

Medical Care Advisory Committee (MCAC)

Monday, March 13, 2023

Minutes

Members: Holly Stevens, Chair, Lisa Adams, Michael Auerbach, Kathy Bates, Jake Berry, Vanessa Blais, Kelley Capuchino, Tamme Dustin, Joan Fitzgerald, Ellen Keith, Karen Roseberg, Lisabritt Solsky Stevens, Elinor Wozniakowski

Alternates: Brook Belanger, Emily Johnson, Amy Girouard, Kristen Schmidt, Jim Zibailo

Excused: Ellen McCahon

DHHS: Henry Lipman, Olivia May, Sarah Finne, Dawn Tierney, Jordan McCormick, Kerri Schroeder, Deb Sorli, Laura Ringelberg, Carolyn Richards, Vernon Clough, Krysten Finefrock, Jody Farwell, Sara Lacharite, Catrina Rantala, Roger Bissoneau, Wendi Aultman, Rob Berry

Guests: Lucy Hodder, Deb Fournier, Richard Sigel, Ron Hockmuth, Brooke Holton, Josh Krintzman, Trina Loughery, Nicole St. Hilaire, Audrey Gerkin, Deb Ritcey, Conor Laing, Rachel Chumbley, Amy Pidhurney, Marcia Bagley, Krystal Chase, Debra Cutler, Bill Keena, Debra Lang, Kurt Strohmeier

Announcements

None.

Review/Approval: January 9, 2023 Minutes

MCAC voted to approve the motion to table minutes approval until next month.

Agenda Items – April

- Status of DHHS efforts to address ED boarding for patients in acute psychiatric crisis.

Legislative Update – Rob Berry

Some executive sessions on 3/8 are not reflected in this update. The outcome of those legislative activities are not known.

The Department is following around 450-460 bills. Rob reviewed a list of 50-60 bills and will provide an update on a future MCAC.

Bills being monitored include:

- A bill repealing the drug affordability board. This is currently at commerce committee, they are doing a subcommittee on this bill.
- HB 172 is investigating potential redundancies between affordability board and existing state programs.
 - This is set for an additional subcommittee work session but it is not on the publicly available docket.
- HB 282 is relative to including certain women and children in Medicaid. This is for lawfully residing women. This has made it through the policy committee, amendment to clarify funding.
- HB 317 is relative to a two-tier waiver system for individuals eligible for disability services. Outcome of executive sessions unknown.
- Mike Auerbach noted SB 91, which prohibits the board of dental examiners from exempting dentists certified in dental anesthesiology or oral surgery from the requirement that sedation be administered by a dedicated anesthesia provider. SB 447 has a similar purpose and was amended, so the exemption for oral surgeons would be lifted under SB 447.
- HB 368 is relative to protections related to receiving gender-affirming health care or gender-affirming mental health care, it is a competing bill with HB 619 which prohibits gender transition procedures.

- HB 373 is relative to billing for ambulance services. This prohibits balance billing and has been retained in committee, it's expected to be brought next session.
- HB 527 is relative to reimbursement for assistive living. As written, bill impermissibly targeted rate increases. May be absorbed in House Bill 2 which is the trailer bill.
- HB 565 expands postpartum coverage for Medicaid. NH is the only state east of MI that has not enacted this.
- HB 580 is establishing children's vision screening in Medicaid program. This was retained.
- HB 601 pertains to state participation in Medicaid direct certification program. Companion bill in the Senate. Department has been working with Education and sponsors on language for this.
- SB 36 is related to systems of care for healthy aging.
- SB 86 is relative to healthcare workforce development and Medicaid rates. This was recently amended regarding the amount to appropriate for it.
 - Holly Stevens asked about behavioral health crisis services. Rob Berry will include an update on this in future MCAC briefings.
- SB 127 is relative to certain programs administered by the Department of Health and Human Services and is ought to pass.
- SB 175 is known as the MOMnibus bill and is inclusive of postpartum coverage and other services to support women and their children.
- SB 178 is relative to certain specialty formulas under Medicaid. Department is working with sponsor. DHHS received confirmation from CMS that bill cannot be implemented as it was originally drafted.
- Budget hearings are this week in the House, work sessions at Division III for today, tomorrow and Friday.
- Mike Auerbach asked whether HB 2 provision related to the consolidation of Boards is being monitored by Department. Rob confirmed that DHHS is monitoring that bill. Department is following this for impact to provider enrollment processes.
- Amy Girouard asked for an update on HB 608 pilot program to support developmental services redesign. Rob provided an update and Karen Rosenberg shared there is a proposed amendment to the pilot program bill, executive session this week sometime.
- HB 217 seeks to establish a study commission to examine negative effects of fluoride.

Public Health Emergency: Medicaid Coverage and Continuous Enrollment

Henry Lipman, Medicaid Director, Lucy Hodder and Deb Fournier, UNH Health Law & Policy

States are required to produce monthly reports to CMS. New Hampshire's plan to meet the conditions of beginning the unwind was approved. New Hampshire was one of six states that were not required to submit a mitigation plan.

Lucy Hodder and Deb Fournier presented the attached slide deck.

There was a question raised about Medicare Advantage and Lucy clarified that there is a Medicare special enrollment period lasting for six months from the date of coverage loss.

