

MCM Commission

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**NH Department of Health
and Human Services**



May 14, 2015

State Historical Library

Agenda

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

Setting the Context

Care Management Program

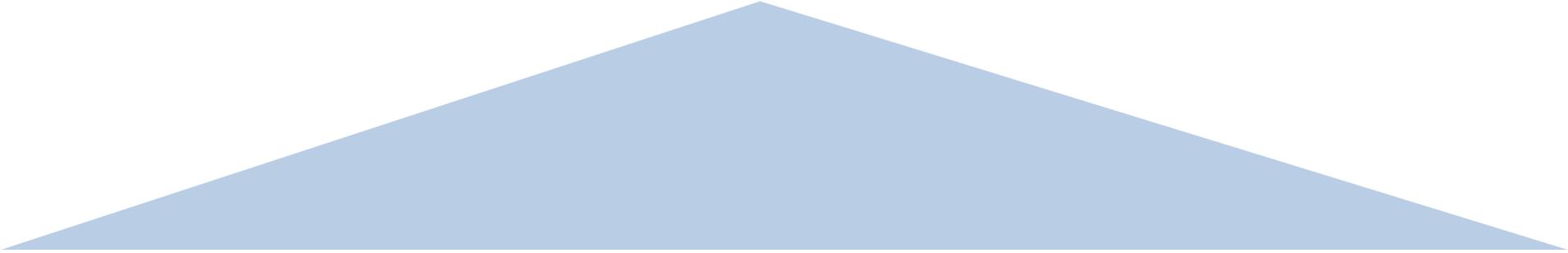
December 1, 2013 – May 1, 2015

@ 17 Months



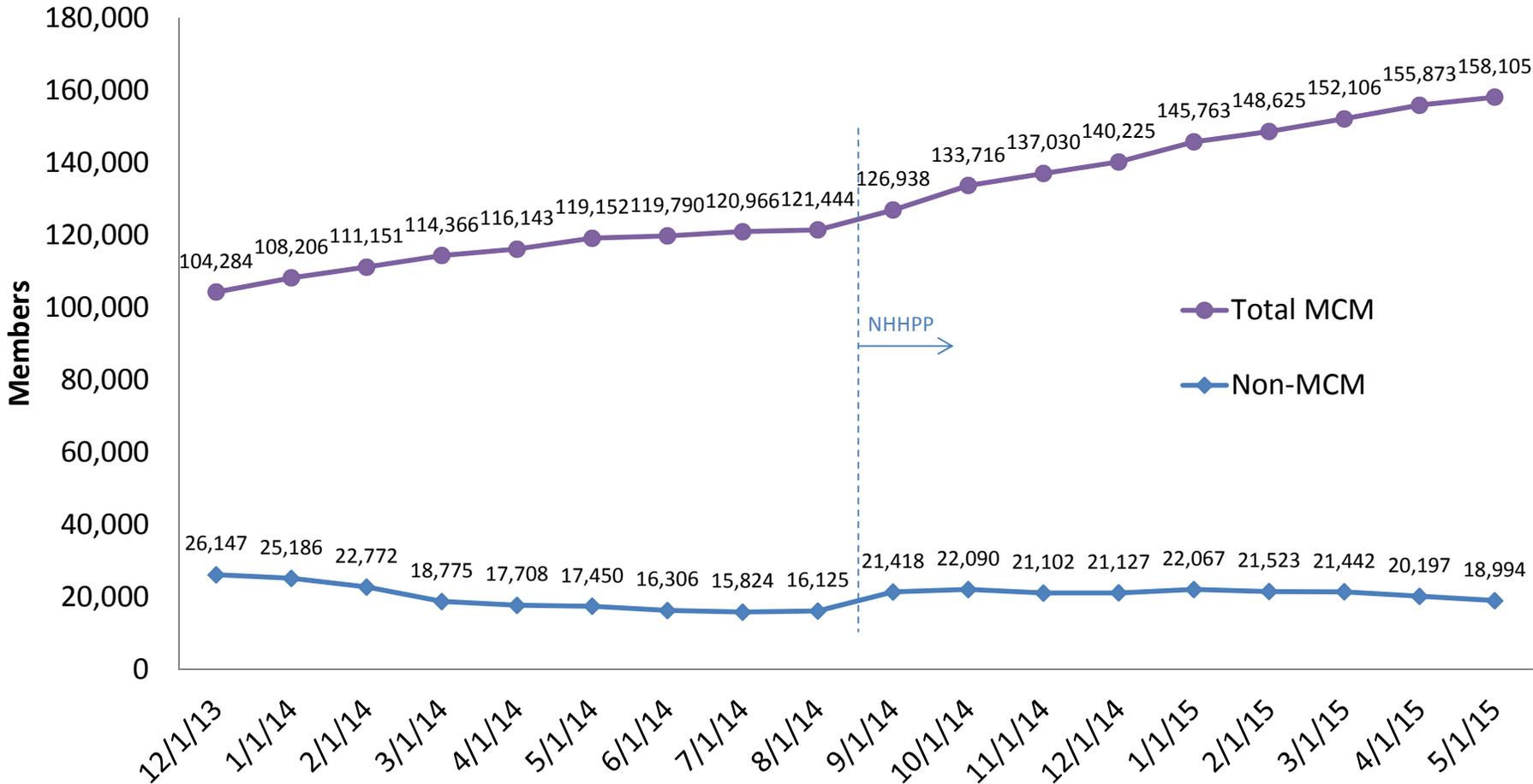
Guiding Principles of NH MCM

- 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



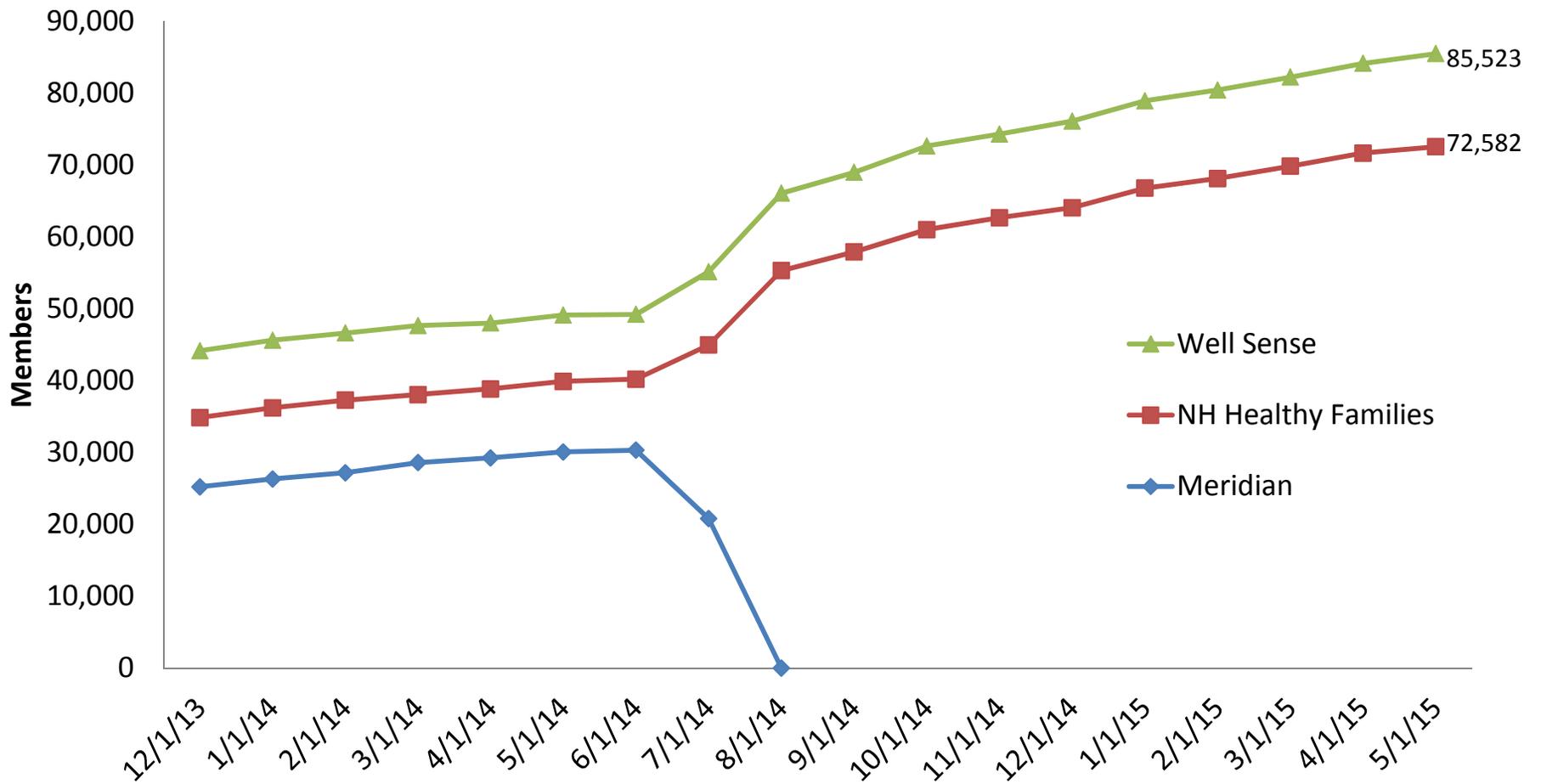
