

**MINUTES OF THE
BOARD OF COMMUNITY HEALTH MEETING
November 10, 2011**

Members Present

Ross Mason
Norman Boyd
Clay Cox
Inman C. "Buddy" English, M.D.
Hannah Heck
Jamie Pennington
Archer Rose
William H. Wallace, Jr.

Members Absent

Jack M. Chapman, M.D.

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 David A. Cook 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 Mason called the meeting to order at 10:37 a.m.

Minutes

The Minutes of the October 13, 2011 meeting were UNANIMOUSLY APPROVED and ADOPTED.

Committee Reports

Chairman Mason said the Policy Committee reviewed all of the meetings it conducted this year and the speakers who presented to the Committee to discuss areas that were critical for the State: childhood obesity, autism, methamphetamine use, and telemedicine initiatives. The Committee also discussed the goals and objectives for 2012. The Committee will explore the option of conducting live webcasts of the Board of Community Health meetings and receive feedback in real time. Committee members will review the Department's Strategic Plan to assist the Commissioner with the Department's strategic objectives.

Report of the Commissioner

Commissioner Cook introduced and welcomed new senior management team member Blake Fulenwider. Commissioner Cook said he is delighted Mr. Fulenwider joined the DCH team. Mr. Fulenwider served as Governor Deal's chief health policy advisor. Prior to that Mr. Fulenwider served as a member of former Congressman Deal's staff where he worked on legislative issues such as the Affordable Care Act, HITRECH, and Health

Information Exchange. Also, Mr. Fulenwider is the lead in the state on the Health Insurance Exchange.

Mr. Vince Harris, Chief Financial Officer, presented the Resolution entitled "State Employee Plan Employer Contribution Rate Increase December, 2011-April, 2012 for the State Health Benefit Plan." Mr. Harris stated that the Resolution adjusts the SHBP Employer Contribution rates for FY 2012. The resolution raises the State Employee Plan Employer Contribution Rate to 34% for December 2011 through April 2012. The State Employee Plan Employer Contribution Rate for May and June 2012 will be established in an amount that ensures that employer contributions to the SHBP during FY 2012 do not exceed the amount set forth in the Appropriations Act. Mr. Rose MADE a MOTION to approve the Resolution entitled "State Employee Plan Employer Contribution Rate Increase December, 2011-April, 2012 for the State Health Benefit Plan." Ms. Heck SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Resolution entitled "State Employee Plan Employer Contribution Rate Increase December, 2011-April, 2012 for the State Health Benefit Plan is attached hereto and made an official part of these Minutes as Attachment # 3).

Ms. Alison Earles, Legal Counsel for the State Health Benefit Plan (SHBP) presented proposed changes to SHBP Rules 111-4-1-.01, 111-4-1-.02, 111-4-1-.04 and 111-4-1-.06. She said most of the changes are the result of new laws. Rule 111-4-1-.01 includes changes to the definition section to clarify that TRICARE Supplemental Coverage is not a health benefit administered by the Department pursuant to the laws establishing the SHBP. If an individual elects TRICARE Supplemental Coverage, he or she has discontinued SHBP Coverage and elected to pay for an insurance product that supplements TRICARE health coverage. In order to comply with federal law, the Department and Employing Entities may only collect premiums and transfer them to the company that provides the TRICARE Supplemental Coverage.

Rule 111-4-1-.02 clarifies certain obligations that apply to employing entities. Changes have been made in order to ensure compliance with federal laws that prohibit employers from endorsing TRICARE supplemental Coverage, clarify that employing entities are solely responsible for verifying citizenship or qualified alien status of an employee before facilitating his or her enrollment in the SHBP or designating him or her as eligible for SHBP coverage, and clarify that penalties or liability arising from an employing entity's failure to comply with immigration laws or failure to timely notify the Department that an individual has lost eligibility for coverage will be assessed against the employing entity.

