibilities**

- Insuring over 2.6 million Georgians.
- Administering a budget that exceeds \$9 billion.
- Coordinating health planning for state agencies.

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

- Members of the State Health Benefit Plan (SHBP):
  - Public school teachers
  - Retirees
  - State employees
  - Public school employees
  - Eligible dependents
- Children covered under the PeachCare for Kids™ Program
- People covered under Medicaid, including those who are:
  - Aged
  - Low income
  - Disabled

**The Board of Community Health** is a nine-person board appointed by the Governor and confirmed by the Senate, which has policy-making authority for the department. Board meetings are held monthly.

At the end of Fiscal Year (FY) 2005, the Board of Community Health members included:

- Jeff Anderson – Cumming, Chairman
- Richard L. Holmes – Peachtree City, Vice Chairman
- Christopher Byron Stroud, M.D. – Albany, Secretary
- Mary McCalman Covington – Carrollton
- Inman "Buddy" English, M.D. – Warner Robins
- Kim Gay – Sandy Springs
- Ross Mason – Madison

- Ann McKee Parker, Ph.D. – Atlanta
- Mark D. Oshnock – Atlanta

## **COMPONENTS OF THE DEPARTMENT**

### **Division of Medical Assistance**

The Division of Medical Assistance administers the Medicaid program, which provides health care for people who are aged, blind, disabled or indigent. The division also administers PeachCare for Kids™, the State Children's Health Insurance Program (SCHIP), as well as the Disproportionate Share Hospital (DSH) Program and Indigent Care Trust Fund (ICTF). Other Medicaid programs include: Georgia Better Health Care, home and community-based services and Non-Emergency Transportation. In FY 2005, the division spent approximately \$7 billion to provide services for 1.5 million Georgians.

### **General Counsel Division**

The General Counsel Division provides overall legal guidance and direction for the department; drafts and reviews contracts, requests for proposal and other procurement documents; provides legal services for all aspects of the SHBP, Medicaid and PeachCare for Kids™ programs; develops policies and procedures for compliance with governing federal and state authorities; and drafts rules and regulations, as well as public notices for consideration by the Board of Community Health. The division is responsible for the department's efforts to detect, prevent and investigate fraud and abuse in Medicaid, PeachCare for Kids™ and the SHBP through its Program Integrity Section.

The division is also responsible for administering the Certificate of Need (CON) program. Created by Title 31 of the Official Code of Georgia Annotated, the CON Program works to contain health care costs by avoiding unnecessary duplication of services, facilities or equipment. Decisions are based on applicable rules and methodologies for expanding health care facilities and services, as well as data collected and analyzed by the Health Planning Section, which serve as the essential basis for the proper planning of the state's health care facility needs. The Health Planning Section develops these rules and methodologies with input from the Health Strategies Council, which is a board of 27 gubernatorial appointees that was created by statute to provide guidance to the Department regarding Health Planning. The division's Health Planning Section also provides staff support for the Health Planning Review Board, an administrative review board appointed by the Governor for CON decisions.

### **State Health Benefit Plan Division**

DCH sponsors the State Health Benefit Plan (SHBP), which provides health insurance coverage to state and public school system employees, contract groups, retirees and eligible dependents. Within DCH, the SHBP division is responsible for the day-to-day management of the SHBP operations. At the end of FY 2005, SHBP covered 644,906 lives.

#### **Operating Units**

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

### **Managed Care and Quality Division**

The Managed Care and Quality Division is responsible for establishing and directing the managed care efforts of the department. These efforts include planning for the transition of a large proportion of the current Medicaid program into a managed care environment.

### **Health Improvement Programs**

The department also administers four Health Improvement Programs dedicated to wellness, prevention and healthy improvement of various populations, both geographic and homogeneous. The programs are as follows:

- **The Office of Rural Health Services** works to improve access to health care in rural and underserved areas to reduce health status disparities across Georgia
- **The Office of Minority Health** works to eliminate the disparity in health status between minority and non-minority populations
- **The Office of Women's Health** serves as a clearinghouse for women's health information
- **The Georgia Commission on Men's Health** recommends ways to promote the benefits of regular checkups, preventive screening tests and healthy lifestyle practices for men

### **Division of Financial Management**

The Division of Financial Management represents the department's financial interests when working with the Governor's Office, General Assembly, Board of Community Health, the Centers for Medicare and Medicaid Services and other stakeholders. The division is comprised of the Office of Planning and Fiscal Analyses, Financial and Accounting Services, Reimbursement Services and the Budget Office.

### **Information Technology**

The Project Management Office is responsible for promoting project management standards throughout DCH. As a centralized support function, staff serve as managers for projects with Information Technology components by assisting DCH management in the planning, development and implementation of health care initiatives. The Office of Information Technology (IT) provides technical support at both the desktop and network levels for all the divisions within DCH.

The Medicaid Management Information System (MMIS) unit supports the various systems used for the processing, collecting, analyzing and reporting of information needed to support all Medicaid and PeachCare for Kids™ claim payment functions. The MMIS consists of all federally required subsystems as specified by the Centers for Medicare and Medicaid Services within the U.S. Federal Department of Health and Human Services.

### **Legislative and External Affairs**

The Office of Legislative Affairs serves as the department's primary point of contact for all activities related to the Georgia General Assembly and the annual Legislative Session. During each session, the DCH legislative unit analyzes bills that affect Medicaid, SHBP and health care in general. The Legislative and External Affairs Unit also is responsible for ensuring the passage of the department's legislative agenda each year.

The Office of Community Affairs (OCA) assists DCH in providing customer service for Georgia's Medicaid program. OCA interacts daily with members, providers, legislators and others, as well as helping Georgians understand the Medicaid program and the department's business functions as a whole. OCA responds to thousands of calls, e-mails, letters, faxes and inquiries relating to the Medicaid program. This unit also assists community-based health systems in providing access to care to Georgia's uninsured.

### **Operations Divisions**

The Operations Division consists of the following units:

- The Administrative Services Unit has three subunits which are Contract Administration, Vendor Management and Support Services
- The Audits Unit conducts and oversees internal and external audits
- The Communications Unit is responsible for media and public relations, as well as Web site management
- The Human Resources Unit provides internal and external employment services for state employees and constituents. This unit sponsors the annual Charitable Contributions Program which is a Governor's initiative to raise funds for charities and non-profit organizations through donations from state employees
- The Vendor Operations for Affiliated Computer Services (ACS) is a group of experts who provide support with managing the agency's Medicaid fiscal agent, ACS

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

### **Composite Board of Medical Examiners**

The Composite Board of Medical Examiners licenses and regulates physicians, physician's assistants, respiratory care professionals, acupuncturists, perfusionists, auricular detoxification specialists, paramedics and cardiac technicians. The composite also maintains a comprehensive database that offers public access to information about licensed physicians in the state. Twelve physicians and one consumer representative serve on this board.

### **Georgia Board for Physician Workforce**

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

### **State Medical Education Board**

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

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### **Auditors' Statements on Annual Reports**

Independent auditors rendered a "clean" opinion on the financial statements for FY 2005.

### **Milestones for the Department in FY 2005**

The listed milestones reflect activities that affected the performance or operations of more than one DCH division or section. Each division or section lists its milestones in its respective section.

The **Georgia Volunteer Health Care Program (GVHP)** began in November 2005. Under this initiative, the state of Georgia will provide liability medical coverage for volunteer health care professionals while they treat underinsured Georgia citizens.

Administrative Services' **Contracts and Procurement** managed 375 contracts with a total annual cost of approximately \$1,304,834,310.

**Contracts and Fiscal Services (CFS)**, Administrative Services, processed more than 900 invoices for payment for more than 200 cost-related contracts. CFS accurately tracked and reported the utilization status for each contract to facilitate each division's efficient use of contract dollars.

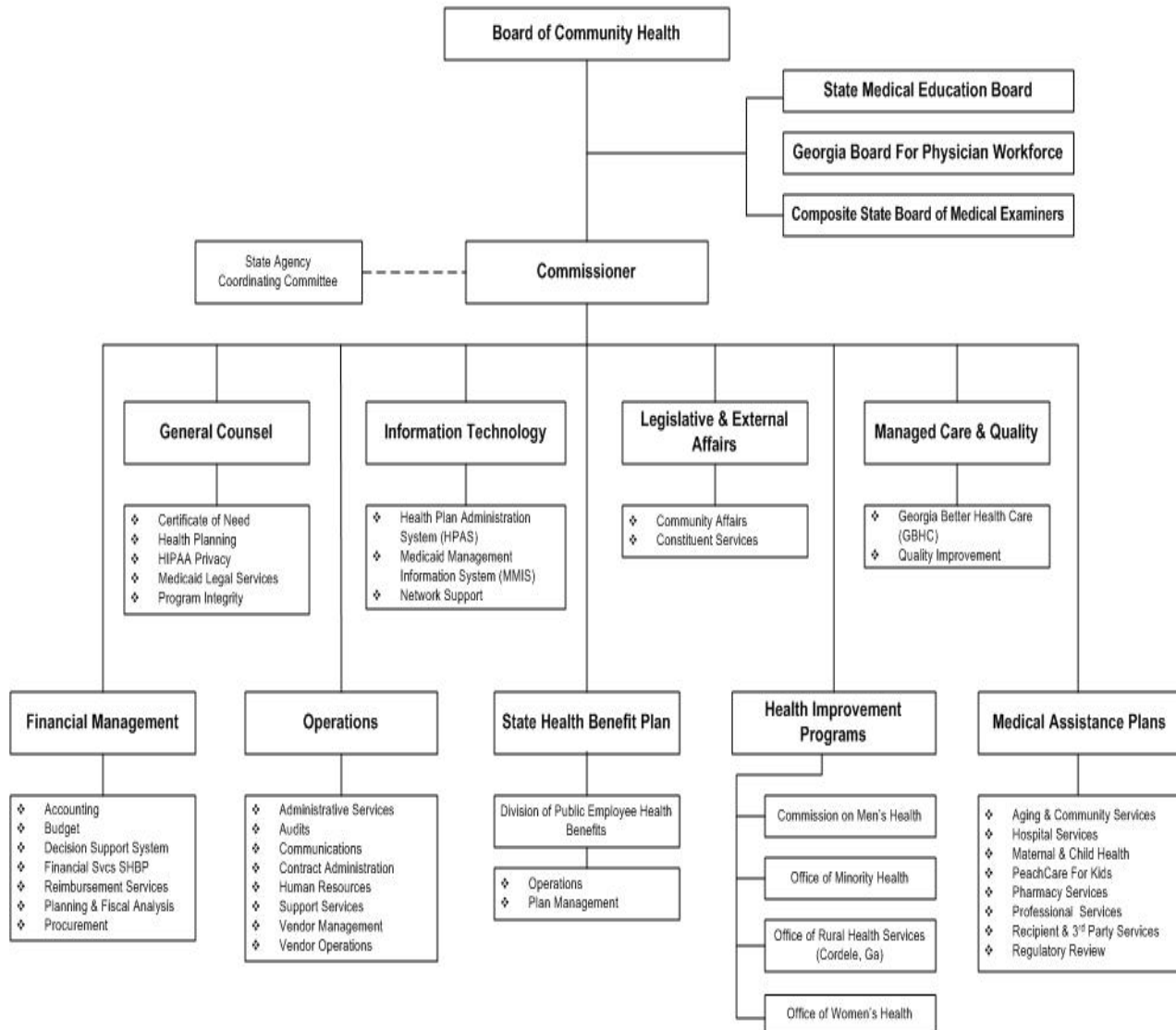
**CFS** initiated the renewal process for approximately 400 contracts by developing the listing of contracts along with their current and prior year financial status.

**Vendor Management**, Administrative Services, developed policies and procedures for consistency and to ensure maximum vendor productivity and adherence to performance standards/contract terms.

The **Office of Audits** volunteered to participate in the Payment Error Rate Measurement (PERM) pilot program funded by the United States Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS). Under the project, DCH gained experience in the logistics required to work with CMS to comply in federal fiscal year 2007 with the United States Congress' Improper Payments Information Act.

# DEPARTMENT OF COMMUNITY HEALTH

## FY 2005



FY 2005 DCH Expenditures		
<b>Benefits</b>		
Medicaid*	\$6,546,302,757	
PeachCare for Kids™*	\$263,157,121	
Indigent Care Trust Fund	\$490,913,447	
Payments to Nursing Homes	\$255,115,084	
State Health Benefit Plan Payments (Including HMO Premium Payments)	\$1,879,649,443	
	<b>\$9,435,137,852</b>	<b>94.24%</b>
<b>Services Support (Contracts)</b>		
Systems Support	\$105,840,751	
Department of Human Resources Administration Contract	\$109,989,140	
State Health Benefit Plan	\$103,297,079	
Medicaid and PeachCare for Kids™ Contractual Services	\$175,268,130	
	<b>\$494,395,100</b>	<b>4.94%</b>
<b>Medical Education and Licensing</b>		
Georgia Board for Physician Workforce	\$38,173,049	
State Medical Education Board	\$1,308,374	
Composite State Board of Medical Examiners	\$2,144,435	
	<b>\$41,625,858</b>	<b>.42%</b>
<b>Health Care Planning and Initiatives</b>		
Health Planning	\$1,757,555	
Rural Health	\$5,844,694	
Minority Health	\$332,429	
Women's Health	\$147,532	
	<b>\$8,082,210</b>	<b>.08%</b>
<b>Administration</b>		
State Health Benefit Plan Administration	\$8,648,117	
Medicaid and PeachCare Administration**	\$23,348,517	
	<b>\$31,996,634</b>	<b>.32%</b>
<b>Totals</b>	<b>\$10,011,237,654</b>	<b>100%</b>

\*Based on dates of service and includes claim and non-claim benefit payments.

\*\*Includes rent and utilities, state agency services, telecommunications, accounting and auditing, and other support services.

## DIVISION OF MEDICAL ASSISTANCE

### Accomplishments for FY 2005

#### Aging and Community Services Accomplishments for FY 2005

Service Options Using Resources in a Community Environment (SOURCE) Program was approved by the Centers for Medicare and Medicaid Services as a state plan service for **Enhanced Primary Care Case Management** effective January 2005.

#### DCH Quality Program in Nursing Homes

In FY 2005, DCH continues to collaborate with partners in the long-term care industry, which includes nursing homes, Office of Regulatory Services, State Ombudsman's Office in the Department of Human

Resources, American Association of Retired Persons and Alzheimer's Association, among others, to promote a successful program to measure and monitor quality indicators for improvement. Voluntarily enrolled Georgia nursing homes remain at 100 percent for participation in the program, which offers a range of clinical and quality indicators upon which facilities can conduct self-improvement assessments.

A book was developed from a program titled, "Year in Review," which includes statistics and trends, cost data and survey findings. The data included in this report include historical trends, as well as comparison data across councils, regions and national data. This information is now available on the Georgia Health Care Association Web site at [www.gnha.org](http://www.gnha.org). The DCH program also offered a fun way to get quality improvement training out to employees with the fascinating board game, "Just Ask Why." This game was played by staff members to learn more about quality. The game was presented or mailed to all nursing facilities.

### **Description of Medicaid**

Medicaid is a joint federal/state health care assistance program for certain individuals and families with low incomes and resources. Those included in the program are individuals with low incomes, children, pregnant women and people who are elderly, blind or disabled who meet the eligibility criteria. Medicaid is the largest source of funding for medical and health-related services for Georgia's most indigent people.

Medicaid reimburses health care providers for services administered to eligible individuals. People who are eligible for Medicaid receive a card, very similar to anyone else with health insurance, to use for services from participating providers.

The federal government pays the largest share of Medicaid costs. In FY 2005, for every dollar of state funds, Georgia drew down \$1.66 in federal-matching funding. The state's Medicaid program receives varying levels of federal reimbursement for different services and functions. For example, the federal government pays 90 percent of the cost for family planning and almost 60 percent for most other benefits. Computer costs are 75 percent federally funded and other administrative costs received 50 percent federal funding.

DCH works to make health care available and accessible to indigent Georgians while staying fiscally accountable to the state's citizens. A broad range of services addresses the health care needs of those enrolled in the Medicaid program.

The chart below and on the next page summarizes FY 2005 Medicaid and PeachCare for Kids™ benefit figures:

<b><u>TOTALS</u></b>	
Total Members*	2,026,314
Total Patients	1,708,842
Average Members Per Year	1,577,098.3
Member Months**	18,925,180
Total Expenditures	\$6,227,930,435.64
Expenditures Per Member	\$3,073.53
Expenditures Per Patient	\$3,644.53
Providers with Paid Claims	44,681
<b><u>MEDICAID</u></b>	
Total Members*	1,793,332
Total Patients	1,499,661
Average Members Per Year	1,367,759.8
Member Months**	16,413,117
Total Expenditures	\$5,949,090,603
Expenditures Per Member	\$3,317.34
Expenditures Per Patient	\$3,966.96
Providers with Paid Claims	44,455
Number of Paid Claims	43,883,016
<b><u>PEACHCARE for Kids™</u></b>	
Total Members*	299,955
Total Patients	249,030
Average Members Per Year	209,338.6
Member Months**	2,512,063
Total Expenditures	\$278,839,833
Expenditures Per Member	\$929.61
Expenditures Per Patient	\$1,119.70
Providers with Paid Claims	24,603
Number of Paid Claims	3,319,730

*\*Members are those who are eligible for and enrolled in the Medicaid or PeachCare for Kids™ program. Patients are those members who have received any type of service under these programs.*

*\*\*Member months is the sum of members by month with any coverage type.*

*Based on dates of service from July 2004 to June 2005, date paid July 2004 – September 2005 and include claim-based expenditures only.*

### **Eligibility**

A person must meet the eligibility requirements within one of the following coverage groups to be eligible for Medicaid: the aged (over 65), blind, permanently or totally disabled; pregnant women; children or parents or caregivers, when they meet income requirements and care for a Medicaid-eligible child. In all cases, the person must meet both the income and resource limits set for their respective coverage group and any established non-financial requirements. Non-financial requirements include criteria such as: age, U.S. citizenship or lawful alien status and Georgia residency.



### **Major Coverage Groups**

- **Supplemental Security Income (SSI) Recipients** – Aged, blind or disabled individuals who receive SSI.
- **Nursing Homes** – Aged, blind or disabled individuals who live in nursing homes and have low incomes and limited assets.
- **Community Care** – Aged, blind or disabled individuals who need regular nursing care and personal services, but who can stay at home with special community care services.
- **Qualified Medicare Beneficiaries** – Aged, blind or disabled individuals who have Medicare Part A (hospital) insurance and have incomes less than 100 percent of the federal poverty level and limited resources. Medicaid will pay the Medicare premiums (A & B), coinsurance and deductibles only.
- **Hospice** – Terminally-ill individuals who are not expected to live more than six months may be eligible for coverage. Recipients must agree to receive hospice services through a Medicaid participating hospice care provider.
- **Low-Income Medicaid** – Adults and children who meet the income standards of the Temporary Assistance for Needy Families (TANF) program.
- **Right from the Start Medicaid for Pregnant Women (RSM Adults)** – Pregnant women with family incomes at or below 200 percent of the federal poverty level.
- **Right from the Start Medicaid (RSM Children)** – Children from under 1 to 19 years whose family incomes are at or below the appropriate percentage of the federal poverty levels for their age and family size.
- **Medically Needy** – Pregnant women, children, aged, blind and disabled individuals whose family incomes exceed the established income limit may be eligible under the Medically Needy Program (MNP). The MNP allows a person to use incurred/unpaid medical bills to "spend down" the difference between his/her income and the income limit to become eligible.
- **Breast and Cervical Cancer Program** – Uninsured and underinsured women under age 65 who have been screened by the public health department and then diagnosed with either breast or cervical cancer may be eligible for treatment of their condition under Medicaid.
- **Emergency Medical Assistance** – Immigrants, including undocumented immigrants, who would have been eligible for Medicaid except for their immigrant status, were potentially eligible for Emergency Medical Assistance (EMA). This included persons who were aged, blind, disabled, pregnant women, children or parents of dependent children who met eligibility criteria. Services rendered to EMA recipients were limited to emergency care only as described in the Federal Regulations (1903 (v) of the Social Security Act and the Code of Federal Regulation 42 CFR 440.255).

