

**MINUTES OF THE
BOARD OF COMMUNITY HEALTH MEETING
January 12, 2012**

Members Present

Ross Mason
Norman Boyd
Jack M. Chapman, M.D.
Clay Cox
Inman C. "Buddy" English, M.D.
Hannah Heck
Jamie Pennington
Archer Rose
William H. Wallace, Jr.

Members Absent

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 Mason called the meeting to order at 10:38 a.m.

Minutes

The Minutes of the December 8, 2011 meeting were UNANIMOUSLY APPROVED and ADOPTED.

Committee Reports

Chairman Mason stated that the Policy Committee meeting discussion revolved around presentations by DCH staff regarding the initiatives, goals and strategies of health information technology and telemedicine.

Chairman Rose stated that the Audit Committee received the FY11 report by the Department's auditor, Maulden Jenkins. The audit was a clean audit and the Department discussed actions taken to address findings and management points.

Chairman Mason announced committee assignments for the two new Board members. Mr. Clay Cox is assigned to the Audit Committee and the Policy Committee. Dr. Chapman is assigned to the Care Management Committee and the Audit Committee.

Report of the Commissioner

Commissioner Cook stated that the board has six action items on the agenda for consideration. The Commissioner also said that the Governor released his budget proposal yesterday for the amended FY12 and FY13 and has asked staff to give the board a brief overview.

Item 1: SHBP Regulations: Final adoption

Ms. Alison Earles, Legal Counsel for State Health Benefit Plans stated that the proposed rule changes were presented to the board of November 10, 2011. There was a period for public comment on the proposed changes that ended on December 21, 2011. There was one oral comment offered at the Public hearing on December 14, 2011 with a written synopsis presented. The comment pertained to proposed Rule change in section 111-4-1.06 Coverage and Options. It was presented by a spokes person for "Voices for Georgia's Children". The focus was as follows: Voices objected to the proposed changes that were reflected in paragraph 4, retired employees' discontinuance of coverage, subparagraph C, employment as an active employee in PeachCare for Kids® coverage. Voices objected on the grounds that the proposed rule change would reduce the number of insured children by eliminating a coverage option.

The Department disagrees with Voices interpretation that covered options will be eliminated. Instead the change allows people the option of coverage under PeachCare for Kids® or Tri-care supplement. Enrollees may change their mind later if they decide they don't like it. Retired employees have never been allowed to add dependents to their coverage unless they experience a qualifying event. They basically continue the coverage they had at retirement. If they never had dependent coverage they can't add them after retirement unless there is a specific qualifying event like a marriage or an adoption. The Department is recommending that the proposed rule changes be adopted without any change. Ms. Pennington MADE a MOTION to approve for FINAL ADOPTION the State Health Benefit Plan Rules Public Notice. Mr. Boyd SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the State Health Benefit Plan Rules Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Dr. Jerry Dubberly, Chief, Medical Assistance Plans, presented the Nursing Facility Services Public Notice for initial adoption. CMS has mandated a change to the Minimum Data Set (MDS) collection tool from version 2.0 to version 3.0. As the conversion is made, there are other inputs into the Nursing Facility Reimbursement model that require review and need to be addressed differently. The first item is the assessment of the cognitive impairment scores that reside within that facility. The Department is currently using the Cognitive Performance Scale (CPS) which is no longer appropriate given the conversion to MDS version 3.0. The Brief Interview for Mental Status (BIMS) has been identified as a more appropriate tool for measuring cognitive impairment scores at the facility level. The next input into the model that needs to be reviewed is the Case Mix Index of the individuals that were actually residing in that facility. In the Public Notice, the Department referenced the use of a 2006 cost report or MDS. Later in the Public Notice the increase in provider facility fees from 2006 cost report to a 2009 cost report. In moving to a different year cost report, it would be appropriate to use the same 2009 year MDS scores for data input. The changes to the Public Notice show 2006 references being changed to 2009 inputs. There will be another Public hearing on this matter and all comments will be brought before the board when we bring this before the board for final adoption.

