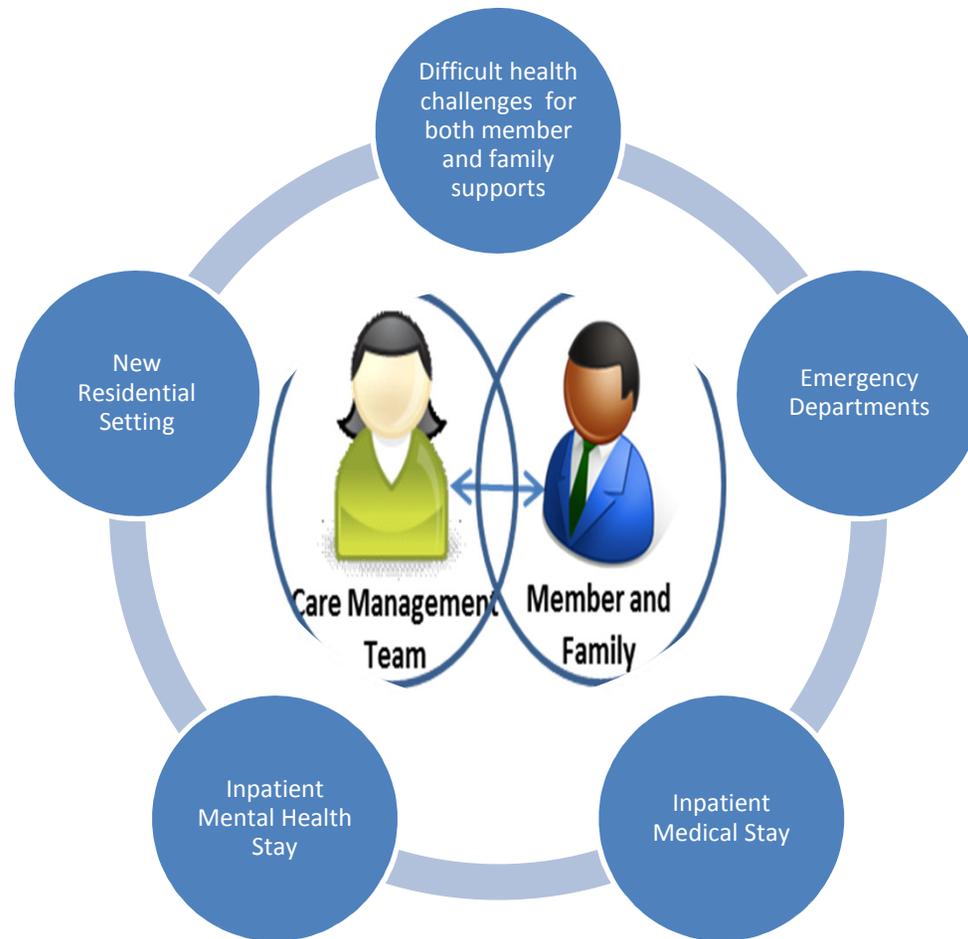




Well Sense and New Hampshire Healthy Families

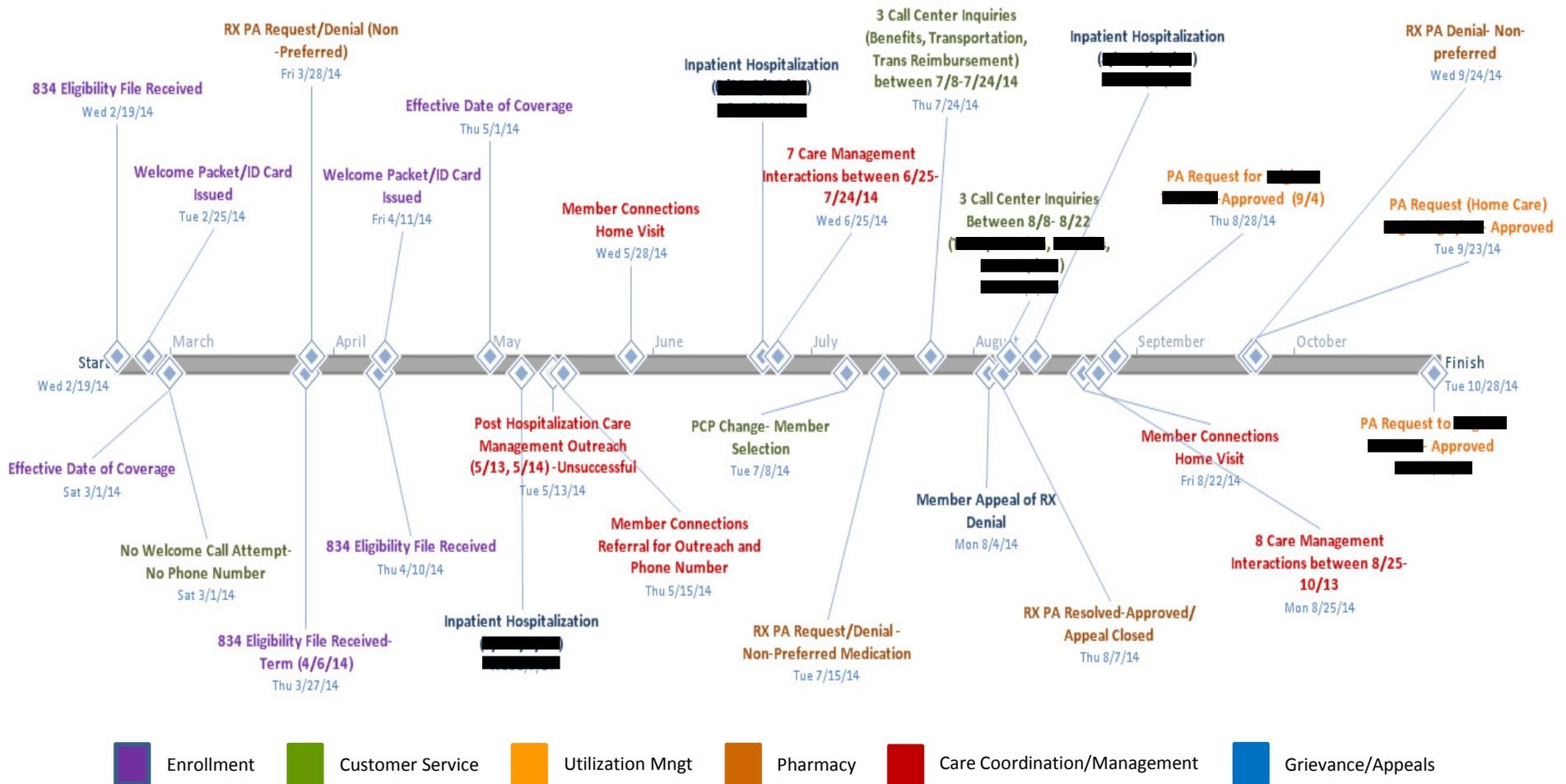
Joint Presentation to the
Medicaid Care Management Commission
January 8, 2015

Well Sense Observation from Step 1



NHHF Observation from Step 1

Complex members require “Step 2” resources to meet whole person (medical and non-medical) care standards.



