



CMS and Georgia DCH Representatives Discuss Current Topics in Medicaid at State Bar of Georgia Presentation

Jennifer E. Tyler and Ryan Kerr

On March 9, 2018, the Health Law Section of the State Bar of Georgia presented speakers from The Centers for Medicare and Medicaid Services (CMS) and the Georgia Department of Community Health (DCH) to discuss current topics affecting Medicaid. The panel discussion included Ms. Kelly Cleary, Deputy General Counsel at the U.S. Department of Health and Human Services (HHS) and Chief Legal Officer for CMS, and Mr. Blake Fulenwider, Deputy Commissioner and Chief of Medical Assistance Plans at DCH. Ms. Keri Conley, Vice President of Legal Services at the Georgia Hospital Association moderated the program.

Ms. Cleary began the event with a summary of the Trump administration's view of Medicaid, which she said is shaped by the growth of the program to roughly 30% of state budgets in 2017. Ms. Cleary stated the administration wants to see "good value" and "good outcomes." She noted the need to address long wait times and an insufficient supply of providers who accept Medicaid. It has been the desire of the administration since its early days, she says, to reset the federal government's relationship with the states regarding the program. With this backdrop, the administration continues to focus on increasing flexibility through Medicaid waivers, making Medicaid recipients accountable for the use of funds, and increasing program integrity efforts.

Mr. Fulenwider then gave a brief overview of Medicaid in Georgia which accounts for approximately 15% of the state's budget. Enrollment in the program is expected to continue to increase due to the state's population growth and the aging of its citizenry who are requiring more services.

The current priorities of Georgia's Medicaid Division, according to Mr. Fulenwider, are: (1) administrative simplification that relies on more automation, more user friendly formatting of forms, clearer presentation of information, and a single point of entry for all Care Management Organizations (CMOs) and fee-for-service portals; (2) implementation of new CMO contracts which involved bringing in the state's fourth CMO, CareSource, this year; (3) the launch of autism services by expanding both funding of and access to care¹; (4) expansion of the Performance, Quality, and Outcomes Unit from four FTEs to twelve to fourteen FTEs²; and (5) procurements.

Mr. Fulenwider summarized two key bills currently in the General Assembly which will affect Georgia Medicaid. Senate Bill 357 creates a Health Coordination and Innovation Council, which will operate in part to develop innovative approaches to cost containment and care improvement in health care delivery in the state. Additionally, the Council is intended to help the state chart the overall strategic direction of the state's various health care agencies. House Bill 769 is intended to help stabilize the state's rural health safety net. The bill includes provisions that allow for the development of micro-hospitals without Certificate of Need approval. The bill defines a "micro-hospital" as a hospital in a rural county which has at least two, but not more than seven, inpatient beds, and which provides emergency services seven days per week, twenty-four hours per day.

Mr. Fulenwider also explained a new system, called electronic visit verification or EVV, which is required by the 21st Century Cures Act. EVV is a means of monitoring visit information for home

¹ As of January 1, 2018, Medicaid now covers Adaptive Behavioral Services (ABS) for individuals under age 21 with diagnosed Autism Spectrum Disorders (ASD). For more information, please see: <https://dch.georgia.gov/autism-spectrum-disorder>.

² As of February 22, 2018, Kevin Holloway, MD has been named the New Assistant Chief of Performance, Quality and Outcomes.

health care that involves geo-mapping and logging times of arrival and departure at a beneficiary's home, which are then correlated to submitted claims. The state is currently working to implement an EVV.

In addition to the waiver flexibility and the work and community engagement programs presented by Ms. Cleary, Mr. Fulenwider also identified the restoration of funding for Disproportionate Share Hospital and Children's Health Insurance Program funding as significant federal developments.

Ms. Conley then led a question and answer session that indicated:

- In light of the importance and effectiveness of breast feeding on infant outcomes, DCH has been working on guidance for billing and claims for payment for services such as lactation consultants.
- The new Secretary of HHS's priorities are value-based transformation across the health care system with a focus on regulatory barriers that inhibit value-based practice; review of fraud and abuse laws that may inhibit value-based care; and specific review of the physician self-referral or Stark law.
- The Administrator of CMS announced there will be changes to meaningful use as it relates to hospitals and physicians and that CMS will be "laser-focused" on interoperability of Health Information Technology systems.
- Several bills are before the General Assembly related to streamlining and enhancing public data. There is legislation to create a state-wide enterprise data system and the Medicaid Division is building out its own system. Legislators are working through data privacy issues related to protected health information and educational data. Another related initiative is to change the way the state prison data system communicates with the Medicaid Division's system with the goal of ensuring people released from prison who have behavioral health disorders have access to care that will prevent their recidivism.
- To prepare for the health needs of aging "baby boomers" government funds have been increased for skilled nursing care reimbursement and funds for capacity building. One focus is on, with respect to the Balancing Incentive Payments program, the build-out of care on a community level to keep people in their homes for as long as possible.

This presentation suggests that providers that serve Medicaid populations should focus on: a) ways to participate in new councils being developed to guide and educate healthcare delivery in Georgia; and b) determine how to harness the new reimbursements for autistic patients. Additionally, with the federal government's continued focus on program integrity, Medicaid providers would be well advised to evaluate and measure their Medicaid compliance.

Authors and Contributors

Jennifer E. Tyler

Associate, Atlanta Office
404.873.8106
jennifer.tyler@agg.com

Ryan Kerr

Associate, Atlanta Office
404.873.8674
ryan.kerr@agg.com

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Atlanta Office

171 17th Street, NW
Suite 2100
Atlanta, GA 30363

Washington, DC Office

1775 Pennsylvania Avenue, NW
Suite 1000
Washington, DC 20006

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