Medical Care Advisory Committee (MCAC)
Monday, August 8, 2022

Minutes

Members: Michael Auerbach, Kathy Bates, Kelley Capuchino, Tamme Dustin, Joan Fitzgerald, Ellen Keith, Ellen McMahon, Paula Minnehan, Kara Nickulas, Karen Rosenberg, Holly Stevens, Lisabritt Solsky Stevens, Carolyn Virtue, Elinor Wozniakowski
Excused: Kristine Stoddard
Alternates: Gina Balkus, Deodonne Bhattarai, Amy Girouard, Emily Johnson, Cheryl Steinberg, Nichole VonDette
DHHS: Henry Lipman, Alyssa Cohen, Katja Fox, Joe Caristi, Melissa Hardy, Morissa Henn, Sarah Finne DMD, Dawn Tierney, Laura Ringelberg, Olivia May, Carolyn Richards, Jill Fournier, Andrea Stewart, Susan Drown, Leslie Melby, Jordan McCormick, Diana Lacey, Julianne Carbin, Janine Corbett, Jody Farwell, Leslie Bartlett, Catrina Rantala, Sara Cleveland
Guests: DOC Commissioner Helen Hanks, Deb Fournier, Lucy Hodder, Deb Chotkevys, Jay Nagy, Jillian Salmon, Susan Paschell, Leann Wirth, Erica Oberman, Trina Loughery, Lakeesha Dickerson, Jane Kapoian, Leeann Wirth, Jessica Rubinstein, Debra Jacobs, Julie Wolter, Jeffrey Atwood, Josh Krintzman, Nicole Burke, Erin Hall, Alex Koutroubas, Rachel Chumbly, Loren Wilson, Stephanie Myers, Tracy Gillick, Rich Sigel, Thomas Grinley, Jesse Fennelly

July 11, 2022 Minutes
M/S/A

Agenda Items – September 12, 2022
- Case management funding for housing
- Supportive housing 1915i waiver

Membership Subcommittee
Carolyn Virtue, Subcommittee Chair
Motion: Having provided the MCAC 30 days' notice, affirm the appointment of Elinor Wozniakowski of Dartmouth-Hitchcock/Conifer Solutions as Member. M/S/A
The membership subcommittee will review a revised Member application and a new Alternate application.

Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver. (SUD-SMI-SED-TRA)
Henry Lipman, Medicaid Director; Commissioner Helen Hanks, DOC; Katja Fox, Director, Division for Behavioral Health, Joe Caristi, CFO, New Hampshire Hospital, Alyssa Cohen, Deputy Medicaid Director
In 2018 DHHS applied for and received approval for the Substance Use Disorder Treatment and Recovery Access (SUD-TRA) 1115 Demonstration waiver for a 5-year term ending June 30, 2023. Under the waiver, CMS provides federal match for otherwise excluded services administered in IMDs to improve inpatient capacity. The proposed 5-year extension will enable DHHS to claim federal reimbursement, continue to expand the continuum of care, and increase access to SUD and mental health treatment supports for Medicaid beneficiaries.

The original SUD-TRA waiver was recently amended and approved to provide federal funding for Serious Mental Illness (SMI) services otherwise carved out from federal financial participation; expand access to and capacity for behavioral health services; and improve the continuum of behavioral health care. As of July 1,

2022, the SMI amendment waives the IMD exclusion rule[1] for beneficiaries ages 21-64 with SMI who need residential or inpatient hospital treatment at an IMD. The amendment is predicated on NH's investment in community-based services.

The waiver renewal proposes a new Community Reentry component of the demonstration for individuals who are otherwise Medicaid eligible and receiving SUD or SMI treatment in a "public institution" within NH's state prison system. The program would use federal funds to provide enhanced care coordination during the period 45 days prior to release from prison through the Medicaid program. The goal is to connect formerly incarcerated individuals with resources, including peer support services, to support stable reintegration and reduce recidivism. The proposed Community Reentry program will be limited to the state prison system. If proven successful, the state would consider expanding to include county jails at a later date. Waiver renewal is not contingent on approval of the Community Reentry program.

The independent evaluator's findings are key to moving forward with SUD and SMI and to ensure that the waiver's goals are met. Goals are consistent with those of the state opioid response and NH's 10-year mental health plan:
SUD: Increase rates of engagement and retention in treatment, reduce overdose deaths, reduce use of EDs and inpatient settings, reduce readmissions, and improve access to care for physical health.
SMI: Reduce ED utilization and ED lengths of stay, reduce preventable readmissions, and improve access to community services, care coordination and continuity of care, including CTI[2]. All CMHCs have staff to assist with the transition from the inpatient to community settings and with mental health and basic living needs.
Community Reentry: Reduce parole violations, recidivism, use of IMD services, and reduce use of ED and inpatient hospital settings through improved access to community services.

