

Board of Community Health  
Meeting  
August 9, 2012

**Members Present**

Ross Mason  
Clay Cox  
Kiera von Besser  
Jamie Pennington  
Archer Rose  
William Wallace

**Members Absent**

Norman Boyd  
Jack M. Chapman, M.D

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health, Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Commissioner David A. Cook was also present. (An agenda and a List of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Chairman Ross Mason called the meeting to order at 10:35 a.m.

Chairman Mason introduced Kiera von Besser, M.D., and welcomed her to the Board. Dr. von Besser was appointed to the Care Management Committee.

**Minutes**

The Minutes of the June 14, 2012 meeting were UNANIMOUSLY APPROVED and ADOPTED.

**Committee Reports**

Chairman Mason stated that the Policy Committee met and discussed how to provide medical information pertaining to a patient in a statewide system and implement innovative solutions to help save lives and reduce cost with more efficient technologies.

Mr. Rose reported that the Audit Committee met and received an update of the progress made to address the FY11 audit findings and recommendations. In addition, the committee reviewed how the DCH staff was preparing for the upcoming audit of FY12

and received a schedule leading up to the audit. Mr. Rose thanked the staff at DCH for the excellent job done in addressing the previous audit findings.

### **Report of the Commissioner**

The Commissioner stated that there were two action items to bring before the Board today: one related to Medicaid and one related to Health Facility Regulation. Commissioner Cook called on Jerry Dubberly, Pharm. D., to address the Medicaid issue.

Dr. Dubberly presented the Community Based Alternative for Youth (CBAY) Public Notice. Dr. Dubberly reviewed the effects of the proposal and reported on comments made at the public hearing held on June 20, 2012. He further stated that the comments received as a result of the public hearing were all in favor of the program. Ms. Pennington MADE a MOTION to approve for final adoption Community Based Alternative for Youth (CBAY) Public Notice. Mr. Rose SECONDED the MOTION. ON THE MOTION, the yeas were 6, nays 0 and the MOTION was UNANIMOUSLY APPROVED. (A copy of the Community Based Alternative for Youth Public Notice is attached hereto and made an official part of these minutes as Attachment #3)

Brian Looby Esq., Chief, Healthcare Facility Regulation presented the new Licensing and Enforcement Rule changes to allow payments electronically. Mr. Looby stated that no negative comments were received pertaining to the change during the public hearing. Mr. Rose MADE a MOTION to approve for final adoption the Healthcare Facility Regulation Licensing and Enforcement Rule Change to Allow Payment s electronically. Mr. Cox SECONDED the MOTION. ON THE MOTION, the yeas were 6, nays 0 and the MOTION was UNANIMOUSLY APPROVED. (A copy of the Healthcare Facility Regulation Licensing and Enforcement Rule Change to Allow Payment s electronically is attached hereto and made an official part of these minutes as Attachment #4)

Mr. Scott Frederking gave an update on budget instruction from the Office of Planning and Budget. With the exception of education programs, all state agencies are required to cut budgets by three percent of state funds for FY 13. In addition, Department of Community Health was instructed to cut the budget for Medicaid and PeachCare by an

additional two percent for FY14. DCH will present the proposed budget at the next board meeting.

Commissioner Cook addressed the board regarding the Supreme Court ruling on the Affordable Care Act enacted in 2010. He referenced two major holdings under this decision. First, the individual mandate was upheld, but not under the commerce clause as expected, but under Congress' power to tax. Second, the court ruled on provisions that expand Medicaid coverage to low income adults. This provision has the greatest impact on DCH. The Court held that Congress exceeded its power to spend when spending becomes coercive. It held that the magnitude of Affordable Care Act's Medicaid expansion crossed the line and was coercive. As a remedy, the Court gave states the option to opt in or opt out of the Medicaid expansion. The Supreme Court decision added uncertainty to the health care field in general and impacted our Medicaid Redesign Project. The ruling generated questions on both policy and process with consequences for either choice. Also, there is increased uncertainty in Washington with elections fast approaching, and uncertainty of federal budgets and funding levels. In addition, there is the threat of repeal of the Affordable Care Act. Governor Deal stated in the press conference on the day that the ruling was announced, Georgia would probably be in a "holding pattern until such time as we see what the events of November bring us."

In light of these factors, DCH announced in July that a wholesale restructuring of the Medicaid program would be imprudent at this time. However, this will not prevent the Department from moving ahead where a clear path forward can be seen. The Commissioner called on Deputy Commissioner Blake Fulenwider and Medicaid Director, Dr Jerry Dubberly to brief the board on steps DCH can take now to improve the program.

Blake Fulenwider stated that the redesign project had three goals; to enhance appropriate use of services by members, achieve long-term sustainable savings in services and to improve health care outcomes for members. Along with those goals are six strategic requirements; 1) Gain administrative efficiencies to become a more attractive payer for providers, 2) Ensure timely and appropriate access to care for members within a reasonable geographic area, 3) Ensure operational feasibility from a fiscal and administrative oversight perspective, 4) Align reimbursement with patient outcomes and quality versus volume of services, 5) Encourage members to be accountable for their own health and healthcare focus on prevention and wellness, and

6) Develop a scalable solution to accommodate potential changes in member populations, as well as potential changes in legislative and regulatory policies.

Mr. Fulenwider stated that the collaborative effort of the task forces and work groups, along with the stakeholder input has been very productive in the redesign effort.

Dr. Dubberly addressed the Board concerning the options that can be achieved at this time. Care Management Organizations will maintain the CMO population within full at-risk CMO environment and also incorporate foster children. The current Aged, Blind and Disabled population will remain in a fee-for-service system with a focus on long-term care rebalancing and identifying key cost drivers and implementing strategies to improve.

Dr. Dubberly stressed that the key improvements would assist children in Foster Care, streamline the credentialing and administrative processes, enhance access to patients' records and claim forms, increase provider transparency, encourage growth of patient-centered medical homes, collaborate on a pharmacy preferred drug list and improve the quality of care and encourage ongoing program improvements.

Agency staff answered board questions.

### **Adjournment**

There being no further business to be brought before the board, Chairman Mason adjourned the meeting at 11:39 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 23rd DAY  
OF August, 2012.



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ROSS MASON  
Chairman



JAMIE PENNINGTON  
Secretary

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Community Based Alternative for Youth Public Notice – final adoption
- #4 Healthcare Facility Regulation Licensing and Enforcement Rule Changes – final adoption
- #5 FY13-FY14 Budget Update
- #6 Medicaid Redesign Update