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PROJECT ABSTRACT

Current Access to Health Insurance in Georgia

According to the Current Population Survey (CPS), 84% of Georgians under the age of 65 had some form of health insurance coverage in 2000. Seventy-one percent of non-elderly Georgians and 68% of non-elderly Americans received their coverage through an employment-based plan. The percentage of Georgians without health insurance is about equal to the national average of 14-16%. However, it is believed that there are significant populations at risk of becoming uninsured due to affordability concerns. From CPS and Medical Expenditure Panel Survey (MEPS) data, it is known that family income, race, level of urbanization of community of residence, and employment status, are key indicators of access to health insurance.

Sixty-six percent of non-elderly adults obtain health insurance through their employer, while 8% buy some other type of private insurance, either individual insurance or through association health plans. Aside from assistance provided through individual employers or private foundations, no financial assistance with insurance premiums is available to low-income individuals eligible for employer-sponsored plans. However, some low-income adults and children in Georgia are eligible for public programs, such as Medicaid and PeachCare.

Previous Efforts to Expand Access

While Georgia has yet to undertake a major, coordinated effort to reduce the number of uninsured, many less prominent, but still important, efforts to address the uninsured have been undertaken in Georgia. Largely in response to the political and social climate, Georgia's past efforts to reduce the number of uninsured have largely focused on the use of public programs and federal funding. During the period from 1980-1989, efforts to reduce the number of uninsured consisted of the initiation of thirty enhancements or expansions of the Medicaid program, extending insurance coverage to many previously uninsured residents. From 1990-1999 twenty-six additional enhancements or expansions to the Medicaid program were implemented. In 1998, Georgia implemented its SCHIP program, PeachCare. PeachCare is a Medicaid look-alike program that covers children up to 235% of the federal poverty level, and has received national awards for its enrollment success.

The State has recently begun to move toward private and state-level responsibility for the uninsured and the consideration of a coordinated statewide effort to expand coverage and reduce costs. Georgia policy and politics have historically tended toward strong fiscal conservancy, with a balanced budget requirement, and states rights. This need for economic development and a strong insurance lobby have sometimes been at odds with efforts to look to the private market for solutions to the problem of the uninsured. In addition, efforts to address the uninsured with uncertain fiscal impacts have historically been rejected due to the State's balanced budget requirements.

In the 1990's, Georgia's General Assembly undertook a series of discreet insurance market reforms. In 1995 the General Assembly passed a law that limits insurers' ability to deny coverage in the small group market based on preexisting conditions. The General Assembly in Georgia has also passed a COBRA law for small employers, an unfunded risk pool, and a health purchasing cooperative mechanism law. The Executive Branch also recognized the importance of this issue and during the fall of 1999 and the spring of 2000, approved a proposal by the Department of Community Health to study the problem of the uninsured. This past study would serve as a springboard for Georgia's State Planning Grant.

The current challenge facing Georgia in finding solutions to the uninsured is to synthesize the state's past experiences with federally funded programs and insurance market developments, taking into consideration the experiences of other states that have undertaken efforts to make health insurance available to all citizens. Governor Roy Barnes is committed to finding well-planned solutions to the problem of the uninsured. Governor Barnes also recognizes that the economic development of Georgia depends on the quality of life in the state, including the health and education of the population.

Project Activities

Project activities will be divided into three parts: 1) data collection activities; 2) policy analysis and development; and 3) strategic planning. All three activities will be managed by a grant director in the Governor's Office of the Consumers' Insurance Advocate and will be focused on meeting the goals of the grant.

With the overarching intention of developing a strategy for providing access to affordable health insurance for every citizen of the State, Georgia's State Planning Grant Goals are as follows: 1) Establish the Governor's Action Group on the Accessibility and Affordability of Health Insurance to recommend strategies to address the accessibility and affordability of health insurance by conducting public hearings and town hall meetings, directing and considering staff research results and recommendations, and establishing guiding principles; 2) Through a review of existing data and collection of new data, build a complete and data-driven picture of Georgia's uninsured population, insured population, and the beliefs of Georgians about expanding access to health insurance; 3) Document a 3-Year Strategic Plan for providing access to affordable health insurance for all Georgia citizens based on the recommendations of the Governor's Action Group on the Accessibility and Affordability of Health Insurance and the results of the quantitative and qualitative data collection activities; 4) Build sufficient public and political consensus, and interest, to assure success of the Strategic Plan by addressing the health insurance needs of all Georgians in a comprehensive and cooperative manner; and 5) Submit a Final Report, incorporating the Strategic Plan, to the U.S. Secretary of Health and Human Services to support the development of other state's efforts to reduce their numbers of uninsured and promote communication between the states.

To support policy development, there is a need to collect more regionally sensitive and statistically-significant data that identifies populations in need of attention for policy formulation in Georgia. Prior data collected in Georgia, which will be reviewed as part of the data collection process associated with this grant, presently appears to be too limited in scope and fragmented to provide a basis for state-level decision-making. If awarded a grant, Georgia proposes to collect population data through a telephone survey, focus group data to collect population-level attitudinal data, data about employers, and perform key person interviews with critical decision-makers and stakeholders within the state.

In addition to data collection, policy analysis by state agency staff and input from stakeholders, will be used to create a workable plan for the uninsured for Georgia. The Governor's Action Group on the Accessibility and Affordability of Health Insurance, consisting of key state leadership, community representatives, health care professionals and insurers, will make recommendations about policy improvement needs. The Action Group's recommendations will be incorporated, by the grant director, into the final strategic plan and report. To create a workable strategic plan, the Grant Director will work with the data collection team, the Action Group, and a strategic planning consultant to combine the data findings, Action Group recommendations, as well as whatever additional policy analysis the director feels is necessary to create a workable strategic plan for presentation to the Governor and for incorporation in the final report written to the U.S. Department of Health and Human Services (HHS).

Project Organization and Management

The grant will be managed through the Governor's Office of the Consumers' Insurance Advocate. The grant will be overseen by the Governor's Policy Director and the Consumers' Insurance Advocate. A Grant Director in the Office of the Consumers' Insurance Advocate will have the day-to-day responsibility for the management of the grant, managing the strategic planning and data collection components of the grant, providing direction and coordinating the staff for the Governor's Action Group. The Consumers' Insurance Advocate will serve as Chair of the Governor's Action Group. Grant funds will be managed by the Grant Director who will work with the Office of Planning and Budget with regard to the tracking of grant funds. The Grant Director will assume responsibility not only for the grant funds but also for ensuring the grant schedule and deliverables are met by the responsible parties.

Projected Results

It is expected that the data collected will provide Georgia with detailed information about the status of its uninsured and attitudes about the uninsured. It is also expected that the Action Group's policy development activities will cause some known concepts to be revisited and raise new questions about how to address the uninsured problem in Georgia. Therefore, it is expected that the State Planning Grant will advance the discussion, result in a plan, and focus the resources around the uninsured in accordance with the goal of providing all uninsured Georgians with access to health insurance. The State Planning Grant Director will prepare the Report to the Secretary and contribute to the national report.

CURRENT STATUS OF HEALTH INSURANCE C OVERAGE IN GEORGIA

Rate of Health Insurance Coverage in Georgia

According to the CPS, 84% of Georgians under the age of 65, the non-elderly, had some form of health insurance coverage in 2000. Seventy-one percent of non-elderly Georgians and 68% of non-elderly Americans received their coverage through an employment-based plan. The percentage of Georgians without health insurance is about equal to the national average of 14-16%.

Table 1: Health Insurance Coverage in Georgia in 2000

	Total Individuals	Percent	Non-elderly Individuals	Percent
Total	7,946,916	100%	7,153,472	100%
Total Private	5,813,571	73%	5,412,349	76%
Employer	5,264,988	66%	5,071,021	71%
Direct	2,758,700	35%	2,637,024	37%
Indirect	2,506,288	32%	2,433,997	34%
Other Private	597,139	8%	389,885	5%
Total Public	1,732,157	22%	966,885	14%
Medicaid	640,527	8%	558,847	8%
Uninsured	1,149,068	14%	1,131,823	16%

Note: The totals for insurance coverage categories may exceed 100% because individuals may have multiple sources of coverage

Access to Health Insurance Coverage

The primary source of health insurance for Georgians is employment-based plans. Sixty-six percent of non-elderly adults obtain health insurance through their employer, while 8% buy some other type of private insurance, either individual insurance or through association health plans. Most large employers providing health insurance to their employees do so through a self-funded plan. Small and large employers purchasing fully-insured products have available to them essentially the same products; however, there has been some discussion of moving toward a community-rating approach for small purchasers. A law providing for Health Plan Purchasing Cooperatives for small employers is in place, however, such purchasing mechanisms are not presently in use.

According to state agency data, in 1991, 35% of the population had health insurance through an indemnity program, 6% through an HMO, 18% through a PPO, 18% through Medicare and Medicaid, and approximately 20% were uninsured. By 1998 the indemnity market was only 6.3% of the population, 12.6% were in an HMO, 30% had a PPO, 11% were in a POS, 22% were in Medicare and Medicaid, and 18% remained uninsured. By the late 1990s the HMO market share stood at nearly 60% while the PPO/indemnity market share was at 40%. Provider Sponsored Integrated Delivery Systems began to emerge in 1998 and also in the late 1990's, Blue Cross and Blue Shield of Georgia, historically Georgia's insurer of last resort and with a large market share, converted to for-profit and was bought by Wellpoint of California.

Access to private health insurance in Georgia is essentially provided at the floor mandated by Federal laws. Although Georgia does not have a funded high-risk pool, Georgia is an Alternative Mechanism state under HIPAA with a combination of conversion and a risk assignment system governing the transition from group to individual coverage. Protections beyond those minimum protections required by HIPAA for pre-existing condition exclusions are not available under state law. Federally-mandated time periods for COBRA continuation coverage are available to eligible individuals; however, a "mini-COBRA" law provides some protection through a three-month continuation period for employees transitioning out of employment in small firms. Self-employed individuals, however, have almost no protection.

According to the 1999 MEPS 89% of private sector employees in Georgia work in establishments that offer health insurance. Firm age, size and industry are important determinants in whether an employee has access to employer-based insurance. Only 54% of private sector establishments offer health insurance, and 11% of private sector employees work in 45% of the total number of private sector firms. Ninety-one-point-nine percent of Georgia's for-profit incorporated firms, 70.9% of Georgia's non-profits, 84% of for-profit unincorporated firms, and 96.4% of firms whose profit and incorporation status was unknown offer health insurance to their employees. Eighty-eight percent of those firms five years or older offered health insurance, while only 59% of those less than 5 years did. Only 13.6% of those establishments with 50% or greater low wage employees, 28% of unincorporated establishments offer health insurance, and just 23% of those establishments in the retail industry offer health insurance. However, Georgia ranks relatively high within the South Atlanta Census region with 12.5% of private sector establishments offering health insurance in the form of an exclusive provider plan that requested no contribution from the employee for single coverage.

Data from the 1998 Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) provides the estimated monthly cost of private, employment-based coverage in Georgia relative to the United States. The cost of private coverage is slightly lower in Georgia than nationwide, although only significantly so in a few cases. Employers contribute significantly less for family coverage for all Georgia workers, and significantly less for single coverage for Georgia workers at larger firms and firms with a greater share of high-wage workers than do employers across the nation, which may imply that Georgia workers who are offered coverage are less likely to participate in plans than are workers nationwide. And, MEPS demonstrates that employer size and employee composition of the firm impacts insurance premiums.

Table 2: Monthly Cost of Private Coverage: 1998 Medical Expenditure Panel Survey-IC

	Georgia			
	Single Coverage		Family Coverage	
	Total Premium	Employee Contribution	Total Premium	Employee Contribution
Total	$167	20%	$406	38%
By Firm Size				
1 to 50 employees	$159	15%	$394	36%
Over 50 employees	$170	22%	$411	39%
By Wage				
At least 50% employees low wage	$135	26%	$370	41%
Less than 50% employees low wage	$172	19%	$424	41%

Aside from assistance provided through individual employers or private foundations, no financial assistance for premiums is available to low-income individuals eligible for employer-sponsored plans. However, some low-income adults and children in Georgia are eligible for public programs. Eight percent of the population participates in Medicaid and about 2.5% of the population participates in Georgia's PeachCare for Kids, a Federally funded S-CHIP program. PeachCare is available to qualified legal residents or citizen uninsured children, age 18 or under, who are not eligible for Medicaid or the State Employees Health Benefit Plan, and live in families with incomes 235% of the FPL or less.

Medicaid eligibility in Georgia is categorical and not all low-income Georgians are eligible. The eleven different eligibility categories are: 1) Medically Needy with limited assets who have medical expenses that reduce income to approximately 30% of the FPL, 2) SSI Recipients under 75% of the FPL with limited assets, 3) Nursing Home Residents under 235% of the FPL who have limited assets, 4) Community Care Recipients under 235% of the FPL with limited assets, 5) Qualified Medicare Beneficiaries under 100% of the FPL and limited assets, 6) Hospice Patients under 235% of the FPL with limited assets, 7) Low Income Medicaid for those who meet the standards of the old AFDC Program, 8) Right from the Start Medicaid (RSM) for Pregnant Women under 235% of the FPL, 9) RSM for Children under 185% of the FPL Under 1 Year, 10) RSM for Children Under 133% of the FPL 1 Year to 6 Years, and 11) RSM for Children Under 100% of the FPL between 6 and 19.

