

Board of Community Health
Meeting
December 10, 2015

Members Present

Norman Boyd
Clay Cox
Donna Thomas Moses
Michael Kleinpeter
Russ Childers
Anthony Williamson
Mark Trail
Roger Folsom

Members Absent

Allana Cummings

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). Chairman Norman Boyd presided and called the meeting to order at 10:30 a.m.

Minutes

The Minutes of the November 12, 2015 meeting were unanimously approved.

Opening Comments

None to report.

Committee Report

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 item:

1. Comprehensive Supports Waiver Renewal Program (COMP)

- DCH worked closely with the Department of Behavioral Health and Disabilities (DBHDD) to renew the COMP waiver with approval from the Center for Medicare and Medicaid Services (CMS).
- A proposal for initial adoption of the COMP public notice for specific services provided through the program related to various rates as a result of the rate study conducted by DBHDD was to be included on the agenda today, but it was not due to the confirmation of budgetary issues.
- The Board will be polled to convene a teleconference meeting on December 16, 2015 to vote on the initial adoption of the COMP public notice.

John Upchurch, Director of Reimbursement, briefed the Board on the request for final adoption of the Public Notice on the cost neutral update to the Medicaid and PeachCare Inpatient Prospective Payment System (IPPS). DCH proposes to update to a more current Diagnosis-Related Group (DRG) Classification System and to adjust the associated DRG specific weights and outlier thresholds. The current Tricare DRG Version 30 is ICD-9 based. As a result, using an ICD-9 based grouper in an ICD-10 environment could result in claims mapping to higher cost DRGs which in turn increases cost to the state. Therefore, the Department is requesting to update to Tricare DRG Version 33 for inpatient admissions on or after January 1, 2016. This change will require approval by the Centers for Medicare and Medicaid Services (CMS).

An opportunity for public comment was held on November 23, 2015, at 10:30 a.m., in DCH's 5th Floor Board Room. Written comments were accepted on or before November 30, 2015. There were no oral or written public comments received.

Donna Thomas Moses MADE a MOTION to approve for Final adoption Inpatient Hospital Prospective Payment System (IPPS) Update Public Notice. Roger Folsom SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Inpatient Prospective Payment System (IPPS) System Update 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 Public Notice for Initial Adoption on changes to reimbursement methodology for Hospice Services.

Hospice rates are established annually by the Centers for Medicare and Medicaid Services (CMS) based on the wage index and other market basket factors. Hospice rates as adjusted annually are applicable according to the federal fiscal year October 1st – September 30th. Those revised rates are in place for the first federal fiscal year quarter beginning October 1, 2015.

However, as of January 1, 2016, CMS is changing the methodology by which it will reimburse hospice services. The changes recognize that the more intensive periods of support required from a provider for a hospice patient are during initial election and the last seven days of life. CMS has established three periods of reimbursement: for the first 60 days, for the last seven days and a period for in between.

In addition, CMS has made two other changes. They have established a rate differential for providers who participate in collecting and submitting quality data to CMS and those who do not. Those who do not are paid at a 2% discount of the established rate. CMS has also created Service Intensity Add-on payment that is available to providers during the last seven days of life when services rendered to the member are performed by a nurse or social worker.

The proposed rates are outlined in the Public Notice. The total annualized fiscal impact is \$5.9 million.

If approved for initial adoption, a public hearing to receive comments will be held on December 14, 2015 at 10:30 am at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments may be submitted to the Department through December 21, 2015. This public notice will be presented to the Board for final adoption at the January 14, 2015 Board Meeting.

Clay Cox MADE a MOTION to approve for Initial adoption Georgia Hospice Reimbursement Update Public Notice. Mark Trail SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Georgia Hospice Reimbursement Update Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

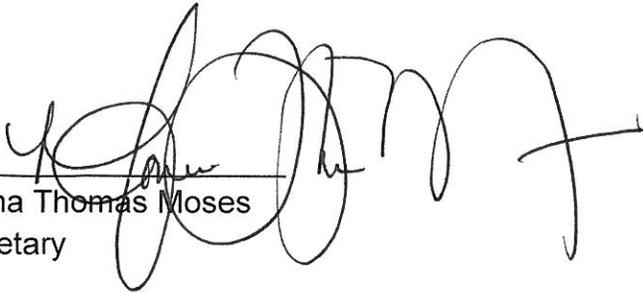
New Business

None to report.

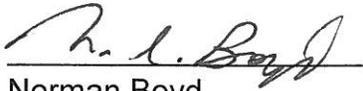
Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 10:43 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 10th DAY OF December, 2015.



Donna Thomas Moses
Secretary



Norman Boyd
Chairman

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Inpatient Hospital Prospective Payment System (IPPS) Update Public Notice
- #4 Georgia Hospice Reimbursement Update Public Notice