

MCM Commission

Jeffrey A. Meyers, Acting Commissioner
Marilee Nihan, Deputy Commissioner

**NH Department of Health and Human
Services**



January 14, 2016
Philbrook Building
Concord, NH

“Building Capacity for Transformation” 1115 Medicaid Demonstration Waiver

Jeffrey Meyers, Acting Commissioner

Learn more about the Waiver
Approval, Expenditure, and Terms
at the DHHS Web Site Under “Quick Links”

<http://www.dhhs.nh.gov/section-1115-waiver/index.htm>

Agenda

- Monthly Enrollment Update
 - MCM Step 1
 - NH HPP
- Step 2 and Waiver Update
- Behavioral Health Next Steps
- Contract Update
- Preferred Drug List Transition
- Private Duty Nursing Action Steps

Setting the Context

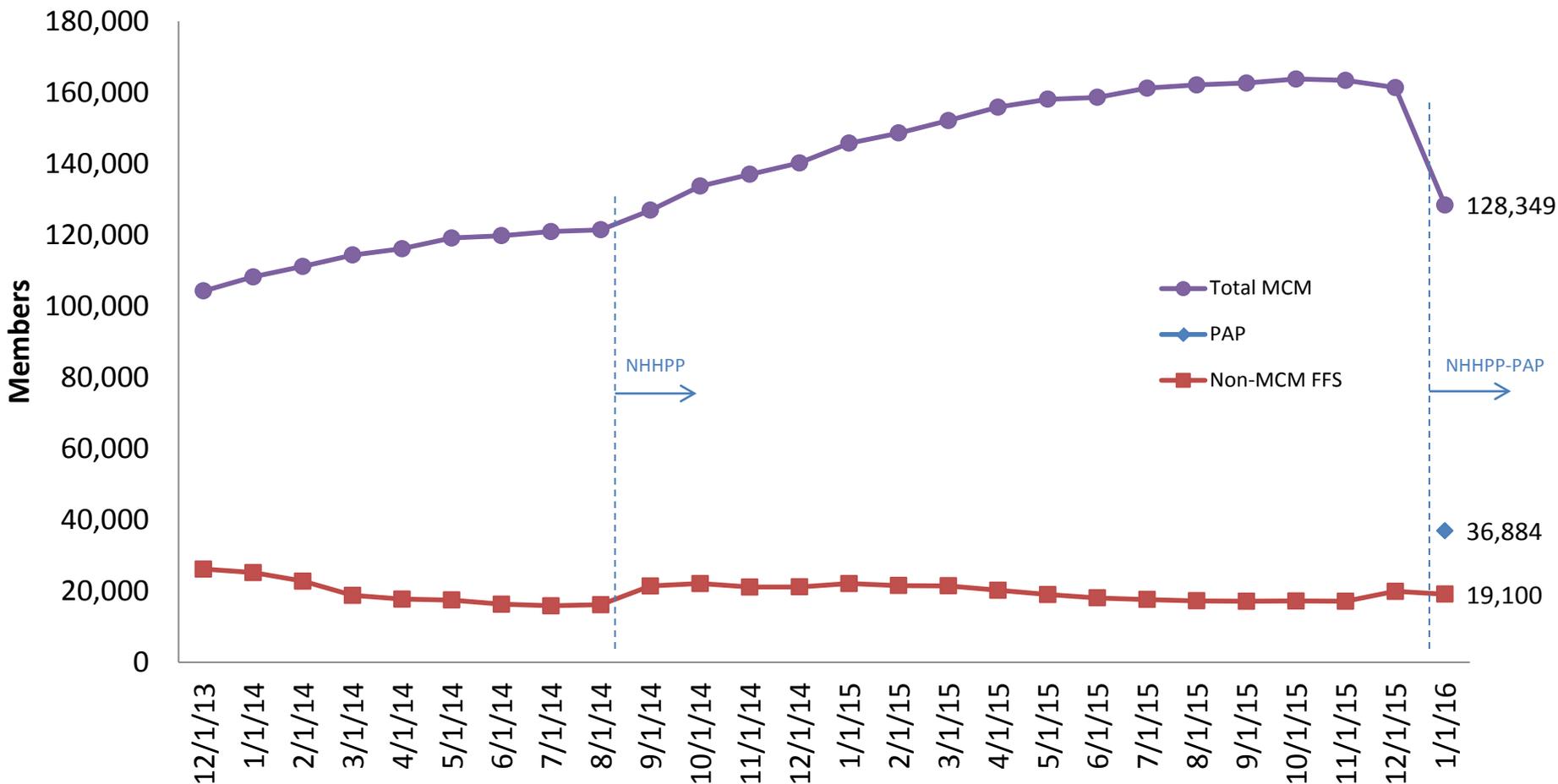
Care Management Program

December 1, 2013 –January 1, 2016

@ 26 Months



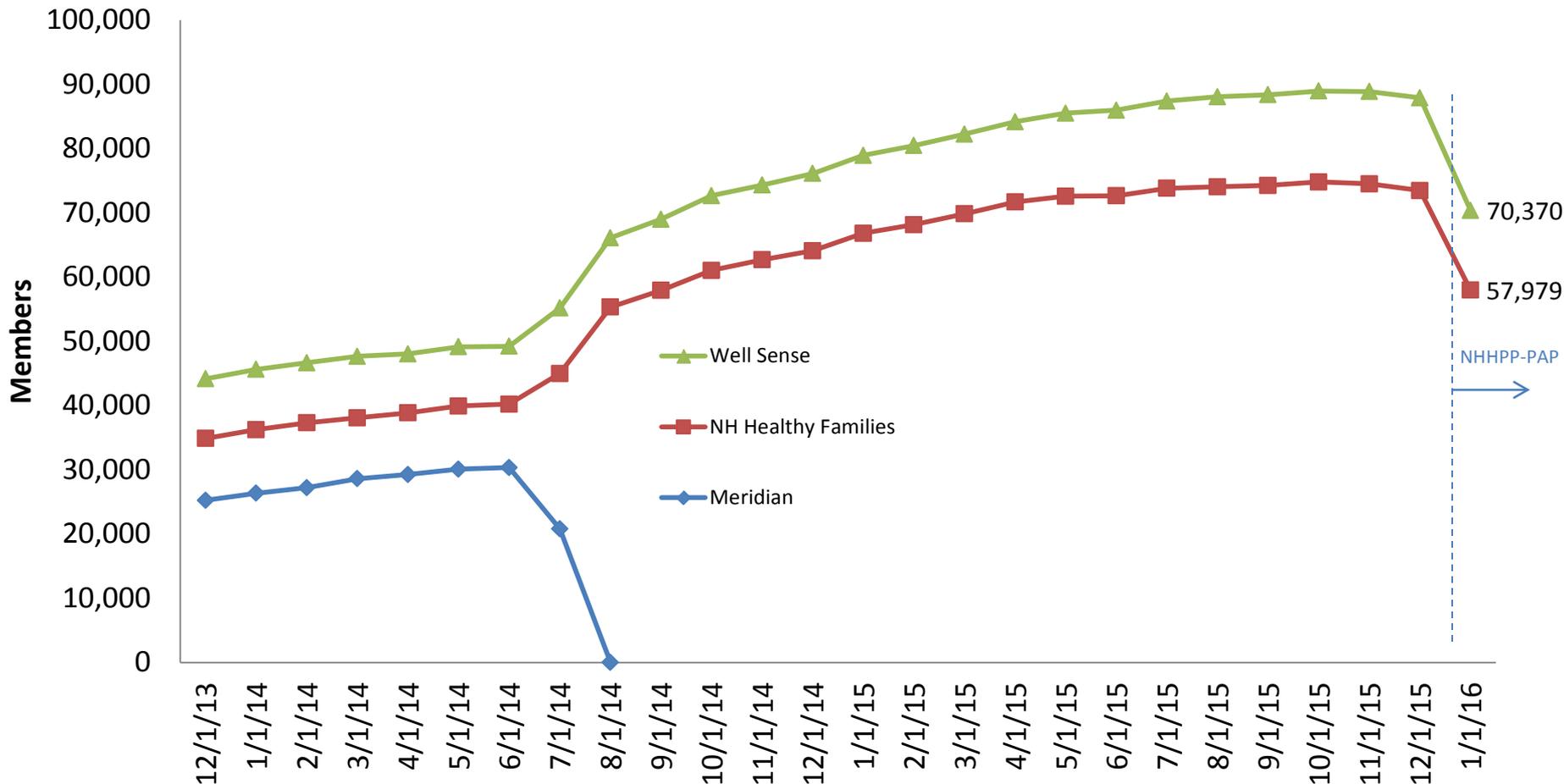
NH Medicaid Care Management Enrollment, 12/1/13 – 1/1/16



