In The Matter Of:

Georgia Department of Coummunity Health

Hearing, AM Session November 13, 2019

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1 GEORGIA PATHWAYS TO COVERAGE 1115 2 DEMONSTRATION WAIVER BY MR. MATTHEW KRULL: 3 Good morning. I'm Matt Krull, Health 4 5 Policy Counsel at the Department of Community 6 Health, and also General Counsel. Today is November 7 13, 2019 and it is now 9:00 a.m. 8 This is the public hearing of Georgia 9 Pathways to Coverage of the 1115 Demonstration Waiver. This public notice was issued by 10 Commissioner Frank Berry on November 4, 2019. 11 12 This notice is incorporated into these 13 proceedings. Pursuant to 42 CFR 431.406 (sic), the 14 Department of Community Health is required to 15 provide the public the opportunity to review and 16 17 provide input on the Section 1115 Demonstration Waiver. 18 At the November 4, 2019 DCH Board meeting, 19 20 the Department received approval to release for public comment of this notice. 21 The public comment period will expire 22 23 December 3, 2019. Individuals who wish to 24 provide written comments on or before December 3, 25 2019 may submit comments through an online forum

1 located at medicaid.georgia.gov/patientfirst, or to Lavinia Luca, curator of the Board of 2 Community Health at P.O. Box 1966, Atlanta, 3 Georgia 30301-1966. Comment letters must be 4 5 postmarked by December 3, 2019 in order to be accepted. 6 At the conclusion of the comment period, all 7 8 comments presented today will be transcribed and 9 presented to the Board of Community Health, along with a copy of any written comments received. 10 The Board will be asked to vote on this item for 11 12 final adoption at our December 13, 2019 meeting. 13 If you wish to make oral comments, please 14 sign on the appropriate roster on the table up 15 front. At this time, I'll ask Blake Fulenwider, 16 17 Chief Health Policy Officer at the Department of Community Health, to do a review of the 1115 18 19 Waiver. 20 SECTION 1115 WAIVER PRESENTATION BY MR. BLAKE FULENWIDER: 21 22 Thank you Matt. 23 Good morning, ladies and gentlemen. 24 Blake Fulenwider, Chief Health Policy Officer for the Department of Community Health. 25

I will walk us through the Georgia Pathways 1115 Waiver. As Matt indicated, the DCH Board had issued a Public initial document of public notice for this 1115 Waiver, which has kicked off our public hearing process. This is the second of six hearings that we will be holding across the state.

Comments are due by December the 3rd, of 2019, at either of the locations below, in addition to oral testimony that may be provided today.

I want to provide some background information in terms of how we got here today.

Governor Brian Kemp signed the Patients

First Acts in Senate Bill 106, on March 27, 2019,
which grants the Department of Community Health
to submit a Section 1115 Waiver in the centers
for Medicare and Medicaid Services. This
submission must be completed on or before June
30, 2020.

As far as Senate Bill 106, the department is authorized to consider a potential increase in income eligibility through the Georgia Medicaid Program up to one hundred percent of the Federal Poverty Level. Patients First Acts also grants

the authority to the Department of Community
Health to implement this Section 1115 Waiver
without further legislation.

The purpose of Section 1115 Waivers are broad. It is the broadness authority that the state have in terms of the waiver of the Social Security Act, specifically Title 19, to implement demonstration projects to test different approaches that promote the objectives of the Medicaid program.

While the waivers are broad in their authority, they must be budget neutral for the federal government. They're typically approved for a five-year period and the department chooses to seek approval for a five-year demonstration waiver.

In 2017, the administration revised criteria for Section 1115 waivers, which granted additional flexibility to states to test different approaches.

In June, the department kicked off a project with the assistance of our consulting firm,

Deloitte Consulting, which began with a state and national level environmental scan, which took a look at the environment we under which currently

live in the state and in the -- at the national level, as it relates to the Medicaid program.

That information is included on the DCH website under the Patients First Act link. And if you haven't had an opportunity to review that information, I would encourage you to do so. It's about a hundred and fifty pages worth of dense material, but really runs the gamut in terms of our current landscape and the challenges that we face in the state.

We also convened a group of stakeholders in a work-group session in mid-July to review that information and kick-off the waiver development process.

Working with our consulting teams, we began to conceptualize what these waiver options might look like, solidify the approaches and begin to develop these draft waivers, which are now available on our website for your review. They were released on November 4, 2019, following approval of the initial public notice by the department board.

Again, we intend to hold six public hearings across the state. And throughout this process, we have been engaged with our partners at the

federal level, as we began to craft these options.

And, once again, we will accept public comment until December 3rd, of 2019.

