

MINUTES OF THE  
BOARD OF COMMUNITY HEALTH MEETING  
April 14, 2011

**Members Present**

Ross Mason  
Norman L. Boyd  
Inman C. "Buddy English, MD  
Jamie Pennington  
William H. Wallace, Jr.  
Mary Eleanor Wickersham, DPA

**Members Absent**

Archer Rose  
Hannah Heck

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 present. (The 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 10:38 a.m.

The Minutes of the MARCH 10 Meeting were UNANIMOUSLY APPROVED and ADOPTED.

**Report of the Commissioner**

Commissioner Cook stated the Department had several sets of rules and public notices to adopt. He asked J. Patrick O'Neal, M.D., Director, Emergency Preparedness and Response, Division of Public Health, to present Emergency Medical Service Rules 111-9-2-.12 and 111-9-2-.18.

Dr. O'Neal stated Rules 111-9-2-.12 and 111-9-2-.18 were initially presented to the Board almost one year ago. The main changes to the rules focused on upgrading the scope and standards for Emergency Medical Services to assure consistency with national standards and examinations. The proposed rules added summary suspension as an administrative measure for the protection of the public from persons licensed by the Department who present an imminent threat to health and safety and to establish criteria for conduct that constitutes an imminent threat and outlines the appeal procedures to which an applicant is entitled. Chairman Mason stated that during the regular board meeting in July 2010, these same proposed amendments to the Emergency Medical Services Rules 111-9-2-.12 and 111-9-2-.18 were tabled. Chairman Mason MADE a MOTION to take those proposed Rules from the table. Ms. Pennington SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. Chairman Mason then MADE a MOTION to approve for final adoption Emergency Medical Services Rule amendments 111-9-2-.12 and 111-9-2-.18. Mr. Wallace SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (Copies of Emergency Medical Services Rules 111-9-2-.12 and 111-9-2-.18 are attached hereto and made official parts of these Minutes as Attachments # 3 and # 4 respectively).

Dr. O'Neal presented some additional proposed Rules for initial consideration by the Board concerning various changes relating to Emergency Medical Services, to the designation of stroke centers and to the state trauma registry. The proposed rules relating to stroke centers are based on legislation that was passed several years ago is commonly referred to as the Coverdell-Murphy Act. The purpose of the Act was to improve the quality of stroke treatment and care within the State of Georgia. The proposed rules also would revise standards and

scopes of practice for the EMS profession to assure consistency with national standards and examination. In addition, the rules add the definition of Specialty Care Centers and place in procedure and policy the unique aspects of each type of designation. A discussion ensued about adding hospitals to a telemedicine network and leveraging funding for telemedicine expansion. Mr. Wallace brought to the Department's attention that there were several scrivener error references to the Department of Human Resources instead of Department of Community Health that should be corrected. Ms. Pennington MADE a MOTION to initially adopt the various proposed new Emergency Medical Services Rules to be published for public comment and that also repeal Chapter 290-5-30 in its entirety upon the adoption of the new rule. Mr. Boyd SECONDED the MOTION. The MOTION was UANIMOUSLY APPROVED. (A copy of the various Emergency Medical Services Rule changes within Chapter 111-9-2 is attached hereto and made an official part of these Minutes as Attachment # 5).

Dr. O'Neal introduced to the board Keith Wages, Director of EMS, and David Lofton who were instrumental and invaluable in formulating the EMS rules.

Jerry Dubberly, Pharm.D., Chief, Medical Assistance Plans, presented the Pharmacy Services Public Notice. Last fall, the Board adopted a pharmacy services methodology for specialty pharmaceuticals. Effective for dates of service on and after July 1, 2011, the Pharmacy Services Public Notice presented today expands the specialty pharmacy list and will apply to selected preferred and non-preferred medications used in the treatment of certain disease states. The Department removed language regarding an actual discount range off of Average Wholesale Price (AWP). The Department initially published rate ranges, but at the request of CMS, DCH has taken rate ranges out. The intent of the public notice is to allow the Department, based upon the actual cost of the product in the market place and its ability to ensure access to the product in the market place, to set the reimbursement rate appropriately and gives the Department the flexibility to do so. No less than quarterly, the Department will review the appropriateness of the reimbursement methodology for specialty pharmaceuticals. Specialty pharmaceuticals and reimbursement levels will be reflected in the Pharmacy Policy Manual. Ms. Pennington MADE a MOTION to initially adopt the Pharmacy Services Public Notice to be published for public comment. Dr. English SECONDED the MOTION. The MOTION was UANIMOUSLY APPROVED. (A copy of the Pharmacy Services Public Notice is attached hereto and made an official part of these Minutes as Attachments # 6).

