

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

MINUTES

August 1, 2013
1:00 – 4:00pm
Southern NH University
2500 South River Road, Manchester, NH

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, Yvonne Goldsberry, Jo Porter, Tom Bunnell, Catherine McDowell and Nicholas Toumpas.

Absent: Commissioners Ken Norton, Doug McNutt, Sue Fox and Wendy Gladstone

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

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 July 11, 2013 meeting for review. Upon a motion duly made and seconded, it was unanimously:

VOTED: to approve the minutes of the July 11, 2013 meeting of the Commission as presented.

Updates

Commission Introduction

Commissioner Vallier-Kaplan reviewed the charge of the Commission to: "advise the Governor on Medicaid Care Management and oversee the successful implementation by the department". This work includes ongoing examination of the integrity of the planning, follow through on issues being raised by the public and assuring the implementation of improved access and quality for all citizens. The work of the Commission also includes looking at performance data upon implementation with a focus on consumer protection in health access and quality, stability of safety net providers and cost effectiveness and performance efficiency.

Commissioner Vallier-Kaplan introduced Commissioner Toumpas for updates from the department.

DHHS Medicaid Overview

Commissioner Toumpas reported that the Department is currently focused on the care management program leading up to “Go Live” which depends on Significant Network Adequacy development. They are confident that the three MCO’s will have enough provider agreements in place or promised to move forward with the target date of December 1, 2013. After the briefing on Monday August 5, they will make a formal statement.

The Medicaid Expansion Commission is meeting weekly and has held four meetings to date. These meetings included a presentation of “Medicaid 101” by the department, a report on the Lewin analysis, and an overview by the NH Insurance Dept. of the implications of Medicaid expansion. Upcoming meetings will include speakers from the National Governors Association, and The National Council of State Legislators; a panel of NH experts from NH Fiscal Policy Institute and the NH Center for Public Policy; and a structured session for public comment. The Commission report is due on October 15, 2013.

The State Innovation Model (SIM) is a grant that NH received to develop a design for payment and delivery reform in long term supports and services across the life span. We have applied for an extension to the deadline which if approved, will move the deadline to the end of the year. The focus of the SIM work is on all payers; Medicaid, Medicare, private insurance and the Veterans Administration. There will be additional forums for stakeholder input on the design. The Department expects to apply aspects of these designs to Step 2 of MCM.

The 1115 Waiver team is working with CMS, SIM, and national and regional Medicaid groups to build the authority that is needed for care management. In the month of August the high level concept will be completed and reviewed with CMS and then a wider group of stakeholders. The grant process dictates a scripted approach for stakeholder engagement.

Commissioner Vallier-Kaplan invited the Commissioners to ask questions.

Commissioner McDowell asked for clarification on the intersection of the 1115 Waiver and Medicaid Care Management. Commissioner Toumpas replied that, setting SIM aside, the Waiver is needed to mandate specific populations into MCM. This will help provide services earlier and bring better outcomes and lower cost. But the Waiver is a dynamic model and we’re working to see what other items tie into 1115 by consulting with CMS.

Commissioner Goldsberry asked if the 1115 Waiver design would be complete this August. Commissioner Toumpas said yes. There are sessions scheduled in August that address the intersection of SIM, Step 2, and Hospitals. CMS has requested a high level design to direct a meaningful discussion on our specific issues and problems. They will then assist us in framing the authority we need to accomplish our goals.

In response to questions from non-commission members, Commissioner Toumpas reported that Jeff Meyers, Director Intergovernmental Affairs, DHHS is leading the 1115 Waiver team. The Waiver is focused on the existing Medicaid population. In the application preparation the Department is striving for high quality analysis, budget neutrality over 5 years and consultations

with CMS along the way. This preparation will help in the approval process but we don't know how long that will take once the application is filed. Our target date for additional federal funds is November, 2014. CMS is expecting us to leverage the Waiver for Medicaid

Implementation of the Affordable Care Act

Commissioner Vallier-Kaplan shared a video by the Kaiser Family Foundation that gave an overview of ACA. Go to, <http://kff.org/health-reform/video/youtoons-obamacare-video/> to see the video, "The YouToons Get Ready fo Obamacare: Health Insurance Changes Coming Your Way Under the Affordable Care Act". Topics reviewed in the video were, who will be covered, the different kinds of coverage available, changes to expect, Medicaid expansion, options for low income people, the enrollment period and incentives.

Community and Provider Training to Support Client Enrollment

Commissioner Vallier-Kaplan introduced Christine Shannon, Bureau Chief, Planning and Research, OMBP and Maya Glover, Senior Management Analyst, OMBP for a report on Community and Provider Training to Support Client Enrollment. Their presentation included, Strategy Development, Communication Plan and Resource Development and Events.