MCM Monthly Enrollment Update

NH Medicaid Care Management Enrollment, 12/1/13 – 5/1/15

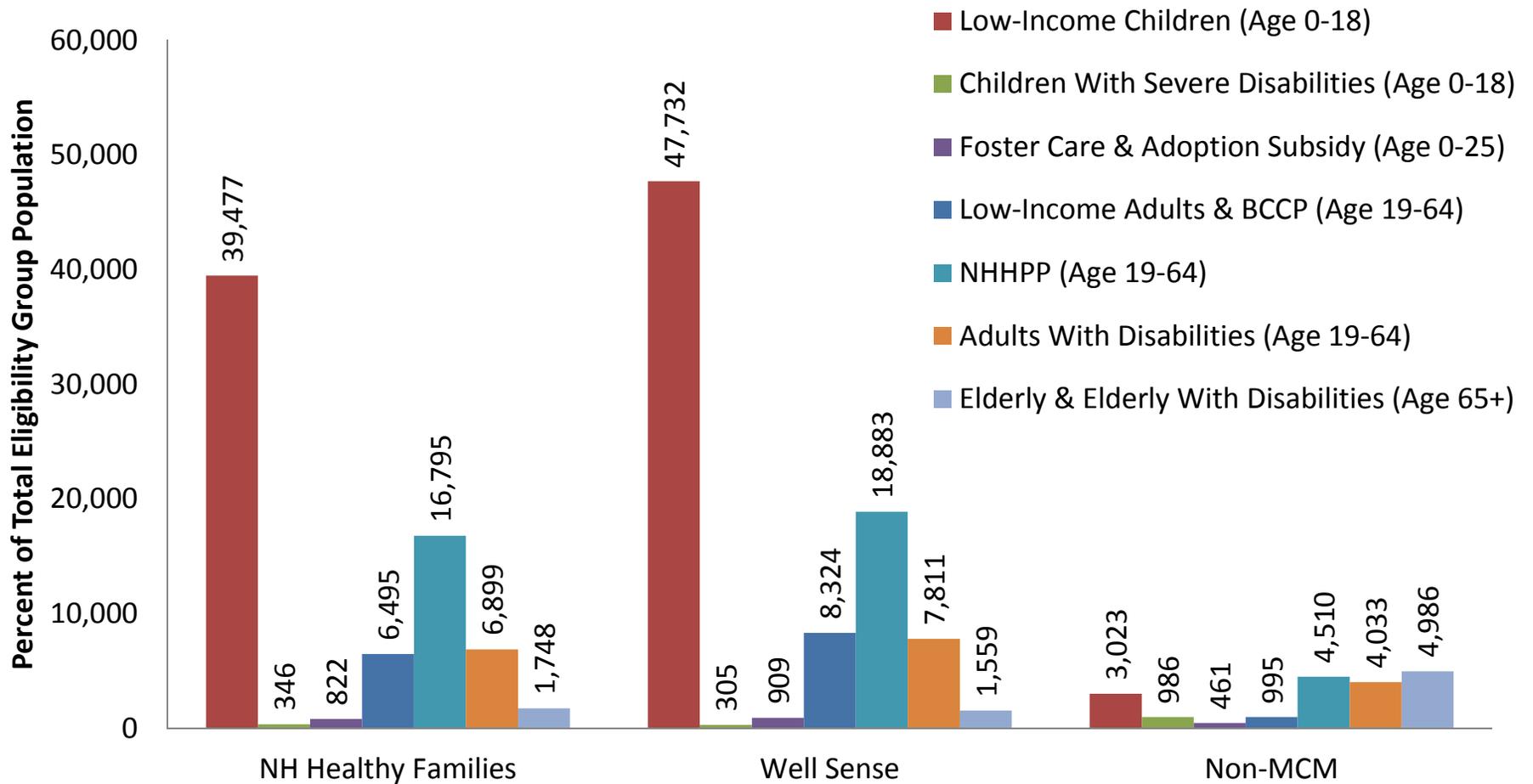


Note: Excludes members without full Medicaid benefits (Family Planning Only & Medicare Savings Plans)