Current Health Care Delivery System in Georgia

While Georgia does have a high rate of physician volunteerism and a state law that supplements the Federal EMTALA law, care for uninsured individuals in Georgia often goes uncompensated. Georgians obtain their primary care through a variety of mechanisms, including doctors offices, public health clinics, and emergency departments. Uninsured persons are more likely to obtain primary care at later stages of illness or disease and through emergency providers. Georgia's key health indictor rankings are mixed with some indicators demonstrating poor health status while others ranking Georgia relatively healthy according to CDC's Wonder Database, with 19.5 deaths per one hundred thousand in motor vehicle crashes, 7.8 homicides per one hundred thousand, and 87% of pregnant women receiving prenatal care in the first trimester. Like many other states, Georgia is facing the possibility of a severe shortage of health professionals in the future with an ongoing shortage now.

Georgia has 4 Level One Trauma Centers, 5 Level Two Trauma Centers, 8 Level Three Trauma Centers, 1 Level Four Trauma Center, 3 Pediatric Trauma Centers, and 21 Critical Access Hospitals. In Georgia there are 53 community hospitals with less than fifty beds, 52 community hospitals between fifty and one hundred forty-nine beds, 26 community hospitals between one hundred and two hundred ninety-nine beds, 12 hospitals between three hundred and three hundred and ninety-nine beds, and 9 community hospitals with more than four hundred beds. There are 13 psychiatric hospitals in Georgia. Of the total hospital beds in the state, over 6000 are in investor owned, for-profit hospitals; 2700 beds are in Federal facilities; 900 beds are in church-related, not-for-profit systems; and, 8000 beds are in other not-for-profit systems. Georgia has an active Certificate of Need Program, however, 44 of Georgia's 159 counties have no general hospital.

The State does have a well-developed hospital system and safety-net, however, trends suggest that 25 of Georgia's hospitals are operating at a deficit following a period of consolidations and conversion to for-profit. Medicaid and Medicare account for 46% of Georgia community hospital discharges. Hospitals that serve a disproportionate number of Medicaid patients receive additional compensation through the Federal Disproportionate Share Hospital (DSH) Program. Prior to 1996, hospitals were reimbursed on a per-case rate; however, in 1996 the state moved to reimbursement based on Diagnosis Related Group (DRG), which lead to a significant reduction in hospital revenue but significant savings for Georgia's Medicaid program. The state's share of the DSH funds comes from the Georgia Indigent Care Trust Fund.

Characteristics of Georgia's Uninsured Population

Perhaps the most important determinant of the health insurance coverage is family income and income in Georgia is highly correlated with race and ethnicity. Less than 30% of Georgians living in families with incomes below the poverty level receive public coverage while 28% of them are uninsured. Just over half of those Georgians with out health insurance live in families whose incomes are less-than-twice the Federal poverty rate.

Table 3: Insurance Coverage of Non-Elderly Georgians by Work Status of Family Head

	Total	Full Time/ Full Year Worker	Part Time/ Full Year Worker	Full Year Some Unemployment	Part Year Worker	Nonworker
Total	7,153,472	5,952,507	139,691	241,662	314,919	504,692
Total Private	5,412,349	4,896,013	105,074	126,183	102,173	182,905
Employer	5,071,021	4,662,761	96,538	97,856	89,123	124,743
Direct	2,637,024	2,398,452	42,861	52,781	68,002	74,928
Indirect	2,433,997	2,264,310	53,677	45,075	21,121	49,814
Other Private	389,885	268,568	17,444	28,327	13,050	62,497
Total Public	966,885	590,519	12,433	46,176	72,236	245,522
Medicaid	558,847	307,934	12,433	46,176	38,426	153,878
Uninsured	1,131,823	767,800	22,184	91,339	140,511	109,989

Of those Georgians with coverage, 84% of Georgians obtain their health insurance through an employer. Employment is clearly an important determinant of the source of health insurance coverage. Table 3 indicates that of those non-

elderly Georgians who live in a family headed by a full-time, full year worker, 78% have employment-based health insurance. That percentage falls to 40% for those whose family heads experienced some unemployment during the year, and to just-under 25% for those families headed by a non-worker.

Just over half of non-elderly Georgians whose family head is employed by a firm with less than twenty five employees has employment-based health benefits, while over 86% of the individuals whose family heads are employed by firms with more than one thousand employees have employment-based coverage. Individuals in families whose greatest earner is employed by the smallest firms are much more likely to purchase coverage outside the employment setting or to receive coverage from another member of the family. The probability a non-elderly Georgian is uninsured decreases as the family head's employer size increases. Thirty-three percent of the individuals whose family head is employed by firms with less than ten employees are uninsured, compared to just 9% of those whose family head's employer is over one thousand. However 43% of Georgians live in families headed by a worker employed by a large firm. Over half of uninsured Georgians live in families whose head works for employers with less than one hundred employees.

Another important determinant of coverage is the geographic area of residence. Although data from the Current Population Survey (CPS) are inadequate to provide statistically significant estimates for small area analysis, three years of CPS data can be aggregated to estimate the distribution of coverage for rural and urban Georgians.

Table 4: Insurance Coverage by Location Average for All Georgians, 1998-2000

	Total	Rural	Atlanta MSA	All other MSAs
Total	7,010,312	1,973,325	3,828,995	1,207,991
Total Private	4,998,338	1,270,509	2,911,176	816,654
Employer	4,619,778	1,187,069	2,690,219	742,491
Direct	2,450,081	564,299	1,485,667	400,115
Indirect	2,169,698	622,770	1,204,552	342,376
Other Private	428,048	105,400	240,961	81,687
Total Public	1,109,638	389,673	412,853	307,112
Medicaid	750,140	322,184	285,859	142,097
Uninsured	1,249,915	408,314	661,739	179,862

These averages show that while rural Georgians comprise 28% of the state population, they account for over 40% of the publicly insured population and 1/3 of the uninsured. While just over 2/3 of rural Georgians have private insurance, over 75% of the residents of the Atlanta metropolitan area have private insurance. Although these estimates are subject to the limitations associated with the small CPS sample size, they suggest that any policy to improve coverage throughout the state of Georgia must consider the variations in the population by location.

Key Issues Related to Uninsurance and Research Needs

From CPS and MEPS data, it is known that family income, race, level of urbanization of community of residence, and employment status, are key indicators of access to health insurance. It is also known that employer size and group purchasing opportunities are indicators of access to insurance. While this national data available about the uninsured and insured populations is an excellent starting point, there is a need to collect more regionally sensitive, resource sensitive, and statistically-significant data for policy formulation in Georgia. Prior data collected in Georgia, which will be reviewed as part of the data collection process associated with this grant, presently appears to be too limited in scope and fragmented to provide a basis for state-level decision-making.

If awarded a grant, Georgia proposes to collect population data through a telephone survey, focus group data to collect population-level attitudinal data, data about employers, and perform key person interviews with critical decision-makers and stakeholders within the state. Justifications and a more detailed analysis of research needs are outlined under Data Collection in the Project Narrative Section (infra).

EARLIER EFFORTS TO REDUCE THE NUMBER OF UNINSURED

Largely in response to its political and social climate, Georgia's past efforts to reduce the number of uninsured have been focused on the use of public programs and federal funding. However, the state has recently begun to move toward private and state-level responsibility for the uninsured and the consideration of coordinated statewide effort to expand coverage and reduce costs. A HRSA State Planning Grant would help Georgia to strategically plan for that movement.

Political and Social History

In understanding Georgia's earlier efforts, it is critical to understand something of the history and government of Georgia. Georgia was one of the thirteen original colonies of the United States and its rich history includes involvement in the Revolutionary War, Civil War, and Civil Rights Movement. It is the largest state east of the Mississippi consisting of 58,910 square miles. Georgia is larger than the countries of Israel and Ireland and has more counties than any other state in the country, except Texas. While it ranks twenty-first in land area, it is the tenth most populous state in the United States. Georgia had the 5th greatest population increase of all the states from 2000 to 2001 and over the past decade, Georgia has been the fastest growing state outside of the Western Mountain region. Hispanics accounted for 19% of Georgia's population growth during the 1990s and the city of Atlanta, Georgia's capitol and largest city, grew for the first time in three decades.

Georgia has not had a Republican Governor since the Reconstruction Era, nor has the House or Senate been controlled by the Republican Party since that time. However, while the Democratic Party has been the dominant party in Georgia history, the Party is unlike the Democratic Party in many other states, having a tendency toward strong fiscal conservancy and states' rights positions. The Commissioner of Insurance is the third highest elected position in the state and the position is currently held by a member of the minority party. Other Constitutional Offices in Georgia include the Attorney General, the Labor Commissioner, Superintendent of Schools, and Agricultural Commissioner. Georgia's General Assembly, consisting of 56 Senators and 180 Representatives, is in session for forty days every spring.

Since 1962 when Georgia's county-unit system was declared a violation of the "One-Vote, One Person" principle and the integration of the school system, economic progress became critical to the state's advancement and has been at the forefront of political concern. The state has a AAA bond rating and strives to maintain this bond rating because of the positive effect it has on Georgia's economy. However, this need for economic development and the maintenance of a predictable and a balanced budget as required by state law, together with a strong insurance lobby, has sometimes been viewed as at odds with efforts to look to the private market for solutions to the problem of the uninsured.

Medicaid and PeachCare in Georgia

Due to fiscal concerns, Medicaid has played a critical role in Georgia's past attempts to reduce the number of uninsured. During the period from 1980-1989, efforts to reduce the number of uninsured consisted of the initiation of thirty enhancements or expansions of the Medicaid program, extending insurance coverage to many previously uninsured residents. The Federal Medicaid expansions in the late 1980's and early 1990s were also responsible for large increases in enrollment of children in Georgia.

From 1990-1999 twenty-six additional enhancements or expansions to the Medicaid program were implemented. In 1990, Georgia established the Indigent Care Trust Fund to expand Medicaid eligibility and services; support rural and other healthcare providers, primarily hospitals, that serve the medically indigent; and fund primary healthcare programs for medically indigent Georgians. In November of 1995 the Department of Medical Assistance (then Georgia's Medicaid Administrator) was charged to undertake a study of state Medicaid reform. That study was entitled "Directions for Change: Recommendations for Medicaid Reform in Georgia," and was prepared by the Georgia Coalition for Health and the Georgia Health Policy Center and financed in part by the Robert W. Woodruff Foundation, Inc. The study resulted in a recommendation that disabled individuals who work have the opportunity to buy-into Medicaid. Mechanisms for funding such an expansion are still being examined and most likely will not be implemented without a comprehensive plan for health insurance in the state that accounts for the growing Medicaid costs.

During the mid-1990's Medicaid managed care was organized. Two efforts were undertaken by the state as an attempt to reduce the Medicaid costs and perhaps allow for an expansion of those covered by Medicaid. These efforts were the Georgia Better Healthcare, which is a primary care case management program still in use today, and a capitated managed care program that experienced limited success. Medicaid remains a very large share of Georgia budget. Including federal contributions, it accounts for approximately one-fifth of the state expenditures.

In March 1998 the Georgia State Legislature approved the SCHIP program, PeachCare for Kids, which has been very successful at enrolling eligible children. PeachCare is a Medicaid look-alike program that covers children up to 235% of the federal poverty level. Enrollment has far-exceeded state predictions with over 150,000 children currently enrolled.

Insurance Market Reforms and Market Developments

In the late 1980s Georgia demonstrated its willingness to begin to address the issue of risk-impairment and the uninsured by passing into law a risk pool mechanism. However, due to uncertain costs and political pressure, the risk pool remains without funding. With more success, the General Assembly also passed a "mini"-COBRA law that provides 3 months of continuation coverage for employees in small firms not subject to the federal law.

In the mid-1990s when many states were undertaking major insurance market reforms, Georgia undertook a series of smaller, but still important, independent reforms. In 1995 the General Assembly passed a law that limits insurers' ability to deny coverage in the small group market based on preexisting condition. In 1996, HIPAA was passed requiring guaranteed issue, renewal and portability in the group market. Based on the status of the state's insurance market, Georgia chose to implement a HIPAA alternative mechanism, rather than guaranteed issue in the individual market. The alternative mechanism provides a combination of conversion and risk assignment for individuals who have exhausted all continuation coverage available to them.

