



Readiness Preparedness Step 2 Phase I

Presented to the
Governor's Commission on Medicaid
Care Management

February 11, 2016

Agenda

1. Overview and Introduction
2. High Touch Transition Process
3. Member Identification for Care Management
4. Continuity of Care
5. Opportunities

NHHF Integrated Care Management by Numbers

**8,099 Active
Integrated Care
Management Cases**

11% of All Members
30% of Waiver
Population

**16,427 Members
completed an HNA***

*Data 12/1/2013 –
9/30/2015

**Over 1,900
Member Connections
home visits**

**1,787 Members
have enrolled in a
disease management
program**

**676 Members
received materials
in the mail**

High Touch Transition and Readiness Process

- 160+ High Touch Transition meetings conducted to date with the following organizations:
 - Area Agencies
 - CMHCs
 - Nursing Facilities
 - DHHS
 - NHHF Staff
- 508 individual members were identified via this process
- High touch spreadsheets completed by the organizations and reviewed with Health Plan staff
- Data has been incorporated into NHHF's Clinical Information System
- DHHS performed a comprehensive on-site audit of 15 NHHF Complex Care Management files
 - NHHF scored 99%
 - Many of the cases reviewed had multiple Member Connections Home visits

High Touch Member Transition Progress to Date:

Members Identified for Care Coordination/Care Management (CM) via the High Touch Transition Process			
Total Members Identified	High Touch Spreadsheet ¹ Received	CM Referrals Completed and Outreach in Progress	% Completed for Members on High Touch Spreadsheet
508	494	345	70%

¹ High Touch spreadsheets submitted by AA, CMHC, NF, and DHHS.

Member Identification

- Claims information is received from DHHS and used to inform predictive modeling reports. This enables NHHF to identify members in need of care management outreach from day one. NHHF is using the predictive modeling reports to identify members for outreach and engagement.
- With time our claims data will become more comprehensive/robust which will improve our ability to quickly identify members at risk.
- No wrong door:
 - Members
 - Families
 - Providers
 - Internal staff
 - External agencies
 - DHHS

New Hampshire Healthy Families On-Call Coverage:

- NHHF Senior Leadership team members have been on call 24/7 to assist DHHS with any transition challenges
 - No after hours concerns have surfaced to date
- NHHF and DHHS conduct daily meetings to review day to day progress and issues related to the implementation
 - Very few issues have been identified

Continuity of Care

Medical Services:

- Prior Authorizations in place at the time a member transitions to NHHF will be honored for sixty (60) calendar days or until completion of a medical necessity review, whichever comes first.

Prescriptions:

- Current orders will be honored for sixty (60) days; some medications will then require Prior Authorization.
 - Members and providers can check NHHF Preferred Drug List (PDL) on our website to see if any of your medications will need a Prior Authorization after the initial 60 day period.

NOTE: To help ensure a smooth transition, new members/guardians called NHHF prior to the effective date of coverage to share specific medical needs/challenges and complete a Health Needs Assessment.

Opportunities

Guardianship

- Partnered with DHHS to gain access to New Heights for select associates. Working through internal IT firewalls to access the system.
- Following existing process of contact DHHS Medicaid Client Services to confirm guardianship.

Service Providers

- Continued collaboration and engagement with service providers (i.e. parents, Area Agencies, Independent Case Management Organizations, Nursing Facilities).

THANK YOU!