To touch on the specifics of the Georgia

Pathways proposal, we identified these four goals
for 1115 waiver application.

The first was to improve the health of low-income Georgians by increasing access to healthcare coverage, through encouraging work and other employment-related activities, or what we'll call "qualifying activities," that I will touch on in just a moment.

The goal is also to reduce the number of uninsured citizens across our state, promote member transition to commercial health insurance, and encourage participants to be active consumers in their healthcare.

We also want to look for opportunities to support eligible member enrollment and employer sponsored insurance, when it is cost effective to do so, and increase the number of Georgians who are employed, while also furthering increases in wage accruing.

And core to 1115 waivers for the state and

the federal government, in terms of budget mutuality, is to make sure we maintain the long term fiscal sustainability of the program.

You'll see key features of the Georgia

Pathways proposal which includes a new pathway

for Georgians who are currently not eligible for

Medicaid, which are primarily childless adults

and parents, up to 100 percent of the Federal

Poverty Level, to obtain coverage through the

pathways program by participating in qualifying

activities.

We've introduced elements of commercial health insurance, such as employer sponsored insurance premium assistance, where it is cost effective for the state, premium requirements and elements that are routinely seen in the commercial health insurance space, and again, premium assistance for those where it is cost effective to do so.

Those who are eligible include Georgians who are not eligible for any other category of assistance in Georgia Medicaid. And so if you are eligible, none of these features would apply to you.

This primarily would include, in our

low-income Medicaid program, pregnant women and children. Or, in our aged, blind and disabled program. Those who meet those categories such as disability or those who need long-term support and services, none of these features will apply.

You're also age 19 to 64 years old with income below 100 percent of the Federal Poverty Level, which is just over \$12,000 of annual income for an individual.

You're also participating in a minimum of 80 hours, which is part tome by definition, per month, of qualifying activities. And I will highlight specifically what those opportunities are in just a moment.

And per federal law, you are a U.S. Citizen or qualify with current legal residence, eligible for the program.

Qualifying activities include employment, both unsubsidized and subsidized, as well as public and private sector employment. Other activities include on-the-job training, job readiness, community service, vocational educational training and full-time enrollment in an institution of higher education, so college and university.

I want to hit on the specific element that we are exploring as it relates to vocational education. You are seeking the leverage of a successful program known as the high-demand career initiative in the technical college system of Georgia. There are numerous fields of study, which prepares Georgians for entry into the workforce where there's an identified need across the state. In participating in a vocational training program through that avenue will include incentives such as waiving premium requirements (indiscernible.)

I want to touch on a couple of items similar to commercial health insurance that we have built into the proposal, which would apply to those with incomes between 50 and 100 percent of the Federal Poverty Level, which again include premiums, copays and a healthy rewards accounts. And the healthy rewards account would be funded through premium contributions that the individual makes, as well incentive dollars that are earned and accrued for participation in certain wellness activities, like biometric screening or chronic disease management, or smoking sessation, to encourage Georgians to better invest in their own

health for the betterment of themselves and complete those activities.

Once the accounts accrue 200 dollars or more in funding, than the dollars can be used to purchase other healthcare services that are needed that might not be covered, including over-the-counter, non-prescription drugs, dental services, glasses, contacts, and also to pay copayments at the point of service.

We also include a mandatory employer sponsored insurance premium assistance program. That is an expansion of the existing Georgia Medicaid Health Insurance Premium Program, which is today's voluntary. And if it is cost effective for the state, meaning the amount of the subsidy that would be required to pay the employee share of their employer sponsored insurance premium is less, than the amount the state would pay in a Medicaid capitation payment through our manage care program, those who are eligible will be required to enroll through that avenue.

And again, Medicaid dollars will be used to reimburse the individual's premium contribution that is required.

Again, the opportunity for public comment is currently open and will remain open through December 3rd, of 2019.

The address of where your comments can be provided are provided here, as well as by mail, the address noted on the screen.

I will turn it back over to Matt to walk us through our public comment period.

Thank you all for being here today.

BY MR. KRULL:

At this time I will go down the roster and give each person who has signed in an opportunity to speak.

Please limit your comments to ten minutes and keep your comments limited to the issues that directly relate to the proposed public notes.

At the end of your ten minutes, if you have not completed your presentation, I may ask for a brief closing statement and you will be able to submit remaining comments in writing.

When I call your name, if you'll please come down to the front row, there's a microphone, please speak into the microphone as we have a court reporter taking down your testimony to be submitted along with the application.

