

NH Medicaid Medical Care Advisory Committee (MCAC)

Monday January 11, 2016

1:00 p.m. – 3:00 p.m.

NH Hospital Association

125 Airport Road

Concord, New Hampshire

Meeting Minutes

Member/Alternate Attendees:

Sarah Aiken, Mike Auerbach, Gina Balkus, Tom Bunnell, Lisa DiMartino, Jane Guilmette, Travis Harker, Earle Kolb, Paula Minnehan, Ken Norton, John Richards, Chris Rueggeberg, Ann Schwartzwalder, Mel Spierer, Kristine Stoddard, Carolyn Virtue, Michelle Winchester

Member Absent:

Ellen Edgerly, Ellen Keith, Doug McNutt, Michele Merritt, Sarah Morrison, Cindy Robertson

DHHS Staff Attendees:

Kelly Cote, Katie Dunn, Deb Fournier, Sandy Hunt, Jeff Meyers, Kim Reeve, Deb Scheetz

Guests:

Janet Monahan, NH Medical Society. Alyson Christie, Well Sense.

Introductions/Chair Comments/Announcements

On Thursday January 11th there is an MCM Commission meeting scheduled from 1-4. The schedule has been posted on the website.

Review/Approval of November 16, 2015 MCAC Minutes

Meeting minutes approval moved by Michael Auerbach with a second by Carolyn Virtue. All in favor.

Rule Review

Co-payment Changes to He-W 530 and He-W 570: Kim Reeve

Changes made to services and pharmacy rules. Only change to co-pays for prescriptions is the amount; no groups are added and eligibility is the same. Populations that have been exempt will continue to be exempt – there are no changes there. Providers can't refuse to treat recipient for copay – they cannot deny service – in any situation. They can send bill after the service; but can't deny. The copay obligations will be tracked quarterly. It comes out to about \$147 per person if you are looking above 100% FPL. Michelle mentions that in the SPA it states that the medically needy will be subject to copay – the state will look into this. Provider notifications have been sent out. Recipients will get their notifications mailed out on January 19th. Public hearing is scheduled for January 22nd at 1:30 at Brown Building Auditorium Concord. JLCAR is scheduled for February 19th. How is income level determined? It's set for those above 100% FPL – everyone is exempt unless they are identified; doesn't affect eligibility. Not sure about net or gross. Started working with the two health plans. There is an appeal process; which will be part of the notice. Once the recipients meet their copay it will probably be about 7-10 days that the recipients will be notified when they have met their copay max. Michelle suggests a subcommittee be created; she would lead the group. Volunteers for this subcommittee: Carolyn Virtue, Paula Minnehan, Tom Bunnell, Kristine Stoddard and Travis Harker.

1115 Transformation Waiver: Jeff Meyers

Handout: CMS Special Terms and Conditions (Kelly will send out electronic copy via email). Government approved last week. There will be a summary and power point created about the waiver. The funding received from CMS will be put towards three categories of programs: 1. Behavioral Health Capacity (additional mental health and SUD). This money will fund programs that integrate with other care. 2. Care transition – services for individuals who have been in Glencor or state hospital that will be re-entering society. Great opportunity – this

is not just for medical services and will also be made available for social services. 3. The creation of community based Integrated Delivery Networks. The vision is for a consortium of providers to work with community social service providers and submit an application for programs in their area. The Government in its approval made sure that each delivery network had the chance to plan and build out the necessary infrastructure to operate the IDN. In order to make progress the Government wants to be sure that all three focus areas: capacity, integration, and care transitions are addressed by all the IDNs. Using the appropriate data DHHS will design the right geographic locations for the IDNs. The first step is for DHHS to announce a proposal on how the funding will work, what kind of reports will be filed, an application for funding in addition to many other deliverables. Public outreach will be extensive. DHHS will be hiring a third party vendor that will assess applications and make recommendations on how funding is to be dispersed. DHHS is targeting the end of April or early May to release the application for funding with a 60 day deadline. If applications can go out by beginning of May then we should be able to have initial money go out in mid-July. 65% of the initial funds will go towards capacity. Balance of the money will go out to projects for starting in late 2016. CMS has very high expectations on the state's performance under this demonstration waiver. Commissioner Meyers mentions that there is not specifically a dental service but dental services could be provided amongst other things should an IDN wish to include it in its community integrated care proposal. Providers that meet the criteria to be established by DHHS can be the lead provider for an IDN. Carolyn asked if the IDN services will be subject to copays. Jeff noted that this was a question that had not come up yet but will be addressed as part of the design of the IDN criteria.