Notes: Excludes members without full Medicaid benefits (Family Planning Only & Medicare Savings Plans)

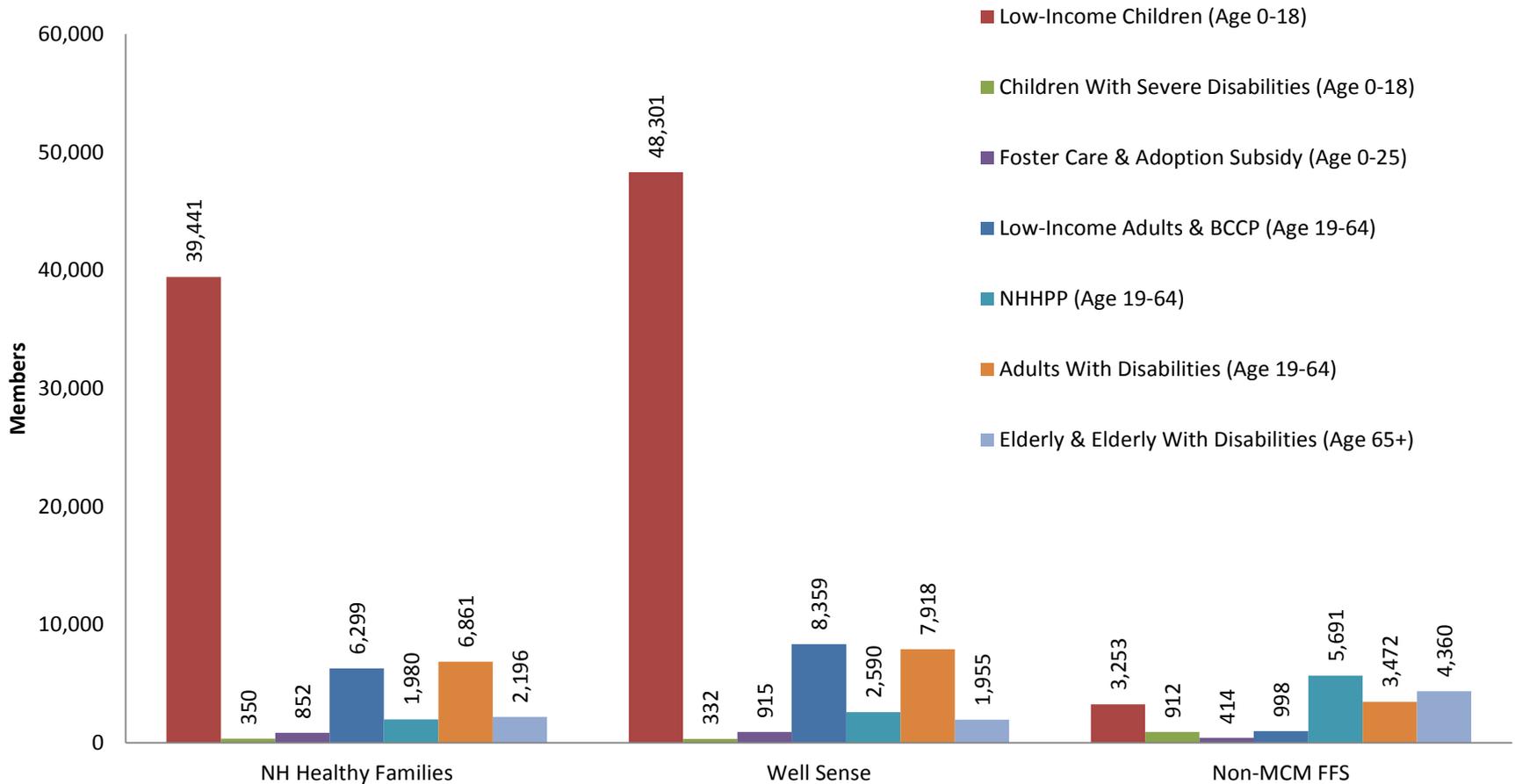
New NHHPP members who enrolled after 10/1/2016 were temporarily assigned to a Non-MCM benefit plan in anticipation of the Premium Assistance Program beginning on 1/1/2016, when they will be placed in a Qualified Health Plan. This caused a net decrease in MCM enrollment and a net increase in Non-MCM enrollment as of 12/1/2015.

