

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

**MEETING MINUTES
June 9, 2016**

**Legislative Office Building Room 306 and 308
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 Yvonne Goldsberry, Jo Porter, Lori Shibinette, Roberta Berner, Ken Norton, Gus Moral, Wendy Gladstone, and Jeff Meyers.

Mary introduces Lori Shibinette from Merrimack County Nursing Home who filled the recently vacated position of Sue Fox. The public attendees introduce themselves.

April and May meeting minute's approval moved by Jeff Meyers with a second by Gus Moral. All in favor.

There has been conversation around PA relative to mental health drugs and services. Seems as though the Community Health Centers are working on those issues and things are moving along. Additional data around prescription prior authorizations for serious mental illness (SMI) is coming in July.

DHHS Update

The next step with managed care under SB 553; this was signed by governor recently. This is legislation we were able to work with Managed Care Organizations (MCO) and the community to define what is a thoughtful process on developing the next phases of the managed care program. There will be a stakeholder process that Commissioner Meyers will convene. He is hoping to set this up before the end of June at the Legislative Office Building. The meeting will be publicly noticed. We will spend the first meeting discussing structure and what work needs to be done. The stakeholder process will first focus on CFI and nursing services. We will develop an outline of process. At that point, it will be an interactive process for all involved and possibly get subgroups created.

MCO contracts and rates are moving back to capitated rate. We have done a lot of work with the two plans over the last couple of weeks and reviewing exhibits. Rates that were approved and effective through June 30th need to be refreshed based on actuarial process. Everyone has been working on this process and putting together these rates. We are in good position to finalize these rates and hopefully have in effect for the new fiscal year. Hope to finalize and bring to the council next week and then we can bring them public.

Status of the Agreements between Community Mental Health Centers (CMHCs) and MCOs; we went back to the council in January and included money to fund mental health services within managed care. We temporarily implemented fee-for-service for these services. We are working collaboratively with both the MCOs and CMHCs and it has been complicated as we are all working in good faith to work back to capitated rates. As we finalize rate information there will be more to say about where we are with the CMHCs.

Budget; the enrollment in standard Medicaid is over 100,000 members. Caseloads are relatively constant from where they were when budget was first passed by the legislature. Savings in the program are not occurring; so there is a deficit. A new dashboard will be coming out this month. Need to speak with the Governor about how to address this.

Personnel Developments; the Department has been implementing a very exciting opportunity with the 1115 waiver to help increase capacity and integration. We have an application process for the IDNs and a contract has been approved for an independent assessor. As a result of this new waiver and wanting to align efforts, we have created a new position in Medicaid; Lorene Reagan will be moving over to head up this effort while Sandy Hunt will be interim director of BDS as the Department recruits for a new director.

Deb Scheetz reviews private duty nursing salary ranges before and after 4/1/16 rate increase for both RNs and LPNs (attachment 1). Commissioner Meyers acknowledges concern that not all rates have gone up; the Department will continue to reach out to organizations to address this especially in workforce issues. This info was forwarded to all agencies. This is the first rate increase in 10 years. Is there a way to bring forth what nurses in hospitals get and compare it to this data? Deb thinks this is doable as long as there is some context to comparing this information. SB 439 has passed both the Senate and House so we should be seeing some movement there as well.

Ken questions the refreshed rates for the managed care contracts; does this include behavioral health? Commissioner Meyers answers that yes it does. The association which represents 9 out of the 10 CMHCs have been in negotiations with both health plans. Hope that when rates are set that the MCOs and all of the CMHCs will be in a position to lock into rate using capitated rate. The money that is paid for mental health services to the MCOs is being paid out under fee-for-service. The waitlist is a big concern and is trending high; there are a number of things under way to address this. We are trying to review individual cases and discharge those that are appropriately ready for discharge. Related to workforce; we are hoping to open up the 10 NH Hospital beds once a nursing contract is in place; we have about half the nurses needed for that unit. We have looked at data as to who is in the ER with mental health issues and working with the CMHCs which should be ready mid-July.

Presentation and Discussion on LTSS Care Management

Lisa Perales from Crotched Mountain will co-present with Erin Hall from the Brain Injury Association of NH. They review their presentation: Choices for Independence Independent Case Management (attachment 2). Wendy asks about locating supports in a medical home. Lisa thinks case management is a good plan; but the best thing is to be transparent and bring ideas from all stakeholders together. Wendy mentions that in her practice there is one case manager that is responsible for thousands of lives; how can they be integrated? Gina asks about the average cost for CFI patients ; is that for only those patients at home? Erin answers that it's all of them. Gina suggests comparing the data with what the Department has.