Step 2 is Different

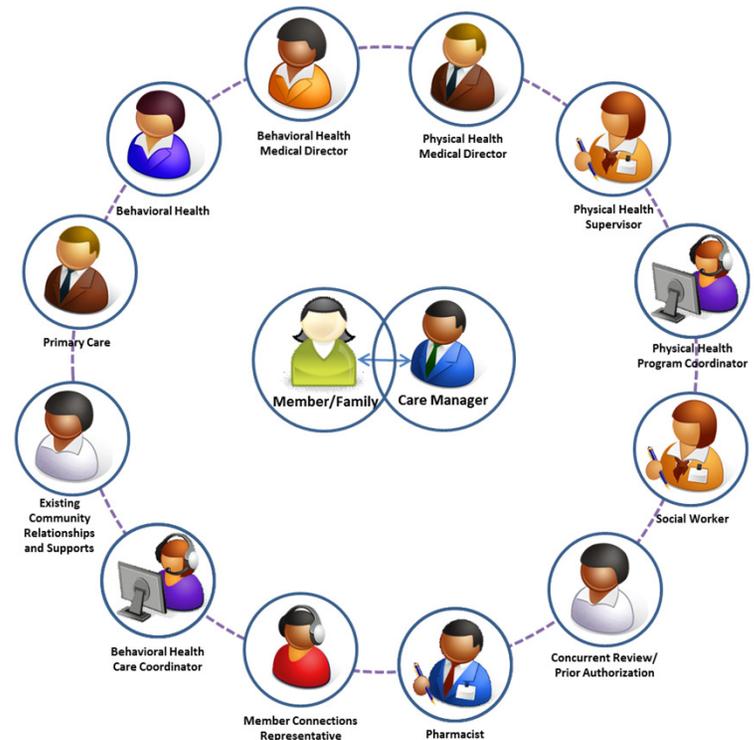
Step 1	Step 2
Medical Model	Long Term Services and Supports
Care Management outreach to top 5% (example: Predictive Modeling)	100% of Step 2 membership enrolled in integrated care management
High membership turnover	Long term, stable membership
Disease management focus	Quality of life focus
Less likely to be connected with a provider	Long standing provider relationships
Policies and support services generally focused on shorter-term needs (weeks-months), such as post-operative skilled nursing and therapies	Policies and supports more focused on long term needs (months /years/decades), including skilled home care and functional supports for complex physical and development conditions
Focus on shelter, food assistance and community services	Community supports and supportive employment, promote personal development, independence and quality of life as determined by the individual