NH Medicaid Care Management Enrollment by Plan, 12/1/13 – 1/1/16



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NH Medicaid Care Management by Eligibility Group, 1/1/16



Note: Excludes members without full Medicaid benefits (Family Planning Only & Medicare Savings Plans). Non-MCM includes members transitioning into MCM

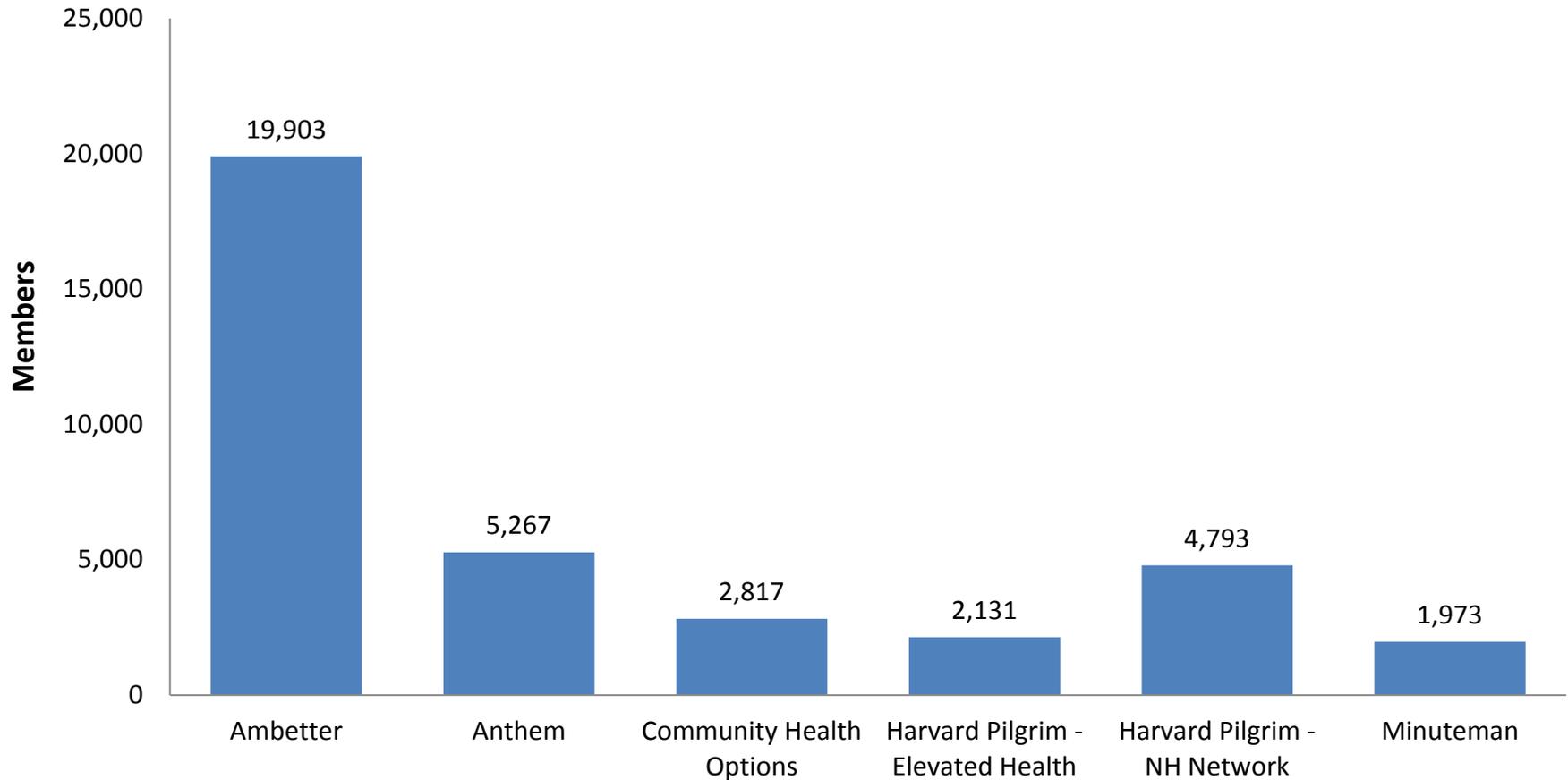
Source: NH MMIS as of 1/4/16; Data subject to revision.

