Governor's Commission
To Review and Advise on the Implementation of
New Hampshire's Medicaid Care Management Program

MINUTES

January 9, 2014
1:00 – 4:00pm
Home Healthcare, Hospice and Community Services
312 Marlboro Street, Keene, NH 03431

Welcome and Introductions

The meeting was called to order by Commissioner Vallier-Kaplan, Chair at 1:05pm. Present in addition to Commissioner Vallier-Kaplan were Commissioners Donald Shumway, Vice Chair, Gustavo Moral, Jo Porter, Ken Norton, Doug McNutt, Yvonne Goldsberry, Tom Bunnell, Wendy Gladstone, Susan Fox, and Nicholas Toumpas.

Absent: None

Commissioner Vallier-Kaplan welcomed everyone and thanked Susan Ashworth for hosting the Commission meeting at Home Healthcare, Hospice and Community Services. She directed everyone to the Commission overview document for information on the Executive Order establishing the Commission and the Commission work to date. Commissioner Vallier-Kaplan invited the Commissioners and guests to introduce themselves. The public was encouraged to stay for the entire meeting and participate in public comment and question time allotted at the end of the meeting.

Minutes of the December 5, 2013 Meeting

Commissioner Vallier-Kaplan presented the draft minutes of the December 5, 2013 meeting. Upon a motion duly made and seconded, it was unanimously

VOTED to approve the minutes of the December 5, 2013 meeting of the Commission as presented.

DHHS Update and Next Steps on MCM Implementation

Commissioner Vallier-Kaplan introduced Commissioner Toumpas for an update on Medicaid Care Management (MCM) Implementation. Commissioner Toumpas stated that with the program in effect for 6 weeks, they have had an unprecedented number of people who have enrolled by self selecting their Managed Care Organization (MCO). To date,1400 people who were auto assigned have elected to change their MCO. There is a core group of people in the department who monitor and track the day to day issues. A quarterly structured review with each MCO will begin soon.

Other updates from the department included:
The department is working to support the Governor and the Legislature on Step 3 which involves Medicaid Expansion.

The State Innovation Model (SIM) plan was submitted on December 20. All these documents are on the department web site.

The department is working on the various components of Step 2; mandated populations, Applied Behavior Analysis benefit, substance use disorder benefit and waivered services not part of Step 1.

Commissioner Mary Vallier-Kaplan invited the Commissioners to ask questions.

Commissioner Bunnell asked what kind of notice people have received to let them know that they can change MCO's if they were auto assigned. Commissioner Toumpas replied that all communications have included detailed information on changing MCO's and that once someone is enrolled, they have 90 days to switch.

Commissioner McNutt asked if there is a timetable for when the contract for waivers will go to the Governor and Council. Commissioner Toumpas replied that the design for waivered services has not been finalized and approvals from the Federal Government are not in place at this time. The date for waivered services to go before the Governor and Council will be determined from the actual go live date. Right now they're targeting December 1, 2014 but they will go when ready.

Commissioner Gladstone asked if they've noticed an increase in issues with prior authorizations. Commissioner Toumpas stated that they expected some issues with prior authorizations and they are pro-actively addressing those issues with each plan.

Commissioner Norton asked how the reimbursements to providers are going. Commissioner Toumpas stated that they have not heard that there are a lot of issues but they are only 6 weeks into the program and there are time limits on claim submissions. They are watching two check points; no interruption of services to clients and that the providers will be paid.

Commissioner Vallier-Kaplan invited questions from the public guests.

In response to a question from the public regarding the complexity and inefficiency of the MCO proceedures, Commissioner Toumpas stated that the department is in conversation with the MCO's to investigate areas where they may be commonalities in their processes.

In response to a question from the public regarding the greatest challenges to date, Commissioner Toumpas replied that prior authorizations, and not being able to find their provider in the directory have been issues but they don't have enough data yet to see trends. They are being pro-active with the MCO's on all issues.

