

**MINUTES OF THE
BOARD OF COMMUNITY HEALTH MEETING
November 18, 2010**

Members Present

Ross Mason
Norman Boyd
Archer Rose
Dr. Inman C. "Buddy" English
Hannah Heck
Jamie Pennington
William H. Wallace, Jr.
Dr. Mary Eleanor Wickersham

Members Absent

Sidney Kirshner

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 Clyde L. Reese, III, 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 Mason called the meeting to order at 10:37 a.m.

Minutes

The Minutes of the October 14 Meeting were UNANIMOUSLY APPROVED and ADOPTED.

Chairman's Opening Comments

Chairman Mason appointed Ms. Pennington to the Audit Committee and Dr. Wickersham and Mr. Wallace to the Care Management Committee.

Committee Reports

Ms. Heck, Chair of the Care Management Committee, stated that several data reports the Committee routinely reviews were somewhat impacted by the conversion of the MMIS. Department staff reported that the Planning for Healthy Babies Waiver was approved by the Centers for Medicare and Medicaid Services (CMS) which is a waiver focusing on reducing low birth weight babies. The Committee reviewed the provider networks particularly in rural areas to get a better understanding of where the gaps in service are located. The Committee also continued their discussion about emergency room utilization.

Commissioner's Comments

Commissioner Reese stated he was pleased to report that the conversion to a new Medicaid Management Information System (MMIS) on November 1 from Affiliated Computer Service (ACS) to Hewlett Packard (HP) relatively speaking has been successful. He said the system has basic functionality; it is processing and paying claims. There are some glitches with the call center concerning wait times and provider PIN numbers. No interim payments have been made to date. Commissioner Reese said although the Department is in the early phase of the conversion, he wanted to publicly thank DCH staff who has worked very hard for a number of years on this project; the project management office; Hewlett Packard; senior management staff; and the provider community for participating in training and preparing for the conversion.

Commissioner Reese reported that the three Medicaid Care Management Organizations' contracts will expire on June 30, 2012. The Department's goal is to post a Request for Procurement (RFP) for a new contract on February 1, 2011 and choose the new vendors by June 30, 2011. He asked attendees to forward their ideas and suggestions regarding the CMO procurement to the Commissioner's Office.

Commissioner Reese stated that the Department will re-procure the Non-Emergency Transportation (NET) contract; posting the RFP late February 2011 and awarding the contract late May 2011.

Commissioner Reese said budget discussions are now taking place with the new administration. It is uncertain whether the provider cuts proposed to meet the revenue targets will be implemented.

Finally, Commissioner Reese welcomed new board member Dr. Mary Eleanor Wickersham. Dr. Wickersham stated she was delighted to be a part of the Board and looks forward to working with the board and the public.

Department Update

Mr. Alec Steele, Director of Reimbursement Services presented the Psychiatric Residential Treatment Facilities Public Notice. Changes include utilizing the 2008 cost reports based on audited financial results; adjusting the bed utilization factor from 90% to 80% which is more reflective of ongoing fluctuations in bed occupancy; and applying an inflation factor through June 30, 2011. The Department received four comments during the public comment period; three in opposition and one in favor of the proposed changes. Mr. Steele said DCH worked very closely with the Department of Behavioral Health

and Developmental Disabilities (DBHDD) since the state share of funds is in the DBHDD budget. DCH reviewed the comments and believe it has provided for an annual inflation factor that is federally accepted and has allowed facilities to use operational bed capacity as opposed to licensed bed capacity. Statewide PRTF occupancy continues to decline year after year. Federal rate setting principles state that cost of excess capacity is not reimbursable. DCH and DBHDD will continue to work with individual PRTFs to help them adapt to the problems of declining occupancy. Ms. Heck MADE a MOTION to approve for final adoption the Psychiatric Residential Treatment Facilities Public Notice. Mr. Rose SECONDED the MOTION. Chairman Mason called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Psychiatric Residential Treatment Facilities Public Notice is attached hereto and made an official part of these Minutes as Attachment # 3).

