

## PUBLIC NOTICE

Pursuant to 42 C.F.R. § 447.205, the Georgia Department of Community Health is required to give public notice of any significant proposed change in its methods and standards for setting payment rates for services.

### **Advancing Innovation to Deliver Equity (AIDE)**

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health (DCH) proposes to implement a new value-based, hospital directed payment program – Advancing Innovation to Deliver Equity (AIDE) – to improve health outcomes by supporting preventative care, chronic disease management, children and women’s health, and health equity.

Eligible hospitals are defined as state-owned acute care hospitals, or non-state governmental, individual acute care hospitals providing more than 63,000 total Medicaid inpatient days based on the 2020 Medicare cost report and has over 100,000 total In-State Medicaid inpatient days as reported in the 2021 DCH Disproportionate Share Hospital (DSH) Final Payment Eligibility Report.

Under the program, eligible participating hospitals through the Medicaid Care Management Organizations (CMOs) will receive increased Medicaid funding via semi-annual (2x year) AIDE value-based directed payment.

This change is estimated to increase provider funding of critical services for the Medicaid population.

	<b>State Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
SFY 2023	\$116,391,341	\$228,242,138	\$344,633,479

The AIDE payments are the difference between the aggregate provider commercial reimbursement and Medicaid payments using average commercial rates. The resulting percentage increase derived from these commercial rate equivalent calculations will be applied to all eligible participating providers’ CMO claims to calculate the value-based directed payment amount. A portion of the dollars will be at risk based on performance improvement of applicable quality metrics. Baseline performance metrics will be established in the first year.

The value-based directed payment will be made to the CMOs and the CMOs will be required to transfer 100% of the payment to the eligible participating providers. The CMO reimbursement plus AIDE payments will not exceed 100% of Commercial in aggregate.

## Quality Measures

Measure	Measure Name	NQF #/ CMS Measure ID	PY1 Performance Target	PY1 Target Source
Common 1	Breast Cancer Screening	NQF 2372 / CMS #112	50.00%	2020 QPP Web Interface
Common 2	Diabetes Care: Hemoglobin (HbA1c) Poor Control (>9.0%) <i>(lower is better)</i>	NQF 59 / CMS #001	50.00%	2020 QPP Web Interface
Common 3	Controlling High Blood Pressure (Hypertension)	NQF 18 / CMS #236	50.00%	2020 QPP Web Interface
Common 4	Screening for Clinical Depression and Follow Up Plan	NQF 418 / CMS #134	55.90%	2021 MIPS CQM Decile 5
Common 5	Tobacco Use: Screening and Cessation Intervention	NQF 28 / CMS #226	50.00%	2020 QPP Web Interface
Menu 1	Cervical Cancer Screening (CCS-AD)	NQF 0032 / CMIT #5778	25.00%	2021 MIPS CQM Decile 5
Menu 2	Body Mass Index (BMI) Screening & Follow-up Plan	CMS #69	32.70%	2021 MIPS CQM Decile 5
Menu 3	Childhood Immunization Status	NQF 0038 / CMS #5775	38.20%	Natl Medicaid 50th Percentile
Menu 4	Influenza Immunization	NQF 0041e / CMS #147	45.30%	2018 National Rate (HHS)
Menu 5	Chlamydia Screening in Women	CMS #153	32.20%	2021 MIPS CQM Decile 5
Menu 6	Colorectal Cancer Screening	NQF 34 / CMS #113	50.00%	2020 QPP Web Interface
Menu 7	Statin Therapy for Patients with Cardiovascular Disease	eCQM347v3 / CMS #438	69.00%	2021 eCQM Decile 5
Menu 8	Depression Remission at Twelve Months	NQF 0710e / CMS #159	6.34%	2021 MIPS CQM Decile 5

### Payment of At-Risk Dollars by Program Year

Ten percent of program payments will be at risk based on performance on ten quality measures. The table below shows the requirements for payout of the at-risk dollars.

Program Year	Measures Required to Meet
Year 1	3 of 10 measures
Year 2	4 of 10 measures
Year 3	5 of 10 measures

This public notice is available for review at each county Division of Family and Children Services office. An opportunity for public comment will be held **February 17, 2022 at 10:30 a.m., via Zoom**

**audio.** There will be **no in-person** attendance at the Department of Community Health (DCH).

Individuals who are disabled and need assistance to participate during this meeting should call (404) 656-4479 at least three (3) business days prior to the scheduled public hearing to ensure any necessary accommodations can be provided.

Join Zoom Meeting

<https://us02web.zoom.us/j/86516962438?pwd=RHFid2l5akhnR2NmKzA0cW42SHVXdz09>

Meeting ID: 865 1696 2438

Passcode: Open

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+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

877 853 5247 US Toll-free

888 788 0099 US Toll-free

833 548 0276 US Toll-free

833 548 0282 US Toll-free

Meeting ID: 865 1696 2438

Individuals wishing to comment in writing on any of the proposed changes should do so on or before **February 24, 2022**, to the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. You may also email comments to Danisha Williams, [danwilliams@dch.ga.gov](mailto:danwilliams@dch.ga.gov) or fax to 404-651-6880.

Comments submitted will be available for review by submitting a request via email to Danisha Williams, [danwilliams@dch.ga.gov](mailto:danwilliams@dch.ga.gov). Comments from written and public testimony will be provided to the Board of Community Health prior to the **March 10, 2022** meeting. The Board will vote on the proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health.

**NOTICE IS HEREBY GIVEN THIS 10<sup>th</sup> DAY OF February 2022**  
**Caylee Noggle, Commissioner**