

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

MINUTES

December 5, 2013
1:00 – 4:00pm
Harbor Homes, 45 High St. Nashua, 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, Jo Porter, Ken Norton, Doug McNutt, Yvonne Goldsberry, Wendy Gladstone, Susan Fox, and Nicholas Toumpas.

Absent: Commissioner Tom Bunnell.

Commissioner Vallier-Kaplan welcomed everyone and thanked Peter Kelleher for hosting the Commission meeting at Harbor Homes. She directed everyone to the Commission overview document for information on the Executive Order establishing the Commission and the Commission work to date. Commissioner Vallier-Kaplan invited the Commissioners and guests to introduce themselves. The public was encouraged to stay for the entire meeting and participate in public comment and question time allotted at the end of the meeting.

Minutes of the November 6, 2013 Meeting

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

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

Step 1 Program Start Briefing and Update

Commissioner Toumpas introduced Lisabritt Solsky, Deputy Medicaid Director and Mary Ann Cooney, Associate Commissioner, Office of Human Services. Ms. Solsky reviewed the enrollment and startup of Medicaid Care Management as of November 29, 2013 (see slides).

As of November 29, 2013 102,268 people have enrolled. Ms. Solsky reviewed the number of Mandatory and Voluntary enrollments, the population sub-groups of self selected voluntary enrollees, the total enrollment by method (NH Easy, New Heights, Paper Form or Auto Enrolled), and the Call Center activity. Those who had a change in eligibility status during open enrollment either through loss of eligibility or re-determination, had the 60 day clock reset. Over half of the enrollees self-selected their plan. Ms. Solsky also reviewed the Readiness Assessment process for the three MCO'S and DHHS. The initial MCO reports stated that in the

first week, call volume and reasons were within expectations for program start and all plans are meeting or exceeding the contract requirements for average speed to answer, time on hold, call abandonment and call resolutions. Individualized resolutions for a variety of special issues have been successfully and creatively addressed. The department is reaching out and keeping their “ears to the ground” for troubleshooting and other transition issues.

Ms. Solsky invited questions from the Commissioners.

Commissioner Gladstone asked for a report on what happened if providers had signed with a plan but the credentialing had not been completed in time for them to be listed with that plan. Ms. Solsky replied that to facilitate active enrollment, they instituted a “pending provider” list. The majority of credentialing was complete by auto enrollment with nearly every primary care provider listed with at least one Managed Care Organization (MCO).

To assure MCO readiness, an inter department group from the Department of Health and Human Services (DHHS) spent 2 full days at each MCO headquarters. This assessment included end-to-end system walkthroughs, member services, provider relations, transportation, care coordination, program integrity, network and quality. No corrective action plans were needed.

The DHHS readiness review focused shielding clients and providers from disruption and absorbing as much of the impact of disruption at the DHHS and MCO level. Assessments of known risks and progress against those risks were conducted and the decision to Go-Live on December 1 was made. In week one the most common calls to the MCO’s was to select or change the primary care provider, or to ask questions regarding transportation or pharmacy. All the MCO’s have provided immediate, individualized assistance to enrollees.

Commissioner Moral complemented the department on a job well done.

Commissioner Gladstone asked when the formularies will be available for the three plans. Ms. Solsky replied that all the plans are expected to have an open formulary. Other pharmacy concerns are addressed right away.

Commissioner Shumway thanked all the MCO’s for the demonstrated flexibility in solving provider problems related to medications, transportation, in-process credentialing and billing. Commissioner Shumway asked if the MCO’s are ready for claim processing. Ms. Solsky replied that each MCO has different capabilities and there are areas where a claim could be delayed. The department is reaching out to the plans and the providers to be sure that vulnerable cases are getting attention.

Commissioner Norton congratulated the department on a job well done. He stated that the fragility of the finances in the provider network is a concern. Ms. Solsky replied that in the past, the department has developed creative solutions.

Commissioner Moral asked if there was a need for an overall plan for reimbursement problems or will they be addressed on a case by case basis. Commissioner Toumpas replied that they will work on a case by case basis because every provider is in a financially fragile state. They may

consider easing back on recouping the contingency payments from the MMIS transition to leave a cushion for the providers.

