

Medical Care Advisory Committee (MCAC)
Monday, July 11, 2022

Minutes

Members: Michael Auerbach, Kathy Bates, Kelley Capuchino, Lisa DiMartino, Tamme Dustin, Joan Fitzgerald, Ellen Keith, Paula Minnehan, Kara Nickulas, Holly Stevens, Carolyn Virtue

Excused: Karen Rosenberg

Alternates: Gina Balkus, Deodonne Bhattarai, Amy Girouard, Emily Johnson, Isadora Rodriguez-Legendre, Susan Silsby, Elinor Wozniakowski

DHHS: Henry Lipman, Sarah Finne, DMD, Dawn Tierney, Rob Berry, Jill Fournier, Melissa Hardy, Leslie Melby, Laura Ringelberg, Carolyn Richards, Jordan McDonald, Susan Drown, Jody Farwell, Leslie Bartlett, Catrina Rantala

Guests: Debbie Chotkevys, Deb Fournier, Nick Toumpas, Brooke Belanger, Natalie Honeycutt, Rich Siegel (incomplete listing)

Introductions/Announcements

Holly thanked the members for electing her as Chair of MCAC.

Review/Approval: June 13, 2022 Minutes

Correction to the minutes: add Mike Auerbach as present.

M/S/A as amended.

Agenda Items – Aug 8, 2022

MCOs to provide explanation of the following:

- Their process to approve items and services; switch from covered to non-covered; substitute items such as DME, medical supplies, prescription drugs, and other services with no notice to members.
- Process by which the MCOs approve or deny claims as secondary payor.

Membership Subcommittee

Carolyn Virtue, Chair

Carolyn Virtue proposed the following nominations:

- Affirm the appointment of Isadora Rodriguez Legendre of the NH Developmental Disabilities Council to replace Ronnieann Rakoski as Member.
- Affirm the appointment of Pamela Stiles of the NH Developmental Disabilities Council to replace Isadora Rodriguez-Legendre as Alternate.
- Affirm the appointment of Brooke Belanger of the NH Hospital Association to replace Nick Carano as Alternate.

Discussion: With regard to the recommendation of Elinor Wozniakowski of Dartmouth-Hitchcock/Conifer to replace Sarah Morrison, the subcommittee Chair stated the bylaws do not provide for the replacement of a member of an "individual" organization; that portion of the nominations would therefore be withdrawn for consideration by the subcommittee of Dartmouth-Hitchcock representation.

Henry Lipman noted the appropriateness of having Dartmouth-Hitchcock as a member, as it is the only tertiary hospital and the only children's hospital. He approved Elinor Wozniakowski's application.

The subcommittee will meet by the end of July to finalize the nomination.

An amendment to the motion was offered to correct a typo.
M/S/A as amended.

Annual External Quality Review Organization (EQRO) Technical Report

Debbie Chotkevys, Health Services Advisory Group

The findings of the EQRO's evaluations of the MCOs were presented to include: contract compliance, performance improvement projects, performance measure validation, network adequacy validation, encounter data validation, member health and experience of care evaluations, qualitative interviews, secret shopper survey, and provider satisfaction survey. MCO strengths and recommendations for each MCO were reported. It was noted that of the total contract compliance standards, one third (six) standards are evaluated each year. Details of the report presented are included in the slide deck sent to members on 7/11/22. Questions on the presentation will be taken at the August 8 meeting.

Dental Benefit

Sarah Finne, DMD, Medicaid Dental Director

The Governor has signed both dental bills, HB 103 and SB 422, that add the adult dental benefit to the Medicaid program. Appreciation was extended to those who helped pass these bills. Implementation of the benefit will begin with the contracting process to select a dental benefit administrator(s): The RFI will be released August 1; RFP will be released September 1; adoption of rules and systems changes April 1, 2023. Once the vendor(s) is selected, the contract will contain details on rates and patient supports.

Covered services include x-rays, exams, fillings, tooth extractions, and other oral surgeries. Removable dentures are covered for individuals on the DD, CFI, ABD waivers and nursing facility residents. There is a \$1500 yearly limit, with the exception of preventive services. There is no cost sharing for diagnostic and preventive dental services. Other covered dental services have cost sharing (limited to 5% of household income) for individuals with a household income over 100% of the federal poverty level (FPL), with some exceptions to cost sharing. Transportation to dental appointments and care coordination for oral health are included. See the [Medicaid Dental Services website](#) for updates.

Disability Determinations

Deb Sorli, Bureau of Family Assistance

As of June 17, 2022:

- 20 children pending, of which 10 have Medicaid. 10 cases 0-45 days; 10 cases 46-90 days. None over 90 days.
- 203 adults pending, of which 162 have Medicaid. 93 cases 0-45 days; 77 cases 46-90 days; 33 cases 90+ days (29 on Medicaid) of which, 15 are ready for the nurse write-up or in final sign-off stage; 3 are pending medical records from providers after 2 requests; 15 have consultative exams scheduled.

