

MCM Commission

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**NH Department of Health
and Human Services**



July 9, 2015

**Upper Valley Senior Center
Lebanon, NH**

Agenda

- Follow-up from June Meeting
- Monthly Enrollment Update
 - MCM Step 1
 - NH HPP
- Key Indicators
- Step 2 Update
- Waiver Update
- MCO Contract Update
- Other Updates
- Q&A from Commission and Public

Follow-up Key Indicators and Pharmacy and SUD

- Questions related to key indicator report
 - Dr. Lotz and Andrew Chalsma are planning to present quality data, specifically HEDIS, CAHPS and the new Medicaid Quality Indicator System website to the MCM Commission at the September meeting
- Question related to pharmacy service request decisions being broken out by Behavioral Health vs Non-Behavioral Health
 - There is no indication that inappropriate clinical decisions are being made as part of the denial detail
 - DHHS will follow and trend this data with the expectation that as providers become more familiar with the individual health plans formularies, denials (particularly the “business case” denials redirecting prescribers to PDL drugs) will decrease.
 - There are very few pharmacy appeals and there is no indication of adverse clinical outcomes related to pharmacy denials.
- Question: When will the SUD Key Indicator measure be ready to share?
 - SUD KI will be included in the newly re-designed KI anticipated in September. A KI report will not be developed for August (but oversight of data by DHHS will be ongoing)

Follow-up Foster Children

- Question: Who can choose a health plan for a foster child?
 - A. for foster children whose parents still retain their legal rights to the child, they are asked to choose the health plan. If parents do not choose a plan, they go through auto enrollment.
 - B. for foster children whose parents do not have legal rights, DCYF if the legal guardian, we choose the health plan. This is done in conjunction with a. the DCYF worker and b. the foster parents. We have had the two foster care health nurses be the point person on choosing a plan with everyone's input. If foster parents are in process of legally adopting the child, then the nurses will outright ask which plan they would like the child to be in.

Follow-up Training and Education

- The education and training sessions will be made available to the MCM Commission.
 - Some sessions are offered on line at NH CarePath which is indicated on the Training and Education Plan
 - <http://client.millennium-im.com/nhcarepath.org/training.php>
- Upcoming Sessions
 - Client and Provider Information Sessions (July, August)
 - Nursing Facility Provider Information Session (August 6, 2015)
 - Nursing Facility Provider Forum (August 7, 2015)
 - CFI Focus Groups (August 2015)
 - Structure of HCBS (September 2015)
 - CFI Home and Community Based Care (September 2015)
 - Nursing Facility Overview (September 2015)

Follow-up Census of Nursing Homes

- Provide information on the census of nursing homes to show the geographic distribution in the state.
 - Department is working on this. We will have it for the August meeting