Commissioner Porter asked how much activity there is now in new provider enrollment. Ms. Solsky stated that there is ongoing activity in contracting with providers by all the MCO's.

Commissioner Fox asked what the next steps are on the consumer end. Ms. Solsky stated more education is needed in general and specifically around the need for two cards.

In response to a request from the public regarding a person with an area agency that's in both Step 1 and Step 2 and the need to see the link between the MCO's and the area agency, Commissioner Shumway stated that those issues would be addressed today, after the break. Commissioner Vallier-Kaplan thanked the department and congratulated all on successful start at Go-Live. Ms. Solsky stated that the contributions, hard work and support of the great team at the department made this possible.

***CareConnect* Health Home and Discussion**

Commissioner Vallier-Kaplan reported that the Health Home discussion is the third in the series. The September meeting included a presentation on Medical Homes in Keene, NH and the October meeting included a presentation on the integration of the Medical Home in Community Mental Health Centers.

Commissioner Gladstone introduced Sanders Burstein, MD, Medical Director, Dartmouth-Hitchcock, Nashua and Sandra Pelletier, President/CEO Gateways Community Services.

Dr. Burstein reported that *CareConnect* is a pilot project in integrated care for people with developmental disabilities (see slides). People with developmental disabilities are living longer in the community and wellness and prevention are often overlooked. In this population there is lower use of preventive care and more complex health needs. The Health Home includes not only the medical aspects but a whole person approach involving individually planned and team coordinated treatments. In this model, the staff from Gateways is working at Dartmouth Hitchcock facility with the Dartmouth Hitchcock staff to develop care plans and follow through on progress of each client.

Ms. Pelletier reported that the DHHS Balanced Incentive Program provided funding for this pilot program that now serves 45 people. Two standardized tests were used to choose individual clients to participate in the pilot. The Integrated Care Team is a key component. This team has participated in the Institute on Disabilities credentialed behavioral training program. Best practices have been developed for comprehensive and continuous care coordination. The Health Service Coordinator has been trained at Dartmouth Hitchcock and has access to medical records. This provides better medication reconciliation from both the mental health and primary practice areas for that client. The care agreement for each individual includes the 5 norms of preventive care. The Community Navigator is a key role in following up with the individual in the community and providing assistance. Having the Health Service Coordinator embedded at Dartmouth is very beneficial. It's too early in this program to have data but national research

shows a reduction in acute care, lower cost and better experience of care with the Health Home Model.

Commissioner Gladstone asked how this program might interface with the MCO's. Ms. Pelletier replied that the consumers are just getting involved with the MCO's now and there have been meetings with the MCO's and statewide service coordinators.

Commissioner McNutt asked if they presume that this model will be beneficial to other long term care service and support organizations. Ms. Pelletier replied that there is a large amount of literature on the benefits of Health Homes and behavioral health. The developmental disability community is following that progress.

Commissioner Goldsberry asked if this program will continue in the high intensity, high risk population when it's past the pilot program stage. Ms. Pelletier stated that their approach has been to focus on this small group to test the pilot. They will then talk to the MCO's.

Commissioner Goldsberry asked if this could become a contracted service for the MCO's. Ms. Sheetz replied that at this time, they are focused on these 45 people.

Commissioner Porter asked how the best ratio of the number of people served vs the number of staff is determined. Ms. Pelletier replied that they don't know that now but will be looking at how to sustain the program with a reimbursement rate around case management.

Commissioner Porter stated that the process and design outcomes will be important as we think about Step 2.

Commissioner Moral asked if they see elements of this being beneficial for the general population. Ms. Pelletier stated that the Dartmouth Hitchcock staff and Gateways staff are now oriented to this and patient care in both locations has improved. Not everyone needs this but there are those who could really benefit. Ms. Sheetz stated that they are making sure there's no duplication in the staff that surround the client.

Ms. Kathleen Sgambati asked if this program would work for those with a dual diagnosis as they present both high risk and high cost. Ms. Pelletier said yes, those people would come under their criteria.

