

Board of Community Health
Meeting
September 9, 2021

Members Present

Norman Boyd
Roger Folsom
Mark Trail
David Crews
Russell Crutchfield
Anthony Williamson
Russ Childers
Kenneth Davis

Members Absent

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 Minutes of the August 12, 2021 meeting was unanimously approved.

Opening Comments

None.

Committee Update:

Russ Childers, Chairman of the Audit Committee provided the following updates:

- Meeting attendees: Russ Childers, Mark Trail, Russell Crutchfield and David Crews
- The Georgia Department of Audits and Accounts (DOAA) presented an overview of FY2020 audit results.

Commissioner's Report

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

Commissioner Noggle provided the following updates to the Board:

- COVID-19
 - The Department is serving as ground zero in incident command for a coordinated state operational response under the direction of Deputy Commissioner Ryan Loke.
 - Chief Compliance and Technology Officer Joe Hood leads efforts for staff augmentation recruitment.
 - Working to fill 2,800 approved. 1,400 currently filled are working at approximately 71 hospitals and facilities state-wide.
 - Governor Brian P. Kemp authorized up to 2k nation guardsman on active duty for assistance (180 deployed of which 105 are medical professionals).
 - Hospitalizations are down.
 - Upcoming changes to the State Health Benefit Plan (SHBP) wellness incentives to encourage vaccines.
- Kicked-off Request for Proposal (RFP) design work in advance of the Care Management Organization (CMO) reprocurement
 - Focus: Innovation, quality, partnership, care coordination and healthy outcomes.
- Revised CMO mid-year 2021 rates
 - The Department collaborates with Guidehouse to set base and mid-year capitation rates.
 - Centers for Medicare & Medicaid Services (CMS) encouraged risk corridors and other mid-years adjustments.
- Requested expedited Upper Payment Limits (UPLs) from CMS; approval received September 8.
- Recognition for employee 5, 10 and 15 years of service milestones.

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for Final adoption the Medical Assistance Plans, State Plan Amendment: Increase Supplemental Quality Incentive Payments to Eligible Nursing Facilities Public Notice.

Effective date of August 13, 2021; pending Centers for Medicare and Medicaid Services (CMS) approval, DCH proposes utilizing calendar year 2020 data as the baseline. Nursing facilities that demonstrate improvement in at least one of four categories identified below will be eligible for a supplemental payment.

- (1) High-Risk Long Stay Residents with pressure ulcers
- (2) Long-stay residents who received an antianxiety or hypnotic medication
- (3) Long-stay residents who received an antipsychotic medication
- (4) Long-stay residents with a urinary tract infection

This change is estimated to increase funding for eligible nursing facilities as follows:

	State Cost	Federal Cost	Total Cost
SFY 2022	\$12,000,000	\$24,253,776	\$36,253,776

The supplemental payment will be based on the percentage of improvement ranked by decile for each of the four categories. Supplemental payments will be distributed to eligible nursing facilities twice per year. However, in year one (SFY2022), eligible nursing facilities will only receive one payment.

An opportunity for public comment was held on August 19, 2021 at 10:30 a.m. via WebEx. Written comments were due on or before August 26, 2021. No oral comments were received. One written comment was received from Donna Nackers, Vice President of Reimbursement with the Georgia Health Care Association (GHCA).

The following summary of comments was received:

1. A recommendation was made that the proposed methodology be revised as it fails to reward providers who are already reaching and exceeding the quality measures and standards.

DCH Response: The existing Quality Incentive Program rewards providers who are already reaching and exceeding the quality measures and standards. Effective August 14, 2020, an additional 1% incentive can be earned by a facility that is an active American Health Care Association (AHCA) Silver Award Winning Center. An additional 2% incentive can be earned by a facility that is an active AHCA Gold Award Winning Center, and a Nursing Center which has earned and is currently accredited as a Joint Commission Accredited Nursing Care Center will earn an additional incentive equal to 2%. Further, AHCA Active Bronze Quality Award Winners will receive an additional point in the non-clinical measure category.

The new proposed incentives are intended to encourage improvement and award those that demonstrate improvement in the targeted areas.

2. A recommendation was made to allocate a portion of the available funding as an incentive for achievement of quality for each of the four identified categories. The commenter also recommended that DCH set a specific standard for each category, such as the National Average, and use that standard to measure the achievement incentive.

DCH Response: Once the proposed changes are implemented, the Department will monitor and review the data on an ongoing basis to determine if the proposed changes lead to improvement and a positive impact on member outcomes. The Department will reevaluate the program changes at a later date to determine if further modifications and interventions are needed.