NH Medicaid Care Management Enrollment by Plan, 12/1/13 – 5/1/15

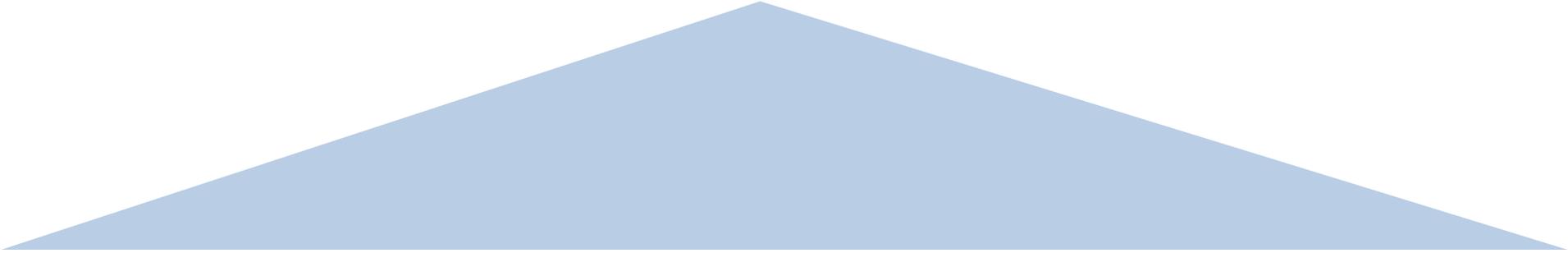


NH Medicaid Care Management by Eligibility Group, 5/1/15



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 5/4/15; Data subject to revision.