### **Covered Services**

- Ambulance Services
- Ambulatory Surgical Services
- Certified Registered Nurse Anesthetists
- Childbirth Education Services
- Children's Intervention Services
- Community Mental Health Services
- Diagnostic, Screening and Preventive Services (Health Departments)
- Dental Services
- Dialysis Services
- Durable Medical Equipment (DME)
- Family Planning Services
- Georgia Better Health Care
- Health Check (Early and Periodic Screening, Diagnosis and Treatment - EPSDT)
- Health Insurance Premium Payment (HIPP)
- Health Insurance Premiums (Medicare Parts A & B)
- Home Health Services
- Hospice Services
- Inpatient and Outpatient Hospital Services

- Intermediate Care Facility for the Mentally Retarded Services
- Laboratory and Radiological Services
- Medicare Crossovers
- Non-Emergency Transportation Services
- Nurse Midwifery Services
- Nurse Practitioner Services
- Nursing Facility Services
- Oral Surgery
- Orthotic and Prosthetic Services
- Pharmacy Services
- Physician Services
- Physician's Assistant Services
- Podiatric Services
- Pre-Admission Screening/Annual Resident Review
- Pregnancy-Related Services
- Psychological Services
- Rural Health Clinic/Community Health Center Services
- SOURCE (Service Options Using Resources in a Community Environment)
- Swing-Bed Services
- Targeted Case Management Services
  - Adults with AIDS
  - Adult Protective Services
  - Case Management and Support Coordination Services
  - Child Protective Services
  - Children at Risk for Incarceration
  - Early Intervention
  - Perinatal
- Therapeutic Residential Intervention
- Vision Care Services
- Waiver Services
  - Community Care Services Program
  - Community Habilitation and Support
  - Georgia Pediatric Program (GAPP) Waiver
  - Independent Care Waiver Program
  - Mental Retardation Waiver Program
  - Traumatic Brain Injury

**Georgia Medicaid Patients and Expenditures for FY 1994 through FY 2005**

<b>Time Period</b>	<b>Patients</b>	<b>Net Payments</b>	<b>Net Pay Per Patient</b>	<b>% Change Year over Year</b>
FY 1994	1,058,918	\$2,747,463,083	\$2,594.59	N/A
FY 1995	1,135,212	\$3,003,708,266	\$2,645.94	1.98%
FY 1996	1,181,092	\$3,089,570,328	\$2,615.86	-1.14%
FY 1997	1,240,884	\$3,151,030,885	\$2,539.34	-2.93%
FY 1998	1,234,741	\$3,028,628,870	\$2,452.85	-3.41%
FY 1999	1,213,880	\$3,115,622,863	\$2,566.66	4.64%
FY 2000	1,201,669	\$3,343,199,902	\$2,782.13	8.39%
FY 2001	1,270,268	\$3,745,204,923	\$2,948.36	5.97%
FY 2002	1,369,629	\$4,393,856,380	\$3,208.06	8.81%
FY 2003	1,320,980	\$4,808,499,159	\$3,640.10	13.47%
FY 2004	1,422,773	\$5,587,222,638	\$3,927.00	7.88%
FY 2005	1,499,661	\$5,949,090,603	\$3,966.96	10.18%

*Based on dates of service from July 2004 to June 2005, date paid July 2004 – September 2005 and include claim-based expenditures only.*

<b>MEDICAID PROFILE</b>				
<b>Aid Category Group</b>	<b>Patients</b>	<b>% of Total</b>	<b>Net Payment</b>	<b>% of Total</b>
Breast/Cervical Cancer Screen	3,258	0.22%	\$37,193,858.62	0.63%
Aged – with and without Medicare	69,264	4.62%	\$1,054,230,904.50	17.72%
Blind/Disabled – with and without Medicare	212,854	14.19%	\$2,199,914,860.72	36.98%
Special Low-Income Medicare Beneficiaries	802	0.05%	\$262,184.94	0.00%
Other Waivers	16,574	1.11%	\$185,329,428.80	3.12%
Medically Needy	105	0.01%	\$567,014.48	0.01%
Qualified Medicare Beneficiaries	53,222	3.55%	\$38,812,767.22	0.65%
Low-Income Medicaid	482,248	32.16%	\$925,759,029.39	15.56%
RSM Child	650,784	43.40%	\$1,027,954,969.35	17.28%
RSM Adult	131,663	8.78%	\$476,790,919.74	8.01%
Refugee	1,642	0.11%	\$2,274,664.95	0.04%
	<b>1,499,661</b>	<b>100.00%</b>	<b>\$5,949,090,603</b>	<b>100.00%</b>
<b><u>By Age</u></b>				
Under 1 year	181,859	12.13%	\$531,447,859	8.93%
1 to 5 years	351,295	23.42%	\$464,358,698	7.81%
6 to 20 years	519,865	34.67%	\$1,013,285,772	17.03%
21 to 44 years	287,980	19.20%	\$1,401,781,044	23.56%
45 to 64 years	120,864	8.06%	\$1,179,232,156	19.82%
65+ years	129,558	8.64%	\$1,358,985,074	22.84%
	<b>1,499,661</b>	<b>100.00%</b>	<b>\$5,949,090,603</b>	<b>100.00%</b>
<b><u>By Gender</u></b>				
Male	588,471	39.24%	\$2,179,037,850	36.63%
Female	912,208	60.83%	\$3,770,052,752	63.37%
	<b>1,499,661</b>	<b>100.00%</b>	<b>\$5,949,090,603</b>	<b>100.00%</b>
<b><u>By Residence</u></b>				
Rural	586,709	39.12%	\$2,439,565,235	41.01%
Urban	941,894	62.81%	\$3,509,525,367	58.99%
	<b>1,499,661</b>	<b>100.00%</b>	<b>\$5,949,090,603</b>	<b>100.00%</b>
<b><u>By Race</u></b>				
Unknown	120,414	8.03%	\$547,821,408	9.21%
White	656,523	43.78%	\$2,916,703,913	49.03%
Black	720,127	48.02%	\$2,388,855,779	40.15%
American Indian/Alaskan	1,285	0.09%	\$4,784,405	0.08%
Asian/Pacific Islander	20,816	1.39%	\$62,632,639	1.05%
Hispanic	14,075	0.94%	\$28,292,459	0.48%
	<b>1,499,661*</b>	<b>100.00%*</b>	<b>\$5,949,090,603</b>	<b>100.00%</b>

Based on dates of service from July 2004 to June 2005, date paid July 2004 – September 2005 and include claim-based expenditures only.

\*Patients do not necessarily sum to total as members may switch between categories.

Below are descriptions of covered services, providers with paid claims recipients and expenditures by category of service.

### **Physician Services**

- Pays for services provided by licensed physicians.
- Over 68.04 percent of all members received services from a physician in FY 2005.
- Physician services accounted for approximately 10.7 percent of Medicaid benefit expenditures in FY 2005.

<b><i>Physician Services</i></b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Physician Services	24,523	1,220,256	\$635,440,090	\$520.74
<b>Net Payments Sub Total</b>			<b>\$635,440,090</b>	

### **Pharmacy Services**

- The Drug Utilization Review Board recommends medical criteria standards and educational intervention methods for drug utilization review. It also advises DCH about products considered clinically effective for the department's health plans. Pharmacy services cover drugs requiring a prescription, insulin, diabetic supplies and certain nonprescription drugs. However, if a proven, less-expensive treatment known to be safe and effective for most people does not work for an individual, the doctor may wish to change to another more expensive drug. In such a case, a prior authorization may be required to document such a treatment if necessary, depending on the classification of the drug.
- Pharmacy increased its generic utilization from 50.8 percent to 56.3 percent in FY 2005. Additionally, the supplemental rebate program implemented saved DCH \$131,179,656 in FY 2005. These supplemental rebate savings included both supplemental rebate payments to DCH, as well as market share movement.
- Pharmacy services accounted for approximately 19.2 percent of Medicaid benefit expenditures in FY 2005.

<b><i>Pharmacy Services</i></b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Pharmacy	2,132	1,157,222	\$1,129,133,102	\$975.73
Pharmacy DME Supplier	2,001	69,437	\$12,386,662	\$178.39
<b>Net Payments Sub Total</b>			<b>\$1,141,519,765</b>	

### **Hospital Services**

- Inpatient hospital services are covered when services cannot be provided on an outpatient basis.
- Most adult inpatient hospital stays and outpatient surgical procedures must be certified prior to admission.
- Outpatient hospital services may include emergency room care, outpatient surgery and clinic services.
- Hospital services accounted for approximately 31.1 percent of total Medicaid benefit expenditures in FY 2005.

<b>Hospital Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Inpatient Hospital Services	397	255,323	\$1,230,111,314	\$4,817.86
Outpatient Hospital Services	671	782,647	\$620,793,199	\$793.20
<b>Net Payments Sub Total</b>			<b>\$1,850,904,513</b>	

#### **Nursing Facility Services**

- Covers institutional care for members whose health conditions are such that they are unable to remain at home or in the community.
- The Department of Human Resources' Office of Regulatory Services regulates nursing home licensing and certain quality measures.
- Accounted for approximately 17.9 percent of total Medicaid benefit expenditures in FY 2005.

<b>Nursing Facility Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Swing-bed Hospital Services	30	267	\$355,514	\$1,331.51
Skilled Care in a Nursing Facility	351	40,629	\$945,244,530	\$23,265.27
Skilled Care in a State-Owned Nursing Facility	6	296	\$23,114,845	\$78,090.69
State-Owned Intensive Care for Mental Retardation	12	1,029	\$90,870,568	\$88,309.59
Intensive Care Nursing Facility - Mental Retardation	1	120	\$6,353,529	\$52,946.08
<b>Net Payments Sub Total</b>			<b>\$1,065,938,986</b>	

#### **Maternal and Child Health Services**

- Covers prenatal and perinatal care, family planning, pays for children's preventive care through Health Check, helps children with physical and developmental problems and assists children at risk.
- Represented approximately 2.1 percent of total Medicaid benefit expenditures in FY 2005.

<b>Maternal and Child Health Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Family Planning Services	117	23,083	\$2,375,632	\$102.92
Health Check Services (EPSDT)	2,805	462,289	\$49,505,707	\$107.09
Pregnancy-Related Services	109	10,585	\$924,704	\$87.36
Children-at-Risk Targeted Case	27	4,981	\$2,309,157	\$463.59
Perinatal Targeted Case Management	149	34,723	\$3,241,179	\$93.34
Diagnostic Screening and Prevention	245	104,633	\$5,463,884	\$52.22
Early Intervention Case Management	221	6,832	\$5,345,491	\$782.42
Children's Intervention Services	2,339	26,040	\$42,297,594	\$1,624.33
Childbirth Education Program	11	339	\$8,310	\$24.51
Children's Intervention School	146	18,869	\$15,257,056	\$808.58
<b>Net Payments Sub Total</b>			<b>\$126,728,716</b>	

### **Other Practitioner Services**

- Includes: physician's assistant services, Health Check dental program for children under 21, adult dental program, vision care, nurse midwifery, oral maxillofacial surgery, podiatry, psychological services, advanced registered nurse practitioners services and licensed clinical social work.
- Represented approximately 4.4 percent of total Medicaid benefit expenditures during FY 2005.

<b><i>Other Practitioner Services</i></b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Physician's Assistant Services	1,382	109,711	\$10,044,590	\$91.55
Health Check Dental Program - Under 21	1,487	403,759	\$161,248,810	\$399.37
Adult Dental Program	1,004	55,528	\$19,302,444	\$347.62
Vision Care	871	134,740	\$10,328,840	\$76.66
Nurse Midwifery	213	22,755	\$13,630,805	\$599.02
Oral Maxillofacial Surgery	92	1,753	\$237,515	\$135.49
Podiatry	381	48,448	\$3,659,557	\$75.54
Psychological Services	780	36,697	\$21,806,704	\$594.24
Advanced Registered Nurse Practitioners	2,516	174,350	\$19,068,920	\$109.37
Licensed Clinical Social Work	26	209	\$15,344	\$73.42
<b>Net Payments Sub Total</b>			<b>\$259,343,529</b>	

### **Mental Health Services**

- Covers a comprehensive range of services provided by outpatient mental health rehabilitative programs.
- People with chronic mental illnesses, mental retardation or substance abuse may receive community-based services, which enable them to continue living independently in the community. Community care is a less-costly alternative to either hospitalization or nursing home care.
- Accounted for approximately 1.8 percent of total Medicaid benefit expenditures during FY 2005.

<b><i>Mental Health Services</i></b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Community Mental Health Services	431	63,011	\$104,668,140	\$1,661.11
<b>Net Payments Sub Total</b>			<b>\$104,668,140</b>	

### **Waiver Services for Home and Community-Based Care**

Waiver services include four home and community-based programs that are covered by Medicaid. These waivers are issued by the federal government and allow exceptions to specific Medicaid requirements. Waivers permit the state to pay for home and community-based services as an alternative to institutional care. Each waiver program offers "core" services including the following: service coordination, personal support, home health services, emergency response systems and respite care. Additional services are available under each program.

Home and community-based alternatives accounted for seven percent of the total Medicaid benefit expenditures in FY 2005.

The four home and community-based waiver programs are as follows:

- The **Community Care Services Program** helps aged or disabled people remain in their homes or return to the community from nursing homes.

- The **Mental Retardation Waiver Program** and the **Community Habilitation and Support Services Waiver Program** help people with developmental disabilities and/or mental retardation remain in their own homes or move to a community residential facility to prevent placement in an Intermediate Care Facility for People with Mental Retardation.
- The **Independent Care Waiver Program** helps adult Medicaid members with severe disabilities live in their own homes or in the community instead of a hospital or nursing home.
- **Waivered Home Care Services** helps children who are ventilator-dependent. The children receive in-home care and services.

Other services included the following:

- Service Options Using Resources in a Community Environment (SOURCE) links primary care with an array of long-term health services in a person's home or community to avoid preventable hospitalization and nursing home care for frail, older or disabled people. In FY 2005, there were eight SOURCE sites, providing services in 159 counties, more than 8,000 people in Georgia.
- Dedicated case management services are used by people needing mental health services and some mental retardation waiver services.
- Georgia Pediatric Program (GAPP) (GAPP In-home Private Duty Nursing; GAPP Medically Fragile Daycare) serves medically-fragile members under the age of 21. Members must be medically fragile with multiple systems diagnoses and require continuous skilled-nursing care to be considered for GAPP services. Members served by GAPP are required to meet the same level of care for their medical condition that requires skilled-nursing care equivalent to the care received in an institutional setting, i.e., hospital or skilled-nursing facility, or admission to a hospital or nursing facility. In FY 2005, a total of 618 members received GAPP services.

<b>Waiver Services for Home and Community-Based Care</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Dedicated Case Management Services	5	12,301	\$16,056,390	\$1,305.29
Community Care Services	483	13,980	\$97,697,732	\$6,988.39
Independent Care Waiver Services	102	622	\$26,493,926	\$42,594.74
Mental Retardation Waiver Program	479	7,060	\$152,278,360	\$21,569.17
Community Habilitation and Support	78	1,197	\$55,337,963	\$46,230.55
Waivered Home Care Services	2	7	\$23,836	\$3,405.19
SOURCE	171	7,222	\$44,584,586	\$6,173.44
Georgia Pediatric Program (GAPP) In-home Private Duty Nursing (473 Members in FY 2005)	17	393	\$20,298,515	\$51,650.17
Georgia Pediatric Program (GAAP) Medically Fragile Daycare (145 Members in FY 2005)	4	200	\$6,321,356	\$31,606.78
<b>Net Payments Sub Total</b>			<b>\$419,092,665*</b>	

\* The above numbers may not add due to rounding

### **Emergency Transportation**

- Covers Emergency Ground Ambulance and Emergency Air Ambulance Services, which in FY 2005, accounted for 0.4 percent of total Medicaid benefit expenditures.
- The Non-Emergency Transportation total for two vendors was \$68,790,663. Expenditures were \$56,207,822 for Logisticare and \$12,582,841 for Southeastrans respectively. This expenditure is accounted for in "All Other Services."



<b>Emergency Transportation</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Emergency Ground Ambulance Services	202	92,611	\$20,495,235	\$221.30
Emergency Air Ambulance Services	10	834	\$2,322,396	\$2,784.65
<b>Net Payments Sub Total</b>			<b>\$22,817,631</b>	

#### **Equipment and Devices**

- Covers the rental or purchase of medical equipment and devices such as: hospital beds, wheelchairs, oxygen equipment, walkers, artificial limbs and braces.
- Services in this category accounted for 0.8 percent of total Medicaid benefit expenditures in FY 2005.

<b>Equipment and Devices</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Durable Medical Equipment Services	880	109,500	\$38,223,409	\$349.07
Orthotics and Prosthetics/Hearing Services	233	16,605	\$10,620,376	\$639.59
<b>Net Payments Sub Total</b>			<b>\$48,843,784</b>	

#### **All Other Services**

Covered services such as: ambulatory and surgical centers, rural health clinics, non-emergency transportation (NET), laboratory, x-ray, dialysis, home health, protective services, hospice, therapy and specialized services for specific populations including adults with AIDS and children at risk for incarceration.

All Other SSI Services comprised 4.6 percent of total Medicaid benefit expenditures in FY 2005.

<b>All Other Services</b>				
<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Home Health Services	96	9,301	\$6,469,446	\$695.56
Independent Laboratory Service	144	283,912	\$23,720,829	\$83.55
Speech Therapy - Medicare Only	1	8	\$144	\$17.95
Physical Therapy - Medicare Only	114	923	\$26,128	\$28.31
Rehabilitation Therapy - Medicare Only	42	898	\$24,265	\$27.02
Federally Qualified Health Center	65	43,034	\$11,474,095	\$266.63
Hospital-Based Rural Health Center	54	27,315	\$4,274,690	\$156.50
Free Standing Rural Health Clinic	32	18,209	\$3,567,399	\$195.91
Chiropractics - Medicare Only	129	815	\$32,946	\$40.43
Ambulatory Surgical Center/Birthing	147	17,708	\$8,443,782	\$476.83
Hospice	88	5,963	\$54,171,985	\$9,084.69
Dialysis Services - Technical	415	7,356	\$38,417,340	\$5,222.59
Continued on next page				
<b>All Other Services</b>				

<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
Dialysis Services – Professional	398	3,061	\$1,536,207	\$501.86
Targeted-Case Management-Aids	15	1,042	\$256,280	\$245.95
At Risk of Incarceration	1	6,875	\$5,647,243	\$821.42
Child Protective Services	1	36,103	\$37,905,773	\$1,049.93
Adult Protective Services	1	2,617	\$2,962,609	\$1,132.06
Therapeutic Residential Intervention	30	5,824	\$74,861,625	\$12,853.99
<b>Net Payments Sub Total</b>			<b>\$273,792,784*</b>	

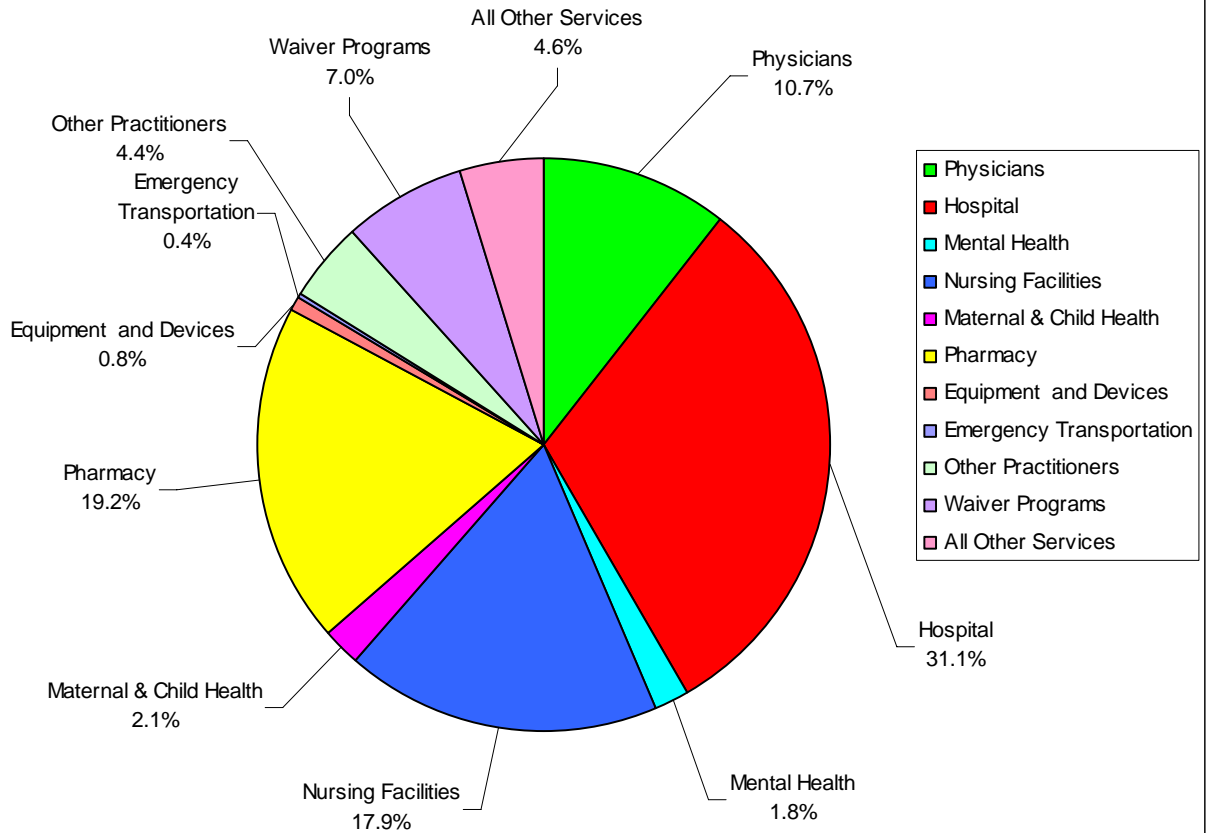
\* The above numbers may not add due to rounding

For all services, the department identifies members with other health insurance in an attempt to ensure Medicaid is payer of last resort as shown below:

- Requiring the third party to pay before Medicaid (cost avoidance);
- Recouping benefits from the liable third party after the claim has been paid;
- Trauma, casualty, or accident-related payment cases (tort recovery);
- Billing the liable party;
- Paying health insurance premiums for members when it is cost effective and
- Health Insurance Premium Payment (HIPP) Program.

