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

MINUTES

March 6, 2014
1:00 – 4:00pm
ATECH Services, Concord, NH

Welcome and Introductions:

The meeting was called to order by Commissioner Sue Fox, standing in for Commissioner Vallier-Kaplan, at 1:00pm. Present in addition Commissioner Fox were Commissioners Donald Shumway, Vice Chair, Nicholas Toumpas, Gustavo Moral, Jo Porter, Ken Norton, Tom Bunnell, and Wendy Gladstone, Doug McNutt.

Commissioner Fox welcomed everyone and thanked Dennis Bradley, Director, ATECH Services for his generous offer to host the Commission meeting. Commissioner Fox 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 throughout the meeting.

Commissioner Fox also shared updates for the upcoming meetings. The April 3rd MCM meeting will be at the Legislative Office Building in rooms 305 and 307. The May 1st meeting will be at Plymouth Senior Center. And the request to move July 3rd meeting to July 10th was confirmed by the Commissioners, with location to be determined.

Minutes of the February 6th, 2014 Meeting

Commissioner Fox presented the draft minutes of the February 6th, 2014 meeting. Upon a motion duly made and seconded, it was unanimously

VOTED to approve the minutes of the February 6th, 2014 meeting of the Commission as presented.

DHHS Updates – Implementation of Step 1

Commissioner Toumpas stated that next Monday will be the 100th day of the Medicaid Care Management Program. They are continuing to follow up on challenges and concerns that were brought up last month. Prior authorizations and pharmacy concerns have been turned over to Lisabritt Solsky and Frank Nachman for follow up.

DHHS Updates – Implementation of Step 2

Commissioner Toumpas stated that the State's efforts have been bolstered by bringing Loraine Regan in as Bureau Chief, NH Bureau of Developmental Services, to lead the design and development for services for developmental disability population, Applied Behavior Analysis (ABA) and behavioral health.

Commissioner Toumpas gave an update on the passing of Senate Bill 413, the NH Health Protection Program. He reviewed the need for detailed planning, with tight time lines and they are reaching out in a structured way to MCO's in regard to expectations and Step 3.

There are 4 major elements.

1. Creating bridge plan – Enrollment into one of the MCO's begins on May 1, 2014. Changes are needed in benefit design, administrative rules, personnel roles, and rates for providers.
2. The mandatory Health Insurance Program will be in effect on July 1, 2014. The intent is keep people in their employers program if possible.
3. Premium Assistance Program will be in effect on October 1, 2015. This will move people into a private plan with coverage starting January 1, 2016. The 1115 Waiver will be required to accomplish this.
4. 1115 Waiver is necessary for the transformation of Medicaid program. They are identifying costs to the state that are not matched by the waiver and will submit this on June 1, 2014 for approval by the Legislature. Updates on the plan will be provided as they go forward.

Commissioner Toumpas introduced Lisabritt Solsky, Deputy Medicaid Director, DHHS and Frank Nachman, Chief Legal Council, DHHS to review the process for resolving concerns from providers and members.

Ms. Solsky stated that there's no wrong way to escalate a problem with the department. See chart on www.governor.nh.gov on this process. Providers should call their provider representative at the MCO's. Grievances and appeals each have different timelines. A grievance is an issue when ultimately what you want is an apology. An appeal is an issue you bring forward when you are not getting a benefit or have been denied.

Mr. Nachman reported that to date, two cases have been brought to the Administrative Appeals Unit. Cases that have been through the grievance process and the appeals process, then have access to the State Fair Hearing process where they are reviewed by impartial, independent examiners.

In response to a question from the public, Mr. Nachman stated that in an appeal, both clinical and legal standards are reviewed and on staff clinicians review medical necessity. When services are denied, independent contractors and or specialists are asked.

Question from Commissioner Shumway: How can enrollees learn about their rights in the Medicaid Program? Mr. Nachman replied that the MCO member handbooks and website say how to file an appeal or expedite an appeal. They can also find information on nh.gov.com website.