5% population enrolled in Care Management

100% population enrolled in Care Management

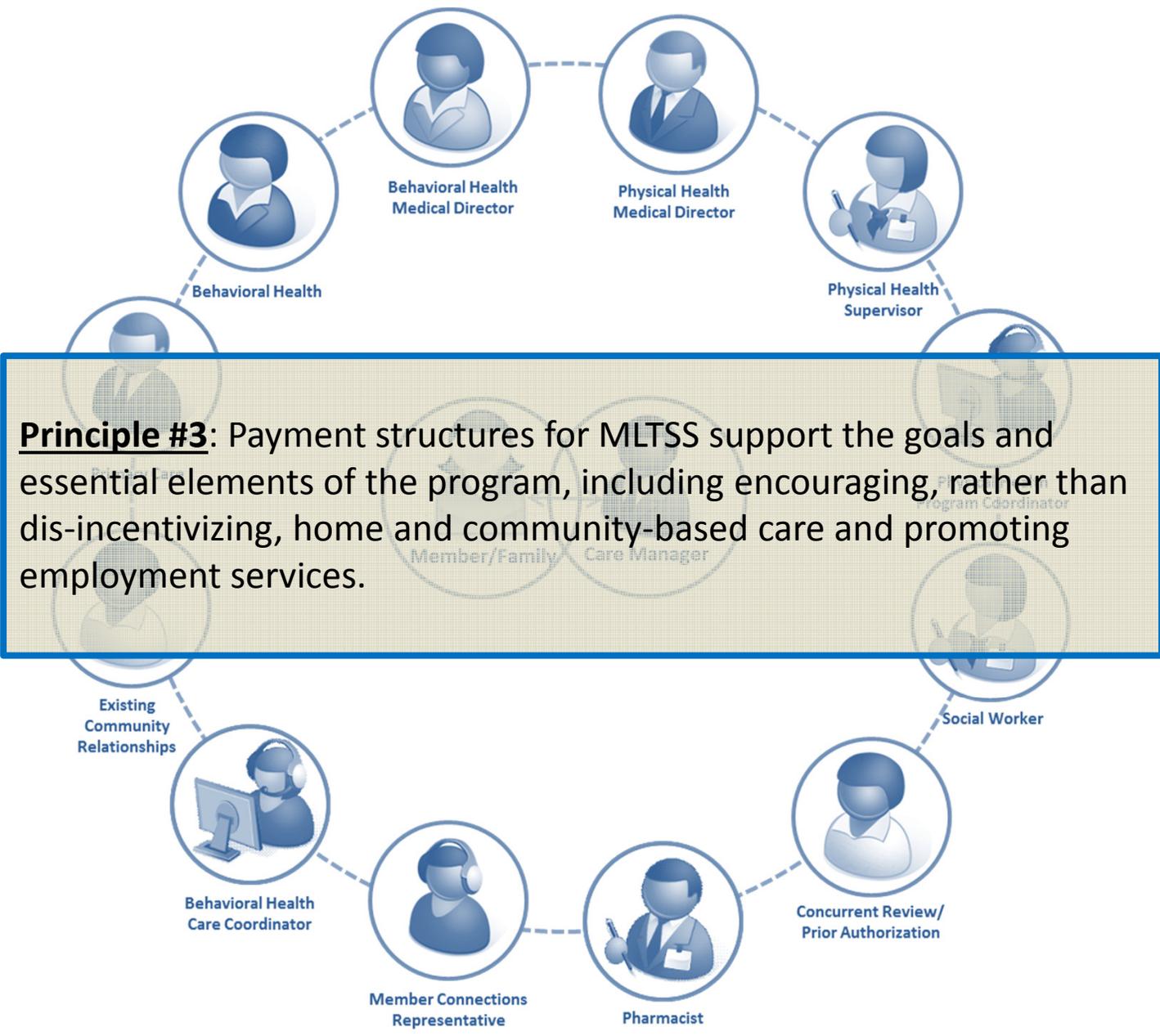
Step 2 Philosophy

- How will the MCOs work together?
 - Ease administrative burden whenever possible
- Working with the existing provider network
 - MCOs need to hear how the current network sees their services fitting into the new model
- Guiding Principles
 - Adopting MCM principles
 - Whole Person management and care coordination is the foundation for Medicaid transformation



Principle #1: Development and implementation of a quality MLTSS program requires a thoughtful and deliberative planning and design process, building on the strengths of the current LTSS program

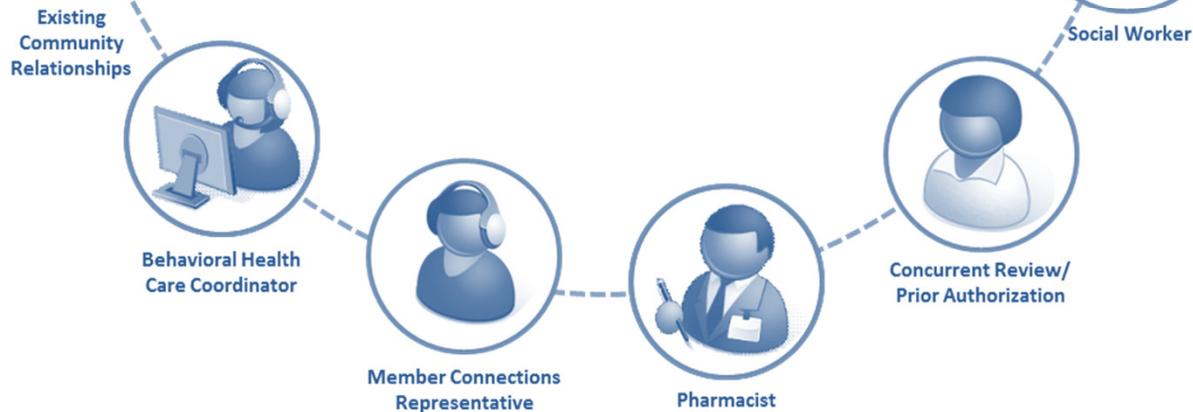
Principle #2: Implementation and operation of the MLTSS program must be consistent with the Americans with Disabilities Act and the Supreme Court Olmstead v. L.C. decision, such that MLTSS is delivered in the community in the most integrated fashion and setting possible and in a way that offers the greatest opportunities for active community, educational and workforce participation, all to the extent desired by and appropriate to the individual participant.