<b>Third Party Liability FY 2005 Totals</b>	
	<b>Dollars Recovered</b>
From Casualty	\$9,699,278.39
From Other Health Insurance	\$21,025,309.15
Total	\$30,724,587.54
	<b>Cost Avoidance Savings</b>
Due to Medicare	\$500,768,732.91
Due to Other Health Insurance	\$166,928,563.25
Total	\$667,697,296.16

### Medicaid Services Distribution FY 2005



### MEDICAID MEMBERS AND EXPENDITURES BY COUNTY

County	# of Unique Patients	Net Payments	Payment/ Patient	# of Providers	% of Total Population
Appling	5,320	\$23,327,545	\$4,385	4,024	0.35%
Atkinson	2,496	\$9,213,262	\$3,691	1,746	0.17%
Bacon	2,514	\$12,264,687	\$4,879	1,738	0.17%
Baker	893	\$2,519,025	\$2,821	942	0.06%
Baldwin	9,238	\$81,955,344	\$8,872	4,664	0.62%
Banks	2,400	\$7,872,420	\$3,280	2,539	0.16%
Barrow	8,906	\$34,533,732	\$3,878	5,623	0.59%
Bartow	15,563	\$54,447,270	\$3,499	6,825	1.04%
Ben Hill	5,104	\$22,778,038	\$4,463	2,608	0.34%
Berrien	4,260	\$17,077,182	\$4,009	2,038	0.28%
Bibb	36,577	\$165,488,845	\$4,524	7,527	2.44%
Bleckley	2,323	\$11,090,587	\$4,774	1,807	0.15%
Brantley	3,852	\$13,541,011	\$3,515	2,245	0.26%
Brooks	3,944	\$17,028,666	\$4,318	1,726	0.26%
Bryan	3,409	\$14,893,186	\$4,369	2,171	0.23%
Bulloch	10,329	\$41,279,317	\$3,996	3,822	0.69%

County	# of Unique Patients	Net Payments	Payment/ Patient	# of Providers	% of Total Population
Burke	6,990	\$25,700,128	\$3,677	2,499	0.47%
Butts	3,845	\$18,051,279	\$4,695	3,398	0.26%
Calhoun	1,682	\$8,764,861	\$5,211	1,266	0.11%
Camden	6,462	\$18,018,281	\$2,788	2,252	0.43%
Candler	2,883	\$18,551,081	\$6,435	1,936	0.19%
Carroll	18,742	\$71,137,693	\$3,796	7,382	1.25%
Catoosa	7,790	\$28,139,953	\$3,612	2,708	0.52%
Charlton	2,398	\$8,887,866	\$3,706	1,568	0.16%
Chatham	42,665	\$185,358,267	\$4,345	6,317	2.84%
Chattahoochee	833	\$2,057,526	\$2,470	972	0.06%
Chattooga	5,042	\$20,587,399	\$4,083	2,572	0.34%
Cherokee	14,073	\$53,138,056	\$3,776	7,669	0.94%
Clarke	17,016	\$69,067,076	\$4,059	6,041	1.13%
Clay	1,140	\$4,468,699	\$3,920	1,125	0.08%
Clayton	54,231	\$166,734,339	\$3,075	12,834	3.62%
Clinch	2,171	\$9,016,018	\$4,153	1,596	0.14%
Cobb	64,506	\$230,189,253	\$3,568	14,833	4.30%
Coffee	10,919	\$40,449,059	\$3,704	3,979	0.73%
Colquitt	11,377	\$44,662,088	\$3,926	3,555	0.76%
Columbia	9,050	\$37,495,823	\$4,143	3,123	0.60%
Cook	4,092	\$17,666,777	\$4,317	1,998	0.27%
Coweta	12,668	\$43,078,379	\$3,401	5,791	0.84%
Crawford	2,382	\$9,510,721	\$3,993	2,079	0.16%
Crisp	6,530	\$30,535,179	\$4,676	2,752	0.44%
Dade	2,381	\$9,692,119	\$4,071	1,410	0.16%
Dawson	2,189	\$7,570,427	\$3,458	2,934	0.15%
DeKalb	104,075	\$388,033,499	\$3,728	18,029	6.94%
Decatur	7,811	\$29,876,417	\$3,825	2,625	0.52%
Dodge	4,587	\$21,814,603	\$4,756	2,473	0.31%
Dooly	3,035	\$15,262,266	\$5,029	2,185	0.20%
Dougherty	26,773	\$100,059,547	\$3,737	5,474	1.79%
Douglas	15,645	\$53,932,193	\$3,447	8,109	1.04%
Early	4,058	\$15,744,497	\$3,880	1,945	0.27%
Echols	869	\$2,077,207	\$2,390	617	0.06%
Effingham	6,074	\$22,699,086	\$3,737	2,406	0.41%
Elbert	4,597	\$19,857,316	\$4,320	2,208	0.31%
Emanuel	6,673	\$30,528,258	\$4,575	3,372	0.44%
Evans	2,880	\$10,846,664	\$3,766	1,762	0.19%
Fannin	3,910	\$17,130,027	\$4,381	2,921	0.26%
Fayette	5,514	\$22,065,367	\$4,002	4,469	0.37%
Floyd	20,914	\$106,136,408	\$5,075	7,662	1.39%
Forsyth	7,056	\$28,043,814	\$3,974	5,099	0.47%
Franklin	4,273	\$19,616,076	\$4,591	3,021	0.28%
Fulton	146,558	\$583,927,539	\$3,984	22,842	9.77%
Gilmer	4,695	\$20,335,567	\$4,331	3,531	0.31%
Glascocock	612	\$4,319,677	\$7,058	1,086	0.04%
Glynn	12,933	\$52,356,377	\$4,048	3,742	0.86%
Gordon	9,633	\$34,704,474	\$3,603	3,863	0.64%
Grady	6,116	\$19,162,586	\$3,133	1,933	0.41%
Greene	3,217	\$12,388,233	\$3,851	2,306	0.21%
Gwinnett	78,118	\$232,843,903	\$2,981	14,795	5.21%

<b>County</b>	<b># of Unique Patients</b>	<b>Net Payments</b>	<b>Payment/ Patient</b>	<b># of Providers</b>	<b>% of Total Population</b>
Habersham	5,786	\$21,792,933	\$3,766	2,943	0.39%
Hall	27,534	\$100,687,253	\$3,657	8,258	1.84%
Hancock	2,319	\$10,878,848	\$4,691	1,820	0.15%
Haralson	5,748	\$28,039,270	\$4,878	3,784	0.38%
Harris	2,613	\$11,811,163	\$4,520	2,035	0.17%
Hart	4,362	\$19,767,055	\$4,532	2,475	0.29%
Heard	2,485	\$9,135,282	\$3,676	2,123	0.17%
Henry	17,535	\$53,754,255	\$3,066	8,440	1.17%
Houston	17,843	\$67,529,087	\$3,785	5,334	1.19%
Irwin	2,275	\$12,468,252	\$5,481	1,620	0.15%
Jackson	7,889	\$33,257,004	\$4,216	4,684	0.53%
Jasper	2,299	\$8,194,813	\$3,565	2,372	0.15%
Jeff Davis	3,557	\$13,800,648	\$3,880	2,539	0.24%
Jefferson	5,037	\$21,465,633	\$4,262	2,346	0.34%
Jenkins	2,603	\$10,911,247	\$4,192	1,932	0.17%
Johnson	2,357	\$12,590,834	\$5,342	1,997	0.16%
Jones	3,382	\$12,722,563	\$3,762	2,302	0.23%
Lamar	3,004	\$12,342,460	\$4,109	2,642	0.20%
Lanier	2,014	\$8,566,432	\$4,253	1,364	0.13%
Laurens	11,569	\$47,232,685	\$4,083	4,120	0.77%
Lee	3,137	\$11,331,006	\$3,612	2,157	0.21%
Liberty	11,244	\$40,665,828	\$3,617	4,660	0.75%
Lincoln	1,556	\$5,638,916	\$3,624	1,540	0.10%
Long	2,391	\$8,825,386	\$3,691	1,602	0.16%
Lowndes	20,631	\$91,250,099	\$4,423	6,382	1.38%
Lumpkin	3,512	\$13,975,532	\$3,979	2,950	0.23%
Macon	3,951	\$22,573,208	\$5,713	2,661	0.26%
Madison	4,731	\$19,847,075	\$4,195	2,712	0.32%
Marion	1,920	\$7,957,778	\$4,145	1,524	0.13%
McDuffie	5,563	\$21,552,440	\$3,874	2,233	0.37%
McIntosh	2,418	\$7,838,132	\$3,242	1,694	0.16%
Meriwether	5,477	\$23,277,729	\$4,250	3,614	0.37%
Miller	1,621	\$8,407,298	\$5,186	1,176	0.11%
Mitchell	6,522	\$25,604,516	\$3,926	2,618	0.43%
Monroe	3,614	\$18,230,115	\$5,044	2,928	0.24%
Montgomery	1,846	\$7,600,969	\$4,118	1,846	0.12%
Morgan	2,800	\$9,899,480	\$3,536	2,494	0.19%
Murray	7,856	\$25,941,430	\$3,302	2,693	0.52%
Muscogee	38,160	\$151,382,124	\$3,967	7,230	2.54%
Newton	15,380	\$51,547,835	\$3,352	7,310	1.03%
Oconee	2,146	\$9,457,778	\$4,407	1,884	0.14%
Oglethorpe	2,049	\$8,307,154	\$4,054	1,671	0.14%
Paulding	10,105	\$34,995,331	\$3,463	6,496	0.67%
Peach	5,043	\$17,742,293	\$3,518	2,753	0.34%
Pickens	3,784	\$17,971,732	\$4,749	3,314	0.25%
Pierce	4,105	\$17,814,534	\$4,340	2,398	0.27%
Pike	2,228	\$9,003,558	\$4,041	2,312	0.15%
Polk	8,371	\$34,978,190	\$4,178	4,151	0.56%
Pulaski	1,978	\$8,897,657	\$4,498	1,630	0.13%
Putnam	3,307	\$12,482,449	\$3,775	2,881	0.22%
Quitman	632	\$1,680,365	\$2,659	783	0.04%

County	# of Unique Patients	Net Payments	Payment/ Patient	# of Providers	% of Total Population
Rabun	2,445	\$11,512,990	\$4,709	2,057	0.16%
Randolph	2,254	\$9,743,522	\$4,323	1,378	0.15%
Richmond	46,461	\$212,769,879	\$4,580	6,013	3.10%
Rockdale	12,072	\$39,664,796	\$3,286	6,159	0.80%
Schley	913	\$3,058,735	\$3,350	1,155	0.06%
Screven	3,780	\$15,530,124	\$4,108	2,234	0.25%
Seminole	2,549	\$10,555,822	\$4,141	1,402	0.17%
Spalding	13,851	\$53,567,493	\$3,867	6,169	0.92%
Stephens	5,412	\$25,901,284	\$4,786	3,413	0.36%
Stewart	1,379	\$7,678,323	\$5,568	1,324	0.09%
Sumter	9,391	\$40,100,138	\$4,270	3,308	0.63%
Talbot	1,499	\$4,639,229	\$3,095	1,554	0.10%
Taliaferro	476	\$1,604,847	\$3,372	870	0.03%
Tattnall	4,744	\$23,761,516	\$5,009	2,758	0.32%
Taylor	2,266	\$10,326,038	\$4,557	2,481	0.15%
Telfair	3,135	\$17,138,756	\$5,467	2,490	0.21%
Terrell	3,049	\$11,560,504	\$3,792	1,336	0.20%
Thomas	11,603	\$60,381,518	\$5,204	3,971	0.77%
Tift	9,515	\$38,160,002	\$4,011	3,367	0.63%
Toombs	8,010	\$37,281,434	\$4,654	3,430	0.53%
Towns	1,365	\$9,780,907	\$7,165	1,680	0.09%
Treutlen	1,823	\$9,584,609	\$5,258	1,584	0.12%
Troup	15,148	\$59,986,862	\$3,960	5,935	1.01%
Turner	2,874	\$12,514,353	\$4,354	1,795	0.19%
Twiggs	1,980	\$8,562,273	\$4,324	1,894	0.13%
Union	2,957	\$15,332,835	\$5,185	2,421	0.20%
Upson	6,094	\$27,114,595	\$4,449	3,243	0.41%
Walker	11,574	\$53,978,140	\$4,664	3,411	0.77%
Walton	10,564	\$38,898,020	\$3,682	6,089	0.70%
Ware	9,602	\$49,721,262	\$5,178	3,575	0.64%
Warren	1,698	\$7,942,236	\$4,677	1,428	0.11%
Washington	4,742	\$21,854,074	\$4,609	2,625	0.32%
Wayne	6,434	\$28,057,204	\$4,361	2,885	0.43%
Webster	544	\$1,769,675	\$3,253	780	0.04%
Wheeler	1,465	\$6,866,740	\$4,687	1,363	0.10%
White	3,699	\$15,054,710	\$4,070	2,985	0.25%
Whitfield	17,861	\$63,189,778	\$3,538	4,020	1.19%
Wilcox	2,216	\$12,577,432	\$5,676	2,118	0.15%
Wilkes	2,403	\$9,588,462	\$3,990	2,060	0.16%
Wilkinson	2,229	\$8,264,699	\$3,708	1,871	0.15%
Worth	4,933	\$18,289,069	\$3,707	2,406	0.33%
<b>Unique Count Total</b>	<b>1,499,661</b>	<b>\$5,949,090,603</b>	<b>\$3,967</b>	<b>44,455</b>	<b>100.00%</b>

Based on dates of service from July 2004 to June 2005, date paid July 2004 – September 2005, and include claim-based expenditures only.

\*Patients and providers do not necessarily sum to total as they may switch between categories.

### **PeachCare for Kids™ Program**

The PeachCare for Kids™ Program is the Georgia version of the federal State Children's Health Insurance Program (SCHIP) that provides medical and dental coverage for children of working families whose incomes are too high to qualify for Medicaid, but who do not make enough money to purchase

private health insurance. In FY 2005, uninsured children were eligible for PeachCare for Kids™ if their families' incomes were up to 235 percent of the federal poverty level, but above Medicaid income guidelines. For a family of four in 2005, 235 percent of the federal poverty level was \$45,492.

In FY 2005, the PeachCare for Kids™ Program increased premiums on a sliding scale based on income. Premiums are now \$10 to \$35 per child and no more than \$70.

<b>PEACHCARE FOR KIDS™</b>	
Total Members*	299,955
Total Patients	249,030
Average Members Per Year	209,338.6
Member Months**	2,512,063
Total Expenditures	\$278,839,833
Expenditures Per Member	\$929.61
Expenditures Per Patient	\$1,119.70
Providers with Paid Claims	24,603
Number of Paid Claims	3,319,730

\*Members are those who are eligible for and enrolled in the Medicaid or PeachCare for Kids™ program. Patients are those members who have received any type of service under these programs.

\*\*Member months are the sum of members by month with any coverage type.

### **Important Projects in FY 2005**

PeachCare for Kids™ compiled research and analysis on several components of the program. With help from the Georgia Health Policy Center, the program has been able to study the impact of policies on health care utilization, enrollment and member satisfaction. The staff plans to share it with other State Children's Health Insurance Plan Programs as they consider different policy options.

The Consumer Assessment of Health Plans survey informed staff of the general satisfaction and utilization patterns of children enrolled in PeachCare for Kids™. Sixty percent of PeachCare for Kids™ members report obtaining dental care in the last six months. On a scale of one to ten, 74 percent of PeachCare for Kids™ parents rated overall health care experience a nine or ten. The annual Health Plan Employer Data and Information Set measures show improvement in health care access and continuity of care. There was a two percent increase in the number of PeachCare for Kids™ members who saw their primary care provider at least once in the past year. Eighty-six percent of PeachCare for Kids™ members also stayed with their primary care provider for the whole year.

PeachCare for Kids™ enrollment growth continues, ranking it as the fifth largest number of covered children in the country only behind larger states of California, New York, Texas and Florida. Data show 2,512,059 children were enrolled at the close of FY 2005.

<b>PEACHCARE FOR KIDS™ PROFILE</b>				
	<b>Patients</b>	<b>% of Total</b>	<b>Expenditures</b>	<b>% of Total</b>
<b><u>By Age</u></b>				
Under 1 year	2,059	0.83%	\$1,740,038	0.62%
1 to 5 years	73,407	29.48%	\$74,890,702	26.86%
6 to 13 years	130,635	52.46%	\$132,296,357	47.45%
14 to 18 years	57,003	22.89%	\$69,912,737	25.07%
	<b>249,030</b>	<b>100.00%</b>	<b>\$278,839,833</b>	<b>100.00%</b>
Continued on next page				
<b>PEACHCARE FOR KIDS™ PROFILE</b>				

	<b>Patients</b>	<b>% of Total</b>	<b>Expenditures</b>	<b>% of Total</b>
<b><u>By Gender</u></b>				
Male	126,769	50.91%	\$150,088,133	53.83%
Female	122,837	49.33%	\$128,751,699	46.17%
	<b>249,030</b>	<b>100.00%</b>	<b>\$278,839,833</b>	<b>100.00%</b>
<b><u>By Residence</u></b>				
Rural	89,775	36.05%	\$107,573,104	38.58%
Urban	159,025	63.86%	\$171,266,729	61.42%
	<b>249,030</b>	<b>100.00%</b>	<b>\$278,839,833</b>	<b>100.00%</b>
<b><u>By Race</u></b>				
Unknown	24,867	9.99%	\$25,249,354	9.06%
White	123,984	49.79%	\$156,696,297	56.20%
Black	74,310	29.84%	\$65,012,632	23.32%
American Indian/Alaskan	70	0.03%	\$73,123	0.03%
Asian/Pacific Islander	7,111	2.86%	\$8,608,278	3.09%
Hispanic	24,017	9.64%	\$23,200,149	8.32%
	<b>*249,030</b>	<b>*100.00%</b>	<b>\$278,839,833</b>	<b>100.00%</b>

Based on dates of service from July 2004 to June 2005, date paid July 2004 – September 2005 and include claim-based expenditures only.

\*Patients do not necessarily sum to total as members switch between categories.

### **Premiums and Services**

Premiums are required for children ages six and older. Premiums are set on a sliding scale based on income. The cost per month is \$10 to \$35 and no more than \$70. Premiums are due the first day of the month prior to the month of coverage.

The plan pays for preventive services and acute medical care, as well as prescription drugs, vision and dental care. PeachCare for Kids™ covers most of the same services covered by Medicaid, with the exception of non-emergency transportation, targeted case management, nursing facilities and community-waiver programs.