Mr. Cox asked if the Board needed to rescind the previous notice for Nursing Facility. Mr. Dubberly stated that since the previous action had not gone before the board for final approval and there was

only a technical adjustment. Rescission was not necessary. Mr. Cox MADE a MOTION to approve for INITIAL ADOPTION the Nursing Facility Services Public Notice to be published for public comment. Mr. Wallace SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Nursing Facility Services Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Dr. Dubberly presented the Copayment for Medicaid and New Copayment for PeachCare for Kids® Public Notice. These actions had been previously approved by the Board and require a vote for final adoption on Rescission. There was an opportunity for public comment and no comments were received. Mr. Boyd MADE a Motion to approve for FINAL ADOPTION the Co-Payment Increase for Medicaid and New Co-Payments for PeachCare for Kids® Rescission Public Notice. Ms. Heck SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Co-Payment Increase for Medicaid and New Co-Payments for PeachCare for Kids® - Rescission Public Notice is attached hereto and made an official part of these minutes as Attachment #6).

Dr. Dubberly presented the Provider Rate Cuts Public Notice- Rescission. There was an opportunity for public comment and no comments were received. Mr. Wallace MADE a MOTION to approve for FINAL ADOPTION the Provider Rate Cuts – Rescission Public Notice. Ms. Pennington SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Provider Rate Cuts – Rescission Public Notice is attached hereto and made an official part of these minutes as Attachment #7).

Dr. Dubberly presented the New Copayments for PeachCare for Kids® Public Notice. The Board approved this Public Notice for initial adoption in the December Board meeting. This action would apply the existing Medicaid Copayment to the PeachCare for Kids® population with the current applicable exceptions that the Department has in its policy and state plan. This action is new and would apply to persons in that plan six years of age and older. There have not traditionally been copayments in the PeachCare for Kids® program. The fiscal impact was about 1.3 million dollars for state fiscal year 13 and \$318, 000 for amended year 12. There was an opportunity for public comment and one comment was received both orally and written. The organization is a non-profit corporation who has an interest in children and children's accessible health care. The organization expressed concern that the State's progress toward covering low income children would be adversely affected by this action. There were three points of concern in the comments; 1) Low income families are very sensitive to price, and that price sensitivity may result in families making choices for other expenditures such as housing, clothing, food, etc., that may seem more pressing than primary care visits or preventive service. 2)Reminder to the Department of the Children's Health Insurance Program that the out of pocket cost cannot exceed more than 5% of the family income and questioned the state's ability to track income ratios to make sure that families did not exceed the 5% limit. 3) Regarding provider access, logistical and administrative work involved in collecting the copayments may discourage providers to discontinue in the PeachCare for Kids® program. The Department has reviewed the comments and recognizes the price sensitivity of low income families. In response to that concern, copayments are not applied to well child visits and in addition to that providers would not be allowed to deny provision of services based on the member's inability to pay the copayment. In terms of the tracking mechanism, the Department is very aware of the federal requirement and has worked very closely with the PeachCare for Kids® eligibility vendor that collects monthly premiums to assure that appropriate co-payments are collected. The copayments processing systems have been designed with built in buffers, to account for a lag times for claims where an individual may had paid a copayment and the claim may not be processed for a week or month or longer into the system. In the terms of access, the Department understands that there is an additional

amount of work that providers will have to process, however the provider organizations currently collect copayments on children through other health plans. Most providers already have a mechanism in place for collecting copayments. This implementation will include a deduction to the claim amount that the provider is to be paid. Therefore the provider will not be responsible for reporting or tracking or paying a copayment to the Department. Based upon the information that the Department has provided, there is no reason to believe that children would be prevented from receiving care or that there would be an additional burden to access to primary care. The Department will monitor this process to make sure that there are no unintended consequences as a result of the copayments. Mr. Wallace asked if the data for collections is separated from private insurance and PeachCare for kids®. Dr. Dubberly stated that if a child is enrolled in another insurance plan that would preclude their enrollment in the PeachCare for Kids® program. Mr. Cox asked what the typical amount of the copayment would be. Dr. Dubberly stated that the amount would be from fifty cents up to three dollars and the exception to that would be a hospital stay at \$12.50. The Commissioner stated that the initial public notice had generated a request to reduce administrative burdens by making co-pays an even dollar amount. The Department listened to their concerns and is please that the administrative burden could be reduced as requested. Ms. Heck MADE a MOTION to approve for FINAL ADOPTION the New Copayments for PeachCare for Kids® Members Public Notice. Ms. Pennington SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the New Copayments for PeachCare for Kids® Members Public Notice is attached hereto and made an official part of these minutes as Attachment #8).