Substance Use Disorder Benefit Coverage Recommendation

Commissioner Vallier-Kaplan introduced Commissioner Norton for an introduction to a possible recommendation to the Governor on Substance Use Disorder Benefit Coverage.

Commissioner Norton reported that in the fall, the Commission focused on behavioral health issues and mental illness. The Commission will be looking at substance abuse issues at the February meeting. We are considering a recommendation to support the department in offering a benefit to substance use disorders. The department has laid the foundation for this benefit through the Lewin Report detailing the cost benefit and improved health outcomes. We will look to the providers to discuss capacity issues and then move forward with a recommendation to the Governor.

Commissioner Vallier-Kaplan informed everyone that a recommendation to the Governor is a step-by-step process that evolves over a period of time. Commissioner Shumway thanked Commissioner Norton for bringing this forward.

Public Listening Session

Commissioner Vallier-Kaplan invited the public to ask questions.

In response to a question about the experience the MCO's have with Health Homes, Commissioner Vallier-Kaplan stated that the Commission is interested in hearing from each MCO on Health Homes and they are planning to meet with the department to discuss that and plan for future presentations from the MCO's.

In response to a question about how the MCO's are connected to durable medical equipment (DME) supply companies, and if there is a special care management approach, Dr. Mohamed Ally, President, Meridian Health Plan, replied that the client interacts with the DME provider and the DME provider contacts the MCO for payment. Ms. Gail Garceau, General Manager, Well Sense Health Plan stated that Well Sense has a similar procedure.

Commissioner Shumway stated that the MCO's have been very flexible in establishing contracts with DME vendors and try to be sure that clinical prescribing can be fully covered. The MCO's have expressed willingness to listen and respond to individual needs.

In response to a question about movement toward Step 2, Commissioner Toumpas replied that the plan is moving forward and that there will be additional outreach to families to hear the real stories and issues that people are facing.

A member of the public audience stated that after he was hit by a car, he was told about the *CareConnect* program and that that program has helped him stay out of the Emergency Room.

In response to a question regarding the coordination between Medicaid, Medicare and DME, Commissioner Toumpas replied that the work being done in the State Innovation Model (SIM) considers Medicaid, Medicare, Private Insurance and Veterans. The SIM plan will be submitted to the Federal Government by the end of December. They are laying the foundation now in Step 1 and will use components of SIM to design Step 2. Individuals who are dual eligible now should call Client Services at DHHS to discuss their needs. This can be helpful to the department also because these specific client needs and experiences might result in changes at the systems level.

Commissioner Shumway stated that there are three CMS webinars available regarding the DME Medicare processes.

A member of the public audience stated that two elderly clients found the instructions for signing up with one of the MCO's to be quick, easy and clear.

Commissioner Toumpas stated that the team was well prepared and that their partners in the Federal Government said they had never seen such excellent collaboration and cooperation between DHHS and the MCO's.

Action Items and Other Business

Commissioner Vallier-Kaplan reported that there are two follow up action items that the Commission will accomplish and thanked the Commissioners for their efforts.

1 – Commissioner Porter will work with Katja Fox, Health Care Program Specialist, DHHS, to manage the Public Reporting recommendation process outlined in Step 2.

2 – Commissioners Gladstone and Goldsberry will keep track of and follow through on questions and issues that are brought up but not answered during the meeting.

Commissioner McNutt reported that the Medical Care Advisory Commission identifies issues that have been raised in each meeting and has them flagged in the minutes. We could do the same.

Commissioner Vallier-Kaplan asked if there were any other updates from the Commissioners.

Commissioner McNutt reported that comments on the SIM proposal are due on December 6, the updated plan will be posted on December 10 and the final plan will be posted on December 18. Ms. Sheetz stated that the deadline for the survey for parents, families and stakeholder input is December 6. It can be found on the DHHS web site under SIM and is very accessible. Commissioner Fox stated that over 600 people have filled out the survey but there are almost no responses from the mental health community.

Commissioner Vallier-Kaplan stated that the January 9 meeting of the Commission on MCM will be in Keene and will include Medical and Health Homes, and a presentation from the Urban Institute.

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

Minutes approved on January 9, 2014