Dr. Dubberly presented the Developmental Disabilities Waiver Programs Public Notice which includes two waivers: the New Options Waiver Program (NOW) and Comprehensive Supports Waiver Program (COMP). Both programs began operation November 1, 2008, that coincided with the Department's compliance with the Centers for Medicare and Medicaid Services' (CMS) request to unbundle certain services that were previously bundled. Periodically waivers have to be renewed with CMS. The Department received approval to renew the COMP Waiver effective January 1, 2011. The purpose of the public notice is to establish maximum rates for services provided under the NOW and COMP Waiver programs and to provide notice of three additional services in the COMP Waiver: Respite and Overnight Respite Services, Individual Directed Goods and Services, and Natural Support Training. NOW and COMP services are funded through the Department of Behavioral Health and Developmental Disabilities (DBHDD); therefore, this action has no budget impact on DCH. DBHDD may authorize individual provider rates up to the maximum amount, or in extraordinary circumstances related to the transition of an individual from an institution or who is at imminent risk of institutionalization, authorize an exceptional rate. Mr. Boyd MADE a MOTION to initially adopt the proposed Developmental Disabilities Waiver Programs Public Notice, the New Options Waiver rate table, and the

Comprehensive Supports Waiver rate table to be published for public comment. Ms. Pennington SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Developmental Disabilities Waiver Programs Public Notice, the New Options Waiver rate table, and the Comprehensive Supports Waiver rate table are attached hereto and made an official part of these Minutes as Attachment # 7).

Dr. Dubberly discussed another request for a public notice. He stated the Independent Care Waiver Program (ICWP) provides services for individuals between the ages of 21 and 64 who have physical disabilities or traumatic brain injury and who, without the community-based services provided through this waiver, would otherwise require institutional care. The purpose of the notice is to acknowledge CMS approval of the waiver program, and add one additional service, Alternative Living Service, which will provide a residential care option for waiver participants. The reimbursement level is established through the public notice and is consistent with the reimbursement level for the residential component of alternative living services in other waivers. There is no budget impact to DCH. Ms. Pennington MADE a MOTION to adopt initially the proposed Independent Care Waiver Program Rates Public Notice and Rate Table with the addition of a new Alternative Living Service to the Table. Mr. Wallace SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Independent Care Waiver Program Public Notice and rate table are attached hereto and made an official part of these Minutes as Attachment # 8).

Brenda Fitzgerald, M.D., Director, Division of Public Health, asked the Board's approval to modify the Georgia Notifiable Disease List by adding the condition *varicella* (chickenpox) to get a more accurate indication of the actual incidences of *varicella* in the State. Dr. Fitzgerald introduced Jessica Tuttle, M.D., Medical Epidemiologist, who provided additional information to the Board. The Council of State and Territorial Epidemiologists (CSTE) recently recommend that states move from aggregate to individual case-base reporting since the incidence of *varicella* has decreased to numbers where this is feasible. The purpose of case-based reporting would be to monitor the changing epidemiology of *varicella*, help assess and monitor vaccine effectiveness, monitor severity of disease, and guide disease control measures when needed. Reporting would be required within seven days and done through the electronic notifiable disease system that is already in place, fax or mail and then would be shared with the CDC Notifiable Disease System to be included in the national surveillance system. Dr. English MADE a MOTION to include *varicella*, commonly known as chickenpox, to the Georgia List of Notifiable Diseases. Mr. Wallace SECONDED the MOTION. The MOTION was UNANIMOUSLY APPROVED. (A copy of the Memorandum entitled Proposal to Modify the Georgia Notifiable Disease List is attached hereto and made an official part of these Minutes as Attachment # 9).