### **PEACHCARE FOR KIDS™ SERVICES DISTRIBUTION**

<b>Category of Service</b>	<b>Providers w/ Paid Claims</b>	<b>Unique Patients</b>	<b>Net Payment</b>	<b>Net Payment Per Patient</b>
<b>Physician Services</b>				
Physician Services	13,846	189,332	\$48,450,506	\$255.90
<b>Net Payments Sub Total</b>			<b>\$48,450,506</b>	
<b>Hospital Services</b>				
Inpatient Hospital Services	169	3,280	\$22,610,324	\$6,893.39
Outpatient Hospital Services	306	85,238	\$46,958,519	\$550.91
<b>Net Payments Sub Total</b>			<b>\$69,568,844</b>	
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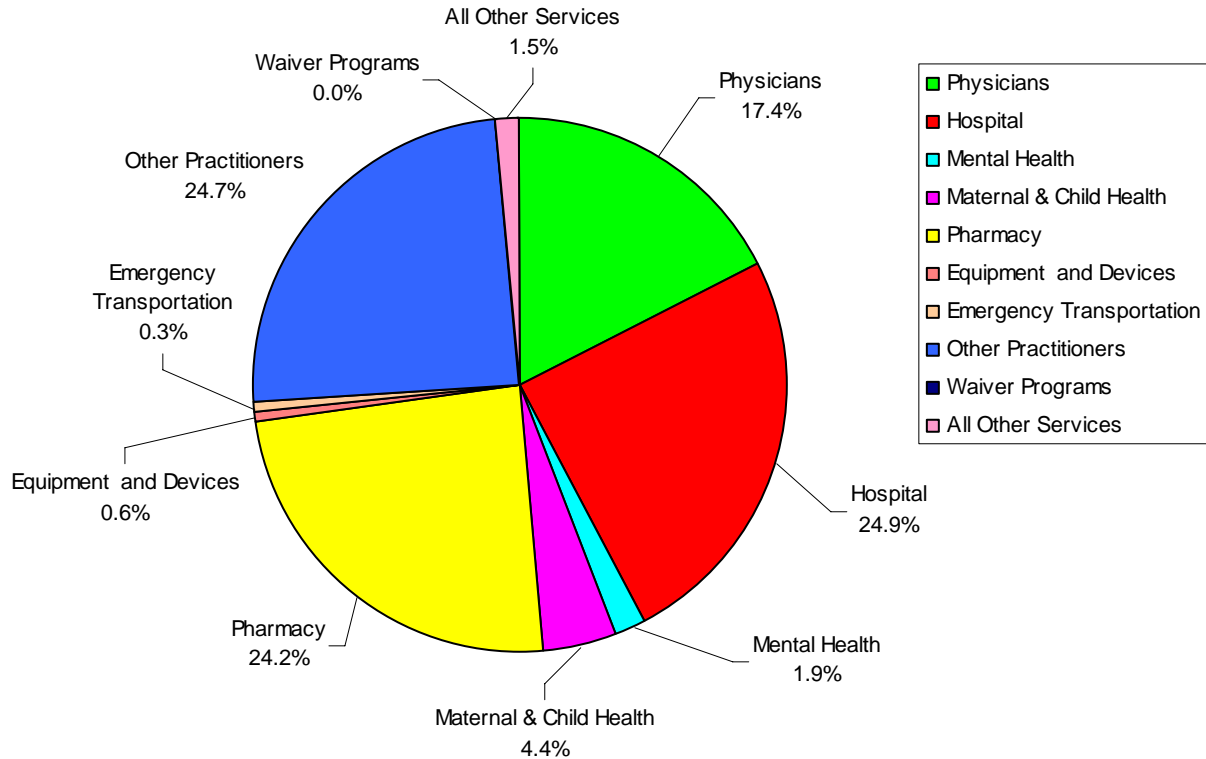


Category of Service	Providers w/ Paid Claims	Unique Patients	Net Payment	Net Payment Per Patient
<b>Mental Health Services</b>				
Community Mental Health Services	231	4,740	\$5,306,208	\$1,119.45
<b>Net Payments Sub Total</b>			<b>\$5,306,208</b>	
<b>Maternal &amp; Child Health Services</b>				
Family Planning Services	112	1,631	\$174,501	\$106.99
Health Check Services (EPSDT)	2,357	88,234	\$5,900,019	\$66.87
Pregnancy-Related Services	2	2	\$169	\$84.38
Children-at-Risk Targeted Case	7	11	\$1,415	\$128.64
Perinatal Targeted Case Management	4	5	\$0.00	\$0.00
Diagnostic Screening and Prevention	210	3,911	\$163,413	\$41.78
Early Intervention Case Management	94	196	\$97,708	\$498.51
Children's Intervention Services	1,364	3,505	\$3,706,840	\$1,057.59
Children's Intervention School	141	3,335	\$2,192,598	\$657.45
<b>Net Payments Sub Total</b>			<b>\$12,236,663</b>	
<b>Pharmacy Services</b>				
Pharmacy	2,006	189,880	\$66,753,044	\$351.55
Pharmacy DME Supplier	1,427	7,085	\$724,310	\$102.23
<b>Net Payments Sub Total</b>			<b>\$67,477,354</b>	
<b>Equipment and Devices</b>				
Durable Medical Equipment Services	367	5,292	\$1,079,371	\$203.96
Orthotics and Prosthetics/Hearing Services	141	1,521	\$726,596	\$477.71
<b>Net Payments Sub Total</b>			<b>\$1,805,967</b>	
<b>Emergency Transportation</b>				
Emergency Ground Ambulance Services	165	2,397	\$596,544	\$248.87
Emergency Air Ambulance Services	8	80	\$264,112	\$3,301.40
<b>Net Payments Sub Total</b>			<b>\$860,656</b>	
<b>Other Practitioner Services</b>				
Physician's Assistant Services	710	13,714	\$1,208,710	\$88.14
Health Check Dental Program – Under 21	1,417	150,831	\$57,566,653	\$381.66
Vision Care	687	36,501	\$3,038,621	\$83.25
Nurse Midwives	76	219	\$25,928	\$118.39
Oral Maxillofacial Surgery	41	298	\$28,649	\$96.14
Podiatry	259	1,911	\$330,478	\$172.93
Continued on next page				

Category of Service	Providers w/ Paid Claims	Unique Patients	Net Payment	Net Payment Per Patient
Psychological Services	629	7,321	\$4,400,408	\$601.07
Advanced Registered Nurse Practitioners	1,303	26,172	\$2,301,848	\$87.95
<b>Net Payments Sub Total</b>			<b>\$68,901,296</b>	
<b>Waiver Program Services</b>				
Dedicated Case Management Services	0	0	<b>\$0</b>	\$0
<b>Net Payments Sub Total</b>			<b>\$0</b>	
<b>All Other Services</b>				
Home Health Services	41	116	\$33,244	\$286.58
Independent Laboratory Service	98	25,675	\$1,182,234	\$46.05
Federally Qualified Health Center	57	3,715	\$862,566	\$232.18
Hospital-Based Rural Health Center	50	3,240	\$495,355	\$152.89
Free-Standing Rural Health Clinic	29	2,141	\$382,928	\$178.85
Chiropractics–Medicare Only	0	0	\$0.00	\$0.00
Ambulatory Surgical Center/Birthing	65	1,857	\$1,225,767	\$660.08
Hospice	2	2	\$2,914	\$1,456.76
Dialysis Services–Technical	3	3	\$38,931	\$12,977.15
Dialysis Services–Professional	1	1	\$8,400	\$8,400.28
At Risk of Incarceration	1	107	\$0.00	\$0.00
<b>Net Payments Sub Total</b>			<b>\$4,232,340</b>	
<b>Unique Count Totals</b>	<b>24,603</b>	<b>249,030</b>	<b>\$278,839,833</b>	<b>\$1,119.70</b>

*\*Patients and providers do not necessarily sum to total as they may be eligible for more than one category.*

### PeachCare Services Distribution FY 2005



### PEACHCARE FOR KIDS™ MEMBERS AND EXPENDITURES BY COUNTY

County	# of Unique Patients	Net Payments	Payment/Patient	# of Providers	% of Total Population
Appling	821	\$1,078,198	\$1,313.27	590	0.33%
Atkinson	381	\$461,823	\$1,212.13	369	0.15%
Bacon	509	\$638,990	\$1,255.38	370	0.20%
Baker	140	\$144,035	\$1,028.82	204	0.06%
Baldwin	631	\$575,945	\$912.75	409	0.25%
Banks	723	\$885,962	\$1,225.40	761	0.29%
Barrow	2,551	\$2,934,314	\$1,150.26	1,723	1.02%
Bartow	3,467	\$3,824,891	\$1,103.23	1,683	1.39%
Ben Hill	710	\$924,914	\$1,302.70	480	0.29%
Berrien	769	\$1,172,764	\$1,525.05	612	0.31%
Bibb	3,174	\$3,246,823	\$1,022.94	1,194	1.27%
Bleckley	284	\$345,726	\$1,217.35	287	0.11%
Brantley	811	\$965,023	\$1,189.92	594	0.33%
Brooks	623	\$633,670	\$1,017.13	442	0.25%

County	# of Unique Patients	Net Payments	Payment/ Patient	# of Providers	% of Total Population
Bryan	927	\$1,309,265	\$1,412.37	724	0.37%
Bulloch	1,388	\$1,746,338	\$1,258.17	776	0.56%
Burke	775	\$1,055,144	\$1,361.48	619	0.31%
Butts	712	\$718,720	\$1,009.44	761	0.29%
Calhoun	178	\$214,193	\$1,203.33	232	0.07%
Camden	1,071	\$1,167,472	\$1,090.08	433	0.43%
Candler	363	\$395,880	\$1,090.58	320	0.15%
Carroll	3,233	\$4,441,724	\$1,373.87	1,618	1.30%
Catoosa	1,309	\$1,366,661	\$1,044.05	635	0.53%
Charlton	365	\$463,238	\$1,269.15	307	0.15%
Chatham	5,027	\$5,853,365	\$1,164.39	1,250	2.02%
Chattahoochee	97	\$101,670	\$1,048.15	232	0.04%
Chattooga	620	\$729,036	\$1,175.86	568	0.25%
Cherokee	4,940	\$6,038,882	\$1,222.45	2,339	1.98%
Clarke	1,698	\$2,337,422	\$1,376.57	900	0.68%
Clay	93	\$113,903	\$1,224.76	181	0.04%
Clayton	9,029	\$8,173,239	\$905.22	3,165	3.63%
Clinch	285	\$448,752	\$1,574.57	256	0.11%
Cobb	14,902	\$14,882,228	\$998.67	4,468	5.98%
Coffee	1,604	\$2,183,017	\$1,360.98	686	0.64%
Colquitt	1,559	\$1,696,579	\$1,088.25	695	0.63%
Columbia	2,378	\$2,660,320	\$1,118.72	969	0.95%
Cook	798	\$969,631	\$1,215.08	528	0.32%
Coweta	2,481	\$3,220,425	\$1,298.04	1,316	1.00%
Crawford	471	\$481,190	\$1,021.64	506	0.19%
Crisp	671	\$867,675	\$1,293.11	439	0.27%
Dade	438	\$538,537	\$1,229.54	322	0.18%
Dawson	709	\$734,209	\$1,035.56	710	0.28%
DeKalb	16,453	\$15,087,860	\$917.03	4,813	6.61%
Decatur	1,072	\$1,231,479	\$1,148.77	522	0.43%
Dodge	576	\$709,384	\$1,231.57	420	0.23%
Dooly	366	\$355,036	\$970.04	346	0.15%
Dougherty	2,137	\$2,193,190	\$1,026.29	857	0.86%
Douglas	3,848	\$4,406,801	\$1,145.22	2,202	1.55%
Early	376	\$605,295	\$1,609.83	396	0.15%
Echols	186	\$215,538	\$1,158.81	191	0.07%
Effingham	1,608	\$2,070,019	\$1,287.33	776	0.65%
Elbert	755	\$804,768	\$1,065.92	433	0.30%
Emanuel	854	\$1,349,270	\$1,579.94	672	0.34%
Evans	360	\$403,066	\$1,119.63	335	0.14%
Fannin	1,254	\$1,895,965	\$1,511.93	714	0.50%
Fayette	1,491	\$1,538,566	\$1,031.90	1,109	0.60%
Floyd	2,633	\$3,273,868	\$1,243.40	1,108	1.06%
Forsyth	2,468	\$3,220,550	\$1,304.92	1,608	0.99%
Franklin	840	\$1,129,651	\$1,344.82	711	0.34%
Fulton	12,930	\$12,503,042	\$966.98	6,407	5.19%
Gilmer	1,175	\$1,680,149	\$1,429.91	899	0.47%
Glascok	107	\$142,964	\$1,336.11	228	0.04%
Glynn	1,877	\$2,297,391	\$1,223.97	692	0.75%
Gordon	1,830	\$2,054,953	\$1,122.92	840	0.73%

County	# of Unique Patients	Net Payments	Payment/ Patient	# of Providers	% of Total Population
Grady	952	\$855,376	\$898.50	437	0.38%
Greene	412	\$393,185	\$954.33	357	0.17%
Gwinnett	25,047	\$28,217,227	\$1,126.57	4,939	10.06%
Habersham	1,534	\$1,523,597	\$993.22	739	0.62%
Hall	5,772	\$6,407,955	\$1,110.18	1,900	2.32%
Hancock	112	\$96,198	\$858.91	179	0.04%
Haralson	1,168	\$1,679,035	\$1,437.53	915	0.47%
Harris	591	\$596,576	\$1,009.44	555	0.24%
Hart	778	\$795,814	\$1,022.90	552	0.31%
Heard	459	\$591,256	\$1,288.14	480	0.18%
Henry	4,751	\$4,848,716	\$1,020.57	2,390	1.91%
Houston	2,614	\$3,149,049	\$1,204.69	1,110	1.05%
Irwin	390	\$563,428	\$1,444.69	423	0.16%
Jackson	1,822	\$2,196,445	\$1,205.51	1,369	0.73%
Jasper	476	\$475,521	\$998.99	575	0.19%
Jeff Davis	755	\$916,288	\$1,213.63	483	0.30%
Jefferson	611	\$865,473	\$1,416.49	527	0.25%
Jenkins	305	\$351,299	\$1,151.80	354	0.12%
Johnson	241	\$301,348	\$1,250.41	305	0.10%
Jones	865	\$854,006	\$987.29	610	0.35%
Lamar	471	\$586,324	\$1,244.85	533	0.19%
Lanier	313	\$378,067	\$1,207.88	279	0.13%
Laurens	1,279	\$1,525,267	\$1,192.55	647	0.51%
Lee	1,028	\$1,378,823	\$1,341.27	634	0.41%
Liberty	1,079	\$1,108,417	\$1,027.26	582	0.43%
Lincoln	284	\$339,743	\$1,196.28	401	0.11%
Long	281	\$304,193	\$1,082.54	296	0.11%
Lowndes	2,801	\$3,377,166	\$1,205.70	822	1.12%
Lumpkin	925	\$1,080,037	\$1,167.61	700	0.37%
Macon	363	\$387,259	\$1,066.83	330	0.15%
Madison	1,061	\$1,508,118	\$1,421.41	717	0.43%
Marion	233	\$221,098	\$948.92	307	0.09%
McDuffie	771	\$1,019,946	\$1,322.89	571	0.31%
McIntosh	437	\$495,770	\$1,134.49	423	0.18%
Meriwether	617	\$774,460	\$1,255.20	678	0.25%
Miller	198	\$296,449	\$1,497.22	180	0.08%
Mitchell	955	\$1,217,350	\$1,274.71	617	0.38%
Monroe	687	\$842,585	\$1,226.47	727	0.28%
Montgomery	365	\$486,549	\$1,333.01	397	0.15%
Morgan	649	\$768,401	\$1,183.98	617	0.26%
Murray	1,593	\$1,773,152	\$1,113.09	606	0.64%
Muscogee	3,427	\$3,589,928	\$1,047.54	982	1.38%
Newton	3,182	\$3,189,375	\$1,002.32	1,600	1.28%
Oconee	654	\$830,786	\$1,270.32	601	0.26%
Oglethorpe	525	\$588,451	\$1,120.86	519	0.21%
Paulding	4,050	\$4,632,206	\$1,143.75	2,416	1.63%
Peach	645	\$676,424	\$1,048.72	586	0.26%
Pickens	1,080	\$1,406,895	\$1,302.68	807	0.43%
Pierce	854	\$985,341	\$1,153.80	505	0.34%
Pike	526	\$685,338	\$1,302.92	572	0.21%

County	# of Unique Patients	Net Payments	Payment/ Patient	# of Providers	% of Total Population
Polk	1,496	\$1,840,010	\$1,229.95	974	0.60%
Pulaski	231	\$230,888	\$999.52	247	0.09%
Putnam	562	\$787,594	\$1,401.41	557	0.23%
Quitman	62	\$76,773	\$1,238.27	98	0.02%
Rabun	804	\$987,758	\$1,228.55	545	0.32%
Randolph	228	\$254,657	\$1,116.91	203	0.09%
Richmond	3,757	\$4,112,572	\$1,094.64	1,235	1.51%
Rockdale	2,466	\$2,435,558	\$987.66	1,396	0.99%
Schley	179	\$252,083	\$1,408.28	194	0.07%
Screven	432	\$471,613	\$1,091.70	375	0.17%
Seminole	318	\$445,933	\$1,402.30	237	0.13%
Spalding	1,476	\$1,486,241	\$1,006.94	1,065	0.59%
Stephens	897	\$1,615,360	\$1,800.85	532	0.36%
Stewart	123	\$152,351	\$1,238.62	168	0.05%
Sumter	872	\$1,269,587	\$1,455.95	465	0.35%
Talbot	167	\$163,147	\$976.93	282	0.07%
Taliaferro	40	\$39,142	\$978.54	89	0.02%
Tattnall	624	\$731,333	\$1,172.01	505	0.25%
Taylor	255	\$307,340	\$1,205.26	384	0.10%
Telfair	377	\$433,624	\$1,150.20	368	0.15%
Terrell	227	\$310,247	\$1,366.73	305	0.09%
Thomas	1,527	\$1,520,679	\$995.86	595	0.61%
Tift	1,444	\$1,788,225	\$1,238.38	622	0.58%
Toombs	1,078	\$1,454,893	\$1,349.62	700	0.43%
Towns	389	\$429,795	\$1,104.87	337	0.16%
Treutlen	292	\$353,866	\$1,211.87	350	0.12%
Troup	1,887	\$1,886,175	\$999.56	728	0.76%
Turner	389	\$524,064	\$1,347.21	348	0.16%
Twiggs	306	\$309,015	\$1,009.85	420	0.12%
Union	835	\$1,232,365	\$1,475.89	527	0.34%
Upson	868	\$961,729	\$1,107.98	444	0.35%
Walker	1,522	\$1,640,747	\$1,078.02	700	0.61%
Walton	2,641	\$3,088,562	\$1,169.47	1,726	1.06%
Ware	1,339	\$1,554,640	\$1,161.05	580	0.54%
Warren	168	\$191,128	\$1,137.67	177	0.07%
Washington	468	\$473,266	\$1,011.25	355	0.19%
Wayne	904	\$989,664	\$1,094.76	473	0.36%
Webster	88	\$88,615	\$1,006.98	134	0.04%
Wheeler	231	\$294,408	\$1,274.49	339	0.09%
White	950	\$1,018,461	\$1,072.06	680	0.38%
Whitfield	4,385	\$4,425,308	\$1,009.19	865	1.76%
Wilcox	259	\$336,029	\$1,297.41	346	0.10%
Wilkes	352	\$434,478	\$1,234.31	361	0.14%
Wilkinson	266	\$291,451	\$1,095.68	362	0.11%
Worth	848	\$1,106,152	\$1,304.42	594	0.34%
<b>Unique Count Total</b>	<b>249,030</b>	<b>\$278,839,833</b>	<b>\$1,119.45</b>	<b>24,603</b>	<b>100.00%</b>

Based on dates of service from July 2004 to June 2005, date paid July 2004 – September 2005, and include claim-based expenditures only.

### **Indigent Care Trust Fund**

ICTF, which completed its fifteenth year of operation in FY 2005, funds and supports programs and facilities serving medically-indigent patients in Georgia.

Contributions made to the ICTF in FY 2005 by non-federal sources included the following:

- Intergovernmental transfers from hospitals participating in the Disproportionate Share Hospital (DSH) Program. The DSH Program helped compensate hospitals for their uncompensated indigent care;
- Nursing home provider fees;
- Penalties for non-compliance with Certificate of Need (CON) requirements;
- Ambulance license fees and
- Fees collected from the initial sale of breast cancer license tags.

The ICTF was also allowed to retain for use interest earned from funds contributed into the trust fund.

The fund source contributions match is approximately 60:40 for benefit expenditures and 50:50 for administrative expenditures. No money from Georgia's general treasury was used.

In FY 2005, the use of the ICTF was limited to any one or a combination of the following:

- To expand Medicaid eligibility and services;
- For programs that supported rural and other health care providers, primarily hospitals, which served the medically indigent; and/or
- For primary health care programs for medically indigent citizens and children in Georgia.

Two exclusions existed in FY 2005 as shown below:

- Any nursing home provider fees remitted to the ICTF had to be matched with federal Medicaid funds and made available to provide support to nursing homes that disproportionately served the medically indigent.
- Certain proceeds from the sale of breast cancer license tags were to be used to fund screening and treatment-related programs for people with breast cancer who were also medically indigent. Programs included the following: education, screening, grants-in-aid to cancer patients, pharmacy assistance programs for cancer patients and other projects to encourage public support for the special license plate and the activities it funded.

<b>FY 2005 Expenditures</b>	
Disproportionate Share Hospital Payments	412,837,257
Medicaid Payments to Nursing Homes	255,042,264
Medicaid Expansion for Pregnant Women and Children	52,631,808
Ambulance Medicaid Rate Subsidy	5,588,132
Programs to Support the Medically Indigent	994,010
Breast Cancer Initiatives	0
<b>Total</b>	<b>18,862,240</b>
	<b>745,955,711</b>

In FY 2005, DSH payments comprised 55.3 percent of ICTF expenditures; nursing home payments were 34.2 percent; medically indigent programs were 0.1 percent of expenditures; Medicaid expansion was 7.1 percent and ambulance rates were 0.7 percent of total expenditures.

