

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

**MEETING MINUTES  
August 11, 2016**

**ATECH Services  
57 Regional Drive 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, Gus Moral, Wendy Gladstone, and Lori Shibinette. Excused are Ken Norton and Jeff Meyers.

Mary welcomes the group; the members and audience introduce themselves. Deb Fournier is in attendance to give DHHS updates. June meeting minute approval moved by Gus Moral seconded by Yvonne Goldsberry; all in favor.

**DHHS Update: Deb Fournier**

Personnel Update – Moving forward to find a permanent Medicaid Director and actively searching for Deputy Commissioner. Both job postings have gone out.

Enrollment Data – NH Medicaid Enrollment by Program 8/1/16 (Attachment 1).

Initiatives –

- DSRIP moving forward with agreements. Once approved by G&C then project planning and community needs assessment can begin.
- SB 553 – Step 2 managed care legislative body. The MCM commission's final recommendations report will be reviewed at the SB 553 meeting. Any public information or documents that are provided at the September 6<sup>th</sup> meeting will be shared with this MCM Commission. The MCM Commission's final recommendations report has been developed into a slide deck for presentation purposes. If there are any materials coming out of SB553 that would be useful for this Commission to know it is recommended that Doug McNutt update this MCM Commission, since he is part of the SB 553 group.
- Budget development – 18/19 budget is being worked on.

**Financial Framework for Managed Care Programs: John Meerschaert, Milliman**

John has been working with DHHS for several years along with several other states with their managed care programs. John reviews his presentation (Attachment 2), which is a broad overview of issues rather than recommendations. Mary mentions that some of John's papers have been posted on the website. Doug asks about the single rate risk adjustment – how are acuity measures based? John notes that it depends on the functional screens and what sort of database is used as to whether that function takes place. Need to have good consistent data to make something like that work. Don Shumway asks about

single rate – is that only applicable for long term supports and services? John states it's important to consider all services for an individual and combine the services, but looking at long term care and supports he thinks combining that with acute care is what makes sense. Gus asks for elaboration on challenges and opportunities for people with disabilities relative to rate setting? Functional base rate system works well for this it's generally a higher risk base that those can be applied to. The cost drivers and rate settings is very different for someone with a disability and there will be different rates for different populations. Should consider the differences to what the populations need. Tom asks about slide 17 table – looks as if the disabled seems to arc up even more than the other categories – is there an explanation for this? John suggests looking at slide 18 to actually see the numbers. John's guess is that the disabled individuals are probably Medicaid eligible versus dual eligible. Roberta has question – is there a similar chart that compares Medicaid and Medicare numbers. John answers it's hard as Medicare keeps much of the data under wraps. Lori asks John to talk about PASSR payments. Those are interesting because there are more restrictions around those – many times states roll payments into per diem as it's easier to move those payments into managed care; this is something to take into consideration as this is critical information to take into consideration.

Other questions:

Related to slide 5 biggest impact waived services – in a state like NH to waived services where might we additionally expect financial impact.

The use of functional based rate selections – wondering if he is reference STS (or was it SIS) assessment? Would like his thoughts on his suggestion for using that for rate setting. Feels there is controversy around rate bans. This is around developmental disabilities. As an actuary can we hear his view of process on the validity of doing this work for a specific financial estimated purpose.

There are so many factors in comparing fee for service and managed care – is it possible to hear about other states to find out how managed care here in NH is. Can he point us to any best practices as seen on quality side with the financial side – to be able to make sure NH has good trend line and comparative data against other states around long term supports. Very similar to structure of recommendations in the MCM report.

Was John seeing any federal cost increases that NH will have to consider in upcoming years? Department of labor has had variety of direct care workers and salary – are those driving costs? In general there is workforce shortage issue and should be looked at that.

CMS requirements and regulatory structure that they have released. In CMS rate adequacy review is NH considering CFI waiver rate structures; are there considerations for assurance of adequate services? Are there examples of states where savings are redirected to other waiver services?

The plan is to have more conversation around financial side at next meeting. We saw this as a beginning of looking into managed care implementation and specifically step 2. We will take these questions and have John answer them.

Doug thinks 553 Commission will look at law changes – wonders if this MCM Commission will be doing the same. We might want to go through and identify agendas that we want to see addressed; which will help us come up with our fall agenda. We may want to include the responses to questions around John's presentation at the September meeting. Quality reporting month is in September so if there is an opportunity for delving in deeper around quality and have the Commission look at that data. Dr. Lotz also mentioned HEDIS data. Mary wonders if maybe we can combine the MCAC and MCM Commission meetings together and have the HEDIS information and quality presented at both. Deb Fournier will have Deb Scheetz coordinate this. September we will continue the financial portion.

October we will do the Quality report. November we will wait to figure out agenda items as we get closer to the date; but Ken Norton mentioned behavioral health as a topic. Doug thinks we should go over the law changes and can really be done at any of the upcoming meetings.

### **Review of Draft Report Inclusive of Work Group Recommendations**

We have a report with 25 recommendations. It includes several elements: recognition of individuals, crosswalk of recommendations to SB 553, restatement of the principles and values, and guidance that should be present in the work of care management. Most specifically it includes the work of the workgroups. In addition to the recommendations we did receive comments and they came from CSNI and from NH Community Behavioral Health Association. Ken Norton would like further development and recommendations around contract provisions and other considerations around behavioral health. As we receive other concerns we may add to that.

Jo looks at recommendation 10 – we talked about recognition of medical homes and using language that is broader. Wonders if we want to change the language so that the bolded header reflects the more broad sublanguage. The Commission is in agreement to change the title/header to be more broad.

Tom suggests that Recommendation 8 and be looked at again because they seem to be very similar. He also doesn't think recommendation 16 is exactly what they were getting to. Tom thinks that maybe recommendation 14 could be updated to reflect the concerns. Yvonne feels that there was a lot of conflict around prior authorization – Yvonne feels that 8 and 14 should have been combined. Yvonne feels that more specifics should be added to the back of the report rather than in the recommendations sublanguage. Yvonne restates that Toms concerns should end up on page 23 either as a new section around prior authorizations or added to the person centered care. Tom really feels something in the recommendations has been missed around best practice guidelines. Don suggests that Yvonne will work through that issue and it will be circulated in an amendment. He just wants a distinction made in the recommendations themselves. Everyone is in agreement to have Yvonne work through this issue and report back with a possible amendment.

The Recommendations are ready to move forward with this final recommendation report with the amendment of Tom's concerns. This is moved by Doug with a second by Wendy Gladstone; all in favor.

### **Public Comments**

Minutes Submitted by:

Kelly Cote, Administrative Assistant

NH Department of Health & Human Services