Mr. Vince Harris, Chief Financial Officer, presented a brief update on the State Health Benefit Plan. Mr. Harris stated the Department is managing through a projected \$273 million deficit for FY 2012. One of the budget items approved by the Legislature was an increase in the employee contribution. The Department recommended a 10 percent employee contribution. The House of Representatives recommended 20 percent and the Senate recommended 19 percent. The conferees met and went back to 10 percent. He read language from the bill that would allow an increase in employee premiums to 10 percent or as near as possible in Plan Year 2012. Also, the House of Representatives recommend a Non-certificated employee per member per month billing increase from \$216 to \$246; the Senate recommended increasing the PMPM rate to \$271.45. The conferees met and adopted a rate of \$246, which generates about \$25 million. The third item was to increase the percent of payroll for state agencies/authorities from 22 percent to about 27 percent, generating approximately \$104 million. Next steps for the

Department are to update revenue and expense projections for budget development and Open Enrollment, provide quarterly financial updates to the Board, continue working with funding partners to ensure sufficient revenue to the Plan, and develop plan design changes to reduce expenses.

Mr. Boyd and Mr. Harris discussed the employee contribution increase. Mr. Harris reviewed the language that would allow an increase in employee premiums to 10 percent or as near as possible in Plan Year 2012. He said the increase would affect all state employees and teachers.

Mr. Wallace shared his concerns about employee contribution rate increases in the range of 19-20 percent. He said he went back to the September budget, and according to data furnished by DCH, contribution rates for non-certificated employees in FY 2008 was \$254 million. In FY 2011 that had reduced to \$25 million. He said when he looks at projected deficits of \$273 million, the question that comes to mind is whether each group paying sufficiently to cover its own costs. He said he wishes to ensure that the SHBP provides coverage but also ensure that entities cover their respective costs. Also, Mr. Wallace voiced concern about the monthly agency payroll contribution fluctuation. He said it seems it would be actuarially less complicated to track revenue streams, shortages, overages and reserves if the contribution rate did not change month to month. (A copy of the State Health Benefit Plan presentation is attached hereto and made an official part of these Minutes as Attachment # 10).

Commissioner Cook discussed the Medicaid Design RFP. One of the goals of the Department and new Administration is to take a closer look at Medicaid and care management organizations. Commissioner Cook said the initial course of action has been instead of renewing the CMO contracts for another five years, renew the contracts for one year with another one-year option to take a broad look at the current Medicaid program but also get clarity on the direction of the federal government and fundamental restructuring of Medicaid. The Medicaid Design Request for Proposal (RFP) has been drafted. The Department is looking for a consultant to assess the model and structure of Georgia Medicaid and SCHIP and assist in forming a future direction for those programs--particularly access and quality of care and future expansion as a result of federal legislation. The Department will consider expenditures while maintaining quality of care and while meeting budget targets. This will be accomplished by environmental scans at both the state and national levels as well as options for innovative redesign that others have adopted or have specific waivers. Also, The Department will want the consultant to assist with the selection and implementation of the desired solution. Part of the effort will include about 30 stakeholder forums. The Medicaid Design RFP will be posted in the next 1-2 weeks. The Department will expect the consultant to present recommendations by November and an RFP released by January 2012.

### **Chairman's Closing Comments**

Chairman Mason said Medicaid design is critically important. He is hopeful that children's health and prevention will be a part of the discussions on Medicaid redesign.

### **Adjournment**

There being no further business to be brought before the Board, Chairman Mason adjourned the meeting at 11:29 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED BY VOTE OF THE BOARD

THIS THE \_\_\_\_ OF \_\_\_\_\_, 2011.

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ROSS MASON  
Chairman

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ARCHER R. ROSE  
Secretary

Official Attachments:

- # 1 List of Attendees
- #2 Agenda
- #3 Rule 111-9-2-.12
- #4 Rule 111-9-2-.18
- #5 Rule 111-9-2
- #6 Pharmacy Services Public Notice
- #7 Developmental Disabilities Waiver Programs  
Public Notice and rate tables
- #8 Independent Care Waiver Program Public Notice  
and rate table
- #9 Memorandum - Proposal to Modify the Georgia Notifiable Disease List
- #10 State Health Benefit Plan presentation