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Secretary Sylvia Mathews Burwell, US Dept. of Health and Human
Marilyn Tavenner, CMS Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244-1850
Comments submitted via medicaid.gov

Dear Secretary Burwell and Ms. Tavenner:

On behalf of Bi-State Primary Care Association and our members, I submit the following comments in response to the State of New Hampshire's Building Capacity for Transformation 1115 Demonstration Waiver (Waiver). Bi-State is a non-profit, two-state organization that represents 15 non-profit Community Health Centers (CHCs) with 39 locations in New Hampshire. New Hampshire's CHCs include Federally Qualified Health Centers (FQHCs), Rural Health Centers, and Health Care for the Homeless programs. Bi-State advocates for access to health care for all New Hampshire citizens with a special emphasis on medically underserved areas. Bi-State and our members appreciate and support the State's goals of improving the health of our citizens and containing health care costs by improving the quality of care, health care integration, and improving New Hampshire's access to mental health, substance use disorder (SUD) treatment, and oral health.

New Hampshire's CHCs serve over 100,000 residents annually, of which 30,000 are uninsured. The CHCs see firsthand how integrated care and using the whole-person approach for health care delivery benefits every resident, especially low-income families. New Hampshire's CHCs hope to continue to be strong partners in driving the health care outcomes of our state. We applaud the State's intent to leave FQHC reimbursement unchanged as we cannot support the waiving of the FQHCs' Encounter Rate.¹ Bi-State and our members agree that the managed care model should be strengthened in the State as it encourages care coordination and chronic disease management. Bi-State and our members support the Waiver. Our comments below address the concerns of Bi-State and our members as the Waiver relates to health care delivery in New Hampshire.

Community Reform Pool

The Community Reform Pool is an incentive program that will benefit community providers, including CHCs, for which Bi-State and our members are very grateful. Bi-State appreciates the State's efforts to retain current capacity, expand capacity, expand new services, establish a pilot program designed to coordinate care, and establish a provider incentive pool.

¹ NH DHHS, Building Capacity for Transformation, § 1115 Demonstration Waiver, 156 (May 2014).

Capacity Retention Payments

The Waiver emphasizes losses the hospital system has experienced since the 1990s.² While Bi-State and our members sympathize with the reductions the hospitals have made over the last two decades, other community providers, including CHCs, were required to make capacity reductions as well, especially during the recent recession and the State's recent funding reductions. We believe that it is important CMS understand that the lack of treatment options are systemic, statewide, and include providers such as the CHCs and the Community Mental Health Centers. If CMS and the State want to encourage statewide retention of mental health and SUD services, non-hospital health systems and community providers should also be eligible for capacity retention payments. CHCs have decades of experience providing integrated primary care, mental health, and SUD services to their communities, with a special emphasis on low-income residents and the Medicaid population. CHCs strive to address the needs of their communities within a community-based setting in order to avoid more costly inpatient options. We respectfully request that CHCs be added to the list of providers eligible to receive capacity retention payments.

In addition, it is unclear as to how providers will demonstrate their current capacity levels. Will there be an established threshold that the eligible providers will be required to meet in order to receive the capacity retention payments? We hope this question will be answered in the proposed administrative rules to be promulgated by the State.

Capacity Expansion and New Service Payments

We support the State's efforts to expand capacity within the State by use of the Community Reform Pool. These payments will help providers address the need for mental health and SUD services within their communities. However, it is unclear at this time what types of physical capacity expansion qualify for the 25% capacity expansion payments.³ Does this include adding providers who provide similar services to existing providers within the same practice? Is it limited to building capacity? Also, it is unclear which rate the State will base its enhanced rate on as it relates to FQHCs as a specific type of CHC provider. The FQHCs receive what is known as the Medicaid Encounter Rate for a number of services they provide. If the provider is an FQHC, will the enhanced rate be based on the FQHCs' Encounter Rate?⁴ The State assured Bi-State that this Waiver will not change FQHC reimbursement and we expect the enhanced rate to be based on the FQHC Encounter Rate.⁵ Community-based care allows the individual seeking treatment to better access care in a timely manner. This payment, tied with the New Service Payments, will allow community providers to increase capacity and services that their communities desperately need.

Pilot Program Pool

The Pilot Program will assist the CHCs and other community-based providers in meeting the goals of the State, including better population health and integrated health care delivery. We appreciate the State's inclusion of examples of the acceptable Pilot Programs in its Waiver application to CMS and look forward to reviewing the proposed administrative rules outlining programmatic requirements.

² Waiver at 11.

³ See *id.* Waiver at 20, 58.

⁴ See *id.* at 58.

