

Board of Community Health
Meeting
June 27, 2022

Members Present

Norman Boyd
Roger Folsom
Russell Crutchfield
David Crews
Anthony Williamson
Nelva Lee
Cynthia Rucker

Members Absent

The Board of Community Health held its special call meeting via Zoom teleconference. (An agenda and a List of Attendees are attached hereto and made an official part of these Minutes as Attachments #1 and #2). Chairman Norman Boyd presided and called the meeting to order at 10:30 a.m.

Minutes

None to approve.

Opening Comments

Chairman Boyd announced the resignation of Dr. Kenneth Davis and thanked him for his service on the Board.

Commissioner's Report

Commissioner Noggle thanked the Board, members of the public and staff for their participation via Zoom.

The following updates were provided to the Board:

- Extended thanks and gratitude to the following staff:

Lynnette Rhodes, Brian Lipton, Kim Morris, Brian Dowd, and finance team that have worked hard over the past few months preparing the final adoption action items on the agenda including the Directed Payment Programs (DPPs).

Once fully approved by the Centers for Medicaid and Medicare Services (CMS), it will represent a significant increase in Medicaid funding to the state of Georgia and our hospitals will help reinvest in our workforce, improve healthcare outcomes, and foster access to rural healthcare.

This is a result of the state budget that passed and will be effective on July 1.

Commissioner Noggle publicly thanked constituents, advocacy organizations and others that helped develop these items.

- Care Management Organizations (CMOs) reprocurement Request for Information (RFI) closed on Friday.

We will begin the process of reviewing responses, feedback and input, as well as scheduling external meetings with our sister agencies and selected advocacy organizations as we continue towards developing a Request for Proposal (RFP) later this fall or early next year.

- Received CMS approval for a previously submitted Disaster State Plan Amendment (SPA) for nursing home rates to increase to the 2021 cost reports.

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for final adoption the Medical Assistance Plans, State Plan Amendment: Eliminate attestation and reimburse all eligible providers at enhanced rates Public Notice.

Pending approval by the Centers for Medicare and Medicaid Services (CMS), the Department of Community Health (DCH) proposed to eliminate the attestation requirements and reimburse all eligible providers at the enhanced rates for claims with dates of service beginning July 1, 2022, and after.

The Affordable Care Act (ACA) allowed enhanced rates for physicians with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine during calendar years 2013 and 2014. The enhanced rates applied to both Fee-for-Service and managed care. The codes that were eligible for the enhanced rates included 99201- 99499 to the extent the codes were covered under the state plan. Subspecialists within the three primary care categories were also eligible for the enhanced rates as well as non-physician practitioners such as physician extenders or mid-levels (physician assistants, nurse practitioners, and nurse midwives) if they practiced under the supervision of an eligible physician.

In order to receive the enhanced rates, physicians and physician extenders were required to attest that they met the requirements outlined under the ACA. Physicians were required to attest that they were Board certified in the designated specialties and subspecialties. Alternatively, physicians who were not Board certified attested to having at least 60 percent of all codes billed by the physician, for the previous calendar year, for Evaluation and Management (E&M) codes and vaccine administration codes. New providers who were not Board certified could attest that they had an expectation that at least 60 percent of their codes billed during the calendar year of enrollment would be for E&M codes and/or vaccine administration codes.

The enhanced rates under the ACA ended on December 31, 2014. Subsequently, the Department was appropriated funds to continue the enhanced rates and additional rate

increases for three consecutive fiscal years. The enhanced rates were only allowed for those providers who previously attested under the ACA and for providers who were newly licensed and new to Georgia Medicaid as of January 1, 2015.

Effective July 1, 2022, the Department is eliminating the attestation requirements and is increasing the reimbursement rates of all currently enrolled eligible providers, that failed to attest, and that fall within the eligible specialty and subspecialty designations. This applies to physicians and physician extenders. Newly enrolled providers that fall within the specialty and subspecialty designations will also receive the enhanced rates.

