

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

MINUTES

October 3, 2013
9:00am – 12 noon
Legislative Office Building, Concord, NH

Welcome and Introductions

The meeting was called to order by Commissioner Vallier-Kaplan, Chair at 9:05am. Present in addition to Commissioner Vallier-Kaplan were Commissioners Donald Shumway, Vice Chair, Gustavo Moral, Jo Porter, Tom Bunnell, Ken Norton, Doug McNutt, Yvonne Goldsberry, Sue Fox, and Nicholas Toumpas.

Absent: Commissioners Cathy MacDowell and Wendy Gladstone

Commissioner Vallier-Kaplan welcomed everyone and invited the non-commission members to introduce themselves.

Commissioner Vallier-Kaplan reviewed the agenda, and directed guests to the Overview document for additional information on the Commission and thanked Commissioner Norton for his efforts toward the presentations for this meeting.

Commissioner Vallier-Kaplan announced that Commissioner MacDowell has resigned and the Governor's office is reviewing possible replacements.

Minutes of the September 5, 2013 Meeting

Commissioner Kaplan presented the draft minutes of the September 5, 2013 meeting for review. Commissioner Moral submitted a correction on page 3.

Upon a motion duly made and seconded, it was unanimously:

VOTED: to approve the minutes of the July 11, 2013 meeting of the Commission with revisions.

Commission Review and Discussion of DHHS Quality Plan

Commissioner Kaplan introduced the DHHS Quality Plan discussion. The plan was distributed in September. The Commissioners have had time to review and are invited to ask questions.

In response to a question from Commissioner Moral regarding reference to disabilities, it was stated that this is structured later in the document.

In response to a question from Commissioner Goldsberry about criteria for consistency in MCO goals, practice guidelines and review, Ms. Katie Dunn, Associate Commissioner and Medicaid Director, DHHS, stated that behavior health will be identified separately now and items for developmental disabilities will be added at a later date. This quality strategy focuses on Step 1 and lays the foundation for Step 2 and Step 3.

Commissioner Shumway stated that from this document (the Quality Plan) the department will be producing a dashboard, monitoring access to care, creating the NH Medicaid Annual Report and providing these analytic documents to the public. The External Quality Review (EQR) organization, Health Services Advisory Group will; receive data, evaluate, calculate measures, report and provide training for DHHS and external stakeholders. The EQR trainings for DHHS staff begin on October 18, 2013. Ms. Dunn added that the Quality Strategy is an over arching strategy, not limited to MCM, and that the Department is working with the Urban Institute to identify key areas of concern.

In response to a question from Commissioner Goldsberry regarding closing the loop between the results of implementation data and the quality improvement measures, Ms. Dunn stated that the department is using CMS grant funding to build staffing resources and infrastructure to accomplish the analysis. They are building an IT system with methods to catch problems sooner and are developing an advisory group to work with the EQRO contract.

In response to a question by Commissioner Moral regarding performance improvement projects, Ms. Dunn stated that each MCO develops separate performance improvement projects based on the members they have.

MCM Implementation Update

Commissioner Toumpas introduced Mary Ann Cooney, Associate Commissioner, DHHS and Carol Sideris, Client Services Director, DHHS, for an update on MCM implementation (see slides).

Ms. Sideras reported that enrollment has gone well to date and is increasing steadily. People can enroll through the Call Center, on line through NHEasy or with a paper form. The gaps in the number of calls received and the number of people enrolled are generally due to the fact that they want to talk to their provider first or they need to find a provider. The client experience is surveyed and DHHS staff participate in a daily debriefing with the Call Center to address any issues immediately.

Ms. Cooney reported on Client Communication initiatives including; enrollment packets mailed, client web-site, enrollment reminders on call waiting messages, posters, community events and enrollment supports with established community networks. The department relies on community partners for direct communication with clients who have communication challenges.

The focus is to help people have the provider that they want. The department is working with the MCO's to continually update the provider directory as they include additional providers.

In response to a question from Commissioner McNutt, Ms. Cooney replied that the Service Link Providers are working with their own clients and are included in the enrollment totals.

In response to a question from Commissioner Goldsberry, Ms. Sideris stated that the department does not provide the MCO's with any names until they are enrolled. The clients should not receive any direct communication from the MCO's until they've chosen their plan and are enrolled.

Ms. Sideris replied to a question from Commissioner Porter stating that the department is closely connected with each MCO and each MCO knows exactly what communications are going out from the department to the public. The MCO's are conducting information sessions for the public.

