

Board of Community Health  
Meeting  
August 8, 2024

**Members Present**

Norman Boyd  
Roger Folsom  
David Crews  
Anthony Williamson  
Cynthia Rucker  
Shane Mobley  
Tommy Hopkins  
Robert Cowles  
Kathleen Ruth

**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**

The Minutes of the June 24, 2024 and July 11, 2024 meetings were unanimously approved.

**Opening Comments**

None to report.

**Commissioner's Report**

Commissioner Carlson thanked the Board, members of the public, and staff for participating via Zoom.

The following updates were provided to the Board:

- Acknowledged South Georgia residents who have endured a rough couple of days with the storms and thanked all the healthcare providers who have navigated and managed to deliver services to the impacted communities. Additional thanks to our HFRD team, specifically, Anthony Moss, our designee at Georgia Emergency Management and Homeland Security Agency (GEMA) and the State Operations Center (SOC).
- The DCH Board has been busy with an additional special called meeting in late June, alongside the traditional two meetings in August. The Board has convened

for five meetings in three months. The Department is appreciative of your time, commitment, and service.

- From our July 11 meeting, I was asked about a recent exchange between Board members and several dynamics surrounding pharmacy issues here in Georgia and nationwide, specifically around pharmacy benefit managers (PBMs), both independent and chain pharmacists, and those relationships specific to the minutes.

Traditionally, the Board minutes do not reflect dialogue between Board members. The minutes reflect the actual Board actions taken, and then we rely upon Danisha and our IT team to post the full Board meeting in its entirety within 24 hours on our website.

- PBM for the State Health Benefit Plan (SHBP):
  - Monday, August 5<sup>th</sup>, SHBP posted a request for information (RFI), to kick off the procurement of the SHBP PBM services. This is a market scan of sorts for both vendors and stakeholders alike, a customary first step in any large procurement. Given the established timelines and deadlines that we need to meet for contractual responsibilities, the RFI will be open until August 14<sup>th</sup>.
- Care Management Organization (CMO) procurement:
  - Evaluations continue to be underway alongside partners at the Department of Administrative Services (DOAS). We are encouraged about the progress made and appreciate DOAS' guidance as we keep these procurements in a responsible place and the State in the best position to have a good, clean procurement that is deliberate and thoughtful.

The Department and Board are mindful of the importance of fostering a fair procurement environment that allows vendors and stakeholders to present their thoughts and proposals. The Department has a responsibility to be an objective partner in that process, not to mention our numerous legal responsibilities in the process.

Brian Lipton, Director of Strategic Finance presented to the Board for final adoption of the Medical Assistance Plans, Quality Initiatives and Care for Kids (QUICK) Directed Payment Program (DPP) Public Notice.

Pending Centers for Medicare and Medicaid Services (CMS) approval, a new State Directed Payment Program (DPP) will be implemented effective retroactively to July 1, 2023, for the Georgia Families 360 (GF360) Program only. GF360 is Georgia's managed care program for children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system. The care management organization contract for GF360 annually funded a

Value-Based Payment (VBP) program through a 5.0% withhold arrangement focused on value rather than volume to accomplish certain initiatives measured in terms of outcomes, quality of care, and other factors.

CMS notified the Department that the current withhold arrangement is no longer permissible and the State Fiscal Year (SFY) 2024 Capitation Rates would also require an adjustment in the absence of the withhold. Restructuring the arrangement as a DPP was one recommended option from CMS that would allow the Department to use the current rates through the end of the fiscal year.

**New DPP:**

The Quality Initiatives and Care for Kids (QUICK) DPP will provide funding to specific providers serving GF360 members to incentivize the delivery of high-quality care. This DPP will transition GF360 from the VBP program by utilizing half of the 5.0% withhold arrangement to a Capitation Rate Increase as directed in the DPP Preprint documentation. Accordingly, the existing GF360 withhold arrangement will be reduced to 2.5%.

At the Direction of CMS, the withhold arrangement will be removed from GF360 starting in SFY 2025. The QUICK DPP is intended only for SFY 2024 and there are no plans to renew for future years.