Setting the Context

Care Management Program

December 1, 2013 – July 1, 2015

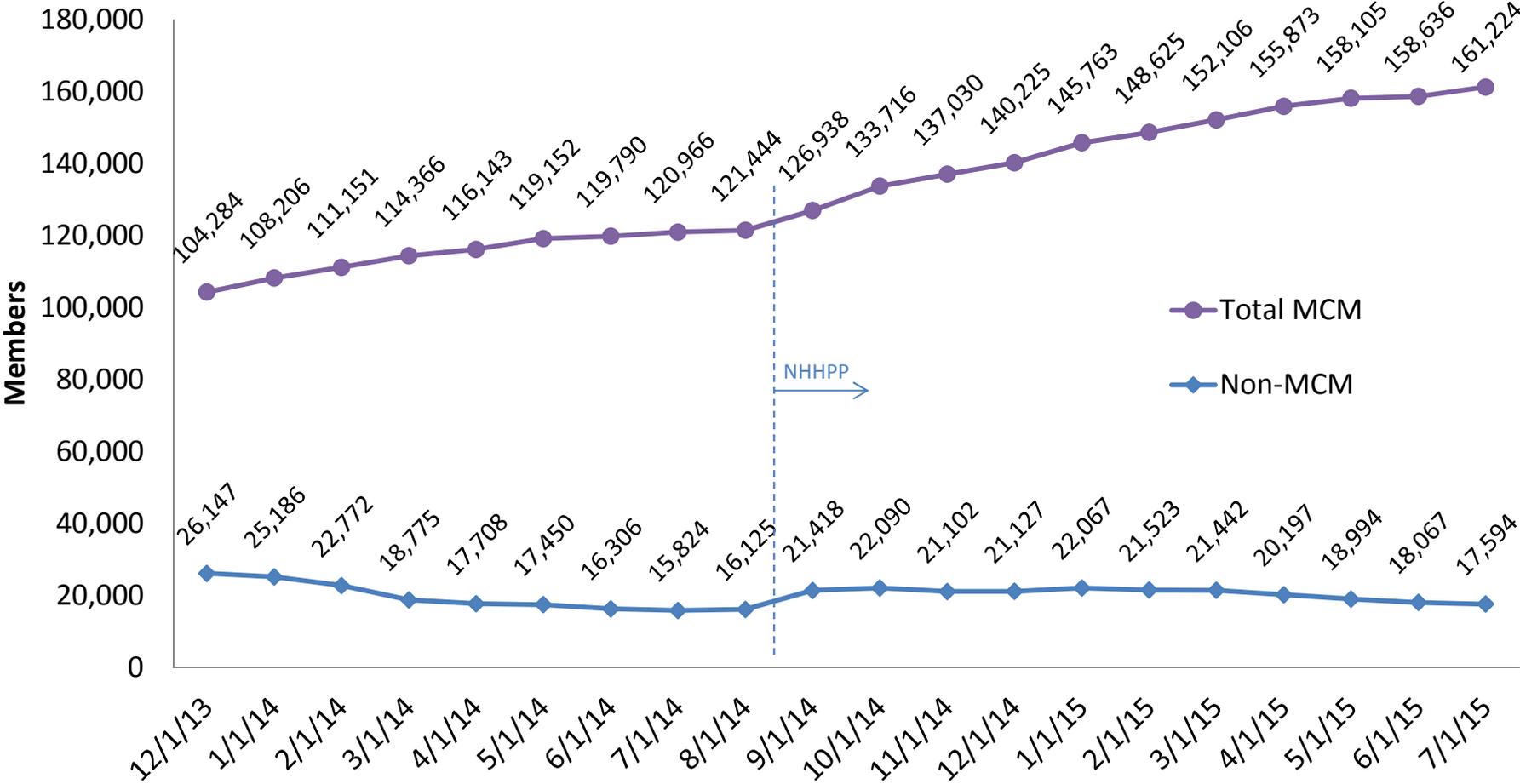
@ 20 Months



Guiding Principles of NH MCM

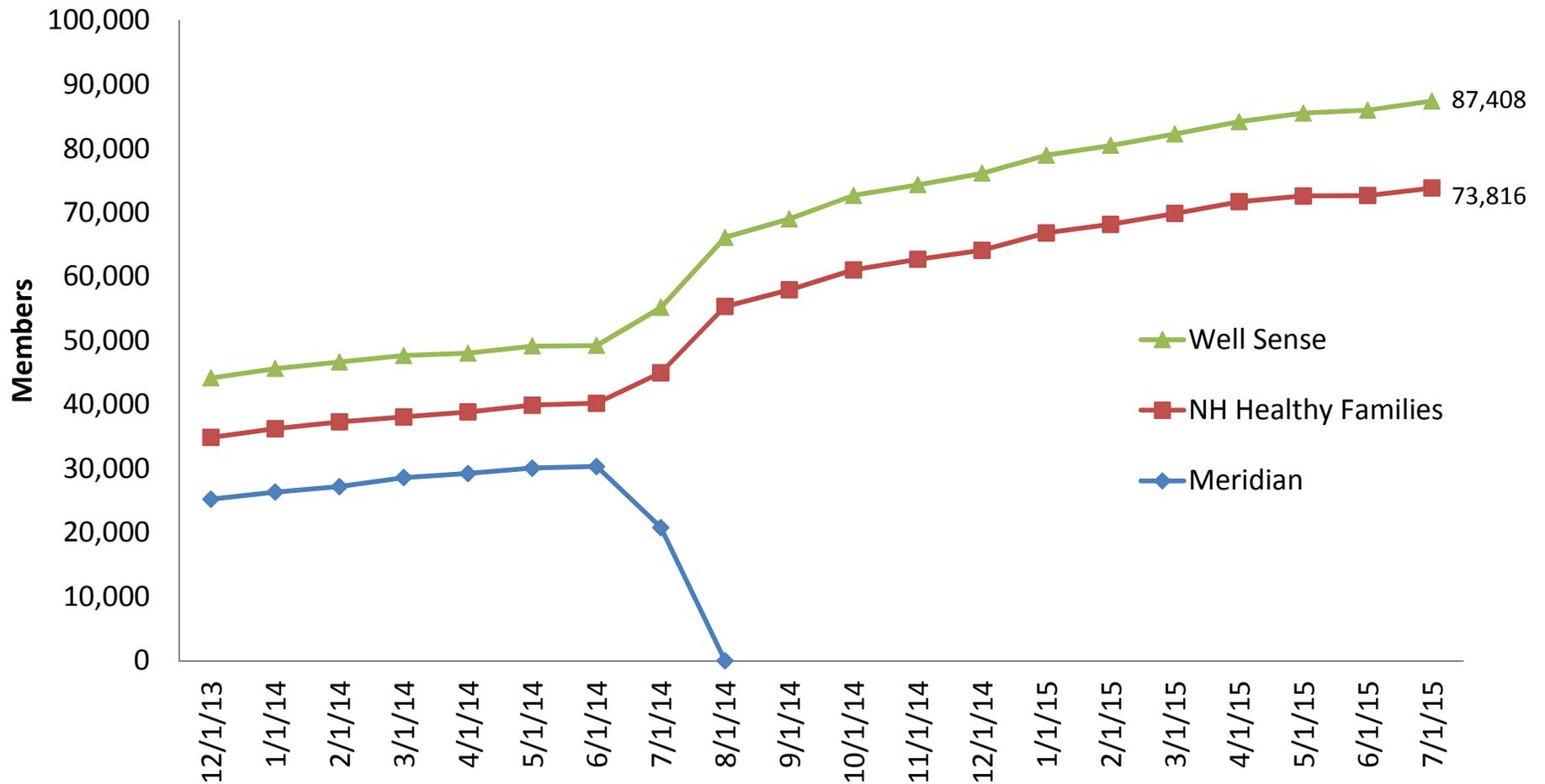
- Whole person management and care coordination
 - Foundation for Medicaid transformation
- Increase quality of care – right care, at the right time, in the right place to improve beneficiary health and quality of life
- Payment reform opportunities
- Budget predictability
- Purchasing for results and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