In the late 1990's a law providing for Health Plan Purchasing Cooperatives was passed. However, for a variety of reasons, including the lack of small employer interest and public marketing of the concept, cooperative purchasing has yet to catch on in Georgia. The late 1990s in Georgia were also marked by a growing trend toward for-profit insurers. In 1995, Blue Cross Blue Shield of Georgia began the process of conversion to for-profit status. In response to the conversion, a group of non-profits filed suit and won an eighty million dollar judgement for the public's interest in the conversion. A major milestone was achieved when in 1999, the Patient Protection Act, was signed into law. While the patient protection act does not provide insurance to the uninsured, it provided a bill of rights for Georgians enrolled in managed care and did much to reduce under-insurance for persons with managed care receiving emergency medical attention.

The late 1990s were also marked by the increasing adoption of mandates by the General Assembly. Two mandates were passed in 1998. Those included HB 1565, which required insurers to provide coverage for annual chlamydia screenings, and SB603, which mandated coverage for the routine care costs associated with clinical trial programs for children who have cancer. Two mandated offerings were also passed in 1998, HB1086, to offer osteoporosis testing, and SB 55, to offer diabetes treatment, education and supplies. A mental health parity bill requiring employers with 2 to fifty employers to offer a minimum mental health benefit with the same annual and lifetime cap for mental illness as for other illnesses was also passed. The mandate trend continues to grow with seven mandate bills introduced during the 2002 legislative session. At the same time, during 2002 a bill to eliminate mandates in the small group market was introduced for the purposes of reducing the costs of health insurance to small employer and, thus, reduce the number of uninsured. There is a great deal of uncertainty in the General Assembly about whether reduced regulation will lead with some certainty to reduced costs.

Therefore, health insurance continues to be a major area of concern for the Georgia General Assembly. Many health and health insurance related bills, including at least forty-five bills that directly effects the way Georgians receive and use health insurance, have been under consideration during the 2002 legislative session. Included in those bills is a bill for universal healthcare, a bill for the guaranteed issue of Medicare Supplemental policies for the disabled, and a bill entitled the Consumers' Health Insurance Protection Act which, among other things, protects the employees of employers who fail to pay health insurance premiums to the insurer. However, anecdotal evidence suggests that some members of the General Assembly feel ill-prepared with the information they currently have available to them to make decisions about health insurance bills that might effect the cost and accessibility of health insurance.

Health Insurance as a Continuum

The current challenge facing Georgia in finding solutions to the uninsured is to synthesize the state's past experiences with federally funded programs and insurance market developments, taking into consideration the experiences of other states that have undertaken efforts to make health insurance available to all citizens.

Governor Roy Barnes is committed to finding well-planned solutions to the problem of the uninsured. During the fall of 1999 and the spring of 2000, he approved a proposal by the Department of Community Health to study the problem of the uninsured. That preliminary study was called the Georgia Business Plan for Health and it will serve as a springboard for Georgia's State Planning Grant. As part of the Business Plan for Health, available data on the uninsured was reviewed, proposals and input were collected from a variety of stakeholders, and several public hearings were held on the issue of the uninsured. The undertaking resulted in a series of grants for pilot projects and products intended to create innovation in seeking solutions to the problem of the uninsured. Two of the grants approved focus on the affordability of private market health insurance products. One will investigate possible risk-spreading mechanisms and funding sources for such mechanisms for uninsurable individuals and the other will study a combined twenty-four hour major medical/workers compensation product for small employers. In addition to the grants, a Health Policy Analyst position in the Governor's Office of the Consumers' Insurance Advocate was funded to investigate further private and quasi-public solutions.

Governor Barnes views health insurance as a continuum and recognizes that the time has come for solutions that extend beyond incremental Medicaid expansions. He recognizes that the development of Georgia depends on the quality of life in the state, including the health and education, which are closely tied to each other, of the population. Solutions must be found to keep at-risk populations, including individuals in the small group market, self-employed, disabled, working low-income, insured. Affordability is critical to keeping these populations insured and providing the uninsured options. In the last several years, many creative solutions have been proposed and many private pilot programs have been tested. A unique opportunity exists at the present time to synthesize these ideas and new ideas into a plan that will allow individuals to remain insured as they move from childhood to adulthood and through life events such as a job loss or catastrophic illness. To achieve these ends, careful studying and planning is needed to achieve public-private partnerships, as is data that will assist Georgia in identifying the populations that face special challenges.

REQUESTING PREFERENCES

The State of Georgia requests preference for funding under the State Planning Grants Program. As Georgia's rate of uninsured is approximately equal to the national average of 14-16% and as it is difficult to classify this rate as either high or low, please consider this request for preference under two alternative bases.

The first, of the two alternative bases is Georgia's relatively low rate of uninsurance. A large state with a population diversity that is similar to that of the United States, Georgia's population is representative of the United States as whole. Therefore, an uninsured rate approximately equal to that of the nation should be considered a relatively low rate.

In comparison to many smaller states, Georgia's rate of uninsured might be considered high. Therefore, the alternative basis for this request for preference is Georgia's ability to significantly decrease its relatively high rate of uninsured. Georgia has the ability to significantly reduce its number of uninsured for the following reasons:

- Georgia has a proven track record of success in improving access to health care through community-based programs and pilot projects;
- Georgia has been highly successful in enrolling eligible individuals in public programs, such as PeachCare and Medicaid expansions, following the establishment of the programs;
- Georgia has the necessary government structure, including strong leadership in the Executive Branch, the existence of a Consumers' Insurance Advocate, a strong Department of Community Health, and an interested General Assembly, to address this problem;
- The opportunity to plan and undertake a coordinated effort is the key to Georgia's success in reducing the number of uninsured;
- And, Georgia possesses the long-term economic prosperity and intellectual talent to address this problem.

Together with these reasons, Georgia's ability to reduce the number of uninsured will be enhanced by State Planning Grant funds which will assist the state with collecting needed community level data on the uninsured and provide momentum for thoughtful and complete policy analysis that will lead to a constructive plan for the uninsured in Georgia. Therefore, it is respectfully requested that this application be granted preference.

STATEMENT OF PROJECT GOALS

With the overarching goal of developing a strategy for providing access to affordable health insurance for every citizen of the State, Georgia's State Planning Grant Goals are as follows:

1) **Establish the Governor's Action Group on the Accessibility and Affordability of Health Insurance to recommend strategies** to address the accessibility and affordability of health insurance by conducting public hearings and town hall meetings, directing and considering staff research results and recommendations, and establishing guiding principles.

2) Through **a review of existing data and collection of new data**, build a complete and data-driven picture of Georgia's uninsured population, insured population, and the beliefs of Georgians about expanding access to health insurance to identify who is uninsured and why they are uninsured.

3) **Document a 3-Year Strategic Plan** for providing access to affordable health insurance for all Georgia citizens based on the recommendations of the Governor's Action Group on the Accessibility and Affordability of Health Insurance and the results of the quantitative and qualitative data collection activities.

4) **Build sufficient public and political consensus, and interest, to assure success of the Strategic Plan** by addressing the health insurance needs of all Georgians in a comprehensive and cooperative manner.

5) **Submit a Final Report**, incorporating the Strategic Plan, to the U.S. Secretary of Health and Human Services to support the development of other state's efforts to reduce their numbers of uninsured and promote communication between the states.

PROJECT DESCRIPTION

Detailed Project Narrative

Georgia's State Planning Grant activities will be divided into three parts: 1) Date Collection, 2) Policy Analysis, and 3) Strategic Planning and Reporting. All three activities will be managed by a Grant Director, and Assistant Grant Director, in the Governor's Office of the Consumers' Insurance Advocate and will focus on meeting the goals of the grant.

DATA COLLECTION

Key Informant Interviews

Data Requirements

An important aspect of developing a feasible plan is broad stakeholder buy-in. Clearly understanding the issues and concerns of state legislators, state administrators, and other state leaders is vital to ensure that useful data is collected, and that stakeholders are invested in the planning process.

Proposed Survey

This proposal includes a Key Informant interview process that will consist of structured individual interviews with key stakeholders, including members of the Action Group. Questions will be designed to discover bias and interests of the stakeholders and to inform the Data Collection Team about data presentation preferences. The information gained from these interviews will influence the design of the focus group process and will also help guide the presentation of the compiled data.

Survey Administration

The Key Informant interview process will be administered by the Data Collection Team. Key informants will be identified by the State Planning Grant Director and the Governor's Office of the Consumers' Insurance Advocate. Key Informant data will be gathered pre-award and in the early stages of the grant to ensure that the types and kinds of data collected meets the perceived needs of the stakeholders.

Population Survey

Data Requirements

In order to form policy recommendations with the goal of expanding coverage to the uninsured in the state of Georgia, it is vital to understand the characteristics of the population that vary with insurance status, the nature of businesses that offer and do not offer employment-based coverage, and the attitudes of Georgians toward coverage and policy options. National survey data provides some information on the number of uninsured in each state and some descriptive detail about these individuals. The CPS has been used to generate state level estimates that are reliable and widely used. However, estimates of coverage for groups within the state, such as by income groups or by ethnic or racial groups, are subject to standard errors that often exceed 100% of the estimate. The recent sample expansion for the CPS March supplement will enhance the usefulness of the survey in assessing population characteristics within Georgia, but are still inadequate to satisfy all of the information needs for policy formulation.

Similarly, the MEPS describes in detail how health care utilization varies with source and type of coverage. Although the small sample size implies that MEPS data are not statistically significant at the state level, information gleaned from this survey may be used as part of the planning process when the characteristics of the state population are more clearly understood.

Therefore, funds from the State Health Planning Grant will be used to collect additional state-level data on the coverage status of individuals within the state. Upon completion of the survey Georgia's State Health Planning Grant staff and Data Collection Team will be able to describe:

- Demographics (age, sex, race, ethnicity, family status) of individuals in Georgia with employment-based coverage, public coverage, and no coverage;

- How coverage status varies with current employment status and employment history (tenure, firm size, industry, occupation) for individuals in the state;
- Variations in coverage status by geographic location within the state;
- Coverage status variations and their association with wages and total family income;
- Health status variations for individuals in the state by coverage status;
- Barriers to health care for individuals in the state by coverage status; and
- The out-of-pocket costs and total costs of coverage available and costs of coverage chosen.

Proposed Survey

We propose to work closely with the State Health Access Data Center (SHADAC) using the Coordinated State Coverage Survey (CSCS) as the foundation for an instrument that will include state-specific modifications. A draft of the proposed survey can be found in Appendix A. We plan to participate in the CSCS project and consult with Kathleen Call and others at SHADAC as necessary to ensure that data obtained from this funded research is available and useful to researchers seeking normative data.

Proposed Sample

The Current Population Survey sample for Georgia of between 1900 and 2100 records annually provides reliable estimates of population characteristics at the state level. These individual records represent almost 800 households and about 750 families interviewed annually. Sample size is determined by the reliability required for the estimates obtained for the variable of interest in the study. For CPS sampling, the unemployment rate is used to determine sample size. For this study, the reliability of the estimate of those without insurance will determine the sample size. Based on the 2000 population census, there are about 7.5 million Georgians under age 65. Of these individuals, according to CPS, about 14-16% or 1.1 million individuals have no insurance. In order to achieve an acceptable level of reliability, we suggest a minimum sample of between 8000 and 9000 records, with an over-sample in the Atlanta Metropolitan Statistical Area and adjustments for those with interrupted telephone service.

Sample design will ensure that those surveyed are representative of the state population in terms of location and be stratified with respect to demographic variables, employment status, and family income. Over sampling of low- and moderate-income populations and in some rural locations will be necessary. The variation in coverage status between rural- north and rural-south Georgia implies a sampling frame that distinguishes between these two regions in addition to all state metropolitan statistical areas. Every effort will also be made to collect data that provides statistically significant information on a state Senate District level so that law and policy makers will be have available data that they perceive as reflecting their constituents.

The survey will be designed to determine basic demographic information, family income and size, covered persons in the household, coverage types, employee contribution if any, benefit levels, insurance history, other access to coverage questions, race, ethnicity, age, sex, geographic area of residence, employment status, education level, employer types, citizenship, perceived value of insurance, experience with medical debt or bankruptcy, perceptions about the uninsured, perceptions about State managed insurance programs, willingness to pay, interest in premium assistance.

Survey Administration

The population survey will be administered by a vendor, possibly the University of Minnesota, that is a member of the American Association of Public Opinion Research (AAPOR) and that has experience in conducting policy related research. Vendor selection criteria will include experience, references, capabilities, data management and privacy, and the ability to work within the grant timeline. Georgia is strongly considering the possibility of cooperating with a consortium of states under the auspices of SHADAC to expedite survey administration to ensure that a reliable survey tool and vendor is used and to contribute to a source of data that can be shared between states.

Employer Survey

Data Requirements

State policy aimed at expanding coverage for Georgians will seek to fill the gaps created by the current mixture of public coverage, private employment-based coverage, and privately purchased plans. Of those Georgians with private coverage, almost 94% obtain that coverage through an employment-based plan.

