

Board of Community Health
Meeting
August 11, 2022

Members Present

Norman Boyd
Roger Folsom
David Crews
Anthony Williamson
Nelva Lee
Cynthia Rucker
Shane Mobley

Members Absent

Russell Crutchfield
Robert Cowles

The Board of Community Health held its 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

The June 27, 2022 and July 18, 2022 meeting's minutes were unanimously approved.

Opening Comments

None to report.

Committee Report

Anthony Williamson, Care Management Committee Chairman provided the following update to the Board.

- The Public Health Emergency (PHE) from the Centers for Medicare and Medicaid Services (CMS) has been extended to mid-October.
- New coverage related to obstetrics and infant services, specifically donor breast milk will be covered in the inpatient setting.
- Extending Postpartum coverage to 12 months is expected to be approved.
- A comprehensive presentation on dental services was provided as a follow up to an internal audit related to access to Fee-for-Service (FFS).

Highlights:

- Looking at access for members, how many providers are in their county and distance. It was determined that all members in the State have access, based on our definition related to distance.

- Value-based purchasing was not funded in the appropriations act and will not move forward.

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:

- Recent approvals from CMS:
 - Advancing Innovation to Deliver Equity (AIDE) program. We will continue to implement, operationalize the program and work with CMS on the other components of the directed payment programs.
 - Independent Care Waiver Program (ICWP) waiver was renewed for an additional five years.
 - New Option Waiver Program (NOW) and Comprehensive Support Waiver Program (COMP) rate increases.
 - New provider type for lactation consultants.

Commissioner Noggle extended thanks to the Department of Behavioral Health and Developmental Disabilities (DBHDD), Georgia Hospital Association (GHA) and other partners for their work on these initiatives.

- The Department continues to plan for the eventual end of the PHE and Medicaid eligibility redeterminations that will be required.

Lynnette Rhodes and her team are working with our sister agency, the Department of Human Services (DHS) on those details, including a full communications plan, system programs and process changes to accommodate mass renewals.

- Working with the Georgia Building Authority (GBA) to plan our eventual physical location move sometime this winter from the Two Peachtree building to the Sloppy Floyd building.
- Personnel announcements:
 - Richard Greene, Medicaid Appeals Senior Attorney in the Commissioner's office with significant state service history has retired as of August 1. The Department wishes him well and thanks him for his years of service.
 - Brian Annino will join our team on August 16 as the Commissioner's designee for Medicaid appeals and final agency actions.
- Recognition for employees' years of service milestones.

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

As Commissioner Noggle mentioned, CMS has approved the GA-AIDE program and is currently reviewing our other submissions. If all project components are approved by CMS as submitted, Georgia and the Department of Community Health aim to:

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

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.

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 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.

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

An opportunity for public comment was held on June 29, 2022 at 11:00 a.m. and July 6, 2022 at 12:00 p.m. via Zoom. Written comments are due on or before July 27, 2022. No oral comments were received. One written comment was received from the following:

- Carie Summers, Chief Financial Officer and Executive Vice President, Georgia Hospital Association (GHA).

The comment was in full support of the proposed state plan amendment. The comment noted that this proposal is just one component of a larger directed payment initiative, which will infuse a significant amount of new federal funding into Georgia's short term acute care hospitals. These additional funds will help efforts to stabilize and promote the healthcare workforce as well as cover a greater percentage of the cost hospitals incur to serve Medicaid and uninsured patients.

DCH Response: The Department thanks Ms. Summers for her written comment and support.

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, State Plan Amendment: Changes to Disproportionate Share Hospital (DSH) Allocation Methodology 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, 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 #3).

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

All components of the rate file calculation will be updated to the 2020 audited cost report, the rates will be updated annually subject to approved budget appropriations and the hold harmless provision will be removed.

	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)

An opportunity for public comment was held on July 6, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before July 13, 2022. No oral comments were received. One written comment was received from the following:

- Donna Nackers, Vice President of Reimbursement, Georgia Health Care Association (GHCA).

Ms. Nackers expressed support of the proposal to update the nursing home rate to the audited 2020 Medicaid cost report and the amendment to the State Plan which requires that the rates to be updated to the most current audited cost report in each subsequent year.

DCH Response: The Department thanks Ms. Nackers for her written comment and support.

Ms. Nackers also provided comments requesting the department consider providing quarterly shadow rates/prospective rates using the 6/30/2020 cost reports to allow providers to adequately calculate and estimate the differences between interim payments and rates and final calculated rates.

DCH Response: The Department will use the 6/30/2020 audited cost report to set the 7/1/22 nursing home rates; therefore the Department will not need to provide quarterly shadow rates.

Ms. Nackers requested that DCH share the State Plan Amendment (SPA) verbiage prior to the documents being filed with CMS for final approval.

DCH Response: The Department will take this into consideration.

