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

MEETING MINUTES
July 14, 2016

Legislative Office Building Room 206
Concord, NH

Welcome and Introductions

The meeting is called to order by Mary Vallier-Kaplan at 1:00 p.m. Present in addition to Mary is Don Shumway, Doug McNutt, Tom Bunnell, Yvonne Goldsberry, Jo Porter, Roberta Berner, Ken Norton, Gus Moral, Wendy Gladstone, and Jeff Meyers. Excused is Lisa Shibinette.

Mary welcomes the group; the members and audience introduce themselves. June meeting minute approval moved by Ken Norton; all in favor.

Mary share that Doug McNutt will serve as the designated representative of the Commission with Gus Moral as alternate on the newly created SB 553 Implementation Work Group. Doug reported in on the first meeting t, which was yesterday. Group of people met and everyone around the table spoke to what their thoughts on the outcome of the group were. It was decided to start by focusing on CFI Waiver services and go from there with recommendations. Doug will be sharing the Commission's principles at the next meeting in late August and will be advocating for incorporating where appropriate of the Commission's upcoming Recommendations. Our report should be out before the next meeting and can be shared. A new list of work group members will be posted on the Department's SB553 website page soon.

Quarterly MCM Quality Meeting – there is a quarterly meeting where MCAC and MCMC meet to hear quality reports. Mary attended this recent meeting as did Ken. Slides are posted on DHHS website and encouraged all Commissioners to review them. Mary found it valuable because there had been a recent focus group on care management and those results were interesting. There is discussion around the importance but also the challenge of adopting a consistent definition of terms of care and case management among all parties. Many are doing different aspects of it but who is coordinating them all? It's important to know that the data around operations continues to be released by the Department and it remains positive. There is information around behavioral health however as Ken Norton commented good data produces more questions around what it's measuring and the populations that we are looking at. The absence of care management for more than 2% of the current population isn't necessarily a bad thing; many people want to take their own responsibility for that. However it is key to effectiveness as we move forward. Mary asked that there should continue to be data reported around transportation given the significant early issues and the importance of this service for Step 2 populations. Mary also feels there is value in knowing what constituents see as issues that are not covered benefits such as the significant lack of adult dental benefits so that such needs are shared with others. . Next meeting is October 13th 10-12 at the NHHA prior to the MCMC meeting; this one will be on HEDIS measures aka impact on health of members.

DHHS Update: Commissioner Jeffrey Meyers

Personnel Changes – our long time Medicaid Director and Associate Commissioner, Katie Dunn left the Department; she served for a total of 23 years with half of those years in Medicaid. DHHS saw significant efforts while in her role as Medicaid Director. She is working for NASHP now as a Senior Policy Advisor; and will be a great resource. Deb Fournier is now the Interim Medicaid Director. A recruitment process will be taking place soon for this position. Also Leslie Melby has been hired to help support the workforce effort that the governor has taken on.

SB553 Implementation Meeting – great turn out. People were very interested in this stakeholder group and the process. Joyce Butterworth, CMS was at this meeting and she acknowledged the value of this public stakeholder role will play. We have a framework and process that we are going forward with. There will be a meeting on August 23rd and routinely after that. We will be presenting information around changes to state law to facilitate nursing into managed care. The rate structure will not be developed until the plan for these services are developed. By August 1st as required the Department will report on what statutes we need to amend. This is only meant to identify what we need to look at going forward. Next meeting we will be publicizing a series of dates for future meetings. Deb Scheetz will be assisting with this effort.

DHHS Redesign – Jeff met with a number of Department staff and that process is complete. DHHS is now in the process now of producing organizational charts. As we go forward we will continue to look at organizational and operational structure; but at this point it is established. **Deb Scheetz will follow up with organizational charts once they are available.**

Enrollment – Commissioner Meyers reviews the enrollment chart: NH Medicaid Enrollment by Program 7/1/16. Enrollment is not consistent with projections. Funding was understated because there was an assumption of a drop. Between caseload assumptions and rates it's over budget by $40M; if this continues we will have to address this with the legislature come January. The Department is doing what it should be doing and what the legislature asked us to do. We do need to be sure that the Medicaid program is effectively funded going forward.

Prior Authorization Data Update – Deb Fournier reviews slides/handouts around this: MCM Claims, Authorizations, and Appeals particularly in the area of Behavioral Health. **Deb will follow up with Don Shumway's question around the PT/OT/ST chart – wondering why there is such a drop for total services paid in 2015 in quarter 1 to 2016 in quarter 1. Don asks question around Non-Emergent Medical Transportation – has it really been doubled?** Deb will bring this back to Dr. Lotz for more input on why this might be.

Presentation and Discussion on CMS Medicaid and CHIP Managed Care Final Rule

Deb Fournier reviews the presentation: NH Medicaid Care Management CMS Final Rule July 2016. Don asks about ServiceLink and its role. Jo wants to be sure to bring attention to link between recommendations of this group and network adequacy around time and distance. EQRO will also be looked at to address these issues. If IMD inclusion was to be repealed the budget affect would be over $60B. What is the implication of state Medicaid dollars? It is a 50/50 split and it also depends on enrollment. This is only for managed care.

Review of Draft Report Inclusive of Work Group Recommendations

Mary Vallier-Kaplan reports that the Commission is preparing a report to be approved in August that provides the Governor with Recommendations for DHHS and future Governor about the implementation of Step 2.The workgroups were set up awhile back based on CMS constructs. Each submitted reports and then all were compiled into this final report. All public comments should be submitted by July 25th to Kathy Sgambati at Kathleen.Sgambati@nh.gov.

Don Shumway has designed and executed this report with assistance from Kathy Sgambati and the workgroups. Workgroups identified issues and prioritized from there and then an extensive process for review took place over the last fifteen months through this Commission.

There are steps that still need to be taken for finalization of this report. We are still finishing up individual workgroup work. Some public comment has been received. We have received helpful editorial suggestions as well so some formatting changes. Request for further public comment is being asked for. We will then compile public comment and publish as an addendum to the final report or there may be aspects of the comments that will have us reshape parts of the final report. At today's meeting we want to set up a subcommittee to review final report by reviewing each recommendation possibly by a phone call allowing the report to be ready for the August meeting.

Yvonne and Tom review their workgroup document: Summary of Workgroup - The Effective Operations and Payment Systems. Wendy Gladstone suggests that recommendation 15 could be blended with what this summary suggest around MLTSS, as they are similar. Don will plan to incorporate these into the final report.

The Commission members should read individual each recommendation and be sure that it is consistent with each members views. Don asks that each member review each recommendation and any and all comments should be submitted. The workgroup feels that this is the final piece from their workgroup work; it's ready to be incorporated into the report.

We do want to do a redundancy check. All workgroup recommendations are in the report but some were merged and it's possible that some workgroups might not feel that it was stated as strongly as they wanted once it was crunched or merged. Yvonne wonders why they are laid out by workgroup rather than by subject matter. There is the possibility of moving recommendations around so they are not in order of workgroup; but possibly by general recommendation versus detailed. Mary feels that keeping it separated by workgroup might make more sense given it is by CMS topic so that others who wish to use it can understand the relevancy of a particular recommendation.

Mary closes that in August we will come together and review final changes seeking approval of the next draft. Doug asks if it's possible for the financial presentation by the Department is done. Commissioner Meyers answers that the Department will address financial framework at the August meeting; Deb Scheetz will follow-up. Note: A historical list of recommendations that will be included as an appendix.

Don will schedule a meeting for a final review of an editorial team to include Doug, Yvonne, Wendy, and Don.

Minutes Submitted by:
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