NH Medicaid Care Management Enrollment, 12/1/13 – 7/1/15

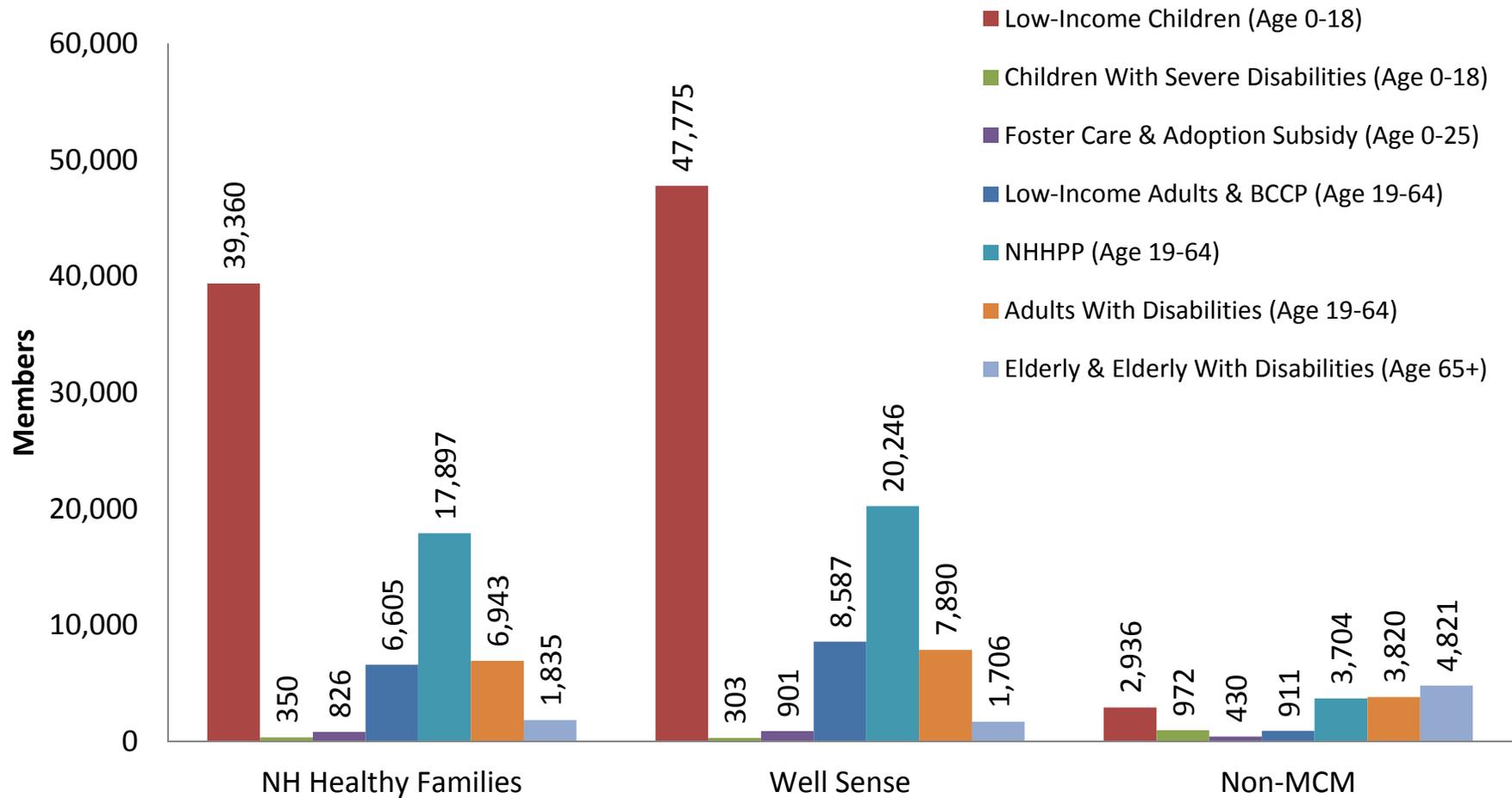


Note: Excludes members without full Medicaid benefits (Family Planning Only & Medicare Savings Plans)

NH Medicaid Care Management Enrollment by Plan, 12/1/13 – 7/1/15

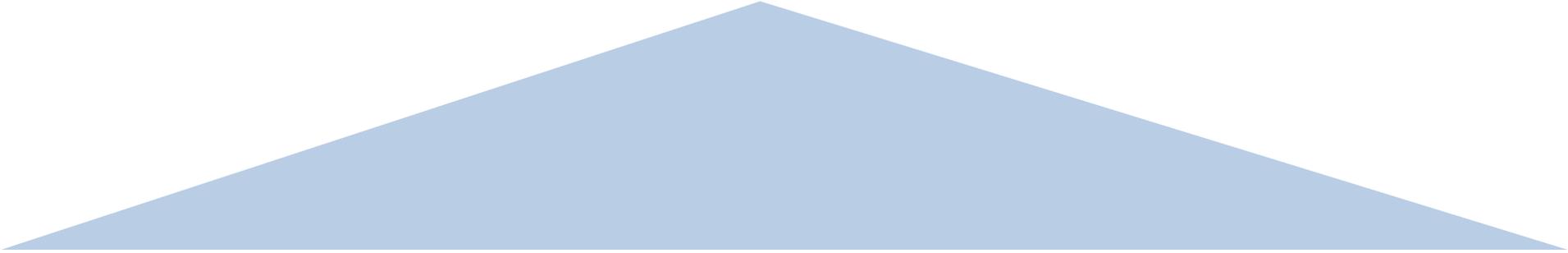


NH Medicaid Care Management by Eligibility Group, 7/1/15



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 7/2/15; Data subject to revision.