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, State Plan Amendment: Update Nursing Home Rates to 2020 Medicaid Cost Rate Report 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: 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 #4).

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

This 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). Such 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. The provider fee amount shall not exceed the amount necessary to obtain federal financial participation.

An opportunity for public comment was held on July 6, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before July 11, 2022. No oral or written comments were received.

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

Shane Mobley MADE a MOTION to approve for final adoption the Proposed Amendment for Rules and Regulations for Medical Assistance, Ga. Comp. Rules & Regs, R. 111-3-14, Ambulance Provider Fee. 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 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 #5).

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

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.

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

An opportunity for public comment was held on July 7, 2022 at 11:00 a.m. via Zoom. Written comments were due on or before July 14, 2022. No oral comments were received. Written comments were received from the following:

- Conrad T. Kearns, Chief Executive Officer (CEO), Chatham Emergency Services, Secretary Georgia Ambulance Providers Association, Board Member American Ambulance Association
- Steven Vincent, Vice President Gold Cross EMS
- Peter E. Quinones, Owner & Chief Executive Officer (CEO), President Metro Ambulance Service, Chair of Georgia Ambulance Providers Association (G.A.P.A.)
- Terence Ramotar, Regional Director, American Medical Response (AMR)
- Joe Robinson, Vice President Emergency Medical Services, Community Ambulance, At-Large-Member, Georgia Ambulance Providers Association
- John Haliburton, Thrash-Haliburton
- Reg P James III, President Amerimed Ambulance
- Amanda Jennings, Director of Marketing and Communications, Priority Ambulance
- Robert Atkins, Southeast Regional President, Priority Ambulance, LLC
- Huey Atkins, Vice President of Operations, National EMS
- Gary Coker, President and Founder, Center EMS
- Susan Hightower, Administrator, Ambucare
- Steve Puckett, Founder, Puckett EMS

Several commentors expressed full support for the proposal to implement Private 911 Ground Ambulance UPL program.

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

John Haliburton and Reg James expressed concerns that the Department limited the program to private 911 providers and wanted to know if the word “emergency” got interposed with 911 during the process?

DCH Response: The Department made the decision to limit the program to private 911 ambulance providers to limit the number of providers who would be negatively impacted by the program.

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

David Crews MADE a MOTION to approve for final adoption the Private 911 Ground Ambulance Upper Payment Limit (UPL) Program Public Notice. Shane Mobley 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 #6).

Karesha B. Laing, Interim Executive Director, Office of Health Planning presented to the Board for initial adoption the Rules and Regulations for Health Planning, Certificate of Need, Ga. Comp. Rules & Regs., r. 111-2-2.

The proposed rule changes reflect amendments to Rule 111-2-2-.07(1)(g)1 and 2, Review Procedures for the Certificate of Need Program. The proposed changes make updates to the criteria that must be met for a party to oppose an application for a Certificate of Need for a proposed project.

Specifically, the proposed changes require either that, in order to oppose an application for a Certificate of Need, an opposing party must offer substantially similar services as proposed in Georgia and within a 35 mile radius of the proposed project, or have a service area in Georgia that overlaps the applicant's proposed service area; or that an opposing party must have submitted a competing application in the same batching cycle and propose to establish in Georgia the same type of facility proposed, or offer, in Georgia, substantially similar services as proposed and have a service area located in Georgia that overlaps the applicant's proposed service area. Additional revisions are proposed to correct grammar, provide clarity, and modernize the rules.

An opportunity for public comment will be held on September 7, 2022 at 10:00 a.m. via Zoom. Written comments are due on or before October 13, 2022.

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

Roger Folsom MADE a MOTION to approve for initial adoption the Rules and Regulations for Health Planning, Certificate of Need, Ga. Comp. Rules & Regs., r. 111-2-2. 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 Rules and Regulations for Health Planning, Certificate of Need, Ga. Comp. Rules & Regs., r. 111-2-2 is attached hereto and made an official part of these minutes as Attachment #7).

Joseph Hood, Chief Operating Officer presented to the Board for initial adoption the Rules of Department of Human Services, Chapter 290-5 Public Health, Ga. Comp. Rules & Regs. r. 290-5-32-.01, 290-5-32-.02, 290-5-32-.04, and 290-5- 32-.05.

The proposed rule changes reflect amendments to rules cited in Ga. Comp. R. & Regs. r. 290-5-32-.01, 290-5-32-.02, 290-5-32-.04, and 290-5-32-.05 by repealing said rules made obsolete by the passage of House Bill 481 during the 2019 legislative session.

An opportunity for public comment will be held on September 7, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before September 9, 2022.

