

Medical Care Advisory Committee (MCAC)

Monday, February 13, 2023

Minutes

Members: Holly Stevens, Chair, Lisa Adams, Michael Auerbach, Kathy Bates, Jake Berry, Vanessa Blais, Kelley Capuchino, Joan Fitzgerald, Ellen Keith, Ellen McCahon, Dawn McKinney, Paula Minnehan, Kara Nickulas, Rhonda Siegel, Lisabritt Solsky Stevens, Carolyn Virtue, Brendan Williams, Elinor Wozniakowski

Alternates: Brook Belanger, Déodonné Bhattarai, Amy Girouard, Michelle Merritt, Isadora Rodriguez-Legendre, Kristen Schmidt, Nichole VonDette, Jim Zibailo,

Excused: Lisa DiMartino, Tamme Dustin, Karen Rosenberg

DHHS: Henry Lipman, Olivia May, Sarah Finne, Leslie Melby, Dawn Tierney, Jordan McCormick, Dave Wieters, Kerri Schroeder, Deb Sorli, Laura Ringelberg, Shirley Iacopino, Carolyn Richards, Vern Clough, Krysten Finefrock, Jody Farwell, Sara Lacharite, Catrina Rantala

Guests: Lucy Hodder, Deb Fournier, Nick Toumpas, Susan Paschell, Richard Sigel, Ron Hockmuth, Brooke Holton, Josh Krintzman, Trina Loughery, Nicole St. Hilaire, Lisa Pettengil, Audrey Gerkin, Alex Koutroubas, Vicki Jessup, Deb Ritcey, Mike Miller, Conor Laing, Lara McIntyre, Rachel Chumbley, Adam Schrier, Amy Pidhurney

Announcements

Leslie Melby will retire March 9th. Today is her last MCAC meeting.

Review/Approval: January 9, 2023 Minutes

Carolyn Virtue will email comments.

M/S/A

Agenda Items – March 13, 2023

- CMS HCBS Quality Measures
- Legislative Update
- Update 1915(c) waivers case management
- Appendix K Unwind
- Workforce

Medicaid Expansion: Letter of Support

A letter of support from the MCAC for the continuation of Medicaid Expansion is being developed and will be ready for the hearing in the House.

Adult Dental Benefit Update

Sarah Finne, DMD, Medicaid Dental Director

Implementation: Progress on the April 1 implementation of the adult dental benefit is moving swiftly. Network adequacy is the top priority and includes streamlining provider enrollment and working with Delta Dental and DentaQuest on recruitment. The Department is on target with the SPA, waivers, MMIS, and readiness phase with vendors. Staff are meeting with NEDD/DQ numerous times a week to make sure that all deadlines are met.

He-W 506: The Medicaid Care Management rule will be amended to add the adult dental benefit as a managed care benefit. The managed care contract includes increased fees, transportation support, and care management to improve network adequacy. This should help with parity.

Model Handbook: A subcommittee of the MCAC will review the beneficiary model handbook. The committee includes Joan Fitzgerald, Brooke Belanger and Ellen Keith. Others interested should contact Olivia May, Krysten Finefrock, or Leslie Melby.

Public Health Emergency: Medicaid Coverage and Continuous Enrollment

Henry Lipman, Medicaid Director, Lucy Hodder and Deb Fournier, UNH Health Law & Policy

Medicaid will return to regular eligibility requirements April 1, 2023. Regular operations are now separate from the federal PHE timeline. Beneficiaries with continuous coverage must demonstrate eligibility to keep their coverage. April 1 is the earliest date a protected enrollee can lose coverage for failure to renew eligibility and/or due to a change in circumstance. Renewal cannot be initiated for more than 1/9th of the caseload in any month.

As of Feb 6, 2023: total 250,210 individuals on Medicaid of which 95,704 in Granite Advantage and 154,506 in Standard Medicaid. Individuals in protected status: total 101,798 of which 28,996 pending ineligible and 72,802 overdue redeterminations (redes). Households (vs. individuals) will be used to streamline redeterminations.