It is vital to understand those factors that determine if an employer will offer and if employees will participate in plan options. National survey data provides some information on the characteristics of employers that offer coverage and the types of plans offered. The Community Tracking Survey-Employer Health Insurance Survey can be used to analyze the choices made by employers to provide health insurance coverage for their employees. The MEPS-IC provides some state level data on the number of employers that offer coverage and on participation rates. However, the more detailed and timely information is required for a complete understanding of employers in Georgia. After completion of a state level employer survey, the Georgia State Health Planning Data Collection Team must, at a minimum, be able to describe:

- Characteristics of firms that offer coverage by industry, firm size, location, average wage of workers, average age of workers;
- Variations in eligibility policies and premium contribution policies at firms by the same set of characteristics; and
- Variations in plan design (cost sharing, restrictive networks, utilization management) at firms by firm characteristics.

This information is essential if the state is to design policies that expand employment- based coverage and avoid the crowd out associated with public programs.

Proposed Survey

We propose to use a modified version of the questions used in the MEPS-IC survey for a sample of employers in Georgia. A written survey sent in a fax back format to employers will vary for public, private single-site, and private multiple-site employers, and for the self-employed.

The survey will capture information about employer characteristics, plan characteristics, and the cost of plans offered. It will provide basic demographic information about an employer's business, size, number of employees, whether the employer offers health insurance, if the employer has ever provided insurance, why insurance was discontinued if it was discontinued, level of interest in offering health insurance benefits, employers knowledge of purchasing mechanisms, attitude towards a private coverage buy-in program, and level of interest in tax incentives.

Survey Administration

The employer survey will be administered by a vendor that is a member of the American Association of Public Opinion Research (AAPOR) and that has experience in conducting similar research. A vendor has not yet been selected for the Employer Survey, however, several vendors were under consideration at the time this application was submitted. Vendor selection criteria will include experience, references, capabilities, data management and privacy, and the ability to work within the grant timeline. Key to obtaining useful information will be sampling firms that are representative of industries in the state and developing the appropriate weights for use in modeling the state labor market.

Focus Group Surveys

Data Requirements

Over the last decade Georgians have had multiple opportunities to voice their views on health care coverage issues through focus groups, community forums, and telephone surveys. Public opinions, attitudes, and values provide an important link between demographic data and the implementation of a feasible plan to provide greater access to affordable coverage. It is important to build on the previous work that has been done as we carefully assess the current views of Georgians. Therefore, prior to undertaking new focus group surveys, an analysis will be undertaken to examine previously collected focus group data.

After that analysis is complete, focus groups will be undertaken to examine employer and individual attitudes about health insurance and the uninsured. These results will provide an assessment of any attitudinal barriers that would limit the success of the coverage expansions being considered and provide insight into barriers to obtaining and maintaining insurance that might otherwise be missed in the population telephone survey.

Proposed Survey

A three-tiered effort will be undertaken that includes 1) a review of prior research to establish a baseline for future study, 2) statewide focus group research; and 3) structured discussions in key geographic areas of the state.

The first aspect of the focus group data collection will be a review of previously collected research. Transcripts of more than 150 focus groups, data collected from over 700 community forums and information from 3500 telephone surveys of Georgians are available. These transcripts and data provide insight into Georgians' evolving views on health care coverage over the past ten years. A review and analysis of this vast array of information will allow the research team to identify consistencies in Georgians' values and beliefs over time and serve as the basis for developing future research.

The second step in the focus group process will be statewide focus group data collection. Previous research conducted in Georgia has utilized the Claritas PRIZM Cluster System as a methodology for stratifying Georgia's population. Consideration will be given to continuing to use this methodology by conducting focus groups based on the Social Groupings of the PRIZM system. Social Groupings allow researchers to identify, understand and target population groups who may vary in their opinions and attitudes concerning coverage for the uninsured. At least 20 focus groups will be conducted.

The final step in the focus group data collection will be a series of structured discussions. A series of structured discussions will be conducted in key geographic areas of the state to supplement the focus group research and broaden the base of Georgians included in the study. These discussions will exam a range of alternative approaches for covering the uninsured in order to determine Georgians' support and the political will for moving forward. Approximately 30 structured discussions will be held at various locations throughout the state.

Survey Administration
SHADAC will be utilized as a resource for the focus group study design, limiting bias, and in selecting a vendor that has experience in conducting similar research. Presently, one vendor is under consideration; however, policy and state law dictate that a competitive bid take place for this portion of the data collection. Data analysis and review will be undertaken by the vendor, as will the focus groups and the structured discussions. Exact focus group and structured discussion format, locations of the focus group discussions, and questions will be determined with the vendor pre-award by the Grant Director and the Data Collection Team.

Survey Design and Data Analysis
Survey design, vendor selection, and analysis of the data obtained from these surveys will be conducted, with the Grant Director, by a multidisciplinary Data Collection Team. The team includes faculty in the College of Business and the Health Policy Center at Georgia State University. William S. Custer (Center for Insurance Research) and Patricia Ketsche (Center for Health Services Research) have extensive experience working with population survey data such as the CPS and the MEPS. Karen Minyard (Health Policy Center) has extensive experience with research on rural health. The team also includes a focus group expert, a community development expert, and a health researcher.

Data collected in the population telephone survey and the employer survey will be cleaned and checked and submitted by the Grant Director with the assistance of the Data Collection Team to the University of Arkansas for inclusion in the HRSA State Planning Grant Multi-State Integrated Database along with the MEPS and CPS data sets for Georgia made available by the Multi-State Database project, which will be used by the Data Collection Team and the Grant Director to drive policy decisions and educate stakeholders about what is known about the uninsured.

The Data Collection Team will then use the information to develop micro-simulation, or coverage simulation, models that examine the effect of policies proposed on access to coverage and to health care services for various populations within the state. Together with their staff they will also review the employer survey results, the focus group results, and key informant interview results to assist the Grant Director in incorporating those findings into the strategic plan and evaluating the micro-simulation results in light of the other data findings.

POLICY ANALYSIS

While the data collection is taking place, the Governor's Action Group on the Accessibility and Affordability of Health Insurance will undertake an analysis of current state law and policy on the uninsured. A Strategic Planning Consultant, together with State Planning Grant Director and the Office of Planning and Budget Strategic Planning professionals, will work together to facilitate the Action Group's endeavors. The Action Group will, based on the results of the policy analysis, make recommendations to the Grant Director for inclusion in the Strategic Plan.

The Action Group, the members of which were selected pre-award, represent many of the stakeholders in solutions to the uninsured problem. The Action Group is racially diverse and diverse in interests and perspectives on this important issue. Represented on the Action Group are insurers, insurance regulators, hospitals, health care providers, academics, consumers, elected and appointed government officials, key state agency personnel, lobbyists, a former Secretary of the U.S. Department of Health and Human Services, a former Deputy Assistant Secretary for Health Policy for the U.S. Department of Health and Human Services, chambers of commerce, and community health advocates.

After understanding their mission, the Action Group will begin by defining affordability and access and selecting a benchmark plan for benefits and coverage. The Action Group will then begin a discussion of how the ways that people access insurance can be improved. Recognizing that limited is data available and more in-depth data collection is being simultaneously undertaken, the Action Group as a whole will make recommendations about how access to affordable health insurance can be accomplished through integration of new programs with existing public and private programs, recommend targeted expansion groups, interaction with employer-sponsored insurance, increasing portability, risk spreading mechanisms, containing costs, ensuring quality, ensuring access to health care services. The Group will identify any necessary state or federal legislative changes, necessary waiver applications, further data collection, private sector involvement, or program evaluations needed. They will also be asked to examine funding sources, program administration, evaluation and outreach for their ideas, as well as identify cost-sharing possibilities, and identify options for delivery systems for new programs they recommend.

Mid-way through the project year, a conference will be held for the Action Group as well as other stakeholders to ensure that all aspects of the problem and all potential solutions are incorporated by the Action Group into its final recommendations. The Action Group will also be provided with the resources to hold five Town Hall meetings to connect and communicate with the public on the issue of uninsurance and potential solutions. These meetings should supply the Action Group with a variety of opinions and concerns to address within their policy analysis.

The Action Group will be divided by the Chair into sub-groups to facilitate the recommendation and consensus building process. Those sub-groups will be 1) a Public Programs Sub-Group, 2) a Quasi-Public Programs Sub-Group, 3) a Legal/Regulatory Sub-Group, and 4) a Private Insurance Sub-Group. Sub-groups will be free to hear from non-members serving in advisory roles. Within each of these Sub-Groups, they will identify uninsured and at-risk populations, alternatives related to their area that might assist these populations in obtaining or maintaining health insurance, and mechanisms for implementing the alternatives. Information about prior research, financing mechanisms such as Section 1115 waivers, and existing pilot programs will be provided to the Sub-Groups by the policy analysis staff as needed. Through regular business meetings, collaboration within the sub-groups, and effective use of staff support and existing data, the Action Group will consider what policy and legal changes are needed to best provide access to affordable health insurance to all Georgians.

Each sub-group will be charged with providing the Action Group main body with its recommendations on the particular aspect of broadening access to coverage that fall within their area. The sub-groups will be supplied with access to existing data through the University of Arkansas Multi-State Integrated Database as well as proposals, transcripts, and reports submitted in previous policy recommendation initiatives, such as the Business Plan for Health, on the uninsured undertaken in Georgia. The Strategic Planning Team will work with the Policy Analysis Staff to help the sub-groups to envision how the future of health insurance in Georgia within their specific area. The sub-groups will be asked to then identify the specific steps that would need to be taken in Georgia to meet that vision. After consensus within the sub-groups, those recommendations and steps will be reported to the Action Group body for consideration for inclusion in the final recommendations to the Grant Director for inclusion in the Strategic Plan.

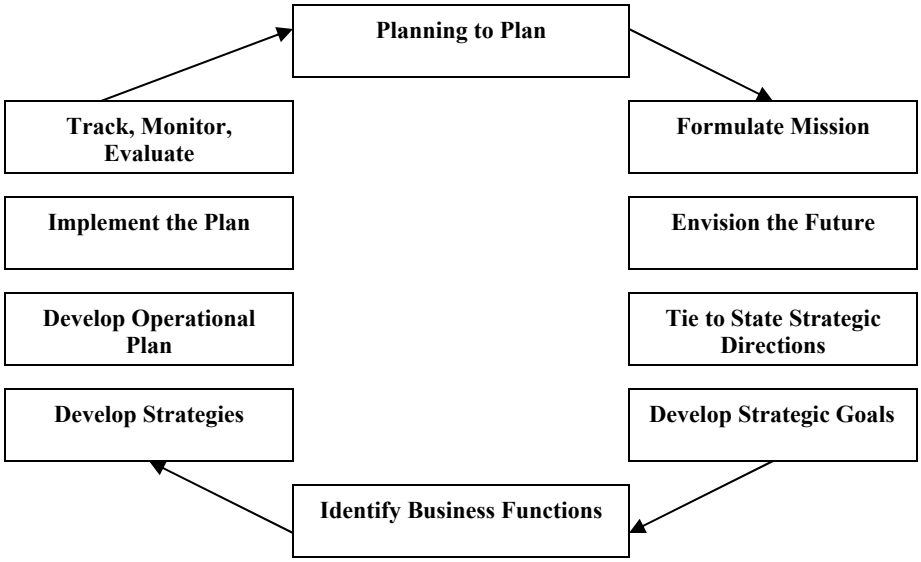
Staff will be available to support the Action Group, including sub-groups, and to assist the members in making their recommendations for the Strategic Plan. The staff will consist of policy experts and analysts drawn from their respective state agencies for the knowledge and interest in the problem of the uninsured. Currently the staff consists of the following: the Health Policy Analyst for the Governor's Office of the Consumer's Insurance Advocate; the Director of Planning and Development for the Department of Community Health, which is the current Medicaid administrator for the State; two additional staff members from the Department of Community Health; a representative from the Department of Human Resources, which provides Medicaid and other public program enrollment as well as houses the Georgia Division of Public Health; the Office of Planning and Budget Policy Coordinator for state-run health related programs, and; an expert in health affairs from Senate Research.

The State Planning Grant staff will provide and maintain a website for the Action Group, coordinate meetings, and assist with supplies and space. The Action Group will report its recommendations to the State Planning Grant staff and be provided access to the data collection process through the members of the Action Group that are also involved in the data collection as well as through the Grant Director who will report the preliminary results of the data collection to the Action Group.

STRATEGIC PLAN AND REPORTING

The recommendations of the Action Group and the data collected will serve as the basis for a strategic plan developed by Georgia's State Planning Grant Director. The Director will work together with Office of Planning and Budget Strategic Planning professionals, the Data Collection Team, Action Group Leadership and the outside Strategic Planning Consultant to synthesize the Action Group's recommendations and the data collected into a plan for providing health insurance to all Georgians.

Strategic planning will be integrated into the data collection and policy analysis processes. The integrated steps taken to generate the Strategic Plan will follow Georgia's Strategic Planning Model. That model is as follows:



The Planning-to-Plan phase and the Mission phase of the State Planning Grant will take place pre-award and during the first weeks of the grant. The Planning-to-Plan phase of strategic planning is an in-depth consideration between the facilitator and leadership team of an organization as to how the process is to be conducted. In planning to plan, the leadership for the grant application has already begun through this application to identify the strategic planning steps, the deliverables for each phase of the process, the participants at each step, and sets the timetable for completing all steps. The mission of the State Planning Grant and its subparts is to design a plan to provide access to health insurance to all Georgia citizens. This mission will be communicated to all participants in the grant pre-award and will serve as a template for decision-making for the grant.

