

Board of Community Health
Meeting
August 11, 2016

Members Present

Roger Folsom
Donna Thomas Moses
Russ Childers
Allana Cummings
Mark Trail
Russell Crutchfield
Anthony Williamson

Members Absent

Norman Boyd
Michael Kleinpeter

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health (DCH), Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Commissioner Clyde L. Reese, III 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). Vice Chairman Roger Folsom presided and called the meeting to order at 10:30 a.m.

Minutes

The Minutes of the June 9, 2016 meeting were unanimously approved.

Opening Comments

None to report.

Committee Reports

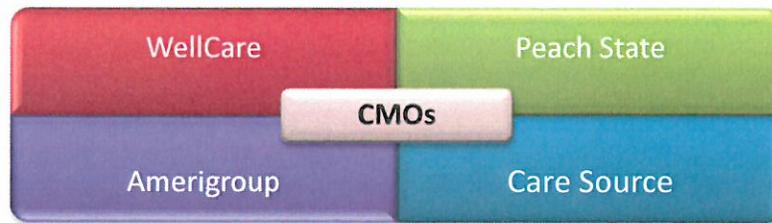
None to report.

Commissioner's Report

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

Commissioner Reese updated the Board on the following items:

1. Care Management Organizations (CMOs) Contracts:



- Sid Johnson, Department of Administrative Services (DOAS) Commissioner issued a final administrative decision that upheld the award of the new contracts to the CMOs.
- The new contracts have been executed with the understanding that the contract start date will be January 1, 2017 and some aspects legally and administratively have changed, resulting in the need to amend the contracts before they go live.
- The parties can go to the Superior Court and request a Judicial Review of the final administrative decision.

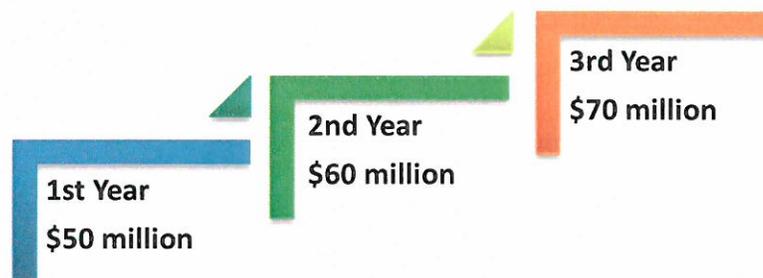
Commissioner Reese publically thanked Sid Johnson and his staff for their work, due diligence in reviewing the protests and creating a defensible decision.

2. Legislative Bill:

- SB 258-Rural Hospital Tax Credit

Beginning in tax year 2017, a contribution can be made to an eligible rural hospital to receive a tax credit.

Three year plan:



*Cap up to \$400 million

The Department of Revenue (DOR) will work on the tax procedures and implications.

DCH is responsible for three main elements of the legislation:

- Determine and release the list of eligible hospitals who can receive the donation for the tax credit;
- Create a proxy for the Internal Revenue Service (IRS) form 990;
- Hospitals must submit a five-year sustainability and viability plan.

Once the documents are finalized, they will be posted on our website.

DCH is also required to rank the facilities from weakest to strongest with regard to their financial viability. Once the financial forms and viability plans have been reviewed, it will allow DCH to better determine the rankings.

3. Access to healthcare in rural areas and ways to address the financial difficulties:

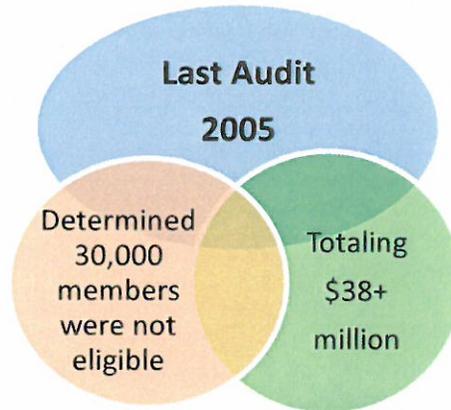
- Late last week Centers for Medicare and Medicaid Services (CMS) approved legislation (Emergency Ambulance Tele-Health), effective April 22, 2016 allowing Emergency Medical Services (EMS) to bill Medicaid as a presentation site when they pick up a patient and transport them to a hospital on an emergency service.