Since implementation of the initial SUD-TRA waiver, behavioral health care improvements include: 25.8% increase in SUD residential treatment facilities' licensed bed capacity through 7/30/21; improved access to care for beneficiaries with intensive SUD treatment needs; decline in ED use in the 90 days post-discharge from IMDs as compared to the 90 days period prior to admissions; enhanced stabilization and continuity of care post-discharge; and savings of $2.5 million below the hypothetical cap set by CMS. The SMI component of the demonstration was only recently approved (June 2, 2022) and implemented after the date of the interim evaluation report.

DHHS worked with its actuarial partners to project budget neutrality limits for the waiver to ensure the state does not spend more for waiver-supported services than it would in the absence of the waiver.

DHHS is seeking public comment over a 30-day public comment period (8/8/22-9/6/22) prior to submitting the extension request to CMS. All comments must be received by 5pm on Sept 6, 2022. DHHS will host two public hearings – Manchester, Aug 10, 5:30pm and Littleton, Aug 18, 5:00pm. Comments may be submitted by mail and email. The extension request is available online.

Comment #1

Speaker Name: Holly Stevens
Speaker Organization: MCAC Chair, NAMI NH

[1] Medicaid payments to states are prohibited for adults 21-64 receiving psychiatric care in an institution for mental diseases (IMD) with more than 16 beds.
[2] Critical time intervention is a 9-month, intensive care transition program that connects people to services and supports in their home communities upon discharge from a psychiatric inpatient setting.

Summary Remarks: What will be the impact of this demonstration on DRFs [Designated Receiving Facilities]?
(Henry Lipman: Since DRFs are components of a larger hospital and would not typically represent 50% or more of the total beds of the facility, the demonstration does not have an impact on DRFs.)

Comment #2

Speaker Name: Carolyn Virtue
Speaker Organization: MCAC Member
Summary Remarks: How does this impact mental health supports for the aging and elderly whose needs can't always be met through the CFI waiver?
(Henry Lipman: Beneficiaries directly impacted by the waiver are those under 65 years of age. Ongoing investments in community-based care that are indirectly associated with the waiver have more of a role to play in supporting the aging and elderly.)

Comment #3

Speaker Name: Susan Stearns and Holly Stevens
Speaker Organization: NAMI NH and MCAC Chair, respectively
Summary Remarks: We are interested in the Community Reentry program. What is the likelihood that this program would be expanded to the county jails in the future?
(Commissioner Hanks: Uptake may be mixed among counties; some may be ready to join immediately while others need more time.)
(Henry Lipman: The important part is demonstrating success first in the more controlled environment that is the State prisons).

Comment #4

Speaker Name: Karen Rosenberg
Speaker Organization: MCAC Member, Disability Rights Center
Summary Remarks: Would this Demonstration provide FMAP only for SMI stays? What authorities would this Demonstration grant?
(Henry Lipman: The Demonstration extension would continue all of the original authorities (SUD & SMI IMD stays), while adding the corrections piece. It would also continue to emphasize community benefits.)

What is the relationship between FFP and community-based services in this demonstration? How are they being incentivized?
(Henry Lipman: We want to increase community-based services as these services cost less money. We are trying to avoid more costly institutionalization where possible. Sometimes institutionalization is necessary, but we want to avoid it where possible and use the savings to invest in community-based care.)
(Katja Fox: Community-based services are a big part of our DNA).

Comment #5

Speaker Name: Kelley Capuchino
Speaker Organization: MCAC Member NH Community Behavioral Health Association
Summary Remarks: Would this Demonstration include settings outside New Hampshire Hospital and Hampstead Hospital? We noted the Demonstration application only named these two facilities. Any thoughts about including new settings? We understand residential settings may need time to prepare before they are fully ready.
(Joe Caristi: All IMDs would be eligible. New Hampshire Hospital and Hampstead Hospital are the only two currently in existence.)

Annual External Quality Review Organization (EQRO) Technical Report Q&A
Jill Fournier, Quality Assurance and Improvement Nurse; Debbie Chotkevys, Health Services Advisory Group
The next EQRO report will be published Feb/March, 2023 and is due to CMS in April.
Next year's topics to be evaluated include contract compliance review, performance improvement projects, performance measure validation, network adequacy validation; comparisons of HEDIS and CAHPS data, encounter data validation, semi-structured interview reports, and at least one quality study.

Medicaid Quality Information System (MQIS) Tutorial
Andrea Stewart, MQIS Administrator; Jill Fournier, Quality Assurance and Improvement Nurse
DHHS developed MQIS to allow for the submission, validation and public access to quality data submitted by the MCOs. DHHS maintains metadata for each measure within MQIS to include descriptive data for reports and specifications for data submitters. DHHS receives and validates data for 280 measures required by the MCM contracts.

The MQIS website was demonstrated to view the types of quality data available. Information can be found using quality measures listed by A-Z and by topic. The search bar is used to search broadly for data and reports. Measures were demonstrated, e.g. timeliness of prenatal care, to highlight comparator data (New England, National, and NH commercial). Charts may be customized and converted, and data can be downloaded and exported. Subgroup populations can be accessed for each MCO. There is no identifiable data, as data is suppressed when numbers are too low. See slides 11-17 of the presentation to view MQIS screens.

