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August 25, 2023

Henry Lipman, Director
Division of Medicaid Services
NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301
Submitted via NHMedicaidCareManagement@dhhs.nh.gov

Dear Director Lipman:

Bi-State Primary Care Association and our members are grateful for the opportunity to submit comments on the Medicaid Care Management Procurement Draft and the Model Contract Draft.

Bi-State is a 501(c)(3) nonprofit organization, formed in 1986 to advance access to comprehensive primary care and preventive services for all, with special emphasis on those most in need in New Hampshire and Vermont. Bi-State also represents 26 member organizations across both states that provide comprehensive primary care services to over 312,000 patients at 162 locations. Our members include federally qualified health centers (FQHCs), Free and Referral Clinics, New Hampshire Area Health Education Center programs, Planned Parenthood of Northern New England, networks, and consortia. New Hampshire's 11 community health centers serve approximately 103,000 patients at locations across the state.

Comments

Access to Primary and Preventive Care Requires Reimbursement for Services

Bi-State and our members are grateful to see the focus on primary care through the Primary Care and Preventive Services Model of Care. The FQHCs currently employ a team-based approach to providing integrated behavioral health, primary and preventive care, oral health, and more to address the whole person. The health centers also partner with organizations in their communities to ensure access to care. The health centers' care teams include staff for whom the health centers do not receive reimbursement for their time, including community health workers, care coordinators, nutritionists, diabetic educators, and more. As you know, the FQHCs receive an encounter rate that has been expanded over the years to include additional services but without additional reimbursement. It is difficult for the health centers to sustain services, particularly new services that were not previously performed by the practice, without additional reimbursement for those services.

We hope the health centers will be adequately reimbursed for the provider-delivered care coordination, the health risk assessment screening, poly-pharmacy medication reviews, and other services listed under this model beginning on page 187 of the Model Contract. We request that nutrition services be added to the list of reimbursable services. We also ask the Department to turn on Z codes to track the health-related social needs of patients to allow the Department and

the health centers to better meet the needs of their patients. Accurate data and reimbursement will assist the health centers in their integrated care work with community mental health centers across the state. We look forward to working with the Department on which services should and should not be included in the encounter rate.

The ability to access culturally competent care is critical to the health and wellbeing of our patients. Can the Department clarify whether it will require reimbursement of translation services provided by health care organizations? The cost of these services is a significant burden for our health centers. We hope “[t]he MCO shall bear the cost of interpretive services and communication access, including ASL interpreters and translation into Braille materials...” means reimbursement for translation services provided by health care organizations during appointments (see page 132). Meaningful access to health care services cannot be achieved without adequately funded translation services.

We look forward to working with the Department, the MCOs, and the FQHCs on any alternative payment models that support the Primary Care and Preventive Services Model of Care. We ask that as part of this work, the Department consider financial support to assist providers in transitioning to an APM.

Supporting Primary Care and Behavioral Health Integration

We applaud the Department’s work to align community mental health center funding with the State’s behavioral health investments. We hope the future capitation design will support the integrated care teams employed at both the community mental health centers and the community health centers because their care teams support the Department’s goal for treating the whole person, addressing poly-pharmacy prevention, encouraging wellness visits, preventive screenings, and more.

Access to Data and Information

We agree with the implementation and use of a closed-loop referral system. Our health center and PCA colleagues across the country have seen great benefits to their patients in states using these systems. We hope usage of a closed-loop referral system will allow providers timely access to data in order to encourage access to primary care and discourage the inappropriate use of emergency services. We look forward to collaborating with you on this work to ensure patients can access the services they are eligible for and want to receive.

Reducing Administrative and Financial Burdens on Health Care Organizations

While we understand the requirement for the MCOs to comply with NCQA standards, we ask the Department to reconsider the NCQA policy regarding the date at which time providers can be reimbursed for services post-credentialing (page 173). Our health centers experience significant workforce challenges. It is common for the recruitment process to take months, which affects access to care in the Granite State. The added delay in MCO credentialing exacerbates the financial stress placed on health centers and affects their ability to care for the patients in a timely manner. Single-case agreements are not an efficient use of time and effort, and only add to the administrative burden facing health care organizations. We ask that the Department require the MCOs to reimburse retroactively to the date providers are credentialed by the Centers for

Medicare and Medicaid Services, not the MCO's credentialing date. This small change will mitigate the losses incurred by health centers as they onboard new providers.

We appreciate the work you and your staff have done and will do on the re-procurement of our Medicaid Care Management program. We look forward to working with you on its implementation and accomplishing the goals outlined in the draft documents.

Sincerely,

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