# New Hampshire Healthy Families Annual Report

December 14, 2015

NEW HAMPSHIRE™ HEALTHY FAMILIES

*Our mission is to provide better health outcomes at lower costs for our members*

***Demonstration of our commitment to our members***

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# 2015 Quality Assessment and Performance Improvement

## Improve our operations and service levels

- Implemented interventions aimed to improve care
  - Preventive care for acute and chronic conditions
  - Member satisfaction
  - Access to care
  - Getting care timely
  - Overall customer service

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# 2015 Quality Assessment and Performance Improvement

Improve our operations and service levels

- Address barriers to receiving annual testing
  - Eye exams
  - Kidney monitoring
- Targeted mailings
  - Alerting physicians of their diabetic members requiring monitoring and testing
- Engaging non-compliant members by
  - Evaluating the population characteristics, cultural disparities, members age and gender, providers, and accessibility to care

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# 2015 Quality Assessment and Performance Improvement

Improve our operations and service levels

- Outreach by nurses and health coaches
  - Importance of receiving care for their chronic disease
- Reminder post cards to diabetic members
  - Eye exams

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# Care Management

Nurses, behavioral health clinicians, or social workers who can help members manage their health problems

- Work with the member and their doctors to:
  - Help them get the care they need
  - Identify and engage community resources
  - Set up home health care or other needed services

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# Care Management

Nurses, behavioral health clinicians, or social workers who can help members manage their health problem

- Available for all members
- Commonly addressed
  - *Social and care coordination needs*
  - *Complex medical health needs*
  - *Behavioral health needs*
  - *Pregnancy*
  - *Disability*

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# Integrated Care Management

Integrates physical health, behavioral health, and social needs

- Launched April 2015
- Three regional teams
- Comprised of clinical experts
  - Physicians and nurses
  - Behavioral health clinicians and social workers
  - Pharmacists and health coaches
  - Non-clinical support personnel

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# Integrated Care Management

Integrates physical health, behavioral health, and social needs

- One point of contact
  - Improve communication
  - Reduce duplication of services
- Categories of cases
  - Care Coordination
  - Complex Care Management