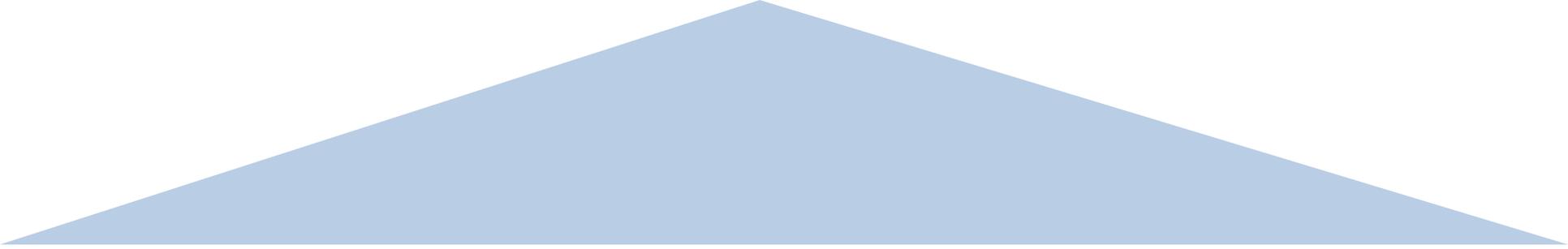
NH HPP Update

1/4/2016

- Total Recipients
 - 45,839
 - 42,160 are in the ABP (Alternative Benefit Plan)
 - 3,015 of Medically Frail are in the ABP
 - 664 of Medically Frail in standard Medicaid
- HIPP
 - 220 enrolled in HIPP
- Enrollment by Health Plan
 - 2,395 Well Sense
 - 1,852 New Hampshire Healthy Families
- PAP- See graph for QHP breakdown

Premium Assistance Program, 1/1/16





Step 2 and Waiver Update

Step 2 Update

- Step 2, Phase I- 2/1/2016- Medical Coverage
- Step 2, Phase II- 9/1/2016- CFI, NF, DCYF Coverage
- CFI Waiver Amendment- Department Setting Date- Stay tuned

Behavioral Health Next Steps

- The 10 Community Mental Health Centers (CMHCs) have been operating under a Managed Fee for Service model rather than a Medicaid managed care (capitated) model since July 1, 2015.
- Since that time, the DHHS has led an effort with the CMHCs and MCOs to bring the CMHCs back into the capitated model.
- After extensive analysis on rate assumptions and development, the DHHS has updated its behavioral health rates and shared that information with the MCOs.
- The expectation is that the MCOs and CMHCs now will enter into contract negotiations based on the updated information.
- The DHHS plans to bring MCO contract amendments to the Governor & Council that would be effective February 1st.