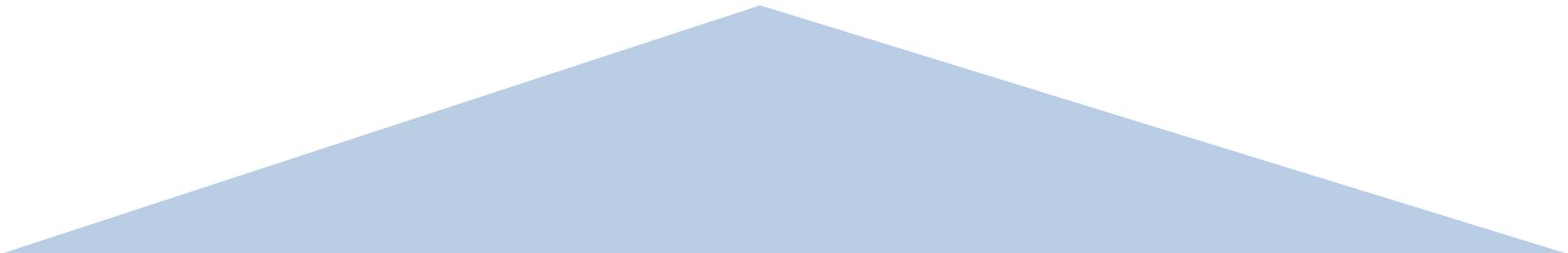


NH Health Protection Program & Other Updates

NH HPP Update

As of 7/7/2015

- Total Recipients
 - 41,404
 - 20,433 are new to DHHS
 - 10,410 are new to NH HPP but have been clients in the past
- Benefit Plans
 - 38,739 are in the ABP (Alternative Benefit Plan)
 - 2,230 of Medically Frail are in the ABP
 - 435 of Medically Frail in standard Medicaid
- Care Management / HIPP
 - 333 Enrolled in HIPP
 - 248 are Potential HIPP
- Bridge
 - 20,217 are enrolled in WSHP
 - 17,853 are enrolled in NHHF
 - 2,753 are in Fee For Service/not yet enrolled in a plan



Key Performance Indicator Report

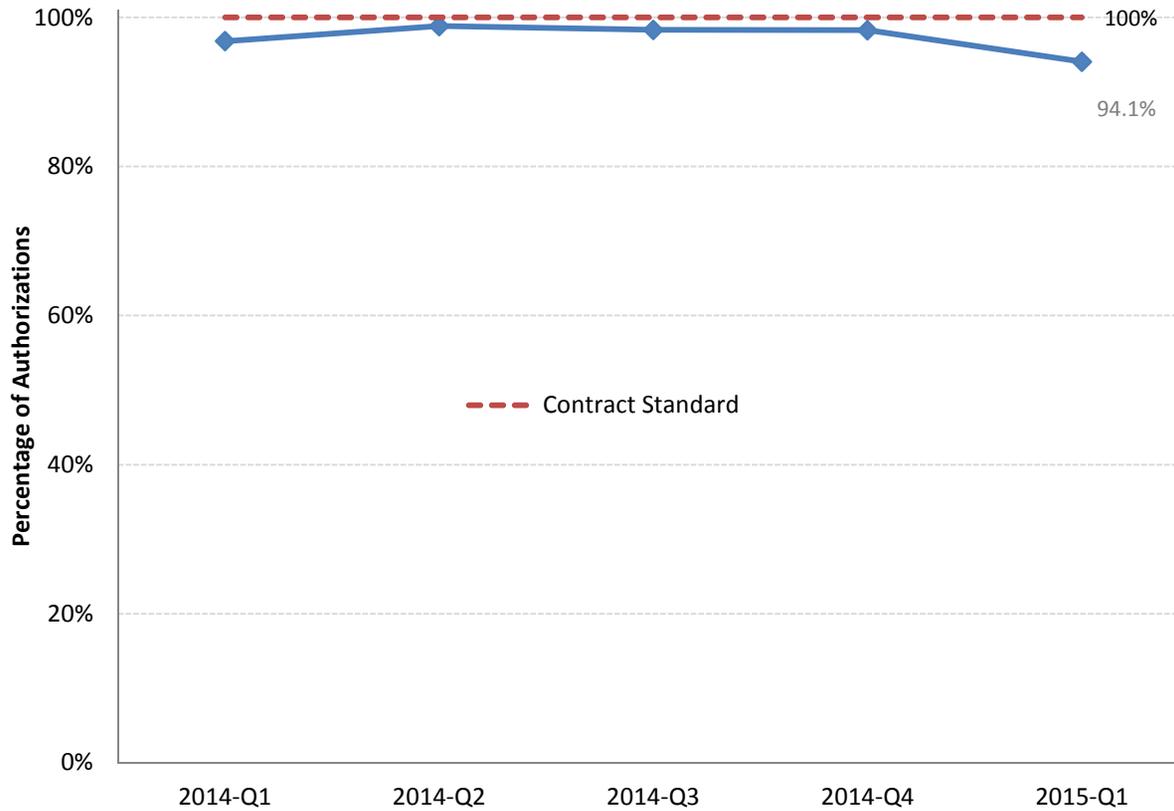


MCM Key Indicators

Metrics in the Key Indicators Report include:

