

# **MCM Commission**

**Nick Toumpas**

**NH Department of Health  
and Human Services**



**March 12, 2015**

**NH Hospital Association**

# Agenda

- Monthly Enrollment Update
  - MCM Step 1
  - NH HPP
- Key Program Indicator Report Update
- Q&A from Commission and Public

# Setting the Context

## Care Management Program

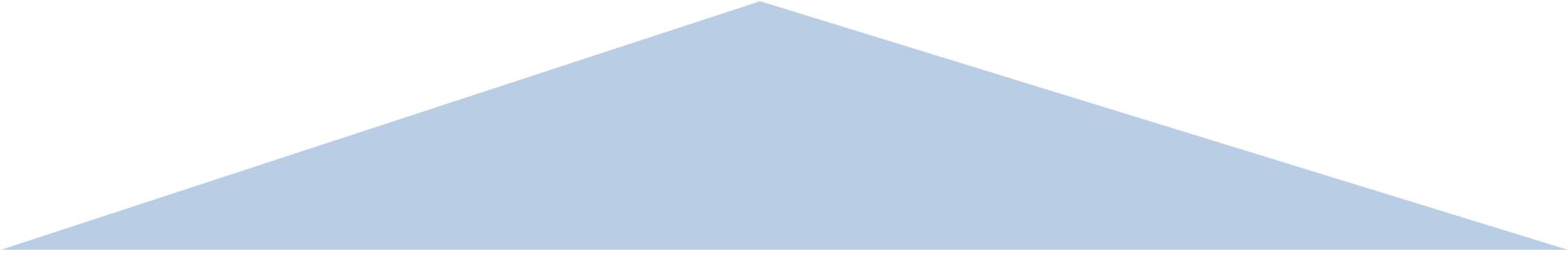
December 1, 2013 – March 12, 2015

@ 15 Months



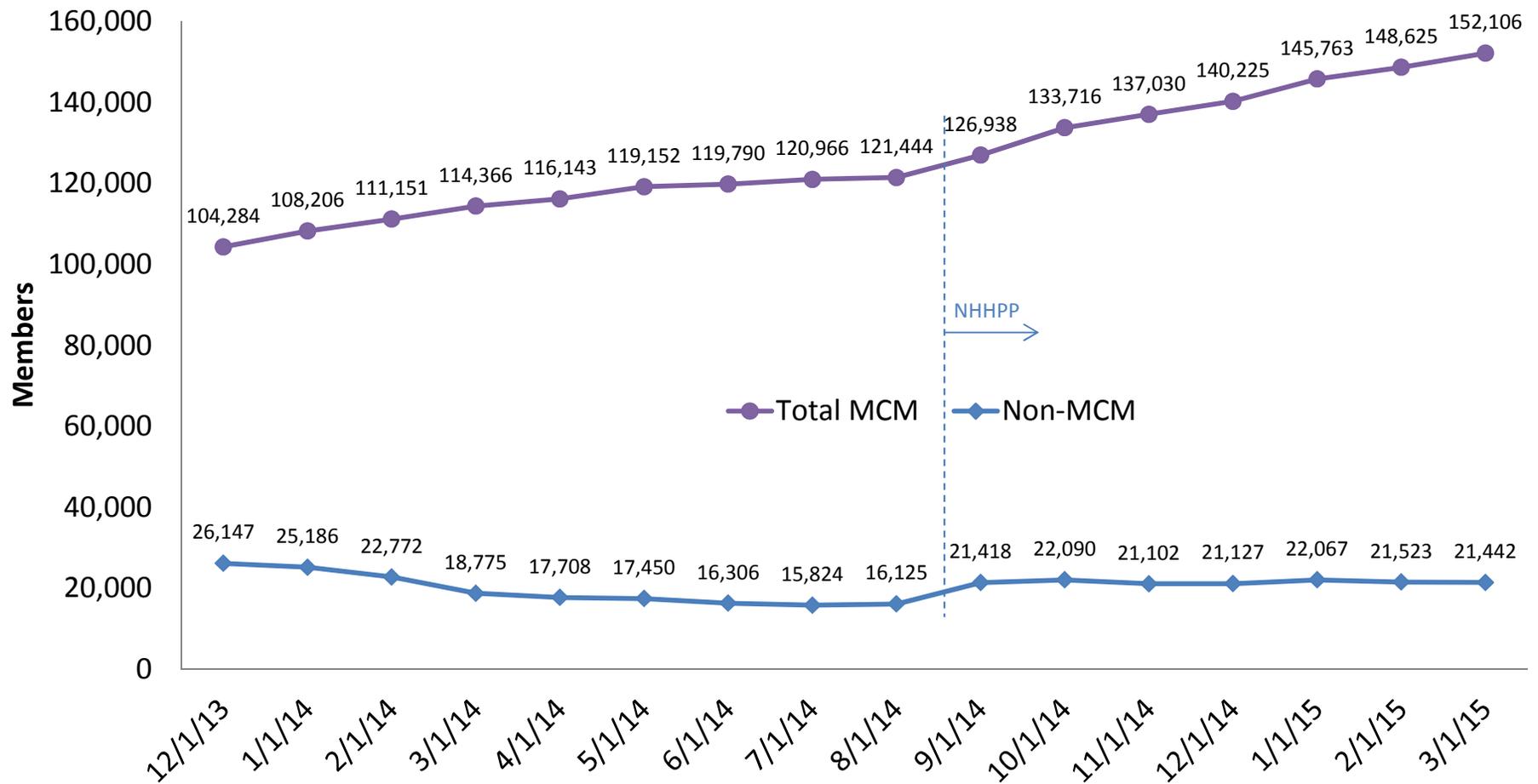
