Board of Community Health
Meeting
August 13, 2015

Members Present
Norman Boyd
Clay Cox
Donna Thomas Moses
Michael Kleinpeter
Russ Childers
Allana Cummings
Roger Folsom
Anthony Williamson
Mark Trail

Members Absent

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health (DCH), Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Commissioner Clyde L. Reese, III was also present. (An agenda and a List of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Chairman Norman Boyd presided and called the meeting to order at 10:30 a.m.

Minutes

The Minutes of the June 11, 2015 meeting were unanimously approved.

Opening Comments

Commissioner Reese advised that there are two Board meeting held in August. The first meeting is dedicated to the State Health Benefit Plan (SHBP) Design for the coming Plan year and the second meeting will focus on the AF16 and FY 17 Budget.

Commissioner Reese welcomed two new Board members, Anthony Williamson and Mark Trail and thanked them for their willingness to serve.

Anthony Williamson shared that he is looking forward to this opportunity to serve on the Board and be a benefit to the state. Mr. Williamson has worked with Northeast Georgia Health System in Gainesville for the past 10 years.

Mark Trail shared that he is a former state employee with over 30 years of service with

the Mental Health System and was the Medicaid Director for the last seven years of his career.

Chairman Boyd welcomed the new members on behalf of the Board.

Committee Reports

None to report.

Commissioner's Report

Commissioner Reese thanked the Board, members of the public and staff for their attendance.

Commissioner Reese provided the following updates to the Board:

1. Procurements:

   - Care Management Organizations (CMO's) -Managed care program for low income Medicaid.

     - Proposals are being reviewed;
     - The current contracts will expire June 30, 2016;
     - An announcement of the vendors will possibly be made by the September 10, 2015 Board meeting.

   - Credentialing Verification Organization

     - Phase II will begin in December;
     - One of the issues over the years has been getting new providers credentialed and existing providers re-credentialed through the three different processes of the CMO's and the fee-for-service Medicaid process.

     In an attempt to consolidate and have a single central verification organization, it will streamline the process and shorten the timeframes, resulting in more efficiency and effectiveness.

     Hewlett Packard (HP), the current Medicaid Management Information System (MMIS) vendor will conduct this work through a subcontract with Appature.

   - GMCF (Georgia Medical Care Foundation) - Conduct medical reviews and issues with prior authorization for services in Medicaid.

     - Currently working on a RFP (Request for Proposal) to post for a new medical review authorization.

- Pharmacy Benefit Manager and Pharmacy Rebate Vendor for Medicaid

  - Currently working on a RFP and going through the various approval processes;
  - Not at the stage of posting the RFP.

- Enterprise Data Solution- Decision Support System (DSS) - Data element for Medicaid.

  - Re-procuring a vendor for this contract. The Department wanted to look at the analytics and health information technology involved and merge the two areas together to create a mass data solution and eventually add on the State Health Benefit Plan (SHBP) data as well;
  - The initial concentration will focus on Medicaid data compiled by the DSS;
  - The procurement will be posted sometime in October.

2. 11-15 Medicaid Wavier

   - The media reported that the Department possibly applied to the federal government for this waiver;
   - Grady Health System presented a proposal in conjunction with Memorial Health in Savannah. This would essentially ask the Department to draft a waiver request to begin a pilot project that would be initially approved by CMS (Centers for Medicare & Medicaid Services) to serve a population at about 100% of the federal poverty level who are not currently eligible for Medicaid.

     Currently when these services are provided to these individuals, they are uncompensated.

     The Department took a thorough and objective look at the proposal and presented to the Governor the following:

     - Our analysis yielded that it would be a significant cost to the state to implement this proposal;
     - The individuals that would be involved in the pilot project are currently not paid through Medicaid;
     - There will be significant administrative costs to set up the program;
     - CMS indicated that they would not be interested in approving such a limited proposal if there was no plan in place to immediately or at the end of the pilot project, implement the generic Affordable Care Act (ACA) Medicaid expansion, in which Georgia has decided not to do so at this time.

The decision at this time is to not move forward with this waiver request.

The Governor did inform Grady that if they wanted to submit information to the Department to refute the information and analysis conducted, we would do so at the proper time.

3. Settlement agreement- The State of Georgia has with the Department of Juvenile Justice (DJJ).

   Re: The Department of Behavioral Health and Developmental Disabilities (DBHDD)

   - In 2010 the state entered into a settlement agreement with DJJ and how we serve individuals with developmental disabilities and their institutionalization in our state hospitals;
   - DCH and DBHDD are signatories on the agreement;
   - DCH and DBHDD have worked together over the last five years to move individuals out of state hospitals- two hospitals have been closed;
   - The June 30, 2015 target deadline in the settlement was not met. It was discovered during the transition of individuals with severe disabilities that there was not quality provider capacity in the communities to safely serve these individuals.