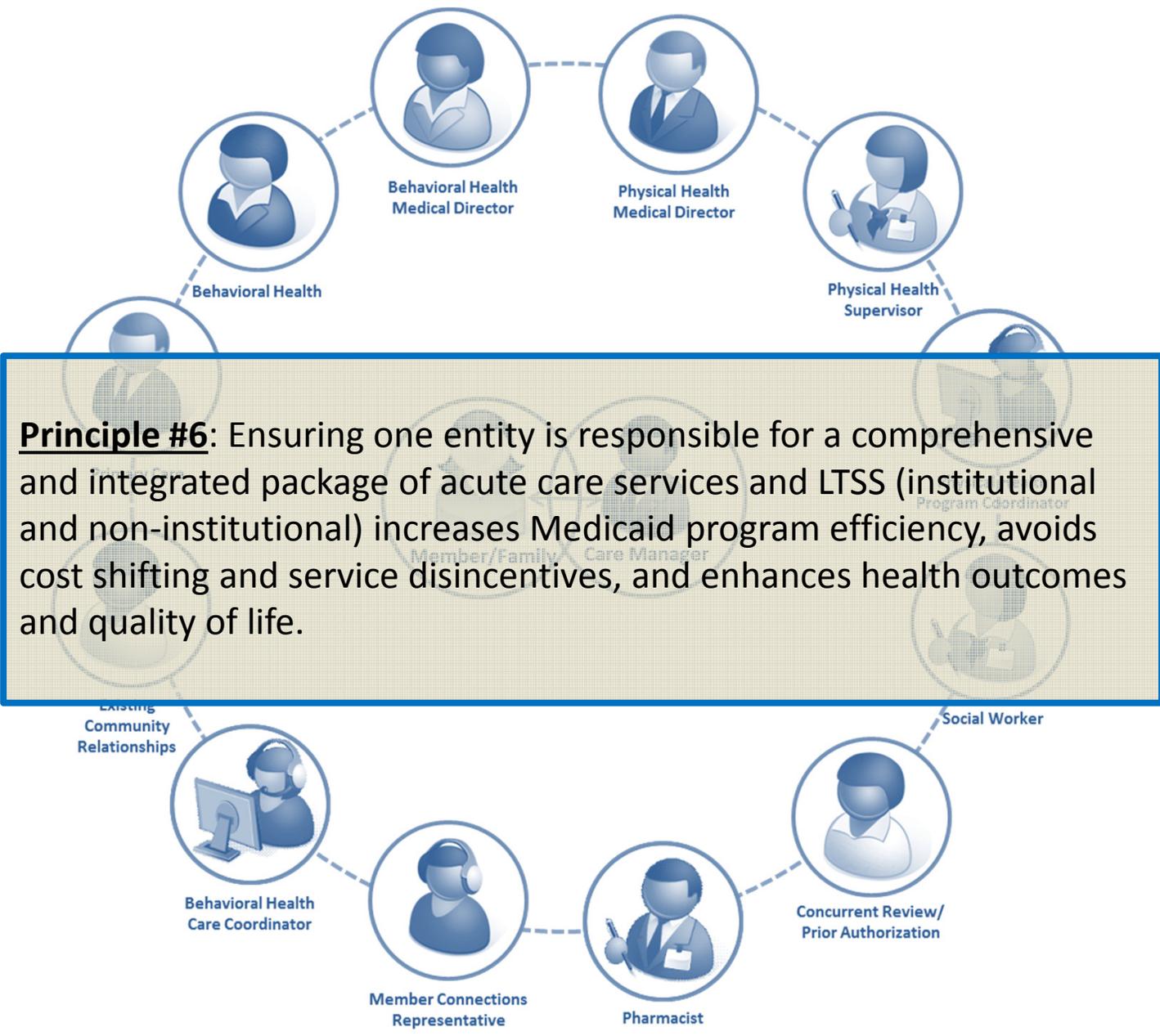




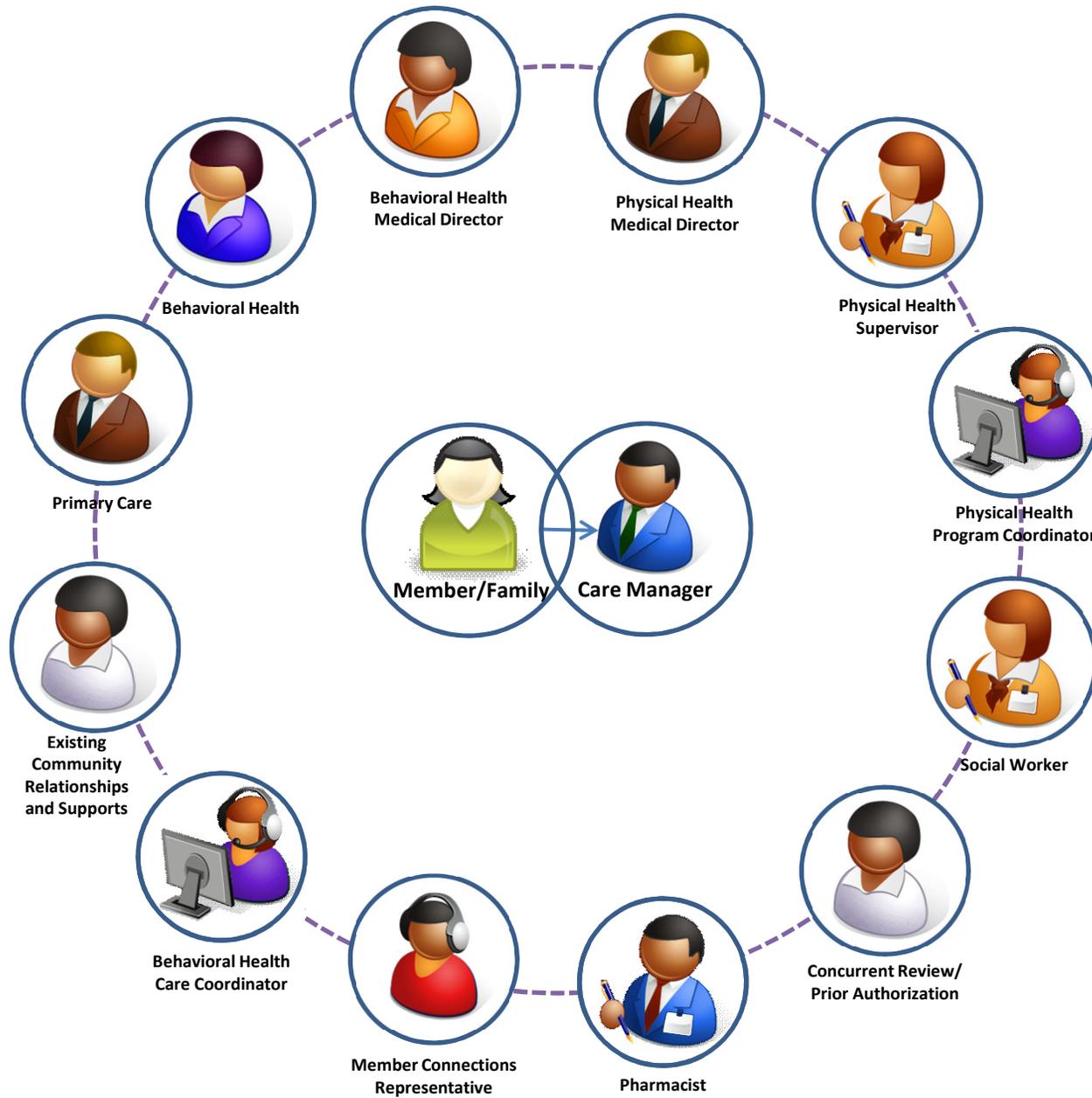
Principle #4: The MLTSS participant must be assured the opportunity for informed choice and assistance through conflict-free education, enrollment/disenrollment assistance, and advocacy.

Principle #5: The MLTSS program must consider the unique needs of the whole person through person-centered policies and procedures, promotion of self-determination, and opportunities for self-direction