1 At this point I'll call Lynn Snyder. 2 Before Ms. Snyder makes her way down, does anyone need the services of the sign-language 3 interpreter? 4 5 (Pause.) 6 You may be seated. 7 Good morning, Ms. Snyder. Thank you for 8 being here. Go ahead and make your comments, 9 please. MS. LYNN SNYDER, OF GEORGIA WOMEN GROUP PRESENTS 10 HER TESTIMONY AS FOLLOWS: 11 12 First off, I see this as a program that 13 covers 50,000 people out of the almost 400,000 Georgians who don't have health insurance. 14 15 Work requirements are costly. Tennessee's 16 requirement cost 34 million. I don't know how 17 we're going to pay for that. Arkansas lost 18,000 people when they put their waiver program in 18 19 place. 20 I'm looking at the average rent cost for Macon which is \$629 per month for a one-bedroom 21 apartment. If someone earns \$12,000 a year, 22 23 which is the 100 percent of the Federal Poverty 24 Level, and I would imagine that they would have 25 to pay premium because they're at the top of that

1 level, that would be \$50 a month. So now we're 2 at \$679, leaving \$371 a month for copayments, food, utilities, and transportation. 3 It doesn't seem like that's very much, 4 5 especially in an area where we have high poverty and poor transportation services. 6 7 That's all I have to say. BY MR. KRULL: 8 9 Thank you for your comments. Ms. Trudy Posner. Ms. Posner, if you could, 10 come down to the microphone to make your 11 12 comments. 13 Good morning, Ms. Posner. Welcome to our 14 meeting. MS. TRUDY POSNER, OF GEORGIA WOMEN GROUP PRESENTS 15 HER TESTIMONY AS FOLLOWS: 16 17 This, for me, is a very personal issue because my son, who has a very serious heart 18 19 condition and needs surgery, the second time --20 open heart surgery, fell into the gap this year. My husband and I had to pay his COBRA and 21 the only reason that he had any insurance was 22 23 because he had gotten a job just before he turned 24 26 years old, a month before he turned 26. And 25 he had an internship that, when it ended, so did

his insurance. He came back to Georgia to live with us. He was uninsurable because he had made the minimum amount required to get the funding for the ACA to be able to get him that.

He had COBRA, but it was \$600 a month for five months while he looked for a job. He was uninsurable because of his health condition. And he obviously needed insurance because of his health. He would have died if we hadn't provided the COBRA for him.

This is not acceptable. He looked for -- he actually has a master's degree in a very, high area but he doesn't get -- he couldn't find a job at the time. So it took him five months.

During that time, he applied for jobs in the general market. Working at places like the grocery store. He was offered a job. He accepted it. And he thought he was getting part-time work. And they ended up giving him five hours a week. So with the definition of at least 80 hours per month, he would have had have worked four jobs, manage to figure out how to get them all in, and on top of that, having a heart condition. It doesn't become feasible.

So the 80-hour requirement is not feasible

1 when jobs aren't even giving people the number of 2 hours that they need for it to work. 3 For the record, my son ended up getting a job, so we're no longer paying his COBRA, but 4 5 we're out \$3000 that were never going to see 6 again. And it was not an option for us to do 7 that. 8 He left the state. My other son actually 9 left the country and because he had it up to here with people not being taken care of this country, 10 and in this state. And not acceptable. My 11 children were born and raised in the United 12 13 States and feel they have to leave. Thank you. BY MR. KRULL: 14 15 Thank you for your comment, Ms. Posner. The next name on the roster, last name 16 Blackwell? 17 Sir, can we get you to say your name for the 18 19 court reporter. 20 DR. KIMATHI BLACKWOOD FOR MIDDLE GEORGIA MEDICAL SOCIETY: 21 22 Good morning. My name is Dr. Kimathi 23 Blackwood. Should I spell it? 24 MR. KRULL: Yes, go ahead. 25 K-I-M-A-T-H-I. Good morning. Thank you to

everybody for being here. Thank you for taking this time to offer public comments.

I've been pushing -- I'm an Urologist, that is a kidney doctor. I've worked in middle-Georgia area for the past eight years. I worked with several of the doctors in the area and I also teach at the medical school here, also.

I've been pushing for Medicaid statute for a number of years. So this -- I am lucky that this does not affect me personally because I have insurance. But this affects my patients quite adversely.

In the middle of Georgia in Macon, we have many, many dialysis centers for a town of 92,000 people. That is unacceptable. I'm doing well in my business but I should not be. This is a very avoidable problem and it is simply due - there are a lot of reasons, it's not simple, but a huge part of this is lack of access and lack of affordability.

Working -- I am working with patients who can't find dialysis simply because they cannot afford their medications and, quite often, they get turned down by Medicaid.

