

**Medical Care Advisory Committee (MCAC)**  
**November 8, 2021**  
**Minutes**

**Members Present:** Lisa Adams, Gina Balkus, Kathy Bates, Sai Cherala, Tamme Dustin, Sarah Morrison, MacKenzie Nicholson, Kara Nickulas, Ken Norton, Ronnieann Rakoski, Bill Rider, Karen Rosenberg, Jonathan Routhier, Holly Stevens, Kristine Stoddard, Michelle Winchester

**Excused:** Lisa DiMartino, Carolyn Virtue

**Alternates Present:** Jake Berry, Nick Carano, Dawn McKinney, Nichole VonDette

**DHHS:** Henry Lipman, Alyssa Cohen, Brooke Belanger, Dr. Sarah Finne, Jane Hybsch, Dawn Landry, Leslie Melby, Deb Sorli, Nancy Rollins, Katja Fox, Janine Corbett, Laura Ringelberg, Nancy Plourde, Leslie Bartlett, Jody Farwell, Joshua Roe

**Guests:** Lucy Hodder, Deb Fournier, Bill Baylor, D. Bhattari, Karen Blake, Kelley Capuchino, Rachel Chumbley, Jesse Fennelly, Audrey Gerkin, Nicole St. Hillaire, Alex Katroubas, Heidi Kroll, Tim McKernan, Nick Toumpas

**Announcements, Jonathan Routhier, Vice Chair**

Jonathan Routhier welcomed two new MCAC members: MacKenzie Nicholson, Public Policy Director of the Alzheimer's Association and Krystal Chase, Director of Programs and Services of the Brain Injury Association of New Hampshire. Krystal replaces Peter Marshall.

**Tribute to John Poirier**

Jonathan Routhier read Chair Carolyn Virtue's tribute in memory of John Poirier of the Division of Medicaid Services, who passed away recently.

Life, at times, is fleeting. When I welcomed John Poirier to MCAC a few short months ago, I never imagined we would be noting his passing this week. Many of us, having had the pleasure in the past, were excited to work with him again. He was a respected colleague with vast historical knowledge of the NH Medicaid system, most notably in the long term care continuum. I and others were looking forward to his contributions in his new role with the department. But that was not to be.

John's loved ones conveyed who he was and how he touched the lives of many, I will not try to top that which was so very well said in his obituary.

You will be missed John. May you rest in peace until we meet again.

**Review/Approval: October 18, 2021 minutes**

A typo will be corrected in the minutes – the reference to "1916" waivers should be "1915." M/S/A amendment to correct the typo. M/S/A as amended.

**Agenda Items – December 13, 2021**

- DHHS public forum on the 1915b Waiver Renewal due to CMS on Dec 31, 2021
- Vaccine rollout for children update

Members may send agenda requests to Henry Lipman or Carolyn Virtue.

**Medicaid Enrollment Update**, Alyssa Cohen, Deputy Medicaid Director

As of November 1, 2021:

230,068 individuals were on Medicaid (+30% over pre-pandemic figures) of which:

- 82,031 are on Granite Advantage (+59%)
- 148,037 are on standard Medicaid (+18%)

Since March 2020, the growth in enrollment is larger in Granite Advantage – approx. 1,000 per month; the standard program has grown by about 2/3rds as much as Granite Advantage, though on a larger base.

**Public Health Emergency (PHE) Unwind Planning - Next Steps**, Lucy Hodder and Deb Fournier, UNH Health Law & Policy, Alyssa Cohen, Deputy Medicaid Director

The current federal COVID-19 PHE has been extended to Jan 16, 2022. States will be notified at least 60 days' notice prior to the end of PHE. DHHS will communicate to members, partners, providers, and stakeholders before changes take place. Enhanced FMAP will last through the end of the quarter in which the PHE ends.

Once the PHE ends, states must not terminate coverage for any individual until the state completes a redetermination. States must complete redeterminations before taking adverse action per CMS 8/13/21 guidance ([SHO-21-002, 8/31/21, page 4](#)). Additional notices will be sent after the PHE ends to those who have not responded.

**Ongoing strategy to enhance beneficiary preparation.** Internal review and preparation includes (1) enhanced ex parte renewal process to check beneficiaries' status; (2) stakeholder engagement (e.g., coordinating with health insurance navigators, communications, stakeholder meetings, provider lists of those in protected status); and (3) cross-agency coordination. The Build Back Better (BBB) plan will impact unwind strategy if passed, but it will not change the message to complete redeterminations as soon as possible.

**Protected individuals, overdues, ineligible.** As of September, but for the PHE, 78,023 in protected status would have closed, including 28,232 pending ineligible and 49,791 overdue redeterminations. Most of the protected beneficiaries are in Granite Advantage (49%) and children (35%). The majority reside in Hillsborough, Rockingham, and Merrimack Counties, in absolute numbers due to the larger overall population. Some other smaller counties proportionately have more exposure percentage-wise.

**Pink letter campaign.** Website messaging at <https://www.dhhs.nh.gov/dfa/post-covid.htm> urges beneficiaries to complete their redeterminations now to avoid a gap in coverage later and follow instructions in the pink letter. The pink letter includes revised language re: overdue redeterminations and pending ineligible. May – Sept 2021: 16,599 letters issued; 2,355 (14%) redeterminations completed. Month to month progress is good; further improvement is expected.

The BBB, if passed, will provide additional protections for beneficiaries. Those with coverage during the PHE will qualify for 12 additional months of coverage (excluding the testing group). Starting April 1, 2022 the State will use redeterminations that occurred April 1 or later. States will be limited to disenrollment of one twelfth of ineligible individuals. Enhanced FMAP will be reduced from 6.2% to 3% through June 30 and 1.5% July 1 to Sept. 30.