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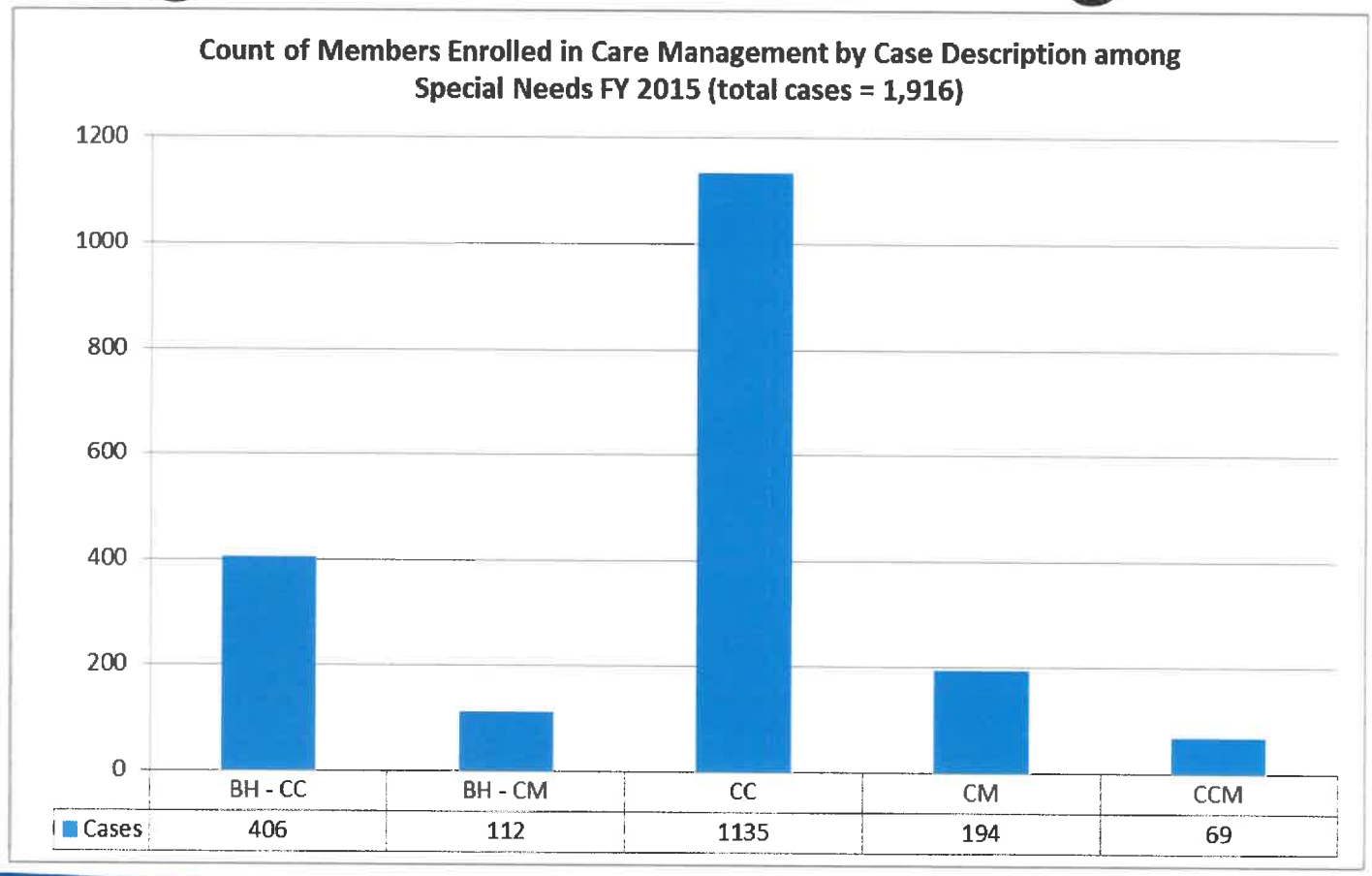
# Integrated Care Management



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# Integrated Care Management

What is Complex Care Management?

- High level of care needs and services for members with complex needs
  - Children or adults with special health needs
  - Catastrophic, high-cost, high risk or co-morbid conditions
  - Non-adherent in less intensive programs
  - Frail, elderly or disabled
  - End of life

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# NHHF Membership in CM by Category

| Eligibility | Membership | # in CM | % in CM |
|---|---|---|---|
| Foster Care | 385 | 97 | 25% |
| LTC Dual | 884 | 197 | 22% |
| LTC non-Dual | 1634 | 395 | 24% |
| Medicaid Expansion | 9781 | 13 | Less than 1% |
| SSI Dual | 2180 | 388 | 18% |
| SSI non-Dual | 4618 | 1304 | 28% |
| TANF | 44696 | 1902 | 4% |
| Total | 64178 | 4296 | 7% |

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# Performance Improvement Projects

- Diabetic Retinal Eye Exams
- Weight assessment, Counseling on Nutrition and Physical Activity for Children/Adolescents
- Diabetes screening for people with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications
- Well-Child visits for 3- 6 year olds

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# Disease Management

- Asthma
- Back pain management
- Chronic obstructive pulmonary disease
- Depression
- Tobacco cessation
- Diabetes
- Heart disease (CAD and CHF)
- Hypertension
- Telecare monitoring
- Puff free pregnancy
- Weight management

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# Disease Management

Interactions include:

- Educational mailings and telephonic interactions with trained clinical licensed professionals or health coaches
- Therapeutic interventions focused on behavioral modification
- Symptom management and prevention
- Improvement of member self-management

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# Disease Management

In FY 2015, approximately 7,000 members were contacted to participate in the Disease Management program. Of those contacted, 26% were successfully reached and of those, 1,600 were medically eligible and 73% opted to enroll in the program.