Program	State Funds	Federal Funds	Total Funds
Aged, Blind, and Disabled (ABD)	\$18,894,899	\$39,743,937	\$58,638,836
Low Income Medicaid (LIM)	\$61,911,571	\$120,288,460	\$182,200,031
Peachcare for Kids (PCK)	\$2,864,224	\$9,175,390	\$12,039,614
Total	\$83,670,694	\$169,207,787	\$252,878,481

An opportunity for public comment was on May 17, 2022 at 11:30 a.m. via Zoom. Written comments were due on or before May 24, 2022. No oral comments were received. Written comments were received from the following:

- Hugo Scoraik, M.D., President, American Academy of Pediatrics Georgia Chapter
- Susana Ajoy Alfonso, M.D., President, Georgia Academy of Family Physicians
- G. Waldon Garriss, III, M.D., Georgia Chapter of the American College of Physicians
- Bryce Gartland, M.D., Group President and Co-Chief of Clinical Operations, Emory Healthcare

All commenters were in full support of the proposed change.

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

Nelva Lee MADE a MOTION to approve for final adoption the Medical Assistance Plans, State Plan Amendment: Eliminate attestation and reimburse all eligible providers at enhanced rates Public Notice. Cynthia Rucker SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0 and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Medical Assistance Plans, State Plan Amendment: Eliminate attestation and reimburse all eligible providers at enhanced rates Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Kim Morris, Director of Reimbursement, Financial Management Division presented to the Board for final adoption the Medical Assistance Plans, Increase Rate for Select Obstetrics and Gynecology (OBGYN) Codes Public Notice.

Pending enactment of HB 911 and Centers for Medicare and Medicaid Services approval, a rate increase for select Obstetrics and Gynecology (OBGYN) codes to 2020 Medicare reimbursement rates effective July 1, 2022.

An opportunity for public comment was held on May 16, 2022 at 1:00 p.m. via Zoom. Written comments were due on or before May 23, 2022. No oral comments were received. Written comments were received from the following:

- Fred Flandry, M.D., F.A.C.S., President - Medical Association of Georgia
- Susana Ajoy Alfonso, MD, MHCM, FAAFP, President - Georgia Academy of Family Physicians
- G. Waldon Garris III, MD, MS, MBA, MHS, FAAP, MACP, Governor – Georgia Chapter of the American College of Physicians

All commenters were in full support of the proposed change.

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

Roger Folsom MADE a MOTION to approve for final adoption the Medical Assistance Plans, Increase Rate for Select Obstetrics and Gynecology (OBGYN) Codes Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Increase Rate for Select Obstetrics and Gynecology (OBGYN) Codes Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Kim Morris, Director of Reimbursement, Financial Management Division presented to the Board for final adoption the Medical Assistance Plans, State Plan Amendment: Nursing Home Mechanical Ventilator Care Program Public Notice.

Pending enactment of HB 911 and Centers for Medicare and Medicaid Services approval, an increase in the mechanical ventilator per diem from \$589.62 per day to \$707.54 per day effective July 1, 2022.

	State Funds	Federal Funds	Total Funds
SFY 2023	\$1,696,660	\$3,327,503	\$5,024,163

An opportunity for public comment was held on May 18, 2022 at 11:00 a.m. via Zoom. Written comments were due on or before May 25, 2022. No oral comments were received. Written comments were received from the following:

- Donna Nackers, Vice President of Reimbursement, Georgia Health Care Association

Ms. Nackers expressed support of the increase.

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

David Crews MADE a MOTION to approve for final adoption the Medical Assistance Plans, State Plan Amendment: Nursing Home Mechanical Ventilator Care Program Public Notice. Nelva Lee SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Nursing Home Mechanical Ventilator Care Program Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Kim Morris, Director of Reimbursement, Financial Management Division presented to the Board for final adoption the Medical Assistance Plans, Increase Rate for Long-Term Acute Care (LTAC) Hospitals and Inpatient Rehabilitation Facilities Public Notice.