# Guiding Principles of NH MCM

- Whole person management and care coordination
  - Foundation for Medicaid transformation
- Increase quality of care – right care, at the right time, in the right place to improve beneficiary health and quality of life
- Payment reform opportunities
- Budget predictability
- Purchasing for results and delivery system integration



# MCM Monthly Enrollment Update

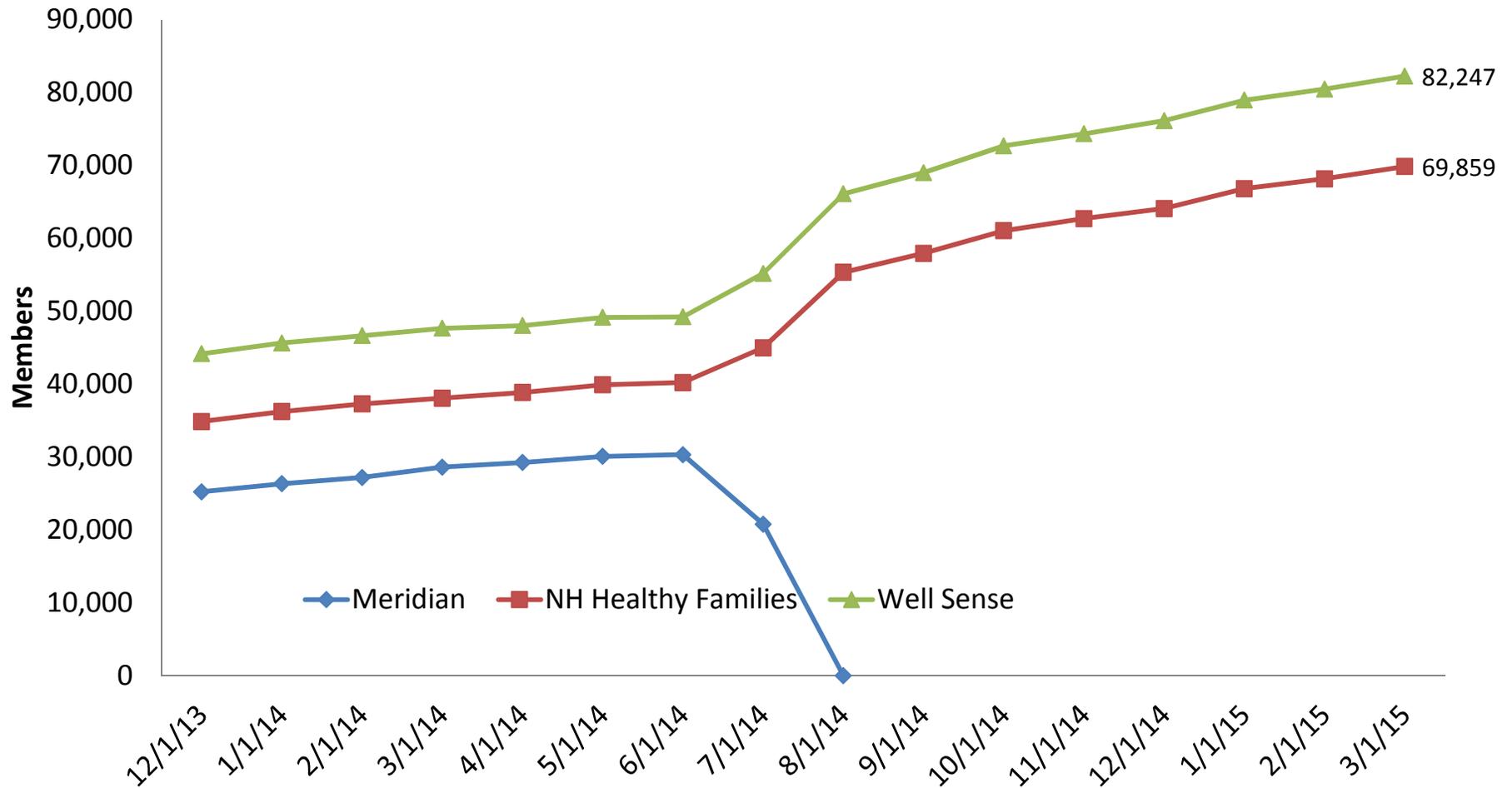
# NH Medicaid Care Management Enrollment, 12/1/13 – 3/1/15