Mr. James Peoples, Executive Director, Office of Health Improvement Programs, presented Georgia Volunteer Healthcare Program Rule 111-5-1-.01 for final adoption. Last Legislative Session Senate Bill 344 was passed that will allow the Department to contract with certain compensated providers. The rule allows a physician assistant who may be employed by a safety net clinic but also volunteer at a free clinic or some other facility for the uninsured to be paid as long as payment does not fluctuate based on four elements: the number of patients served in the clinic, the number of patient visits to the clinic, treatments in the clinic, or any other fact relating to the number of patient contacts or services rendered. A public hearing was held on October 19. The Department received no oral or written comments during the public comment period. Mr. Rose MADE a MOTION to approve for final adoption Rule 111-5-1-.01. Ms. Pennington SECONDED the MOTION. Chairman Mason called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of Rule 111-5-1-.01 is attached hereto and made an official part of these Minutes as Attachment # 4).

Mr. Doug Colburn, Chief, Healthcare Facility Regulation Division, presented proposed changes to Personal Care Home Rule 111-8-62. Mr. Colburn stated the last major revision of the Personal Care Home Rules was done about 15 years ago. The proposed rule changes update definitions and guidelines regarding licensure of this program and address changes stemming from the passage of House Bill 1040. This new law permits the performance of health maintenance activities for disabled persons by unlicensed designated proxy caregivers. The Division drafted these rules with the assistance of a technical advisory group comprised of providers, associations, advocates, the Long Term Care Ombudsman and DCH personnel. A public hearing will be held December 29, 10:00 a.m. Ms. Pennington MADE a MOTION to approve for initial adoption Rule 111-8-62 to be published for public comment. Mr. Boyd SECONDED the MOTION. Chairman Mason called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of Rule 111-8-62 is attached hereto and made an official part of these Minutes as Attachment # 5).

Ms. Ruth Carr, Senior Deputy General Counsel and State Health Information Technology Coordinator, presented an update on the Department's Health Information Technology activities. She first described the Medicaid Incentives Program (MIP) which incentivizes eligible professionals and eligible hospitals to implement Electronic Health Records (EHR). The program will be rolling out in Georgia in 2011. Georgia will be distributing approximately \$400 million. The MIP was provided by law in the American Recovery & Reinvestment Act of 2009 to promote the widespread, national use of EHR. It is necessary in order to receive the incentives for eligible professionals and eligible hospitals to use certified EHR technology and demonstrate adoption, implementation, upgrading or meaningful use. Ms. Carr described the definition of Medicaid Eligible Professionals, patient volume thresholds, Medicaid Incentive Payments Overview, Meaning Use Overview, and Meaningful Use Requirements. Ms. Carr said states can ask for CMS approval to require four particular measures of Meaningful Use as core requirements for Medicaid providers. The requirements the Department may add are largely intended to serve public health. To participate in the program providers must register via the EHR Incentive Program website; be enrolled in Medicare Fee-for-Service or Medicaid Fee-for-Service or managed care; have a National Provider Identifier; use certified EHR technology; and adopt, implement, or upgrade in their first year of participation. The timeline of the Medicaid Incentives Program is as follows: Fall 2010 – certified EHR technology will be available and listed on website; January 2011 – registration for the EHR Incentive Programs begins nationally; May 2011 – Medicare EHR incentive payments begin; and the third quarter 2011 – Georgia Medicaid payments begin; February 29, 2012 – last day for eligible professionals to register and attest to receive an incentive payment for CY 2011; 2015 – Medicare payment adjustments begin for eligible professionals and hospitals that are not meaningful users of EHR technology (no adjustments for Medicaid); 2016 – last year to begin participation in Medicaid EHR Incentive Program; and 2021 – last year to receive Medicaid EHR incentive payments. Ms. Carr described Georgia HITREC (Georgia Health Information Technology Regional Extension Center). It is located at Morehouse School of Medicine National Center for Primary Care. GA HITREC serves as one of 60 centers throughout the United States. Its goal is to enlist 5,200 physicians in the State of Georgia over two years to assure the adoption of certified EHR technology. Ms. Carr concluded her presentation after addressing questions from the Board. (A copy of the Health Information Technology Update is attached hereto and made an official part of these Minutes as Attachment # 6).

Chairman's Closing Comments

Chairman Mason congratulated Dr. Wickersham on her recent appointment to the Board. Also, he encouraged the audience to contact the board with their questions, concerns and comments and participate in public hearings and forums.

Adjournment

There being no further business to be brought before the Board, Chairman Mason adjourned the meeting at 11:27 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE _____ DAY OF _____, 2011.

ROSS MASON
Chairman

ARCHER R. ROSE
Secretary

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Psychiatric Residential Treatment Facilities Public Notice
- #4 Rule 111-5-1-.01
- #5 Rule 111-8-62
- #6 Health Information Technology Update