

Medical Care Advisory Committee (MCAC)

June 19, 2023

Minutes

Members: Holly Stevens, Chair, Elinor Wozniakowski, Rhonda Siegel, Joan Fitzgerald, Dawn McKinney, Lisa Adams, Karen Rosenberg, Carolyn Virtue, Tamme Dustin, Kelley Capuchino, Kara Nickulas, Lisabritt Solsky Stevens, Ellen Keith

Alternates: Cheryl Steinberg, Emily Johnson, Karen Blake, Jonathan Routhier, Brooke Belanger

Excused: None

DHHS: Henry Lipman, Rob Berry, Reuben Hampton, Laura Ringelberg, Shirley Iacopino, Vernon Clough, Deb Sorli, Jody Farwell, Sara Lacharite, Melinda Cox, Roger Boissonneau, Margaret Clifford, Lise Farrand, Carolyn Richards, Jordon McCormick, Catrina Rantala, Ellen MacNeil, Krysten Finefrock, Caroline Lettrich, Jonathan Seem, Claire Markey

Guests: Lisa Kazakis, Conor Sairese Loing, Jillian Salmon, Brook Holton, Kathy Bates, Lindsey Magee, Nick Toupas, Nicole St Hilarie Murphy, Richard Sigel, Tim McSherry, Amy Pidhurney, Audrey Gerkin, Josh Krintzman, Susan Paschell, Rachel Chumbley, Alex Koutroubas, Vicki Jessup, Heidi Kroll Gallagher, Janan Archibald, Home care Hospice, PC Alliance NH, NH Care Collaborative, DD Council (Isadora)

Announcements

Holly announced that the next meeting changed to Monday July 17, 2023 due to a scheduling conflict but will resume to the regular second Monday per month schedule in August.

Review/Approval: May 8, 2023

MCAC voted to approve the minutes for May 8, 2023.

Agenda Items – July

- Karen Blake requested that all future meetings include the closed captioning feature. DHHS will explore if this is possible with the available Zoom license.
- MCO 3.0 draft RFP and contract presentation from the Department.
- Brooke Belanger requested a presentation from the Department regarding the appropriation of funds approved in HB2 for congregate housing.

Membership Renewals and Nominations of Officers

MCAC voted to re-appoint Jake Berry representing New Futures with Michelle Meritt as alternative, and voted Christine Stoddard to represent Bi-State Primary Care with Jim Zibello as alternate.

MCAC voted to re-appoint Holly as Chair and Carolyn as Vice Chair for a 1 year term beginning June 30th of this year.

Carolyn recognized Holly's dedication and commitment to MCAC. Holly in return recognized Carolyn's commitment as well.

Legislative Update – Robert Berry, Esq.

- HB 1 and 2 have passed both the House and the Senate and are expected to be signed into Law by the Governor this week.
- HB 0114, relative to the age at which a minor may receive mental health treatment without parental consent, was recommended ITL.
- HB 0162, relative to supported decision making, was signed by the Governor.

- HB 0215, relative to the adoption of rules by DHHS regarding medication administration by licensed nursing assistants, is awaiting signature.
- HB 0266, relative to notice and public access requirements for hybrid and virtual agency public comment hearings for rulemaking, is awaiting signature.
- HB 0308, relative to a quorum for meetings open to the public to include remote presence, is awaiting signature.
- HB 0335, which expands notification periods for liens, was signed by the Governor.
- HB 0358, which makes substantive changes to adoption of proposed administrative rules, will enter committee of conference as of 6/19.
- HB 0500, which allows telehealth modalities for prescribing opioids, was signed by the Governor.
- HB 0642, which modifies budget flexibility law, is awaiting signature.
- SB 0030, which modifies the New Hampshire Council on Developmental Disabilities, was signed by the Governor.
- SB 0035, relative to the RSV vaccine, was signed by the Governor.
- SB 0085, which defines behavioral health crisis programs within the mental health treatment laws, creates a commission to study these programs, and limits pre-authorization requirements, is awaiting signature.
- SB 0105, relative to information collected by the Division of Vital Records Administration, is awaiting signature.
- SB 0126, which amends licensure requirements for telehealth services, is awaiting signature.
- SB 0127, which is relative to guardians or power of attorney in certain programs, is awaiting signature.
- SB 0172, which permits court-appointed guardians to receive temporary assistance to needy families, is awaiting signature.
- SB 0215, which lowers the educational requirement for school nurses, is awaiting signature.
- SB 0238, relative to use of telemedicine to treat mental health conditions, has resulted in non-concurrence.
- SB 0263, which extends the Granite Advantage program, was incorporated into HB 2.