Note: Non-MCM Includes retroactive enrollment and excludes members who only have Medicare savings plans (e.g., QMB)

Source: NH MMIS as of 3/2/15 for most current period; Data subject to revision.

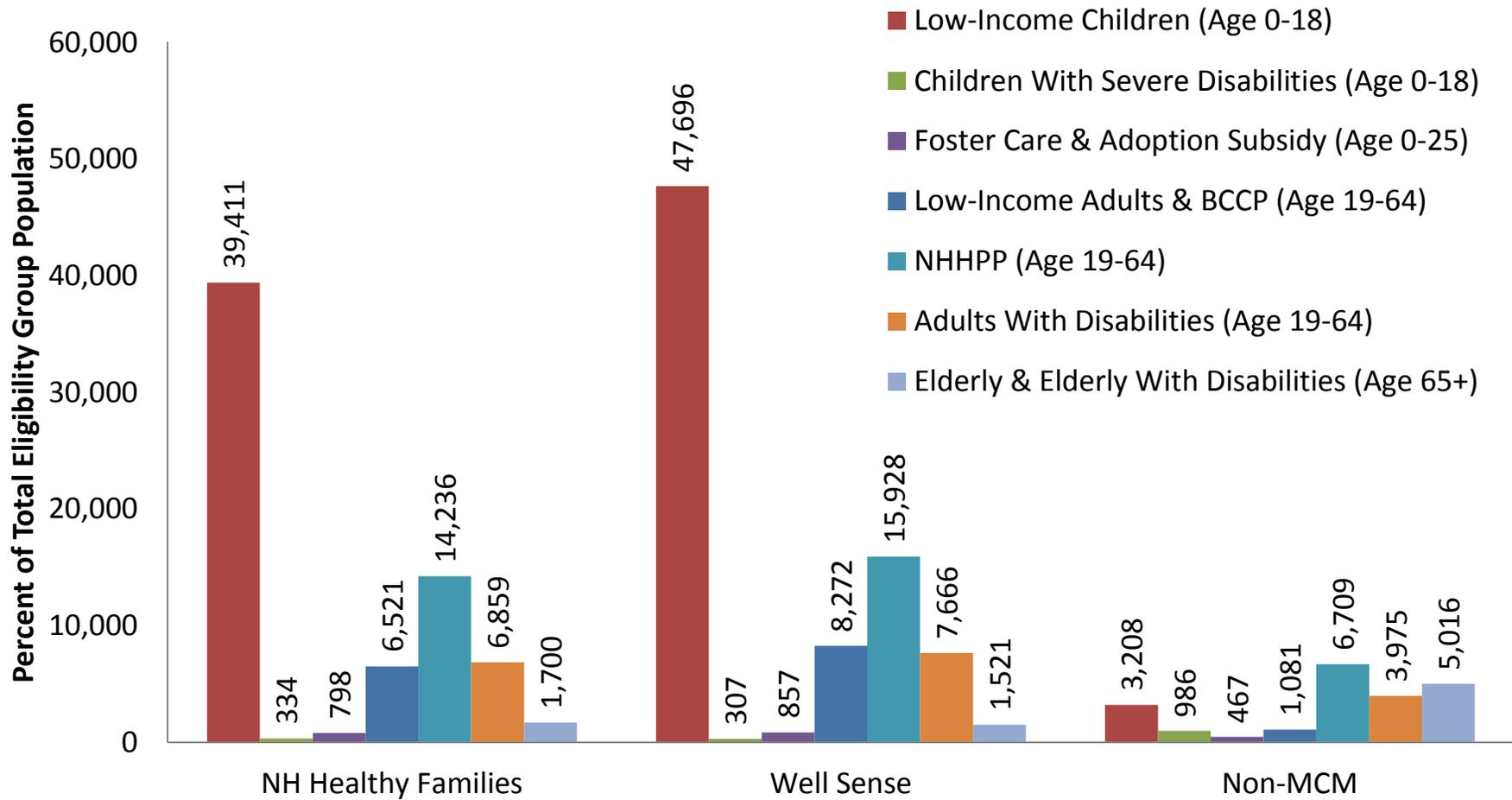
# NH Medicaid Care Management Enrollment by Plan, 12/1/13 – 3/1/15

