Medical Care Advisory Committee (MCAC)
September 13, 2021
Minutes


Alternates: Gina Balkus, Amy Girouard, Dawn McKinney, Nichole VonDette

Members Excused: N/A

DHHS: Brooke Belanger, Rob Berry, Alyssa Cohen, Janine Corbett, Dr. Sarah Finne, Jane Hybsch, Shirley Iacopino, Dawn Landry, Henry Lipman, Nancy Plourde, John Poirier, Laura Ringelberg

Guests: Karen Blake, Rachel Chumbley, Jesse Fennelly, Deb Fournier, Lucy Hodder, Alex Katroubas, Trina Loughery, Terry Ohlson-Martin, Susan Paschell, Lisa Petengill, Deborah Ritaey, Nicole St. Hillaire, Rich Sigel

Review/Approval: August 16, 2021 minutes
M/S/A with two abstentions.

Agenda Items for October 18, 2021
Carolyn Virtue requested information on waiver rates that were contained in an email from Jessica Kennedy. Carolyn has been receiving questions as to why, following two years’ work, there was a cancellation. To help address these questions, DHHS will ensure that someone attends the October MCAC.

Alyssa Cohen noted that the SUD demonstration waiver annual post-award forum will be done during the October MCAC.

Any additional agenda items for the upcoming October meeting may be emailed to Carolyn Virtue and Jonathan Routhier.

Department Updates, Henry Lipman, Medicaid Director

- Eligibility Updates:
  - On September 6, 2021, there were 225,250 people on NH Medicaid, an increase of 47,830 people since the start of the pandemic in March 2020. Granite Advantage (Expanded Medicaid) has 78,974 members (58% increase), and standard Medicaid has 146,276 (16% increase).
  - The COVID-19 Testing Group was initially 100% federal funding to provide testing for people who didn’t have insurance to cover testing, and didn’t qualify for Medicaid. Federal American Rescue Plan (ARP) legislation allows an extension of this provision to provide treatment and vaccination to this group. We are awaiting on additional CMS guidance for its operationalization.

- DHHS Budget/HB2 Implementation Updates:
  - A mechanism to fund genetic testing for newborns is underway, and rules will need to be promulgated.
  - Nursing Facility payment methodology is described in the Medicaid State Plan. HB1 and HB2 included language around Nursing Facility rates. The Department is modifying the current Budget Adjust Factor (BAF) based on an updated interpretation of HB2 affecting the days utilized in setting the rate. We will issue public notice by the end of September to reflect the modified BAF. A new BAF will be in place for January 1, 2022. The Legislature may also consider some additional funding to address the changes brought by the pandemic.
• Spending by Category Report Updates:
  o This report (shared with MCAC via email) provided updated member-specific payments, broken down by eligibility groups, for calendar year 2020.

• Disability Determination Unit (DDU) Updates:
  o DDU Report – July 2021 (report emailed to MCAC)
    ▪ Pending applications: 272 adults (205 adults who have Medicaid coverage) and 29 children (11 children who have Medicaid coverage). Applications over 90 days: 36 adults and 1 child
  o DHHS will arrange for someone from the DDU to provide additional information at an upcoming MCAC meeting, including answering questions about other public benefit options and assistance programs applicants may be directed toward if disability is not determined. DHHS welcomes information about case-specific scenarios so that we may continue to learn how to improve the applicant/client process. The DDU will also provide approval/denial statistics for “Katie Beckett” coverage for children (Home-Care for Children with Severe Disabilities - HC-CSD), including how many applicants with an initial denial successfully appeal that denial.

• Institutions for Mental Disease (IMD) waiver for Serious Mental Illness (SMI) Updates:
  o The IMD waiver amendment to the SUD demonstration waiver was submitted to CMS Sept 3, 2021. A link to the demonstration waiver amendment (“Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver”) was provided on the agenda (https://www.dhhs.nh.gov/sud-imd/documents/smi-amendment.pdf). The proposed amendment is in the federal comment period; there are no additional updates to report.

• Home and Community Based Services (HCBS) American Rescue Plan (ARP) Spending Plan Proposal Updates:
  o Henry Lipman has a meeting today with CMS to learn more about where CMS is in their review process of the HCBS ARP spending plan proposals. DHHS submitted New Hampshire’s plan on July 9, 2021. So far, only one state has received CMS approval for its spending plan, so we are in a waiting phase.
  o As Jonathan Routhier noted, it is vital that money start flowing soon for a number of reasons, including that many direct support provider positions remain vacant. Amy Girouard would like to hear more about workforce availability issues for HCBS and means to address this.