Pending enactment of HB 911 and Centers for Medicare and Medicaid Services approval, a ten percent (10%) increase to Long-Term Acute Care Hospitals (LTAC) and Inpatient Rehabilitation Facilities (IFR) reimbursement rates effective July 1, 2022.

	State Funds	Federal Funds	Total Funds
SFY 2023	\$1,438,651	\$3,026,436	\$4,465,087

An opportunity for public comment was held on May 18, 2022 at 1:00 p.m. via Zoom. Written comments were due on or before May 25, 2022. No oral comments were received. Written comments were received from the following:

- Carie Summers, Chief Financial Officer and Executive Vice President, Georgia Hospital Association

Ms. Summers supported the rate increase.

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

Nelva Lee MADE a MOTION to approve for final adoption the Medical Assistance Plans, Increase Rate for Long-Term Acute Care (LTAC) Hospitals and Inpatient

Rehabilitation Facilities 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 Medical Assistance Plans, Increase Rate for Long-Term Acute Care (LTAC) Hospitals and Inpatient Rehabilitation Facilities Public Notice is attached hereto and made an official part of these minutes as Attachment #6).

Kim Morris, Director of Reimbursement, Financial Management Division presented to the Board for final adoption the Medical Assistance Plans, Increase Rate for Dental Extraction Codes and Specific Restorative Codes Public Notice.

Pending enactment of HB 911 and Medicare and Medicaid Services approval, a ten (10%) rate increase for two dental extraction codes and a seven (7%) rate increase for seventeen specific dental restorative codes effective July 1, 2022.

SFY 2023	State Funds	Federal Funds	Total Funds
Aged, Blind and Disabled (ABD)	\$208,186	\$437,953	\$646,139
Low Income Medicaid (LIM)	\$921,790	\$1,939,135	\$2,860,925
PeachCare (PCK)	\$108,417	\$228,073	\$336,490

An opportunity for public comment was held on May 19, 2022 at 1:00 p.m. via Zoom. Written comments were due on or before May 26, 2022. No oral or written comments were received.

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

Cynthia Rucker MADE a MOTION to approve for final adoption the Medical Assistance Plans, Increase Rate for Dental Extraction Codes and Specific Restorative Codes Public Notice. David Crews SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Increase Rate for Dental Extraction Codes and Specific Restorative Codes Public Notice is attached hereto and made an official part of these minutes as Attachment #7).

Brian Dowd, Deputy Executive Director, Medical Assistance Plans Division presented to the Board for final adoption the Medical Assistance Plans, Behavioral Support Services-Service Establishment Public Notice.

Pending enactment of HB 911, and approval by the Centers for Medicare and Medicaid Services (CMS), the Department of Community Health (DCH) is proposing effective

July 1, 2022 to establish a new service known as Behavioral Support Services for children and youth under age 21.

Behavioral Support Services will be a stand-alone service within GAPP as well as a key service included in a larger package of services under development by DCH that will encompass Therapeutic Services for children and youth.

Behavioral Support Services are one-to-one, face-to-face, behavior management intervention and stabilization services in home or community settings designed to teach and reinforce behavioral goals through training and direct support.

Behavioral Support Services are designed for children and youth who meet serious emotional disturbance, autism spectrum disorder, traumatic brain injury and/or other developmental criteria with behavioral symptoms. Services will be authorized according to medical necessity criteria via prior authorization.

Behavioral Support Services are provided by a trained and supervised behavioral aide. The aides work with the member, family members, caregivers, teachers and other key individuals that are part of a member's life in order to meet plan of care treatment goals.

The rate of reimbursement is funded in accordance with the DCH American Rescue Plan of 2021 (ARP) and supported ongoing by State appropriations with enactment of HB 911.

Proposed July 1, 2022 rates are \$6.63 per 15 minute unit provided under billing code S9122 U1.

SFY 2023			
Program	State Funds (ARP)	Federal Funds	Total Funds
Aged, Blind and Disabled (ABD) Medicaid	\$17,079,021	\$35,924,381	\$53,003,402

An opportunity for public comment was held on May 19, 2022 at 11:00 a.m. via Zoom. Written comments were due on or before May 26, 2022. No oral or written comments were received.