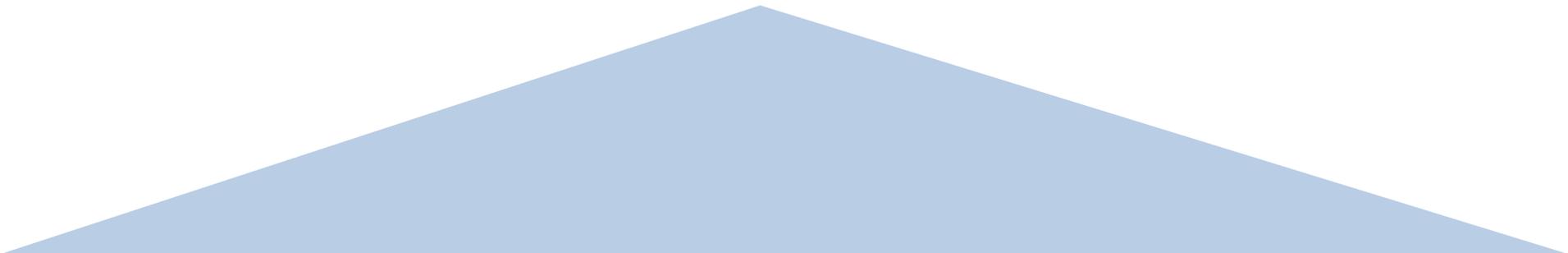


NH Health Protection Program & Other Updates

NH HPP Update

As of 5/12/2015

- Total Recipients
 - 39,635
 - 19,609 are new to DHHS
 - 10,288 are new to NH HPP but have been clients in the past
- Benefit Plans
 - 37,082 are in the ABP (Alternative Benefit Plan)
 - 2,130 of Medically Frail are in the ABP
 - 423 of Medically Frail in standard Medicaid
- Care Management / HIPP
 - 287 Enrolled in HIPP
 - 231 are Potential HIPP
- Bridge
 - 18,919 are enrolled in WSHP
 - 16,817 are enrolled in NHHF
 - 3,381 are in Fee For Service/not yet enrolled in a plan