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

Cynthia Rucker MADE a MOTION to approve for initial adoption the Rules of Department of Human Services, Chapter 290-5 Public Health, Ga. Comp. Rules & Regs. r. 290-5-32-.01, 290-5-32-.02, 290-5-32-.04, and 290-5-32-.05. 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 Rules of Department of Human Services, Chapter 290-5 Public Health, Ga. Comp. Rules & Regs. r. 290-5-32-.01, 290-5-32-.02, 290-5-32-.04, and 290-5-32-.05 is attached hereto and made an official part of these minutes as Attachment #8).

Joseph Hood, Chief Operating Officer presented to the Board for initial adoption the Rules and Regulations for Healthcare Facility Regulation, Ambulatory Surgical Treatment Centers, Ga. Comp. Rules & Regs. r. 111-8-4.

The proposed rule change reflects an amendment to a rule cited in Ga. Comp. R. & Regs. r. 111-8-4-.24 by deleting a reference to Chapter 290-5-32, Rules of Department of Human Services that is obsolete because of the passage of House Bill 481 during the 2019 legislative session.

An opportunity for public comment will be held on September 6, 2022 at 2:00 p.m. via Zoom. Written comments are due on or before September 9, 2022.

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

Roger Folsom MADE a MOTION to approve for initial adoption the Rules and Regulations for Healthcare Facility Regulation, Ambulatory Surgical Treatment Centers, Ga. Comp. Rules & Regs. r. 111-8-4. 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 Rules and Regulations for Healthcare Facility Regulation, Ambulatory Surgical Treatment Centers, Ga. Comp. Rules & Regs. r. 111-8-4 is attached hereto and made an official part of these minutes as Attachment #9).

Joseph Hood, Chief Operating Officer presented to the Board for initial adoption the Rules and Regulations for Healthcare Facility Regulation, Birth Centers, Ga. Comp. Rules & Regs. r. 111-8-7.

The proposed rule change reflects an amendment to a rule cited in Ga. Comp. R. & Regs. r. 111-8-7-.22 by deleting a reference to Chapter 111-8-3 which does not presently exist in the rules.

An opportunity for public comment will be held on September 6, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before September 9, 2022.

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

Nelva Lee MADE a MOTION to approve for initial adoption the Rules and Regulations for Healthcare Facility Regulation, Birth Centers, Ga. Comp. Rules & Regs. r. 111-8-7. Anthony Williamson SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Rules and Regulations for Healthcare Facility Regulation, Birth Centers, Ga. Comp. Rules & Regs. r. 111-8-7 is attached hereto and made an official part of these minutes as Attachment #10).

Cathy Craven, Deputy Executive Director, State Health Benefit Plan provided a summary of the 2022 SHBP Advisory Council meeting held on August 10, 2022.

The SHBP Advisory Council was established in 2016 following the adoption of House Resolution 1382. The council is composed of both active and retired SHBP members from both the Teachers Retirement System and the State Employees Retirement System and was created to allow members an opportunity to share member feedback with plan administrators.

Executive Director Louis Amis shared a presentation with the council to review the 2023 SHBP plan recommendations that will be presented to the Board today. He shared an overview of the current member makeup, as well as the recommended plan options for 2023. He also shared with the Council some additional wellness programs that will be available to members in the new plan year. There were a few questions from council members. Two related to plan rates, one related to the employer/employee cost share, and the last about performance rates of 3rd party vendors for MA plans.

The Department appreciates the opportunity to interact with council members and have a platform to receive feedback from a variety of SHBP members.

Louis A. Amis, SHBP Executive Director presented the Board the 2023 Benefit Plan Year recommendations. The presentation provided information on SHBP goals for 2023 along with information on Healthcare Market Trends. SHBP has recommended that the Plan Designs and Plan Options remain the same for 2023.

SHBP also recommended that Member Rates for the participants in the Commercial and Medicare Advantage plan options remain flat for the 2023 Benefit Plan Year. It

should be noted that Plan participants under The Consolidated Omnibus Budget Reconciliation Act (COBRA), Direct Pay and Annuitant Years of Service (YOS) options will have rate increases as outlined in the SHBP Policy Provisions.

Shane Mobley MADE a MOTION to approve the State Health Benefit Plan (SHBP)-2023 Plan Design and Rates. 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 State Health Benefit Plan (SHBP)-2023 Plan Design and Rates is attached hereto and made an official part of these minutes as Attachment #11).

New Business/Closing Comments

- Chairman Norman Boyd elected a nominating Committee to provide recommendations for Officer Board positions.

Committee:

1. David Crews, Chairman
2. Anthony Williamson, Member
3. Nelva Lee, Member

The Committee will report recommendations at the September Board meeting for the following Board positions:

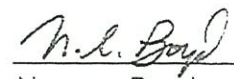
- Chairman
 - Vice-Chairman
 - Secretary
- Request to provide the Board Committee meetings' yearly schedule.

Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:26 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 11th DAY OF August, 2022.


Roger Folsom
Vice-Chairman


Norman Boyd
Chairman

Official Attachments:

#1 Agenda