Mr. Dowd respectfully asked for the Board's favorable consideration of final adoption.

Russell Crutchfield MADE a MOTION to approve for final adoption the Medical Assistance Plans, Behavioral Support Services-Service Establishment Public Notice. Cynthia Lee SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Behavioral Support Services-Service Establishment Public Notice is attached hereto and made an official part of these minutes as Attachment #8).

Brian Dowd, Deputy Executive Director, Medical Assistance Plans Division presented to the Board for final adoption the Medical Assistance Plans, Georgia Pediatric Program (GAPP) Rate Increase Public Notice.

Pending DCH Board approval, the Department of Community Health (DCH) is proposing an increase in rates of reimbursement for pediatric in-home skilled nursing covered by GAPP. The increase in rates of reimbursement is funded in accordance with the DCH American Rescue Plan of 2021 (ARP) and supported ongoing by State appropriations.

DCH proposed to increase the rate of reimbursement for registered nurses and Licensed Practical Nurses within GAPP by 10%. Code S9123 for RNs would increase from \$10.63 per 15-minute unit to \$11.69 per 15-minute unit. Code S9124 for LPNs would increase from \$9.31 per 15-minute unit to \$10.24 per 15-minute unit.

SFY 2023			
Program	State Funds (ARP)	Federal Funds	Total Funds
Aged, Blind and Disabled (ABD) Medicaid	\$2,841,144	\$5,732,011	\$8,573,155

An opportunity for public comment was held on May 20, 2022 at 10:30 a.m. via Zoom. Written comments were due on or before May 27, 2022. No oral comments were received. Written comments were received from the following:

- James P. Melancon, Vice President & National Director, Aveanna Healthcare
- Tim Bohmañ, Chief Executive Officer, Advanced Care Partners
- Lee Dobson, Area Director, Government Affairs & Cai Yoke Manager, Government Affairs, Bayada

Oral comments were received from the following:

1. All commenters thanked the department and Board for the proposed rate increase.

DCH Response: The Department thanks the commenters for their written comments and their support.

2. All commenters expressed concern for the ongoing workforce shortage of nurses in the state of Georgia. Commenters expressed the need for Georgia to address the workforce shortage of nurses.

DCH Response: The Department thanks the commenters for their written comments. The Department is continually looking for ways to strengthen the healthcare workforce including rate increases as proposed in this public notice.

3. All commenters expressed a desire for consideration of additional rate increase or a rate increase in excess of the current proposed 10%.

DCH Response: The Department has proposed a 10% rate increase in accordance with its CMS approved plan and ongoing legislative support.

4. Two commenters expressed a desire for the rate increase to be retroactive.

DCH Response: The Department has proposed an effective date of 7/1/22 in accordance with its CMS approved plan and ongoing legislative support.

Mr. Dowd respectfully asked for the Board's favorable consideration of final adoption.

Cynthia Rucker MADE a MOTION to approve for final adoption the Medical Assistance Plans, Georgia Pediatric Program (GAPP) Rate Increase Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Georgia Pediatric Program (GAPP) Rate Increase Public Notice is attached hereto and made an official part of these minutes as Attachment #9).

Brian Lipton, Senior Policy Advisor will present three items today, all of which are components of DCH's new Medicaid Innovation Advancement Project to increase available Medicaid revenue dollars through CMS approval of a series of State Directed Payment Programs (DPPs), State Plan Amendments (SPAs), and department rule changes.

The overall project goals include:

- Leveraging additional federal Medicaid funding
- Supporting rural hospitals and bolstering rural access to care
- Reducing costs through appropriate level of care utilization
- Improving health outcomes and equity
- Expanding healthcare training and workforce investments

If all project components are approved by CMS, Georgia and the Department of Community Health will:

- Eliminate 100% of Uncompensated Care Costs (UCC – for Medicaid/uninsured) at all Small Rural Hospitals
- Cut the overall level of UCC in Georgia by 50%
- Reinvest \$50-\$100M in its Healthcare Workforce

Brian Lipton, Senior Policy Advisor presented to the Board for final adoption the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice.