Question from Commissioner Shumway: How can they have better knowledge of these rights? How do they have access to what their rights are? Ms. Solsky answered that their rights are posted in District Offices and on the walls of the waiting rooms. And their rights and responsibilities are printed on the last page of the application. Commissioner Shumway stated that more people are applying for services on line. Ms. Solsky stated that she would consider this in more detail and bring information back to the Commission.

Commissioner Gladstone asked: The commission is hearing more and more from the community about denied services, and problems with prior authorizations for medications. Is it your sense that the rules are different now than before MCM? Ms. Solsky replied that the MCO's are required to cover the same menu of services but access to those services may be different. The MCO's are developing ways to add continuity for members.

Data Report

Commissioner Porter reported on the development of the ongoing work on the Commission's second recommendation to the Governor, which asks for independent review and public transparency of the first seven months of operation of the implementation of MCM. Commissioner Porter is reviewing the inventory of reporting requirements that is being compiled by Katie Dunn's team at the department. She has reviewed the draft of the quarterly report that will include an enrollment report, dashboards and the make-up of the enrollment. Commissioner Porter will present this information to the Commission at the May or June meeting.

Medical Home Draft Recommendation #3.

Commissioner Fox thanked Commissioner Gladstone and Commissioner Goldsberry for their work on the draft of the Recommendation #3 to the Governor. She also thanked Dr. Carl Cooley for his assistance.

Commissioner Gladstone reported that the Commission has heard presentations on the Medical Home and Health Homes with an emphasis on comprehensive care that is accessible and coordinated for medically complex patients. This draft is the proposed Recommendation #3 from the Commission to the Governor.

In response to a question from the public, Commissioner Gladstone replied that we would like to see 100% of the members receive services in this way but the standards may be difficult for smaller providers to meet. We recommend encouraging all providers toward this type of service. All the MCO's have care coordination with a centralized function.

Beth Dillon, Director of Medical Management, NH Healthy Families, stated that they offer the opportunity for intense care coordination, including going out into the community to serve members with complex medical needs.

Commissioner Norton asked if Recommendation #3 addresses only Medical Homes or Health Homes also. Commissioner Gladstone replied that the Recommendation applies to both. The principals are the same – people would have access to patient centered, coordinated care of all kinds at all times

Commissioner Norton asked why there's no language recommending the following of a national model or evidence based guideline. Commissioner Gladstone replied that there wasn't a specific definition included but the principal is that we would encourage providers to work toward this practice. Commissioner Moral stated that it may be difficult for smaller providers to replicate a national standard but that we can recommend creating an environment where practices can be rewarded for functioning as a Medical Home.

Commissioner Porter stated the need for an inventory of current providers with enhanced Medical Home practices across the state including providers who are not part of managed care but are excelling in Medical Home practice. Commissioner Gladstone stated that all patients will benefit when a provider is encouraged toward a Medical Home practice.

Commissioner Toumpas stated that he would like the opportunity to take the draft Recommendation back to the department to review the details. Commissioner Gladstone asked Commissioner Toumpas to include Katie Dunn in the review as she was closely involved in the development of the draft Recommendation.

Commissioner Fox suggested the language used be that of encouragement and not a mandate. Commissioner Shumway asked for the Recommendation to acknowledge the relationship between Medical Homes and behavioral health.

Commissioner Fox stated that the vote on Recommendation #3 will be postponed until the April meeting.

Behavioral Health Review

Commissioner Norton introduced Lucy Hodder, Legal Counsel, Office of Governor Hassan and Rebecca Woodard, Assistant Attorney General.

Ms. Hodder thanked the Commissioners for their work. She stated that the need to reform, improve and enhance the system will never end but all of us, including the Governor are committed to work together toward common goals. Ms. Hodder thanked Amy Kennedy, Policy Advisor, Office of Governor Hassan and Kathy Sgambati for their assistance. In 2006 there was erosion of the community mental health provider system. In 2008 providers and law enforcement came together with care givers in critical mental health and introduced the 10 year mental health plan. In 2011 NH patients made an allegation in a Federal law suit and a second update on the 10 year plan was put in place.