Previously EMS were only allowed to bill Medicaid for the actual transport to the hospital. Now the majority of EMS have Wi-Fi allowing tele-health and tele-medicine capability for them to conduct a consult with a physician who is off-site before the trip to the hospital.

Commissioner Reese publically thanked Heather Bond, Assistant Chief, Regulatory Services and Compliance who works primarily with the State Plan Amendments and collaborating with CMS to obtain approval on this positive development for rural health in our state.

4. State Health Benefit Plan (SHBP):

- Audits
 - Dependent eligibility: DCH is in the process of conducting an audit to determine if dependents currently covered are eligible under the plan rules.



- Express Scripts, Pharmacy Benefit Manager: Ensuring expenditures are being operated in the proper manner.
- Establishment of on-site work clinics for state employees and teachers so they do not have to leave work to go to the doctor, resulting in an increase of productivity and decrease in down time for both employees and employers. There is no acceptable scope for plan year 2017.
- In the FY17 approved budget, there is a line item that will allow the Department to issue criteria or an application to allow counties to remove their non-certificated employees only out of the SHBP for a period of two years without penalty to determine if they could obtain a better rate or deal on health insurance.

Applications were posted to our SHBP website on August 1, 2016. There will be a 30-day submission period through September 1, 2016 for a school system or county that would like to apply for the two year opt out pilot. The decision is at the discretion of the Department. No applications have been submitted to date.

- HR 1382 passed encouraging DCH to create and seek the council of a State Health Benefit Plan (SHBP) Customer Advisory Council comprised of retired employees, retired teachers and active employees to provide their input and perspective on the plan.

Two requirements of the Resolution:

- Convene a meeting: The Council met on August 1, 2016.
- Provide SHBP design information to the group and designate a Council spokesperson to speak to the DCH Board prior to the presentation and vote on the proposed 2017 SHBP design and rates. Ms. Clara Keith, Council member will present to the Board.

5. Commissioner Reese advised there will be a second Board meeting held on August 25, 2016 dedicated to the AFY17 and FY18 Budget.

Heather Bond, Assistant Chief, Regulatory Services and Compliance, presented the Rate Increase for Newborn Screening Test Laboratory Fee Public Notice to the Board for initial adoption. The Department is proposing increasing the reimbursement rate for the newborn screening test to include screening newborn children for severe combined immunodeficiency (SCID). Severe Combined Immunodeficiency (SCID) is a rare immune disorder in which the body is unable to fight off infections caused by viruses, bacteria, or fungi. Babies born with SCID have little or no immune system and without treatment even common infections can be life threatening. The reimbursement rate would increase from \$50 to \$63. This rate increase was included in HB751, Item 3052, to provide funds for therapies for children with congenital disorders (\$1,722,240). The proposed rate increase is subject to CMS Approval and this agreement will be effective upon CMS State Plan Amendment approval.

An opportunity for public comment will be held on August 16, 2016 at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments will be accepted on or before August 23, 2016. Ms. Bond respectfully asked for the Board's favorable consideration of initial adoption.

Russ Childers MADE a MOTION to approve for initial adoption Rate Increase for Newborn Screening Test Laboratory Fee Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Rate Increase for Newborn Screening Test Laboratory Fee Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Marcey Alter, Assistant Chief of Medicaid for Policy and Provider Services, presented the New Options Waiver (NOW) Program Amendment Public Notice to the Board for initial adoption. NOW serves individuals with intellectual and developmental disabilities.

The services in the NOW for which the increase is proposed are also available in the COMP Waiver. The rates for these services were already vetted through public comment and approved by the DCH Board for the COMP Waiver. The purpose of this Public Notice is to match the rates in NOW to what has already been approved for the COMP Waiver.

Ms. Alter relayed that the total annual projected fiscal impact is just over \$8.6 million with a state match requirement of \$2.8 million to be furnished by the Department of Behavioral Health and Developmental Disabilities (DBHDD).

This change does require a waiver amendment to be approved by CMS because Home and Community Based Services (HCBS) regulations require rate changes to be prospectively. The effective date will be subject to date of approval from CMS.