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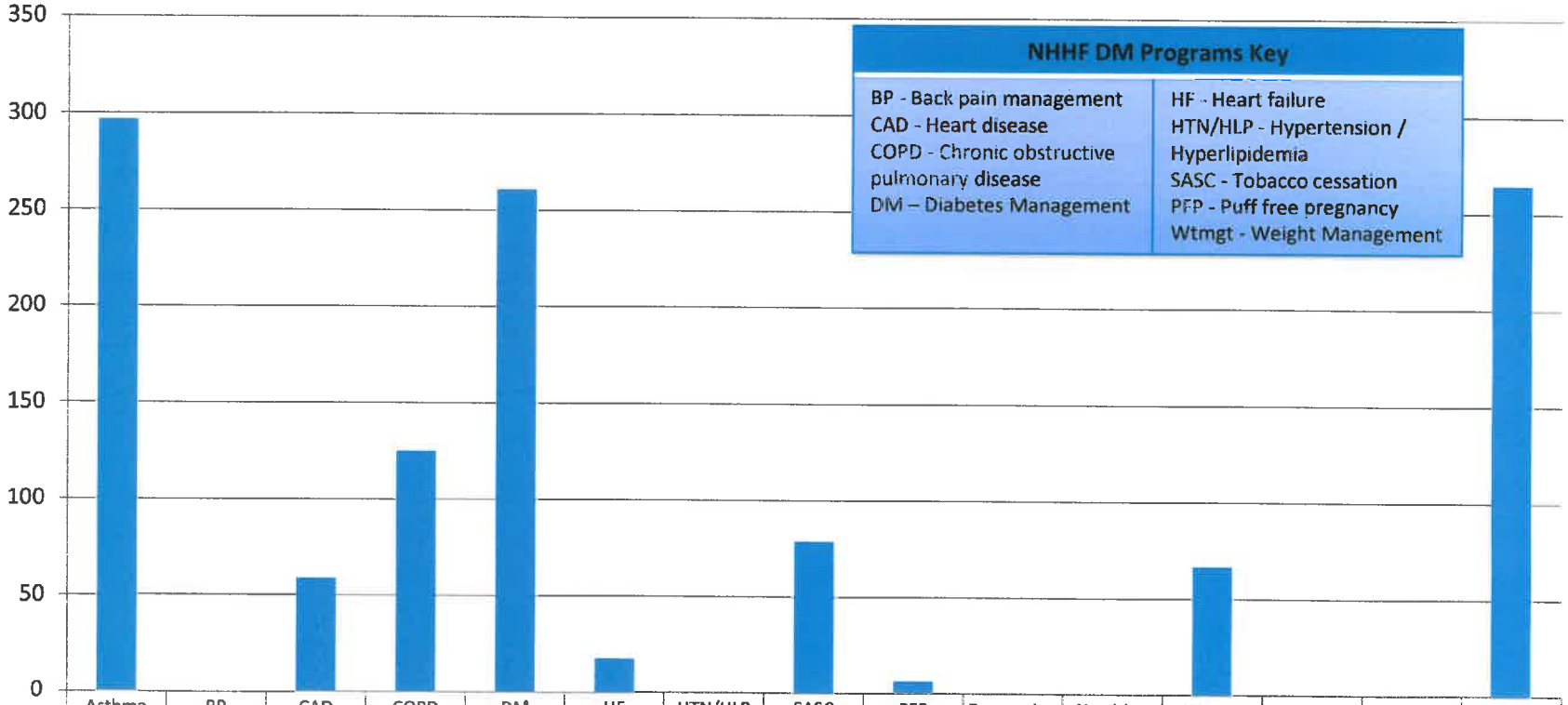
# Disease Management

**Member Enrollment in DM Programs and Wellness Initiatives**
**7/1/2014 - 6/30/2015**




**NHHF DM Programs Key**

| | |
|---|---|
| BP - Back pain management | HF - Heart failure |
| CAD - Heart disease | HTN/HLP - Hypertension / Hyperlipidemia |
| COPD - Chronic obstructive pulmonary disease | SASC - Tobacco cessation |
| DM – Diabetes Management | PFP - Puff free pregnancy |
| | Wtmgt - Weight Management |

| | Asthma | BP | CAD | COPD | DM | HF | HTN/HLP | SASC | PFP | Depression | Nutrition | Wtmgt | Exercise | Stress | Mail Based |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Enrolled | 297 | 0 | 59 | 125 | 261 | 18 | 0 | 79 | 7 | 0 | 0 | 67 | 0 | 0 | 265 |

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# Value Added Services

- MemberConnections ®
  - Representatives are trained staff who provide support and help arrange needed services. They often conduct home visits to help with immediate needs
  - Promotes preventive health and
  - Connects members to quality healthcare and community social services.
- ConnectionsPlus®
  - Provides free cell phones to NHHF members who do not have safe, reliable access to a telephone.

