

Governor's Commission on Medicaid Care Management
May 1, 2013
Legislative Office Building
33 N State Street, Concord, NH 03301

Minutes of the May 1, 2013 Meeting

Members Present: Mary Vallier-Kaplan, Chair; Donald Shumway, Vice Chair; Thomas Bunnell; Sue Fox; Wendy Gladstone; Yvonne Goldsberry; Catherine McDowell; Douglass McNutt; Gustavo Moral; Kenneth Norton; Jo Porter; Nicholas Toumpas

Members Absent: none

Staff Present: Deb DeCicco

Members of the Public – See attached

The meeting was called to order by Commissioner Mary Vallier-Kaplan, Chair at 2:30pm.
All attendees were welcomed and all attendees introduced themselves.

Commissioner Shumway reviewed the Commission meeting structure and responsibilities. The commission will dedicate itself to listening to the public, bringing information to all attendees, and providing review and recommendation on implementation of New Hampshire's managed care program.

This first meeting is occurring within 30 days of the Executive Order and has been posted under the public notice requirements. This is a nonpartisan, public access process. Meetings will be held in a variety of locations around the state and meeting structure will include public input. Those who want to attend and need special assistance will be accommodated. Advanced notice of special accommodation is requested when possible.

Today we will begin to develop a sense of specific subjects to examine. The priorities of these subjects may change as we begin listening sessions and as managed care moves forward in implementation. At many upcoming meetings, Commissioner Toumpas or other members of the department will present status updates and introduce topics. This commission will strive to bring a good sense of the whole to the public and will consider other initiatives and advisory groups that also have public input. These include: The Medicaid Advisory Committee; State Innovation Model Grant; Care Management; Balanced Incentive Program; 1115 Waiver.

All members should be ready to choose and lead a specific topic and produce a draft written document with reviews and recommendations to the Governor. Commissioner McNutt noted that this is a way of taking advantage of the wide range of skills and expertise present in the members of this group. Commissioner Vallier-Kaplan remarked that many other organizations have been eager and generous in offering assistance and support. Commissioner Toumpas suggested that the department set up a link from the DHHS Medicaid Care Management web page to a separate page for this commission.

Public comment was requested and occurred on an ongoing basis.

Commissioner Vallier-Kaplan invited Commissioner Toumpas to provide an update on Medicaid Care Management. Commissioner Toumpas reported that there are many moving parts but January 2014 is the date for implementation of the Affordable Care Act with or without Medicaid Expansion. Per request of attendees, goals of managed care were described: better health for the people we serve, better outcomes and better coordination. We want to support the continuity of care with appropriate planning and assure that everyone has a primary care provider or a medical home. We aim for shared decision making in determining

what will improve health. In achieving greater efficiencies we're focusing on: increased primary care access; better transitions; fewer hospital readmissions; reduced emergency room visits; reduction in duplication of testing and integration of public health and prevention. In response to a question by Commissioner Shumway, Commissioner Toumpas reported that there are reports on the website of 12 forums held around the state last summer. These forums were designed to help people understand what Medicaid is and what it is not. Personalized examples helped reduce their anxiety. We are developing a series of communications that will be sent out to every Medicaid beneficiary. The first will be a broad level communication to each beneficiary. The second will be targeted to specific individuals with a more successive level of detail. We're working with all the agencies so that they can be prepared to answer client's questions related to these materials.

The department has contracted with three managed care organizations; Centene, Meridian, and Well Sense. Their task is to contract with providers including; hospitals, health centers, community mental health centers, primary care practices and specialty care organizations. At this time, they have not achieved a level of adequate network providers.

CMS looks at rates one year at a time and won't approve more than that. We are now in the process of "refreshing the rates" for July 2013 – June 2014. These rates were presented to the MCO's last week.

1 – rates are based on our data and efficiencies achieved. There is a 2.9M general fund efficiency, not 15M

2 - rate structure for mental health services needs to look at the population being served by all services, not only mental health centers.

3 – rates are based on an eligibility category

An updated contract will go to the Governor and Executive Council in June.

The implementation is in three phases. Step 1 includes State Plan Services, Step 2, (1 year later) Long Term Care Services and waivers, Step 3, Medicaid expansion.

The state needs to declare whether or not it's moving into the optional Medicaid expansion or not. We estimate an additional 50,000 beneficiaries and half of those would be new beneficiaries. We need the Managed Care Organizations up and running and operational before we start Medicaid expansion. January 2014 is the earliest possible date for Medicaid expansion to begin. When two out of three MCO's have achieved substantial network adequacy, we can start a series of activities (systems, call centers, protocols, manuals) needed to assure our readiness.

