

Medical Care Advisory Committee (MCAC)

Monday, June 13, 2022

Minutes

Members: Mike Auerbach, Kathy Bates, Jake Berry, Kelley Capuchino, Tamme Dustin, Joan Fitzgerald, Ellen McCahon, Dawn McKinney, Paula Minnehan, Kara Nickulas, Karen Rosenberg, Holly Stevens, Lisabritt Solsky Stevens, Carolyn Virtue, Brendan Williams

Excused: Lisa DiMartino

Alternates: Deodonne Bhattarai, Amy Girouard, Emily Johnson, Isadora Rodriguez-Legendre, Kristin Schmidt, Susan Silsby, Nichole Von Dette, Elinor Wozniakowski, Jim Zibailo

DHHS: Henry Lipman, Alyssa Cohen, Sarah Finne, DMD, Dawn Tierney, Rob Berry, Jordan McDonald, Shirley Iacopino, Laura Ringelberg, Jill Fournier, Patrick McGowan, Melissa Hardy, Leslie Melby, Carolyn Richards, Diana Lacey, Susan Drown, Jody Farwell, Leslie Bartlett

Guests: Lucy Hodder, Deb Fournier, Brooke Belanger, Jesse Fennelly, Heidi Kroll, Lisa Pettengill, Trina Loughery, Rachel Chumbley

ANNOUNCEMENTS

Apologies were extended for the problems logging on for those attending virtually and the resulting delay in starting the meeting.

MINUTES: May 9, 2022

Motion: Amend the minutes to state that the change from Zoom to Webinar format is intended to ensure transparency with the public and to bring about a new voting mechanism. M/S/A

Motion to approve minutes as amended. M/S/A

MEMBERSHIP SUBCOMMITTEE

Carolyn Virtue, Chair

The following motions were made:

Motion 1:

1. Accept the resignations of Leslie Aronson, Nancy Rollins, Michelle Winchester, and Sarah Morrison.
2. Affirm the appointment of Joan Fitzgerald of the NH Dental Hygienists Association as Member.
3. Affirm the appointment of Lisabritt Solsky Stevens of Easter Seals as Member.
4. Affirm the appointment of Dawn McKinney of NH Legal Assistance as Member to replace Michelle Winchester.

M/S/A

Motion 2:

1. Affirm the appointment Emily Johnson of Granite Case Management as Alternate for Carolyn Virtue.
2. Affirm the appointment of Susan Silsby of Easter Seals as Alternate for Lisabritt Solsky Stevens.
3. Affirm the appointment of Cheryl Steinberg of NH Legal Assistance as Alternate for Dawn McKinney.
4. Affirm the appointment of Myra Nikitas of the NH Dental Hygienists Association as Alternate for Joan Fitzgerald.

The motion contained a scrivener's error that omitted nominees' organizations. The minutes will be corrected.

M/S/A

Motion 3:

The MCAC Membership Subcommittee requests a waiver of the 30-day notice requirement to facilitate the election of Chair and Vice Chair. If there is any objection, the election will be held July 11, 2022. M/S/A

Motion 4:

Affirm the appointment of Holly Stevens as MCAC Chair and Carolyn Virtue as MCAC Vice Chair. M/S/A

Members thanked Carolyn for the excellent job as Chair representing all parties. Carolyn Virtue thanked current and past MCAC members for their support in her role as Chair. Holly Stevens will assume her duties as Chair on July 1, 2022.

Motion 5:

Accept the resignation of Ronnieann Rakoski of the NH Developmental Disabilities Council effective May 31, 2022. M/S/A

BYLAWS SUBCOMMITTEE

Carolyn Virtue, Chair

Motion 6:

Accept the MCAC Bylaws as amended. The proposed amended bylaws were sent to members May 5, 2022. Discussion: The identification of entities to be represented on the MCAC is specified in federal law; consumer representation is based on a combination of federal mandate and groups historically represented. Additional information on organizational and individual membership will be available at a future meeting. M/S/A

MEDICAID QUALITY PROGRAM – PART 3

Jill Fournier, Bureau of Program Quality, Medicaid Quality Program

MCAC and DHHS expressed their appreciation to Patrick McGowan for his 18 years of service to the Medicaid Quality Program as he moves on to a new position.

Part 3 of the Medicaid Care Management Quality program presentation is focused on quality of care. The current Medicaid quality strategy expires 6/30/2022. Version #6 was sent to MCAC on 5/3/22 for the 30-day comment period. Additional feedback will be considered prior to the 6/30/22 submission to CMS.

The goal of the program is to assure quality and appropriate care delivery to the Medicaid managed care population. NH must ensure that by the end of SFY 2025, annual rates for preventive care and treatment measures are equal to or higher than the national 75th percentile. Eleven quality improvement priorities include comparisons to New England, national Medicaid, and NH commercial rates. See slide deck sent 6/14/22 for NH and comparators' rates.

Preventive care measures

- Perinatal: (1) Timeliness of prenatal care (77.1%); (2) Postpartum care (73.1%). Lower rates may be attributable to the pandemic.
- Child and adolescent physical health: (1) Immunizations - adolescents/combo 1 (74.3%); Immunizations - adolescents/combo 2 (31.4%); (3) Weight assessment/counseling for nutrition and physical activity for children/adolescents: Evidence of BMI percentile documentation (63.9%).
- Adult physical health: Chlamydia screening in women (46.5%).

