

**MINUTES OF THE  
BOARD OF COMMUNITY HEALTH MEETING  
November 13, 2008**

**Members Present**

Richard Holmes, Chairman  
Kim Gay, Secretary  
Dr. Ann McKee Parker  
Raymond Riddle  
Richard Robinson (via phone)  
Archer Rose

**Members Absent**

Ross Mason  
Dr. Inman C. "Buddy" English

The Board of Community Health held its regularly scheduled monthly meeting at the Department of Community Health, Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Dr. Rhonda Medows, Commissioner, was present also. (An agenda and a List of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Chairman Holmes called the meeting to order at 10:38 a.m.

**Approval of Minutes**

The Minutes of the October 9, 2008 meeting were UNANIMOUSLY APPROVED AND ADOPTED.

**Commissioner's Comments**

Dr. Rhonda Medows, Commissioner of DCH, reported that the State Health Benefit Plan had successfully completed its Open Enrollment period for the 2009 Calendar plan year. During Open Enrollment approximately 16% of SHBP members chose consumer driven health plan products which surpassed the Department's expectations. She said with respect to Medicaid and SCHIP, the Department's efforts have continued on reviewing the budget again and again to try making the numbers work to support the programs.

**Department Updates**

Clyde Reese, General Counsel, presented two Certificate of Need Rule changes for final adoption. Mr. Reese said since the summer the Department has presented Certificate of Need rules to implement Senate Bill 433. The Department has moved through approval and adoption of the main body of those rules and is nearing the end of that process. He asked the Board to approve these two "clean up" changes that were a part of the large body of the enabling rules for SB 433. Rule 111-2-2-.10(2) was amended to clarify those persons required to request a letter of determination to avail themselves of new statutory exemptions in SB 433. The Department received one comment in support of that change. Rule 111-2-2-.20(3)(k)(3)(vi) dealt with indigent and charity care requirements for destination cancer hospital CON applicants. The Department was concerned that the rule could be interpreted to mean that this facility or anyone who received a CON for this type of facility would not be able to pay a monetary penalty of the difference between the amount of indigent charity care committed and that actually provided as all other providers can. The Department did not receive any public comments on this rule change. Dr. Parker MADE a MOTION to approve for final adoption Rules 111-2-2-.10(2) and 111-2-2-.20(3)(k)(3)(vi). Ms. Gay SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of Rules 111-2-2-.10(2) and 111-2-2-.20(3)(k)(3)(vi) is attached hereto and made an official part of these Minutes as Attachment # 3).

Next Mr. Reese asked the Board to release for public comment two Certificate of Need rule changes. The Department discovered in the body of rules that were adopted for SB 433 included an incorrect number for a reference to review period days. Rule 111-2-2-.07(2)(b)(1) is amended to change the review period reference from 90 to 120 days. Rule 111-2-2-.03(24) is the last major portion of implementation of CON reform for SB

433. SB 433 provided for an exemption from CON review hospitals to provide therapeutic cardiac catheterization services if they can meet standards published by the Department. The first part of the rule provides for hospitals that were selected as participants in the C-PORT Study, a clinical study that looks at the efficacy and safety of therapeutic cardiac catheterization procedures in hospitals that do not have onsite open heart surgery backup, prior to July 1, 2008, could continue to offer these therapeutic cardiac catheterization procedures through participation in the C-PORT Study. A second part says those hospitals that were not a selected in the C-PORT Study but wish to perform therapeutic cardiac catheterization without CON review could avail themselves of this exemption if they met certain standards which would be published by the Department. Rule 111-2-2-.03(24) are those standards for hospitals that are not participants of the C-PORT Study but would like to perform therapeutic cardiac catheterization would be able to do so if they meet the proposed standards. Ms. Gay MADE a MOTION to approve for initial adoption Rules 111-2-2-.07 and 111-2-2-.03 to be published for public comment. Mr. Rose SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of Rules 111-2-2-.07 and 111-2-2-.03 is attached hereto and made an official part of these Minutes as Attachment # 4).