In response to a question regarding whether or not a client's coverage will change, Commissioner Shumway stated the MCO's have been very responsive and flexible. They have first called the MCO directly, then called the department help line and lastly have written letters to the department to raise a specific issue.
Commissioner Toumpas added that everyone is on a learning curve and there's an added burden on the providers.

Commissioner Vallier-Kaplan welcomed Senator Molly Kelly and thanked her for attending the Commission meeting.

Commissioner Vallier-Kaplan introduced Commissioner Porter for an introduction to the report from the Urban Institute.

Urban Institute Evaluation

Commissioner Porter reported that throughout the Commission meetings there have been references to an evaluation by a third party. Today, we welcome a report from the Urban Institute on their process to design this evaluation. Commissioner Porter introduced Steve Row, President, Endowment for Health and Genevieve M. Kenney, Co-Director and Senior Fellow, Health Policy Center, Urban Institute. The Urban Institute has formed an Advisory Group of beneficiaries, providers, DHHS staff and others to inform their work. Commissioner Vallier-Kaplan thanked the Endowment for Health for their support of this work.

Dr. Kenney reviewed the mission and structure of the Urban Institute (see slides) and their prior research on Medicaid Care Management in the context of the Affordable Care Act in other states. In 2014 the focus in NH will be on Step 1 using a mixed methods evaluation approach that includes focus groups for a barometer of problems and successes to complement the quantitative analysis. On the qualitative side, research areas will include the state's approach to training and staffing, provider oversight, communication, provider administrative changes, patient education, changes in quality or access and case management programs. New Hampshire is data rich with a sophisticated approach. They will aim to prioritize their questions in order to add value and identify areas not currently in the data systems that have the highest potential to affect outcomes. They will also establish a way to think about the data sources evolving. New Hampshire can benefit from the lessons learned in other states.

Commissioner Vallier-Kaplan invited questions from the Commissioners.

Commissioner Fox asked if they have given any thought to Step 2 at this time. Dr. Kenney replied that they will develop a plan for Step 2 in the next year.

Commissioner Goldsberry asked since this evaluation process will take time, how do they plan to get to early issues and lessons in real time. Dr. Kenney replied that they believe it will be useful to set up an informal feedback mechanism with the department for sharing on a monthly basis. This is not an academic study. Their goal is to be useful.

Commissioner Vallier-Kaplan stated that the degree of transparency and cooperation in NH makes this effort meaningful. Ms Dunn stated that the team at DHHS is excited to work with the Urban Institute and this Commission to tell the story in an unbiased way.

Dr. Kenney suggested that the Urban Institute connect the Commission and the department with people in other states that are leading this work for real time information.

In response to questions from the public regarding the number of transportation providers available, patient access to transportation, comparative data on the number of trips pre and post rollout, and DHHS strategy for transportation in general across the state, Dr. Kenney replied that there is no data source at this time to track this in a definitive way. Dr. Kenney will consult with experts in other states for ideas and information.

Commissioner Vallier-Kaplan suggested that Dr. Kenney review the minutes of the Commission meetings located on the Governor's web site, to become aware of public comments and questions to date.

Commissioner Shumway thanked Dr. Kenney and Mr. Rowe.

Perspectives on Medical Home and MCM in NH

Commissioner Vallier-Kaplan introduced Commissioner Goldsberry. Commissioner Goldsberry reported that the Commission has been inspired by early attempts and innovations and by coordinated care at the local level. There is early evidence that the medical home model can reduce cost and provide a good platform for the future. Today, we've invited the department and the MCO's to report on the development of medical homes and their integration into Medicaid Care Management. She introduced Katie Dunn, Associate Commissioner and Medicaid Director, NH DHHS.

Ms. Dunn reported that medical homes are one tool in a holistic system of care that strives to integrate health care and psycho social care and described the Who, What, Where, When, Why and How of the vision for MCM. (see slides)
The expectation is that the MCO's will establish meaningful participation by providers and a team of individuals who can address the health and psycho social needs of each client. It is not a "one size fits all" system. They have invited the three MCO's to share success stories in the first 6 weeks of Step 1. Ms. Dunn introduced Dr. Mohamed Ally, CEO, Meridian Health Plan.