Proposed Rule: He-W 506.04 Medicaid Managed Care – Covered Services and He-W 570.04 Pharmaceutical Services – Margaret (Peg) Clifford, Pharmacy Director.

- He-W 506.04: The purpose of the amendment to this rule is to exempt certain high cost gene therapies and biological medications identified by the Department from the Medicaid care management program.
- He-W 570.04: This describes the covered outpatient drug benefit. Department) is proposing to amend the rule from listing select non-legend drugs in the rule to have select non-legend drugs listed on the Department’s website ([Medicaid Pharmacy Benefit Management | New Hampshire Department of Health and Human Services \(nh.gov\)](https://www.nh.gov/medicaid-pharmacy-benefit-management))

He-M 1401 Operational Requirements for Institutions for Mental Diseases Treating Serious Mental Illness - Rob Berry, Esq., Medicaid Counsel

- This proposed rule is required in order to specify the federal requirements for demonstration participation outlined in the special terms and conditions of DHHS’s section 1115 demonstration titled “Substance Use Disorder Serious Mental Illness and Serious Emotional Disturbance Treatment Recovery and Access Demonstration”. The coverage age group is 21-64 years of age.
- 1115 demonstration one year extension approval received Friday June 16th.
- The proposed rule is a new rule. Adoption goal set for November 2023.

- Joan Fitzgerald asked if the proposed rule was sent to MCAC prior to the meeting. Rob confirmed that copies of the proposed rule were distributed to MCAC prior to the meeting but we would redistribute to be sure members have a copy.

End of Continuous Medicaid Coverage and Enrollment - Henry Lipman, Medicaid Director

- Reviewed DHHS's Approach to the Continuous Enrollment Unwinding. New Hampshire has prioritized a community-based approach to maximize healthcare continuity; helping eligible Medicaid recipients retain coverage and helping others identify an affordable health insurance option for themselves and their families.
- Reviewed enrollment trends since the start of Unwind in March 2023.
- DHHS is reporting to CMS on a monthly basis the required elements for unwind. By the 8th of every month, we provide this information that is on an individual basis and does not segment out why a beneficiary retained or lost coverage.
- Henry reviewed CMS reporting statistics and the deeper dive the Department has conducted in relation to March, April and May Renewals conducted for the total Medicaid population and then the protected vs. the non-protected populations. These statistics focus on renewals due, renewal completed, closure reasons and referrals to FFM.
- Top closure reasons:
 - Protected Renewal: Over income (42%), failed to redetermine (34%), categorically ineligible (13%)
 - Regular Annual Renewals: Over income (23%), failed to redetermine (50%), categorically ineligible (5%)
- Close to 15% of initial closures of March have been reopened.
- Households that fail to renew have varying circumstances, such as:
 - Some may be eligible if they renew (many administrative closures reapply for benefits)
 - Some no longer require or desire Medicaid (e.g., self-employed who know they are over income, those who already have commercial healthcare, etc.)
 - Some have circumstances that have changed (e.g., they moved out of state, passed away, etc.)
- The Department conducted a vulnerability assessment of protected members at risk of closure to aid in enhanced outreach for those with increased vulnerability, DHHS is utilizing claims data to identify individuals for whom a direct-to-consumer call is being prioritized to provide coaching to continue healthcare coverage. Current member characteristics and claims from prior three months are analyzed to allow the Medicaid Medical Unit Staff Team to make calls to reach the most vulnerable population at risk of closure twice per month. Members in list are flagged if they have more than \$2,000 of claims cost from Medicaid and other payers combined or if they are in a vulnerable eligibility or service group with \$1,000 of claims cost.
 - For the June protected redes, in the prior three months, 75% of members had no service costs and 93% had no or less than \$1,000; 333 out of 6,531 met the vulnerability criteria.
- Carolyn referenced a letter from CMS to Governors with available strategies to minimize terminations for procedural reasons during Unwind. Henry stated that the Department is in review of the strategies and has adopted several already including:
 - ***Facilitating Renewal for Certain Individuals with Assets Less Than \$1,000*** – this temporary authority allows NH to assume there has been no change in assets and complete the asset determination for passive renewals without requesting additional asset information or documentation when: (1) we check the Asset Verification System (AVS); (2) the combined total countable assets returned from AVS (if applicable) and the total countable non-financial assets identified in the case file, excluding trusts, are less than \$1,000. The types of resources that cannot be verified using AVS includes but is not limited to, Life Insurance, Stocks, Bonds, Certificates of Deposit, IRAs, Burial Funds, Direct Express, Venmo, PayPal and Apple Pay. This authority is needed to prevent individuals with limited resources from being closed for procedural reasons, when the