Much of the work in developing the Strategic Plan will come at the Envisioning the Future and the Developing Strategic Goals phases of the planning process. While the general goals for the State in terms of coverage for the uninsured have already been developed, specific programmatic goals will need to be developed. The Strategic Planning Team and the Grant Director, therefore, will rely very heavily on the recommendations of the Action Group to provide a vision for the future. In writing the Strategic Plan, the Strategic Planning Consultant and professionals and Grant Director will identify critical success factors and success inhibitors. A Critical Success Factor is any condition or element that must be in place in order for the organization's mission and goals to be achieved. A Success Inhibitor is any factor or condition that could prevent the organization's mission and goals from being successfully achieved. The Strategic Plan will incorporate alternatives given the success factors and inhibitors. The Planning Team and the Grant Director will also

identify trends, through comprehensive environmental and internal scans, that will affect the plan and identify proactive steps that can be taken to positively influence their impact on the plan.

The Grant Director and Strategic Planning Consultants will incorporate the data collection component into the Strategic Plan through the coverage simulations provided by the Data Collection Team. These coverage simulations, along with the other available data will be used to turn the recommendations and options provided by the Action Group into coverage options and will provide the numbers and costs associated with the different recommendations of the Action Group, particularly those recommendations that relate to existing public programs or recommendations that would require the support of state tax dollars. Revenue impact statements will also be obtained, if possible, for any option that would require such a statement if considered by the legislature.

The recommendations of the Action Group, then, taken together with the coverage simulations will provide the strategic goals for Georgia's plan to provide access to affordable health insurance at a benchmark level to all citizens of the state. The strategic goals will answer the following questions: 1) What does the State want to accomplish with the identified uninsured and at-risk populations?; and, 2) What direction should the State take to accomplish its needs? The specific recommendations of the Action Group will serve as strategic objectives, or what is to be achieved over a period of one to three years in order to move forward. Strategic objectives flow logically from strategic goals, and each objective can be linked to at least one strategic goal. Strategic objectives specify outcomes that describe what success would look like when the objective is reached; allow logical sub-division into action plans, responsibility assignments, timetables and accountability targets; and, focus the organization on the highest priority projects that need to be addressed to move into the future.

The Strategic Plan document will be written by the Grant Director with assistance from the Data Collection Team, Strategic Planning professionals, Strategic Planning Consultant and the Policy Analysis Staff. This group will also serve on the Final Report Committee. The document itself will present options, associated costs and needed action steps, with basic operational plan possibilities. The plan options identify the population served by the options; will offer such things as suggested legislation, program expansions or changes, and waiver applications; and, will make recommendations about which options, based on coverage simulations where appropriate, offer the best opportunity to provide access to coverage for the greatest number of individuals. The document will also reflect data collected but not addressed, and, because strategic planning is an ongoing process, it will offer next steps in planning. The Plan will be reported and submitted to the Governor and the General Assembly for their consideration. The Strategic Plan will also be incorporated into a final report for the Secretary that will reflect Georgia's progress and activities beyond options set out in the Strategic Plan.

Project Management Plan

Project Matrix

	GOAL	TIMETABLE	RESPONSIBLE PARTY	ANTICIPATED RESULTS	EVALUATION MEASUREMENT
1	Establish the Governor's Action Group on the Accessibility and Affordability of Health Insurance to recommend strategies to address the accessibility and affordability of health insurance by conducting public hearings and town hall meetings, directing and considering staff research results and recommendations, and establishing guiding principles.				
	TASK #1: Establish the Governor's Action Group				
	Select Members	February-02	CIA/PD	Member List	Member List
	Governor to Announce Group and Members	February-02	PD	Signed Executive Order	Signed Executive Order
	Convene First Meeting	March-02	CIA/PD	Introduction	Meeting Minutes
	TASK #2: Hold Regular Business Meetings of Action Group				
	Establish Monthly Meeting Time and Place	March-02	AG-C	Designated Dates and Time	Schedule to Members
	Monthly Meetings	Ongoing March-02 through July-03	AG	Attendance at Monthly Meetings	Meeting Minutes
	Utilize Staff Assistance as Necessary for Research	Ongoing March-02 through July-03	AG-C/AG-VC	Staff Assistance	Staff Output
	TASK #3: Develop Recommendations for Strategic Plan				
	Hold a Stakeholders Kick-off Conference with Panel Discussion Format	September-02	AG	Attendance & Participation of Stakeholders	Meeting Minutes
	Form Subgroups	June-02	AG	WorkGroup Member Lists	Work Group Member List
	Solicit External Input	July-November-02	AG-Subgroups	Consideration of External Input by Sub-Groups	Reported Activity of Workgroups
	Review Progress of Subgroups	November-02	AG	Updates by Workgoups	Reported Activity of Workgroups
	Analyze Reports of Subgroups	January-03	AG	Review of Recommendations of Workgroups	Report by Action Group on Workgroup Recommendations
	Hold 5 Town Hall Meetings in Geographically Diverse Areas of the State	February-02 through March-03	AG	Attendance & Participation of Public	Meeting Minutes
	Analyze Outcome of Town Hall Meetings	April-03	AG	Review of Town Hall Meeting	Report by Action Group on Town Hall Meeting Interactions

	Develop Final Recommendations for Inclusion in Strategic Plan	May-02 through June-03	AG	Participation of Action Group in Broad Policy Recommendations	Report to SPGD
	TASK #4: Report Progress and Recommendations				
	Quarterly Reports to SPGD	September-02, January-03, April-03	AG-C	Timely Submission	Completeness & Submission Date
	Report Conference Minutes to SPGD	September-03	AG-S	Timely Submission	Completeness & Submission Date
	Provide Workgroup Recommendations to SPGD	January-03	AG-S	Timely Submission	Completeness & Submission Date
	Provide Report of Workgroup Recommendations to SPGD	January-03	AG-C	Timely Submission	Completeness & Submission Date
	Report Town Hall Meeting Minutes to SPGD	April-03	AG-S	Timely Submission	Completeness & Submission Date
	Provide Report of Town Hall Meeting Interactions to SPGD	April-03	AG-C	Timely Submission	Completeness & Submission Date
	Report Final Recommendations to SPGD	June-03	AG-C	Timely Submission	Completeness & Submission Date
2	Through a review of existing data and collection of new data, build a complete and data-driven picture of Georgia's uninsured population, insured population, and the beliefs of Georgians about expanding access to health insurance.				
	TASK #1: Develop Data Collection Instruments				
	Determine Data Needs	March-02	CIA/DCT	Identification of Any Information Gaps on Uninsured in GA	Verbal Agreement between DCT and CIA on needs
	Identify Existing Data Available for Georgia	March-02	CIA/DCT/DCH	Review of Past Activities	Information Collected by CIA
	Identify Existing Instruments/ Resources with SHADAC	March-02	CIA/DCT/ SHADAC	Collaboration through Teleconferences	Draft Instruments
	Finalize Methods and Instruments	April-02 through May-02	CIA/DCT	Final Instruments	Approval by DCT Team
	TASK #2: Select Data Collection Contractors				
	Identify Potential Contractors	March-02 through June-02	CIA/DCT/ SHADAC	List of Potential Contractors	List
	Develop RFP	June-02	CIA	RFP Leading to Selection of Appropriate Contractor	Publication in Accordance with GA Law
	Contract with Selected Contractors	July-02	CIA	Final Agreement	Sufficiency of Contract
	TASK #3: Data Collection				
	Collect Existing Data Available for Georgia	March-02-October-03	DCT	Timely Completion	Data

	Collect New Population Survey Data	July-02 through Feb-03	Contractor	Timely Completion	Data
	Collect New Employer Survey Data	July-02 through Feb-03	Contractor	Timely Completion	Data
	Collect New Focus Group Data	July-02 through Feb-03	Contractor	Timely Completion	Data
	Collect New Key Person Interview Data	July-02 through Oct-02	Contractor	Timely Completion	Data
	TASK #4: Data Analysis				
	Analysis of Existing Data Available for Georgia	October-03 through January-03	DCT	Understanding of Data	Report to SPGD
	Analysis of Population Survey Data	Feb-03-through May-03	DCT	Understanding of Data	Report to SPGD
	Analysis of Employer Survey Data	Feb-03-through May-03	DCT	Understanding of Data	Report to SPGD
	Analysis of Focus Group Data	Feb-03-through May-03	DCT	Understanding of Data	Report to SPGD
	Analysis of Key Person Interview Data	October-02	DCT	Understanding of Data	Report to SPGD
	TASK #5: Reporting				
	Mid-Year Report of Activities and Progress to SPGD and Action Group	December-02	DCT	Timely Submission	Completeness & Submission Date
	Report of Key Person Interview Data to SPGD	Oct-03	DCT	Timely Submission	Completeness & Submission Date
	Report of Population Survey Data to SPGD	May-03	DCT	Timely Submission	Completeness & Submission Date
	Report of Population Survey Data to Multistate Integrated Database	May-03	DCT	Timely Submission	Completeness & Submission Date
	Report of Employer Survey Data to SPGD	May-03	DCT	Timely Submission	Completeness & Submission Date
	Report of Employer Survey Data to Multistate Integrated Database	May-03	DCT	Timely Submission	Completeness & Submission Date
	Report of Focus Group Data to SPGD	May-03	DCT	Timely Submission	Completeness & Submission Date
3	Document a 3-Year Strategic Plan for providing access to affordable health insurance for all Georgia citizens based on the recommendations of the Governor's Action Group on the Accessibility and Affordability of Health Insurance and the results of the quantitative and qualitative data collection activities.				
	TASK #1: Assist Action Group with Recommendation Development				
	Facilitate at Action Group Business Meetings	June-02 through March-03	SPT/SPGD	Facilitation of Portions of Action Group Meetings to Develop Recommendations	Meeting Minutes
	Meetings and Discussions with Sub-Groups to Facilitate Recommendation Development	June-02 through November-02	SPT	Assistance to Sub-Groups with Recommendation Development	Feedback by Sub-Groups to SPGD
	TASK #2: Monitor Data Collection				

	Review and Analysis Key Person Interview Data	November-02	SPT	Report by SPT to SPGD on how Key Person Data informs Strategic Plan	Timeliness and Quality of Discussion, Satisfaction of SPGD
	Quarterly Updates with DCT	June-02 through March-03	SPT/DCT	Understanding by SPT of Data Collection Activities & how they will inform Strategic Plan	Timeliness and Quality of Discussion
	TASK #3: Write Strategic Plan				
	Identify Components of Strategic Plan	January-03	SPT/SPGD	List of Components	Timeliness
	Draft of Strategic Plan	March-03	SPGD/FRC	Draft	Timeliness
	Review Draft of Strategic Plan with PD & CIA	March-03	SPGD/PD/CIA/ FRC	Discussion and analysis of feasibility and components of plan	Timeliness and Quality of Discussion
	Second Draft of Strategic Plan	May-03	SPGD/FRC	Draft Revised based on Feedback & Discussion	Timeliness and Completeness, Reflective of Previous Revision Efforts
4	Build sufficient public and political consensus, and interest, to assure success of the Strategic Plan by addressing the health insurance needs of all Georgians in a comprehensive and cooperative manner.				
	TASK #1: Create a Website for Grant-Related Activities and Information				
	Identify Content	August-02	SPGD/PR	Adequate Information to Inform	Website Publication
	Select Layout and Design	August-02	SPGD/PR	Design Appropriate to Inform	Website Publication
	Publish Site	September-02	GTA	Complete Website	Timely Publication
	TASK #2: Communicate with Interested Parties and State Agencies to Create Buy-In				
	Publish Meeting Notes and Report s on Website	Ongoing	GTA/PR	Available Online	Feedback from CIA
	Advertise Town Hall Meetings to Public	February-03 through March-03	PR	Published Advertisements	Meeting Turnout
	Monitor Public Relations and Communicate with Public and Stakeholders as Needed through press communications	Ongoing	PR	Informed Stakeholders/ Public	Comments Provided to Website, Other Comments
	Communicate with Executive Leadership, Action Group Leadership and Stakeholders to Review Planning Grant Activities	Ongoing	SPGD/PR	Feedback	Corrections and Revisions of Tasks and Activities
	TASK #2: Present Data & Final Report				
	Demonstrate New Data in Multi-State Integrated Database for Action Group	May-03	DCT/Arkansas/S PGD	Clear Presentation of Collected Data	Feedback