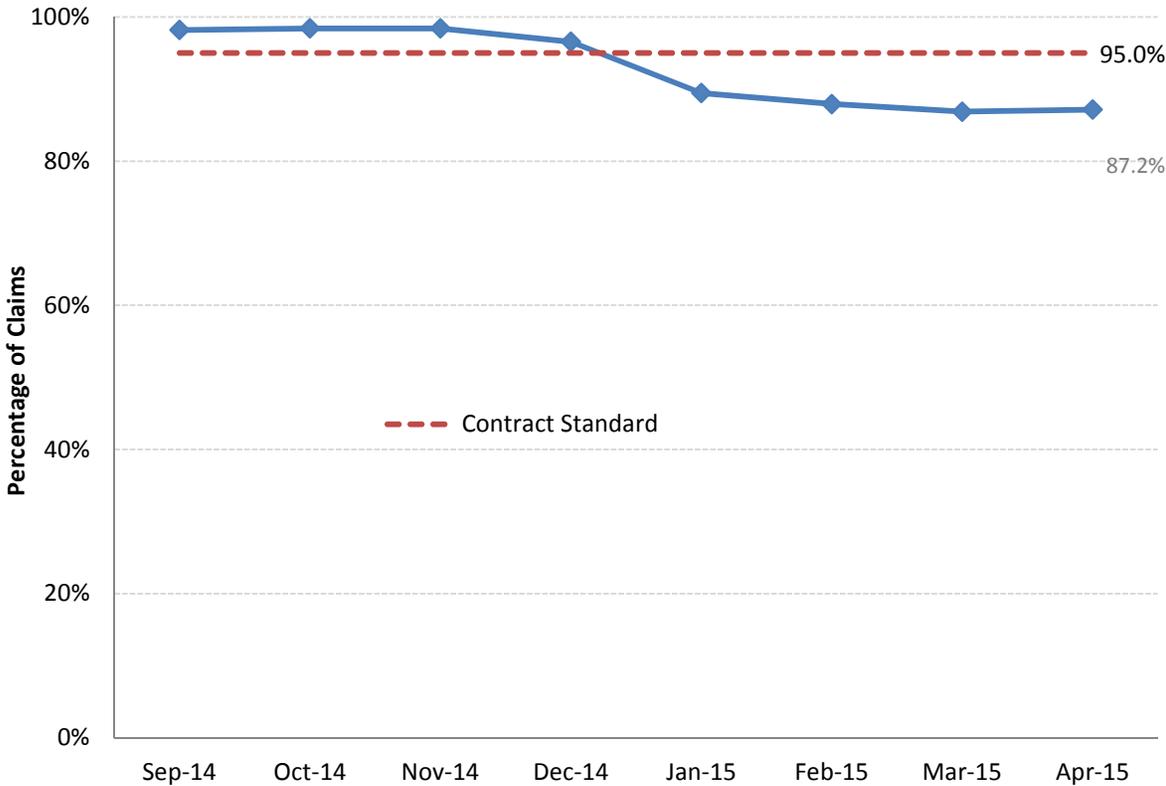
- Access & Use of Care
- Customer Experience of Care
- Provider Service Experience
- Utilization Management
- Grievance & Appeals
- Preventative Care
- Chronic Medical Care
- Behavioral Health Care
- Substance Use Disorder Care
- General

Routine Medical Service Authorization Processing Rate (Figure 4-2)

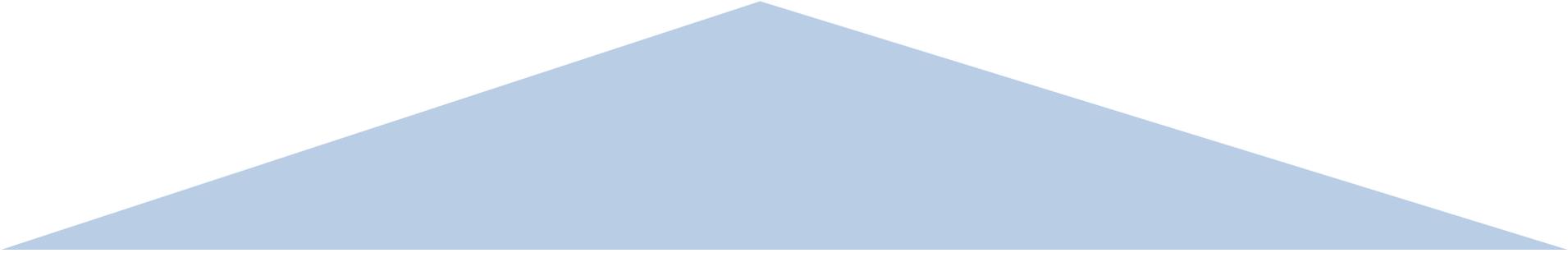


- Standard service authorization processing timeframes showed a slight decrease in 2015-Q1. This is attributable to one MCO who experienced office closures as a result of winter storms in February. A corrective action back up plan is in place.