3. A recommendation was made to maintain the initial base period to measure improvement. The commenter indicated that adjusting the base period annually is potentially problematic and will create inconsistent funding for providers earning incentives one year and not the following year even when they have demonstrated improvement and sustained improvement over the initial base

period. Further, adjusting the base period annually will result in a reduction in the pool of eligible facilities over time, thus creating a larger incentive payment to a smaller group of providers.

DCH Response: Once the proposed changes are implemented, the Department will monitor and review the data on an ongoing basis to determine if the changes lead to improvement and a positive impact on member outcomes. The Department will reevaluate the program changes at a later date to determine if further modifications and interventions are needed.

4. A recommendation was made to allocate a larger proportion of available funding annually as an incentive for achievement of quality for each of the four categories should DCH choose to update the base period for evaluation of improvement. Per the commenter, this avoids the issue of funding being provided then eliminated potentially year-after-year even when the facility has sustained the improvement over the base period. This also insures the proper balance in the distribution of quality incentive funding in subsequent annual periods.

DCH Response: Once the proposed changes are implemented, the Department will monitor and review the data on an ongoing basis to determine if the changes lead to improvement and a positive impact on member outcomes. The Department will reevaluate the program changes at a later date to determine if further modifications and interventions are needed.

Ms. Rhodes 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: Increase Supplemental Quality Incentive Payments to Eligible Nursing Facilities Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Increase Supplemental Quality Incentive Payments to Eligible Nursing Facilities Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Brian Dowd, Deputy Executive Director, Policy, Compliance and Operations Office presented to the Board for final adoption the Medical Assistance Plans, State Plan Amendment: Portable Radiography and Accredited Mobile Imaging Service Rate Methodology Change for Medicare Cross-Over Public Notice.

Effective date of August 13, 2021; pending Centers for Medicare and Medicaid Services (CMS) approval, the proposed change was in accordance with House Bill 81, the Fiscal Year 2022 Appropriations Act. Mr. Dowd presented the DCH plan to modify the rate methodology for portable radiography and accredited mobile imaging services for

Medicare cross-over payments from a flat max fee rate of \$109.77 per trip to one hundred percent (100%) of the Medicare reimbursement rate.

An opportunity for public comment was held on August 18, 2021 at 11:30 a.m. via WebEx. Written comments were due on or before August 25, 2021. No oral or written comments were received.

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

Mark Trail MADE a MOTION to approve for final adoption the Medical Assistance Plans, State Plan Amendment: Portable Radiography and Accredited Mobile Imaging Service Rate Methodology Change for Medicare Cross-Over Public Notice. Anthony Williamson SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Portable Radiography and Accredited Mobile Imaging Service Rate Methodology Change for Medicare Cross-Over Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Kim Morris, Director of Reimbursement, Financial Management presented to the Board for final adoption the Medical Assistance Plans, State Plan Amendment: Ground Ambulance Upper Payment Limit (UPL) Public Notice.

Effective date of August 13, 2021; pending Centers for Medicare and Medicaid Services (CMS) approval, DCH proposes to modify the average commercial rate calculation and frequency of data collection used in calculating the ambulance supplemental payment.

	State Cost (IGT)	Federal Cost	Total Cost
FY 2022	\$5,443	\$14,890	\$20,333

The State will modify the state plan amendment to apply a median state rate per Healthcare Common Procedure Coding System (HCPCS) code in lieu of commercial rates for providers who cannot provide at least three commercial payer rates and allow ambulance providers to submit commercial rates every two years instead of twice a year.

An opportunity for public comment was held on August 17, 2021 at 11:00 a.m. via WebEx. Written comments were due on or before August 24, 2021. No oral or written comments were received.

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

Russ Childers MADE a MOTION to approve for final adoption Medical Assistance Plans, State Plan Amendment: Ground Ambulance Upper Payment Limit (UPL) Public

Notice. David Crews SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Ground Ambulance Upper Payment Limit (UPL) Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Kim Morris, Director of Reimbursement, Financial Management presented to the Board for final adoption the Medical Assistance Plans, State Plan Amendment: Physician Upper Payment Limit (UPL) Public Notice.

	State Cost	Federal Cost	Total Cost
SFY2022	\$21,374,572	\$43,593,733	\$64,968,305

Removal of this provision will allow eligible physicians to participate in and receive both the Upper Payment Limit (UPL) supplemental payment and the enhanced primary care rate increase beginning October 1, 2021.