	Preliminary Report to Action Group on Strategic Plan	June-03	SPGD/DCT/SPT	Report of Preliminary Findings and Recommendation	Action Group Consensus
	Publish Final Report & Strategic Plan to Interested Parties & Stakeholders	July-03	SPGD	Report Available	Timeliness & Completeness
5	Submit a Final Report, incorporating the Strategic Plan, to the U.S. Secretary of Health and Human Services to support the development of other state's efforts to reduce their numbers of uninsured and promote communication between the states.				
	TASK #1: Develop a Draft of Final Report				
	Convene Final Report Committee	January-03	SPGD	Discussion	Meeting Minutes
	Meetings of Final Report Committee	Monthly January-02 through July-02	FRC/PR	Committee Participation/ Draft Development	Meeting Minutes
	Complete Draft	July-03	FRC	Draft	Draft
	TASK #2: Finalize Report				
	Submit Report to Action Group for Approval	June-03	SPGD	Draft Approval	Action Group Decision
	Finalize Draft of Report	June-03	FRC	Completed Report	Report
	TASK #3: Submit Finalized Report				
	Submit Report to Secretary of HHS	July-03	SPGD	Timely Submission	Completeness & Submission Date
	Submit Report to HRSA	July-03	SPGD	Timely Submission	Completeness & Submission Date
	Provide Ongoing Access to Copies and Information to Interested Parties	July-03 and Ongoing	CIA	Information Flow	Comments

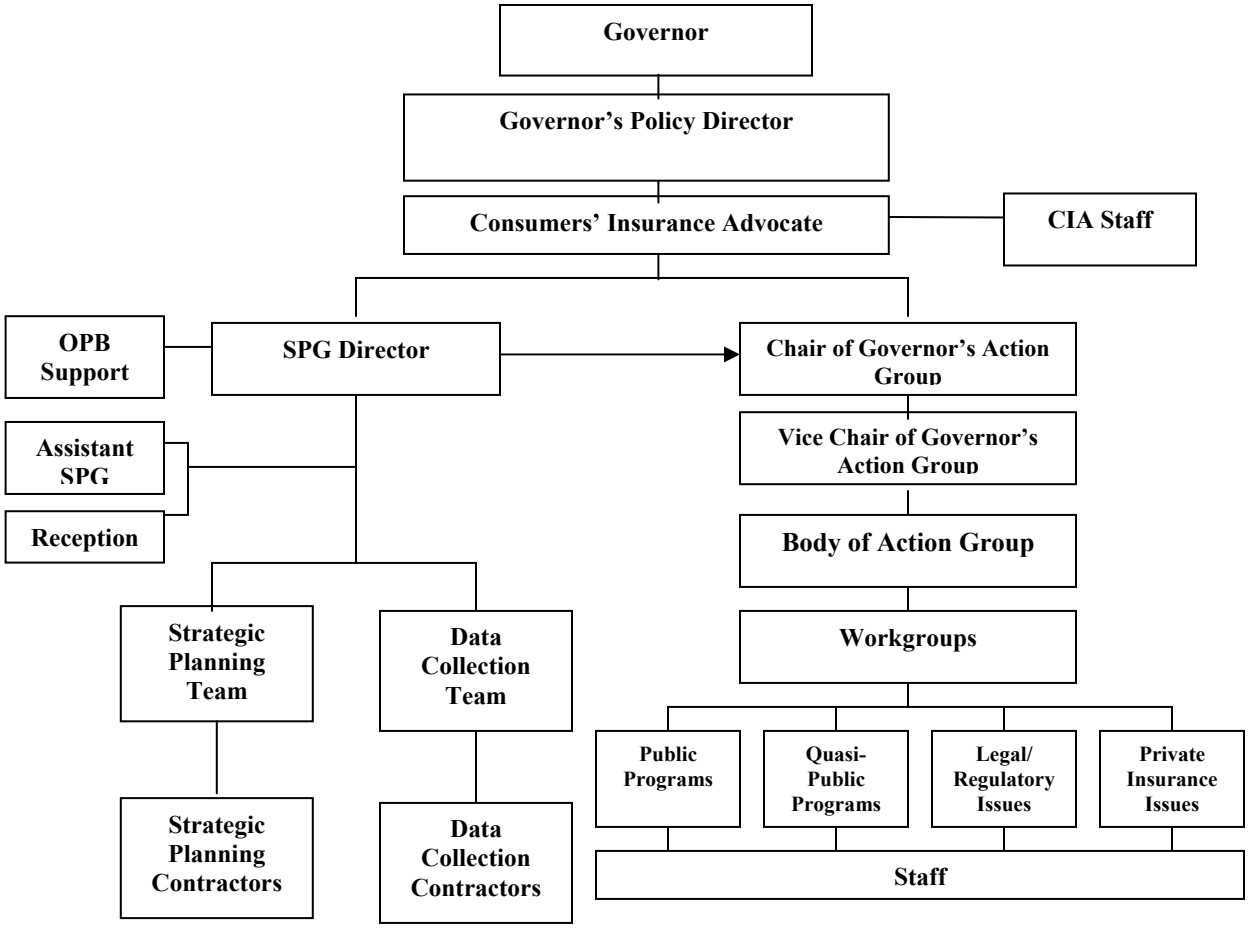
Key for Project Matrix

SPGD:	Georgia's State Planning Grant Director/Assistant Planning Grant Director
PD:	Governor's Policy Director
CIA:	Governor's Office of the Consumers' Insurance Advocate Staff
FRC:	Final Report Committee
AG:	Governor's Action Group on the Accessibility and Affordability of Health Insurance
AG-C:	Action Group Chair
AG-S:	Action Group Secretary
SHADAC:	SHADAC Group in Minnesota
GTA:	Georgia Technology Authority
OPB:	Office of Planning and Budget
SPT:	Strategic Planning Team (Contractor and Staff)
DCH:	Department of Community Health
DCT:	Data Collection Team (Staff Only)
PR:	Public Relations Contractor/Media Communications Staff

Governance

State Planning Grant Governance and Organizational Chart

The State Planning Grant will be housed in the Governor's Office of the Consumers' Insurance Advocate, which is an office within the Governor's Office. The State Planning Grant will, therefore, have the leadership of the Governor and the Governor's Policy Director, as well as the Consumers' Insurance Advocate. The Grant Director and the Assistant Grant Director will have the day-to-day responsibility for the management of the grant, working with the Office of Planning and Budget and the Consumers' Insurance Advocate's budget controller with regard to the tracking of grant funds, managing the strategic planning and data collection components of the grant, and providing direction and coordinating the staff for the Governor's Action Group.



Strategic planning and data collection will be undertaken by expert consultants selected by the Grant Director. The Grant Director and Assistant Grant Director will meet regularly with the consultants to understand the activities and findings of the consultants and ensure the timely development of the strategic plan. The Grant Director will also utilize the assistance of graduate and undergraduate student interns in translating and measuring the work of the consultants. Results will be reported by the Grant Director to the Consumers' Insurance Advocate and to the Governor's Policy Director.

The Governor's Action Group, which is a political body consisting of racially and ethnically diverse members of the community, the Georgia General Assembly, academics, and the leadership of state government, will make independent recommendations about needed or existing public programs, quasi public programs, regulatory or legal issues, or private insurance products. The Grant Director and Assistant Grant Director will attend all meetings of the Action Group, including town hall meetings and the conference and ensure that the Chair of the Action Group maintains the timeline for developing the Action Group recommendations and is supplied with all the resources that she needs to meet her goals.

Governor's Office and the Office of the Consumers' Insurance Advocate

The Governor's Office consists of the Governor and his Chief of Staff and five Division Directors. The Divisions Directors are the Deputy Chief of Staff for External Affairs, the Deputy Chief of Staff for Internal Affairs, Executive Counsel, the Press Secretary, and the Policy Director. The Policy Director and her Deputy Policy Director will serve as Senior Staff contacts in the Governor's immediate office for the Office of the Consumers' Insurance Advocate on Georgia's State Planning Grant.

The Office of the Consumers' Insurance Advocate was created by Governor Roy Barnes in 1999 as a division of the Governor's Office and now consists of thirteen staff members. It was the first office of its kind in the country. The office has served over six thousand consumers and reviewed over three thousand rate filings. The office is headed by the Consumers' Insurance Advocate and the Deputy Advocate. An Administrative Assistant supports the Advocate and a Receptionist supports the Deputy Advocate and the rest of the staff. Under the Deputy Advocate and Advocate is Staff Attorney, a Health Policy and Legislative Attorney, an Insurance and Rating Filing Specialist, and a Management Specialist who serves as the Senior Case Investigator and Communications Coordinator. The Insurance and Rate Filing Specialist oversees a Filing Clerk. The Senior Case Investigator oversees the work of three Case Investigators and one Intake Coordinator.

The Office of the Consumers' Insurance Advocate has three primary functions, which are 1) consumer case investigation, 2) insurance rate filing review, and 3) advocacy and legislative analysis. The consumer case investigation function of the office consists mainly of telephone and email intakes of consumer concerns and complaints regarding their insurance, including self-funded insurance and state employee insurance, and interventions by case investigators to assist consumers in communicating with their insurance company in resolving disputes. The review of insurer rate filings takes place to monitor rate increases among different types of insurance, including life, health, auto and property insurance. Rates are monitored for violations of the law by individual insurers as well as patterns of abuse in particular insurance product types. The advocacy and legislative analysis function of the office serves to identify legislative and policy needs, promote needed legislation and insurance regulation, analyze existing legislation related to consumers and insurance, and educate the public about both positive and negative insurance practices.

As the public becomes more aware of the office, a new role is developing for the Office of the Consumers' Insurance Advocate as a resource not only for those who have health insurance but also as a clearinghouse for information and advocacy for the uninsured and underinsured. The staff of the Consumers' Insurance Advocate regularly interacts with the public, advocacy community, and other state agencies on the issue of the uninsured and the State Planning Grant will provide the opportunity to shape those activities around a plan for providing access to health insurance to all Georgians.

Biographies

Key Executive Leadership

Governor Roy Barnes is Georgia's 80th Governor. Governor Barnes was born in Mableton, Georgia and grew up talking politics and selling merchandise at his family's general store in Cobb County, Georgia. Since taking office, Governor Barnes has had major legislative accomplishments in the areas of transportation, through the formation of the Georgia Regional Transportation Authority, and patient protection, with a Patients' Bill of Rights, the creation of the Consumers' Insurance Advocate, and the creation of the Governor's Action Group on the Accessibility and Affordability of Health Insurance. He is also passionate about cancer issues and education reform and made a number of great strides for Georgians in these areas including the formation of the Georgia Cancer Coalition and the passage of an education reform act. Prior to his time as Governor and during his time in the General Assembly, which began for him at age 26, Governor Barnes built a successful private law practice in Atlanta. Governor Barnes attended the

University of Georgia for college and also received his law degree, cum laude, from the University of Georgia, where he was president of the student bar association. Governor Barnes will be an important influence on the State Planning Grant and will, through his Policy Director, Renay Blumenthal, will provide political direction to the planning process.

Renay Blumenthal has over ten years of experience in state government and currently serves as Governor Barnes' Policy Director. In this capacity, she serves as a senior policy advisor to the Governor on a variety of issues ranging from health care to economic development to the environment to child care. Prior to this position, Renay served as the Director of the Human Development Division in the Governor's Office of Planning and Budget. In this capacity, she served as a budget and policy advisor to former Governor Zell Miller in the areas relating to health and social services, including Mediciad, welfare, public health and juvenile justice. The budgets that Renay advised the Governor on totaled $2.5 billion in state funds and represented over 25% of the total state budget. A native Atlantan, Renay is a cum laude graduate of Georgia Tech and has an MBA from Georgia State University. Renay will oversee the State Planning Grant for the Governor's Office.

Action Group Leadership

Cathey W. Steinberg is an experienced civic leader and elected public official, Cathey serves as Georgia's first Consumers' Insurance Advocate, whose primary responsibility is to protect and promote consumers' interests on insurance matters. Based on her long-standing reputation as a consumer and family advocate, Governor Barnes appointed Steinberg to this important position as an independent voice. Her work as the Advocate has resulted in a $1 million dollar refund to small business owners for illegal rating practices by an insurer and her office has responded to over 6000 consumer insurance concerns or complaints. Cathey previously spent a total of 14 years in the state legislature, representing Atlantans in both the House and the Senate. In 1992, Cathey ran for the United States Congress but lost the general election by less than a one-percentage point margin. Active in the community, Cathey's achievements include the Nursing Home Resident's Bill of Rights, the establishment of the Georgia Child Care Council, under-age drinking laws, and tax relief for senior citizens. Cathey was born in Wilkes-Barre, Pennsylvania, attended Carnegie-Mellon University as an undergraduate and earned her master's degree in guidance and counseling from the University of Pittsburgh. Ms. Steinberg will serve as the Chair of the Governor's Action Group on the Accessibility and Affordability of Health Insurance and the grant funds and staff will be housed in her office.