Meridian Health Plan

Dr. Ally reported that they are attempting to customize patient care based on the member's needs without duplicating services or replacing the service provider. They have a team to focus on the enrollee and their family and coordinate care by phone. They also have field based care coordinators (see slide). Dr. Ally presented a number of plan member testimonies.

1. A Meridian Health Plan disabilities waiver member received assistance from the Meridian Health Plan Community Care Coordination Team to reconnect their utilities,

secure utility assistance funding and help them apply for a medical exception to avoid shut off.

2. An elderly member received help from the Meridian Community Care Coordination Team in locating furniture at no cost and in setting up an appointment with a PCP and ordering diabetes testing supplies.

3. A senior and person with disabilities member was given a Health Risk assessment by a Meridian Care Coordinator and after scoring as a high risk, was visited at home by the Care Coordination Team. The member desired and would benefit from in-home services and was assisted in applying for assistance through the state waiver enrollment office. They were approved in less than 30 days.

NH Healthy Families

Mr. Scott Westover, Executive Director, NH Healthy Families (NHHF) reported that the medical home model works toward improving the health of the Medicaid beneficiaries. The MCO's are improving value and adding resources and there is meaningful engagement and participation between the member and the care manager toward collaboration for continued care.

Ms. Elizabeth Dillon, RN – Director of Medical Management, NH Healthy Families, reported that they oversee an integrated care team of medical professionals and serve as an extension of the medical home and the primary care provider. She presented a series of scenarios of NH Healthy Family members and their experience.

1. A member of NH Healthy Families with Attention Deficit Hyperactivity Disorder (ADHD), Anxiety and Depression, had missed his appointment at the community mental health center and was about to run out of his antidepressant medication. The NHHF Case Manager secured an appointment in 2 weeks, contacted the PCP and requested that they re-engage with the patient and provide bridge medication.

2. A patient with developmental disabilities and behavioral health concerns was hospitalized for anxiety, depression, hallucinations, attempted harm to self/others and attempted drug overdose. NHHF Case Manager proactively reviewed the inpatient admission to assist with the discharge process. The NHHF team contacted the patient's area agency Case Manager for historical information about the patient and the services. The NHHF team and the area agency worked closely with the hospital and family until the patient was discharged to his sister's care.

3. A woman who had recently delivered a healthy newborn was contacted by the NHHF Nurse Case Manager to follow up and found the patient identified a need for outpatient behavioral health support for therapy and medication management and a past history of substance abuse and a complex medical history. The patient was referred to the NHHF Case Management program.

Well Sense Health Plan

Ms. Lorene Reagan, Manager of Care Management, Well Sense Health Plan, reported that NH is a small state and the information on these case histories has been blended to protect the individuals. She presented the Well Sense Health Home Vision which outlines the difference in today's care and home health care from the providers view (slide). Ms. Reagan presented a number of case histories.

1. A young woman with autism and a seizure disorder was assessed by Well Sense Care Manager. With her father's consent, the Well Sense Care Manager was connected with her PCP, neurologist and the Developmental Services Family Support Coordinator. The Care Manager assisted in establishing mileage reimbursement for transportation to medical appointments, after school support, a neurological appointment and agreed to plans to follow up in 2 – 3 weeks.

2. A man with spina bifida with an established health home with his family, manages his own personal care supports. After enrolling in Well Sense Health Plan, the Care Manager made a referral for mental health support and assisted with obtaining durable medical equipment, social and vocational supports and developed a plan of care.

Commissioner Gladstone invited questions from the public.

In response to a question regarding a substance use disorder benefit addition and the connection to substance use disorder providers, Ms. Dillon stated that their goal is to treat the whole person and members will be connected to behavioral health care clinicians in their community.

Commissioner Fox asked for clarification on the distinction between medical homes, health homes and care management. Ms. Dunn replied that the health home reflects care management and coordination. The department implementation of that perspective is through the MCO model. They are aiming to build sustainable programs.