In response to other questions Ms. Sideris stated that the deadline for self selections rolls over 4 days in late November. November 27 is the last date to make any changes for December 1. Some people have the option to opt out at this time if they: are dual eligible; are a nursing home resident; a child; want to wait to see if their provider will be included; want to wait for a more complete understanding of how it works. Anyone who opts out now can opt in at a later date.

In response to questions from the audience, Ms. Sideris replied that providers will be able to see the plan that a client is enrolled in through the Eligibility Management System. The MCO's will continue to recruit providers and the provider list will be continually updated. All three MCO's cover all Medicaid Services. There is a side-by-side comparison that show's additional services unique to each plan. The enrollment packet mailing included a comprehensive letter, side-by-side comparison of the plans, NH Easy Pin number, paper application and phone numbers for questions. Ms. Sideris reported that there have been technical problems with the Call Center server but a mitigation plan is in place.

Behavioral Health Quality Indicators and Integration with Primary Care PCMH

Commissioner Norton introduced Eric Riera, Administrator, Bureau of Behavioral Health and thanked him for the many innovations he brought to the state including Housing First and Project Red and the partnership with UNH to develop and track outcome measures with more transparent reporting to the public.

Commissioner Norton asked Mr. Riera a series of questions related to quality indicators for behavioral health in the DHHS Quality Plan.

While some Mental Health services are provided to acute clients, most Medicaid dollars go to people with long term needs. How will MCO's acknowledge this? For instance will they provide longer term treatment authorizations etc.

Each MCO has a different approach to managing authorization for services.

Both the MCO's and CMHC's have indicated a desire to meet together to identify and develop efficiencies. One example would be efficiencies in congruent billing processes. Will DHHS be arranging this type of meeting as we approach a Go-Live date?

The department is encouraging standardization but at this time, the MCO's are coming at it from three different perspectives. We will look at Kansas as an example and plan to work on this later this fall.

How will MCO'S promote consumer directed care - particularly for behavioral health?

What is the role of peer and family supports and how will they be promoted by the MCO's?

We encourage the MCO's to leverage the rich resources in peer and family support services.

There are variations in how each MCO embraces resources.

Contracts call for MCO's to be responsible for operating within the Americans with Disabilities Act/Olmstead guidelines. Contracts also call for moving the ten year plan forward. How will that occur? What KPI's and/or accountability measures will be included?

The MCO contracts mandate the use of the CANS and MANSA assessment tools. These tools measure progress and can also be used as community and collaboration tools to help identify programs with high success rates. We are centered around the Person Centered Plan approach and aim to identify and discuss the needs of each individual. The state is taking the lead on building the infrastructure on ADA. We will continue to support and reimburse the services we have now through funds incorporated into the MCO contracts.

The 10 year plan is relatively silent about children's behavioral health. Are there specific quality indicators that have been developed for this area?

The 10 year plan excludes children's behavioral health. As we gain experience, and the children's plan gains momentum, priorities will be set and included in the MCO process.

Contracts call for one of the key performance indicators to be reducing usage of NH Hospitals. How will this be measured? Likewise, how will the current situation with people being boarded in Emergency Departments be addressed and what performance indicators will be used to measure progress?

Contracts call for the development of a number written proposal (within 6mos.) for review and approval by DHHS regarding new, innovative and cost effective models of providing emergency services, reducing admissions and increasing community tenure, the development of policies relative to coordination of care/primary providers, establishment of a collaborative agreement with NHH re; seamless discharge plans and plans for reducing admissions to NH Hospitals. What is the status of these proposals/reports – have they been submitted and have any been approved and can we get copies?

This has been developed and copies can be made available to this Commission. The hospitals have an interest and discussions are occurring in redeveloping capacity. We are hoping the MCO's recognize the importance of local capacity. There are a number of key initiatives in process for reducing the need for hospitalization and developing primary care and community services.

As you are leaving your position, are there any specific recommendations you have for the MCM Commission regarding areas of focus?

The project with UNH is critical to bringing the information to the public so they are able to gauge how the system is doing, to celebrate success and focus on critical areas that need more attention. The information needs to be available, accurate, timely and able to inform decisions.

In response to a question by Commissioner Shumway, Mr. Reira stated that DHHS has given the MCO's flexibility to create the model for payment methodology with the community mental health center providers.

A Community Health Center and Community Mental Health Center Perspective of Integrated Care

Commissioner Norton introduced Bill Gunn, Capital Region Health Center and Steve Arneault, Center for Life Management to discuss MCM and the integration of the medical home.

