

Board of Community Health
Meeting
March 10, 2016

Members Present

Norman Boyd
Michael Kleinpeter
Russ Childers
Allana Cummings
Anthony Williamson
Mark Trail
Roger Folsom

Members Absent

Donna Thomas Moses

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 January 14, 2016 meeting were unanimously approved.

Opening Comments

Chairman Boyd informed the Board of Vice Chairman Clay Cox's resignation. Mr. Cox resigned from the Board to run for the Georgia House of Representatives, District 108. Chairman Boyd thanked Mr. Cox for his service and wished him the best in his future endeavors. Mr. Cox's replacement will be named by the Governor.

Committee Reports

Russ Childers, Policy Committee Member reported the following:

- Future meetings:
 - May, August and December
- Topics of discussion:
 - The Rural Healthcare Initiative
 - The State Health Benefit Plan (SHBP)

Michael Kleinpeter, Care Management Committee Chairman reported the following:

- Updates on Medicaid's statistics and expenditures:
 - Annual expenses approximately \$10 billion
 - Roughly 65% of the population are children and 20% Aged, Blind and disabled (ABD)
- Currently in the process of finalizing the Care Management Organization's (CMOs) agreements
- Centralized Verification Organization (CVO):
 - Implemented in August 2015
 - Credentialing approximately 500+ providers per month
- Integrated Eligibility System (IES):
 - Serves as a *single point of entry* to allow for seamless eligibility processing for Georgians requesting assistance and support from participating agency processing procedures and workflows

Commissioner's Report

Commissioner Reese thanked the Board, members of the public and staff for their attendance. Commissioner Reese also thanked Vice Chairman Clay Cox for his service and noted that Mr. Cox brought a valuable prospective as a legislator to the Board.

Commissioner Reese updated the Board on the following items:

1. Procurements:

- New Care Management Organizations (CMOs)

Notice of Intent to Award (NOIA) was issued in October 2015 to the incumbent companies:

- WellCare
- Peach State
- Amerigroup
- CareSource- A Medicaid managed care firm primarily located in Ohio.

Three of the losing bidders filed a protest. On March 1, 2016, the Deputy Commissioner of the Department of Administrative Services (DOAS) issued a decision denying the protests and upheld the Department's decision.

The next phase is a two-step administrative appeal process. The losing bidders have filed an appeal with the Commissioner of DOAS who has set a briefing scheduling where an in-person hearing will take place with attorneys for the winning and losing bidders during the month of March. In April there may be a final administrative decision.

The length of this process is one reason why the Department decided to extend the current CMO contracts for at least six months. January 1, 2017 is

the target start date to move forward with the new CMO contracts. The Department is hopeful to only utilize one six month extension.

- **Medical Review Contractor:**
The process has been completed. The Georgia Medical Care Foundation (GMCF) is the winner. There were no protests. The Department is looking forward to continuing to work with GMCF to manage our program that benefits both members and providers allowing a clear understanding of the process and parameters.
- **Enterprise Data Solutions (EDS):** A movement to join the old decision support system in Medicaid with large data analytics that are currently being developed across the country.
This procurement is in process. There were five proposals submitted.

2. **General Assembly:**

- Scheduled to end on March 24, 2016.
- At the April 14, 2016 Board meeting there will be a full legislative update presented by Lisa Marie Shekell, Director of Communications and Legislative Affairs, as well as a full budget briefing presented by Elizabeth Brady, CFO.
- 90-95% of the Board's recommendations to the Governor and the Governor's recommendations to the General Assembly will come to fruition. Some of the growth figures that we asked for Medicaid were converted and put into rate increases for certain physician categories and providers.

3. **State Health Benefit Plan (SHBP):**

- Plan year 2016 consisted of continuity and stability with the same plan options and vendors, but we expressed that we would look at substantial changes for plan year 2017 to ensure financial stability as well as possible cost cuts for members.
- In August the Board will be presented with the final 2017 proposed plan design and rates.

Plan Audits:

- **Dependent Eligibility Audit:** Verification that all dependents on a plan are actually eligible.
- **Express Scripts, Pharmacy Benefit Manager:** Ensuring expenditures are being operated in the proper manner.
- **Pilot Program:**
 - Establishing on-site work clinics for state employees and teachers so they do not have to leave work to go to the doctor, resulting in an increase of productivity and decrease in down time for both employees and employers.