**Cost Impact:**

	State Funds	Federal Funds	Total Funds
VBP Arrangement Withhold (Removal)	\$(1.9M)	\$(4.0M)	\$(5.9M)
DPP (Addition)	\$1.9M	\$4.0M	\$5.9M
SFY2025	\$0	\$0	\$0

An opportunity for public comment was held on June 26, 2024 at 11:00 am. via Zoom. Written comments were due on or before July 3, 2024.

Oral comments received:

- None

Written comments received:

- None

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

Tommy Hopkins MADE a MOTION to approve the Medical Assistance Plans, Quality Initiatives and Care for Kids (QUICK) Directed Payment Program (DPP) Public Notice. Kathleen Ruth SECONDED THE MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Quality Initiatives and Care for Kids (QUICK) Directed Payment Program (DPP) Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Brian Lipton, Director of Strategic Finance presented to the Board for final adoption of the Medical Assistance Plans, 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 a revision to the allocation methodology for the Disproportionate Share Hospital (DSH) program, effective July 1, 2024.

Eligible hospitals in Pool 2 that are classified as a Rural Referral Center (RRC) by CMS and that are not eligible to participate in the Advancing Innovation to Deliver Equity (AIDE) or Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) state directed payment programs will receive an allocation no less than 25% of their DSH Limit. Rural Referral Centers are high-volume acute care rural hospitals that treat a large number of complicated cases.

There is no change to the current methodology for eligible Pool 2 hospitals that are not classified as RRCs. Due to the DSH payments for RRCs being calculated differently from the remainder of Pool 2 hospitals, there will be two different allocation methodologies. Methodology A, which begins by calculating the 25% minimum payment, will apply to eligible RRCs and Methodology B will apply to all other eligible DSH Pool 2 hospitals.

Additionally, the Pool 1 definition will be updated to include eligible critical access hospitals and rural hospitals with less than 100 beds. This removes eligibility for state-owned and operated acute care hospitals because presently there are no hospitals in the state that meet this definition.

There is no change to the amount of funds available for DSH Payments; this proposal only changes the distribution of DSH funds.

**Cost Impact:**

	<b>State Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
SFY2025	\$0	\$0	\$0

An opportunity for public comment was held on June 26, 2024 at 1:00 pm. via Zoom. Written comments were due on or before July 3, 2024.

Oral comments received:

- None

Written comments received:

- None

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

David Crews MADE a MOTION to approve the Medical Assistance Plans, Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice. Shane Mobley SECONDED THE MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Medical Assistance Plans, Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Stuart Portman, Executive Director, Medical Assistance Plans presented to the Board for initial adoption the Medical Assistance Plans, State Plan Amendment (SPA): Hospital Services - Extension of the Hospital Medicaid Financing Program Public Notice.

The Hospital Medicaid Financing Program Act, originally enacted in 2013, authorizes the Department of Community Health (DCH) to assess one or more provider payments to hospitals to obtain Federal Financial Participation (FFP) for Medicaid. The program was originally set to sunset on June 30, 2017. Per enacted legislation, the program was extended through June 30, 2020, and subsequently through June 30, 2025.

Per the provisions of House Bill 991 (O.C.G.A. Sec. 31-8-179.6), the Hospital Medicaid Financing Program was recently extended through June 30, 2030, thereby allowing DCH the continued authority to assess one or more provider payments on hospitals to obtain FFP.

**Cost Impact:**

	<b>State Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
Medicaid-Aged, Blind & Disabled	\$2,541,738	\$4,934,512	\$7,476,250
Medicaid-Low Income	\$22,875,637	\$44,410,596	\$67,286,233
Total	\$25,417,375	\$49,345,108	\$74,762,483

An opportunity for public comment will be held on August 14, 2024 at 11:30 a.m. via Zoom. Written comments will be due on or before August 21, 2024.

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

Roger Folsom MADE a MOTION to approve the Medical Assistance Plans, State Plan Amendment (SPA): Hospital Services - Extension of the Hospital Medicaid Financing Program Public Notice. Tommy Hopkins SECONDED THE MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED.