Key Performance Indicator Report

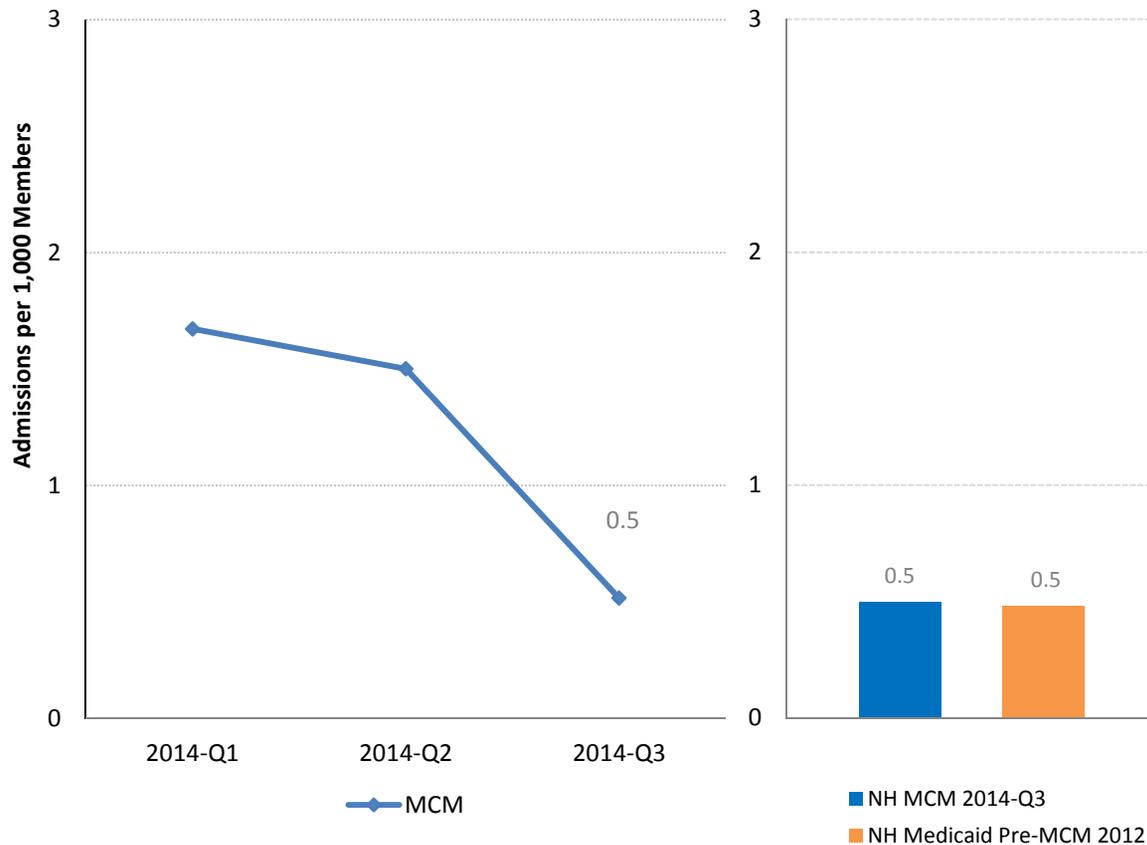


MCM Key Indicators

Metrics in the Key Indicators Report include:

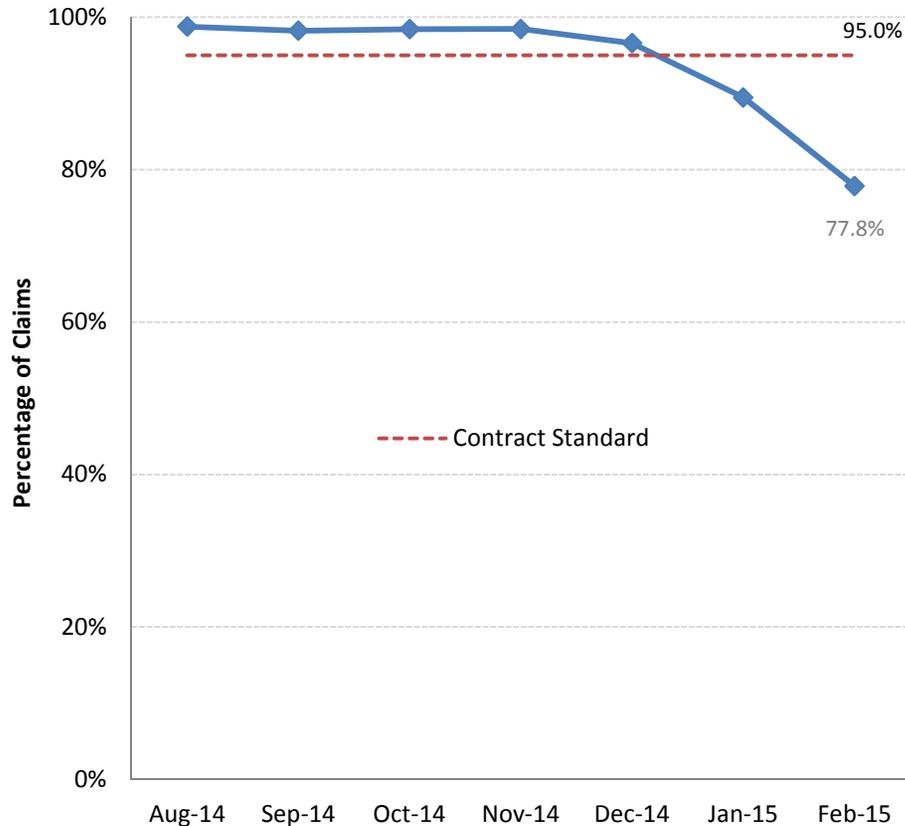
- Access & Use of Care
- Customer Experience of Care
- Provider Service Experience
- Utilization Management
- Grievance & Appeals
- Preventative Care
- Chronic Medical Care
- Behavioral Health Care
- Substance Use Disorder Care
- General

Inpatient Hospital Utilization for Ambulatory Care Sensitive Conditions for Adult Medicaid Members