Bringing many changes on line is a slow process but the commitment is there to rebuild the mental health system. There are resources in the budget to expand acute care beds, community residential

beds and community treatment teams. With the opportunity to expand health care through the NH Health Protection Program, substance abuse and mental health programs can be provided for an additional 50, 000 people.

When Governor Hassan came into office, the law suit was pending but in December of 2013 a settlement to create and expand services over a 6 year period was announced. This included mobile crisis teams, enhanced community supported housing units, employment services, and independent reviewers to oversee the process. This is another opportunity to reinforce our commitment. This requires that the General Court appropriate the funds, then Bill #1635 goes to the House for support of these emergency funds as part of the settlement.

Rebecca Woodard, Assistant Attorney General reported that during the writing of the settlement, both sides made concessions so that the settlement would build on our 10 Year Plan. In February 2014 the law suit was settled. At this time the implementation team is in place, responsibilities are defined and key players outside the department have been identified. Part of the arrangement is that there will be workable systems that are in place when deadlines come over the next biennium.

New systems include:

1. Crisis service systems to serve adults with severe mental illness
    a. Mobile crisis teams to decrease emergency room utilization as well as psychiatric hospital admissions.
    b. Crisis apartments for seven day stays and services. The deadline to have the first system in place in Concord is June 30, 2015.

2. Assertive Community Treatment Team (ACT). Beginning with the current teams, increase this service to 24/7 and increase fidelity to evidence based model.

3. Increase in Supported Housing
    a. By June 30, 2016 increase housing subsidies to 450 units state wide.
    b. Individuals at Glenncliff that have serious mental illness and complex medical needs might move to a small unit that can provide medical as well as mental health services. There is a cost cap on this with provisions for the excess funds.

4. Supported Employment
    a. Expand the current system. Partner with providers to see where the barriers are and provide staffing and education.

5. Transition Processing
    a. Identify unmet needs and look at barriers to moving to more integrated settings. Ensure that information is being shared with providers and that follow up is being done.

Commissioner Norton thanked Ms. Hodder and Ms. Woodard for this significant step forward and the strong collaborative relationships that have been established. The MCM Commission looks at

how the settlement will impact managed care. There is a change in leadership in the Bureau of Behavioral Health and new momentum. In the past three months they have received three Substance Abuse and Mental Health Services Administration (SAMHSA) grants for the Children's Behavioral Health System, Suicide Prevention and Safe Schools and Healthy Families. This speaks to the strength and passion for mental health services in New Hampshire and to the public and private collaboration toward success.

Managed Care Implementation Progress

Deputy Commissioner Nihan reported on mental health and community mental health centers (CMHC) operational accomplishments. The CMHC's are operating under a letter of agreement through June 30, 2014 when they will enter into a formal contract. Deputy Commissioner Nihan and Commissioner Toumpas held 5 meetings with the three MCO's to clarify and review areas of concern that were identified at the February Commission meeting. Areas of concern are: administrative burden of prior authorizations for mental health medications; administrative burden of submitting claims to three additional entities; confusion regarding actuarial assumptions. The MCO's expressed a desire to improve prior authorizations and find areas where they can band together to improve transparency and consistency. The Lean Evaluation of the prior authorization process has a short timeline to develop a structured evaluation process to reduce waste and improve the customer experience. The Commission can expect a recommendation from the department on how to improve prior authorizations for medications.

Deputy Commissioner Nihan reported the following operations updates: DHHS made the first $37 million payment to the MCO's; grievance and appeal board has dedicated an ombudsman to the care management program; the department welcomed Greg Berwood as the Community Integration Coordinator to implement the programs for the 10 year plan settlement.

Commissioner Norton thanked Deputy Commissioner Nihan and introduced Roland Lamy, CMHC Representative for a presentation on Challenges and Opportunities in Behavioral Health.