⁵ See *id.* at 156.

Provider Incentive Pool

Bi-State and its members support outcome-based program reform and we are grateful that the Provider Incentive Pool payments are supplemental in nature.⁶ Incentive payments can be effective tools for encouraging reform by monitoring quality outcomes. We have one concern: as currently written, the Waiver requires providers to contract with at least one MCO and one QHP beginning in 2016.⁷ However, there was only one Qualified Health Plan (QHP) in New Hampshire in the Health Insurance Marketplace in 2014. We hope and anticipate that there will be more than one QHP in place in 2016; however, in the event that there is not, we hope the State will have the ability to waive this requirement.

Enhance Community-Based Mental Health Services

Bi-State and our members are thankful that the State seeks to enhance community-based mental health services. We believe that proper prevention, treatment, and monitoring can mitigate and even prevent many of the tragedies our communities have experienced in the last decade. The Waiver clearly supports the components contained in the Ten Year Plan and the settlement agreement in *Amanda D., et al. v. Hassan*, of which we are very supportive. However, Bi-State and its members believe that the goal of a whole-person or holistic approach should also be incorporated into the programs outlined on pages 20 through 23 of the Waiver.⁸ We believe that integrated primary care settings, such as patient-centered medical homes, should be the foundation of mental health treatment. Integrated care is cost effective and goes hand-in-hand with the Assertive Community Treatment teams, mobile crisis teams, and supported housing included in the Waiver.⁹ If the State is not allowed to request matching funds for integrated primary and preventive care services, which includes mental health, please make it clear that these too are a priority for the State.

Community-Based Services for Children and Youth under the System of Care/F.A.S.T Forward Program

Bi-State and its members applaud the State's request for new Medicaid benefits to cover services under the System of Care/F.A.S.T Forward program.¹⁰ We believe the inclusion of these services as Medicaid benefits will facilitate the success of the whole-person or holistic approach utilized by CHCs and desired by the State. This will result in improved clinical outcomes and reduced rates of hospitalization for our children and youth. We ask the State to clarify that the FQHCs will receive the encounter rate for services provided pursuant to this program.

Invest in Behavioral Health Workforce Development

Bi-State and our members appreciate the State's focus on behavioral health and SUD treatment and services. We understand the State's Health Improvement Plan focuses on reducing the non-medical use of pain relievers and drug-related overdose deaths; however, the substance use problems in New Hampshire are greater than those two issues.¹¹ We were pleased to see the

⁶ Waiver at 20.

⁷ *Id.* at 20.

⁸ *Id.* at 8, 20-23.

⁹ *See id.*

¹⁰ *See id.* at 26.

¹¹ *See id.* at 27.

State added alcohol abuse, adolescent use of marijuana, and prescription drug abuse to the list of possible curriculum components for workforce development programs.¹²

Bi-State recognizes the importance of workforce development and training, especially in areas such as mental health and substance use. We believe a funding pool for community providers will be a great resource for workforce development in the state. We hope the funding will also be available for use by health care providers to participate in existing programs if the programs meet the criteria developed by the State.

FQHCs are permitted to bill separately for different types of services provided on the same day as outlined in the FQHC Billing Manual.¹³ For example, if a patient has separate appointments with a primary care provider and a behavioral health specialist on the same day, the FQHC can bill Medicaid for two visits at the Encounter Rate. We respectfully request the FQHCs continue to be allowed to bill the Encounter Rate for each appointment, including SUD services.

Expand the InSHAPE Program

We applaud the expansion of the InSHAPE Program as a tool for addressing the health care needs of individuals with persistent and/or severe mental illness.¹⁴ Bi-State and its members agree with the need to expand the InSHAPE Program to include additional populations as well as a smoking cessation program. We appreciate the State clarifying that providers who participate in the InSHAPE program will be funded through grants.

Oral Health Pilot Program for Pregnant Women and Mothers of Young Children

Bi-State and our members are very pleased to see the inclusion of an oral health pilot program for pregnant women and mothers of young children.¹⁵ Each CHC, including those without dental programs, sees firsthand the effects of the lack of oral health education and oral health care on their patients and communities on a daily basis. We hope that one day every Medicaid recipient will have access to oral health care, but understand the realities surrounding that goal. The CHCs look forward to partnering with the State to implement this program.

Thank you again for giving us the opportunity to comment on the Waiver. Bi-State and our members look forward to working with the State in future.

Sincerely,



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¹² See Waiver at 28.

¹³ FQHC & RHC Billing Manual Provider Manual Volume II, 12-13 (January 2013).

¹⁴ See Waiver at 28.

¹⁵ *Id.* at 30.