4. **Georgia Health Information Network (GaHIN):**

- With approval and signature letter from the Governor, the official

designation of the state designated entity has been transferred to GaHIN for the State of Georgia Health Information Exchange (HIE). GaHIN electronically connects Georgia hospitals, physicians, clinicians, payers, wellness partners and other health care stakeholders to exchange patient health information through a secure network.

- The Department will still be the funnel for funds received from the federal government for these purposes and will continue to operate the Medicaid incentive payments for eligible providers and hospitals.
- The Department received good news that we will be able to include more providers such as home health, nursing home and psych in the HIE and network with hospitals and providers.

5. Personnel Announcements:

- Melva Hicks, Director of Facilities and Support Services
- Annette McMullen, Chief, Health Information Technology (HIT)
- David Ostrander, (Interim) Inspector General

Commissioner Reese publically thanked each employee for assuming these roles.

Marcey Alter, Assistant Chief of Medicaid for Policy and Provider Services, presented the proposal for renewal of the Comprehensive Supports Waiver Program to the Board for final adoption.

Ms. Alter reviewed the major changes in the service scope under the waiver which include establishing eight tiered rates for Community Residential Services (CRS), six new rates for Community Living Support (CLS) services including “extended” and “shared living” rates, five new rates for Respite Services, a new Additional Residential Staffing service to provide support to medically or behaviorally complex waiver participants whose needs exceed the staff hours compensated through the CRS or CLS, a new service and associated rate for Adult Nutrition Services, and an increase to the maximum allowable Adult Therapy Services.

Ms. Alter relayed that the SFY2016 projected financial impact in total is \$7,334,798 and the total annualized fiscal impact of these proposed changes once fully implemented after a two year phase-in period is \$73.4 million.

An opportunity for public comment was held on January 19, 2016 at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments were accepted on or before January 26, 2016. Ms. Alter indicated there were both oral and written comments received.

Common concerns and the Department’s response were as follows:

- Nutrition: Commenters consistently misunderstood the purpose of nutrition services. It is to afford a nutrition specialist for consultation on dietary matters,

not to afford food. Medicaid does not reimburse for food.

- CLS cap: The concern that 5,000 units is insufficient and will cause reduction of services is valid for outliers only, the most needy of this complex population. Because the risk is low.
- Administrative Review: Several comments spoke to concerns about the administrative review opportunity in the event of an audit. These processes while represented in the waiver application are founded in Medicaid Policy for all providers. We are uncertain of the circumstance to which the commenters are referring, but can assure that a full recoupment is never taken back until after an administrative review determination is made. If the provider does not pursue an administrative review, then there is no opportunity for engagement, settlement, and a possible reduction in recoupment.
- Respite: Concerns were expressed about the rate for respite reimbursement. There was ample opportunity in the rate study process to inform the methodology and the Rate Study Advisory Committee agreed that the methodology ultimately used by the consultants was sound.
- Split in payment to Host Home providers: The other waivers have long-standing policies on establishing a split of the payment to a provider where they must forward a certain percentage directly to the Host Home caretaker who is caring for the 24/7 needs of the member. The Department is simply making this consistent across waivers.
- Personal Retainer: Concerns related to the removal of the personal retainer option for members who participant-direct were made known prior to this public comment period and the service remains in the waiver unchanged.
- Behavioral Supports and Consultation: The rates and limits associated with these services were established based on comparable rates for other Medicaid services. They will be reviewed in the next phase of the rate study to validate methodology.

In light of all concerns being addressed, Ms. Alter respectfully asked for the Board's favorable consideration of final adoption.

Board members posed the following questions/comments:

- Regarding the new Nutrition Services, it was asked if we had made sure that concerned commenters were made aware of their misunderstanding of the intent of the service. Ms. Alter confirmed that those commenters who had identified themselves had received clarification about the intent of the service with explanation that Medicaid does not pay for food so that we adequately addressed their concerns about the rate and limits being insufficient.
- Regarding the concern regarding the 5,000 unit cap on CLS, it was asked if the waiver authority allowed for that cap to be exceeded in the outlier cases where exceeding the cap may be warranted based on need. Ms. Alter explained that the

waiver does allow for such since the Department is obligated under the individualized service planning process to assure that all needs are sufficiently addressed.

