

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

MINUTES

July 11, 2013  
12:30 – 3:30pm  
Exeter Hospital  
5 Alumni Drive, Exeter, NH

Welcome and Introductions

The meeting was called to order by Commissioner Vallier-Kaplan, Chair at 12:35pm. Present in addition to Commissioner Vallier-Kaplan were Commissioners Donald Shumway, Vice Chair, Sue Fox, Wendy Gladstone, Douglass McNutt, Gustavo Moral, Kenneth Norton, Yvonne Goldsberry, Jo Porter and Nicholas Toumpas.

Absent: Commissioner Tom Bunnell and Commissioner Catherine McDowell

Commissioner Vallier-Kaplan thanked Commissioner Gladstone for hosting this meeting. She welcomed all and invited the Commissioners and the non members present to introduce themselves.

Mark Whitney, VP for Community Relations, Exeter Hospital welcomed all and thanked the Commission for choosing Exeter Hospital for their first meeting outside of Concord.

Commissioner Vallier-Kaplan reviewed today's agenda, the charge of the Commission and the structure of meetings.

Commissioner Vallier-Kaplan presented the draft minutes of the June 6, 2013 meeting for review. Upon a motion duly made and seconded, it was unanimously:

VOTED: to approve the minutes of the June 6, 2013 meeting of the Commission as presented.

**Network Development**

Commissioner Vallier-Kaplan invited Commissioner Porter to report on discussions since the June 6 meeting on network development. Commissioner Porter stated that the issues of sufficient coverage and organizational capacity were discussed and documented for later development. There is no recommendation at this time. Commissioner Shumway referred all to the DHHS document, "Monitoring Access to Care in New Hampshire's Medicaid Program". This document is updated quarterly and posted on the department website. It provides a baseline and a way to look back and track progress as we move forward, assuring that those who need service have access. Chapters 4 and 5 were excerpted for the Commissioners.

Commissioner Toumpas reported that there has been significant progress in developing network adequacy. When two out of the three Managed Care Organizations (MCO's) have demonstrated substantial network development, implementation of the department's time line will begin. Progress has been made in the area of hospital contracts. As of today, the majority of acute care hospitals have signed contracts or have agreements in place to sign soon. Commissioner Toumpas said that they expect an additional 4 – 5 month process leading to implementation.

In response to a question from the public regarding the definition of network adequacy, Commissioner Toumpas replied that there are components in the contract that require each MCO to establish a network of providers (based on distance and time) that will serve 80% of the population by county. After review of the data submitted by the MCO's, the department must be satisfied that there is substantial network development by 2 of the MCO's.

### **1115 Waiver**

Commissioner Toumpas described the 1115 Waiver as an opportunity to innovate. The department will strive to demonstrate to the federal government, a cost savings through innovative methods of expanding the population served over a 5 year period. There are three drivers to the 1115 Waiver:

- 1) Mandating additional people into the Medicaid program
- 2) State Innovation Model (SIM)
- 3) Hospitals innovations to bring additional federal dollars into the state

The department is also examining “cost not otherwise matchable” to identify healthcare related costs at all three levels of government.

In working toward transforming the Medicaid system, the department is focused on increasing primary care, medical homes and home health. Initiatives toward this include Medicaid Care Management, SIM grant and the Balancing Incentives Program. To group all of these efforts together under the authority of the 1115 Waiver would expand health care to the populations not served today. The 1115 Waiver includes a disciplined approach to public opportunity for education and input. Commissioner Vallier-Kaplan concluded by saying that the 1115 Waiver would remain part of the agenda for the Commission.

### **Medicaid Expansion Commission Organizational Meeting**

Commissioner McNutt gave a report from the first meeting of the Medicaid Expansion Commission. The commission includes six legislators and 3 members of the public. James Varnum, former President of the Mary Hitchcock Memorial Hospital, is the chair. They will be looking at studies related to Medicaid expansion and the experience of other states with the goal of completing their fact finding by the end of September with a recommendation to the Governor by October 15. There will be one or two sessions for public input by mid-August. The meetings are open to the public and are held in the Legislative Office Building, rooms 210-211. In response to questions from the public regarding the process after the recommendation is made to

the Governor, it was stated that when the report is issued, the Governor could call a special session of the House and Senate.

### **State Innovation Model (SIM)**

Commissioner McNutt gave a report on the June 27, 2013 meeting of the SIM committee. In response to questions from the Commissioners, Commissioner McNutt stated that there are people from the mental health community on the SIM grant team. Commissioner Toumpas added that long term care cuts across the entire life spectrum and includes mental health and children with behavior health issues. It's not only considering Medicaid but looks at the entire system of payment and delivery toward reform. Commissioner McNutt noted that there will be a public outreach program for SIM and any program has to advance community based care. This is a planning vehicle for step 2 of MCM and could lead to the possibility of an implementation grant. There are many reports available on the DHHS web site.