<b>Facility Name</b>	<b>County</b>	<b>DSH Payment</b>	<b>Primary Care Plan Obligation</b>	<b>Inter-governmental Transfers (IGTs)</b>
Appling Hospital	Appling	\$577,187	\$86,578	\$288,594
Athens Regional Medical Center	Clarke	\$12,014,422	\$1,802,163	\$6,007,211
Atlanta Medical Center	Fulton	\$4,341,284	\$651,193	\$0
Bacon County Hospital	Bacon	\$821,094	\$123,164	\$410,548
Barrow Community Hospital	Barrow	\$462,964	\$69,445	\$0
Berrien County Hospital	Berrien	\$449,097	\$67,365	\$0
BJC Medical Center	Jackson	\$1,105,559	\$165,834	\$552,780
Bleckley Memorial Hospital	Bleckley	\$490,619	\$73,593	\$245,310
Brooks County Hospital	Brooks	\$612,140	\$91,821	\$306,070
Burke Medical Center	Burke	\$274,325	\$41,149	\$137,163
Calhoun Memorial Hospital	Calhoun	\$449,072	\$67,361	\$224,536
Camden Medical Center	Camden	\$1,644,437	\$246,666	\$822,219
Candler County Hospital	Candler	\$899,897	\$134,985	\$449,949
Charlton Memorial Hospital	Charlton	\$981,811	\$147,272	\$490,906
Chatuge Regional Hospital	Towns	\$959,954	\$143,993	\$479,977
Chestatee Regional Hospital	Lumpkin	\$1,313,920	\$197,088	\$0
Children's Healthcare of Atlanta at Egleston	DeKalb	\$5,477,238	\$821,586	\$0
Children's Healthcare of Atlanta at Scottish Rite	Fulton	\$2,540,408	\$381,061	\$0
Clinch Healthcare Center	Clinch	\$745,391	\$111,809	\$372,696
Cobb Memorial Hospital	Franklin	\$1,863,633	\$279,545	\$0
Coffee Regional Medical Center	Coffee	\$5,488,030	\$823,205	\$2,744,015
Colquitt Regional Medical Center	Colquitt	\$1,861,177	\$279,177	\$930,589
Crawford Long Hospital of Emory University	Fulton	\$3,106,779	\$466,017	\$0
Crisp Regional Hospital	Crisp	\$1,908,983	\$286,347	\$954,492
DeKalb Medical Center	DeKalb	\$5,676,721	\$851,508	\$2,838,360
Dodge County Hospital	Dodge	\$2,156,964	\$323,545	\$1,078,483
Donalsonville Hospital, Inc.	Seminole	\$979,408	\$146,911	\$0
Dorminy Medical Center	Ben Hill	\$893,918	\$134,088	\$446,959
Early Memorial Hospital	Early	\$1,012,358	\$151,854	\$506,180
East Georgia Regional Medical Center	Bulloch	\$976,861	\$146,529	\$0
Elbert Memorial Hospital	Elbert	\$1,118,152	\$167,723	\$559,076
Emanuel Medical Center	Emanuel	\$1,562,071	\$234,311	\$781,036
Emory Dunwoody Medical Center	DeKalb	\$546,649	\$81,997	\$0
Emory Peachtree Regional Hospital	Coweta	\$660,039	\$99,006	\$0
Evans Memorial Hospital	Evans	\$1,305,332	\$195,800	\$652,666
Fairview Park Hospital	Laurens	\$394,181	\$59,127	\$0
Fannin Regional Hospital	Fannin	\$832,443	\$124,866	\$416,222
Flint River Community Hospital	Macon	\$622,154	\$93,323	\$0



Facility Name	County	DSH Payment	Primary Care Plan Obligation	Inter-governmental Transfers (IGTs)
Floyd Medical Center	Floyd	\$7,011,404	\$1,051,711	\$3,505,702
Grady General Hospital	Grady	\$1,289,204	\$193,381	\$644,602
Grady Memorial Hospital	Fulton	\$133,531,708	\$20,989,756	\$66,765,855
Habersham County Medical Center	Habersham	\$1,608,228	\$241,234	\$804,114
Hamilton Medical Center	Whitfield	\$1,702,407	\$255,361	\$0
Hart County Hospital	Hart	\$400,553	\$60,083	\$200,276
Higgins General Hospital	Haralson	\$972,788	\$145,918	\$486,394
Hughes Spalding Children's Hospital	Fulton	\$3,644,573	\$546,686	\$1,822,286
Hutcheson Medical Center	Catoosa	\$4,624,549	\$693,682	\$2,312,275
Irwin County Hospital	Irwin	\$910,199	\$136,530	\$455,100
Jasper Memorial Hospital	Jasper	\$390,151	\$58,523	\$195,076
Jeff Davis Hospital	Jeff Davis	\$735,817	\$110,373	\$367,909
Jefferson Hospital	Jefferson	\$537,681	\$80,652	\$268,840
Jenkins County Hospital	Jenkins	\$259,339	\$38,901	\$129,669
John D. Archbold Memorial Hospital	Thomas	\$4,154,372	\$623,156	\$2,077,186
Liberty Regional Medical Center	Liberty	\$2,638,742	\$395,811	\$1,319,371
Louis Smith Memorial Hospital	Lanier	\$737,976	\$110,696	\$0
McDuffie Regional Medical Center	McDuffie	\$741,316	\$111,197	\$370,658
Meadows Regional Medical Center	Toombs	\$2,514,933	\$377,240	\$1,257,466
Medical Center of Central Georgia	Bibb	\$19,720,712	\$2,958,107	\$9,860,356
Medical College of Georgia Hospitals and Clinics	Richmond	\$29,134,950	\$4,370,243	\$14,567,475
Memorial Health University Medical Center	Chatham	\$16,475,899	\$2,471,385	\$8,237,950
Memorial Hospital of Adel	Cook	\$553,765	\$83,065	\$0
Memorial Hospital of Bainbridge	Decatur	\$1,703,171	\$255,476	\$851,585
Miller County Hospital	Miller	\$690,257	\$103,539	\$345,129
Minnie G. Boswell Memorial Hospital	Greene	\$595,463	\$89,319	\$297,732
Mitchell County Hospital	Mitchell	\$903,579	\$135,537	\$451,790
Monroe County Hospital	Monroe	\$425,657	\$63,849	\$212,829
Morgan Memorial Hospital	Morgan	\$733,876	\$110,081	\$366,938
Northeast Georgia Medical Center	Hall	\$9,308,141	\$1,396,221	\$4,654,070
Oconee Regional Medical Center	Baldwin	\$2,160,067	\$324,010	\$1,080,034
Peach Regional Medical Center	Peach	\$1,037,276	\$155,591	\$518,638
Phoebe Putney Memorial Hospital	Dougherty	\$7,726,343	\$1,158,951	\$3,863,172
Phoebe Worth Medical Center	Worth	\$1,367,361	\$205,104	\$0
Polk Medical Center	Polk	\$1,641,214	\$246,182	\$820,608
Putnam General Hospital	Putnam	\$514,703	\$77,205	\$257,351
Rabun County Memorial Hospital	Rabun	\$825,610	\$123,842	\$412,806
Rockdale Hospital & Health Systems	Rockdale	\$1,777,120	\$266,568	\$888,560
Roosevelt Warm Springs Institute for Rehabilitation	Meriwether	\$1,083,915	\$162,587	\$541,957

Facility Name	County	DSH Payment	Primary Care Plan Obligation	Inter-governmental Transfers (IGTs)
Satilla Regional Medical Center	Ware	\$2,565,441	\$384,816	\$1,282,721
Screven County Hospital	Screven	\$517,289	\$77,593	\$258,645
Smith Northview Hospital	Lowndes	\$284,971	\$42,746	\$0
South Fulton Medical Center	Fulton	\$2,937,484	\$440,623	\$0
South Georgia Medical Center	Lowndes	\$4,128,363	\$619,254	\$2,064,182
Southeast Georgia Regional Medical Center	Glynn	\$4,225,977	\$633,897	\$2,112,989
Southern Regional Health Center	Clayton	\$8,669,413	\$1,300,412	\$4,334,706
Southwest Georgia Regional Medical Center	Randolph	\$1,158,007	\$173,701	\$579,003
Southwest Hospital and Medical Center	Fulton	\$1,173,922	\$176,088	\$0
Stephens County Hospital	Stephens	\$2,207,685	\$331,153	\$1,103,843
Stewart Webster Hospital	Stewart	\$424,499	\$63,675	\$0
Sumter Regional Hospital, Inc.	Sumter	\$2,365,140	\$354,771	\$1,182,570
Sylvan Grove Hospital	Butts	\$770,641	\$115,596	\$385,320
Tanner Medical Center/Carrollton	Carroll	\$4,192,532	\$628,880	\$2,096,266
Tanner Medical Center/Villa Rica	Carroll	\$1,037,886	\$155,683	\$518,943
Tattnall Community Hospital	Tattnall	\$915,603	\$137,340	\$0
Taylor Regional Hospital	Pulaski	\$460,403	\$69,060	\$0
The Medical Center	Muscogee	\$11,797,633	\$1,769,645	\$5,898,816
Tift Regional Medical Center	Tift	\$2,047,806	\$307,171	\$1,023,904
Union General Hospital	Union	\$228,879	\$34,332	\$114,440
University Hospital	Richmond	\$7,227,387	\$1,084,108	\$3,613,693
Upson Regional Medical Center	Upson	\$2,105,467	\$315,820	\$1,052,734
Walton Medical Center	Walton	\$688,629	\$103,294	\$0
Warm Springs Medical Center	Meriwether	\$1,227,246	\$184,087	\$613,623
Washington County Regional Medical Center	Washington	\$1,354,452	\$203,168	\$677,227
Wayne Memorial Hospital	Wayne	\$1,368,168	\$205,225	\$684,085
WellStar Cobb Hospital	Cobb	\$6,576,334	\$986,450	\$3,288,167
West Georgia Medical Center	Troup	\$2,674,241	\$401,136	\$1,337,120
Wheeler County Hospital	Wheeler	\$720,945	\$108,142	\$0
Wills Memorial Hospital	Wilkes	\$873,123	\$130,968	\$436,562
<b>Totals</b>		<b>\$412,837,257</b>	<b>\$62,885,592</b>	<b>\$188,567,355</b>

#### Nursing Home Provider Fees FY 2005

Enrolled	FY 2005 Total
A.G. Rhodes Home at Wesley Woods, Inc.	\$371,196.00
A.G. Rhodes Home, Inc., The	\$432,722.62
A.G. Rhodes Home, Inc. - Cobb	\$372,910.00
Albany Health Care, Inc.	\$489,703.00
Alvista Healthcare Center, Inc.	\$321,671.00

Enrolled	FY 2005 Total
Appling Convalescent Center	\$217,486.40
Appling Nursing Home	\$113,069.46
Ashburn Health Care, Inc.	\$217,859.00
Ashton Woods Nursing Home and Rehabilitation Center	\$438,830.00
Athena Rehabilitation of Clayton	\$650,088.00
Athens Heritage Home, Inc.	\$278,718.00
Augusta Hills Nursing and Rehabilitation Center, Inc.	\$326,085.00
Austell Health Care, Inc.	\$355,589.00
Autumn Breeze Health Care Center	\$335,755.00
Azalea Trace Nursing Home, Inc.	\$352,362.00
Azalealand Nursing Home	\$252,292.00
Bainbridge Healthcare	\$299,488.26
Banks-Jackson-Commerce Medical Center Nursing Home	\$573,271.00
Baptist Village, Inc.	\$0.00
Bayview Nursing Home	\$186,254.00
Beaulieu Convalescent Center, Inc.	\$426,494.00
Bel Arbor Nursing Center	\$290,729.00
Bell-Minor Home, Inc., The	\$297,541.00
Berrien Nursing Center	\$367,566.33
Bethany Home Nursing Center of Millen	\$283,965.00
Bethany Home Nursing Center of Vidalia	\$596,983.00
Beverly Health and Rehabilitation Center - Jesup	\$243,105.00
Beverly Healthcare - Northside	\$548,749.00
Beverly Healthcare	\$257,809.00
Beverly Healthcare - Decatur	\$187,768.00
Beverly Healthcare - Glenwood	\$653,376.00
Beverly Healthcare - Tifton	\$271,411.00
Beverly Healthcare - Windermere	\$291,034.00
Beverly Healthcare at Kennestone	\$362,285.00
Beverly Manor of Augusta	\$247,474.00
Blair House Nursing and Rehabilitation Center	\$297,326.00
Blue Ridge Health Care, Inc.	\$287,106.00
Bolingreen Nursing Center	\$323,696.00
Bonterra Nursing Center	\$402,597.42
Boswell-Parker Nursing Center	\$26,985.74
Brandon Wilde Pavilion	\$158,960.20
Brentwood Terrace Health Center	\$286,554.00
Brian Center Health and Rehabilitation - LaGrange	\$330,058.00
Brian Center Inn	\$327,471.00
Brian Center Nursing Care of Austell	\$432,654.00
Brian Center Nursing Care of Powder Springs	\$517,907.00
Brian Center Nursing Care of Canton	\$232,554.00
Brian Center Nursing Care of Jeffersonville	\$206,317.00
Brian Center of Lumber City	\$199,395.00
Brian Center Nursing Care of Thomasville	\$124,521.00
Briarwood Nursing Center, Inc.	\$269,647.00
Brightmoor Health Care, Inc.	\$373,060.00

Enrolled	FY 2005 Total
Brown Memorial Convalescent Center	\$468,396.00
Brownwood Healthcare	\$288,143.00
Bryan County Health and Rehabilitation Center	\$316,538.00
Bryant Nursing Center	\$219,394.00
Buckhead Health and Rehabilitation	\$742,449.17
Calhoun Health Care Center, Inc.	\$302,962.00
Calhoun Nursing Home	\$159,458.00
Camellia Gardens of Life Care	\$238,380.00
Candler Hospital Subacute Unit	\$6,783.00
Canterbury Court	\$0.00
Canton Nursing Center	\$288,427.00
Carlyle Place	\$22,738.73
Carrollton Manor, Inc.	\$307,648.00
Carrollton Nursing Home and Rehabilitation Center	\$458,653.68
Cedar Springs Health and Rehabilitation Center	\$309,017.00
Cedar Valley Nursing and Rehabilitation Center	\$299,507.09
Chaplinwood Nursing Home	\$303,365.00
Chatsworth Health Care Center	\$343,311.00
Chatuge Regional Nursing Home	\$350,649.00
Cherry Blossom Health Care Center	\$221,985.00
Chestnut Ridge Nursing and Rehabilitation Center	\$411,864.58
Christian City Convalescent Center	\$0.00
Chulio Hills Health and Rehabilitation Center	\$251,770.00
Church Home for the Aged (Christ Sanctified)	\$175,086.00
Clarke Health and Rehabilitation Center	\$257,878.00
Claxton Nursing Home	\$240,744.00
CLC - Fort Valley Nursing Center	\$187,189.00
CLC - Jonesboro Nursing Center	\$321,631.00
CLC - Roberta Nursing Center	\$242,501.00
CLC-Jesup Nursing Center	\$171,396.00
Clinch Healthcare Center	\$207,144.00
Coastal Manor	\$167,394.00
College Park Health Care Center	\$293,476.00
Cordele Health and Rehabilitation Center, Inc.	\$258,239.00
Countryside Health Center	\$181,700.18
Covington Manor Nursing Home	\$218,369.00
Crestview Health and Rehabilitation Center	\$9,102.92
Crestwood Nursing Home	\$229,303.00
Crisp Regional Nursing and Rehabilitation Center	\$374,492.00
Cumming Nursing Center	\$241,295.00
Dade Health and Rehabilitation Center	\$191,760.00
Dawson Manor Nursing Home	\$216,792.00
Decatur Health Care Center, Inc.	\$252,748.00
Delmar Gardens of Gwinnett	\$163,764.00
Delmar Gardens of Smyrna	\$330,036.00
Dogwood Health and Rehabilitation	\$202,653.00
Dublinair Health Care and Rehabilitation Center	\$437,525.00

Enrolled	FY 2005 Total
Early Memorial Nursing Home	\$350,272.00
Eastview Nursing Home	\$235,691.00
Eatonton Health and Rehabilitation Center	\$296,001.00
Effingham County Extended Care Facility	\$335,289.00
Elberta Health Care	\$149,860.00
Emanuel County Nursing Home	\$146,918.00
EmoryWood Nursing Center	\$39,177.00
Fairburn Health Care Center, Inc.	\$376,121.00
Family Life Enrichment Center	\$250,143.00
Fifth Avenue Health Care	\$283,143.00
Fitzgerald Nursing Home	\$221,071.00
Florence Hand Home	\$433,520.00
Forrest Lake Health Care, Inc.	\$219,806.00
Forsyth Health Care	\$206,169.00
Fort Gaines Nursing Home	\$189,449.29
Fort Oglethorpe Nursing Center	\$321,912.00
Forum Health Care Group, Inc at WildWood Park	\$446,193.72
Forum Group at Moran Lake Nursing and Rehabilitation Center, LLC	\$289,918.18
Forum Group at Mount Berry Nursing and Rehabilitation Center, LLC	\$270,246.47
Fountain City Care and Rehabilitation	\$449,772.00
Fountainview Center for Alzheimer's Disease	\$359,162.00
Four County Health Care	\$245,687.00
Franklin Health Care Center	\$234,366.00
Friendship Health and Rehabilitation Center	\$248,884.00
Fulton Health and Rehabilitation Center	\$331,000.00
Garden Terrace Nursing and Rehabilitation Center	\$676,377.00
Gateway Health and Rehabilitation Center	\$169,402.00
Georgia Baptist Meriwether Nursing Home	\$53,262.00
Gibson Health and Rehabilitation Center	\$301,912.00
Gilmer Nursing Home	\$303,582.00
Glendale Nursing Home	\$243,581.00
Glenn-Mor Nursing Home	\$185,322.00
Glenvue Nursing Home	\$490,593.00
Gold City Health and Rehabilitation Center	\$335,000.00
Gordon Health Care	\$340,601.00
Gracemore Nursing and Rehabilitation	\$157,402.00
Grandview Health Care Center	\$196,658.00
Gray Nursing Home	\$154,985.00
Green Acres Nursing Home	\$295,799.00
Greene Point Health Care	\$206,133.00
Gwinnett Extended Care Center	\$248,526.00
Habersham Home	\$255,024.00
Hamilton House Nursing Center	\$354,339.00
Haralson Nursing and Rehabilitation Center	\$340,819.11
Hart Care Center	\$335,444.28
Hartley Woods Health and Rehabilitation Center	\$339,442.00
Hartwell Health Care Center	\$298,608.00

Enrolled	FY 2005 Total
Heardmont Nursing Home	\$181,779.00
Heart of Georgia Nursing Home	\$458,018.73
Heritage of Old Capitol, The	\$370,497.00
Heritage House Nursing Home	\$264,313.00
Heritage Inn Health and Rehabilitation Center	\$264,655.00
Heritage Inn of Barnesville	\$330,882.00
Heritage Inn of Sandersville	\$187,889.00
Heritage Park of Savannah	\$283,641.00
Hill Haven Nursing Home	\$239,402.00
Hilltop Nursing Home	\$205,708.00
Holly Hill Nursing Home	\$278,855.00
Hospitality Care Center of Thomasville	\$197,584.00
Ideal Health Care Center	\$222,507.00
IHS of Atlanta at Briarcliff Haven	\$490,731.98
Jennings Healthcare, Inc.	\$243,536.00
Joe-Anne Burgin Nursing Home	\$259,623.00
Johnson County Nursing Home, Inc.	\$165,744.00
Jonesboro Nursing and Rehabilitation Center	\$306,123.00
Kentwood Nursing Facility	\$242,973.00
Keysville Nursing Home and Rehabilitation Center	\$173,515.00
LaFayette Health Care Center	\$281,471.00
LaFayette Nursing and Rehabilitation Center	\$440,262.00
Lake Crossing Health Center	\$304,007.00
Lakehaven Nursing Home, Inc.	\$234,392.00
Lakeland Villa Convalescent Center	\$203,531.00
Lakeshore Heights Nursing Center, Inc.	\$265,427.00
Laurel Baye Healthcare of Macon	\$242,599.00
Laurel Baye Healthcare of Decatur	\$367,707.00
Laurel Baye Healthcare of Lake Lanier	\$321,659.00
Laurel Park at Henry Medical Center	\$179,412.00
Lee County Health Care	\$170,862.00
Lenbrook Square	\$884.85
Life Care Center of Gwinnett	\$405,873.00
Life Care Center of Lawrenceville	\$298,810.00
Life Care Center	\$278,017.00
Lilburn Geriatric Center Inc.	\$359,251.00
Lillian G. Carter Nursing Center	\$290,500.00
Lynn Haven Nursing Home	\$294,641.00
Macon Manor Nursing Home and Rehabilitation Center	\$692,211.07
Madison Health and Rehabilitation	\$211,148.00
Magnolia Manor Methodist Nursing Care	\$50,561.23
Magnolia Manor South Nursing Center	\$196,307.00
Manor Care Nursing and Rehabilitation Center	\$306,635.00
ManorCare of Marietta Nursing and Rehabilitation Center	\$236,166.00
Maple Ridge Health Care Center	\$242,687.00
Marietta Health and Rehabilitation Center, Inc.	\$330,024.00
Mariner Health of Northeast Atlanta	\$308,953.00

Enrolled	FY 2005 Total
Marion Memorial Nursing Home	\$189,797.00
McRae Manor Nursing Home	\$425,690.00
Meadowbrook Nursing Home	\$329,350.00
Meadows Nursing Center	\$59,931.00
Medical Arts Health Facility	\$342,160.00
Memorial Convalescent Center	\$263,871.00
Memorial Manor Nursing Home	\$319,954.00
Memorial Nursing Home	\$352,190.03
Metter Nursing Home, Inc.	\$253,356.00
Middle Georgia Nursing Home	\$248,111.44
Midway Health Care Center	\$263,999.00
Miller Nursing Home	\$287,446.00
Mitchell Convalescent Center	\$143,560.00
Molena Nursing Home, Inc.	\$182,022.08
Montezuma Health Care Center	\$241,243.00
Morgan Memorial Hospital Transitional Care	\$17,303.49
Moss Oaks Health Care Center	\$222,635.00
Mountain Healthcare Center, Inc.	\$171,024.00
Mountain View Health and Rehabilitation Center	\$402,741.08
Muscogee Manor and Rehabilitation Center	\$167,434.54
Nancy Hart Nursing Center	\$227,479.00
New Horizons North	\$342,758.00
New Horizons West	\$349,918.00
New London Health Center	\$433,767.00
NHC Healthcare - Fort Oglethorpe	\$381,228.00
NHC Healthcare - Rossville	\$325,716.00
North Macon Health Care Facility	\$517,305.00
Nurse Care of Buckhead	\$653,889.00
Oak Manor Nursing Home, Inc.	\$512,526.00
Oak Mountain Village Health Care Center	\$125,156.00
Oak View Home, Inc.	\$292,013.00
Oak View Nursing and Rehabilitation Center	\$457,092.00
Oaks Nursing Home	\$167,680.00
Oceanside Nursing and Rehabilitation Center	\$294,435.78
Oconee Health Care	\$134,347.00
Oconee Regional Medical Center Skilled-Nursing Unit (SNU)	\$1,764.00
Osceola Nursing Home	\$242,013.00
Palemon Gaskins Memorial Nursing Home	\$97,956.00
Palmyra Nursing Home	\$710,144.00
Park Place Nursing Facility	\$275,047.00
Parkside at Hutcheson Medical Center	\$327,895.00
Parkview Manor Nursing and Rehabilitation Center	\$724,026.53
Parkwood Developmental Center	\$354,965.00
Parkwood Nursing and Rehabilitation Center	\$499,049.00
Peachbelt Health and Rehabilitation Center	\$235,587.00
Peake Healthcare Center,	\$330,411.00
Pelham Parkway Nursing Home	\$320,064.00

