

## ***Proposed MCM STEP 2 READINESS PRIORITIES***

April 9, 2015

**Background:** The Governor in 2013 created a Commission on the Implementation of Medicaid Care Management in NH to review the plans for all stages of managed care implementation and operations. In order for the Commission to create a framework, a work plan and a timetable to assess the State's readiness for Step 2 of MCM, each Commissioner was asked to provide the top three critical questions/issues that he/she believed must be addressed in order to assure NH's readiness for the changes of Step 2. The following are paraphrases of their responses grouped into themes. While this list will significantly shape the Commission's work over the next 12-18 months, we recognize that the environmental context will change and therefore so will this listing especially the outcome of the State Budget regarding Medicaid for the next biennium.

### **Overall Readiness:**

Many Commissioners provided comment on the importance of data and communication throughout the implementation of Step 2. Not only the creation of the data system to assure quality of the Step 2 implementation, but also data regarding the impact of Step 1 to date on its recipients: access to health care, health status, cost of health care. Communication is also critical for a success implementation of Step 2 especially the involvement of critical providers such as the County nursing homes during the entire process from planning to evaluation. The important issues of Data and Communication will be discussed and followed by the full Commission throughout the entire Step 2 process.

*Note: The order of these priorities is based on the frequency of comment made by the Commissioners.*

### **ASSURE ADEQUATE NETWORK OF PROVIDERS**

- Includes LTSS and home and community base providers
- Includes Step 1 providers to provide medical home & specialty care to new Step 1 populations including the "dual eligible, Medicaid-Medicare enrollees" and "children with special medical needs"
- Are well trained in prior authorization, coding, billing and payment
- Coordinates with existing provider network not related to LTSS including acute care resulting in an integrated system of care
- Includes in and out of state services
- Provides medical home and specialty services
- Address needs of "all" including the "difficult person"

### **PROVIDE COMMUNITY BASED SERVICES**

- MCO staff are knowledgeable re: purpose & structure of community based services & LTSS and federal and state mandates and these are reflected in policies & procedures
- DHHS staff are knowledgeable re: purpose & structure of community based services & LTSS and federal and state mandates and these are reflected in policies & procedures
- Each individual has access to care coordination which works with family & providers including the medical home reflecting their values and resulting in continuity of care
- Infrastructure & policies ensure individuals & providers have personal choice & control in determining their health care needs & LTSS
- Role of Bureau of Developmental Services is clearly defined during planning, implementation & evaluation

### **ESTABLISH UPFRONT CONSUMER PROTECTIONS**

- Are in place & provide information that is accessible & understandable to all
- Access to client ombudsman for assistance
- Program is adjustable over time as feedback is received
- Grievance & appeal process is efficient, timely, knowledgeable & respectful for individuals & providers
- Today's strong system of advocacy is sustained
- Consider maintaining existing services during initial implementation for a determined amount of time where appropriate

### **ASSURE EFFECTIVE OPERATIONS & PAYMENT SYSTEMS**

- Prior authorization is streamlined
- MCO procedures accommodate long term care realities
- Operational constructs allow for timely change if process not working
- Conflict of interest is clearly articulated and systems reflect such
- At onset, full standardization of paperwork, communication, billing, reporting materials
- Payment systems support goals & essential elements of program
- Incentivize home & community based care
- Contracts allow & support innovation
- Address rate setting & management in addition to prior authorization

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