

Board of Community Health  
Meeting  
September 8, 2016

**Members Present**

Norman Boyd  
Roger Folsom  
Donna Thomas Moses  
Russ Childers  
Allana Cummings  
Mark Trail  
Russell Crutchfield  
Anthony Williamson  
Michael Kleinpeter

**Members Absent**

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 August 11, 2016 and August 25, 2016 meetings were unanimously approved.

**Opening Comments**

None to report.

**Committee Reports**

None to report.

**Commissioner's Report**

None to report.

Heather Bond, Assistant Chief, Regulatory Services and Compliance, presented the Rate Increase for Newborn Screening Test Laboratory Fee Public Notice to the Board for final adoption.

1. The Department is proposing increasing the reimbursement rate for the newborn screening test to include screening newborn children for severe combined immunodeficiency (SCID).
2. 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.
3. The reimbursement rate would increase from \$50 to \$63.
4. This rate increase was included in HB751, Item 3052, to provide funds for therapies for children with congenital disorders (\$1,722,240).
5. The proposed rate increase is subject to the Centers for Medicare and Medicaid Services (CMS) approval.

An opportunity for public comment was 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 were accepted on or before August 23, 2016. No comments were received. Ms. Bond respectfully asked for the Board's favorable consideration of final adoption.

Mark Trail MADE a MOTION to approve for final adoption Rate Increase for Newborn Screening Test Laboratory Fee Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 9, 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 Community Behavioral Health Rehabilitation Services State Plan Amendment Public Notice to the Board for initial adoption. Community Behavioral Health Services are authorized under the Medicaid Rehabilitation Option in the Code of Federal Regulations. Ms. Alter explained it had been almost five years since the last amendment to the State Plan for behavioral health services and several changes had occurred creating the impetus for this amendment which includes the proposal of new services as well as administrative and operational modifications.

Specific to new services proposed, of particular note, all the child-serving agencies had partnered in a Learning Collaborative Children's Health Insurance Program Reauthorization Act (CHIPRA) Grant around high fidelity wraparound services. That demonstration's success led to the proposed new services which include

Intensive Customized Care Coordination, a holistic case management model for children with serious emotional disturbance of greater frequency and intensity than is customarily delivered under traditional case management.

Youth Peer Support and Parent Peer Support are also new services proposed. Ms. Alter described these as an outgrowth of the national best practice model for Certified Peer Specialists which originated here in Georgia. These also are targeted to children with serious emotional disturbance.

Ms. Alter also described several technical and administrative modifications to the State Plan which include:

- Removing the specific naming of certain credentialing bodies and licensure nomenclature to address the need to amend the State Plan every time the name of an agency changes or when a licensure body alters the naming convention of certain credentialing;
- Changing procedures to allow for service bundling; there are certain services such as the Intensive Outpatient Program that have previously been documented and billed based on the individual, discreet units provided by multiple practitioners over the course of day's interventions which now, with these proposed changes, would be documented and claimed as a per diem service;
- Expanding telemedicine for individuals who need access as a result of a language challenge (e.g. deaf, hard-of-hearing, non-English speaking individuals);
- Adding Consultation codes to allow physicians and physician extenders to provide consultation.

Ms. Alter explained that the fiscal projections are differentiated based on some changes that will effect Medicaid Fee-for-Service only and other changes that will primarily effect coverage through the Care Management Organizations (CMOs).

The increased impact to CMOs is just over \$1.018 million in state share in SFY17 and almost \$1.36 million in SFY18. The fiscal impact to Medicaid fee-for-service (FFS) for which the Department of Behavioral Health and Developmental Disabilities (DBHDD) furnishes the state share is almost \$2.18 million in state dollars for SFY17 and just over \$2.9 million in SFY18. Total annualized impact is \$4.75 million for CMOs and \$9.025 million for FFS in SFY2018.

The effective date will be determined by the CMS, but the Department is hopeful for a 12/1/16 effective date.

An opportunity for public comment will be held on September 21, 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 28, 2016. Ms. Alter respectfully asked for the Board's favorable consideration of initial adoption.

Russ Childers MADE a MOTION to approve for initial adoption the Community Behavioral Health Rehabilitation Services State Plan Amendment Public Notice. Allana Cummings SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Community Behavioral Health Rehabilitation Services State Plan Amendment Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

John Upchurch, Director of Reimbursement, presented the cost neutral update to the Medicaid and PeachCare Inpatient Prospective Payment System (IPPS) Public Notice to the Board for initial adoption. DCH is proposing this change in order to better match reimbursement to services provided, to create appropriate incentives to control costs, to help grow the physician workforce through graduate medical education programs, and to focus the methodology on service delivery for Medicaid members. The proposal includes the following changes to inpatient hospital reimbursement:

- To maintain current system budget neutrality by updating cost data to a more recent year in order to rebase rates and model components;
- To change the methodology for high cost outlier claims by basing the outlier payment on the difference between the estimated cost of the claim and the outlier threshold;
- To allocate payments to hospitals from the graduate medical education (GME) payment pool on a per resident basis;
- To pay for Indirect Medical Education (IME) as a flat grant amount to be paid quarterly. Funds will be moved to the Graduate Medical Education Cost of Care (GMECC) Pool for this purpose;
- To apply a stop loss/gain factor to mitigate the initial financial impact to hospitals.

This change will be effective for inpatient admissions on or after October 1, 2016 and will require approval by CMS.

DCH met with the Hospital Advisory IPPS Subcommittee on August 30, 2016 to share the details of this IPPS update.

An opportunity for public comment will be held on September 14, 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 21, 2016. Mr. Upchurch respectfully asked for the Board's favorable consideration of initial adoption.

Roger Folsom MADE a MOTION to approve for initial adoption the Update to the Inpatient Hospital Prospective Payment System (IPPS) Methodology Public Notice. Anthony Williamson SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Update to the Inpatient Hospital Prospective Payment System (IPPS) Methodology Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

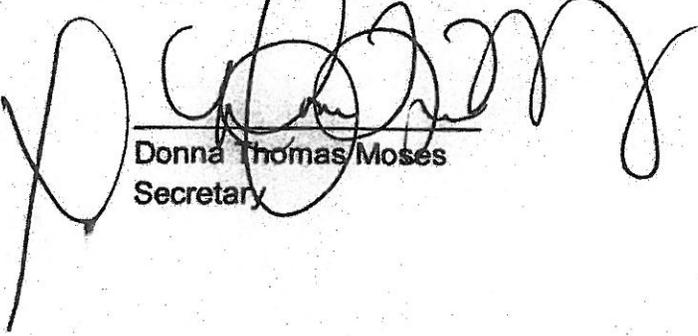
**New Business/Closing Comments**

Chairman Boyd announced that the next scheduled Board meeting will take place on October 13, 2016 and all three Committees will meet at 9:00 a.m.

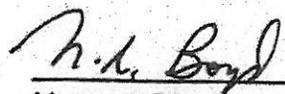
**Adjournment**

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 10:47 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 8th DAY OF September, 2016.



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Donna Thomas Moses  
Secretary



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Norman Boyd  
Chairman

**Official Attachments:**

- #1 List of Attendees
- #2 Agenda
- #3 Rate Increase for Newborn Screening Test Laboratory Fee Public Notice
- #4 Community Behavioral Health Rehabilitation Services State Plan Amendment Public Notice
- #5 Update to the Inpatient Hospital Prospective Payment System (IPPS) Methodology Public Notice