     A joint decision was made and Commissioner Berry implemented a "stand-down" on the transfer of individuals from facilities until the quality and capacity of the provider network is built up throughout the state;
   - Negotiations are taking place with the DJJ for the next steps going forward. Information will be disclosed when an agreement has been reached on the subsequent steps.

4. The General Assembly requested in the Appropriations Act that a study be conducted of the SHBP to analyze the cost and benefits of services provided within the Plan. The study included, the cost of the SHBP compared to other plans within Georgia such as the Board of Regents health plan, cost and services compared to other states and the long-term viability of the plan.

   - Consultant, Aon Hewitt conducted the study;
   - The study was released on June 30, 2015 to the Governor, General Assembly and posted on the DCH website;
   - The study yielded results that the out-of-pocket costs for SHBP members are the highest among our neighboring Southeastern states.

A large measure of focus was emphasized on the last five years of financial stability of the Plan. During the recession, the Department was close to operating on almost a cash basis ($3+ billion plan). Since then, the Department has been able to achieve better financial stability.

- In 2014 there were strictly HRA (Health Reimbursement Account) plans through BlueCross BlueShield (BCBS);
- Last year the Department brought back additional vendors- United Healthcare (UHC) and Kaiser Permanente (KP);
- Members have endured a lot of change and disruption over the last two years. The Department is going to focus on continuity and stability for 2016. The same vendors and plan options will remain;
- In plan year 2017 the Department will look at things such as telemedicine, narrow- networks, on-site health clinics and other things that can been done to reduce costs for members, while determining the proper balance as it relates to revenue and expenses.

John Upchurch, Director of Reimbursement, briefed the Board on the request for final adoption of the increase to PeachCare physician reimbursement for HealthCheck well child visits to 90% of the Calendar Year 2014 Medicare physician fee schedule. In response to Board member Mark Trail, Mr. Upchurch noted that this action will increase reimbursement for HealthCheck well child visits to the same level as in the Medicaid program. This change, subject to CMS approval, is to be effective for services provided on and after July 1, 2015. The Department held a public hearing on this proposed action on June 18, 2015 at 10:30 am. No oral comments were received. An opportunity for written comments was also held through June 25, 2015. During this period, no written comments were received.

Roger Folsom MADE a MOTION to approve for final adoption PeachCare Physician Rate Increase for Primary Care Public Notice. Donna Thomas Moses SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the PeachCare Physician Rate Increase for Primary Care Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Jeff Rickman, Chief of the State Health Benefit Plan, presented a summary of the Benchmarking Study prepared by Aon Hewitt (Aon). Mr. Rickman noted that the study examined five other states and the Board of Regents health plan, and that it examined the total allowed cost for SHBP, employee cots, and insurance coverage options for non-certificated employees. Chairman Boyd asked for clarification regarding which factors were normalized in the study, and Mr. Rickman stated that geographic,

demographic, and adult lives per employee had been adjusted to allow for an apples-to-apples comparison.

Following the summary of the study, Mr. Rickman provided an overview of the Plan designs for 2016. He stated that in order to maintain continuity and stability the plan designs would remain unchanged, except for the High Deductible Health Plan (HDHP), which would move from a family to an embedded deductible. Mr. Rickman then offered an overview of the member contribution changes.

Mr. Rickman then introduced three resolutions, the Employee Contribution Resolution, the State Employer Contribution Resolution, and the Teacher and Non-Certificated Employer Contribution Resolution. Mr. Rickman noted that the only increase in Employer Contributions would be for non-certificated employees, which would increase from $596.20 to $746.20.

Clay Cox MADE a MOTION to approve 2016 State Health Benefit Plan Design. Russ Childers SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the 2016 State Health Benefit Plan is attached hereto and made an official part of these minutes as Attachment #4).

Donna Thomas Moses MADE a MOTION to approve SHBP Calendar Year 2016 Member Contribution Rates Resolution, SHBP State Employees Plan Employer Contribution Rates Resolution and SHBP Teachers Plan Employee Contribution Rates and Public School Employee Plan Employer Contribution Rates Resolution. Clay Cox SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the SHBP Calendar Year 2016 Member Contribution Rates Resolution, SHBP State Employees Plan Employer Contribution Rates Resolution and SHBP Teachers Plan Employee Contribution Rates and Public School Employee Plan Employer Contribution Rates Resolution is attached hereto and made an official part of these minutes as Attachment #5).

New Business

None to report.

Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:19 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 13th DAY OF August, 2015.

Donna Thomas Moses
Secretary

Norman Boyd
Chairman

Official Attachments:

#1 List of Attendees

#2 Agenda

#3 PeachCare Physician Rate Increase for Primary Care Public Notice

#4 2016 State Health Benefit Plan

#5 SHBP Calendar Year 2016 Member Contribution Rates Resolution, SHBP State Employees Plan Employer Contribution Rates Resolution and SHBP Teachers Plan Employee Contribution Rates and Public School Employee Plan Employer Contribution Rates Resolution