Dr Dubberly presented the rate changes provided by the Department of Behavioral Health and Developmental Disabilities related to two waiver programs, known as the NOW, or New Option Waiver, and COMP, Comprehensive Support Waiver Program. Both programs began operation in November 2008 under a revised model. Prior to these waivers the Department had two different waivers with different rules and different mechanisms. The two previous Waivers were referred to as MRWP and CHSS waivers. With the submission of the new waivers and the CMS approval, there was a requirement that the Department conduct a cost study within the first three years of the waiver operations to review the appropriateness of the rates. The new waiver required us to move from a bundled payment methodology to a payment methodology that was more discreet in terms of the services being provided and units billed. As a result of those differences, the Department of Behavioral Health and Developmental Disabilities has undergone a process to review these rates and engaged the services of a consultant. The process resulted in a release on February 25, 2011 of the initial rates and the review that came from the consultant. There was a public process that was held in reviewing those rates. As a result of the Public Process there were over 400 attendees in forums throughout June. DBHDD held the forums throughout the state of Georgia to receive input from the stakeholders and parents. There were also 92 Provider written comments and 46 Parent/advocate comments, with 143 distinct comments being composed during that process. A Provider forum was also held and as a result there was a re-surveying for the providers components that went into the rate study. There were revisions based on the comments received. However, today the request from the DBHDD is to present the change in the rates and post them for public comments so that if there are areas of concern that the Department needs to look at, that there is time for the Department to address those concerns before the rates are implemented in October of 2012. This action has no fiscal impact to the Department of Community Health from a budgetary standpoint because the state funds are budgeted by DBHDD for this program. Ms.Heck stated that she understood that there was no fiscal impact to DCH but would like to know the fiscal impact to the state. Dr. Dubberly stated that on the DBHDD side that it would be an expansion and was an additional expense and that the final numbers were not available, but it was over six million dollars. Ms. Heck MADE a MOTION to approve for INITIAL ADOPTION the NOW and COMP Waiver Rate Public Notice to be published for public comment. Ms. Pennington SECONDED the MOTION. The

MOTION was UNANIMOUSLY APPROVED. (A copy of the NOW and COMP Waiver Rate Public Notice is attached hereto and made an official part of these minutes as Attachment #9).

Mr. Scott Frederking, Budget Director for Department of Community Health made a presentation on the Department's Budget update for the FY12 amended budget and the FY13 budget.


Chairman Mason stated that U. S. Senator Johnny Isakson has created a program called Georgia Warrior Lines. The program would assist returning veterans with their transition into the private sector.

Adjournment

There being no further business to be brought before the board, Chairman Mason adjourned the meeting at 11:20 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE ____ DAY OF _____, 2012.


ROSS MASON
Chairman


ARCHER R. ROSE
Secretary
Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Minutes from December 8, 2011
- #4 State Health Benefit Plan Rules 111-4-1.01, 111-4-1.02, 111-4-1.04, 111-4-1.06 and Public comments
- #5 Nursing Facility Services Public Notice
- #6 Co-Payment Increase for Medicaid and New Co-Payments for PeachCare for Kids® - Rescission Public Notice
- #7 Provider Rate Cuts – Rescission Public Notice
- #8 New Copayments for PeachCare for Kids® Members Public Notice and public comments
- #9 NOW and COMP Waiver Public Notice