

Board of Community Health
Meeting
October 10, 2013

Members Present

Norman Boyd
Jamie Pennington
William Wallace
Mimi Collins
Clay Cox
Donna Moses
Kiera von Besser
Jack Chapman
Rick Jackson

Members Absent

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health, 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 Norm Boyd presided and called the meeting to order at 10:33 a.m.

Minutes

The Minutes of the September 12, 2013 meeting were UNANIMOUSLY APPROVED.

Committee Reports

No reports.

Commissioner's Report

Commissioner Reese introduced Ms. Lurline Craig-Burke to the Board. The Commissioner stated that Ms. Burke had assumed the role of Chief of the State Health Benefit Plan (SHBP) on October 1, 2013. He further stated that Ms. Burke brought a wealth of experience in the government and private insurance sectors and that she would be a valuable asset in making the Department of Community Health team stronger.

Commissioner Reese informed the Board that they would hear updates from Dr. Jerry Dubberly concerning the Age, Blind and Disabled (ABD) Medical Care Coordination Program. He stated that the Medicaid ABD population is the highest cost patients with the highest security level. He further stated we are working on continuing to contain cost and try to mitigate the overall impact on the state's Medicaid budget. Beginning today as a first step, we will have an intermediate mechanism, not full blown risk based capitalized management care, still fee for service, but better care coordination for medical home for our ABD population. This program will be voluntary. It is hard to project the savings, but we want to move forward to see how it will work and see where we can go in the future with the Medicaid ABD population.

Commissioner Reese also discussed Affordable Care Act (ACA). He stated that there would be a two year payment increase for primary care physicians participating in the ACA program. DCH is currently working with Hewlett Packard to implement the primary care physician ACA payments beginning November 1, 2013. DCH will make retroactive payments for ACA primary care physicians back to January 1, 2013, for those physicians who have provided proper documentation.

Commissioner Reese informed the Board that DCH is currently working with vendors and other state agencies to create an integrated Medicaid eligibility system. He stated that DCH is working with the Georgia Department of Human Services (DHS) to determine eligibility for Medicaid, food stamps, temporary assistance for needy families (TANF), and, childcare subsidies within Georgia Department of Family and Children Services (DFCS) offices around the state. Part of the Health Reform Law provides 90/10 funding for states to create a new eligibility system. Phase I will consist of Medicaid programs. Phase II will address Human Services programs and the Department of Public Health's Women, Infants, and Children's (WIC) program. The DCH component of the integrated eligibility system became operational October 1, 2013.

Commissioner Reese briefed the Board on three different state Legislative committees that have been created to look at Medicaid. First, there is the Joint House and Senate Study Committee on Medicaid Reform that has met twice. This Committee's next scheduled meeting is October 28, 2013 in Statesboro. Second, there is the Federal and State Funded Health Care Financing Overview Committee whose chair is Senator Judson Hill. They have not held their first meeting. Third, there is a Senate Select Alternatives for Medicaid Healthcare Funding Committee whose chair is Senator Josh McKoon. They held their first meeting on October 16, 2013 in the Legislative Office Building.

Commissioner Reese introduced Dr. Brenda Fitzgerald, Commissioner of the Department of Public Health. Dr. Fitzgerald utilized a power point presentation outlining

the various programs for which Public Health is responsible. The Board was informed that from day one that a new Georgian is born, a Public Health Technician is there to screen blood, all the way to when they are an adult dining in a restaurant where Public Health is responsible for conducting the restaurant inspection. She further stated that childhood obesity is one of the most serious medical problems that we face, and Governor Deal's number one health priority. In the past 10 years there has been a 30% increase in children admitted into the hospital due to obesity. Legislation passed a SHAPE initiative that says that any child in a physical education (PE) class in Georgia will be evaluated by fitness testing. Results of the testing revealed that 43% of Georgia babies are not at a healthy rate, 16% passed the basic health test and 20% couldn't pass a single test.