<b>Enrolled</b>	<b>FY 2005 Total</b>
Phoebe Putney Memorial Hospital SNF	\$6,438.00
Piedmont Hospital Extended Care Unit	\$2,890.00
Pierce County Nursing Home	\$237,704.00
Pine Knoll Nursing and Rehabilitation Center	\$343,635.43
Pine Manor Nursing Home, Inc.	\$331,442.00
Pinehill Nursing Center, Inc.	\$261,921.00
Pineview Health Care Center, Inc.	\$198,708.00
Pinewood Manor	\$280,570.00
Pinewood Nursing Center	\$329,706.00
Pleasant View Nursing Center	\$377,192.00
Premier Subacute and Rehabilitation Center of Atlanta	\$231,625.98
Presbyterian Home, Quitman, Inc.	\$35,426.20
Presbyterian Village, Inc.	\$20,208.53
Providence Health Care	\$493,990.00
Pulaski Nursing Home, Inc.	\$236,922.00
Quiet Oaks Health Care Center	\$207,341.00
Quinton Memorial Health Care and Rehabilitation Center	\$334,804.00
Regency Park Health Care Center	\$274,939.00
Ridgewood Manor Nursing Home	\$306,733.00
River Willows Nursing Center	\$291,157.36
Riverside Health Care Center	\$396,294.00
Riverside Nursing Center of Thomaston	\$229,734.00
Riverview Health and Rehabilitation Center	\$45,945.87
Rockdale Healthcare Center	\$251,388.00
Rockmart Nursing and Rehabilitation Center	\$243,465.19
Rosemont at Stone Mountain	\$453,066.00
Rosewood Nursing Center, Inc.	\$332,198.00
Ross Memorial Health Care Center	\$284,797.00
Roswell Nursing and Rehabilitation Center	\$566,832.68
Sadie G. Mays Health and Rehabilitation Center	\$119,780.56
Salem Nursing and Rehabilitation Center of Augusta	\$371,007.00
Satilla Care Center	\$279,702.00
Savannah Beach Nursing and Rehabilitation Center	\$169,022.80
Savannah Rehabilitation and Nursing Center	\$297,072.00
Savannah Specialty Care Center	\$248,409.00
Savannah Square Health Center	\$152,347.54
Scenic View Health Care Center	\$304,947.00
Sears Manor Nursing Home	\$289,620.00
Seminole Manor Nursing Home	\$161,784.00
Shady Acres	\$457,455.00
Shamrock Nursing and Rehabilitation Center	\$270,492.00
Shepherd Hills Health Center	\$320,091.00
Shoreham at Marietta	\$316,609.00
Smith Medical Nursing Care Center	\$186,666.96
Social Circle Nursing and Rehabilitation Center	\$176,143.06
Southeast Georgia Regional Medical Center TCU	\$6,714.00
Southern Traditions	\$173,887.48



Enrolled	FY 2005 Total
Southland Care Center	\$390,167.00
Southland Nursing Home	\$455,620.00
Spalding Health Care, Inc.	\$171,802.00
Sparta Health Care Center	\$244,681.00
Specialty Care of Marietta	\$338,151.00
Spring Valley Health Care Center, Inc.	\$158,904.00
St. Joseph's Hospital Transitional Care Unit (TCU)	\$8,286.00
St. Mary's Convalescent Center	\$214,209.00
St. Mary's Hospital Long-Term Care Facility	\$299,617.00
Starcrest of Cartersville	\$355,508.00
Starcrest of Conyers	\$500,138.00
Starcrest of Lithonia	\$43,370.40
Starcrest of McDonough	\$466,637.00
Starcrest of Newnan	\$243,968.00
Statesboro Nursing Home, Inc.	\$249,662.00
Summerhill Elderly Living Home and Care	\$458,253.00
SunBridge Care and Rehabilitation for Atlanta	\$264,758.00
SunBridge Care and Rehabilitation for Cartersville	\$311,944.00
SunBridge Care and Rehabilitation for Folkston	\$200,659.00
SunBridge Care and Rehabilitation for Griffin	\$374,574.00
SunBridge Care and Rehabilitation for Hazelhurst	\$186,861.00
SunBridge Care and Rehabilitation for Reidsville	\$200,115.00
SunBridge Care and Rehabilitation for Riverdale	\$376,757.00
SunBridge Care and Rehabilitation for Statesboro	\$170,395.00
SunBridge Care Center for Jesup	\$167,795.00
SunBridge Retirement and Rehabilitation for Seven Hills	\$250,721.00
Sunrise Nursing Home of Georgia, Inc.	\$156,786.00
Swainsboro Nursing Home, Inc.	\$228,327.00
Syl-View Health Care Center	\$314,503.00
Sylvester Home Care, Inc.	\$273,515.00
Tanner Medical Center Subacute Care Unit	\$3,378.40
Tara at Thunderbolt Nursing and Rehabilitation Center	\$390,711.01
Taylor County Health Care	\$232,115.00
The Retreat Nursing Home	\$173,706.00
Thomaston Health and Rehabilitation	\$309,270.00
Thomson Manor Health Care Center	\$420,993.00
Tift Health Care, Inc.	\$464,823.00
Toccoa Nursing Center	\$521,161.00
Toombs Nursing Home	\$381,599.00
Toombsboro Nursing Center	\$180,557.00
Treutlen County Nursing Home	\$154,666.00
Tucker Nursing Center	\$365,160.00
Twin Fountains Home	\$358,448.00
Twin Oaks Convalescent Center	\$254,904.00
Twin View Health Care Center	\$332,313.00
Ty Cobb Healthcare Sytem (Comer)	\$370,694.00
Union County Nursing Home	\$531,968.00

<b>Enrolled</b>	<b>FY 2005 Total</b>
University Hospital Extended Care/Westwood	\$401,428.00
University Nursing and Rehabilitation Center	\$338,023.00
Walton Convalescent Unit/Lucy Forrester	\$187,062.00
Warner Robins Rehabilitation Center	\$301,548.00
Warrenton Health and Rehabilitation Center	\$345,171.00
Washington County Extended Care Facility	\$200,333.00
Waycross Health and Rehabilitation Center	\$280,175.00
WellStar Paulding Nursing Center	\$496,159.00
Wesley Woods Of Newnan Peachtree	\$24,114.05
West Lake Manor Health Care Center	\$175,202.00
Westbury Medical Care Home, Inc.	\$589,587.00
Westminister Commons	\$189,081.00
Westview Nursing and Rehabilitation Center, LLC	\$228,795.00
Westwood Care Center	\$148,959.00
Wildwood Health Care, Inc.	\$154,289.04
Wilkes Health Care Center	\$132,477.00
William Breman Jewish Home, The	\$310,181.00
Willowbrooke Court at Lanier Village Estates	\$18,279.05
Willowwood Nursing Center	\$304,690.00
Winder Nursing, Inc.	\$498,555.00
Winthrop Manor Nursing Center	\$287,040.00
Wood Dale Health Care Center	\$253,412.00
Woodlands at Cobblestone	\$164,519.00
Woodstock Nursing and Rehabilitation Center	\$433,385.88
Wrightsville Manor Nursing Home, Inc.	\$285,861.00
<b>Totals</b>	<b>\$101,083,244.43</b>

### **Upper Payment Limits**

Upper Payment Limits (UPL) are available to eligible hospitals and nursing homes. These reimbursements fill the gap between what Medicaid paid and what Medicare would have paid. The state receives intergovernmental transfers (IGT) from participating public hospitals and nursing homes which are used to match federal UPL funds available. UPL payments are then made back to the eligible hospital or nursing home.

### **For Nursing Homes in FY 2005:**

<b>Nursing Home</b>	<b>FY 2005 Payments</b>	<b>FY 2005 IGTs</b>
Appling Convalescent Center	\$1,306,812	\$1,089,010
Appling Nursing Home	\$454,050	\$378,375
Azalea Trace Nursing Center	\$1,555,006	\$1,295,839
Banks-Jackson-Commerce Medical Center Nursing Home	\$1,454,853	\$1,212,378
Boswell-Parker Nursing Center	\$130,122	\$108,435
Brentwood Terrace Health Care Center	\$2,065,781	\$1,721,484
Bryant Nursing Center	\$1,353,415	\$1,127,846
Calhoun Nursing Home	\$809,648	\$674,707
Chatuge Regional Nursing Home	\$538,577	\$448,814
Cherry Blossom Health Care	\$1,643,028	\$1,369,190

<b>Nursing Home</b>	<b>FY 2005 Payments</b>	<b>FY 2005 IGTs</b>
Coastal Manor	\$788,973	\$657,478
Crestview Health and Rehabilitation Center	\$5,259,249	\$4,382,708
Crisp Regional Nursing and Rehabilitation Center	\$860,864	\$717,387
Dawson Manor	\$1,174,241	\$978,534
Early Memorial Nursing Home	\$2,035,103	\$1,695,919
Effingham County Extended Care Facility	\$2,286,882	\$1,905,735
Emanuel County Medical Center Nursing Home	\$328,102	\$273,418
Florence Hand Home	\$867,631	\$723,026
Four County Health Care	\$1,742,205	\$1,451,838
Georgia Baptist Meriwether Nursing Home	\$1,029,147	\$857,623
Glenn-Mor Nursing Home	\$715,647	\$596,372
Glenvue Nursing Home	\$2,055,813	\$1,713,178
Gray Nursing Home	\$1,432,000	\$1,193,333
Greene Point Health Care	\$974,303	\$811,919
Gwinnett Extended Care Center	\$1,228,908	\$1,024,090
Habersham Nursing Home	\$1,153,264	\$961,053
Hamilton House Nursing and Rehabilitation Center	\$1,012,678	\$843,898
Hartwell Health Care Center	\$1,071,930	\$893,276
Heritage Inn of Barnesville	\$1,789,372	\$1,491,144
Heritage Inn of Sandersville	\$888,618	\$740,515
Ideal Health Care Center	\$913,055	\$760,879
Joe-Anne Burgin Nursing Home	\$1,129,258	\$941,049
Kentwood Nursing Home	\$872,752	\$727,293
Laurel Park Nursing Home	\$1,235,909	\$1,029,924
Lee County Health Care	\$1,540,880	\$1,284,067
Lillian G. Carter Nursing Center	\$1,728,273	\$1,440,228
Lynn Haven Nursing Home	\$1,831,324	\$1,526,104
Marion Memorial Nursing Home	\$480,464	\$400,387
Meadows Nursing Center	\$134,545	\$112,121
Memorial Manor Nursing Home	\$1,028,137	\$856,781
Miller Nursing Home	\$974,297	\$811,914
Mitchell Convalescent Center	\$525,953	\$438,295
Montezuma Health Care Center	\$1,437,943	\$1,198,286
Muscogee Manor and Rehabilitation Center	\$4,530,589	\$3,775,491
New Horizons - North	\$939,577	\$782,981
New Horizons - West	\$1,243,292	\$1,036,076
Oak View Home Home, Inc.	\$1,706,053	\$1,421,711
Oakview Nursing and Rehabilitation Center	\$2,489,441	\$2,074,534
Oconee Health Care	\$894,336	\$745,280
Oconee Regional Hospital - SNF	\$6,157	\$5,131
Palemon Gaskins Memorial Nursing Home	\$255,209	\$212,674
Parkside at Hutcheson Medical Center	\$1,543,200	\$1,286,000

<b>Nursing Home</b>	<b>FY 2005 Payments</b>	<b>FY 2005 IGTs</b>
Pelham Parkway Nursing Home	\$1,403,400	\$1,169,500
Phoebe Putney Memorial Hospital Skilled Nursing Facility (SNF)	\$47,469	\$39,558
Pierce County Nursing Home	\$681,115	\$567,596
Providence Healthcare of Sparta	\$1,005,493	\$837,911
Providence Healthcare of Thomaston	2,296,108	\$1,913,423
Riverside Nursing Center Of Thomaston	\$1,137,669	\$948,058
Satilla Care Center	\$763,851	\$636,543
Shady Acres Convalescent Center	\$3,540,479	\$2,950,399
S.E. Georgia Health System – Transitional Care Unit	\$18,076	\$15,063
Sparta Health Care Center	\$1,442,666	\$1,202,222
St. Mary's Convalescent Center	\$1,481,942	\$1,234,952
Starcrest of Cartersville	\$2,265,798	\$1,888,165
Starcrest Of Lithonia	\$4,283,710	\$3,569,759
Taylor County Health Care	\$1,355,086	\$1,129,238
The Retreat	\$332,051	\$276,709
Thomson Manor Nursing Home	\$3,223,176	\$2,685,981
Toombs Nursing Home	\$2,464,420	\$2,053,684
Treutlen County Nursing Home	\$840,986	\$700,822
Twin Fountains Home	\$2,241,747	\$1,868,123
Twin Oaks Convalescent Center	\$1,573,986	\$1,311,655
Union County Nursing Home	\$1,688,140	\$1,406,784
Washington County Extended Care Facility	\$870,338	\$725,282
Wellstar Paulding Nursing Center	\$2,782,969	\$2,319,141
Westwood Nursing Facility	\$3,258,027	\$2,715,023
<b>Total</b>	<b>\$108,445,568</b>	<b>\$90,371,311</b>

**For Hospitals in FY 2005:**

<b>Hospital</b>	<b>FY 2005 Payments</b>	<b>FY 2005 IGTs</b>
Appling Hospital	\$528,798	\$440,665
Athens Regional Medical Center	\$17,958,377	\$14,965,315
Bacon County Hospital	\$374,446	\$0
BJC Medical Center	\$680,730	\$567,275
Bleckley Memorial Hospital	\$345,195	\$0
Brooks County Hospital	\$314,761	\$0
Burke Medical Center	\$403,584	\$336,320
Camden Medical Center	\$799,035	\$665,863
Candler County Hospital	\$484,527	\$0
Central State Hospital Medical Surgical Center	\$23,463	\$21,330
Charlton Memorial Hospital	\$222,774	\$0
Chatuge Regional Hospital	\$37,410	\$0
Clinch Memorial Hospital	\$703,748	\$0
Coffee Regional Medical Center	\$2,093,546	\$1,744,621

<b>Hospital</b>	<b>FY 2005 Payments</b>	<b>FY 2005 IGTs</b>
Colquitt Regional Medical Center	\$2,479,233	\$2,066,027
Crisp Regional Hospital	\$842,486	\$702,072
DeKalb Medical Center	\$24,550,914	\$20,459,095
Dodge County Hospital	\$2,323,456	\$1,936,214
Dorminy Medical Center	\$843,563	\$702,969
Early Memorial Hospital	\$841,889	\$0
Effingham Hospital	\$182,817	\$0
Elbert Memorial Hospital	\$878,438	\$732,032
Emanuel Medical Center	\$952,784	\$793,987
Evans Memorial Hospital	\$971,736	\$809,780
Fannin Regional Hospital	\$670,807	\$559,006
Floyd Medical Center	\$5,728,600	\$4,773,833
Georgia Baptist Meriwether Hospital	\$424,962	\$0
Grady General Hospital	\$1,271,717	\$1,059,764
Grady Memorial Hospital	\$212,547,642	\$176,723,035
Gwinnett Medical Center	\$3,180,139	\$2,650,116
Habersham County Medical Center	\$381,581	\$317,984
Hart County Hospital	\$658,526	\$548,772
Henry Medical Center	\$1,476,296	\$1,230,247
Higgins General Hospital	\$429,812	\$0
Houston Medical Center	\$3,983,933	\$3,319,945
Hughes Spalding Children's Hospital	\$10,963,512	\$9,136,260
Hutcheson Medical Center	\$3,426,356	\$2,855,297
Irwin County Hospital	\$645,619	\$538,016
Jeff Davis Hospital	\$307,478	\$0
Jefferson Hospital	\$436,628	\$363,857
Jenkins County Hospital	\$99,202	\$0
Joan Glancy Memorial Hospital	\$460,473	\$383,728
John D. Archbold Memorial Hospital	\$3,031,542	\$2,526,285
Liberty Regional Medical Center	\$701,736	\$0
Louis Smith Memorial Hospital	\$423,328	\$0
McDuffie County Hospital	\$497,847	\$414,873
Meadows Regional Medical Center	\$1,301,195	\$1,084,330
Medical Center of Central Georgia	\$31,196,076	\$25,996,730
Medical College of Georgia Hospital	\$61,069,851	\$50,694,630
Memorial Health University Medical Center	\$43,137,960	\$35,948,300
Memorial Hospital	\$602,695	\$502,246
Miller County Hospital	\$676,735	\$0
Minnie G. Boswell Memorial Hospital	\$154,343	\$0
Mitchell County Hospital	\$858,203	\$0
Monroe County Hospital	\$184,352	\$0
Morgan Memorial Hospital	\$374,750	\$0

<b>Hospital</b>	<b>FY 2005 Payments</b>	<b>FY 2005 IGTs</b>
Murray Medical Center	\$444,425	\$370,354
Newton General Hospital	\$1,593,992	\$1,328,327
Northeast Georgia Medical Center	\$9,436,815	\$7,864,013
Northside Hospital	\$16,855,909	\$14,046,591
Northside Hospital - Cherokee	\$1,376,559	\$1,147,132
Oconee Regional Medical Center	\$1,376,733	\$1,147,278
Peach Regional Medical Center	\$447,818	\$0
Perry Hospital	\$900,660	\$750,550
Phoebe Putney Memorial Hospital	\$6,022,770	\$5,018,975
Phoebe Worth Hospital	\$442,987	\$0
Polk Medical Center	\$326,532	\$0
Putnam General Hospital	\$156,349	\$0
Rabun County Memorial Hospital	\$246,973	\$0
Rockdale Hospital	\$4,457,341	\$3,714,451
Roosevelt Warm Springs Institute	\$1,549,127	\$1,408,297
Satilla Regional Medical Center	\$1,703,623	\$1,419,686
Screven County Hospital	\$142,172	\$0
South Georgia Medical Center	\$7,033,003	\$5,860,836
Southeast Georgia Regional Medical Center	\$6,137,961	\$5,114,968
Southern Regional Medical Center	\$16,458,888	\$13,715,740
Southwest Georgia Regional Medical Center	\$300,711	\$0
Stephens County Hospital	\$1,396,619	\$1,163,850
Stewart Webster Hospital	\$62,088	\$0
Sumter Regional Hospital	\$3,205,855	\$2,671,546
Sylvan Grove Hospital	\$504,090	\$0
Tanner Medical Center/Carrollton	\$4,218,542	\$3,515,452
Tanner Medical Center/Villa Rica	\$1,335,016	\$1,112,514
Tattnall Memorial Hospital	\$361,361	\$0
Taylor Telfair Regional Hospital	\$177,376	\$0
The Medical Center	\$14,878,765	\$12,398,971
Tift General Hospital	\$1,773,809	\$1,478,175
Union General Hospital	\$204,385	\$170,321
University Hospital	\$14,149,177	\$11,790,981
Upton Regional Medical Center	\$3,117,714	\$2,598,095
Washington County Regional Medical Center	\$516,826	\$430,688
Wayne Memorial Hospital	\$1,996,195	\$1,663,496
WellStar Cobb Hospital	\$12,370,592	\$10,308,827
WellStar Douglas Hospital	\$1,993,313	\$1,661,095
WellStar Kennestone Hospital	\$10,582,375	\$8,818,646
WellStar Paulding Hospital	\$627,968	\$523,307
WellStar Windy Hill Hospital	\$55,696	\$46,413
West Georgia Medical Center	\$3,170,556	\$2,642,131

Hospital	FY 2005 Payments	FY 2005 IGTs
Wheeler County Hospital	\$324,641	\$0
Wills Memorial Hospital	\$320,201	\$0
<b>Total</b>	<b>\$605,896,114</b>	<b>\$494,472,525</b>

### **General Counsel Division**

The General Counsel Division is responsible for the administration of the following sections' work:

**The Legal Services Section** provides support and assistance to every unit of the department associated with Medicaid and PeachCare for Kids™. The section receives hundreds of inquiries from program staff, providers, recipients, corporate counsel and legislators each year. The section also provides support for the Georgia Attorney General with regard to Medicaid/PeachCare for Kids™ matters that are or become the subject of litigation.