Pending CMS approval, DCH proposes implementing a hospital state directed payment program on July 1, 2022 for eligible private hospitals. Eligible private hospitals are defined as all private, acute hospitals excluding general cancer hospitals, free-standing children's hospitals, and rehabilitative/psychiatric/long term acute hospitals. All critical access hospitals are excluded.

The total estimated funding increase:

	State Funds	Federal Funds	Total Funds
SFY 2023	\$51,748,450	\$101,478,140	\$153,226,590

An opportunity for public comment was held on June 7, 2022 at 11:30 a.m. via Zoom. Written comments were due on or before June 14, 2022. No oral comments were received. Written comments were received from the following:

- Carie Summers, Chief Financial Officer and Executive Vice President, Georgia Hospital Association
- Bryce Gartland, Co-Chief of Clinical Operations, Emory Healthcare
- Brian Church, Chief Financial and Administrative Office. Phoebe Putney Health System
- Julie Bhavnani, Chief Financial Officer, Colquitt Regional Medical Center

Commenters were in full support of the proposed change as it will provide a substantial federal funding stream to support critical hospital services and strengthen Georgia's health care workforce.

Mr. Lipton respectfully asked for the Board's favorable consideration of final adoption.

Roger Folsom MADE a MOTION to approve for final adoption the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice. Nelva Lee SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice is attached hereto and made an official part of these minutes as Attachment #10).

Brian Lipton, Senior Policy Advisor presented to the Board for final adoption the Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Public Notice.

Pending CMS approval, DCH proposes implementing a new hospital state directed payment program – *Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG)* – to focus on stabilization, development, and diversification of the healthcare workforce, leading to improved health outcomes for Medicaid members. Eligible hospitals are defined as teaching hospitals with at least five resident full-time equivalents (FTEs) based on schedule E part A, lines 10,11, and 16 in 2019 Medicare cost reports, excluding teaching hospitals participating in Georgia Advancing Innovation to Deliver Equity (GA AIDE).

	State Funds	Federal Funds	Total Funds
SFY 2023	\$252,075,070	\$494,316,432	\$746,391,501

An opportunity for public comment was held on June 8, 2022 at 11:00 a.m. via Zoom. Written comments were due on or before June 15, 2022. No oral comments were received. Written comments were received from the following:

- Carie Summers, Chief Financial Officer and Executive Vice President, Georgia Hospital Association
- Bryce Gartland, Co-Chief of Clinical Operations, Emory Healthcare
- Brian Church, Chief Financial and Administrative Office, Phoebe Putney Health System
- Julie Bhavnani, Chief Financial Officer, Colquitt Regional Medical Center

Commenters were in full support of the proposed change as it will provide a substantial federal funding stream to support critical hospital services and strengthen Georgia’s health care workforce. Additionally, the commenters noted that this initiative.

Mr. Lipton respectfully asked for the Board’s favorable consideration of final adoption.

Russell Critchfield MADE a MOTION to approve for final adoption the Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) 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 Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Public Notice is attached hereto and made an official part of these minutes as Attachment #11).

Brian Lipton, Senior Policy Advisor presented to the Board for initial adoption the Medical Assistance Plans, State Plan Amendment: Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice.

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health (DCH) proposes to update the definition of rural hospital and revise the allocation methodology used to calculate hospital specific DSH payments made on or after July 1, 2022.

	State Funds	Federal Funds	Total Funds
SFY 2023	\$0	\$0	\$0
SFY 2024	\$0	\$0	\$0

A hospital will be considered a rural hospital if a hospital's county is not in a Metropolitan Statistical Area, as defined by the United States Office of Management and Budget, or is a county having a population of less than 50,000 according to the United States decennial census; provided, however, that for counties which contain a military base or installation, the military personnel and their dependents living in such county shall be excluded from the total population of that county.