Dr. Fitzgerald also discussed how Public Health assisted in decreasing the state's infant mortality rate. Public Health divided the state into square mile grids based upon where the infant's mother lives and upon identified and documented problem areas. It was discovered that there was a higher rate of infant mortality in areas where there were no obstetricians. There were 40 counties that did not have obstetrician services and 19 with a deficit of services. Tele-health networks were established and now there are tele-health capabilities in every county in the state. As a result, infant mortality has decreased from 8.4% to 6.8%= 1,000 Georgia babies. (A copy of the Department of Public Health power point presentation is attached hereto and made an official part of these minutes as Attachment #3).

Dr. Jerry Dubberly presented a public notice regarding the Medicaid Hospice program. The purpose of this public notice was largely to reconcile the state plan with changes at the federal level. First, pursuant to the Affordable Care Act, curative as well as palliative care is covered for children under the age of 21 years who are enrolled in hospice services. This modification has been made in Georgia Medicaid policy since the ACA change. However, this public notice is necessary to make a change to the State Plan. Second, the proposed public notice calls for removal of diagnoses considered to be symptoms, signs, or ill-defined conditions as the primary justification for hospice certification. This includes diagnoses such as Adult Failure to Thrive and Non-Specific Abnormal Finding. Such diagnoses will still be allowable as secondary diagnoses, but not primary diagnoses. The third change proposed in this notice is to comply with federal requirements for periodic reassessments after 180 days and 60 days thereafter for continued appropriateness for hospice care. Finally, Dr. Dubberly proposed a modification to the State Plan to reflect revised hospice payment rate methodology and wage index as set forth in the American Recovery and Reinvestment Act and published in the Federal Register on August 8, 2008. The methodology was adopted and has been utilized to set rates since the October 1, 2009 effective date.

The total projected impact of these changes total \$2,643,146 in total fund savings. The Board voted in favor of initial adoption of this proposed action.

Mimi Collins MADE a MOTION to approve for initial adoption Georgia Hospice Program Public Notice. Jack Chapman SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, and the MOTION was APPROVED. (A copy of the Georgia Hospice Program Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Dr. Jerry Dubberly presented a proposed change in the Medicaid Fee-for-Service (FFS) program to offer a care coordination program to the Aged, Blind, and Disabled (ABD) population. Under this program all members will have access to a 24-hour nurse line and member navigator call center. Members with chronic conditions, behavioral health conditions, co-morbidities, or other complex diagnoses and who are identified as in need of additional supports may receive intensive medical coordination services, which are specialized services provided to members with complex health care needs. DCH plans to select a single statewide vendor through a competitive procurement process to serve Medical Coordination Program members. The program will be voluntary and members will have the ability to opt-out of the program. The program would not change the authorization of or payment for services. That authorization of services and payment for services function would be retained in the Medicaid FFS program. Ms. Pennington asked about potential cost of the program. Dr. Dubberly responded that he was hesitant to give a projected cost with the request for proposal not yet being released. However, he did say the first year is projected to be an investment year, and in the second year a savings of \$5-10M are being projected. Mr. Cox raised a question as to the Department's intent to use a single statewide vendor. Dr. Dubberly responded that the current thought was a single vendor with a single set of interventions and messaging to providers and members would be most effective. However, he agreed to consider this input and follow up in the November Board meeting. The Board voted in favor of initial adoption of this proposed action.

Kiera von Besser MADE a MOTION to approve for initial adoption of ABD Care Coordination Program Public Notice. Jamie Pennington SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, and the MOTION was APPROVED. (A copy of the ABD Care Coordination Program Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

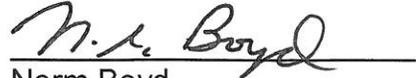
New Business

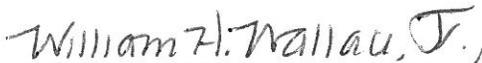
Commissioner Reese recognized Debora Ewing for her service on the Board and announced that her last day with DCH will be November 1, 2013. She will be going to work with David Cook at the Senate.

Adjournment

There being no further business to be brought before the board, Chairman Boyd adjourned the meeting at 11:25 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 14th DAY OF November, 2013.


Norm Boyd
Chairman


Jamie Pennington
Secretary

VICE CHAIR
FOR
JAMIE PENNINGTON,
SECRETARY

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Department of Public Health Power Point Presentation
- #4 Georgia Hospice Program and Pediatric Concurrent Care Public Notice
- #5 ABD Care Coordination Program Public Notice