MCM Step 2, Phase 2 Update: Sandy Hunt

We are about three quarters of the way through MCM Step 2 Phase 1 which is the mandatory enrollment of Medicaid clients into MCM. People had to select a plan before December 31st; auto enrollment has already started. Medical coverage goes live on February 1st. People can change their plan in January and it will be effective February 1st. After that they have 90 days to change plans. There have been a number of readiness initiatives. For instance secret shopper calls have been made around access to services provided. DHHS conducted 30 case reviews (there were 15 at each plan). Also did calls to the plans to assure the staff were able to answer question related to their policies and providers. Currently conducting post enrollment surveys to hear from people who have been through the enrollment process and have been receiving care from an MCO. Conducting weekly meetings with both MCOs and the State is giving them feedback. The Department is meeting with the Governor's office on an ongoing basis. Still on track for a February go-live date. There will be ongoing oversight by the independent EQRO to evaluate outcomes. We have had 16 informational sessions to talk about enrollment process and timeline of implementation. There is the high touch initiative for individuals with complex health needs and our service agencies have been very helpful with this. To date we have seen a 60% health plan self-selection rate. This is far above the usual experience of other state Medicaid programs.

NHHPP Transition to Premium Assistance Program: Deb Fournier

Next phase of the NHHPP is the Premium Assistance Program or PAP. Under the Medicaid 1115 demonstration waiver, NH has the authority to expend Medicaid funds to purchase commercial products from the marketplace. There are five carriers currently offering plans on the marketplace. PAP coverage went live on January 1st. Deb wants to know anything that is not going well; she can be reached directly at 271-9434.

HCBC Transition Plan Development: Deb Fournier

Under federal law all HCBC residential sites must have specific qualities that focus on a home environment rather than an institutional environment. All states are required to provide CMS with a State Transition Plan (STP) and have until March of 2019 to implement. Need to submit the STP to CMS by March 31, 2016. Prior to that there is a 30 day comment period. DHHS has created an advisory group that has met monthly. Surveys and provider assessments have been done to measure how compliant the State is with the federal regulations. Field visits were also done and a number of results have been compiled and a report is being finalized now. Any comments rec'd during public comment will have a response from the state. DHHS is working aggressively to get the draft out to the advisory group prior to the public comment period.

Review Tasks:

- Kelly will electronically send out the handout around the 1115 Transformation Waiver: CMS Special Terms and Conditions and also the map that Jeff mentioned
- The state will look into if participants of the 1115 waiver will be exempt of co-pays. **Reply:** There are no requirements for copays as part of the IDN Services.
- The state will look into the issue that Michelle brought up in regards to the SPA stating that medically needy will be subject to co-pay. Look into spend down for medically needy. **Reply: Copays for Medicaid have been eliminated except for the \$1 and \$2 pharmacy copays already in existence.**
- The state will look into the income level question and be sure that all programs are being calculated in the same way. **Reply: the eligibility for various populations is calculated the same way in so far as the specific eligibility criteria for a specific eligibility group are part of the logic built into the eligibility system. Not all eligibility categories have the same requirements for the logic.**
- The state will look into tracking admin costs for providers; what are we doing in terms of investment ROI. **Reply: No longer an issue as copays eliminated.**
- The state should look at utilization by recipients. **Reply: No longer an issue as copays eliminated.**
- SMI and SMPI – Research compatibility issue. **No longer an issue as copays eliminated.**
- The state will follow up on the report that pharmacies are refusing to fill prescriptions if recipient can't pay copay. **Reply: Medicaid PBM and MCO's alerted to concern. Please report actual incidents when this happens.**
- State will follow up on having copay on recipient's cards. **Reply: No longer an issue for Medicaid as copays have been eliminated. In terms of the PAP, each QHP determines what information they have on their ID cards.**
- DHHS will look into whether there is a bottleneck in the eligibility system of changes to eligibility status. **Reply: there was a backup of requests to change eligibility status that has been cleaned up. Should this occur again please email Kelly with specific information so timely follow up can happen with the staff.**
- Kelly will work with Michelle Winchester on setting up the copay subcommittee meeting with Katie and Kim **Reply; meeting was scheduled and then cancelled as copays eliminated.**

The next meeting will be held on Monday February 8, 2016 at the NH Hospital Association scheduled from 1:00-3:00.

Respectfully submitted,
Kelly Cote, Administrative Assistant