### **Enrollment – DHHS Process**

Mary Ann Cooney, Associate Commissioner, DHHS reported that the enrollment process is being designed and managed by the Division of Client Services. There is no wrong door for entry and the “call center” is the central engine for assistance. Prevention, quality and outcomes will be emphasized for each enrollee. All the MCO's are on board with the importance of client assistance. Ms. Cooney introduced Carol Sideris, Director of Client Services, DHHS. Ms. Sideris reviewed the enrollment process and department readiness through communication, consistent messaging and member experience to date (see handout). In response to questions, Ms. Cooney stated that it is the vision of the department to have a more mobile workforce with eligibility workers in various locations.

To clarify, Commissioner Toumpas explained that this first step of the enrollment process is designed for people who are already enrolled in Medicaid. If Medicaid expansion is approved, there will be a new and different level of communication needed to reach a group of people that they don't work with now.

Commissioner Goldsberry asked how people find out if they are auto assigned to a plan. Ms. Sideris explained that they will first receive a letter from the department advising them of the plan they've been enrolled in. They will then have 90 days to change plans if they choose to and can change plans again if necessary. Commissioner Fox asked what providers are being trained to assist people. Considerable discussion ensued as to many community providers needing to help their clients in this process. Commissioner Porter stated that a coordinated provider education plan is needed to understand the breadth of our community partners. Deb Fournier noted that the call center has contracted with a vendor to assist in the managing the volume of calls expected during enrollment.

### **Enrollment – MCO Process**

Susanne Cassidy, Product Implementation Director, Well Sense Health Plan introduced Christopher Ware, Director of Customer Care Center. Mr. Ware presented an overview of the Member Experience in step 1 and noted that the step 1 enrollment design will be the building

block for step 2 and Medicaid expansion. He reviewed enrollment and outreach, the welcome kit, ID card packet, PCP assignments, welcome member call, post enrollment, staff orientation and training, member advisory board, town hall meetings and the member web site.

Commissioner Porter asked if there is coordination and oversight for all the communication going out to the clients from the department and three MCO's. Is there a cap on the level of communications and consideration for the timing of mailings? What happens if the client is auto assigned and their first contact is the Welcome call from the Plan? Mr. Ware replied that Well Sense is working closely with the department and all pre enrollment material is approved by the department. The first communication to the client will come from the department. Well Sense will inform the clients of their rights, their access to benefits, and the options to change plans over time.

Mr. Whitney stated that a number of people that are going to come through under Medicaid expansion are under active medical care now but are not in the current Medicaid system and this assignment may disrupt the care that they're already receiving. We will have to address this continuity of care pro actively.

Commissioner Toumpas replied that in step 1 of care management, we will reference the claim history of existing Medicaid clients for continuity of service. If Medicaid expansion is approved, there will need to be another process for people who are not currently in the system.

In response to questions on marketing Commissioner Toumpas replied that the MCO's cannot market directly to the individuals until they're enrolled. Pre enrollment materials on managed care in general are approved by the department. Ms. Fournier reminded everyone that there are federal protections for Medicaid beneficiaries and these have been worked into DHHS materials. Commissioner Shumway suggested that the next meeting of the commission include a report from the department on the plan for Community Partner Engagement.

### **Upcoming Recommendation Discussions**

Commissioner Shumway suggested that upcoming meetings address the possible need for an active process upon start-up of indentifying areas of priority concerns and the remediation of those concerns. Priority concerns include; consumer protection in necessary health access and quality, stability of safety net providers, operating performance and efficiency. He asked all the commissioners to consider areas where they want to work toward building recommendations to the Governor. Upcoming meetings will also include presentations from Meridian and Centene.

### **Questions from the Commissioners**

Commissioner Fox raised the issues of provider engagement and consumer education and decision making assistance. Commissioner Shumway replied that the department has provided a structure that is CMS compliant and set up the potential for community partner engagement. He asked Commissioner Fox to compile a list of questions and work with the department to structure their presentation.

Commissioner Gladstone asked how we would address provider satisfaction. Commissioner Vallier-Kaplan reminded all that if Medicaid expansion is approved, there will need to be additional enrollment plans for that population.

Commissioner Shumway replied to Ms. Scambati's questions about provider readiness by stating that the meetings of this commission should continue to move to various locations around the state and asked all commissioners to offer locations in their areas.

### **Questions from Non Commission Members**

In response to questions from the public, Commissioner Toumpas stated that the department is conducting a self assessment of their capabilities and what will be needed for the change from the fee for service model to managed care. We can learn from the 47 other states who have made this change. It's very valuable and appropriate to have these issues and concerns raised.

**Commissioner Vallier-Kaplan reminded all that the next meeting will be on August 1, from 1 – 4pm at a location to be determined.**

The meeting was adjourned at 3:45pm

Minutes approved on August 1, 2013