In summary, they are striving to deliver a balance of information and guidance that is timely, accurate and is sufficiently detailed but not a burden to providers. The instructions and trainings aim to be inclusive and responsive toward assisting clients and managing business processes. They will offer community-based public forums and have a standing request for feedback and suggestions (see Power Point presentation).

Commissioner Moral opened the time for questions from the Commissioners.

Commissioner Goldsberry asked for information on the coordination across areas of communication and how providers will know if they should call the Department or the MCO with their questions. Ms. Shannon replied that the Call Center operators will be trained in what to ask so they can help them and will be able to look up the client status (mandated, enrolled, fee for service).

Commissioner Porter asked if there is a sense of the overlay between the Department communications and the MCO communications. Ms. Shannon replied that there is an account manager from each of the MCO's working with the Department and all materials from both will be shared.

Commissioner Shumway asked how the Department intends to broaden connection to providers. Ms. Glover replied that they plan to make contact with additional providers through various associations and by working with divisions within the Department that have direct contact with providers. They also recommend to all that the best way to stay informed is by regularly checking the Department website and to share broadly.

Commissioner McDowell asked if the training sessions would be targeted to specific groups. Ms. Glover replied by saying yes, but anyone can attend the trainings and they will be available electronically. Commissioner McDowell advised that peer support groups are a very valuable way to share information.

Commissioner Moral asked if the Department is comfortable with the funds allocated for the roll out and training. Commissioner Toumpas replied that the focus now is on what needs to be done and that the dollars cannot be a barrier to progress. The strategy is to leverage existing infrastructure to accomplish the roll out and to listen to feedback and make adjustments.

Commissioner Bunnell asked if the fee for service will continue for a certain subset of people. Commissioner Toumpas said yes, fee for service will continue for those who are exempt, people who opt out or those waiting for the 1st of the following month when their enrollment plan will begin. Commissioner Shumway asked for a comparison of the number of people who might be in fee for service and the number in MCM. Commissioner Toumpas replied that he would look into that information and get back to the Commission.

Commissioner Shumway asked if the Department will be tracking the numbers of providers who enroll, what plan they enroll with and who opts out. Commissioner Toumpas said yes they can track this.

Commissioner Porter asked for a discussion on the roll of the clients and providers in the decision of choosing a plan. Commissioner Toumpas replied that the providers roll is to advise and interpret for the client. Commissioner Goldsberry asked if there are protections and/or a grievance process for providers. Ms. Glover replied that in the training for providers they will learn how to guide and not direct the clients.

In response to questions from non-commission members, Ms Shannon stated that the Department has contracted with Maximus to assist in taking the volume of enrollment calls expected. They will also track lost calls and time waiting. Commissioner Toumpas remarked that assuring adequate provider networks is what the MCO's are working on now and that those networks should provide the continuum of care needed. Once someone is deemed in Medicaid, they can apply to the MCO for enrollment. The department will consider establishing an "issues" list on the website where providers can go to see the issues that are being addressed.

Workplan for Upcoming Reviews and Recommendations

Commissioner Shumway reviewed the Commission's working goals to: build stakeholder knowledge and readiness, critically review the implementation plan detail and bring forward recommendations (see Power Point presentation). The Commission must also make sure that there are no critical points where a smooth transition is not possible, especially for vulnerable individuals.

Hearing as we did at the beginning of the meeting, the descriptions of all the different projects underway, we see major changes in this state and nationally. Provider readiness requires a sense of that whole. During the meetings, the Commissioners and the non-commission members have

made comments and asked questions and the Department has addressed those issues. In the best situation, this process would eliminate the need for a recommendation to the Governor.

Commissioner Shumway summarized the first recommendation to the Governor made in May in which the commission recommended the Governor support the implementation of Medicaid Expansion in New Hampshire.

The second recommendation under consideration at this time is for the Governor to acknowledge the intense efforts of department staff. This could include a report on the active process of the department to identify and address priority areas of concern and a partnership with EFH/Urban Institute for an independent evaluation.

Upcoming meetings will include issues related to: behavior health, medical homes, grievance and rights protection, presentations from the MCO's and Step 2 considerations. We welcome suggestions on locations for upcoming meetings.

Commissioner Vallier-Kaplan invited any final questions.

In response to questions from non-commission members, Commissioner Toumpas stated that Step 2 is focused on services to the Long Term Care populations and includes those with developmental disabilities and community based care.

In response to other questions from the public, Commissioner Toumpas stated that the department's broad language access will continue and the MCO's have a multi-cultural component.

The next meeting of the Commission on Medicaid Care Management will be on September 5, 2013. Location to be determined.

Commissioner Vallier-Kaplan adjourned the meeting at 3:55pm.

Minutes approved on September 5, 2013