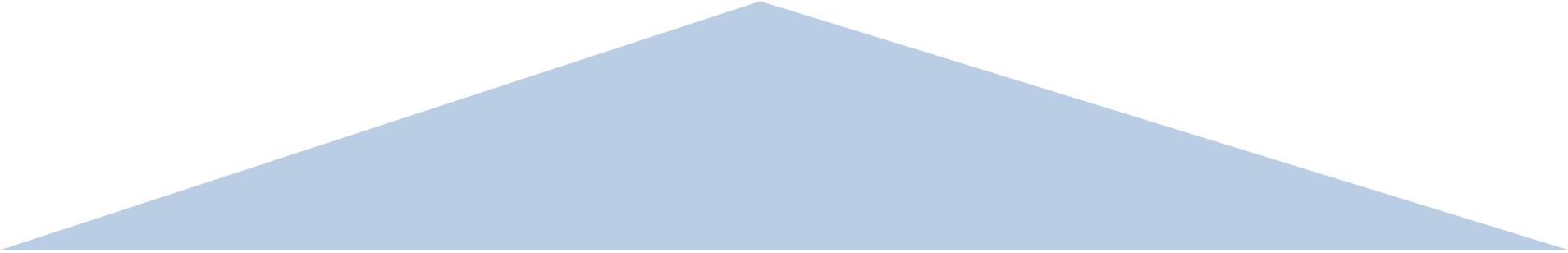


Note: Non-MCM Includes retroactive enrollment and excludes members who only have Medicare savings plans (e.g., QMB)

Source: NH MMIS as of 3/2/15 for most current period; Data subject to revision.