I thank Governor Kemp for taking this first step. It's better than nothing, but it is not acceptable that it is not sufficient, for a number of reasons. Like the mother, the lady who just spoke, I tell patients who have Medicaid or have no insurance, if they had the option, if they had family in other states, to, for the sake of their health, to please leave Georgia. That's a harsh thing to say, but the truth is, they'd be better off in another state where they can get better Medicaid benefits.

I've had patients leave to go to other states. Most of my patients don't have the option. And so they are stuck with this very bad system that we have.

Here is the situation, we have patients who can't afford the medications for about any type of pressure, you name the disease. So, they're in and out of the hospital, they can't affords the meds. They get very good care in the hospital but once they leave, they cannot afford the medications.

So their kidneys end up failing, they end up on dialysis by the time they're in their forties or fifties and they're basically rendered

unemployable for life because dialysis is three times a week. Now, because they're not employable, they're getting a disability check.

Keep in mind, the dialysis cost Medicare, I think \$9,000 per year, per patient. That's a minimum cost. Add to that the cost of the disability check that the government has paid this person because nobody will hire them. When it would have made a whole lot of sense if Medicaid took over their medicines for diabetes for a few hundred dollars per month. They'd still be working and pay taxes into the system.

Now, I've had patients also, when they moved to Georgia they lose the Medicaid coverage because Medicaid is very state specific, when it comes to state eligibility requirements. So they moved to Georgia, they lose their Medicaid coverage and they are in and out of the the hospital until they die. Or, if they need dialysis, then the Medicaid kicks in.

Now, Ohio, which has better Medicaid has actually reduced costs and have and fewer hospitalizations. They save money in the long run.

Also, data shows that states that have

extended Medicaid have much lower rates of cardiac morbidity and mortality. People live like this. It's not rocket science.

We've had a number of hospital closures in Georgia, simply because if you have a lot of sick, uninsured patients who need a lot of care, you will lose money, and these hospitals close down. In states that did not extend Medicaid, hospital closures have happened at an alarming rate.

Another absurd fact is that patients of -women who are pregnant, they get Medicaid
coverage. As soon as the baby is born, they lose
Medicaid coverage. So the absurd ways that
people use the system is that they keep having
kids to keep, to keep having coverage. There are
a lot of reasons behind that, but that's
ridiculous. And that's why Georgia has the
highest rate of post-partum maternal mortality.

Now, I'm not an obstetrician, but my OB/GYN colleagues tell me that it's ridiculous.

My Medicaid patients cannot see a dentist because Medicaid doesn't cover dental care. They cannot see a pain doctor, that's why the emergency room is full of people seeking pain

1 They cannot see an endocrinologist for meds. 2 their diabetes, that's why people with diabetes are in and out of the ER, pretty much until they 3 die or they end up on dialysis. And the list 4 5 goes on. So I have mixed feelings about this. 6 7 is a first step, but I think this is a very 8 half-hearted and needed step. We need to push 9 forward for greater coverage. Now, I have mixed feelings about the work 10 requirements, but I really think we need to look 11 12 seriously at investing in the population and 13 saving money in the long run by having greater coverage for Medicaid. 14 Thank you, very much. 15 16 BY MR. KRULL: 17 Thank you for your comments. That's the last name on the list. Is there anyone else who 18 19 wants to make a public comment? 20 Thank each of you for coming today to provide oral comments. 21 I reiterate that the public commentary for 22 23 the proposed changes will expire on December 3, 24 2019. As I indicated earlier, written comments 25 will be entered into the official record, as well

as the the transcription of the oral comments that we've heard here this morning. The board will be asked to vote on this public notice for final adoption at the December 12th, of 2019 board meeting, which will be held on the fifth floor boardroom at The Department for Community Health, 2 Peachtree, Atlanta, Georgia, 10:30 a.m. I thank you, once again, for your attendance. There being no further person who wish to make comment, this public hearing is adjourned at 9:45 a.m. Thank you. (This session is adjourned at 9:45 a.m.)

1	CERTIFICATE
2	
3	STATE OF GEORGIA:
4	
5	
6	I hereby certify that the foregoing
7	transcript was taken down, as stated in the caption,
8	and the questions and answers thereto were reduced
9	to writing under my direction; that the foregoing
10	pages 1 through 23 represent a true and correct
11	transcript of the evidence given.
12	
13	I further certify that I am not of kin or
14	counsel to the parties in the case; am not in the
15	regular employ of counsel for any of said parties;
16	nor am I in anywise interested in the result of said
17	case.
18	
19	This, the 14th day of November, 2019.
20	
21	$\alpha > \lambda$
22	Jane Day
23	Jane P. Day
24	Certified Court Reporter 5722-2335-0164-6848
25	5/22-2333-0104-0040

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