- **Administrative Hearings**

Fiscal Year 2005 saw a significant increase in the number of matters referred to the Office of State Administrative Hearings (OSAH). The Legal Services Section provides representation to the department at hearings conducted by OSAH. The following is a breakdown of these matters:

Matters	Number
Katie Beckett Level of Care Eligibility Cases	340
Provider Appeals	83
Provider Rate Appeals	18
Recipient Appeals	51
Program Integrity Appeals	37
Provider Terminations	5
<b>Total Matters Referred</b>	<b>534</b>

- **Policy Review and Drafting**

The Legal Services Section is responsible for drafting and reviewing proposed policies in Medicaid and PeachCare to assure compliance with legal requirements. During FY 2005, the section drafted or reviewed a number of significant policy revisions:

- Outlier Policy and Administrative Reviews - Drafted
- Special Needs Trust Policy - Drafted
- Managed Care Policy on Administrative Reviews and Hearings - Drafted
- Burial Fund Policy - Drafted
- Lock-in Policy - Reviewed and Drafted
- General Administrative Review Policy - Drafted
- Promissory Note Policy - Reviewed and Drafted
- General Part I Policy - Drafted
- Qualified Income Trusts - Reviewed
- Special Needs Trusts - Reviewed
- Emergency Medical Assistance - Continuing Review
- Nursing Home Policy - Reviewed
- Katie Beckett Policy - Continuing Review
- ACS Policy Manuals (multiple) - Continuing Review and Comment
- Managed Care Legal Issues - Guidance Provided
- Fullard and Favors - Reviews
- Estate Recovery - Reviewed
- PeachCare for Kids™ Policy - Reviewed

- **General Duties**

In Calendar Year (CY) 2005, the Legal Services Section handled 264 in-house projects, 67 Commissioner-review matters and 8 administrative records.

Additionally, the Legal Services Section provides assistance on an ongoing basis in the following areas:

- General Inquiries on issues including: advance directives, records retention, preservation of electronic medical records, scope of practice and appeals procedure.
- General Inquiries regarding subpoenas, open records and confidentiality.
- General provider inquiries regarding Part I Policy.
- Maintenance of the Part I Policy Manual.
- Special Needs Trust and Medicaid Lien Collections.
- Financial Services Support (Recoupment and Collections).
- ACS Member Services-Multiple training sessions and continuous support.
- Training for the Georgia Medical Care Foundation regarding Hearings.
- Olmstead Inquiries and meetings with Office for Civil Rights.
- Legal Support for Program Specialists.
- Legal Support for Program Integrity including case settlements and withholds.

### **Program Integrity Section**

Program Integrity is the section responsible for the identification, investigation and reconciliation of fraud and abuse in Georgia's Medicaid, PeachCare for Kids™ and SHBP. The section's goal is to purge the system of those who would take advantage of it while assisting those entities that made errors with corrective action, education and accountability. PROGRAM INTEGRITY staff includes nurses and clinicians, statistical analysts and investigators all working under the General Counsel Division of the department. The following are the six teams that comprise the unit: Investigations, Hospital, Pharmacy, Physician Services, Waivers and Professional Services.

Cases are received by PROGRAM INTEGRITY through a variety of sources. Some of these sources include a telephone hot-line, the internet and interagency referrals. Once cases are received, a foundation of data analysis is established. PROGRAM INTEGRITY employs the latest technology to comb through claims information and builds reports that support the investigation of fraud and abuse. Investigators then develop the cases and forward them to clinical teams. These teams include professionals with expertise in hospital, pharmacy, physician, mental health and waivers experience. If a question of medical necessity arises, peer reviewers from that specialty are used to review the case. Claims and data analysis are also used to develop studies that can be used to predict fraudulent or abusive trends or identify vague or ambiguous policy.

Program Integrity is committed to working collaboratively with local, state and federal agencies in its pursuit of accountability. Some of the agencies PROGRAM INTEGRITY works with are the Georgia Bureau of Investigation, State Health Care Fraud Control Unit, Office of Inspector General, Federal Bureau of Investigation, Attorney General's Office and the Department of Health and Human Services. By working collaboratively with other agencies, PROGRAM INTEGRITY is better able to detect and pursue fraud and abuse.

In FY 2005, the Program Integrity Unit again experienced a systematic change in the approach to fraud and abuse. This change was the culmination of efforts from previous fiscal years of 2003 and 2004. With a sound business process and information flow in place, the unit's productivity increased and cases were handled more efficiently. In 2005, emphasis was shifted from the traditional complaint driven approach. Data studies and prevention were introduced to broaden the overall scope. Data studies enabled the unit to impact a larger number of providers with less resources. The studies were targeted at specific policy violations that could be evaluated by the claims data. Prevention was accomplished when issues were identified in the policy that could be addressed by an edit in the MMIS.



Program Integrity participated in the Centers for Medicare and Medicaid Services (CMS) certification of the MMIS by being the central point of contact for the Surveillance and Utilization Review Subsystem (SURS). PROGRAM INTEGRITY staff worked with the CMS reviewers to show that the department had moved from the outdated quarterly reports methodology to a more efficient ad hoc reporting process. Rather than relying on standardized reports for leads, the unit used the SUR subsystem to develop customized reports addressing specific issues. The CMS review resulted in a final report with no findings and certifying the MMIS.

**The Certificate of Need (CON) Section** administers the CON Program, approving the development and expansion of health care services and facilities pursuant to statutory and regulatory standards. The program requires providers to obtain a CON before offering new services, purchasing major medical equipment, constructing new facilities or engaging in capital renovations that exceed established capital expenditures and equipment thresholds. Facilities, which must comply with the CON rules, include the following: hospitals, nursing homes, home health agencies, Diagnostic, Training and Rehabilitation Centers for outpatient surgery, diagnostic imaging and radiation therapy services. Project proposals to develop or expand health care services are evaluated by health system analysts.

The CON Section, working in conjunction with the CON/Department Health Planning (DHP) attorney, is also responsible for the review and issuance of Letters of Non-Reviewability for Physician-Owned, Single-Specialty Ambulatory Surgical Centers and major medical equipment, both of which are exemptions to the CON statute. Letters of Determination are also issued to provide guidance and insight to applicants regarding future anticipated project proposals for new or expanded health care services and/or facilities as well as major renovation or construction project proposals.

Post-approval requirement reporting and monitoring are coordinated through the CON Section. Prior approved project proposals have statutory and regulatory commencement and completion schedules to ensure timely provision of services in the respective community. The state architect provides support to CON post approval monitoring through facility architectural plan review and site inspections for major renovations and construction of hospitals, nursing homes and ambulatory surgical centers projects. The CON Section, with the assistance of the CON/DHP attorney, works directly with the Attorney General's Office on litigation preparation and strategy involving appeals of approved or denied project proposals, Letters of Non-Reviewability and Letters of Determination.

Through routine collaboration and interface with the division's Health Planning Section, the CON Section is actively involved in reviewing, updating and developing the State Health Plan. The State Health Plan is a compilation of the regulations that are applied to proposals to develop and/or expand health care services and facilities in Georgia. Moreover, the CON Section recently updated the CON application, which is available on-line, and developed new forms for requests for Letters of Non-Reviewability and Letters of Determination, as well as other CON application supporting documents, all of which help streamline the application process. CON activity is tracked weekly in the Certificate of Need Tracking and Appeals report, which is available on the department's Web site.

Georgia's CON Program was implemented in 1979, and the program remains very active. In June 2005, an 11-member State Commission on the Efficacy of the CON was named "to study and evaluate the effectiveness and efficiency" of Georgia's program. The commission is charged with issuing a final report on its findings on or before June 30, 2007. The commission meets monthly and the meetings are open to the public. Meeting dates and times are posted on the department's Web site. The CON Section along with other division sections provides staff support to the commission.

The chart appearing below provides an overview of the Administrative Costs and Revenues, as well as summarizes the DCH's CON activities during State Fiscal Year (SFY) 2005:

**Certificate of Need and State Health Planning Program  
Administrative Costs and Certificate of Need Activity  
State Fiscal Year 2005**

**Administrative Costs and Revenues**

Expenditures	\$1,355,963
Revenue Collected from Various Fees	\$659,170
Revenue Collected from Indigent and Charity Care Commitment Shortfalls	\$1,041,331
Total Revenue Collected	\$1,700,501

**Certificate of Need Activity**

CON Applications Received	101
Proposed Capital Expenditures	\$906,577,926
CON Applications Approved	79
Capital Expenditures Approved	\$822,546,603
CON Applications Denied	7
CON Applications Withdrawn or Cancelled	15
Savings from Denied, Withdrawn, or Cancelled Applications	\$84,031,323
CON Applications Appealed (administrative and/or judicial)	9
Requests for Determination or Letter of Non-Reviewability	153

Prepared by: Data Resources and Analysis Section, Division of Health Planning, Office of General Counsel

**Certificate of Need Project Summary**  
**for Applications Submitted During State Fiscal Years 1994 to 2005<sup>1</sup>**

<b>Fiscal Year Submitted</b>	<b>Applications Submitted</b>	<b>Applications Approved</b>	<b>Applications Denied</b>	<b>Applications Withdrawn</b>	<b>Decisions Appealed</b>	<b>Decisions Reversed</b>	<b>Total Costs of Projects Reviewed</b>	<b>Healthcare Costs Avoided<sup>2</sup></b>
1994	127	84	24	19	37	9	\$260,435,530	\$123,358,966
1995	143	83	28	32	29	7	\$379,440,268	\$107,032,416
1996	76	59	8	9	22	3	\$420,946,923	\$41,706,298
1997	71	50	13	8	28	3	\$333,674,960	\$154,837,181
1998	93	45	36	12	37	3	\$188,123,943	\$96,616,041
1999	95	69	14	12	11	4	\$465,163,126	\$149,132,645
2000	85	77	2	6	1	1	\$666,854,009	\$90,539,810
2001	91	72	8	11	24	13	\$598,024,749	\$192,353,811
2002	117	105	4	8	12	4	\$673,532,080	\$115,615,945
2003	130	103	16	11	29	2	\$578,867,062	\$69,753,626
2004	142	106	28	8	35	3	\$1,313,074,544	\$87,761,889
2005	101	79	7	15	9		\$906,577,926	\$84,031,323
<b>Totals</b>	<b>1,271</b>	<b>932</b>	<b>188</b>	<b>151</b>	<b>274</b>	<b>52</b>	<b>\$6,784,715,120</b>	<b>\$1,312,739,951</b>

<sup>1</sup> Reflects CON activity for each fiscal year as of January 27, 2006.

<sup>2</sup> Costs associated with health care construction, equipment, and services that were avoided because CON applications were denied, withdrawn, or projects were cancelled by DCH for non-performance. Does not include operational costs of the projects.

Prepared by: Data Resources and Analysis Section, Division of Health Planning, Office of General Counsel

Georgia Certificate of Need Regulated Healthcare Facilities at a Glance State Fiscal Year 2005		
Type of Facility or Service	Supply	Utilization
General Hospitals	154 hospitals 24,305 capacity beds 3 beds per 1,000 population	915,713 admissions 4,376,969 inpatient days 103 admissions per 1,000 population 49.3% bed occupancy 3,656,344 emergency room visits 410 emergency room visits per 1,000 population
Inpatient Rehabilitation, Psychiatric and State Hospitals	26 hospitals 4,709 capacity beds	43,221 admissions 884,936 inpatient days
Cardiac Catheterization	124 authorized cardiac catheterization labs or rooms 47 diagnostic-only labs at 43 facilities  77 diagnostic and therapeutic labs at 20 facilities	124,052 cardiac catheterization procedures performed in 104,545 sessions of cardiac catheterization (adult and pediatric) 90,132 diagnostic cardiac catheterization procedures (79,456 sessions)  33,920 therapeutic (interventional) cardiac catheterization procedures (25,089 sessions)
Open Heart Surgery	20 programs statewide 2 authorized for pediatric OHS  17 programs were operational for more than 3 years	8,964 adult open heart surgeries 559 pediatric open heart surgeries 9,523 open heart surgeries in total (1 surgery per 1,000 population)  1,292 was maximum number of surgeries performed at 3+ year programs  46 was the minimum number of surgeries performed at 3+ year programs 542 was average number of surgeries performed by 3+ year programs  7 of the 3+ year programs performed fewer than 300 OHS
Obstetrical Services (hospital)	1,879 capacity beds at 98 general hospitals	140,365 admissions 145,214 deliveries
Outpatient Surgery at Hospitals	128 dedicated outpatient operating rooms  715 shared outpatient and inpatient operating rooms	505,248 surgery patients 600,469 outpatient surgical procedures
Outpatient Surgery at Freestanding CON-Authorized Centers	144 surgery rooms at 46 CON-regulated freestanding facilities	119,143 surgery patients 214,668 total outpatient surgical procedures 193,683 outpatient surgeries at multi-specialty ambulatory surgery centers
Nursing Homes (not including Intermediate care facilities for the mentally retarded)	362 skilled nursing facilities 39,679 capacity beds 38 beds per 1,000 age 65 and Over	35,167 patients (on June 30, 2005) 40,634 admissions 12,472,316 patient days 13,200 days per 1,000 ages 65 and Over 86.1% bed occupancy
Home Health Agencies	103 agencies 159 counties served by 2 or more home health agencies	114,914 patients 2,325,727 total home health visits 20 average visits per patient 13 patients per 1,000 population
Personal Care Homes (25 beds or more only)	259 personal care homes (with 25 beds or more) 16,252 capacity beds 17 beds per 1,000 ages 65 and Over	10,625 residents (on June 30, 2005) 5,589 admissions 10 residents per 1,000 ages 65 and Over
<b>Notes:</b> Represents the most current data available as of February 8, 2006.  Supply numbers reflect existing and approved (non Federal) facilities and services as of February 8, 2006, Division of Health Planning facilities and services inventories. Utilization reflects data reported for 2004 on Division of Health Planning facility surveys except for Nursing Home and Personal Care Home utilization which reflects State Fiscal Year 2005, and Nursing Home patient days which reflect State Fiscal Year 2004 data.  Population from 2005 projected population of Georgia residents from the Governor's Office of Planning and Budget Resident Population Projections 2000-2010. Projected Georgia population for 2005 is 8,901,006 total residents with 984,226 residents ages 65 or more.  Outpatient surgery data does not include information related to those providers exempt from CON-regulation, such as single-specialty, physician-owned ambulatory surgery facilities.  Prepared by: Data Resources and Analysis Section, Division of Health Planning, Office of General Counsel		

- **Health Planning Section**

During 2005, the Health Planning Section spearheaded the following:

- Collaborated with the Health Strategies Council, including providing staff and research support for meetings of the Health Strategies Council Standing, Technical Advisory and other ad hoc committees to develop policies for health care services in Georgia;
- Managed the collection of extensive data and information about Georgia's health care facilities;
- Provided programming support, refinements and development of various databases and specialized programs utilized by the CON Section, Health Planning Section and various other sections within DCH;
- Managed the implementation of DCH's first Document Management System;
- Managed the state's Patients' Right to Independent Review process;
- Planned, coordinated and managed the work of the Governor's Commission on the Efficacy of the CON Program; including providing research, meeting planning and facilitation, and other technical assistance;
- Collaborated with the Department of Human Resources/Office of Regulatory Services to update and refine the rules and regulations that govern hospice services;
- Worked with the Office of Rural Health Services and a wide range of stakeholders to develop a Rural Health Care Plan for Georgia; and
- Reviewed and evaluated Critical Access Hospital applications, on an ongoing basis, as part of the Medicare Rural Hospital Flexibility Program.

- **Data Management**

Annually, all health care providers who hold a CON are required by statute to respond to the DCH's request for data and information. During CY 2005, division staff accomplished the following:

- Collected and reviewed over 1,200 electronic facility surveys;
- Provided data products and/or analytical support for external customers which resulted in \$10,756.30 in generated revenue (SFY 2005);
- Provided administrative support and document duplication which resulted in \$42,248.76 in generated revenue (SFY 2005);
- Provided data and analytical support for 102 CON reviews (SFY 2005) and supported several Health Strategies Council Standing, Technical Advisory and ad hoc committee meetings and the State Commission on the Efficacy of the CON Program;
- Identified and initiated collection of \$1,041,330.72 in shortfalls for indigent and charity care commitments; and
- Developed a more reliable program to transfer electronically facility survey responses and databases to DCH.

- **Document Management And Programming**

This year, the CON Section and the Health Planning Section fully implemented the Planning and Review Information System (PARIS). The purpose of this system is to convert the voluminous and unmanageable CON-related and health planning paper files to a standard electronic format. During FY 2005, 1,139 documents and 20,680 pages were imaged. Numerous master files were imaged including all CY 2004 documents and most documents for CY 2003. In addition to numerous refinements and upgrades to the various databases, two major programming projects were completed in 2005. The first was the development of the PARIS Help Desk which provides technical support for users eliminating numerous duplication data entries. The second project was a major revision of the Letters of Determination and the Letters of Non-Reviewability databases.

- **Patient's Right To Independent Review Program**

In 1999, the Georgia General Assembly enacted O.C.G.A. §§ 33-20A-31 *et seq.*, giving members of Health Maintenance Organizations (HMO) and other managed care plans the right to appeal an insurer's decision that denied coverage for medical services. Over the last several years, there has been a continual upward trend in the number of requests for review that are processed by division staff for this program. During CY 2005, division staff processed 81 requests for independent review;

this compares to 74 and 79 requests that were submitted during CY 2003 and CY 2004 respectively. Of those eligible for an independent review, 43 percent were approved in favor of the patient.

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

- **The Health Strategies Council** adopts the State Health Plan to address Georgia's health care system for financial, geographic, cultural and administrative accessibility; reviews and makes recommendations on proposed rules governing the CON Program and studies long-term, comprehensive approaches for health insurance coverage for all. The council is an independent body whose membership is appointed by the Governor.
- **The Program Integrity Section** performs all necessary investigations into allegations of misconduct, fraud, waste and abuse in the Medicaid and SHBP programs. The section conducts investigations regarding conduct of employees, vendors, providers and members. Six teams comprise the unit as follows: Investigations, Hospital, Pharmacy, Physician Services, Waivers and Professional Services.

In FY 2005, Program Integrity pursued 831 investigations which yielded seven arrests, six indictments and nine convictions. Program Integrity's FY 2005 savings, recoupment, collections and restitution were over 15.6 million dollars.

#### **Managed Care and Quality Division**

In 2005, the Managed Care and Quality Division proceeded with the implementation of a managed care system for Medicaid and PeachCare for Kids™ members. In August 2004, the Governor's Office announced the plan, tentatively titled Georgia Cares. The goals of this reform were and are to: 1) Improve the health care status of our member population; 2) Establish contractual accountability for access to and quality of health care; 3) Lower cost through more effective utilization management; and 4) Budget predictability and administrative simplicity. The state was divided into six regions for the procurement. There would be at least two CMOs selected for each of five regions and three to five CMOs selected for the Atlanta region. The CMO implementation would be phased in over the course of a year, scheduled to begin January 2006.

The Division held stakeholders meetings in September and October 2004 to discuss the model. In January 2005, DCH released the Request for Proposals seeking bids from qualified care management organizations (CMOs) to assume the responsibility for the provisions of covered health care services to approximately one million Medicaid and SCHIP members; primarily low-income adults, children and pregnant women. The state held three technical assistance sessions for potential bidders and received nearly one thousand written questions. At least 15 CMOs expressed intent to bid. A final bidders' conference was held in February 2005. By April 2005, DCH received 10 bids. When the evaluation was completed, winners were announced in June 2005. Implementation and readiness plans began immediately, although the contracts were not signed until mid-July 2005 (FY2006).

#### **State Health Benefit Plan Division**

During FY 2005, the operating units accomplished the following:

- Processed more than 262,819 coverage transactions for Health Plan members;
- Responded to more than 179,425 phone calls, 1,706 emails and 2,948 pieces of correspondence;
- Received 140,765 eligibility calls from Health Plan members;
- Responded to 38,660 calls from Human Resources staff at payroll locations;
- Received 652 appeals and closed 677 during the fiscal year (carryover from previous year);
- Monitored claims processing and customer service centers to verify quality of work being provided met standards for accuracy and timeliness;

- Reviewed clinical standards and practices used within cost-containment programs, including the following: programs for medical and behavioral health utilization management, case management, prior approval, organ and tissue transplants and demand management;
- Processed 949 HIPAA requests for release of information;
- Produced and mailed 281,595 Preferred Provider Organization (PPO) and Indemnity Identification cards during the year;
- Produced and mailed 205,517 dependent audit letters to determine eligibility for coverage and
- Produced and mailed 264,457 worksheets for active employees/retirees.