Louis Amis, Executive Director, State Health Benefit Plan presented to the Board for adoption the State Health Benefit Plan (SHBP) 2025 Plan Design and State Health Benefit Plan Calendar Year 2025 Member Contribution Rates, SHBP State Employees Plan Employer Contribution Rates Resolutions.

SHBP completed a Medicare Advantage (MAPD) procurement for vendors through our Invitation for Proposals (IFP) process, resulting in Anthem and United Healthcare being selected for the Plan Year 2025. With the completion of this process, SHBP is recommending no changes from the current vendors offering medical, wellness, and pharmacy benefit management services for the 2025 Benefit Plan Year. We are also recommending no plan design changes for the 2025 Benefit Plan Year.

SHBP Employee Premiums for Active/Non-Medicare Advantage Retirees have been relatively unchanged without significant increases to Employee premiums. The average annual increase over the past 10 years is 1.4%, which is significantly below the plan expense trends between 6% and 8%.

For the 2025 Benefit Plan Year, SHBP is recommending a 6% level dollar subsidy increase for all active and pre-65 retirees. The level dollar increase is based on the current premium subsidy (Bronze Plan – employee-only subsidy). The increase will

continue to make the defined contribution levels consistent across the Gold, Silver, and Bronze Plans.

Premiums will increase on average \$5.83 per month for employee only and \$22.74 per-month for employee and family. The actual amount of the monthly premium increase will depend on the Plan Option and Tier chosen. Employee contributions for Kaiser will decrease by 7%. The average decrease is \$12.01 per month for employees only and \$33.70 per month for employees and families.

SHBP is moving to a level dollar subsidy across all Medicare Advantage (MAPD) vendors and plans. MA member premiums for the lowest-cost Standard MAPD Plan (Anthem) will be \$20.00. This rate increase will match the 2020 premium for the lowest-cost Standard MAPD Plan before it had a \$0 premium in 2021 with United Healthcare. MAPD Members will pay the full cost difference to buy up to the UHC Standard Plan at \$82.59 per-month and Anthem/UHC Premium Plans.

SHBP is presenting two Resolutions rather than the three that are typically presented to the Board for approval: The SHBP Teachers Plan/Public School Employer Contribution Resolution was approved during the May 2024 Board Meeting

- 1) State Employer Contribution Resolution – 2025 Benefit Plan Year
- 2) Member Contribution Resolution – 2025 Benefit Plan Year

The proposed rate increases and changes for SHBP Plans will become effective on 1/1/2025.

Cynthia Rucker MADE a MOTION to approve the State Health Benefit Plan (SHBP) 2025 Plan Design and State Health Benefit Plan Calendar Year 2025 Member Contribution Rates, SHBP State Employees Plan Employer Contribution Rates Resolutions. Anthony Williamson SECONDED THE MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED.

### **New Business/Closing Comments**

Commissioner Carlson shared the following upcoming events:

1. August 27, 2024, Lt. Governor Jones' Constituent Services Day.
2. Over 35 Pathways to Coverage outreach events throughout August and September.
3. Medicare Advantage University meetings and open enrollment activities.

### **Adjournment**

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:30 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 8<sup>th</sup> DAY OF August, 2024.

*Cynthia Rucker*

Cynthia Rucker  
Secretary

Official Attachments:

*N. L. Boyd*

Norman Boyd  
Chairman

- #1 Agenda
- #2 List of Attendees
- #3 Medical Assistance Plans, Quality Initiatives and Care for Kids (QUICK) Directed Payment Program (DPP) Public Notice
- #4 Medical Assistance Plans, Changes to Disproportionate Share Hospital (DSH) Allocation Methodology Public Notice
- #5 Medical Assistance Plans, State Plan Amendment (SPA): Hospital Services - Extension of the Hospital Medicaid Financing Program Public Notice
- #6 State Health Benefit Plan (SHBP) 2025 Plan Design and State Health Benefit Plan Calendar Year 2025 Member Contribution Rates, SHBP State Employees Plan Employer Contribution Rates Resolutions