The updated definition of rural counties as those having a population of 50,000 or less aligns with the definitions in both O.C.G.A. §31-7-94.1, which provides for certification of rural hospitals for grant eligibility, and O.C.G.A. §31-8-9.1, which defines eligibility of rural hospitals to receive tax credits.

The allocation methodology will be determined based on the level of directed payments to hospitals. If directed payments to hospitals exceed 10 percent of total payments made to Care Management Organizations (CMOs), available DSH Payments will be allocated such that eligible critical access hospitals, rural hospitals with less than 100 beds, and state-owned and operated acute care hospitals will receive up to 100 percent of uncompensated care provided to uninsured and Medicaid patients. There is no change to the existing allocation methodology if directed payments to hospitals are less than or equal to 10 percent of total payments made to CMOs.

There is no change to the amount of funds available for DSH Payments under either methodology; this proposal only changes the distribution of DSH funds. The amount of funds available for DSH Payments will be determined based on the state's federal Medicaid DSH allotment and required state matching contribution. The state share of

DSH Payment amounts for state governmental and non-state governmental hospitals will come from intergovernmental transfers made on behalf of or by the hospital.

The DSH allocation methodology will be evaluated annually subject to the level of directed payments to hospitals.

An opportunity for public comment will be held on June 8, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before June 15, 2022.

Mr. Lipton respectfully asked for the Board's favorable consideration of initial adoption.

Davis Crews MADE a MOTION to approve for initial adoption the Medical Assistance Plans, State Plan Amendment: Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice. Cynthia Rucker SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice is attached hereto and made an official part of these minutes as Attachment #12).

Kim Morris, Director of Reimbursement, Financial Management Division presented to the Board for initial adoption the Medical Assistance Plans, State Plan Amendment: Update Nursing Home Rates to 2020 Medicaid Cost Rate Report Public Notice.

	State Funds	Federal Funds	Total Funds
SFY 2023	(\$9,792,441)	(\$20,597,631)	(\$30,390,072)
SFY 2024	(\$10,056,837)	(\$21,153,768)	(\$31,210,605)

Ms. Morris stated the Department will update the following rate components to the audited 2020 Medicaid Cost Report.

- Routine and Special Services
- Dietary
- Laundry & Housekeeping
- Plant Operations & Maintenance
- Administration and General
- Administration & General- General Liability/Professional Liability Insurance, and
- Property and Related Taxes and Insurance.

The Department will update rates annually using audited Medicaid cost reports and remove the hold harmless provision from rate setting.

An opportunity for public comment will be held on July 6, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before July 13, 2022.

Ms. Morris respectfully asked for the Board's favorable consideration of initial adoption.

Roger Folsom MADE a MOTION to approve for initial adoption the Medical Assistance Plans, State Plan Amendment: Update Nursing Home Rates to 2020 Medicaid Cost Rate Report Public Notice. Cynthia Rucker SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Update Nursing Home Rates to 2020 Medicaid Cost Rate Report Public Notice is attached hereto and made an official part of these minutes as Attachment #13).

Kim Morris, Director of Reimbursement, Financial Management Division presented to the Board for initial adoption the Proposed Amendment for Rules and Regulations for Medical Assistance, Ga. Comp. Rules & Regs, r. 111-3-14, Ambulance Provider Fee.

Ms. Morris stated, the rule change establishes a new ambulance provider fee program pursuant to the authority granted to the Department in O.C.G.A. section 31-8-179.2 and O.C.G.A. section 31-11-31.2, as created by HB271 (2021-2022 Regular Session). Provider payments will provide the necessary funding to obtain federal financial participation for private ambulance providers pending Centers for Medicare and Medicaid Services approval.

Provider payments under this proposed rule shall only be used for the specific purpose of an Ambulance Provider Fee, and the provider fee amount shall not exceed the amount necessary to obtain federal financial participation.

Total cost for the rule is \$18,180,482.

An opportunity for public comment will be held on July 6, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before July 11, 2022.

Ms. Morris respectfully asked for the Board's favorable consideration of initial adoption.