Dr. Carl Cooley, Chief Medical Officer, Crotched Mountain Rehabilitation Center, stated that there is an established, unified definition of the medical home that is well known among providers and aims to improve the primary care system. Some states have incentive programs to establish the medical home model.

Ms. Dunn stated that some providers and primary care practices may not yet be able to do what they're asking them to do.

Dr. Cooley stated that the primary care practices are generally not compensated for that kind of service but this is an opportunity to improve the system of primary care. Commissioner Goldsberry stated that this tenant is in the MCO's contract for the purpose of providing the best practice model for all Medicaid enrollees. She questioned if we are headed to a place where there are no support providers with the resources to move to this best practice standard.

Commissioner Shumway stated that everyone presenting from the three MCO's has lived and worked in New Hampshire for at least six years. The contracts with the MCO's state that they will develop primary care practices to act as medical homes. It's important to have this vision in the contracts and to remember that this is a long term process.

In response to a question on service gaps in older communities with different capacities, resources and structures, Ms. Dillon replied that yes there are gaps and they are working to address them one by one; reaching out to providers. Ms. Reagan and Dr. Ally agreed.

Commissioner Porter, referring to the Well Sense slide, asked what is their vision for home health? Part of the slide shows where they want to go, but are they thinking about the clinical setting? NH Healthy Families replied that their vision is full time patient centered care with a medical home manager on the team. The focus is on identifying primary care practices that are interested, then help to educate them. The goal at this time is to get access to primary care practices for all members, help members find the appropriate primary care practice and develop a relationship with that practice.

Commissioner Porter asked how the MCO's are working toward establishing the health home and supporting the network of delivery. A representative from Beacon Health Strategies replied that the vision is to integrate the primary care providers with the health homes.

In response to the question, is a medical home a facility or is it coordinated by the primary care practice, Dr. Cooley replied that the medical home is a new brand name for the primary care practice. It is a coordinated, reliable, participatory, population oriented practice. It's a way of inspiring providers toward a new way to deliver primary care.

A member of the public audience stated that having a team of people, talking together, who work for the needs of the member is incredibly important.

Commissioner Bunnell asked if there are payment incentives and methods that would help this transition happen for primary care providers.

Commission Recommendations

Commissioner Shumway stated that he will distribute to the Commissioners a construct for thinking about future recommendations to the Governor including recommendations on medical homes.

Commissioner Vallier-Kaplan invited general comments and questions from the public.

Rebecca Harris, Director, Transportation, NH stated that transportation is essential for accessing Medicaid benefits (see report). The three MCO's have engaged the services of two transportation brokers. How many transportation companies does this include? Have the members been using the transportation? Is there data on the number of trips before and after this

transition? What is the strategy of the department on transportation needs? What are the plans to integrate and coordinate transportation?

Commissioner Shumway stated that the Commission would research these questions with the department and the MCO's.

Commissioner Toumpas stated that transportation is one of the most significant issues that they face. He has consulted with each member of the congressional delegation on the subject of transportation. He stated that it's vitally important to discuss this in this Commission. It's a significant issue and is broader than the Medicaid population.

In response to a question to the MCO's about the physical location of their community care teams, Dr. Ally replied that the Meridian Community Care teams are based in Manchester and travel to each community. Ms. Dillon replied that the NH Healthy Families teams are based in Bedford and employees travel to the members. They are in the process of hiring people to be closer to the communities. Ms Reagan stated that the Well Sense Health Plan Care Coordinators also based in Manchester and send people out to the communities.

In response to a question from the public regarding more information about Step 2 and examples around developmental disabilities and long term support, Commissioner Shumway reported that the Medicaid program was established as a health program and much is now done under the waivers. The concept of the medical home brings us back to the original Medicaid program where everyone has a place where they go to have health assessment and assistance. Things will build from this foundation as we see how the pieces will systematically fit together.

The next meeting of the Governor's Commission on Medicaid Care Management will take place on February 6, 2014 from 1 – 4pm at the Lakes Region Community Services Center in Laconia, NH.

Commissioner Vallier-Kaplan adjourned the meeting at 4:05pm

Minutes approved on February 6, 2014