• Supportive Housing 1915(i) Updates, Dawn Landry, Policy Administrator, Division of Medicaid Services:
  o On August 25, 2021, DHHS received informal comments from CMS in response to our June 21, 2021 amendment submittal, and we are working on programmatic and editorial comments; financial comments are to come this week in a formal Request for Additional Information (RAI), which will start a 90-day timeline to reply to all comments. We don’t anticipate needing the full 90 days. Any questions can go to Dawn.

• Adult Dental Benefit Updates, Dr. Sarah Finne, DMD, Medicaid Dental Director:
  o HB 103, An act establishing a dental benefit under the state Medicaid program, was retained in the last legislative session. However, we are still moving forward, as there is not really opposition to a dental benefit; the challenge is in how to make it happen. At a House Subcommittee Work Session on September 2, 2021, Dr. Finne and Henry Lipman were asked if
DHHS could provide a prosthodontic benefit to certain subgroups. DHHS has reached out to CMS to see if NH might be able to provide this as a waiver benefit. DHHS also continues to work with our actuaries. Henry and Dr. Finne will report back to the House Subcommittee at the end of September. DHHS is also reaching out to other states to learn how they have put together a dental benefit.

- Cost sharing for removable prosthodontics will likely be similar to a sliding scale; details are still being worked out, particularly as we learn from other states with removable prosthodontic cost sharing. This research will include consideration of whether cost sharing prohibits utilization, as determined from states that have already undertaken this type of research. There continues to be discussion around the social and emotional costs of lost teeth, including on employability, as the high costs of prosthodontics are considered.

- The Adult Dental Benefit workgroup will reconvene after DHHS gets more information ready.

- Michael Auerbach pointed out that President Biden’s recent vaccination order may impact Medicaid providers, so there are workforce implications of the vaccine mandate that should be considered. Also, community fluoridation is being looked at this week, so keep this on the radar, as this will strongly impact the Medicaid population. Lisa DiMartino suggested a statewide emphasis on sharing information to encourage vaccination in order to help address why some healthcare providers are vaccine hesitant.

**Public Health Emergency (PHE):**

**COVID-19 Vaccination Outreach, Beth Daly, Chief, Bureau of Infectious Disease Control**

NH is starting to see some recent improvements. Nationally, there are approximately 4 million cases each week, so still very high, but there is a new downward trend (in NH and in the US). There are approximately 137,000 new cases each day (vs 13,000 at the end of June, about 10x higher now). NH had trailed behind other states in terms of experiencing surges, so NH may still see a surge. About 99% of all COVID-19 cases that NH tests are the delta variant. DHHS continues to keep an eye on school activity and work closely with schools.

President Biden released a 6-point plan to combat COVID-19, which emphasizes vaccinations. His plan has six main components: 1. Vaccinating the unvaccinated; 2. Furthering protection for the vaccinated; 3. Keeping schools safely open; 4. Increasing testing and requiring masking; 5. Protecting our economic recovery; 6. Improving care for those with COVID-19. It appears that President Biden’s plan for vaccine mandates for certain groups will affect providers who get Medicaid and Medicare reimbursement. We do not yet know how this mandate will affect these providers, as well as offices that have over 100 employees. In NH, we are looking at testing infrastructure. Testing sites closed at the end of June. We aren’t looking at reopening any sites, but will ensure that testing is available, including at a variety of pharmacy sites. We are also looking at areas of the state that have lower vaccination rates in order to address this, as well as looking at where monoclonal antibody treatment is available for instances when that treatment is clinically appropriate; early receipt of this treatment can help avoid hospitalization.

No official word yet on children under 12 receiving vaccinations, although we expect Pfizer to allow for ages 6-12 first, hopefully later this month. Then we expect vaccinations for ages 2-5, and lastly for children under age 2. Vaccine usage in children under 12 will be under emergency use authorization (not licensure). COVID-19 and flu vaccines can be provided during one visit.

There is no vaccine booster guidance yet for people who are already vaccinated.
Regarding schools and their reporting requirements when students get COVID-19, all COVID-19 test results must go to DHHS, which prioritizes investigation for cases of children under age 18. When there are outbreaks, DHHS does report to the schools, so there is a two-way route of communication. The online dashboard is not always up-to-date as new information comes in, so there is a lag. At some schools, such as in Portsmouth, parents do not have to report COVID-19 status to the school. DHHS does not have authority to mandate masks—it is at the discretion of the Governor. DHHS continues to work with schools to identify best practices.

DHHS is still planning to provide additional funding to providers to cover vaccine administration once children under 12 are able to be vaccinated; reimbursement will work much the way flu vaccination does.

It was noted that increased availability of rapid test results would be beneficial, particularly for workforce issues. Also, a reminder that the fully vaccinated do not have to quarantine if they have COVID-19 exposure.