Challenges and Opportunities in Behavioral Health

Roland Lamy thanked the Governor for creating this Commission and thanked the Commission for their work. He reported that there are three critical goals in behavioral health (see slides): protecting mental health consumer's available services, payment reform, reaching workable agreements with the MCO's.

Payment reform should be done methodically and with responsibility to sustain necessary services. Nonprofit boards are concerned about their dependency on Medicaid revenue. The goal is to convert to a new payment model without creating major disruption.

CMHC's signed "Letters of Agreement" in the summer of 2013 that preserve the current payment system through June 30, 2014. Recent meetings with DHHS and Milliman have identified a gap in current funding that will be difficult to resolve before June 2014. The department, the MCO's and

ten CMHC's are working toward coordinating new contractual agreements while improving services for this high need but relatively small group of people.

Commissioner Norton question: Given that the legislature built in key pieces in additional funding, as we move toward per member per month payment, how will we know that the deliverables have been achieved?

Commissioner Toumpas replied that the settlement focuses on Medicaid clients and addresses the system and structure. Those dollars don't flow through the MCO model. They are invested in working with the legislature to secure funding.

Mr. Lamy noted that this is a fluid situation and they may have to pave new ground. They are going through diligent efforts now but it requires flexibility to design a different system. He continued by saying that it's unclear how many of the 25,000 people who are patients in the CMHC now, will be eligible for Medicaid under the expansion.

Commissioner Shumway question: Do we have any indication of the economic condition of the CMHC's in this period? Are they holding their own?

Mr. Lamy replied that the system was very fragile before this process extended the accounts receivables. The centers are reporting to the department every month and there is an agreement that if a center has trouble others will help out.

Commissioner Norton question: How many contract offers have we received from the MCO's so far?

Mr. Lamy replied that one has responded.

Commissioner Fox invited questions and comments from the public audience.

A member of the public audience expressed her gratitude for the help she received from Deputy Commissioner Nihan and Katie Dunn in regard to the concern she expressed at last month's meeting about prior authorizations. She was able to get what her child needed within 24 hours.

A member of the public audience stated that the issue she raised at the last meeting about her family member being listed as their own guardian was resolved last week. It took three weeks to get the medication. Well Sense was very helpful.

A representative from a pediatric therapy clinic for children with disabilities stated that they have experienced a large financial hit since the implementation of managed care due to overextending time and support for cases denied without reason.

Deputy Commissioner Nihan answered by saying that DHHS has recently hired a provider relations manager to work with the MMIS system and the fee for service side and care management issues going forward.

Commissioner Toumpas added that the department plans to reach out to provider organizations including transporation organizations and work with the MCO's to address issues now, in order to be ready when the influx of new members begins.

Ms. Solosky added that once a week DHHS has an open phone line for providers to address the current issues.

Member of the public audience expressed concern around working with the call center for wheel chair transportation for his wife. She has serious illnesses and needed transportation. He was told they needed 3 days notice. He spoke with the coordinating broker for NH Healthy Families who was in Colorado and she was able to get the 3 days waived and transportation provided.

Commissioner Moral replied that transportation across the state has been identified by the Commission as an area of concern.

A member of the Brain Injury Association of NH expressed concern about long term care and rehabilitation for those with brain injury. More dollars spent early on will lead to better quality of life. Quality of life is hard to define but very important. He asks that the MCO's and the Commission pay attention to this aspect of brain injury rehabilitation.

Member of the public audience expressed concern about the lack of Medicaid based hospital beds for children with developmental disabilities. The nearest crisis treatment center for children with developmental disabilities is in Rhode Island and when this happens, the child can be in the hospital for 6 – 8 weeks.

Commissioner Fox thanked everyone who came and spoke today and noted that these issues will continue to be reviewed by the Commission.

Commissioner Shumway thanked Ms. Hodder and Ms. Woodard for taking the time to present to the Commission today.

The next meeting will be on April 3rd at the Leglislative Office Building, Rooms 305 and 307.

Commissioner Fox adjourned the meeting at 4:04pm.

Minutes approved with revisions on April 3, 2014