Rule 111-4-1-.06 was revised to facilitate enrollment of retired employees and their dependents in TRICARE Supplemental Coverage and PeachCare for Kids® coverage. The rule clarifies that a retired employee who drops SHBP coverage for a dependent child may re-enroll the dependent child if the child maintained continuous coverage under either SHBP or PeachCare for Kids®. The regulation has also been revised to provide clarity regarding the application of qualifying event rules to retired employees.

Changes to Rule 111-4-1-.04 have been made to ensure compliance with laws that apply to surviving beneficiary coverage to reflect current administration. A public hearing will be held on December 14. The rules will be presented to the board for final consideration at the January 8, 2012 board meeting. Mr. Cox MADE a MOTION to approve for initial adoption proposed changes to SHBP Rules 111-4-1-.01, 111-4-1-.02, 111-4-1-.04 and 111-4-1-.06 to be published for public comment. Mr. Boyd SECONDED the MOTION. The Motion was UNANIMOUSLY APPROVED. (A copy of Rules 111-4-1-.01, 111-4-1-.02, 111-4-1-.04 and 111-4-1-.06 are attached hereto and made an official part of these Minutes as Attachment # 4).

Dr. Jerry Dubberly, Chief, Medical Assistance Plans, gave an update on the Department's Medicaid and SCHIP redesign efforts. The Department procured the services of Navigant Consulting to conduct a state and national environmental scan as to what are some of the best practices and trends. The Department hopes to use this information in a meaningful way as it charts its future Medicaid program. Also, the Department tasked Navigant with gaining input from stakeholders through a number of stakeholder forums throughout the state and provide the Department with technical assistance as the state reviews various options and models that are identified through the report. Navigant has conducted 30 stakeholder forums throughout the state and included input from providers, members, advocates, contracted and non-contracted vendors, other state agencies and legislators. In addition, Navigant interviewed DCH Staff as well as Medicaid staff in other states. Dr. Dubberly said he personally reached out to other state Medicaid directors, and they have been gracious with their staff time to work with Navigant and the Department to answer questions and talk more about their successes. Navigant's final report is due to DCH in January 2012. At that time the focus will turn to evaluating the report and findings and looking at various options available to chart the path for future strategies for the Georgia Medicaid program. The Department will use Navigant throughout that process if technical assistance or more information is needed. In late spring DCH intends to move publically with a model that it can put forth as the ultimate strategy.

Commissioner Cook stated that part of the process of taking a deep look at Medicaid was negotiating and renegotiating the contracts with the care management organizations. The key aspects were to get an extension of the existing contracts for one year, with a second one-year option to move forward with the Navigant Medicaid redesign process without interruption of current services. The new contract also adds stronger geographic access requirements for provider networks; requires the reporting of full time equivalent providers on CMO network access reports; expands choice and competition by giving CMOs the option of operating in all six regions; adds additional requirements regarding the notification to providers on rate changes; strengthens the prompt pay provisions; enhances the CMO Disease Case Management Requirements; and requires new SSAE 16 reports in lieu of SAS 70 reports to ensure appropriate controls are in place.

Commissioner Cook further reported that the State of Georgia was highlighted in the U.S. Department of Health and Human Services Children's Health Insurance Program

Reauthorization Act (CHIPRA) 2011 Annual Report on the Quality of Care for Children in Medicaid and CHIP. The Report highlights Georgia's quality measures and the ability to report and assess quality across both the CMO and Fee-For-Service programs. A copy of the report will be placed on the department's web site.

New Business and Closing Remarks

Mr. Wallace asked the Board to remember Veterans Day and convey appreciation for our veterans and the men and women in military service. Mr. Mason added that as we celebrate Thanksgiving the top of the list should be the men and women in uniform who protect freedom and liberty at home and abroad.

Adjournment

The next Board of Community Health meeting is scheduled for December 8 at 10:30 a.m. in the Fifth Floor Board Room. There being no further business to be brought before the Board, Chairman Mason adjourned the meeting at 11:04 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 Resolution - State Employee Plan Employer Contribution Rate Increase December, 2011-April 2012 for the State Health Benefit Plan
- #4 Rules 111-4-1-.01, 111-4-1-.02, 111-4-1-.04 and 111-4-1-.06