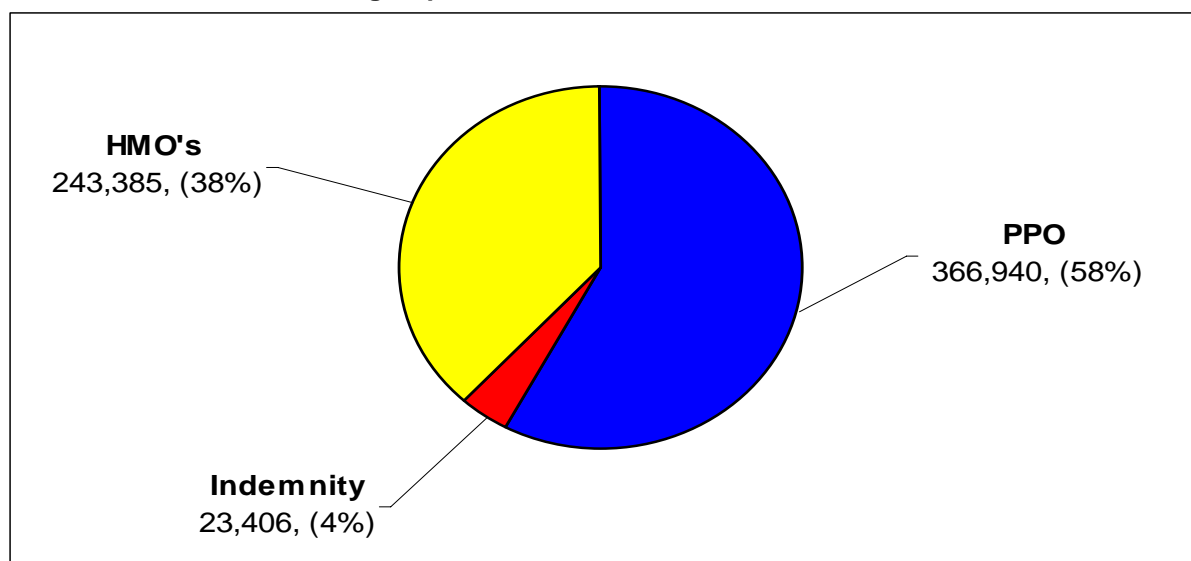
### **Coverage Options**

The State Health Benefit Program offered a Preferred Provider Organization (PPO), Indemnity and four Health Maintenance Organization (HMO) options during FY 2005:

- The PPO option allows members the choice of using either in-network or out-of-network providers, with a higher level of benefit coverage available when in-network providers were used. The Georgia PPO provider network consisted of over 14,000 participating physicians and 168 acute-care hospitals. Nationally, the PPO provider network included over 385,000 physicians and 3,300 hospitals. Members could also have selected the PPO Choice option, which had the same benefits as the PPO option, but allowed members to nominate eligible out-of-network providers to be reimbursed as if the provider was participating within the network.
- SHBP implemented a consumer driven health plan,(CDHP), pilot program for several boards of education. CDHP is a relatively new concept and innovative approach to healthcare dollars. The plan contains a Health Reimbursement Account (HRA) that is funded by the State Health Benefit Plan. Under this plan, members have a greater responsibility to manage their health care dollars wisely, but in return, gain the freedom of choice to make the best decisions about how the health care dollars are used.

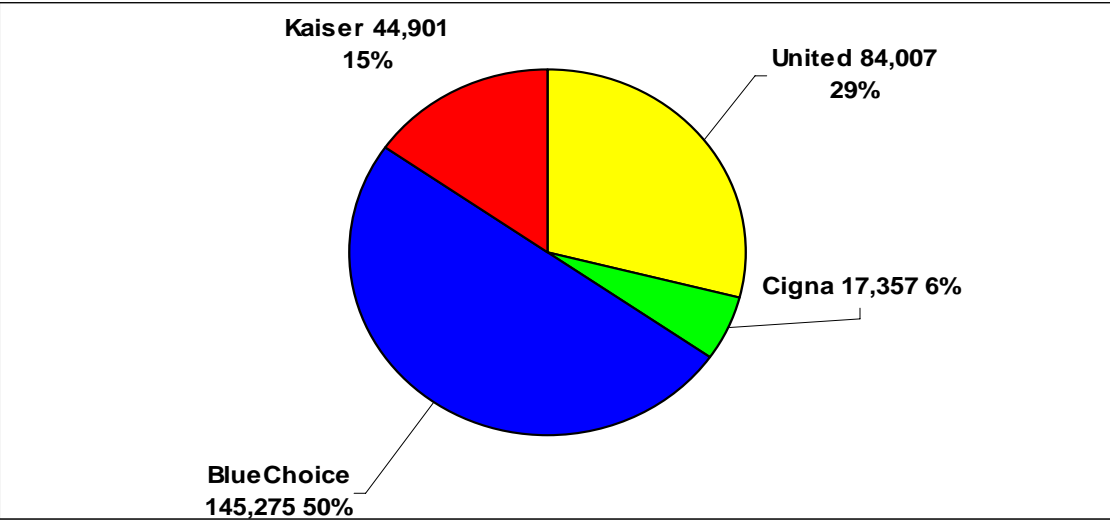
- The Indemnity option is a traditional fee-for-service plan that generally provides the same benefit coverage level no matter which qualified medical provider the member uses. This option uses contracted healthcare providers and use of these providers protects members from balance billing.
- The HMO option was available to members who either lived or worked in a county within an approved service area. HMO choices for FY 2005 included the following: United Healthcare, BlueChoice, CIGNA and Kaiser Permanente. Eligible HMO option members could also select an HMO Consumer Choice option, which had the same benefits as the respective HMO, but allowed members to nominate eligible out-of-network providers to be reimbursed as if the providers were participating within the HMO's network. Some members with full Medicare coverage were also able to select the HMO Medicare + Choice option, which would replace the member's traditional Medicare coverage with enhanced HMO benefits. Except in emergencies, HMO participants were required to use network providers to receive coverage.
- SHBP implemented a consumer driven health plan (CDHP), pilot program for several volunteer boards of education. CDHP is a relatively new concept and innovative approach to healthcare dollars. The plan contains a Health Reimbursement Account (HRA) that is funded by the SHBP. Under this plan, members have a greater responsibility to manage their health care dollars wisely, but in return, gain the freedom of choice to make the best decisions about how the health care dollars are used.

#### All Covered Lives- All Coverage Options

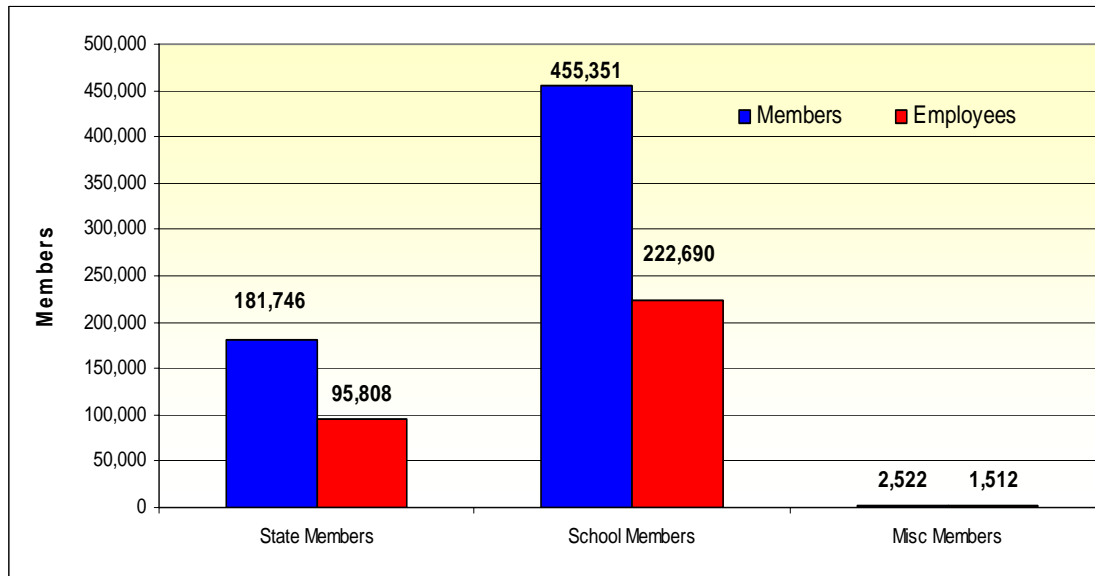


#### Covered Lives - HMO Options





### Covered Lives by Classification



### Open Enrollment and Retiree Option Change Period Activity

Open Enrollment dates were April 18 – May 17, 2005 for coverage effective July 1, 2005. The following projects were completed prior to the close of FY 2005 in preparation for the 2006 plan year:

- 729 Web transactions occurred on the Health Plan's Web site for Health Plan coverage effective July 1, 2005;
- Data entries of 144,190 were made by SHBP staff to update/correct members' records;
- Prepared and posted Train-the-Trainer presentations to the DCH Web site for open enrollment processing instructions for human resources staff in state agencies and school systems;
- Held 24 benefit fairs across the state and met with 6,000 active members to answer benefit questions;
- Distributed 350,000 **Health Plan Decision Guides** for active employees to more than 750 payroll locations;
- Sent 76,254 retiree option change packets to retired members; and
- Sent 1,653 open enrollment packets to members on COBRA and Leave Without Pay.95.

### Covered Lives

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

Plan Member Group	Covered Lives*	Employees	Dependents	% of Total Lives
State Employees – Active	143,005	68,544	74,461	22.17%
State Employees – Retired	39,768	26,967	12,801	6.17%
Teachers – Active	239,344	103,556	135,788	37.11%
Teachers – Retired	49,121	35,055	14,066	7.62%
School Service Personnel – Active	149,535	68,780	80,755	23.19%
School Service Personnel – Retired	20,193	14,785	5,408	3.13%
Contract Groups/Board Members	2,485	1,499	986	0.39%
COBRA	1,455	796	659	0.23%
Total	644,906	319,982	324,924	
Continued on next page				

Plan Member Group	Covered Lives*	Employees	Dependents	% of Total Lives
Active	531,884	240,880	291,004	82.47%
Retired	109,082	76,807	32,275	16.91%
Contract Groups/Board Members	2,485	1,499	986	0.39%
Cobra	1,455	796	659	0.23%
Total	644,906	319,982	324,924	

Coverage Option	Covered Lives*	Employees	Dependents	% of Covered Lives
PPO	332,984	180,453	152,531	52%
Indemnity	14,451	9,749	4,702	2%
Consumer Driven Health Plan pilot	590	304	286	0%
HMO	291,540	129,480	162,060	46%
United	84,007	36,067	47,940	13%
Cigna	17,357	7,486	9,871	3%
BlueChoice	145,275	64,195	81,080	23%
Kaiser	44,901	21,732	23,169	7%

Active teachers and school service personnel accounted for 61 percent of the covered lives; active state employees represented approximately 23 percent. Overall, retirees comprised nearly 105,000 covered lives, which represented 16.5 percent of the entire plan population.

### **Expenditures**

The table below explains the total expenditures by type of health plan:

<b>Total FY 2005 Expenditures</b>	<b>\$1,991,594,639</b>
PPO and Indemnity Option Expenditures	\$1,473,349,146
HMO Premiums	\$406,300,297
Contracts	\$103,297,079
Administrative Support	\$8,648,117
<b>Average Expenditure Per Covered Life</b>	<b>\$3,088.19</b>
State Members	181,746
School Members	455,351
Miscellaneous Members	2,522
<b>Total</b>	<b>639,619</b>
Active Members	526,594
Retired Members	110,503
Miscellaneous Members	2,522
<b>Total</b>	<b>639,619</b>
<b>Total Cost/Member</b>	<b>\$3,113.72</b>

### **Health Improvement Programs**

As part of the department's reorganization in 2002, offices that worked to improve the health of designated groups were brought together in a single section called the Health Improvement Programs. This section includes the Offices of Women's Health, Minority Health and Rural Health, and the Commission on Men's Health. The Commission on Men's Health is administratively attached to the department.

### **Office of Women's Health**

The Office of Women's Health (OWH) envisions quality health and access to health care for all women in Georgia. The OWH works to improve women's health status and quality of life through education, research, policy development and coordination of women's health programming. OWH has an 11-member advisory council composed of statewide representatives from major public and private organizations who are interested and experienced in women's health issues. Council members serve two-year terms.

- **Proclamation Signing**

The Office of Women's Health declared Women's Health Month in Georgia on May 12, 2005.

- **Health Fairs**

OWH participated in the Clayton State University Health Fair. Approximately 320 students, professors and staff from the university participated in this health fair.

- **Fifth Annual Women's Health Summit**

DCH Office of Women's Health held its fifth annual Women's Health Summit entitled, "Women Take Charge!! Continuing the Journey To Wellness: Policy, Possibilities & Progress" on May 19 at the R. Charles Loudermilk Center in Atlanta.

The participants consisted of health advocates, health providers, stakeholders, health administrators and legislators. The summit's focus was on women's health policy and advocacy. The former and 15th U.S. Surgeon General, Dr. Joycelyn Elders, was the keynote speaker. Governor Sonny Perdue, Attorney General Thurbert Baker and Commissioner Tim Burgess opened the summit by welcoming the participants. The first presentation for the day was given by Dr. Dee Baldwin, and a distinguished roster of locally and nationally-recognized experts presented educational workshops.

The following were the summit's objectives:

- Increase awareness and explore policies that impact women's health;
  - Initiate dialogue among health professionals, advocates, policy makers and community stakeholders in addressing the status of women's health in Georgia; and
  - Develop a program that is conducive to networking, sharing of knowledge and generating ideas to empower women to continue their journey to wellness.
- **Woman-to-Woman Conference**  
OWH partnered with the American Heart Association for their annual Woman-to-Woman Conference that was held in Atlanta on February 26 at the Omni Hotel. This conference was a day-long conference designed to educate the public about the risk of cardiovascular disease in women. Over 1,200 women attended a wide range of informational workshops on topics such as: women and heart disease, stroke, diabetes, nutrition, exercise and several others. Free health screenings were provided, and the participants enjoyed a heart-healthy exposition and banquet lunch.

### **Office of Minority Health**

The Office of Minority Health (OMH) helps minority communities reach a high level of health and wellness. The office also works to eliminate the discrepancy in health status between minority and non-minority populations in Georgia.

#### **OMH focuses on the following:**

- Identifying, assessing and analyzing issues related to the health of minority populations;
- Working with public and private organizations to address specific minority community health needs;

- Monitoring state programs, policies and procedures to assure that they are inclusive and responsive to minority community health needs; and
- Facilitating the development and implementation of research enterprises and scientific investigations to produce minority-specific findings.

The office has a 12-member advisory council and each member serves a two-year term.

- **HIV/AIDS Take Action, Keep Educated (TAKE) Project**

The OMH funding cycle for two three-year Demonstration Projects from the Department of Health and Human Services (DHHS), Office of Minority Health, will conclude in September 2005. The objectives for the project were as follows:

- To assist in the identification of needs within the state for HIV/AIDS prevention and care services among minority populations by collection, analysis and/or tracking of existing data on surveillance and existing providers of HIV services for minority communities;
- To facilitate the linkage of minority community-based organizations with other state and local recipients of federal funds for HIV/AIDS to develop greater resource capacity and interventions in the identified areas of need and,
- To assist in coordinating federal resources coming into high need, minority communities including identifying the different programs and facilitating access to federal technical assistance available to minority community-based organizations.

A request for an extension to complete the evaluation phase of the project was granted and will be complete in FY 2006 by Indiana State University.

The HIV/AIDS 2005 report was completed.

A State Partnership Grant was awarded to the TAKE Project for September 30, 2005 to September 29, 2010. The TAKE project will utilize lessons learned from work completed and established working relationship development during the demonstration project to address the following new objectives for the State Partnership Grant:

- To develop a workgroup among intergovernmental agencies statewide whose domain is the continuum of care/prevention services for HIV/AIDS to create a more cohesive approach to identifying and/or addressing minority health issues at the state, county and/or local levels. This goal will further create the necessary system change around information dissemination and sharing to improve the continuum of care/prevention services for minorities with HIV/AIDS;
- To increase knowledge and awareness of the impact of HIV/AIDS among minorities in Georgia; and
- To develop a network of service providers, community leaders, faith-based initiatives, grassroots organizations and community gatekeepers within the Hispanic/Latino population to eliminate cultural and linguistic barriers in the HIV/AIDS continuum of care and to create systemic change for Hispanic/Latino population.

In May 2005, the OMH held its first Summit for the Regional Minority Health Networks (RMHN) in Savannah. RMHN and their partners convened to discuss best practices, challenges and accomplishments as well as next steps for community efforts in developing goals and objectives for addressing HIV/AIDS.

OMH initiatives and activities included the development of prevention and risk reduction health education materials and services.

- **Health Information Dissemination** – The final broadcast of the OMH radio program Lifeline to Health (LTH) (2002 to 2005) aired in May 2005. The program was broadcast as a monthly, live, statewide health education and awareness radio program, [www.lifelinetohealthradio.com](http://www.lifelinetohealthradio.com). The goal of LTH was to increase Georgians' awareness of pertinent health information and to encourage listeners to reduce their health risks and be pro-active in improving and maintaining their health. The program featured interactive call-in segments, health/fitness news and feature stories on timely health issues, particularly as they relate to ethnic minorities and medically underserved populations.

LTH host from 2002 to 2005 was former Executive Director of the Office, Carol Snype Crawford. Kristal Ammons, Program Consultant, served as Executive Producer from 2003 to 2005.

- **Health Disparities Data Reports** – The OMH contracted with the Morehouse School of Medicine, National Center for Primary Care (NCPC) to conduct research and data analysis on health disparities in Georgia. Four out of ten reports have been completed and distributed. These reports have been delivered locally and nationally to collaborative partners, community organizations, the general public, etc. The series is available on the DCH/OMH Web site and on the NCPC Web site.

As sponsors of the 2005 Diabetes Expo, the OMH disseminated health education materials. The OMH provided funding as partners with the American Diabetes Association to underwrite costs for free diabetes health screenings in “the Screening Zone” for the Expo.

- **Medical Interpreters Program** – A curriculum, training manual and testing process was drafted to establish a Medical Interpreters Qualifications and Certification Program. Once finalized and adopted, the program will develop and maintain an OMH Medical Interpreters Program and Registry to establish a unified system, methods, procedures and policies in providing medial interpreter services.
- **Internal and External Consultation** – OMH staff served in an advisory capacity to a variety of organizations, both internal and external, to the state to address minority health issues. Such organizations include: Office of Women's Health; Managed Care (DCH); Chronic Disease Program Management Unit DHR-Chronic Disease and Health Promotion Branch; the African American Health Resource and Information Center (Savannah); the American Heart Association; American Diabetes Association and the Georgia Diabetes Council.

#### **Office of Rural Health Services (ORHS)**

The Office of Rural Health Services worked to improve access to health care in rural and underserved areas to reduce health status disparities of the populations in Georgia. The office has the following objectives:

- Empowering communities to strengthen and maintain the best possible health care using existing resources;
- Building strong partnerships to meet local and regional needs;
- Providing incentives to local areas to implement integrated service delivery systems; and
- Acting as the single point of contact for all regional issues related to health care.

The office has a 21-member advisory council, and each member of the initial council serves a three-year term, with the length of any subsequent terms determined by lottery, subject to review.

The ORHS focused on building regional rural health systems, increasing the number of community and migrant health centers, supporting rural hospitals and identifying ways to make health care available to Georgians in underserved rural and urban areas. Major projects are listed below:

- Received and administered \$3,276,316 in federal grant funds for programs supporting the provision of health care for the rural and urban underserved populations of Georgia.
- The **Georgia Farmworker Health Program** provided services to 13,577 migrant and seasonal

farmworkers and their dependents in FY 2005. These services accounted for 20,429 medical encounters and 18,603 enabling encounters such as: outreach services, medical interpreting, transportation and health education provided by non-medical personnel.

- The National Health Service Corps provided loan repayment/scholarships to 101 medical/dental providers in underserved areas of Georgia during FY 2005, receiving a minimum of \$975,000 in federal loan repayment.
- The J-1 Visa Waiver Program placed 30 medical providers in underserved areas of Georgia, resulting in a total of 85 J-1 physicians serving Georgia's underserved areas during FY 2005.

### **Commission on Men's Health (CMH)**

The Commission on Men's Health worked to improve the health status of men in the state of Georgia. It has an 11-member advisory board, and its terms are two years for legislative members and three years for non-legislative members.

The focus of the commission is to:

- Develop strategies, public policy recommendations and programs, including community outreach and public/private partnerships that are designed to educate Georgia's men on the benefits of regular physician check-ups, early detection and preventive screening tests and healthy lifestyle practices;
- Improve health outcomes in diseases such as: prostate and testicular cancer, cardiovascular diseases including heart attacks, high-blood pressure, stroke, depression, suicide and diabetes;
- Monitor state and federal policy and legislation that may affect areas of men's health;
- Recommend assistance, services and policy changes that will further the goals of the commission; and
- Submit a report of the commission's findings and recommendations to the Governor, the President of the Senate and the Speaker of the House of Representatives.

In FY 2005, CMH did not have a director for much of the year. The projects that CMH accomplished are as follows:

- The commission hosted a Statewide Men's Health Day in collaboration with the Department of Human Resources' public health districts. The participating districts provided some type of men's health event for their communities to promote men's health. These events were either screenings or distributing information. The men's health guides were distributed and referrals were given to assist men with questions about their health and where to go for regular check-ups.
- On June 18, 2005, the CMH sponsored a **Statewide Initiative for Men's Health Day**. The commission worked together with 19 public health districts to help promote men's health awareness.

### **Conclusion**

This year, DCH continued to balance the need for adequate health insurance of our constituencies-- Medicaid and PeachCare for Kids™, and of our state employees against rising costs and growth in enrollment. DCH firmed up a smooth transition for the Medicaid and PeachCare for Kids™ members into managed care programs to help them better achieve healthy lives and to reduce costs to the state. DCH will continue to improve health care for all Georgians in the department's charge and care by creating cutting-edge programs and streamlining processes.