

**MINUTES OF THE
BOARD OF COMMUNITY HEALTH MEETING
April 8, 2010**

Members Present

Richard Holmes, Chairman
Archer Rose, Secretary
Norman Boyd
Dr. Inman C. "Buddy" English
Hannah Heck
Sidney Kirschner

Members Absent

Ross Mason, Vice Chairman

The Board of Community Health held its regularly scheduled monthly meeting at the Department of Community Health, Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Dr. Carladenise Edwards, Interim Commissioner, was present also. (An agenda and a List of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Chairman Holmes called the meeting to order at 10:32 a.m.

Minutes

The Minutes of the March 11 meeting were UNANIMOUSLY APPROVED and ADOPTED.

Commissioner's Comments

Dr. Carladenise Edwards, Interim Commissioner, stated the meeting agenda was short and succinct. She said she had no updates to report today.

Department Updates

Clyde Reese, General Counsel, presented for final adoption proposed changes to the State Health Benefit Plan (SHBP) Rules 111-4-1-.01 (definitions), 111-4-1-.02 (organizations), 111-4-1-.10 (plan benefits) and 111-4-1-.11 (claims). The rules were initially adopted at the February 11 meeting. A public hearing was held on March 24. No written or oral comments were received on Rules 111-4-1-.01, 111-4-1-.02, or 111-4-1-.11. The Department received one written and oral comment on 111-4-1-.10. Mr. Reese said the gist of the comments germane to the rule seemed to indicate the proposed rule change for 111-4-1-.10 (1), dealing with the creation of the benefit schedule, would prevent the board from receiving details of the specific components of the plan design used to calculate employer and employee rates which are approved by the board. Mr. Reese stated that the Department disagrees. He said the Board is provided with the details of the plan design, and when the budget presentation is made to the Board, employee and employer rates are presented to the Board in aggregate. The information presented to the Board and made available to the public has the specific design as the backdrop to that. Mr. Reese stated that the proposed change would eliminate specific references to the dates the plan design was approved, but there is no question that the Board, with its ultimate authority to approve and adopt employer and employee rates, also approves plan design. Mr. Reese said Rule 111-4-1-.10 does not change this nor decrease transparency. He stated that the comments misinterpret the rule; the transparency will remain, and the Board will remain and retain ultimate authority to approve the plan design and aggregate employer/employee rates. The Board UNANIMOUSLY APPROVED for final adoption State Health Benefit Plan Rules 111-4-1-.01, 111-4-1-.02, 111-4-1-.10 and 111-4-1-.11. (Copies of Rules 111-4-1-.01, 111-4-1-.02, 111-4-1-.10 and 111-4-1-.11 are attached hereto and made an official part of these MINUTES as Attachments # 3, 4, 5 and 6 respectively).

Mr. Reese presented for final adoption Rule 111-9-1, Administrative Rules for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). WIC is administered by the Division of Public Health, Maternal and Child Health Unit, and is 100% federally funded. In the past the program operated under the WIC Vendor Handbook and the WIC Vendor Manual which is approved by the U.S. Department of Agriculture. Mr. Reese said there are no administrative rules codified for the WIC Program. The proposed rules are administrative rules to incorporate definitions, purpose and administration of the program, vendor terms and conditions, and rules governing vendor administrative review, hearings, and appeals. A public hearing was held on March 24. The Department received no written or oral comments during the public comment period. A discussion ensued regarding the scheduling of administrative hearings and the number of cases before the administrative law judge. Mr. Kirschner MADE a MOTION to approve for final adoption Rule 111-9-1. Mr. Boyd SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was

UNANIMOUSLY APPROVED. (A copy of Rule 111-9-1 is attached hereto and made an official part of these MINUTES as Attachment # 7).

Mr. Reese presented the next two agenda items relating to the Division of Emergency Preparedness and Response; specifically the Office of Emergency Medical Services and Trauma. He said the administrative rules the Department inherited from the Department of Human Resources that became DCH administrative rules upon operational law with the transition effective July 1, 2009, provide that fees can be charged for services, and any change in the fees or institution of fees would be required to come before the Board for approval. Upon approval the fees can be implemented on a certain day.

Mr. Reese asked the Board's consideration to set fees for air ambulance services. Heretofore, this service has not had a fee. The proposal is to institute an annual license fee for air ambulances; specifically a \$2500 annual base with a per unit fee of \$1400. If approved, the fees would be effective July 1, 2010, and the fees would go the Indigent Care Trust Fund. Dr. Patrick O'Neal, Director of the Emergency Preparedness and Response Division, added that these rates are considered low by industry standards as compared to other states. He said in keeping with the wishes of the Trauma Care Network Commission, the fees should be desirable for air ambulance services to locate in Georgia as trauma care is expanded throughout the state. These fees are the same charged for ground ambulances. Dr. O'Neal said Georgia is the last state in the union to regulate air ambulance services; achieving this by legislation, promulgation of rules, and now the institution of fees. Mr. Rose MADE a MOTION to approve the annual licensing fee structure for Air Ambulance Services to be implemented July 1, 2010. Ms. Heck SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED.

Mr. Reese said currently the fees for different categories of licensure for Emergency Medical Services Technicians range from \$25 to \$75.00. The Department is asking for the licensing fee structure beginning July 1, 2010 to be uniform across each level for EMS technicians. The proceeds for these fees will go the General Fund of the State Treasury. Dr. O'Neal stated the licensing process is identical for each level; there is no administrative difference in workload depending on level of licensure. Mr. Boyd MADE a MOTION to approve the revision to the fee schedule for emergency medical services personnel to be implemented July 1, 2010. Ms. Heck SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Emergency Medical Services Fees Memorandum and Fee Structure Letter are attached hereto and made an official part of these Minutes as Attachment # 8).

Dr. Jerry Dubberly, Chief, Medical Assistance Plans, presented the Hospital Inpatient and Outpatient Upper Payment Limits Public Notice for final adoption. He said the changes are technical in nature, involve no state funds, greatly streamline the process and bring DCH in line with the Centers for Medicare and Medicaid Services recommendations for setting methodology for UPL. The Department received no oral comments during the March 29 public hearing and received one written comment from a private hospital chain which pointed out that there is no UPL for private hospitals, recommended the establishment of such a program, and mentioned that the Disproportionate Share Hospital (DSH) Program that seeks to offset some of the losses in our hospital's uncompensated care does not adequately address the needs of hospitals in terms of meeting an equitable level of uncompensated care. Dr. Dubberly stated that the Department did not set out through this public notice to establish a private UPL pool. He said as discussed in past meetings, the Department is on a long-term five-year program working to more appropriately have a DSH payment that represents the level of disproportionate care the providers are providing. The Department has very strategically implemented this in a phased-in approach to minimize the adverse affects that may result in this migration. Mr. Boyd MADE a MOTION to approve for final adoption the Hospital Inpatient and Outpatient Upper Payment Limits Public Notice. Mr. Kirschner SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Hospital Inpatient and Outpatient Upper Payment Limits Public Notice is attached hereto and made an official part of these MINUTES as Attachment # 9).

Adjournment

There being no further business to be brought before the Board, Chairman Holmes adjourned the meeting at 10:58 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE _____ DAY OF _____, 2010.

RICHARD L. HOLMES
Chairman

ARCHER R. ROSE
Secretary

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Rule 111-4-1-.01
- #4 Rule 111-4-1-.02
- #5 Rule 111-4-1-.10
- #6 Rule 111-4-1-.11
- #7 Rule 111-9-1
- #8 EMS Fees Memorandum and Fee Structure Letter
- #9 Hospital Inpatient and Outpatient UPL Public Notice