# NH Medicaid Care Management by Eligibility Group, 3/1/15



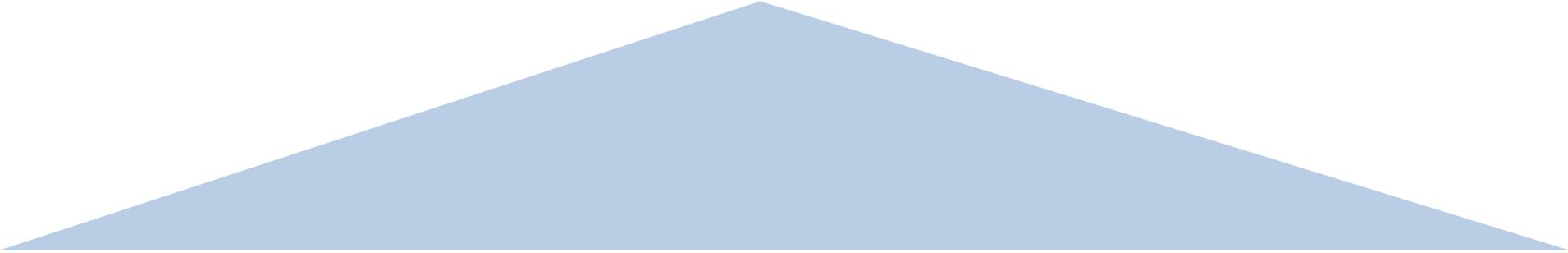


# NH Health Protection Program & Other Updates

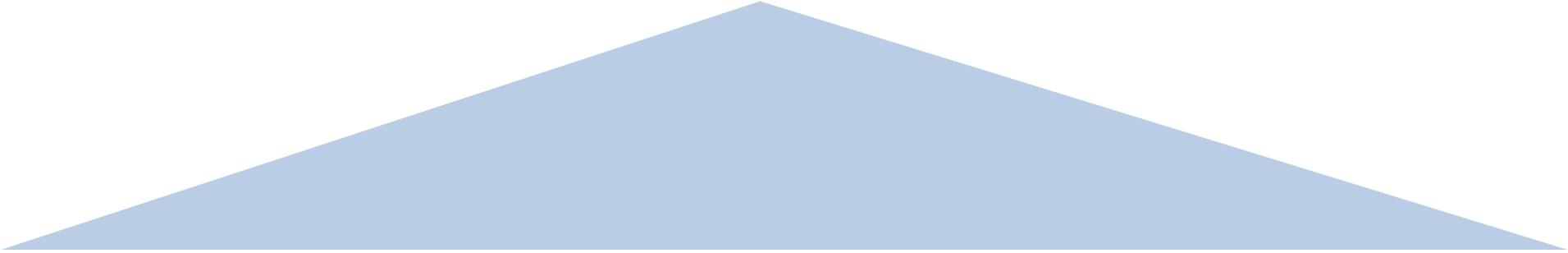
# NH HPP Update

## As of 3/10/2015

- Total Recipients
  - 36,830
    - 18,342 are new to DHHS
    - 9,605 are new to NH HPP but have been clients in the past
- Benefit Plans
  - 34,501 are in the ABP (Alternative Benefit Plan)
  - 1,946 of Medically Frail are in the ABP
  - 383 of Medically Frail in standard Medicaid
- Care Management / HIPP
  - 173 Enrolled in HIPP
  - 361 are Potential HIPP
- Bridge
  - 16,374 are enrolled in WSHP
  - 14,586 are enrolled in NHHF
  - 5,336 are in Fee For Service/not yet enrolled in a plan



# Premium Assistance Waiver Update



# Key Performance Indicator Report



# MCM Key Indicators

Metrics in the Key Indicators Report include:

- Access & Use of Care
- Customer Experience of Care
- Provider Service Experience
- Utilization Management
- Grievance & Appeals
- Preventative Care
- Chronic Medical Care
- Behavioral Health Care
- Substance Use Disorder Care
- General

# Notable Results Summary 1

- In December nearly 100% of requested transportation rides were approved. (Figure 1-4)
- The majority of approved and scheduled transportation rides are delivered. The largest proportion of approved and scheduled trips that were not delivered was the result of members cancelling or rescheduling the trip. (Figure 1-5)
- The Department compared NEMT utilization for the last 3 months before the implementation of Care Management and the same 3 months the following year (Sept-Nov). The comparison saw a 44% increase in one-way rides per 1,000 member months, after the implementation of Care Management.
- Emergency Department visits and potentially treated by primary care visits have slightly fallen. (Figure 1-7 and 1-8)
- While surgical and medical inpatient hospital utilization remain below New England regional and national benchmarks, inpatient hospital utilization for ambulatory care sensitive conditions has risen slightly and remains above the pre-MCM benchmark. (Figures 1-9 and 1-10)

# Notable Results Summary 2

- Member calls are being handled within the contract standards. (Figure 2-1 and 2-2.)
- From the CAHPS survey:
  - There were no statistically significant differences between NH Healthy Families and Well Sense on any of the CAHPS measures.
  - Member satisfaction with obtaining needed care were equivalent to the NH pre-MCM average for adults and children and higher than the New England and national average among adults.
  - Member ratings of health plans were lower than the NH pre-MCM, New England and national averages of other Medicaid Managed Care plans.
  - Member ratings of interactions their doctors were generally equivalent to or higher than the NH pre-MCM, New England and national averages.