Questions were raised about publication of specific types of data. Available information is limited to measures required by the state's managed care contract. However, it's possible to drill down by types of services used by a subgroup. Although HEDIS measures have some limitations, it is the standard used nationally to compare commercial and Medicaid health plan performance. Questions may be directed to Andrea Stewart at Andrea.L.Stewart@dhhs.nh.gov /603-271-9437 and Jill Fournier at Jill.Fournier@dhhs.nh.gov /603-271-9582.

MCOs: Prior Authorization (PA) and Secondary Payer Issues:
AmeriHealth (ACNH): Lakeesha Dickerson, Manager, Utilization Management, Trina Loughery, Director, Operations and Administration
ACNH performs standard and expedited PA reviews and concurrent reviews of select services to determine medical necessity. PA is performed by utilization management (UM) clinical staff supported by physicians. Decisions are based on nationally accepted UM medical necessity guidelines. When a reviewer cannot approve the request, the case is referred to the medical director, BH medical director, or physician designee.

Coordination of benefits: The MCO is the payer of last resort. When a hospital claim is billed secondary to Medicare, ACNH pays the full patient responsibility. If the claim is a medical claim or a commercial insurer is primary, ACNH pays the lesser of member responsibility or the difference between the amount paid by the primary carrier and the ACNH allowed amount.

NHHF: Erica Oberman, Director of UM: Jane Kapoian, Director Claims Ops, Leeann Wirth, TPL/COB SME
Medical necessity review is based on InterQual criteria, Centene clinical policy, and state policy guidelines. PA nurses review cases and refer to medical director if the case does not meet criteria. Denials are sent to provider and member. When an adverse determination occurs, providers can provide additional information to the NHHF medical director. This option, as well as appeals information, is provided to members and providers. 100% concurrent reviews are performed for all inpatient admissions using InterQual. Cases that do not meet the criteria are referred to the medical director and follow the same process as PA.

Coordination of Benefits: Same as ACNH above. If a member is billed for a portion of services paid by the primary insurer and NHHF as secondary, with a portion that remains unpaid, the member should contact NHHF member services. If the primary payer rejects a pharmacy claim, NHHF as secondary follows the primary decision. If the member has Medicare and NHHF for pharmacy coverage, medications are processed through Medicare Part D unless excluded by Part D, and NHHF processes using formulary edits.

WSHP: Jessica Rubinstein, Senior Medical Director, Debra Jacobs, VP of Utilization Management
Medical: As secondary payer, WellSense covers patient responsibility but does not exceed the allowed amount for the service. When the primary payer does not cover a service, Well Sense PA rules must be followed.
DME: If the primary payer paid, no authorization is needed. If WellSense is secondary and the primary payer denied the claim, the DME provider must obtain an authorization.
WellSense follows the COB claims processing rules for pharmacy for primary commercial coverage or primary Medicare coverage.

Discussion: When a generic is substituted for brand name, the MCO is not obligated to notify the member because it's the same drug.
Questions for follow-up:

- Once the generic is filled but the brand must be substituted, the member should inform the pharmacist that a PA is required to get the brand name drug.
- Does the 72-hour emergency supply rule apply to substituting the brand name drug so the member does not go without medication? The member must ask, and pharmacy will comply.
- To avoid delays, the prescriber should order the medication as brand name only.

Medicaid Continuous Enrollment
Deb Fournier, UNH Health Law & Policy

- Medicaid enrollment increased by 34% since February 2019.
- In June 10% of overdue redeterminations completed; In July, 15% completed for a total of 15,616.
- Updated data on number of enrollees in the protected population will be available next month.
- The federal PHE will expire October 13 unless further extended. States should hear within the next few weeks whether or not the PHE will expire Oct 13.
- The Affordable Connectivity Program helps low-income households pay for internet service and connected devices. Households with incomes below 200% FPL or those receiving a government benefit (e.g. Medicaid, SNAP) qualify for discounts on devices and internet.
- Clients with online accounts have PIN numbers. Clients receive PINs by notices and can request them by mail and by phone. If a PIN is lost, clients can access their account information by providing their social security number or Medicaid ID number, and date of birth.

Department Updates, Henry Lipman, Medicaid Director
Dental Benefit: RFI responses due August 8. RFP will be issued in August.

Disability Determinations (DDU report): As of July 29, 2022:

- 21 children pending, of which 4 are on Medicaid. 15 cases 0-45 days; 6 cases 46-90 days. Zero over 90 days.
- 223 adults pending, of which 175 are on Medicaid. 97 cases 0-45 days; 82 cases 46-90 days; 44 cases 90+ days, of which 34 have Medicaid; 15 ready for nurse write-up or sign-off; 2 pending medical records after two requests; 26 scheduled for consultative exams.

American Rescue Plan Act HCBS Spending Plan: DHHS will be issuing payments to case management providers soon.

Rules - Consent: He-W 854.15, Adult Category Earned Income Disregard

Meeting adjourned.