Treatment measures

- Behavioral health: (1) Follow-up care for children prescribed ADHD medication: continuation and maintenance phase (53.6%); (2) Use of first-line psychosocial care for children and adolescents on antipsychotics (62.4%); (3) Pharmacotherapy for opioid use disorder (28%).
- Adult health: (1) Comprehensive diabetes care: HbA1c control <8.0% (42.8%); (2) Controlling high blood pressure (52.7%).

Quality Forums: DHHS usually selects a quality of care improvement priority for a forum. Participating stakeholders include MCOs, providers, community agencies, patients, family members, and DHHS staff. Analysis of the most current performance rate is conducted to determine individual MCO, provider, and NH regional rates, and comparisons to NH commercial payer rates and national benchmarks. Efforts are made to understand barriers affecting the rates and to brainstorm solutions.

The annual External Quality Review Organization (EQRO) presentation will be made at the July 11 MCAC meeting. Additional performance measures will be presented. Additional quality activities conducted by the EQRO will be discussed at the next meeting.

Discussion: NH is doing well compared to the nation on behavioral health measures. It's therefore harder to find BH measures to raise to the 75th percentile. All BH performance measures are listed on the Medicaid quality website. Of the current 11 quality improvement priorities, 6 were carried over from the previous review period because they remained below the National Medicaid Managed Care 75%. Some activities take longer period of time to see improvement. Other activities see a quicker progression. The team is mindful not to change every priority measure each year in order to observe changes over a longer period of time.

MEDICAID CONTINUOUS ENROLLMENT

Lucy Hodder, Deb Fournier, UNH Health Law & Policy, Alyssa Cohen, Deputy Medicaid Director

The timeline for enhanced FMAP for continuous enrollment is controlled by the federal Public Health Emergency (PHE), which is expected to be renewed again on July 15, 2022, which would then extend the next renewal date to October 15, 2022. It's possible the PHE could extend through the end of 2022 if it's renewed in October.

90,800 beneficiaries of the total Medicaid population of 239,731 are in the protected Medicaid population, compared to 86,038 in January 2022. Of those in protected status, 62,188 have overdue redeterminations.

The majority of beneficiaries are in Granite Advantage, followed by Standard Medicaid and CHIP children, low income parents and pregnant women, elderly/disabled, Medicaid Savings Plan (MSP), and long term care (LTC). Those categorized as LTC are either in a nursing facility or on a waiver. The breakdown of waiver beneficiaries in the LTC group are as follows: DD - 627; CFI - 415; IHS - 2; Fast Forward - 29.

Figure 1 (slide 8), "Actions Associated with Future PHE Renewals and Expirations," displays the actions to be taken during the 90-day unwind cycle, dependent on when CMS notices the PHE. For example, if the PHE ends Oct 13, 2022, CMS must notice states by Aug 14, and DHHS would begin the unwind process in September, with the first allowable case closures November 1st since the continued enrollment requirement is effective until the last day of the of the month the PHE ends. The enhanced federal match would end Dec 31, 2022, as the increased FMAP is effective until the last day of the quarter the PHE ends.

The multi-channel approach to beneficiary outreach is working. The pink letter campaign has reached over 75,000 beneficiaries. The phone call campaign is now focused on calling back those individuals who said they are working on their redeterminations, but have not yet completed them.

MCO CONTRACT

Henry Lipman, Medicaid Director

MCO contract amendment #8 is on the June 15 Governor & Council agenda for MCO rates effective 7/1/22. The amendment reflects federal requirements and administrative rule updates. It takes into account the uncertainty relative to a retroactive rate adjustment based on enrollment to make sure MCOs are paid for the risk they undertake as well as ensure there's no MCO windfall.

The overall MCO medical loss ratio for at-risk services is projected at 90.8% for Standard Medicaid and 90.1% for Granite Advantage. Rates reflect updated MCO enrollment projections for SFY 2023 that take the PHE unwind into account. A special provision allows for a retroactive rate adjustment (typically not allowed) based on the PHE unwind process. Potential maximum profit is capped at 4%. The contract amendment is \$168 million less than the SFY 2022 contract due to reduced enrollment.

The amendment includes the following:

- Assumption that CMS will approve the Severely Mentally Ill (SMI) waiver to provide additional federal match on lengths of stay greater than 15 days and no more than 60 days at NH Hospital and Hampstead Hospital, a reduction of \$7 million in general funds.
- Acuity adjustment of \$11.9 million.
- Directed payment adjustment of 1.9%.
- Decrease in utilization – reduction of \$7.8 million.
- Increased payments to Boston Children's Hospital due to the closure of Tufts inpatient children's unit – \$2 million.
- 1-year HCBS payments – \$28 million not in the rates.

Net effect: \$22 million. There will be more discussion at a later date.

DENTAL BENEFIT

Sarah Finne, DMD, Medicaid Dental Director

SB 422 has not yet been signed.

Due to the delayed start of the meeting, the following agenda items were not discussed: COVID-19 legislation, Medicaid legislative update, disability determinations, ARPA HCBS spending plan, and waivers. Documents for these items will be sent out and discussed July 11.

Meeting adjourned.