

Premium Assistance Commission Sept. 6, 2017

Present: Sen. Bradley, Sen. Carson, Sen. Feltes, Rep. Rosenwald, Rep. Umberger, Rep. Schmidt, Commissioner Meyers, J. Patterson, R. Cornell, S. Wolf-Rosenblum MD

Sen. Bradley called the meeting to order at 1:04 pm. Jim Demers led the pledge of allegiance.

A motion was made (Rep. Umberger, Sen. Carson) and adopted unanimously to adopt the minutes from Aug. 28 with the correction in spelling of Commissioner Meyers's last name.

Paula Rogers from Anthem presented information on their enrollees in the Premium Assistance Program (PAP) and noted that Anthem is "highly vested in making this program work." She reviewed the history of the program from managed care to the PAP. She noted that there was much work by all stakeholders to manage the transition. She also reviewed the elements of the non-federal share's funding approach. She mentioned the current and future issues as being placement (e.g. commercial market), funding, and effectiveness. The plan's assessment PMPM is likely to rise next year, and the assumption is that the funding approach for the remainder amount will need to change after next year. Anthem's costs drivers include ER use, behavioral health, SUD, pharmacy (especially for Hep C and opioid agonists), loss ratio, and lagging preventive care. Administrative issues could also be addressed by carriers. She asked if DHHS could provide information on Medicaid status of hospitalized inmates. A further issue raised is whether PCPs could be assigned to enrollees.

Rep. Schmidt asked about the CMS letter on the funding approach. Commissioner Meyers answered that the assessment on carriers is not in question. The issue is the hospitals' voluntary donation use. The mechanism is safe through 2018. Sen. Bradley stated that the voluntary donation mechanism was not viewed as a long term approach. Further, he stated his belief that we should work on program design first and then focus on funding.

Sen. Carson asked why ER use was high. Ms. Rogers said they had hoped to find the cost of contracting with hospitals had evened out as uncompensated care decreased but that this had not happened. In response to a question by Rep. Rosenwald whether enrollees could be required to have a PCP, the members were told a waiver from CMS would be required.

Sen. Feltes asked what the plans are doing to manage utilization. Anthem uses financial incentives such as gift cards.

Commissioner Meyers asked what is the scale of inappropriate ER use. The members were told by Mr. Veno from Harvard Pilgrim that 50% of visits might be avoidable/non-emergent. Commissioner Meyers asked for the raw numbers. Ms. Rogers was asked what Anthem does to divert ER use. They have programs in other states they are examining. Commissioner Meyers stated that over 98% of PAP enrollees have a PCP. Mr. Cornell asked if there is a proactive, positive way to educate enrollees about healthcare utilization. First, they have to be found, which can be difficult.

Matt Veno from Harvard Pilgrim said they have both PAP and non-PAP members; PAP members are 30% more expensive. Their ER use is 5 times as high. Among PAP enrollees, 11% of ER visits involved patients without a PCP. There is higher Hep C and medication assisted treatment among PAP members. Harvard Pilgrim works with Benevera on population health. Pent up medical demand is a cost driver that should ease over time.

Chris Kennedy from Healthy Families said once someone gets to the ER, it's incumbent on the plans to work with that individual to change their utilization behavior. He told the commission that they don't treat their PAP members differently from their managed care enrollees. Sen. Feltes asked what approaches do plans have to improve case management and education. Harvard Pilgrim has good data to look for high cost enrollees. All plans are trying to hire more case managers. Rep. Umberger asked about young adult enrollees, whether they were previously on CHIP.

Steve Ahnen from the New Hampshire Hospital Association stated that Medicaid reimburses under the level of cost. He presented data on uncompensated care and MET revenues, noting that the numbers are based on data from 2 years previous. He mentioned that there is controversy over the federal definition of uncompensated care and litigation on same. The hospitals have worked in partnership with the state and the carriers to fund the PAP. In response to questions, he said hospitals have no mechanism to collect a co-payment for inappropriate ER use. Sen. Feltes raised the issue of debt collection practices, and Sen. Bradley asked what incentives could be used to collect a payment from the enrollee for inappropriate ER use.

Ms. Iacopino from Wellsense spoke in. Support of returning the NHHPP members to managed care from the commercial market. She stated her belief that this represents the best, most efficient approach to health care for the population, and that the Gorman report supports this belief. Managed care organizations offer services such as transportation to medical appointments. They can reduce churn. 26% of their clients have an DUD diagnosis, and 68% have a mental health diagnosis. Wellsense has reduced ER visits.

Sen. Feltes stated he believes the Gorman report was flawed. He asked what help the managed care organizations can offer to individuals whose income rises above 400% of poverty and become ineligible for federal subsidy.

Michelle Merrick and John Udis from New Futures addressed the commission. They have no position on managed care vs. PAP. They noted that overdoses appear to be starting to flatten out or decline; this is due to the NHHPP. 20,000 people have accessed SUD services through the program since its inception. They did note that the PAP may effectively reduce churn.

Mr. Udis's SUD program has been able to increase treatment capacity by 30% due to the NHHPP. He stated that mental health providers prefer to contract with commercial carriers instead of managed care organizations because of reimbursements. This may be true also for drug treatment providers as well. Because drug courts require someone to have the ability to pay for treatment, eliminating the NHHPP would impact the number of individuals who were accepted into drug court programs.

Kristin Stoddard and Dr. Buonamano addressed the commission, representing Bi-State Primary Care and the Goodwin Health Center. The uninsured rate at FQHCs has fallen from 20% to 14% due to the NHHPP. 80% of patients have incomes below 200% of poverty. Goodwin is now treating 2300 additional mental health patients and 200 additional SUD patients. 30% of Goodwin's pre-natal patients are addicted.

At the end of the meeting, Sen. Bradley stated he sees the key issues for the commission to come to consensus on are: managed care vs. commercial plans, split risk pools, incentives to reduce ER use, and that he hopes the Governor's office will offer perspective on a payment solution for the non-federal portion of the program. He then adjourned the meeting at 3:55 pm.