resource amount does not impact Medicaid eligibility. This authority is effective March 21, 2023 through the end of our 12-month unwinding period.

- **Passive Renewal for Individuals with Low Income at or below 100% of Federal Poverty Level (FPL) and No Data Returned** - This temporary authority allows DHHS to complete the income determination for passive renewals without requesting additional income information or documentation if: (1) the most recent income determination (either at initial application or most recent renewal) was no earlier than 12 months prior to the beginning of the PHE (i.e., March 2019) and was based on verified income at or below 100% of FPL; and (2) DHHS has checked financial data sources in accordance with our verification plan and no information is received. The authority provided in this letter is effective May 30, 2023 and will remain effective for renewals initiated through the end of the state's 12-month unwinding period.
- **The Department is also working with CMS on the possibility of delayed closures for individuals that receive HCBS services and extending the 90 day reconsideration period to 120 days.**
- Carolyn also noted difficulties accessing NH EASY and a gap in MCO services due to closures when an individual reopens. The Department will follow up with Carolyn.
- The Department has developed a one pager containing information related to unwind that is now available on the DHHS website. Karen Rosenberg stated that the header and footer of the one pager is not screen reader accessible. Reuben Hampton stated he will explore this issue.
- The Department in conjunction with the three MCOs have conducted nine provider redetermination meetings last week. Kelley Capuchino requested copies of the presentation. Laura Ringelberg stated the presentations will be available later today and distributed to MCAC attendees and members.

Department Updates, Henry Lipman, Medicaid Director

- Reviewed Appendix K submitted to CMS for review.
- HB2 – the Department is working on Public Notice and SPAs for the general rate increases effective July 1, 2023. LisaBritt Solsky raised a question related to the general 3% provider rate increases, wondering when providers can expect information. Henry stated that the Department is working through the information and will get the rates out to providers as soon as possible. However, providers should not expect to see rate increases on July 1, as we work through the SPA process. \$15.7 appropriated for rate increases will need to be worked through by finance and policy and effective dates will be spread out throughout the remainder of the year.
- Adult Dental – Henry shared DentaQuest Dashboard screenshot slide and information regarding Mobile Van Schedule – the Department will send information to MCAC meeting attendees and members regarding Mobile Van schedule. Cathy Bates requested that Dr. Finne contact her regarding access to the Mobile Van.
- Disability Determinations Unit updates are sent as an attachment to this meeting. Karen Rosenberg commented that DDU decisions 45+ days seem to be increasing each month. Has the Department been working on any strategies to correct this? Henry stated he would check with BFA and report back.
- MCO 3.0 Update and MCO Contract – Department will present at July meeting
- Proposed CMS Rule Impacting MCACs - slides shared, public comments due to CMS 7/3/23, Henry encouraged MCAC member to review the proposed rules and provide comments. The Department is planning to submit an official comment and will share with MCAC. Carolyn offered to conduct a poll to determine current MCAC member that would also qualify as beneficiaries to meet the Beneficiary Engagement Group (BAG) requirement in the proposed rule.
- HCBS Spending Plan will be posted soon.

Rules: Consent

He-W 842.02-He-W 842.04 – Categorical Requirements – Adult Medical Assistance

He-W 852.02 & 852.05 – Describes Available Income & Conversion to Monthly Amounts He-W
898.01 – Buy In of Medicare Part B

There was no request to remove the rule from consent.

Update on Subcommittee formed on He-M 505: Establishment and Operation of Area Agencies. Carolyn: a subcommittee meeting was held Thursday June 15th, clarification was made that the case management language previous presumed to be omitted from He-M 505 is outlined in He-M 503, as a result Carolyn made a motion that the subcommittee work on both He-M 505 and He-M 503, motion was second by Joan Fitzgerald and passed by a vote all in favor, none opposed.

Adjourn. M/S/A