[MCO Contract](#) (follow-up Q&A to June 13 presentation)

Henry Lipman, Medicaid Director

A MCO contract amendment #9 will need to go to G&C in December for January 1, 2023 to reflect State Legislative changes not yet enacted into law and other updates related to the PHE timing. For example, the amendment will account for the federal PHE that affects MCO enrollment volume.

Electronic Visit Verification (EVV) Contract

Henry Lipman, Medicaid Director

The EVV (Electronic Visit Verification)ⁱ contract is still in procurement mode. Once complete, information will be available.

[American Rescue Plan Act HCBS Spending Plan](#)

Henry Lipman, Medicaid Director

The State Plan Amendment (SPA) component of the HCBS spending plan - Phase 2 rollout was approved. The Department is awaiting approval of the payment methodology change from daily to monthly billing in order to release funds for this purpose.

Waivers

Henry Lipman, Carolyn Richards, Dawn Tierney

[SUD/SMI:](#)

The SMI Amendment to the SUD IMD Demonstration went live July 1, 2022. DHHS will request an extension to the SUD portion of the demonstration which was implemented 7/1/2018 and ends 6/30/2023. The public comment period on the extension begins in August. The first public hearing is scheduled for August 8 at the MCAC meeting.

1915(b) Managed Care

The 1915(b) waiver and the Department's responses are with CMS for 90-day review re: mandatory populations. The Department requested a 90-day extension to operate the waiver

[1915\(c\) CFI.](#)

BEAS will amend He-E 805 (Targeted Case Management), and will propose a MCAC rule subcommittee.

1915(i) Supportive Housing Waiver Approval

CMS approved the 1915(i) waiver on June 30, effective July 1, 2022 through June 30, 2027. The waiver pays for care coordination to assist people with accessibility modifications. The waiver will be posted online.

1915(j) Personal Care

Section 28 of HB 1661 requires a state plan amendment (SPA) to allow family caregivers who are personally responsible to care for their family members to provide personal care. A draft SPA has been submitted to CMS.

Public Health Emergency: Medicaid Continuous Enrollment

Deb Fournier, UNH Health Law & Policy

- Protected status group: By July 2022, 90,925 Medicaid beneficiaries of the total 240,510 Medicaid population had protected status, as compared to 86,038 in January 2022. 26% had overdue redeterminations. Since the previous month, the difference in the overall population was 779, with only 125 added with protected status. The rate of growth in the protected group has slowed significantly since initiation of the call campaign: July – Dec 2021, growth was 13,000+ as compared to 4,000 added January – July 2022. Completion of 6,000 redeterminations in June indicates significant progress in reducing the overdue portion of the protected population. This is an important statistic to continue watching.
- COVID testing and treatment group: There are 9,430 individuals in this group. Their coverage ends the day the PHE ends, however Medicaid is obligated to cover this group until end of the month. The PHE is likely to be renewed to end of October. If it ends January 15, individuals will remain covered through the end of January. This group will be offered the option to apply for regular Medicaid coverage. A letter to this group with an application will be sent in August. The call campaign will begin September. If not eligible for Medicaid, individuals will be referred for ACA coverage.

NH was one of the first of 15 states to add the COVID testing/treatment group in March 2021 with 100% federal match. This group is not in the protected status group.

COVID-19 Legislation

Paula Minnehan, Sr. VP, Government Relations, NHHHA

The handout provided lists action taken on all COVID bills, e.g. Governor sign/veto, sent to interim study, or killed (ITL).

The Governor vetoed two bills: HB 1131 requiring masking in schools; and HB 1022 permitting pharmacists to dispense Ivermectin. The Legislature will reconvene in September to act on the Governor's vetoes.

HB 1606 was passed to amend the statute on the state's immunization registry. As of July 2023, the registry will change from opt-in to opt-out.

Legislative Update

Rob Berry, Esq, Legal Counsel

Bills were highlighted as passed:

SB 422, HB 103 – adds the Medicaid adult dental benefit

SB 401 (incorporated into HB 1661) to reimburse birthing centers at hospital rates

HB 1526 appropriates \$2.7 million to implement the revised income eligibility standard;

HB 1661:

- Removes the requirement to charge premiums for Medicaid under MEAD and MOAD (work incentive programs)
- Appropriates \$700,000 to allow certain family caregivers/legally responsible persons of Medicaid beneficiaries to serve as personal care attendants
- Appropriates \$2.4 million to increase the Medicaid rate for facility-based birthing services by 25% in the aggregate.

Rules - Consent:

No comments offered on He-W 540, Private Duty Nursing Services and He-W 816.02, Eligibility of Qualified Aliens.

Meeting adjourned.

ⁱ Electronic Visit Verification (EVV) is a requirement under the 21st Century Cures Act. An electronic system to verify certain home and community-based services were delivered in order to continuing receiving federal financial support toward the cost of those services. States can select and implement their own EVV design. In NH this applies to certain services under the Medicaid State Plan and Waiver Services. <https://www.dhhs.nh.gov/dcbcs/beas/evv.htm>