David Crews MADE a MOTION to approve for initial adoption the Proposed Amendment for Rules and Regulations for Medical Assistance, Ga. Comp. Rules & Regs, R. 111-3-14, Ambulance Provider Fee. 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 Proposed Amendment for Rules and Regulations for Medical Assistance, Ga. Comp. Rules & Regs, r. 111-3-14, Ambulance Provider Fee is attached hereto and made an official part of these minutes as Attachment #14).

Kim Morris, Director of Reimbursement, Financial Management Division presented to the Board for initial adoption the Private 911 Ground Ambulance Upper Payment Limit (UPL) Program Public Notice.

Effective July 1, 2022, pending Centers for Medicare and Medicaid Services (CMS) acceptance, the Department of Community Health (DCH) proposes to establish a new upper payment limit (UPL) program for private ground ambulance providers that provide 911 emergency transport services to Medicaid fee-for-service beneficiaries.

	State Funding (Provider Fee)	Federal Funds	Total Funds
SFY 23	\$8,769,315	\$19,821,305	\$28,590,620

The private 911 ground ambulance UPL will be funded by a mandatory ambulance provider fee assessed on private 911 ground ambulance providers. The ambulance provider fee will only be used for the specific purpose of private 911 ground ambulance UPL, and the amount of the assessed fee shall not exceed the amount necessary to obtain federal financial participation.

Ambulance provider fee will be assessed on total 911 emergency transports for the following procedure codes: A0425, A0427, A0429, A0433, A0434.

The private ambulance UPL will be paid annually to eligible private 911 ground ambulance providers.

Ms. Morris referred the board members to the attached documents for a list of the eligible private 911 ground ambulance providers. Ms. Morris stated that the list of eligible providers is subject to change during the course of this program.

An opportunity for public comment will be held on July 7, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before July 14, 2022.

Ms. Morris respectfully asked for the Board's favorable consideration of initial adoption.

Russell Crutchfield MADE a MOTION to approve for initial adoption the Private 911 Ground Ambulance Upper Payment Limit (UPL) Program Public Notice. David Crews SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Private 911 Ground Ambulance Upper Payment Limit (UPL) Program Public Notice is attached hereto and made an official part of these minutes as Attachment #15).


New Business/Closing Comments

Chairman Norman Boyd publicly recognized former Board member Russ Childers' years of service on the Board of Community Health and shared a recognition from Governor Brian P. Kemp's office.

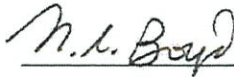
Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:13 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 27th DAY OF June, 2022.



Roger Folsom
Vice Chairman



Norman Boyd
Chairman

Official Attachments:

- #1 Agenda
- #2 List of Attendees
- #3 Medical Assistance Plans, State Plan Amendment: Eliminate attestation and reimburse all eligible providers at enhanced rates Public Notice
- #4 Medical Assistance Plans, Increase Rate for Select Obstetrics and Gynecology (OBGYN) Codes Public Notice
- #5 Medical Assistance Plans, State Plan Amendment: Nursing Home Mechanical Ventilator Care Program Public Notice
- #6 Medical Assistance Plans, Increase Rate for Long-Term Acute Care (LTAC) Hospitals and Inpatient Rehabilitation Facilities Public Notice
- #7 Medical Assistance Plans, Increase Rate for Dental Extraction Codes and Specific Restorative Codes Public Notice

- #8 Medical Assistance Plans, Behavioral Support Services-Service Establishment Public Notice
- #9 Medical Assistance Plans, Georgia Pediatric Program (GAPP) Rate Increase Public Notice
- #10 Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice
- #11 Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Public Notice
- #12 Medical Assistance Plans, State Plan Amendment: Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice
- #13 Medical Assistance Plans, State Plan Amendment: Update Nursing Home Rates to 2020 Medicaid Cost Rate Report Public Notice
- #14 Rules and Regulations for Medical Assistance, Ga. Comp. Rules & Regs, r. 111-3-14, Ambulance Provider Fee
- #15 Private 911 Ground Ambulance Upper Payment Limit (UPL) Program Public Notice