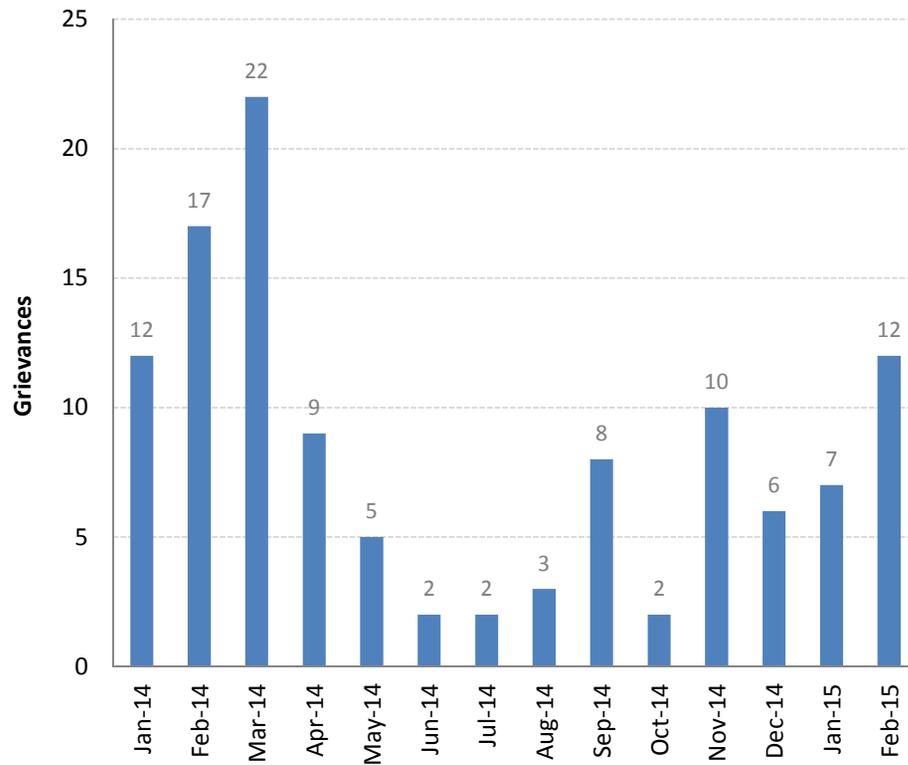
- Inpatient hospital utilization for ambulatory care sensitive conditions for adults has decreased and meets the pre-MCM benchmark.
- NH Health Protection Population is excluded from this measure.

Pharmacy Claims Processed in Less than One Second

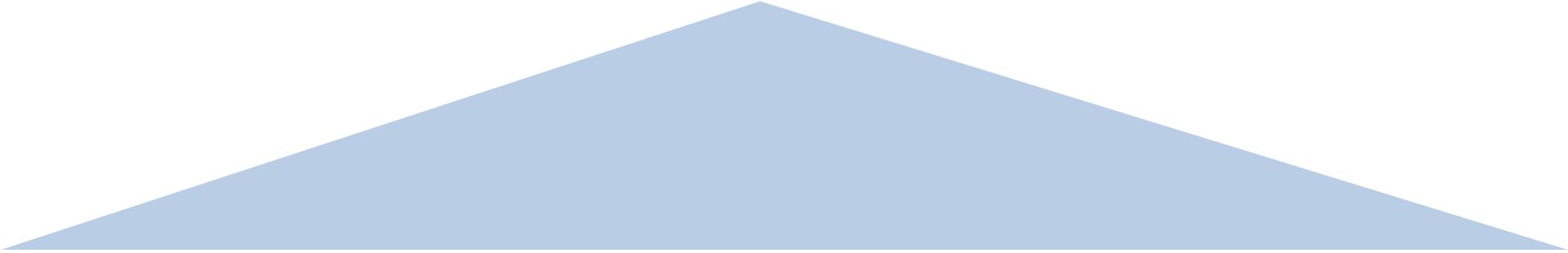


- Pharmacy claims are being processed below contract standards for timeliness. This is attributable to one MCO who is actively engaged in processes understanding and improvement. As part of their research they determined that while they are not meeting the standard, all their claims were processed in less than 12 seconds. The Department will continue to monitor improvement efforts for this measure.
- NH Health Protection Population is included in this measure.

Grievances



- There has been a small increase in the number of grievances.
- NH Health Protection Population is included in this measure.



Questions?