The key to the unwind planning is to help individuals understand their options if not eligible and to obtain beneficiaries' most updated contact information.

**Navigators and Department of Insurance (DOI):** Complete Medicaid applications that are determined ineligible for Medicaid are automatically transferred to the Insurance Navigators and the DOI. DHHS is working with the Insurance Navigators and DOI to coordinate efforts on reaching individuals who will no longer be eligible for Medicaid once the PHE ends and to provide assistance with enrolling in marketplace plans.

**Provider Lists:** Providers may obtain a list of their Medicaid beneficiaries at risk of losing coverage by contacting DHHS at [ContinuedCoverage@dhhs.nh.gov](mailto:ContinuedCoverage@dhhs.nh.gov). An agency that does not provide clinical care must be an “authorized representative” in order to obtain beneficiary lists; they may contact Alyssa Cohen for assistance. Feedback to the Division of Medicaid Services (DMS) would be helpful if beneficiaries are having problems with their Medicaid status. The Department is continuing to meet with groups; another stakeholder meeting will be scheduled once further guidance on the BBB is available (December or early next year).

### **Department Updates**

#### **Disability Determinations, Deb Sorli, Bureau Chief, Bureau of Family Assistance**

As of October 22, 2021:

Pending Applications: 129 adults (96 have Medicaid); 17 children (5 have Medicaid)

90+ days: 42 adults (32 have Medicaid); 0 children.

0-90 days is a normal timeframe for applications to be completed while applicants await their scheduled consultative exams. With regard to pending cases over 90 days, in a few instances staff struggle to obtain requested documentation from providers. Therefore, case aides are calling applicants to urge them to obtain their records. The final sign-off stage by nurses accounts for a portion of the wait time.

#### **Dental Benefit, Sarah Finne, DDS, Medicaid Dental Director**

##### ***HB 103, Establishing a dental benefit under the state Medicaid program***

The Department is working with legislators on HB 103, which was retained in the 2021 session by the House Health, Human Services, and Elderly Affairs Committee. Its subcommittee has reviewed and suggested slight changes to the proposed adult dental benefit. The committee at-large approved the amendment to HB 103 without unanimous consent, which will include some cost sharing and a removable denture benefit for the waiver and nursing home population. It includes an appropriation and implementation date of April 2023.

***HB 611, Abolishing fluoridation in water.*** The bill would repeal all statutes that cover community water fluoridation. If the bill passes, Medicaid beneficiaries are at risk due to the long term consequences of removing a long-standing public health method to prevent dental decay.

#### **SMI Amendment, Alyssa Cohen, Deputy Medicaid Director**

The federal comment period on the SMI amendment has closed. Thus far, CMS has sent a question to DHHS on rural provider availability.

#### **1915(b) Supportive Housing Update, Alyssa Cohen, Deputy Medicaid Director**

The supportive housing waiver is currently in the CMS Request for Additional Information (RAI) phase. DHHS will respond and submit to CMS for its review.

#### **MCO Amendment 7, Henry Lipman, Medicaid Director**

The next contract amendment will incorporate reimbursement to hospitals for genetic testing and home visiting benefit updates, as well as technical items based on CMS guidance. MCO rates and other items are being reviewed. The amendment will go to Governor and Council (G&C) in December for January 1, 2022. Details will be available once the amendment is on the G&C agenda.

**BDS System Website, Henry Lipman, Medicaid Director**

People are encouraged to sign up on the [BDS System Work website](#) to receive email notifications as changes are made to the website.

**HCBS Spending Plan for Enhanced Federal Percentage, Henry Lipman, Medicaid Director**

On Sept 29, 2021, NH received partial approval to receive additional Federal Medical Assistance Percentage (FMAP) of 10% (versus 6.2%) for eligible costs for the period 4/1/21 – 3/31/22. New Hampshire's spending plan outlines three spending priorities: workforce investment, access to services, and to pilot new services to promote, expand, and enhance HCBS.

The state will modify the Appendix K and the managed care contract, and submit a Disaster Relief SPA. The Department will also seek approval from the legislative Fiscal Committee and Governor & Council. HCBS providers will see additional funds in January.

**Closed Loop Referral Report, Henry Lipman, Medicaid Director**

The report was sent to MCAC Nov 4. Report findings will form the basis of potential legislation to address the types of providers not subject to HIPAA and privacy rules, e.g. boys and girls clubs. MCAC is encouraged to read the report which will be discussed at the December 13 MCAC meeting.

**He-W 568, Therapy Services, Jane Hybsch, Administrator, Medicaid Medical Services, Coverage and Benefits**

The 2019 rule changed "15-minute units" to "visits." With the annual HCBS coding update, procedure codes for therapy services were changed from 15 units to timed units i.e., 30 minutes, 45 minutes, or in other words, "events" or visits. The Medicaid claims system could not accommodate conversion of an event or visit back to 15-minute units. Hence, we had to revamp the billing system. Providers were notified. The proposed rule change will be caught up to current business practices. There are no other substantive changes to the rule. A discrepancy was noted in the use of the term "units." The rule will be revised accordingly and sent to MCAC. *The rule was emailed to MCAC 11/9/21.*

**MCAC Subcommittees****He-E 801, CFI, Michelle Winchester**

Nancy Rollins reported that the rule is with the Administrative Rules Unit. Michelle Winchester stated that the rule has not yet been sent to MCAC.

**Motion to adjourn.**

**M/S/A**