HCBS Quality Standards

Wendi Aultman, Bureau Chief, Elderly and Adult Services

What we know:

- In July CMS released the first of two planned guidance documents to promote more common and consistent use of nationally standardized quality measures in their HCBS programs and to support states with improving the quality and outcomes of HCBS.
- As of today, this second planned guidance has not been released.
- CMS plans to incorporate use of the measure set into the reporting requirements for specific authorities and programs, including the Money Follows the Person (MFP) program and future section 1115 demonstrations that include HCBS.

- For 1915c, 1915i, 1915c, 1915j, 1915k waivers, states are encouraged to use the measure set but at this time it is not mandated.
- CMS expects to transition the measure set to include only measures that fully meet Blueprint criteria by 2025.
- Based on the current guidance NH would likely have a staggered approach to transition. Timelines for MFP, 1915 Waiver approval timeframes, and 1115 waivers with HCBS in them are all different.
- DHHS will need to consider and assess how it will approach this guidance for each of the authorities.
- Once the second part of the guidance is released we will know more.
- Our 1915c Waiver performance measures were vetted with CMS weigh in and CMS guidance in mind. All Waivers were recently renewed and the sub-assurances set by CMS drove the PMs written.

What we don't know but will need to assess and consider:

- If providers are looking to voluntarily comply with measures, we would need to understand what measures providers are voluntarily considering measuring as early adopters. We don't know yet if it is potentially problematic to do so but if we had more information we may be able to weigh in. It may be best to wait for the second edition of guidance.
- We would need to consider if any of our current 1915c waiver performance measures as written would need to be amended or if the method for collecting will need to change.
- For the National Core Indicator (NCI)/NCI-Aging and Disability (AD) Experience Surveyo For 3 BDS Waivers, we don't know what may need to be changed or adjusted, o For CFI Waiver we are in the planning phase so we can monitor and build process with guidance in mind.
- For 1915c waivers we are waiting for the additional guidance before making and shifts in waivers, policy, or approaches.

CMS released the Home and Community-Based Services (HCBS) [Quality Measure Set Measure Summaries](#) to support state use of the HCBS Quality Measure Set. On July 21, 2022, CMS [issued SMD #22-003](#) (PDF, 716.87 KB) to release the first official version of the HCBS Quality Measure Set. The HCBS Quality Measure Set encompasses a set of nationally standardized quality measures for Medicaid-funded HCBS. It promotes more common and consistent use within and across states of quality measures in HCBS programs, creates opportunities for CMS and states to have comparative quality data on HCBS programs, drives improvement in quality of care and outcomes for people receiving HCBS, and supports states' efforts to promote equity in their HCBS programs. The summary document includes supplemental information about the measures, including technical specifications, links to testing reports, information about the measures' alignment with the [CMS Meaningful Measures](#) Initiative, [CMS Measures Management System Blueprint](#) measure criteria, 1915(c) waiver assurances and sub-assurances, health equity variables, and other details

Adult Dental Benefit Update

Sarah Finne, DMD, Medicaid Dental Director

Implementation: Progress on the April 1 implementation of the adult dental benefit is moving swiftly. Network adequacy is the top priority and includes streamlining provider enrollment and working with Delta Dental and DentaQuest on recruitment. The Department is on target with the SPA, waivers, MMIS, and readiness phase with vendors. Staff are meeting with NEDD/DQ numerous times a week to make sure that all deadlines are met.

He-W 506: The Medicaid Care Management rule will be amended to add the adult dental benefit as a managed care benefit. The dental managed care contract includes increased fees, transportation support, and care management to improve network adequacy. This should help with parity.

Disability Determinations

Kerri Schroeder, Bureau of Family Assistance

As of February 24, 15 children were pending of which 7 had Medicaid; 180 adults pending of which 147 had Medicaid, 49 at 90+ days, 35 awaiting nurse write-up or final sign-off, 6 pending medical records, 8 consultative exams scheduled.

MCO Contract

Henry Lipman, Medicaid Director

Amendment 10 rates go into effect July 1, 2023 subject to Governor and Council approval. The current contract expires August 31, 2024. Reprocurement is being worked on with the RFP to be issued Sept 1, 2023. Public opportunities to comment on the draft RFP and contract will be held.

HCBS Spending Plan

Olivia May, Director of Medicaid Enterprise Development

There are no updates on the HCBS Spending Plan.

Waivers

Various DHHS Staff

- SUD-SMI 1115 Demonstration: Received STCs from CMS.
- 1915(j) Personal Care State Plan Amendment: In anticipation of May 11, 2023 when the public health emergency will end, the Department continues work on 1915(j) submission to CMS to extend these services with some anticipated changes.
- 1915(i) Supportive Housing State Plan Amendment: Continued consultation with CMS and internal discussion on refining the approaches to implement.
- 1915(i) Fast Forward: No additional information, will update on next MCAC meeting.
- End of Public Health Emergency is effective May 11, 2023. Department will continue to provide relevant updates impacted by this.

Rules: Consent

- He-W 801.01-801.08, Eligibility for Medical Assistance - Definitions

There was no request to remove the rule from consent.

Adjourn. M/S/A