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# Value Added Services

- CentAccount ®
  - Provides incentives to members for healthy behaviors
- Educational Resources
  - Krames

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# Member Grievances

- Via telephone, mail, fax or in person
- Resolved as quickly as possible
  - No longer than 45 days from the receipt of the complaint
- Complaints are tracked and monitored
  - NHHF identified an issue with non-emergent transportation vendor and services, as a result, corrective action was implemented

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# Appeals

- Via telephone, mail, fax or in person
- Provide additional clinical information
- Option for "peer to peer" discussion between the plan Medical Director and their provider

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# Consumer Advisory Board

- Met quarterly in the following locations across New Hampshire:
  - Harbor Homes Community Health Center, Nashua
  - Ammonoosuc Community Health Services, Littleton
  - Families First Health and Support Center, Portsmouth
  - Manchester Community Health Center, Manchester

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# Consumer Advisory Committee

- Solicits feedback from our members on clinical programs
- Listens to the voice of our customers on preferences for outreach
  - Regarding preventive care reminders
  - Member handbook and website
- Assesses our marketing and communication approach to attract new enrollees

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# Consumer Advisory Committee

- Obtains valuable information
  - Why members select NHHF
  - Perception of the network
  - Reasons they are not satisfied with the Health Plan

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# Provider Advisory Board

- Met quarterly with physicians/ providers to solicit feedback and identify opportunities to improve processes
  - Appeals/grievances
  - Peer reviews
  - Clinical policies
  - Pharmacy issues
  - Behavioral health authorizations

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# Provider Survey

- Conducted a Provider Satisfaction Survey from July to September 2015
  - Yielded 31% response rate
  - Comparative rates with prior year's survey showed statistically significant improvement in two composites or categories

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# Member Experience Survey (CAHPS ®)

Certified NCQA Survey Vendor conducted Consumer Assessment of Healthcare Providers and Systems (CAHPS®) member experience survey in early 2015

- Adult survey yielded response rate 26%
- Child survey yielded response rate 25%

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# 2015 Member Experience Survey (Adult CAHPS®)

| Composite | NHHF Rate | Mean | 50th National Percentile | 75th National Percentile | 90th National Percentile |
|---|---|---|---|---|---|
| Getting Needed Care | **84.8%** | *80.8%* | *81%* | *84.7%* | *85.6%* |
| Getting Care Quickly | **84.5%** | *81.3* | *82.1%* | *83.9%* | *85.5%* |
| How Well Doctors Communicate | **91.1%** | *89.4%* | *89.8%* | *90.9%* | *92.2%* |
| Customer Service | **88.7%** | *86.6%* | *87.1%* | *88.7%* | *90.3%* |

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# 2015 Member Experience Survey (Adult CAHPS®)

| Composite | NHHF Rate | Mean | 50th National Percentile | 75th National Percentile | 90th National Percentile |
|---|---|---|---|---|---|
| Rating of Health Care | **70.6%** | *71.3%* | *71.6%* | *74.3%* | *76.7%* |
| Rating of Personal Doctor | **80.4%** | *78.7%* | *78.3%* | *80.9%* | *83%* |
| Rating of Specialist | **82.7%** | *80.4%* | *80.7%* | *82.5%* | *84.6%* |
| Rating of Health Plan | **67.7%** | *75.2%* | *76.3%* | *79.3%* | *81.8%* |

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*National Committee for Quality Assurance*

Has awarded

**New Hampshire Healthy Families**

**Medicaid HMO**

An accreditation status of

"COMMENDABLE"

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*Questions or comments*

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