Gary Redding is the Commissioner of the Department of Community Health. Prior to serving as the Commissioner of the Department of Community Health, Commissioner Redding was the Director of the Division of Medical Assistance, which provides services to 1.2 million Georgians. Formerly, Commissioner Redding Served as Deputy Commissioner of the Georgia Department of Medical Assistance from 1983 to 1993. He also held positions with the accounting firm of Ernst and Young; Medstat; and he has also served as the Senior Vice-President for Equifax Healthcare Information Services. Commissioner Redding received his Business Administration degree from Auburn University and is a Certified Public Accountant. Commissioner Redding will serve as the Vice Chair of the Governor's Action Group on the Accessibility and Affordability of Health Insurance.

State Planning Grant Staff

Jean O'Connor is the Health Policy Analyst for the Governor's Office of the Consumers' Insurance Advocate. Her position was created as a result of the Georgia Business Plan for Health and her primary responsibility is to assist policy makers address the issue of the uninsured. She is also responsible for monitoring health insurance-related legislation for the Consumers' Insurance Advocate and identifying areas for legislative or regulatory attention. Her other experience includes basic research with primates, public health studies, and clinic research as well as law clerkships with the US Department of Health and Human Services, the Technology Transfer Office at the Centers for Disease Control and Prevention, Blue Cross Blue Shield of Georgia, and the Atlanta Legal Aid Society. Jean earned a BS in Anthropology and Human Biology from Emory University. She also earned her combined JD/MPH degrees from Emory University and is a member of the Georgia Bar. She will devote 10% of her time to the State Planning Grant.

Carie Summers is the Policy Coordinator for the Governor's Office of Planning and Budget. Carie is primarily responsible for making policy and fiscal recommendations to the Governor regarding the Department of Community Health, Department of Human Resources Division of Public Health, and the Georgia Cancer Coalition. Prior to becoming the Policy Coordinator for the Office of Planning and Budget, Carie served over 9 years in various positions, including Budget Director for the Georgia Department of Community Health and the old Georgia Department of Medical Assistance and as a Management Analyst in the Georgia Department of Audits. Carie has a BS in Management

and Insurance from the University of Florida and is a member of the Executive Board of Georgia Fiscal Manager's Council. Carie will provide the Grant an important link to information about health care finance and the State. She will devote 10% of her time to research for policy development under the auspices of the State Planning Grant.

Sean Cucchi is the Director of Planning and Development for the Georgia Department of Community Health with primary responsibilities for the development of proposals to provide access to healthcare for Georgians; development of departmental budget and policy proposals; development of reimbursement methodologies for the State Health Benefit and Board of Regents Health Benefit plans; and, integration of departmental programs and policy. Prior to joining the Department, Mr. Cucchi was a Policy Coordinator within the Governor's Office of Planning and Budget. Mr. Cucchi received his MHA from the University of North Carolina at Chapel Hill School of Public Health. Mr. Cucchi will devote 5% of his time to the State Planning Grant.

Tarry Hodges is the Director of Special Projects for the Department of Community Health. Her work as the Director of Projects currently requires her to serve as the legislative liaison for the Department and she worked extensively on the Georgia Business Plan for Health. In addition, Ms. Hodges served as the agency representative for the Governor's Blue Ribbon Task Force on Home and Community Based Services. Prior to working for the Department of Community Health, Ms. Hodges worked as a Research Analyst for the Georgia House of Representatives. Ms. Hodges earned a Masters Degree in Public Administration from Georgia State University and an undergraduate degree in Journalism from the University of Georgia. Ms. Hodges will devote 5% of her time to the State Planning Grant.

Dodie Lawton is the Health Policy Analyst for the Senate Research Office. She received her Masters of Health Care Policy from Mercer University and her BS from the University of South Florida, Sarasota. She has been with the Senate Research Office for three years and staffs the Senate Health and Human Services Committee. Prior to working in Senate Research, she worked with the Georgia Hospital Association as a legislative intern for two sessions. During her employment with GHA she coordinated the Brain and Spinal Cord Injury Trust Fund Coalition, which passed on the 1998 ballot. Dodie volunteers for various community service activities including Hands on Atlanta, the youth group at Decatur First United Methodist Church and previously with Habitat for Humanity and the Appalachian Service Project. Dodie has an important connection to the activities of the General Assembly and will devote 10% of her time to the State Planning Grant.

Elizabeth Brady is a Policy Coordinator for the Georgia Department of Community Health with primary responsibilities for Request for Proposals vendor evaluation and implementation within various departmental programs, including the Public Employee Health Benefits PPO and HMO products and the Third Party Administrator systems procurement; database administration; and providing requested reports and data to departmental staff, the state legislature, and external inquiries. Prior to joining the Department, Ms. Brady worked for Georgia 1st, Inc./Emory Healthcare in medical management and provider credentialing. Ms. Brady received her Bachelor of Arts in Anthropology from the University of Tennessee, Knoxville. Ms. Brady was selected to work on the State Planning Grant because of her knowledge of the State Health Benefit Plan and other potential benchmark plans and will devote 10% of her time to the State Planning Grant.

Barbara McBrayer-Brice is manager of the Elder Rights & Advocacy Section of the Georgia DHR Division of Aging Services. The Elder Rights & Advocacy Section is responsible for HICARE (Health Insurance Counseling, Assistance and Referral for the Elderly), Senior Medicare Fraud Patrol, Senior Adult Victim's Advocate Program, Elder Abuse and Consumer Fraud Prevention, and the Elderly Legal Assistance Program. Her educational background includes Master of Social Work, Master of Public Administration, and Continuing Education Certificates in Gerontology. She serves on the Georgia Commission on Family violence, is a Field Instructor for The University of Georgia School of Social Work, and is past president of the Georgia Gerontology Society. Ms. Brice was selected to work on the State Planning Grant because of her extensive experience at DHR and broad knowledge of federal and state programs and will devote 10% of her time to the State Planning Grant.

Elaine DeCostanza is the Assistant Division Director for Strategic Planning in the Governor's Office of Planning and Budget. She provides leadership to a team of senior staff engaged in strategic planning, policy research/analysis, and technology support services, supports development of new planning/research/evaluation division, encouraging innovation, collegial respect, and synergy among team members, and collaborates with planners from other agencies to design an integrated statewide model for strategic planning. Prior to working with the Office of Planning and Budget, Ms. DeCostanza worked in the Georgia Department of Juvenile Justice and various other state agencies. Ms.

DeCostanza obtained her MA from Georgia State University. Ms. DeCostanza will devote 5% of her time to the State Planning Grant to work with the Strategic Planning Consultant.

Data Collection Leadership

William Custer is an Associate Professor in the Center for Risk Management and Insurance at Georgia State University. Previously he was Director of Research at the Employee Benefit Research Institute in Washington, DC and an economist in the Center for Health Policy Research at the American Medical Association. Dr. Custer has served on the Board of Directors, National Association of Health Data Organizations and is a member of the National Academy of Social Insurance. He holds a PhD in economics from Northern Illinois University and a BS I n Economics from the University of Minnesota. Dr. Custer is widely published and has testified before the US Congress and a number of state legislatures. Dr. Custer will serve on the Action Group, provide some data analysis, and work with the other members of the team on the data collection aspects of the grant.

Patricia Ketsche is an Assistant Professor with the Institute of Health Administration at Georgia State University. Prior to becoming a professor, Dr. Ketsche was an Instructor and Research Assistant at Georgia State. She was also worked in employee benefits with Towers Perrin and The Coca Cola Company. Before moving into employee benefits and insurance, Dr. Ketsche earned her BS in Physical Therapy at the University of Pennsylvania and worked as a Physical Therapist for 10 years. She holds a PhD in Risk Management and Insurance from Georgia State University as well as an MBA/MHA combined degree from Georgia State University. Dr. Ketsche will provide some data analysis and work with the other members of the team on the data collection aspects of the grant.

Karen Minyard is the Director of the Georiga Health Policy Center, a unit of the Andrew Young School of Policy Studies at Georgia State University. The program areas are concentrated in care at the end of life, child well-being, health philanthropy, rural health, and access to care for the uninsured. Prior to assuming her current role, Dr. Minyard directed the Networks for Rural Health Program at the Health Policy Center and worked on Medicaid issues. Dr. Minyard received her doctorate from Georgia State University where she studied Strategic Management and Health Care Financing. Prior to studying for her PhD, Dr. Minyard worked in nursing and hospital administration for fifteen years. She serves as an officer on the founding board of the Community Health Leadership Network, a national partnership dedicated to helping communities achieve healthcare access. Dr. Minyard will serve on the Action Group, provide some data analysis, and work with the other members of the team on the data collection aspects of the grant.

Action Group Members

Jim Martin is the Commissioner of Georgia's Department of Human Resources. Prior to being appointed Commissioner in the fall of 2001, Commissioner Martin served in the Georgia General Assembly for almost 20 years. He chaired a number of Committees, including the House Judiciary Committee, and has won dozens of awards for his innovative legislation and advocacy, especially for public health and on behalf of children, women and people with disabilities. Before serving in the General Assembly, Commissioner Martin was a staff attorney and lobbyist for Atlanta Legal Aid and the Georgia Legal Services Program. An Atlanta native, he earned AB, JD, and LLM degrees from the University of Georgia and an MBA from Georgia State University.

Sylvia Caley is currently an attorney and lobbyist working as a solo-practitioner. She represents a variety of clients on low-income, health and civil rights issues. Sylvia was previously Legislative Counsel to the Georgia Department of Community Health where she monitored, drafted and analyzed proposed legislation. Prior to joining the staff of DCH, Sylvia served as Legislative Counsel for legal services programs in Georgia and Oregon where her main focus was access to quality health care for low-income individuals. She received her nursing education in Montreal, Canada from the Royal Victoria Hospital School of Nursing and her BA summa cum laude from Oglethorpe University in Atlanta. Sylvia earned her MBA and JD degrees from Georgia State University. She is a member of the State Bar of Georgia, she serves on the Ethics Committee of Grady Health System in Atlanta, and she is on the Georgia Women's Policy Group Board of Directors.

Myra Carmon is an Associate Professor in the School of Nursing, College of Health and Human Sciences, at Georgia State University. Dr. Carmon received her doctorate in Curriculum and Supervision at the University of Georgia in 1987. Her primary area of expertise is the nursing and health care of children and adolescents. Dr. Carmon had a project funded by the Division of Nursing, Special Projects Division. This project has increased access to vulnerable populations in the community; while offering clinical, practice and research opportunities for faculty and students. Dr.

Carmon is very active in professional and community service. She is on the Board of Directors and many other committees at the Georgia Nurses Association and is in-coming President of GNA.

Mickey Channell is the State House of Representative from Georgia's 111th District. Representative Channell, a Democrat, is Vice Chairman of the House Transportation Committee and serves on the powerful Appropriations, Intra-Governmental Coordination, and Ways & Means Committees. He is Chairman of the Community Health Sub-committee of the House Appropriations Committee. Representative Channell was the author of legislation leading to the creation of PeachCare for Kids. Representative Channell has worked to improve rural health care and has long been active in the community. Prior to his election to the Georgia House of Representatives, he was President of the Greensboro Chamber of Commerce, Chair of the Georgia Nonpublic Post Secondary Education Commission and a member of the Greene County Board of Education and Greene County Board of Commissioners.

Steve Clement, RHU, REBC and President of S.M.C. Consultants, Inc., in Roswell, Georgia, has been a successful Group Insurance Broker since 1989. A graduate of Mercer University with a B.B.A. in Finance, Steven continued his education to become one of only thirty licensed insurance agents in the State of Georgia to earn both the prestigious Registered Health Underwriter (RHU) and Registered Employee Benefits Consultant (REBC) professional designations. He was the first person in the history of Georgia to receive both designations in the same calendar year. Industry honor and awards include his election to The Executive Board of Directors as President of the Georgia Association of Health Underwriters (GAHU). Additionally, Steven was elected The Board of Directors of The Atlanta Association of Health Underwriters, where he has chaired the Ethics Committee for the previous seven years.

David Cook joined the Medical Association of Georgia (MAG) in September 1995, and currently serves as Interim Executive Director. He was MAG's General Counsel and Director of Advocacy before his appointment in August 2001. As MAG's General Counsel, Cook was instrumental in the passage of the 1996 Patient Protection Act, the country's broadest patient protection act at the time. In 1999, Georgia enacted the best prompt pay statute in the country, thanks to Cook's efforts on behalf of MAG. From 1984 to 1990, he also served as Legal Counsel to the Georgia State Senate Judiciary Committee and served as counsel to Rep. Nathan Deal when Rep. Nathan Deal was President Pro Tempore of the Georgia Senate. Cook was a partner in the law firm of McGuire, Cook, & Martin, P.C. from 1983 to 1992 specializing in contract and personal injury litigation, a Clinical Professor at the University of Georgia School of Law from 1982 to 1983 and a Professor of Constitutional Law at Georgia Southern College. He is a 1982 graduate of the University of Georgia School of Law and a 1976 graduate of Georgia Southern University.