Update on Final Report Recommendation from MCM Commission Workgroups

There are three workgroups we will be working on today. Don will plan to have a first draft of the report at the July meeting. He will use this material and interfacing with the other Commissioners. These drafts have been shared with Commissioner Meyers; but have not been formally addressed with the Department. Goal is to have a finalized report in August. Focusing on recommendations. The three workgroups:

Network Adequacy – The group has already received the Draft Report from the Network Adequacy (attachment 3). Need to consider adequate services versus good care and need to realize that there is more to it and they shouldn't be noted as equivalent. Jo thinks that there is just too much duplication and cross-referencing and she is hoping that Don will be able to integrate the three and not have so much

duplication and it will be more cohesive and clear. This is the standard of care that we are striving for and to construct the program with that in mind. Ken wonders why behavioral health is not specifically mentioned – the group is happy to do this. Ken also questioned who oversees and updates the status or availability of networks (there has been a lot being written nationally about phantom networks – those providers listed but not accepting patients)? Lori feels that it's important to define what accessible is. We should be referencing the best practices rather than us defining the standards. Lori wonders how we know what industry has the best standards and which one would we be choosing. Yvonne recommends using the AARP standard but not quoting the standard. Ken wonders what the mechanism is for feedback and structures to be sure those goals are met. Gus asks for input from the MCOs. Lisabritt Solsky notes that adequacy is theoretical which is very different from access – since people may choose for other reasons. She feels that an exception provision is needed. You can incentivize but you can't force a provider. Doesn't want to overpromise what the MCOs can actually come through with.

Efficient and Effective Operations and Payment – Commissioner Yvonne Goldsberry reviewed the draft document and noted that this was an outline; and that there was a call set up to speak about LTSS authorizations as well as habilitative and rehabilitative services. Dr. Goldsberry, building on what Jo Porter said earlier, suggested that there seemed to be some overlap between this along with network adequacy and consumer protections. She wanted to know just what level of detail should be in a recommendation and how the report will get to consistency. The group discussed what might be the right balance of detail with Mary Valier Kaplan noting that the recommendation may take a higher level with perhaps the specific work group recommendations being more detailed and available as addendums. Yvonne Goldsberry expressed concern for the report having a flow and single voice as well as a long “shelf life.” She wanted to make sure that the report would be useful to the Department long term and that perhaps national pointers should be used for references. Mary Valier Kaplan suggested this could be achieved with a final editor. Yvonne Goldsberry noted that Don Shumway had raised some additional The work groups responded that there was not enough time to vet these with fellow commissioners or to do adequate research. Ken Norton said that Don Shumway had also raised some item for Consumer Protections that were additions to their original priorities. Yvonne Goldsberry agreed to follow up with Don Shumway on his suggestions. She spoke to a suggestion around the Jimmo decision that she needs to learn more about. Deb Scheetz, from public comment, expressed concern that some of the suggestions have not yet been vetted and that this is a short timeframe to adequately research and move forward into recommendation. Yvonne also said that the recommendation draft cannot be submitted until the Department provides the PA data in July, so they still have some time and work ahead before they can get more detailed in a recommendation.

Consumer Protection – Commissioner Norton reviewed the draft document and will follow up on Don Shumway's suggestions. There was discussion about how to provide more specifics around person centered care and whether this should be population specific. Kathy Sgambati, from public comment, added that there was some confusion about the generic/senior specific designation and that only one draft incorporated these. Most recommendations are general in principle. She also noted that the draft could be shortened and expressed interest in learning more about Don's additions, especially the insurance recommendation. Mary Valier Kaplan suggested that references should be used in the recommendations and that it would be good to include the longer versions with the references so people can access the details. Commissioners again expressed that the report should remain focused on the original priorities that have been fully discussed. Gus Moral asked how this recommendation works with the plan the Commissioner spoke about early – with 553. Commissioners also agreed that some of the consumer protections, like stakeholder engagement, are also in the bill. Mary Valier Kaplan agreed that this is a discussion to have with the Department. Mary Valier Kaplan stated that Don Shumway has agreed to take the recommendations and put them into a single format so he can determine how to use the suggested template format when do does the combined draft. A draft will be circulated before the next meeting for review.

Minutes Submitted by:
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