# Notable Results Summary 3

- Provider clean claims are being processed close to MCM contract standards for timeliness. A slight downward trend in December can be attributed to one MCO. The MCO is now processing all NH clean claims prior to claims from other health plans the MCO operates. (Figures 3-1)
- Provider calls are being handled quickly. (Figure 3-5 and 3-6)

# Notable Results Summary 4

- Service Authorizations are being processed close to contract standards. (Figure 4-1, through 4-3)
- The previously noted increase in pharmacy service authorization denials can be attributed to one MCO due to a data collection error. The MCO is currently correcting the data for resubmission. (Figure 4-4)
- Generic drug substitution rate is higher than the Medicaid pre-MCM rate. (Figure 4-5)

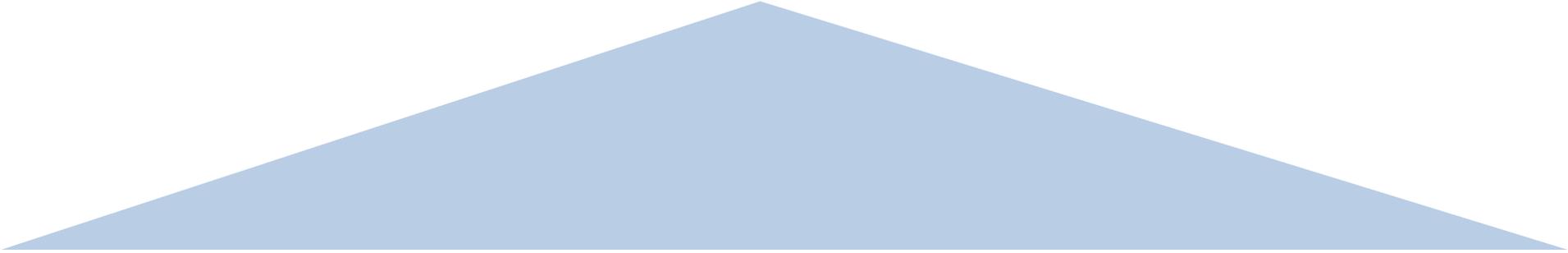
## Service Authorization Requests and Benefit Decisions by Type of Service

	2014 Q1			2014 Q2			2014 Q3		
Average Membership	111,241			118,362			123,116		
	<i>Requested</i>	<i>Denied</i>	<i>% Denial</i>	<i>Requested</i>	<i>Denied</i>	<i>% Denial</i>	<i>Requested</i>	<i>Denied</i>	<i>% Denial</i>
All Services	15,329	879	6%	16,697	1,031	6%	22,102	1,455	7%
Service Category	<i>Requested</i>	<i>Denied</i>	<i>% Denial</i>	<i>Requested</i>	<i>Denied</i>	<i>% Denial</i>	<i>Requested</i>	<i>Denied</i>	<i>% Denial</i>
In-Network Inpatient Admissions Non-Surgical	1,945	37	2%	2,806	36	1%	3,117	28	1%
In-Network Inpatient Admissions Surgical	214	2	1%	187	11	6%	194	3	2%
Out-of-Network Inpatient Admissions	344	14	4%	213	3	1%	361	33	9%
Outpatient Surgeries	1,202	77	6%	817	63	8%	473	77	16%
Community Mental Health Center	84	10	12%	191	10	5%	116	7	6%
Physician/Medical Services	2,492	143	6%	2,643	230	9%	3,317	364	11%
Psychology	278	13	5%	303	16	5%	361	7	2%
PT/OT/ST	2,120	143	7%	2,472	170	7%	3,422	189	6%
Wheelchair Van	497	16	3%	710	17	2%	1,652	11	1%
Pharmacy*	Pharmacy Data was removed and is currently being validated.								
Private Duty Nursing	307	0	0%	279	1	0%	386	0	0%
Medical Supplies	1,381	55	4%	1,063	27	3%	1,592	19	1%
DME Pediatric and Adults	1,514	171	11%	1,318	38	3%	1,588	80	5%
Imaging Studies	1,794	94	5%	1,887	99	5%	3,792	372	10%
Other	909	99	11%	1,472	302	21%	1,393	255	18%

*Omits services with < 100 requests in the most recent quarter (Psychology, License Nurse Attendant, Vision, Podiatry, Audiology, Transplant)*

# Notable Results Summary 5

- Grievances and appeals (standard and expedited) are being resolved within MCM contract standards. (Figures 5-3 through 5-5)



# Questions?