Mark Trail MADE a MOTION to approve for final adoption Comprehensive Supports Waiver Renewal Program (COMP) Public Notice. Russ Childers SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Comprehensive Supports Waiver Program Renewal (COMP) Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Marcey Alter, Assistant Chief of Medicaid for Policy and Provider Services, presented the request for renewal of the Independent Care Waiver Program (ICWP) to the Board for final adoption. Ms. Alter discussed that no substantive service scope or rate changes are associated with the ICWP waiver renewal. The renewal does however establish new cost neutrality limits as CMS requires updated cost neutrality information as part of waiver renewal submissions. The cost neutrality limit for nursing facility level of care will now be set at \$59,130 and hospital level of care at \$203,050, both annually.

An opportunity for public comment was held on January 21, 2016 at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments were accepted on or before February 22, 2016. Ms. Alter relayed that no oral or written comments were received and respectfully asked for the Board's favorable consideration of final adoption.

A Board member requested clarification that the cost neutrality for the ICWP was an individual cap that no one member could exceed. Ms. Alter confirmed that to be true adding that other waivers utilize an aggregate cap where the average annual cost of all members establishes the cap that can't be exceeded.

Allana Cummings MADE a MOTION to approve for final adoption Independent Care Waiver (ICWP) Public Notice. Roger Folsom SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Independent Care Waiver Program (ICWP) Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Melanie Simon, Executive Director, Healthcare Facility Regulation Division, presented the proposed revised Rules and Regulations for Private Home Care Providers (PHCP), Chapter 111-8-65-.03 to the Board for final adoption. The revised rules are being proposed pursuant to the authority granted the Department of Community Health in O.C.G.A. § 31-6-21 and O.C.G.A. § 31-6-21.1.

Board members were provided a copy of the synopsis of proposed rule changes, revised

rules and public comments.

An opportunity for public comment was held on February 18, 2016 at 10:00 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments were accepted on or before February 25, 2016. During the oral presentation, the public comments in response to the initial adoption of HB 183 were discussed:

- Russell Hollrach, outside counsel to the Private Care Association, requested additional clarification of all of the PHCP rules and the applicability to registries.
- Russell Paul, on behalf of the Home Care Association of America Georgia Chapter, supported the proposed rule change.
- No additional changes to the proposed rule were recommended.

Ms. Simon respectfully asked for the Board's favorable consideration of final adoption.

Mark Trail MADE a MOTION to approve for final adoption Rules and Regulations for Private Home Care Providers Rule Change. Michael Kleinpeter SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Rules and Regulations for Private Home Care Providers Rule Change is attached hereto and made an official part of these minutes as Attachment #5).

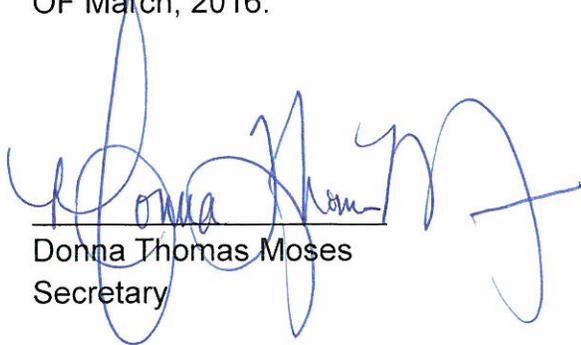
New Business/Closing Comments

None to report.

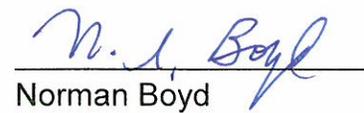
Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:03 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 10th DAY OF March, 2016.



Donna Thomas Moses
Secretary



Norman Boyd
Chairman

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Comprehensive Supports Waiver Program Renewal (COMP) Public Notice
- #4 Independent Care Waiver Program (ICWP) Public Notice
- #5 Rules and Regulations for Private Home Care Providers (PHCP) Rule Change