Mr. Gunn and Mr. Arneault presented a review of Behavioral Health Integration in Medical/Health Homes (see slides). The presentation included the definition of Integrated Care, Primary Care as the "de-facto" mental health system, prevalence of behavioral health problems in primary care, problems in the current system, benefits of integrated care, link between physical and mental health, the impact on cost, opportunities and barriers.

Questions from the Commissioners

In response to a question from Commissioner Moral regarding people with dual diagnosis or developmental disabilities, Mr. Gunn replied that the most efficient and effective method will be the development of creative joint treatment plans by a team of care givers. Primary Care is trying to embrace the Medical Home model toward this end.

Commissioner Goldsberry stated that today, we're hearing the goals of a system redesign and prior to this we heard that the MCO's will promote and support the Medical Home model. Is the onus for system planning with the MCO's? And how will that come together with plans within the department? Commissioner Norton referred this question to the department. Ms Dunn replied that the contract between the department and the MCO's is a tool that brings the experts to the table. Policy makers decide on the appropriation of funds to make changes.

In response to questions from Commissioner Porter, Commissioner Vallier-Kaplan stated that after the Commission has heard about best practices for Medical Homes, we will have the MCO's inform us of their plans. Commissioner Porter continued by stating that we would need to hear from all three MCO's with a side-by-side systems comparison.

In response to a question from Commissioner Norton on the best model from the patient perspective, Mr. Arneault replied that from the patient survey data, we see that people like having access to all their services under one roof and that three times more people will go back to their PCP for their mental health needs because there's less stigma attached to a visit to their PCP.

In response to questions about variability between the MCO's, Ms. Dunn concluded by saying that the department encourages innovation and payment reform from each MCO with the goal of improved outcomes for individuals. Variability is a benefit for the enrollees.

Recommendation #2

Commissioner Shumway introduced the discussion on the second recommendation to the Governor. He thanked Commissioner Toumpas and the department for their valuable contributions. The recommendation is an open agenda, allowing the Commission to carry out the Executive Order to: "review the Medicaid care management program's performance data in the form of reports and/or summaries provided to or by the Department of Health and Human Services to assess the needs for future changes to the program and recommend such changes to the Governor";

Commissioner Shumway replied to a question by Commissioner Porter, stating that this is a temporary reporting process using elements that are already in place, and will most likely be presented to the Commission in a written report.

Ms. Dunn stated that the NH Medicaid Quality web site is the public reporting vehicle. They will line up the metrics to make decisions on how to frame the next budget session. Commissioner Shumway stated that today's presentation from the department on the enrollment process to date, was very valuable. Commissioner Bunnell thanked the department for the enrollee satisfaction measures. These are significant and important.

The following revisions to recommendation #2 will be considered: change 2nd paragraph to add, "and other reporting requirements" and in the last paragraph, change, NH Legislators to HHS joint committee. Commissioner Porter will write a paragraph defining the level of specificity and/or open-endedness.

Commissioner McNutt suggested that revisions to the recommendation be made and shared electronically before the November meeting.

Six Month MCM Commission Summary

Commissioner Shumway introduced the Draft Summary Report to the Governor and suggested that a vote on the summary occur at the November 7 meeting.

The summary is structured to provide both the historical perspective and future plans of the work of the Commission. It includes the Executive Summary and extractions from the minutes. He invited the Commissioners to review this summary with consideration to the tone of the report, the structure and the reflection of the work. Commissioner Vallier-Kaplan asked the Commissioners to provide additional "ongoing issues" that can be added to that section of the report. Commissioner Porter suggested two sections; one for things we track but are not necessarily critical issues and one for essential points of consideration that need more time. Commissioner Mc Nutt will write a paragraph on the Commission involvement with Step 2 after December 1. Commissioner Shumway asked all to send their responses to him within one week.

Commissioner Vallier-Kaplan invited final comments from the audience.

Ms. Cathy Spinney brought forward a number of questions (see attached) regarding the importance of maintaining established relationships between people with disabilities and their team of providers.

Commissioner Shumway stated that this is a Step 2 issue and that the Commission can incorporate these questions into future agendas as part of the Step 2 discussion, after Step 1 Go-Live on December 1.

The next meeting will be on November 7 from 1 – 4pm at the Legislative Office Building. The Governor is expected to attend during the first hour.

Commissioner Vallier-Kaplan adjourned the meeting at 12:20pm.

The Minutes were approved on November 7, 2013