BOARD OF COMMUNITY HEALTH
May 11, 2006

The Board of Community Health held its regularly scheduled meeting in the Floyd Room, 20th Floor, West Tower, Twin Towers Building, 200 Piedmont Avenue, Atlanta, Georgia. Board members attending were Jeff Anderson, Chairman; Richard Holmes, Vice Chairman; Mark Oshnock, Secretary; Inman English, M.D.; Mary Covington; and Ross Mason. Commissioner Rhonda Medows was also present. (A List of Attendees and Agenda are attached hereto and made official parts of these Minutes as Attachments # 1 and # 2).

Mr. Anderson called the meeting to order at 12:03 p.m. The Minutes of the April 13 meeting were UNANIMOUSLY APPROVED AND ADOPTED.

Mr. Anderson began opening comments. He said Charemon Grant, General Counsel, would discuss the Georgia Volunteer Health Care rules; Senate Bill 572 was signed and the State Plan Amendment has been submitted to the Centers for Medicare and Medicaid Services (CMS) for approval; the budget was signed, and the Department is working on unfunded mandates in the budget.

Mr. Anderson asked Dr. Medows for the Commissioner's report. Dr. Medows said the Department had several causes to celebrate; the budget has been signed, the public notice for nursing home and health check rate increases will be presented; an update on Georgia Healthy Families outreach efforts will be presented. Also, she announced that Laura Jones, Legislative and External Affairs Director, would be leaving the Department to work in the private sector. Dr. Medows said she will announce the new Chief Information Officer at the next board meeting.

Mr. Anderson called on Charemon Grant, General Counsel. She said during the March meeting the Indigent Care Trust Fund (ICTF) rules were presented for initial adoption. Since then, a public notice was posted on March 17 for public comment. The Department held a public hearing on April 26, 2006. The Department received oral and written comments. The Office of the General Counsel and the Chief Financial Officer's Office reviewed the comments and recommended no modifications to the rules. Ms. Covington MADE a MOTION to adopt the ICTF rules as presented. Ms Gay SECONDED the MOTION. Mr. Anderson called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of Chapter 111-3-6 Indigent Care Trust Fund Rules is attached hereto and made an official part of the Minutes as Attachment # 3.)

Ms. Grant began discussion on the Board Resolution - Establishment of Employer Rates for State Health Benefit Plan for FY 2007. Although the rates were approved by the General Assembly, the Board must establish those rates by resolution. Mr. Holmes MADE a MOTION to adopt the Resolution – Establishment of Employer Rates for State Health Benefit Plan for FY 2007. Mr. Mason SECONDED the MOTION. Mr. Anderson called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Resolution - Establishment of Employer Rates for State Health Benefit Plan for FY 2007 is attached hereto and made an official part of these minutes as Attachment # 4).

Mr. Anderson called on Jim Connolly, Director of Reimbursement Services, to present the Nursing Home Services and Health Check Services Public Notice. Mr. Connolly said last board meeting Ms. Summers reviewed several budget items. The two rate increases in today's public notice were items included in the budget. The Department proposes to change the basis on which nursing home rates are set. Currently the rates are based on a 2002 cost report with about a 5% allowance for growth or inflation. The change in accordance with the budget instructions are: the 2005 cost report, using the reporting format and underlying instructions established by the Department, will be used to determine a facility's allowable cost that will be the basis for computing a rate; the growth allowance used to compute reimbursement rates will be 0.0%; and the cost of a facility's participation in the Quality Improvement Program will be considered in the payment methodology. The Department is proposing to modify the payment rate for health check services for children ages 0 to 8 years of age from $55.38 to $67.38 per visit. Dr. Medows added that the nursing home rate increase is an added $20 million in state funds for the nursing homes across the state. She said the Department's proposal for Health Check Services is a recognition and acknowledgment of the value of doing prevention and wellness for children as early and consistently as possible. In the budget as proposed, there were no funds assigned. The Department recognizes the importance of the rate increase and has proposed two components: 1. the physicians that provide health check type services in the fee-for-service program (ABD population, foster children and medically fragile children) would begin receiving an increased reimbursement rate July 1, 2006; and 2. the Department will request in its FY 07 Amended Budget, to increase rates by providing an incentive fee for those providers providing well childcare, immunizations, health and wellness counseling through the CMOs. Ms. Covington MADE a MOTION to publish for public comment the Nursing Home Services and Health Check Services Public Notice. Mr. Mason SECONDED the MOTION. Mr. Anderson called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Nursing Home Services and Health Check Services Public Notice is attached hereto and made an official part of the minutes as Attachment # 5).

