

Board of Community Health
Meeting
June 11, 2020

Members Present

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

Members Absent

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). Chairman Norman Boyd presided and called the meeting to order at 10:34 a.m.

Minutes

March 12, 2020 and April 9, 2020.

Opening Comments

None to report.

Commissioner's Report

Commissioner Berry thanked the Board, members of the public and staff for their participation via WebEx.

Commissioner Berry recognized and thanked some of the individuals the Department had the pleasure of working with over the past months that have done an incredible job helping the citizens of Georgia through various COVID logistics, projects and initiatives:

- Front-line workers in hospitals and long-term care facilities (LTCFs)
- Homer Bryson
- Joey Greene
- Mark Sexton
- Colonel Jeff Dickerson
- Adjutant General Carden
- Colonel Lucas Rice
- Colonel Chris Marshall

- General Manny Haldopoulos
- Dr. Toomey
- Anna Adams
- Colonel Julio Lairer
- Matt Hicks
- Russell Carlson
- Rick Jackson
- Charlie Evans

Commissioner Berry also recognized the DCH team's dedication and hard work.

Special recognition was given to Governor Brian Kemp and his office (Ryan Loke and Caylee Noggle) and the Governor's leadership that made these efforts possible.

Kim Morris, Director, Reimbursement Financial Management presented to the Board for initial adoption the Medicaid Care Management Organizations (CMOs) Direct Payments to Physician Faculty Groups affiliated with Teaching Hospitals Public Notice.

This preprint will allow DCH to provide supplemental payments to physician faculty groups affiliated with teaching hospitals that provide care to Georgia's Medicaid Managed Care members.

The program is similar to the current fee-for-service (FFS) Physician Upper Payment Limit (UPL) payments. Providers participating in Primary Care Physician (PCP) add-on payments are not eligible for the direct payment.

The purpose of the supplemental payments is to increase training opportunities for medical students and interns, to improve access to providers in underserved areas of the state, and increase access to specialty providers.

- Referenced list of eligible teaching hospitals and mid-level providers.
- Program is voluntary and additional teaching hospitals may be added.
- State portion of the funding is through inter-governmental transfers (IGTs) from hospital authorities or governmental entities.
- Program Cost Federal: \$51,459,469 State, IGT \$25,003,338, Total \$76,462,807.
- Direct Payments are a calculation of provider specific Average Commercial Rate (ACR) minus provider specific Medicaid CMO payments.
- Direct payments will be made to CMOs and the CMOs are required to pay 100% of the direct payments to the eligible physician groups.

An opportunity for public comment will be held on June 16, 2020 at 11:00 a.m., via WebEx. Written comments will be accepted on or before June 23, 2020.

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

Russ Childers MADE a MOTION to approve for initial adoption the Medicaid Care Management Organizations (CMOs) Direct Payments to Physician Faculty Groups affiliated with Teaching Hospitals Public Notice. Mark Trail SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED.

Note: Board member Russell Crutchfield was present. Due to technical issues, his mic was muted, and his yeas were not officially on the record.

(A copy of the Medicaid Care Management Organizations (CMOs) Direct Payments to Physician Faculty Groups affiliated with Teaching Hospitals Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Departmental updates on COVID-19 Efforts

Blake Fulenwider, Chief Health Policy Officer, provided an update on the Department's response during the COVID-19 pandemic concerning the Division of Medical Assistance Plans and the State Health Benefit Plan.

Division of Medical Assistance Plans:

To date, DCH continues to work with the federal Centers for Medicare and Medicaid Services (CMS) to gain approval of Waiver and State Plan Amendment (SPA) authorities to effectuate policy changes made in response to the emergency. CMS has approved a Medicaid Disaster Relief SPA, Children's Health Insurance Program (CHIP), or PeachCare for Kids, Disaster Relief SPA, an 1135 Emergency Response Waiver, two 1915(c) Appendix K submissions and is concluding discussion on an 1115(a) Waiver that DCH has requested.

Mr. Fulenwider highlighted program design policy changes that have been implemented, including:

- Suspension of copayments for all Medicaid and PeachCare for Kids beneficiaries;
- Significant expansion of telehealth policy to support social distancing and continuity of service delivery;
- Relaxation of Refill Too Soon edits for pharmaceuticals;
- Requests for alternative payment methodologies to assist providers.

Additionally, the department has implemented provider and beneficiary eligibility and policy changes, including:

- Postponement of provider revalidation

- Postponement of beneficiary eligibility redetermination pursuant to the Families First Coronavirus Response Act

The Division of Medical Assistance Plans has also worked with health systems across the state to enroll providers who have been assigned to hospitals to augment existing staff where needed.

Mr. Fulenwider also thanked DCH Communications for their assistance with establishing and updating COVID-19 related communications on the DCH website.

State Health Benefit Plan:

Mr. Fulenwider stated that policy changes implemented by the State Health Benefit Plan are like those implemented by Medicaid and PeachCare for Kids. The primary focus has centered around pharmacy benefits.

Mr. Fulenwider also stated that SHBP continues to monitor COVID-19 trends based upon claims data the Department receives.

Mr. Fulenwider concluded his remarks and no questions from members of the Board were presented.