Brenda J. Cude Brenda Cude is Professor and Department Head, Housing and Consumer Economics, at the University of Georgia. She has been in that position since Fall 1998. Prior to that she was Professor and State Extension Specialist, Consumer Economics, University of Illinois from 1985 to 1998 and Associate Professor of Consumer Economics, Southern Illinois University from 1979 to 1985. Dr. Cude's Ph.D. is in Consumer Economics from Purdue University. Dr. Cude has been an active member of several professional associations and has held offices in the American Council on Consumer Interests. Also she represents consumers at the National Association of Insurance Commissioners, which writes legislation and regulations that affect consumers' insurance transactions.

Tim Golden in only his second term as a Senator, Golden was appointed by Lieutenant Governor Mark Taylor to chair the Reapportionment Committee. Golden is a Subcommittee Chairman of the Appropriations Committee and sits on the Defense, Science and Technology Committee. He is also the Vice Chairman of the Insurance and Labor committee. While a member of the House of Representatives, Golden served on the Ways and Means Committee, the Banks and Banking Committee, and the University System of Georgia Committee. Rural health care concerns spurred Golden to author the "Rural Georgia Physicians Shortage Act" in 1995. In 1996, Golden introduced and passed the "Unemployment Insurance Tax Relief Act". In 1977, Golden graduated from Valdosta State University with a degree in American History and Political Science. Senator Golden is a successful businessman who founded and recently sold Golden Printing of Valdosta. Always active in his community, Golden has served several terms as the Chairman of the Board of Directors of the Valdosta-Lowndes County Family YMCA.

Carolyn Hugley was elected to the Georgia House of Representatives in 1992. Representative Hugley has been unopposed and is in her fifth term of office representing District 133. In the House of Representatives, she serves as Assistant Majority Whip. Her legislative committees are Insurance, Education, Industry and Oversight committee for the Georgia Lottery. She also serves as a member of the Legislative Women's Caucus and the Georgia Legislative Black Caucus. She defines her role in public service as dedicated to children and family issues. Representative Hugley earned a

Bachelors of Arts Degree in Political Science at University of Arkansas at Pine Bluff where she graduated with Summa cum Laude Honors. She earned a Masters Degree in Public Policy and Administration from Mississippi State University.

Carol Kiersky graduated from Emory University School of Law in 1984 and has been practicing law in Georgia for 18 years. Currently she is an attorney at CARE, an international and relief organization headquartered in Atlanta. Prior to CARE, Carol practiced litigation at the law firms of Troutman Sanders and Lord Bissell & Brook. Leading up to her legal career, Carol was an advocate in the Georgia Nursing Home Ombudsman program and advocated other issues affecting the elderly. Ms. Kiersky will serve as a consumer representative on the Action Group.

Kirk McGhee is a member of the law firm of Nelson Mullins Riley & Scarborough and works in the Atlanta office. He practices in the areas of health care, insurance, business regulation and represents the interests of businesses before the state and federal legislatures. Mr. McGhee currently serves as Executive Director of the Georgia Association of Health Plans, and as adjunct professor in Mercer University's Stetson School of Business and Economics. Mr. McGhee is a former Assistant Vice President of Legislative Affairs fro BlueCross and BlueShield of Georgia and was responsible for the Company's federal and state governmental relations. Mr. McGhee served as an Assistant Attorney General for the State of Georgia for four years. He was recently appointed Special Administrative Law Judge to hear disputes related to the distribution of proceeds from the National Tobacco Settlement Trust to farmers, growers and producers in Georgia. As an active and highly visible member of the health care community, Mr. McGhee served as a member of the Board of Directors of the Georgia Association of Health Maintenance Organizations and the Board of Directors of the Georgia Managed Care Association. Mr. McGhee received a B.A. in philosophy and law degree from Georgia State University and completed the National Institute of Trial Advocacy at Emory University

John Oxendine was elected to the Office of Commissioner of Insurance on November 8, 1994, a four-year term. He was re-elected November 3, 1998. In addition to being Georgia's Insurance Commissioner, Commissioner Oxendine is also the Safety Fire Commissioner, Industrial Loan Commissioner and Comptroller General. His duties include regulating approximately 1,600 insurance companies; licensing some 65,000 insurance agents; and regulating 900 industrial loan offices (companies that make loans of $3,000 or less). As Insurance Commissioner, Oxendine successfully passed a law making health insurance portable. Prior to taking the Office of Insurance Commissioner, Commissioner Oxendine was with the law firm of Oxendine & Associates.

Nan Orrock is an eight-term Georgia State Representative representing in-town Atlanta neighborhoods. Orrock is Chair of the Committee on Intra-Governmental Coordination, the Vice-chair of the Committee on health and Ecology, and serves on the Appropriations Committee, and the Industrial Relations Committee. Her legislative priorities include health, working families, women, children and civil rights. She is a founder of the Legislative Women's Caucus and serves on the Boards of the Center for Policy Alternatives, the Sapelo Foundation, and the YWCA of Greater Atlanta. Orrock is the president of Women Legislators' Lobby (WILL), a national multi-partisan network of women legislators working to affect federal spending priorities. WILL is a program of WAND, Women's Action for New Directions.

Joe Parker is the president and chief executive officer of GHA: An Association of Hospitals and Health Systems (GHA) in Marietta. Mr. Parker, who has more than 30 years experience in health care management, joined the GHA in 1978 as director of financial services and in May 1986. He was named president of the association. Mr. Parker serves as president of each of the subsidiaries and chairman of the board for Allied Claims Administration. After graduating from Georgia State University in 1969 with a BBA degree in accounting and hospital administration, Mr. Parker served as the chief financial officer of the Georgia Baptist Medical Center in Atlanta for eight years. Presently, he serves on the Regional 4 Advisory Board of the American Hospital Association (AHA), and numerous committees and task forces of the AHA. He also serves as a board member on AHA's Financial Solutions, Inc. Board of Directors, the Georgia Chamber of Commerce, American Red Cross, Southern Region, Georgian Chapter of HFMA and Georgia Partnership for Caring and is an active member of the Georgia Group Funds Association and the Georgia Providers Council.

Earl Rogers is Senior Vice President of the Georgia Chamber of Commerce where he is responsible for directing the lobbying effort before the Georgia Legislature and the Georgia delegation of the U.S. Congress on behalf of the Chamber's 3100 business members. These business members employ over 785,000 Georgians in all 159 counties in the state. Prior to joining the Georgia Chamber, Earl spent 19 years with Georgia Power Company in various managerial roles including three years representing the company before the Georgia legislature. He is a past President of Buckhead Business Association in Atlanta. He is a native of Augusta, GA and a 1976 graduate of the University of Georgia.

Michael Thurmond is the Commissioner of Georgia's Department of Labor. He graduated Cum Laude with a B.A. in Philosophy and Religion from Paine College in 1975 and later earned a Juris Doctorate degree from the University of South Carolina School of Law. In 1991, he completed the political executives program at the John F. Kennedy School of Government at Harvard University. In 1986, he became the first African-American elected to the Georgia General Assembly from Clarke County since reconstruction. In 1994, then Governor Zell Miller selected him to direct Georgia's historic transition from welfare to work. He created the innovative "Workfirst" program, which has helped over 90,000 welfare-dependent Georgia families move into the workforce, saving Georgia taxpayers over 200 million dollars. He is awaiting the publication of his second book entitled "Freedom: An African-American History of Georgia," and also serves on the Board of Curators of the Georgia Historical Society.

Darrel Sabbs is a planning representative with Phoebe Putney Memorial Hospital, Albany, Georgia. There he is responsible for identifying ways to impact community health in a broad sense, with particular focus on the underserved. He is also the lead instructor at the Network of Trust Teen Fathers Program. He served as Program Coordinator for various youth programs in Southwest Georgia and specializes in youth leadership development. He served as the Special Assistant for Youth Affairs with the City of Washington, DC during the Marion Barry Administration. He has received numerous awards for community service including the Martin Luther King Dream Award in Albany. He's also received the National Congressional Black Caucus Award for establishing the caucus' Youth Roundtable and the Sumter County NAACP R.L. Freeman Award for Community Service among others. He serves on several Advisory Committees, including the Albany State University School Social Work. He is a consultant to the Morehouse School of Medicine and the Morehouse Research Institute.

Connie Stokes is one of Governor Roy Barnes' Floor Leaders in the Senate. In addition, she has been named chairwoman of the Health and Human Services Committee. Stokes successfully sponsored legislation in the 1995 General Assembly to create the Senate Task Force on Violence in the Media and chaired the panel, which was formed to examine the impact of TV and movie violence on children and teenagers. She also serves on the State Commission on Family Violence. Senate Bill 610, authored by Senator Stokes, takes a firm stand against destructive acts of family violence in the home. Active in political, professional and community affairs, Senator Stokes is a member of the Coalition of 100 Black Women, the Women's Political Caucus, and the National Political Congress of Black Women on which she serves as Development Coordinator of the Georgia Chapter. Senator Stokes also serves on the Board of the Regional Leadership Foundation and the Women's Council of NAREB. Senator Stokes was a participant in the Leadership DeKalb Class of 1993, Leadership Atlanta '96, and the Leadership College of the University of North Carolina in 1995. Stokes earned an Associate of Arts degree from the Art Institute of Atlanta and a BBA from Georgia State University.

Louis Sullivan returned to the Morehouse School of Medicine (MSM) on January 21, 1993, after serving as Secretary of the U.S. Department of Health and Human Services in the Bush Administration, one of the longest tenures (47 months) of any HHS Secretary in U.S. history. As head of HHS, Dr. Sullivan managed the Federal agency responsible for the major health, welfare, food and drug safety, medical research and income security programs serving the American people. Dr. Sullivan became the founding dean and director of the Medical Education Program at Morehouse College in 1975, the first minority medical school founded in the United States in this century. On July 1, 1981, the Morehouse School of Medicine became independent from Morehouse College with Dr. Sullivan as its dean and first president, and on July 1, 1983, MSM became a member of the Atlanta University Center. Graduating magna cum laude from Morehouse College in 1954, Dr. Sullivan earned his medical degree, cum laude, from Boston University School of Medicine in 1958.

Kenneth Thorpe is a Robert W. Woodruff Professor and Chair of the Department of Health Policy & Management, in the Rollins School of Public Health of Emory University, Atlanta, Georgia. He was the Vaselow Professor of Health Policy and Director, Institute for Health Services Research. He was previously Professor of Health Policy and Administration at the University of North Carolina at Chapel Hill, Associate Professor and Director of the Program on Health Care Financing and Insurance at the Harvard University School of Public Health and Assistant professor Public Policy and Public Health at Columbia University. Most recently, he was Deputy Assistant Secretary for Health Policy in the U.S. Department of Health and Human Services. He received his Ph.D. from the Rand Graduate School, and M.A. from Duke University and his B.A. from the University of Michigan.

EVALUATION PLAN AND REPORT TO THE SECRETARY

Progress towards each goal, and its related action steps, will be monitored by Georgia's State Planning Grant Director. The Director will use a software package such as Microsoft Project to track activities as well as work with each responsible party to ensure that action steps are completed in a timely manner.

Because all of Georgia's goals must be completed within the one year time period allowed by the grant and sophisticated evaluation techniques might be burdensome for those participating in the planning process, grant progress will mainly be measured based on timeliness and through feedback by participants in the planning process as to whether the results are sufficiently thorough. If action steps necessary to complete a goal on time are delayed, adjustments to the planning process will be made accordingly and resources devoted to returning that activity to the appropriate timeframe. Similarly, additional meeting times of the Action Group, sub-groups designated by the Action Group, and the Final Report Committee will be set, as well as increased percentages of staff participation time will be utilized, where necessary to meet grant goals.

Several critical internal documents will assist Georgia's Director in evaluating the progress of the planning process at key points in time. The first document will be the Executive Order signed by the Governor establishing the Action Group on the Accessibility and Affordability of Health Insurance. The second, third and fourth documents will be the quarterly recommendations of the Action Group. The fifth document will be the mid-year progress report from the Data Collection Team. The Director will evaluate these documents for completeness and direction and provide feedback to the responsible parties to maintain the timeframe directed by the grant. In addition, the Director will evaluate all reports provided to him or her in accordance with the Project Matrix.

In addition, there will be two final documents that will measure the output of the planning process. The first is a Strategic Plan, developed as a result of recommendations of the Governor's Action Group and the outcomes of the data collection. The second is Georgia's report to the Secretary that will include, in large part, the Strategic Plan. Within Georgia, evaluation of the planning process will continue long after the grant period is complete through the use, disuse, or changes to these documents, particularly the Strategic Plan.

It is anticipated that the Secretary, HRSA and other states will continue to evaluate the Final Report and provide feedback to Georgia after the grant period concludes. It is also expected that the planning process will bring Georgia into the national discussion on the uninsured. Georgia's Governor and Executive Branch welcome this opportunity for collaboration and communication.

The State Planning Grant Director will work with the other State Planning Grant Awardees to prepare the Report to the Secretary and contribute to the national report. Toward this end, Georgia's State Planning Grant Director will strive to serve as a leader and example in its contribution to the national report. The Director will also communicate with previous successful grantees to understand how Georgia can best contribute to the national report.

APPENDIX A- LETTERS OF SUPPORT