**Unwinding Planning, Lucy Hodder and Deb Fournier, UNH Health Law & Policy**

The PHE must be renewed every 90 days. The Biden Administration has advised governors that states will have 60 days’ notice of the PHE ending. The PHE may continue longer than anticipated. New federal guidance around the PHE and unwinding was released Aug 13, 2021 (as circulated to MCAC). There are still many questions and answers to be worked out. A meeting was held late last week on this, and DHHS will reach out to stakeholders. The guidance clearly supports NH’s efforts. NH started very early in the outreach process to recipients, which is of paramount importance. There is an extended timeframe to complete renewals (redeterminations) at the end of the PHE.

There has been an uptick in redeterminations following receipt of the pink letters (that address the unwinding, and the potential for case closure following the end of the PHE if redeterminations are not completed). This uptick in redeterminations will help prevent a bottleneck at the end of the PHE. More details to come, but providers and stakeholders have been doing excellent work around this; DHHS will continue to reach out to providers, as well as address DHHS staffing needed for the additional paperwork.

DHHS wants to hear of any case issues so they can be resolved, and to fix any underlying issues. Issues with Authorized Representatives will be reviewed.

**Henry Lipman, Medicaid Director, and Alyssa Cohen, Deputy Medicaid Director**

Currently, 43,000 redeterminations are overdue, and about 70,000 cases have issues that must be addressed in order to complete the renewal. All of these cases will eventually get the pink letter that describes potential closure of their case following the end of the PHE if the redeterminations are not successfully completed. A portion of people who get a pink letter will need to provide additional information, which will be noted on their Verification Checklist.

DHHS has data broken down by District Office and by town to understand the demographics of the 70,000 cases at risk of closure. DHHS will share some of this data at the October MCAC meeting. DHHS continues to work with CMS, as well as with the MCOs.

The roll out plan for addressing the unwinding has been updated on the DHHS website: See [https://www.dhhs.nh.gov/dfa/post-covid-providers.htm](https://www.dhhs.nh.gov/dfa/post-covid-providers.htm) In October (instead of August or September), DHHS will send redetermination Verification Checklists to recipients with outstanding items to complete their redetermination. There is a dedicated email address for unwinding issues: [continuouscoverage@dhhs.nh.gov](mailto:continuouscoverage@dhhs.nh.gov).
Administrative Rule He-W 549 Home Visiting for Prenatal, Child, and Family Support Services,
Jane Hybsch, Medicaid Medical Services Administrator, Division of Medicaid Services

Rule changes (emailed to MCAC) are required due to recent passage of the State budget, which allowed for expanded home visiting services for pregnant women, as well as for infants under the age of one. Other eligibility and service limit restrictions remain (for children ages one to 21), which have been in place since 2010. DHHS is pleased to have removal of the eligibility and service limit restrictions for pregnant women and for infants under the age of one, and will be watching utilization to ensure that these groups are experiencing increased Home Visiting services, when medically appropriate.

There are no changes for provider eligibility—provider agencies are contracted either with the Division of Economic and Housing Stability (DEHS) or the Division of Public Health Services (DPHS) or, for specialized nutrition services, with the Division of Long Term Supports and Services (Amoskeag holds this contract).

There are no changes to the services themselves which focus on child development, as well as health and wellness.

DHHS will report back to MCAC regarding the outcome of the expanded eligibility; we will aim to do so at MCAC’s January meeting.

MCAC Subcommittees
- Membership Committee, Jonathan Routhier, Vice Chair
  There are still a couple of open seats, and so MCAC continues to do outreach. The application link is found halfway down the page at this link: https://www.dhhs.nh.gov/ombp/mcac.htm; please share it with folks who may have an interest in MCAC.

- He-E 801, CFI update, Michelle Winchester
  No new information was reported.

- Adult Dental Benefit
  This subcommittee has two openings. Nancy Rollins attended with Carolyn Virtue as her alternate. Carolyn will email MCAC to gauge interest for another member. Carolyn is happy to remain as alternate if someone else has interest, or to move into the opening if there is no interest; she will let Sarah know.

- Closed Loop Referral and Blanket Consent Subcommittee(s)
  No new information was reported.

Miscellaneous:
Provider relief funds—Henry Lipman, Medicaid Director
Another round of COVID-19-related provider relief funds is available; CMS published criteria September 10, 2021. This is an additional provider opportunity for funding, along with HCBS funds. https://www.hhs.gov/about/news/2021/09/10/hhs-announces-the-availability-of-25-point-5-billion-in-COVID-19-provider-funding.html

Motion to adjourn, M/S/A.

MCAC meets next on Monday, October 18, 2021.