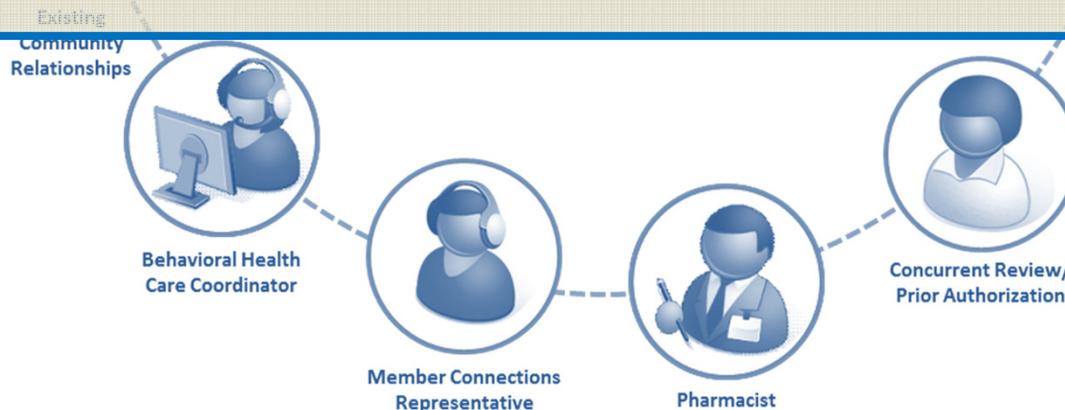
Comprehensive and Integrated

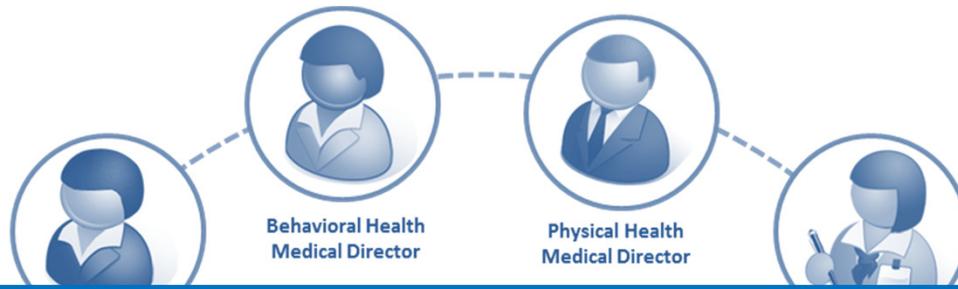




Principle #7: A provider network is adequate if it is strongly representative of the State LTSS infrastructure and it ensures the participant a choice of and timely access to providers and necessary services, as well as continuity of care during transition periods.

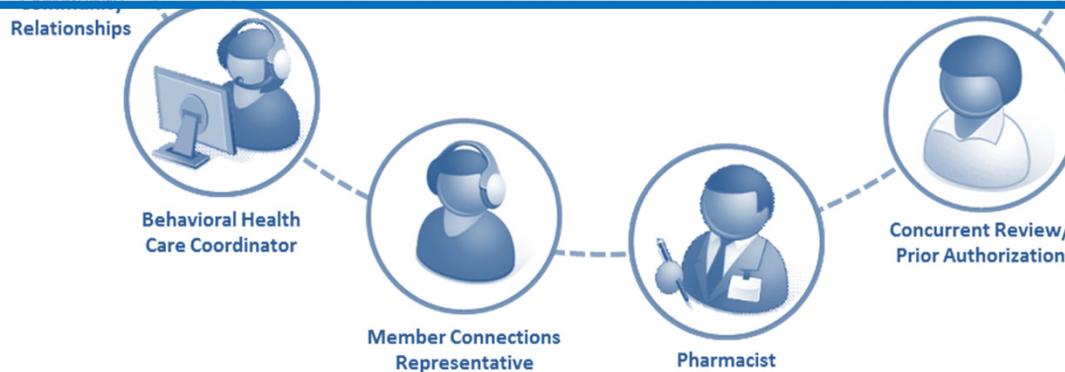
Principle #8: Participant health and welfare in MLTSS is better assured with strong and clearly defined participant protections and supports.





Principle #9: There must be no reduction in the quality of care provided to participants in the MLTSS model, as compared to the fee-for-service model, and the State must exercise all due diligence to maintain or increase the current level of quality.

Principle #10: Effective State oversight of MLTSS is vital to ensuring program vision, goals, and managed care contract elements.



Next Steps

- Keep communication going – MCOs to learn more about member and provider needs; providers and members to learn more about MCOs
- Ask and answer truly critical questions
- Participate in collaborative planning with DHHS and other stakeholders to marry the “spirit” with the “specifics”
- Questions?