An opportunity for public comment will be held on August 30, 2016 at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments will be accepted on or before September 12, 2016. Ms. Alter respectfully asked for the Board's favorable consideration of initial adoption.

Mark Trail MADE a MOTION to approve for initial adoption New Options Waiver (NOW) Program Amendment Public Notice. Allana Cummings SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the New Options Waiver (NOW) Program Amendment Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

On behalf of the SHBP Advisory Council, Clara Keith, member, provided the following comments from their August 1, 2016 meeting to the Board.

Retiree plan options: Retirees expressed concern that there is only one plan and the reducing number of provider contracts in the plan options.

Premiums: The Council members asked for information on premium increases and asked if there are increases over time that if possible, they be divided as equitable over a number of years to help employees sustain the increase; although control may not be possible.

Surpluses: Members wanted to make sure that the surpluses will be utilized to ensure that members will not have large increases in premiums in the future.

Medicare Advantage Option: Members expressed concerns about having only one vendor.

Wellness program: Clarification on the actual program components was requested so that members can take advantage of this program.

In-Network vs. Out-of-Network: Concerns related to circumstances when there is more than one service provider for a specific procedure and being able to know up front if the providers are in-network or out-of-network.

Helpdesk during open enrollment: Ensuring that callers are being provided consistent and accurate responses to inquiries.

SHBP Orientation: Orientations being conducted during conducive hours.

Ms. Keith expressed gratitude to Commissioner Reese and his staff for helping the Council understand the mission and goals of DCH and the Council member's roles as well as the open and transparent dialog at the meeting. Ms. Keith advised that the Council received a lot of responses and clarification to many of their inquiries and concerns.

Jeff Rickman, Division Chief, State Health Benefit Plan (SHBP) presented an overview of the Plan designs for 2017. Mr. Rickman stated that the goal for 2017 was to continue with the stability achieved in the prior year and to place the plan in good standing for the future. Mr. Rickman stated that the plan designs would remain unchanged, except for the addition of a new Medicare Advantage Vendor, which would be Blue Cross Blue Shield. Mr. Rickman then introduced three resolutions, the Employee Contribution Resolution, the State Employer Contribution Resolution, and the Teacher and Non-Certificated Employer Contribution Resolution. Mr. Rickman noted that the only increase in Employer Contributions would be for non-certificated employees, which would increase from \$746.20 to \$846.20.

Donna Thomas Moses MADE a MOTION to approve the SHBP Design and Rates, SHBP Calendar Year 2017 Member Contribution Rates Resolution, SHBP State Employees Plan Employer Contribution Rates Resolution and the SHBP Teachers Plan Employer Contribution Rates and Public School Employee Plan Employer Contribution Rates Resolution. Mark Trail SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the State Health Benefit Plan Design and Rates, SHBP Calendar Year 2017 Member Contribution Rates Resolution, SHBP State Employees Plan Employer Contribution Rates Resolution and the SHBP Teachers Plan Employer Contribution Rates and Public School Employee Plan Employer Contribution Rates Resolution is attached hereto and made an official part of these minutes as Attachment #5).

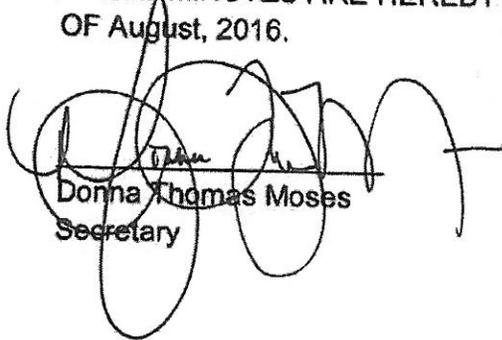
New Business/Closing Comments

None to report.

Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:06 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 11th DAY
OF August, 2016.



Donna Thomas Moses
Secretary

Roger L. Folsom

Roger Folsom
Vice Chairman

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Rate Increase for Newborn Screening Test Laboratory Fee Public Notice
- #4 New Options Waiver (NOW) Program Amendment Public Notice
- #5 SHBP Design and Rates, SHBP Calendar Year 2017 Member Contribution Rates Resolution, SHBP State Employees Plan Employer Contribution Rates Resolution and the SHBP Teachers Plan Employer Contribution Rates and Public School Employee Plan Employer Contribution Rates Resolution