MCO Contract Amendment

- The Department, the Managed Care Organizations, and the Community Mental Health Centers continue to work toward a bringing CMHCs services into a capitated rate
- An amendment may be presented to Governor & Council later this month
- Otherwise, the current contract and rates remain in effect

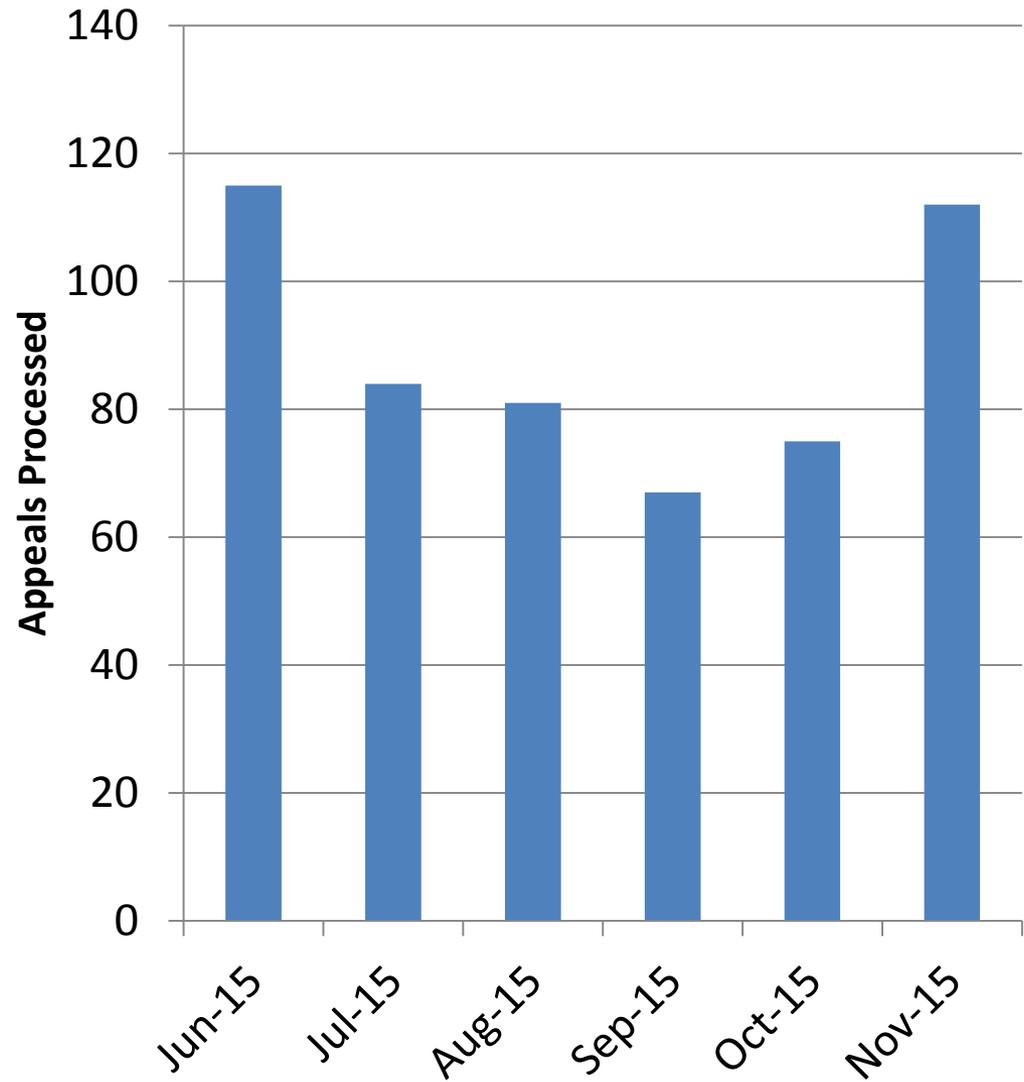
Preferred Drug List (PDL) Transition Update

- October 2015- MCOs transitioned PDLs
 - no change in co-pay
 - ongoing prescription coverage for six (6) months or until medical necessity review is done or prior authorization expires
- MCOs notify member and prescriber in writing of any pending drug change
- Department monitors pharmacy services (51 measures) with client and/or provider concerns captured through grievance process

Preferred Drug List (PDL) Transition Update – cont'd

- Increase in number of appeals filed since October. A detailed breakdown of appeals due to Department in March. Number of appeals within program range to date.
- One grievance filed in October and November; not related to PDL
- The Department continues to monitor pharmacy measures. Early indicators for member challenges = appeals and grievances.