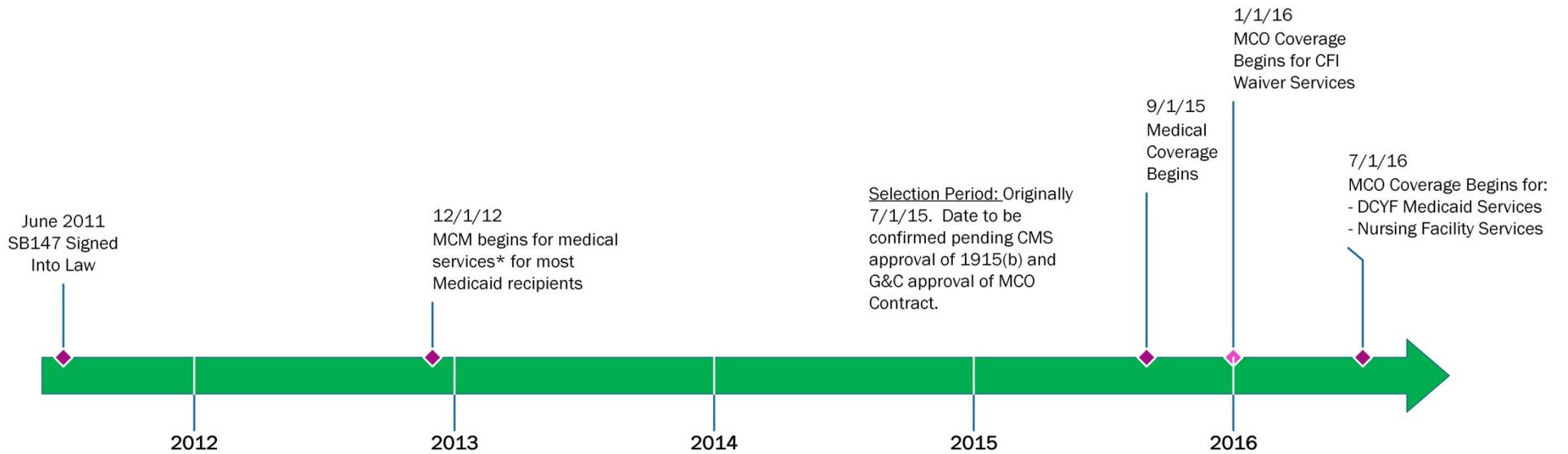
Pharmacy Claims Processed in Less than One Second (Figure 3-2)



- Pharmacy claims are being processed below contract standards for timely processing in 1 second. This is attributable to one MCO. Further data analysis of the MCO's operations has shown 99.8% of May pharmacy claims have been processed within 3 seconds and a small number of claims are skewing the average.

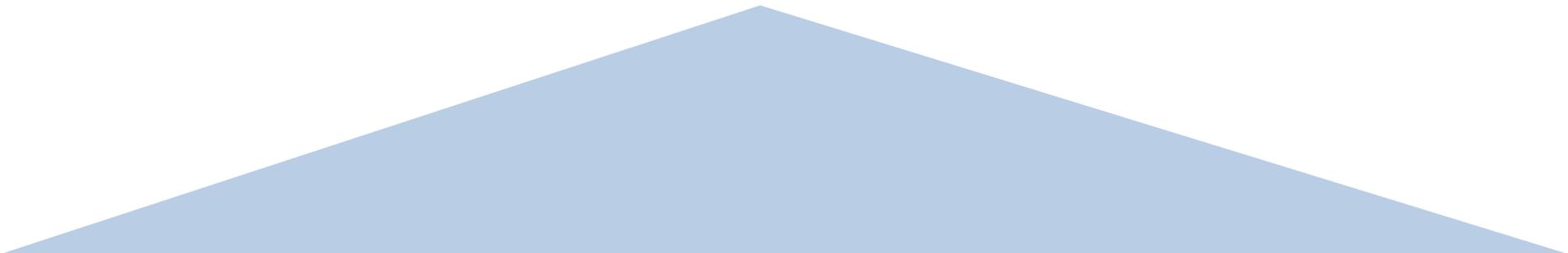


Step 2 Update



*Medical Services:
includes doctor visits,
pharmacy services,
hospital care, etc

Dates To Be Determined:
MCO Coverage for remaining waiver services:
- Development Disabilities
- Acquired Brain Disorder
- In Home Supports



