

Board of Community Health
Meeting
April 9, 2020

Members Present

Norman Boyd
Allana Cummings
Roger Folsom
Mark Trail
David Crews
Russ Childers
Russell Crutchfield

Members Absent

Anthony Williamson
Kenneth Davis

The Board of Community Health held its meeting via WebEx teleconference. (An agenda and a List of Attendees are attached hereto and made an official part of these Minutes as Attachments #1 and #2). Commissioner Frank W. Berry presided and called the meeting to order at 10:30 a.m.

Minutes

None to approve.

Opening Comments

None to report.

Commissioner's Report

Commissioner Berry thanked the Board, members of the public and staff for their attendance.

Commissioner Berry updated the Board on the following:

COVID19 Emergency Preparedness

- Implemented internal daily 8:30 a.m. touchpoint calls.
- Reduction in administrative burdens for providers and members to ensure seamless access for reimbursement and care.
- Assigned team members for the emergency preparedness center.

Departmental updates on COVID-19 Efforts

Blake Fulenwider, Chief Health Policy Officer

Medicaid and PeachCare for Kids:

- The Division of Medical Assistance Plans (MAP) has worked on the following waivers for approval from the Centers for Medicare and Medicaid Services (CMS):
 - Section 1135 Emergency Disaster Waiver pursuant to the Secretary of Health's Emergency Declaration related checklist items were approved on April 1, 2020.
 - Section 1115 waiver application was revised with a Disaster Relief State Plan Amendment and submitted on April 8, 2020.
 - 1915 C APPENDIX K Submission 1- Relates to the Independent Care Waiver Program; Elderly and Disabled Waiver Program, which includes the Community Care Services Program (CCSP) and Service Options Using Resources in a Community Environment (SOURCE) program.
 - 1915 C APPENDIX K Submission 2 – Relates to New Options Waiver (NOW) and Comprehensive Supports Waiver Program (COMP) was submitted to CMS on April 8, 2020.
- Telehealth policy has been amended to prioritize Shelter in Place and Social Distancing recommendations:
 - Telehealth guidelines expanded to change definition of “originating sites” for members to receive care from home.
 - “Distant Site” requirements expanded to allow providers to furnish services from alternative sites, including the provider’s home, so long as security and privacy protections are maintained.
 - Telehealth modalities have been expanded to authorize bidirectional audio-only communication to be used in addition to existing video-based connections.
 - Distant Site provider categories include physicians; mid-level practitioners, including but not limited to Nurse Practitioners, Therapists (PT, OT, ST), Psychologists, Social Workers and Behavioral Health providers.
 - Home and Community Based Waiver Program telehealth services have included:
 - Member assessments
 - Case management services
 - Nurse supervisory visits
 - Level of care determinations
 - Telehealth billing has been simplified to add Place of Service code “02” to the medical services code which indicates it is a service furnished through telehealth.

- Pharmacy Services:
 - 30-day refill-too-soon requirements have been lifted.
 - Authorizing a one-time 90-day refill if there are no refills and the pharmacy cannot connect with the physician, but not for Schedule-2 prescriptions.
 - Extension of Prior Authorizations from March 17, 2020 - May 1, 2020 for maintenance medications to ensure continuity of supplies for the members.
 - Non-Preferred rescue inhalers established as Preferred with no Prior Authorization through the end of April 2020 which will be reassessed at the end of the month based upon circumstances and need.
 - Mail Order and Durable Medical Equipment delivery signature requirement has been lifted to ensure no contact with the delivery person.
 - Prior authorization for home oxygen is currently under review based upon recommendations and discussion with the industry.

- Provider Enrollment has lifted some requirements to reduce administrative burden and assist with rapid enrollment during the Public Health Emergency:
 - License verification requirements have been streamlined.
 - Comprehensive credentialing verification will occur after the Public Health Emergency Declaration is over.
 - Suspending termination of providers who do not complete recredentialing requirements during the Public Health Emergency.