Mr. Anderson asked Deborah Sorden of Maximus (the GHF enrollment broker) and Julie Kerlin, DCH Director of Communications, to give an update on Georgia Healthy Families outreach efforts. Ms. Sorden said the goal is to empower members to make an informed decision about enrolling in the managed care plan of their choice and to maximize the voluntary enrollment rate. She said Maximus has used traditional methods-direct mailing to Medicaid members, outbound calls, and print media-and

has concentrated on building relationships in the community such as community and faith-based organizations, medical facilities, public housing, child care facilities, Head Start, public health departments, county DFCS offices, Boys and Girls Club, YMCAs, and health fairs. They have conducted over 1,500 sessions in 500 venues. Maximus is targeting specific zip codes where the response is low and non-traditional venues such as shopping malls, hair salons, grocery stores, and fast food restaurants. This outreach has enabled the enrollment broker to achieve a voluntary rate of 50% for the Atlanta and Central regions. Of the 50% who have chosen a plan, 85% of them have also chosen a primary care physician. Ms. Sorden concluded her update after addressing questions from the Board.

Ms. Kerlin continued with the Department's efforts for GHF. She said Maximus and the CMOs have implemented an aggressive outreach program for both the members and providers. DCH's goal is to build upon those efforts, create awareness of the program, and reinforce the key messages of choice and the importance of enrolling in a plan that best suits the member's needs. The Governor is helping to bring awareness to the program encouraging members to enroll and select a health plan and primary care physician. She said last month the Governor taped a public service announcement for television and radio and DCH held a press conference at Grady Memorial Hospital to promote enrollment efforts. Dr. Medows sent an update to provider organizations with important information for their members to consider prior to implementation. The Department plans to continue this type outreach, especially to hospital CEOs. Ms. Kerlin said provider organizations are putting together contingency plans and contingency teams to help prepare hospitals for this implementation. DCH has a series of banner messages that discuss transition of care and operational issues. The same information was sent to the General Assembly before adjournment to provide legislators with a GHF information packet that included a fact sheet, frequently asked questions, a referral card and contact information if they had questions to help them respond to their constituents. The Department will continue to outreach to all areas beyond the June 1 implementation and concentrate on the remaining regions.

Mr. Oshnock asked Dr. Medows to give a status report on the provider networks. Dr. Medows stated that the CMOs have exceeded geographical access requirements for primary care, pediatrics and mental health, and the CMOs have met geographical access requirements for hospitals, although there are a few hospitals that are still in negotiations. She said the area that the Department is working on hardest is pediatrics specialists and encouraging those individuals to become providers in the network. However, the Department will hold the plans accountable for providing payment of those services whether a provider is participating or nonparticipating.

There being no further business to be brought before the Board at the meeting Mr. Anderson adjourned the meeting at 12:33 p.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE _____ DAY OF

_____, 2006.

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JEFF ANDERSON
Chairman

ATTEST TO:

_____
MARK D. OSHNOCK
Secretary

Official Attachments:

#1 List of attendees
#2 Agenda
#3 Chapter 111-3-6 Indigent Care Trust Fund Rules
#4 Resolution - Establishment of Employer Rates for State Health Benefit Plan for FY 2007
#5 Nursing Home Services and Health Check Services Public Notice