Waiver Update

1915 (b) Waiver Update

- In good shape
- Waiver submitted on June 18, 2015; resubmitted through Informal Request for Additional Information to include additional technical information on June 25, 2015. This did not stop the clock with CMS.
- In active discussions with CMS
- Actuary is consistently joining the calls
- Looking at Sept 1 for coverage to start
- The Department has received thoughtful feedback on the Waiver from several entities and is developing a response

1915 (c) Waiver

- Finalizing the draft
- Targeting initiating public notice and comment period in early August
- Continuing to get technical assistance from CMS and CMS consultants
- Required thirty day public notice and comment period; multiple hearings; multiple platforms for public input: online, by phone, by mail, in person.

1115 Transformation Waiver

- Waiver remains pending with CMS
- The Department continues to work with CMS on approval of the application, which we hope occurs this Fall.

CONTRACT UPDATE: SHORT-TERM AMENDMENT

- At the June 24th meeting, Governor & Council approved extension of MCM contract between DHHS and the two MCOs.
- That extension amendment:
 - continues the MCM program ‘as is’ while MCOs/DHHS continue negotiations
 - requires DHHS and MCOs develop and agree to a broader amendment to
 - continue the MCM program through June 2017 and
 - introduce terms regarding Phases 1 and 2 of Step 2
- That extension was necessary because:
 - Existing contract period ended 6/30/2015
 - CMHCs and MCOs at impasse in negotiating provider agreements

CMHC SYSTEM

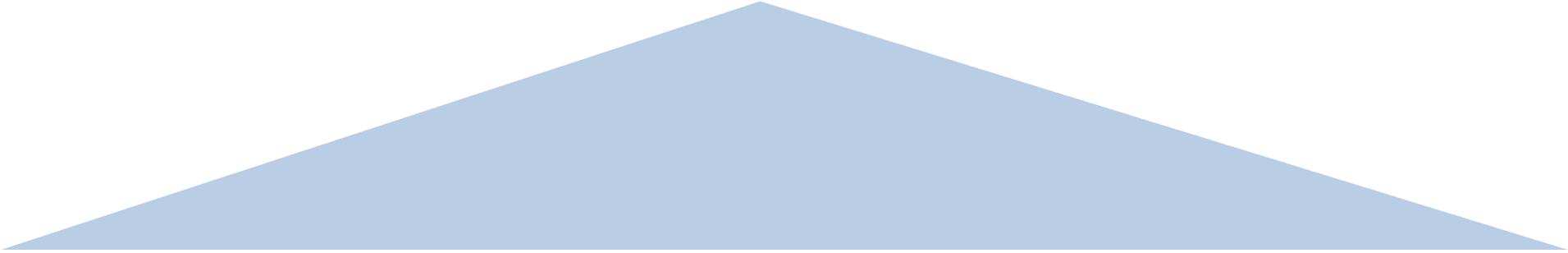
- Kane Report indicating that certain CMHCs financially unstable, system as a whole not financially strong.
- Situation has been known since 2008, with no improvements.
- CMHA Independent Reviewer report released in June indicates that CMHCs challenged to meet terms of agreement.
- Mental health care environment is changing:
 - Demographics of the mental health population have changed since established 30 years.
 - Other providers now in the mental health care market, notably FQHCs.
- These factors indicate a need to strategically review our community mental health system.

CONTRACT AMENDMENT NEXT STEPS

- Primary goals in this agreement:
 - Exercise two year extension option.
 - Continue Whole Person coordination of care.
 - Continue Step 1 services.
 - Bring voluntary population into MCM.
 - Bring CFI services into MCM.
 - Address the impasse between CMHCs and MCOs.
- Timeline

CONTRACT AMENDMENT NEXT STEPS

- Timeline
 - DHHS and MCOs finalize a broader amendment to present to G&C at the July 22nd meeting
 - G&C acts on the amendment on August 5th
 - New contract terms effective September 1



Questions?