MCM Pharmacy Appeals Processed



Addressing NH's Shortage in Pediatric Home Nursing

- Finding and Actions to Date
- Healthcare Workforce Landscape
- Action Plan- Short, Mid, Long Term Steps
- DHHS Workforce Development

Findings and Actions to Date

- Family Support
- Data
- National Landscape- rate Increase, care coordination, emergent CMS funding

Factors Influencing NH's Healthcare Workforce Issues

- At a national level there is a shortage
- Retirement & graying of the workforce
- Alternative career options for women who have traditionally filled jobs
- Nursing faculty attrition
- A competing nurse wage structure
- Emerging health care system demands for multi-skilled workers

Healthcare is going home for people of all ages; including children who need in-home pediatric nursing supports.

DHHS Priorities for Pediatric Nursing Shortage

Short-Term

- Family Support – respite, IHS enhancements, home mods/technology
- Step 2, Phase 2 Transition- High Touch and Care Management
- MCO Oversight
- Quality Assurance
- Rate Increase & Management
- Emergent care payment with CMS

DHHS Priorities for Pediatric Nursing Shortage

Mid-Term

Vetting New Practices

- Permit parents to provide LNA services and be reimbursed by Medicaid program
- Unlicensed support compensation for parents under delegation
- LNA/PCA Services Braiding
- Care Coordination Model

Rule Changes

- LNA Services Outside the Home – February to March – CMS Home Health rule clarification

Licensing & Certification

Long-Term

- Support for Commission to study the shortage of nurses for home health services including private duty nursing
- Nursing and health care work force development

DHHS Workforce Development

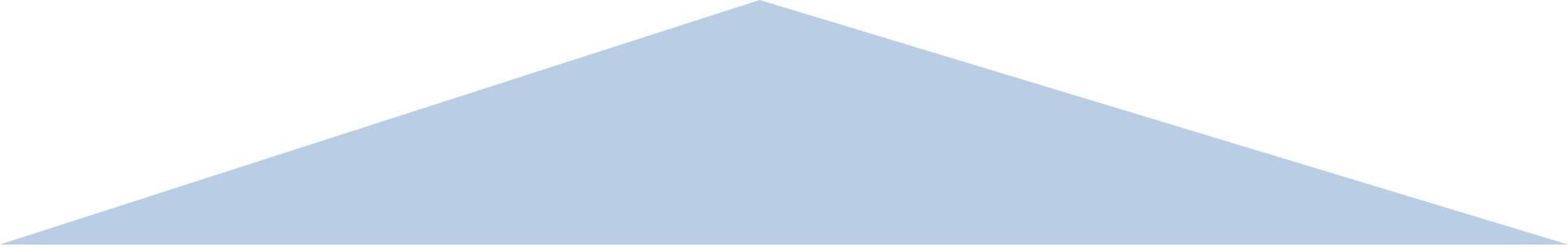
- *Mission* -- Put the right skilled nurses, and health workers, in the right places, inclusive of New Hampshire Hospital, the community, and homes, for the best possible outcomes for those in need and their families.
- *The First Step* -- to prepare for future needs is to begin to recruit a multi-skilled, diverse workforce now to keep pace with the state's integrated health care delivery that reflects emerging population trends and needs.
- *Establish a DHHS Workforce Development Program* -- to support the Granite state's integrated health care delivery system by educating, preparing, and advancing multi-skilled workers, ensuring high quality health care.

Taking Action

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Questions?