Mr. Holmes asked Valerie Duncan, Director of Plan Management, State Health Benefit Plan, to begin the discussion on the SHBP 2009 Implementation Update. Ms. Duncan said the State Health Benefit Plan (SHBP) awarded two contracts to United HealthCare (UHC) and CIGNA Healthcare to help carry out SHBP's healthcare strategies for the next several years. She said these two companies have worked diligently with SHBP staff over the past four to five months in preparation for Open Enrollment which just concluded November 10, and more importantly, in preparation to service the SHBP membership on January 1, 2009. Ms. Duncan said she and representatives of CIGNA and UHC will provide the Board with a readiness report and give insight into the inner workings of the programs and tools offered which will demonstrate why they were chosen. Ms. Duncan reviewed a report card which highlighted the key deliverables: networks – both plans have met or exceeded all required standards; claims and customer service – on schedule for go-live date; member enrollment data – systems are updated nightly with Open Enrollment data; banking and contractual agreements – complete; and health data for transition of care – on schedule to process in December. She introduced the leaders of the accounts transition team--Phil Wasden of CIGNA HealthCare and Kim McCurdy of United HealthCare. (A copy of the State Health Benefit Plan 2009 Implementation Update is attached hereto and made an official part of these Minutes as Attachment # 5).

Phil Wasden, CIGNA HealthCare's business lead for the SHBP, gave an overview of the 2009 Plan Readiness and the tools, technology and programs CIGNA has to offer state employees for them to make informed, value-based decisions on their healthcare. Mr. Wasden said since May CIGNA employees have worked in functional work groups on detailed implementation plans focusing on applying appropriate standards, technology and service expectations to achieve the State's goal in the 2009 plan year. Critical milestones include network expansion, provider education and training, plan design and systems structure, supported enrollment and web based decision tools and hired and trained dedicate staff to service SHBP enrollees. CIGNA recently completed its readiness reviews of claims systems and benefit design, customer service and supporting technology and clinical program assessment. Mr. Wasden reviewed CIGNA's Open Access Plus network and geographic access, outreach efforts to members, and a variety of web based tools to aid members such as health assessments, online coaching, personal health record data, prescription cost information, provider directories and provider comparisons. (A copy of the CIGNA HealthCare SHBP 2009 Plan presentation is attached hereto and made an official part of these Minutes as Attachment # 6).

Kim McCurdy, Senior Account Vice President of United HealthCare, stated that UHC's mission is to help SHBP members lead healthier lives by providing access to customized, easy to use tools with support through dedicated customer service and clinical teams and through its extensive and stable statewide and national network. Ms. McCurdy reviewed UHC's implementation project approach to ensure readiness for

January 2009. She said for the last seven years UHC has strategically and consistently strengthened its networks, enhanced its integrated clinical and wellness programs, and focused on efficiency with and satisfaction of administrative and service support for the members. Ms. McCurdy described UHC's customized integrated clinical services and tools they use to get members involved in improving their health, managing their data and lowering costs such as health assessments, physician and facility directories, medical claim summaries, estimating treatment costs, personal health records, benefit highlights, and account balances. Ms. McCurdy concluded her presentation after addressing questions from the board about increasing health assessment engagement. Chairman Holmes thanked Mr. Wasden and Ms. McCurdy for their presentations. (A copy of the United HealthCare presentation *Our Approach for Improving Health Care for SHBP Members* is attached hereto and made an official part of these Minutes as Attachment # 6).

### **Adjournment**

There being no further business to be brought before the Board, Chairman Holmes adjourned the meeting at 11:35 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE \_\_\_\_\_  
DAY OF

\_\_\_\_\_, 2008.

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RICHARD L. HOLMES  
Chairman

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KIM GAY  
Secretary

#### Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 CON Rules 111-2-2-.10(2) and 111-2-2-.20(3)(k)(3)(vi)
- #4 CON Rules 111-2-2-.07 and 111-2-2-.03
- #5 SHBP 2009 Implementation Update
- #6 CIGNA HealthCare SHBP 2009 Plan presentation
- #7 UHC Presentation - Our Approach for Improving Health Care for SHBP Members