State Health Benefit Plan:

- State Health Benefit Plan (SHBP) is paying 100% for COVID-19 related services such as testing, office visits (telehealth or in-person) for non – Medicare Advantage plan members enrolled in Anthem or United Healthcare plan options.

- SHBP Anthem and United Healthcare plan options have lifted 30-day scripts, working on changes for home delivery, suspension of prior authorization, implementing quantity limits on inhalers and certain prescriptions due to global supply chain considerations.

- SHBP Medicare Advantage members have no cost-sharing for COVID-19 testing or telehealth-based encounters for medical or behavioral health services.

Office of Healthcare Analytics and Reporting:

We are continuing to work with Office of Healthcare Analytics and Reporting (OHAR) on the trending health analytics and reporting to evaluate trends occurring pre-February 2020, post-February 2020 and going forward. We will analyze data events as they unfold.

Rachel King, General Counsel

- Certificate of Need Program (CON) and ongoing legal services operations:
 - Executive Order 03.20.20.02, issued on March 20, 2020 by the Governor authorized the Department to suspend compliance with O.C.G.A. 31-6-40, identifying which new institutional health services require a CON. The Office of Health Planning operationalized the order to facilitate a rapid response by those healthcare facilities able to address the public health state of emergency presented by COVID-19 through the creation of a form, making it available online, and conducting a review of those facilities seeking to aid and assist in ameliorating the threat posed by COVID-19.
- Legal Services section continues to work with the Office of State Administrative Hearings (OSAH) to facilitate the continuation of hearings and provide due process and access to appeal rights during the period of the public health state of emergency.

Melanie Simon, Executive Director, Healthcare Facility Regulation Division (HFRD)

- HFRD has suspended routine surveys of healthcare facilities in accordance with the suspension order issued by the Centers for Medicare and Medicaid Services (CMS) on March 23, 2020. Pursuant to the CMS order, HFRD is only conducting complaint investigations triaged at the immediate jeopardy level for situations that have caused or are likely to cause serious injury or death or complaint investigations related to infection control or COVID-19 issues.
- HFRD is making appropriate exceptions to issue permits to new healthcare facilities where necessary to ensure access to care.
- On March 18, 2020, CMS released a new COVID-19 infection control survey process for nursing homes and on March 19, 2020 CMS released a similar process for other healthcare facilities such as hospitals, dialysis clinics, home health agencies, etc. HFRD has modified the CMS tool so that surveys may be conducted remotely by desk review if needed and is conducting COVID-19 surveys in assisted living communities, larger personal care homes, nursing homes, dialysis centers and hospices. HFRD is coordinating this work with the Department of Public Health and the National Guard as part of the State's coordinated response effort to the public health crisis.
- HFRD has implemented an expedited process for waivers of state licensing rules consistent with the Governor's Executive Order of March 20, 2020.
- HFRD also has issued some blanket waivers of state licensing rules including (a) a waiver of fingerprint criminal background check requirements for long term care

facilities; and (b) approval of a temporary nurse aide training program to support staffing needs in nursing homes with expedited onboarding of nurse aides.

- HFRD has many surveyors who are assisting in various capacities to support the State's response efforts. HFRD nurses are working hotlines for the Department of Public Health (DPH), assisting in specimen collection at testing sites and supporting onsite inspections in coordination with DPH and the National Guard.

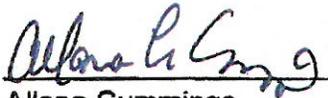
New Business/Closing Comments

None to report.

Adjournment

There being no further business to be brought before the Board, Commissioner Frank W. Berry adjourned the meeting at 10:59 a.m.

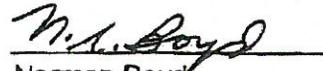
THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 9th DAY OF April, 2020.



Allana Cummings

Secretary

Official Attachments:



Norman Boyd

Chairman

#1 Agenda

#2 List of Attendees