An opportunity for public comment was held on August 18, 2021 at 10:00 a.m. via WebEx. Written comments were due on or before August 25, 2021. No oral comments were received. Three written comments were received from:

- Lisa Perry-Gilkes, MD, F.A.C.S., President, Medical Association of Georgia (MAG)
- Julie Bhavnani, Chief Financial Officer, Colquitt Regional Medical Center
- Jonathan S. Lewin, MD, F.A.C.R., Executive Vice President for Health Affairs Executive Director, Woodruff Health Sciences Center, CEO and Chairman of the Board, Emory Healthcare

The following summarized comment was received:

1. Responders expressed support for the Medicaid state plan amendment for the Physician Upper Payment Limit program.

DCH Response: Thank you for your support.

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, State Plan Amendment: Physician Upper Payment Limit (UPL) Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, State Plan Amendment: Physician Upper Payment Limit (UPL) Public Notice is attached hereto and made an official part of these minutes as Attachment #6).

Kim Morris, Director of Reimbursement, Financial Management presented to the Board for initial adoption the Medical Assistance Plans, State Plan Amendment: Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice.

DCH proposes to revise the definition of individuals eligible for inclusion in the DSH and calculation for uncompensated care (UCC) as required by the Consolidated Appropriations Act of 2021.

The Act limits the individuals to (1) those where Medicaid is the primary payor for medical assistance and (2) the uninsured. This change eliminates individuals where Medicaid is the secondary payer.

Ms. Morris stated that the revised definition will not impact the State's total DSH funds.

An opportunity for public comment will be held on September 14, 2021 at 11:00 a.m. via WebEx. Written comments are due on or before September 21, 2021.

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

Russ Childers 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. David Crews SECONDED the MOTION. ON THE MOTION, the yeas were 8, 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 #7).

Nigel Lange, Deputy Inspector General presented to the Board for initial adoption Rules and Regulations for the Georgia Caregiver Registry, Rules & Regs., R. 111-8-13.

- The Georgia Caregiver Registry is known within DCH and outwardly facing, by its operational title, "The Georgia Caregiver Portal".
- The purpose of the portal is to allow private family employers who are relatives or guardians of elderly persons (age 65 or older), to obtain an employment eligibility determination from DCH for current and prospective employees.
- These employees will solely provide personal care services to the employer's family members or wards in Georgia.
- The portal will provide family employers with access to employment eligibility determinations in a manner similar to employees working for licensed facilities, such as nursing homes, assisted living communities, and home health agencies.
- The use of the Georgia Caregiver Portal is voluntary. The fee per background check is \$51.50.

- The Caregiver Portal will not be used by licensed facilities, other entities, or any individuals to determine a person's employment status or for any other purpose. Licensed facilities make use of the already established Georgia Criminal History Check System (GCHEXS).
- The DCH Background Investigations Unit is increasing awareness of the Caregiver Portal through:
 - Training webinars
 - DCH webpage including FAQ's
 - DCH Communications Office outreaches

An opportunity for public comment will be held on October 13, 2021 at 10:00 a.m. via WebEx. Written comments are due on or before October 15, 2021.

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

Mark Trail MADE a MOTION to approve for initial adoption the Rules and Regulations for the Georgia Caregiver Registry, Rules & Regs., R. 111-8-13. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Rules and Regulations for the Georgia Caregiver Registry, Rules & Regs., R. 111-8-13. is attached hereto and made an official part of these minutes as Attachment #8).

New Business/Closing Comments

None to report.

Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:05 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 9th DAY OF September, 2021.


 Russell Crutchfield
 Secretary


 Norman Boyd
 Chairman

Official Attachments:

- #1 Agenda
- #2 List of Attendees
- #3 Medical Assistance Plans, State Plan Amendment: Increase Supplemental Quality Incentive Payments to Eligible Nursing Facilities Public Notice
- #4 Medical Assistance Plans, State Plan Amendment: Portable Radiography and Accredited Mobile Imaging Service Rate Methodology Change for Medicare Cross-Over Public Notice
- #5 Medical Assistance Plans, State Plan Amendment: Ground Ambulance Upper Payment Limit (UPL) Public Notice
- #6 Medical Assistance Plans, State Plan Amendment: Physician Upper Payment Limit (UPL) Public Notice
- #7 Medical Assistance Plans, State Plan Amendment: Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice
- #8 Rules and Regulations for the Georgia Caregiver Registry, Rules & Regs., R. 111-8-13