Protected individuals who no longer meet eligibility requirements and/or have overdue administrative tasks to complete redes are at risk of losing coverage when continuous coverage ends. This group includes:

Overdue Redeterminations: Individuals who have not completed renewals will have an opportunity to renew.

Pending Ineligible: Individuals completed a renewal and had a change in circumstance.

DHHS is reducing overdue redes by proactively engaging with families and community partners. Messaging: To keep Medicaid coverage, it's no longer *optional* to complete redes or respond to requests for information about eligibility status. Failure to do so will result in termination.

States must submit an Eligibility Renewal Distribution Plan to CMS, as well as monthly reports that reflect metrics to monitor state enrollment and eligibility activities. NH's Renewal Distribution Plan: (1) assigns a renewal month over the next 12 months to households, thereby preparing the most vulnerable to mitigate interruptions in coverage; (2) accounts for standard renewals for those not in the protected group; and (3) avoids exceeding the 1/9th limit. Beginning Feb 10, beneficiaries will be notified of their assigned redetermination date.

An estimate of pending ineligibles is broken down by eligibility group and monthly distribution. 28,996 pending ineligibles completed eligibility paperwork and may have a change in circumstance. This group is further divided as (1) those with redetermination in the first 2 months; and (2) those with no rede. The highest number of closures will occur during the first 3 months. The Department's approach schedules children and high risk groups further out. The goal is to help people retain their coverage or find alternative coverage.

DHHS Notices: Those who are financially ineligible will receive a letter requesting verification of income. If DHHS doesn't receive the information, enrollees will receive a notice providing another 10 days to submit the information. A second notice will be sent stating the information was not received. If closed, there's a 90-day reconsideration period.

Key message: Notices have gone out, either on yellow paper or posted in yellow on NH Easy accounts; Enrollees must check their new rede date and follow the instructions. If they don't complete a rede or provide information, their Medicaid coverage will end. Efforts will be made to ensure social media messaging is more accessible.

Special enrollment period: Those who lose eligibility are allowed to claim a Special Enrollment Period for Marketplace coverage between March 31, 2023 and July 31, 2024. NH offers free enrollment assistance through its Navigator programs.

The federal PHE will end May 11. The COVID Testing and Treatment group's eligibility ends May 11, but coverage will be provided until the end of the month. Personal care under the 1135 waiver is set to end May 11, and DHHS is working with CMS on the transition.

Disability Determinations

Kerri Schroeder, Bureau of Family Assistance

As of Jan 27:

8 children pending of which 2 had Medicaid.

190 adults pending of which 154 had Medicaid; 56 at 90+ days; 37 awaiting nurse write-up or final sign-off;

5 pending medical records; 13 consultative exams scheduled; 2 HC-CSD case over 90 days.

MCO Contract

Henry Lipman, Medicaid Director

Amendment 10 rates go into effect July 1, 2023. The current contract expires August 31, 2024. Reprocurement is being worked on with the RFP to be issued Sept 1, 2023. Public opportunities to comment on the RFP goals will be held.

HCBS Spending Plan

Henry Lipman, Medicaid Director

Changes are being considered for the third phase of the spending plan. Looking at options to work with remaining funds, given the stress the system is under.

Waivers

Henry Lipman, Medicaid Director

- SUD-SMI 1115 Demonstration: Submitted amendment to include individuals who are justice-involved. The CMS Administrator will brief states about opportunities for successful transition to the community.
- 1915(j) Personal Care State Plan Amendment: The program ends May 11. Working on 1915(j) option that will be similar, not exactly the same.
- 1915(i) Supportive Housing State Plan Amendment: Consulted with Connecticut to learn how they implemented their waiver, which took nearly 5 years. Met with other states, including Vermont which issued an RFP for technical assistance.
Housing moved to Division for Behavioral Health. Melissa Hatfield is moving to DBH.

Rules: Consent

- He-W 825.01, Application process for social security numbers
 - He-W 854, Evaluation and treatment of income for the all categories of medical assistance
- There were no requests to remove the rules from consent.

Adjourn. M/S/A