Staffing Augmentation Support:

Joseph Hood, Chief Compliance and Technology Officer presented an update on staffing augmentation to Hospitals and Nursing Homes related to the COVID-19 public health emergency, as follows:

Early in the beginning of the Pandemic, the Governor's Office recognized the need to support facilities that were overwhelmed with staff shortages due to call-outs for COVID related illness. The first being at the Phoebe Hospital and the Palmyra Nursing Home.

Staffing support was initiated and continues to be accomplished through a state contract and partnership with Jackson Healthcare and their network of staffing agencies that have provided a variety of medical and clinical staff.

The Department has continued to coordinate staffing support to hospitals and nursing homes as requests have been made through the Georgia Emergency Management Agency (GEMA) State Operations Center (SOC) by each individual County Emergency Management Agency (EMA) Director and logged by the Department of Public Health (DPH) and related staff.

In total at the start of June there were over 1,000 staff augmentations at 12 Hospital sites.

In particular, we have staffing support at the four hospital sites in Gainesville, Albany, Macon, and Rome where the state has placed in partnership with hospitals, containers with additional patient rooms for the COVID Response. Additionally, we are assisting the state hospital sites that the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) operates and a few others that have requested support.

At the start of June, the Department is supporting over 38 Nursing Homes with 285 Staff.

We have supported nursing homes throughout Georgia when existing staffing needs could not be met due to call out of staff for sickness or COVID related positive patients and staff in a facility. This mostly happens in a short time frame when staff are diagnosed, and a facility is overwhelmed with many vacancies in a very short window.

Overall, as a coordinator of staffing support to the hospitals and nursing homes, I believe we are assisting and coordinating with all our partners to best address needs as they arise.

Healthcare Facility Regulation:

Melanie Simon presented an update on activities of the Healthcare Facility Regulation Division (HFRD) related to the COVID-19 public health emergency, as follows:

HFRD continues to contact all nursing homes, assisted living communities and personal care homes of 25 beds or more daily to collect information on any COVID-19 activity in those long-term care facilities. This information is posted by 7:00 pm Monday-Friday on the Department's website by the Communications Office. Included in the report is the number of COVID-19 positive residents, the number of COVID-19 resident deaths, and the number of COVID-19 positive staff. Last week, we began including the number of residents who have recovered from COVID-19 as an additional statistic.

In May, nursing homes also began reporting COVID-19 data directly to the Centers for Disease Control and Prevention (CDC). This information is collected through the National Healthcare Safety Network (NHSN) portal. The Centers for Medicare and Medicaid Services (CMS) which regulates nursing homes that participate in Medicare and Medicaid is now publishing that data on its website. This is a good resource for anyone seeking additional information on the impact of the outbreak in nursing homes.

HFRD receives frequent inquiries about allowing visitation at long term care facilities such as nursing homes and assisted living communities. These facilities remain under a shelter in place order issued by Governor Kemp and we are directing individuals inquiring about visitation to those executive orders which are posted on the Governor's website.

HFRD is increasing onsite inspections in all healthcare facilities and will continue to do so in the coming months. We are prioritizing focused infection control surveys in nursing homes based on directives from CMS. We are using both state staff and contractor staff for the nursing home surveys.

DCH Budget Overview:

Lisa A. Walker, CFO, presented to the Board an overview of the Department of Community Health (DCH) Budget.

Ms. Walker summarized the September 1, 2019 budget submission that included a 6% budget reduction for the Departmental Administration program because the benefit programs Aged, Blind and Disabled (ABD), Low Income Medicaid (LIM) and PeachCare) were exempt.

Ms. Walker stated that due to the current COVID 19 pandemic, there were additional directives sent to state agencies from the House and Senate budget offices and the Governor's Office of Planning and Budget (OPB). The additional directives stated that all state agencies should submit a 14% reduction plan and the benefit programs were not exempt.

Ms. Walker stated that Finance began to strategize how the reduction could be met without impacting the provider community during the public health emergency and thereafter. They were implementing finance strategies to lessen the impact on the provider community by taking the 6.2% Federal Medical Assistance Percentage (FMAP) increase through September 2020 as a reduction, implementing a retro rate adjustment and risk corridors for CMOs, and reserving the Incurred But Not Reported (IBNR) with current FY 2020 surplus.

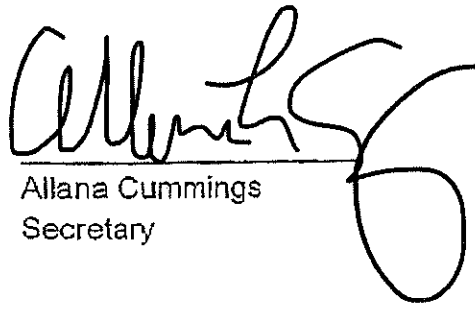
New Business/Closing Comments

None to report.


Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:17 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 11th DAY OF June, 2020.



Allana Cummings
Secretary



Norman Boyd
Chairman

Official Attachments:

- #1 Agenda
- #2 List of Attendees
- #3 Medicaid Care Management Organizations (CMOs) Direct Payments to Physician Faculty Groups affiliated with Teaching Hospitals Public Notice