In response to questions from Commissioners, Commissioner Toumpas reported that network adequacy is defined in the contract which can be found on the department website. At this time, we're working with Step 1 only. Each Managed Care Organization has to demonstrate state wide adequacy but the time and distance parameters are different in different regions. In response to Commissioner Norton's question about substance abuse and behavioral health, Commissioner Toumpas said that there is no current Medicaid benefit for substance abuse services. A policy level decision will have to be made as to what the benefit package under Medicaid expansion will be. An analysis of the different eligibility groups is in process. Commissioner Bunnell asked how the challenge to succeed without the Medicaid expansion, or the challenge to have Medicaid expansion without the Managed Care Organization will be addressed. Commissioner Toumpas replied that if we estimate that we would gain 50,000 people newly covered by Medicaid Expansion, we can assume that many of those people are already "in the system" through hospital emergency rooms or other services. To be eligible for Medicaid they will need to have a primary care doctor or a medical home. The Lewin report will be completed soon. The Managed Care Organizations have the responsibility of determining the designation of the standards of a medical home. We want greater emphasis on wellness and we want to move away from separate internal discussions on how it plays out for real integration of public health and wellness. We are working on how to strengthen the systems and integrate areas such as housing and transportation.

The Managed Care Organization rates are based on twenty eligibility categories. We provide the rates and the Managed Care Organizations negotiate with the providers. In response to a question by Commissioner Porter regarding authority of the department and the Managed Care Organizations, Commissioner Toumpas replied that some of these areas are defined in the readiness review but there will be changes in the department organization because some areas will be added and some will be shifted to the Managed Care Organizations. We are not establishing a new Medicaid rate structure but are “refreshing the rates” we pay to the Managed Care Organizations. The contract requires the MCO’s to work with providers to look at payment reform. Commissioner Toumpas will bring an update on the department’s draft quality manual. Commissioner Vallier-Kaplan thanked Commissioner Toumpas and said that the roll of this commission relative to Medicaid expansion is to discuss it in relation to Medicaid Care Management.

Framework for Establishing Priorities:

Commissioner Vallier-Kaplan led the discussion on a framework for sorting the themes of Medicaid Managed Care. We are using a version of the CMS technical assistance center and will build off this. The work plan will be an ongoing, changing process but this prioritizing will give us a place to begin. The Commissioners sorted the topics in three groups; most important, most urgent, most actionable (low hanging fruit). See chart below for results.

| Topic Headings | Red Most Important | Green Most Urgent | Yellow Most Actionable | |
|--|-------------------------------|------------------------------|-----------------------------------|--|
| Managed Care Program Planning And Procurement | | 4 | 9 | |
| Access, Quality and MCO Financial Monitoring and Oversight | 10 | 2 | | |
| Beneficiary Enrollment, Education And Rights | 1 | 7 | 15 | |
| Data | 1 | 9 | 6 | |
| Benefit Design and Specialized Services and Populations | 9 | 7 | 2 | |
| Managed Long-Term Services and Supports | 11 | 2 | 1 | |
| | | | | |

Public input to the process was noted.

Commission members remarked that information from other initiatives of the department and updates on the current status of these areas would be helpful and might affect the ranking of these topics. Commissioner Kaplan assured all that the department will provide updates so we can sequence our input and align our efforts with current projects and goals. Commissioner Vallier-Kaplan reminded everyone that our charge is to provide our recommendations to the Governor. This is an opportunity for a thought process that can provide reflections grounded in a broad and integrated perspective with the best interest of the public in mind. We will be grounded in data, best practices, standards and we will also be able to say when “we don’t know”.

Commissioner Shumway stated that the Governor’s charge began with listening. We need to be certain that all voices are heard now and as the process moves forward. We will establish a set of formal reviews in specific areas, take the temperature of the stakeholders, move certain areas up to the front and put the spot light on some areas that need extra work.

Concluding comments: Commissioner Goldsberry stated that we are the stewards of the voice of quality. Based on data and best practice, we can work on two tracks. 1) Create an ongoing monitoring process 2) be the voice of innovation for things that are not yet completed. Commissioner Bunnell said that mental health and long term care will continue to be hot spots but we need to continue to listen and be informed in these areas.

Commissioner McNutt commented that there is a lot of value in bringing a seemingly disparate group such as this together. It doesn't happen very often. Commissioner Moral stated that there is a commonality on what the key issues are. Commissioner Shumway said that a meeting evaluation tool will be set up through an email process. He and Commissioner Vallier-Kaplan will develop a proposal for the next couple of meetings based on the priorities this group has chosen. Commissioner Toumpas stated that the department will bring a high level road map of the next year or two and consider how this commission can help the department. He will provide updates in specific areas when he knows the focus of the next meeting.

The next meeting of the Governor's Commission on Medicaid Care Management will take place on Wednesday May 22 from 1 – 4pm. Location to be determined.

Commissioner Vallier-Kaplan adjourned the meeting at 5:30 pm.

Minutes approved by unanimous vote, May 22, 2013.