

MCM Commission

Nick Toumpas

**NH Department of Health
and Human Services**



**November 12, 2015
Community Crossroads
Atkinson, NH**

Agenda

- Monthly Enrollment Update
 - MCM Step 1
 - NH HPP
- Behavioral Health Update
- Managed Care Implementation Status and Timetable
- DHHS Redesign
- Follow-up from October Meeting
- Q&A from Commission and Public

Setting the Context

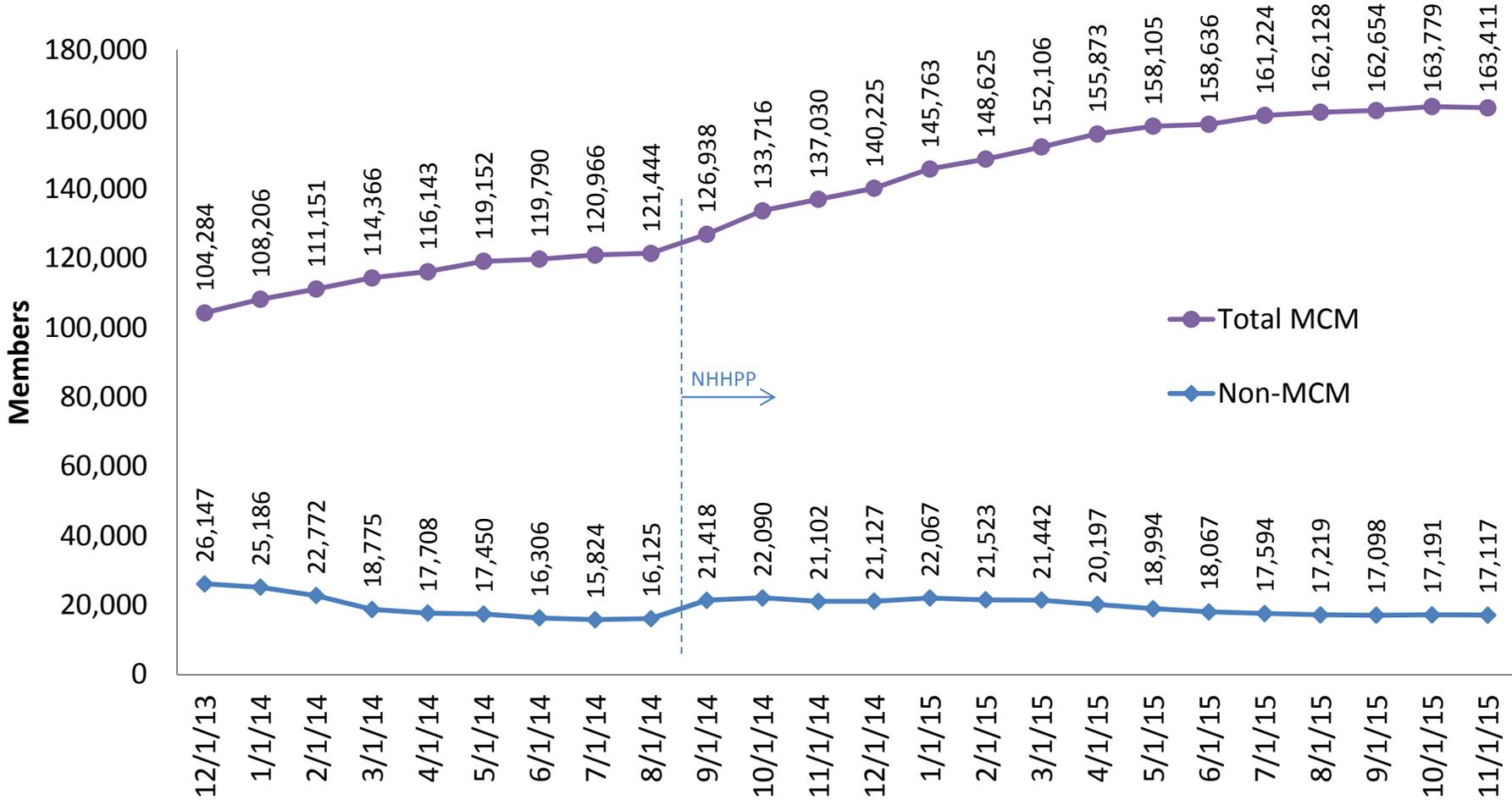
Care Management Program

December 1, 2013 –November 1, 2015

@ 24 Months

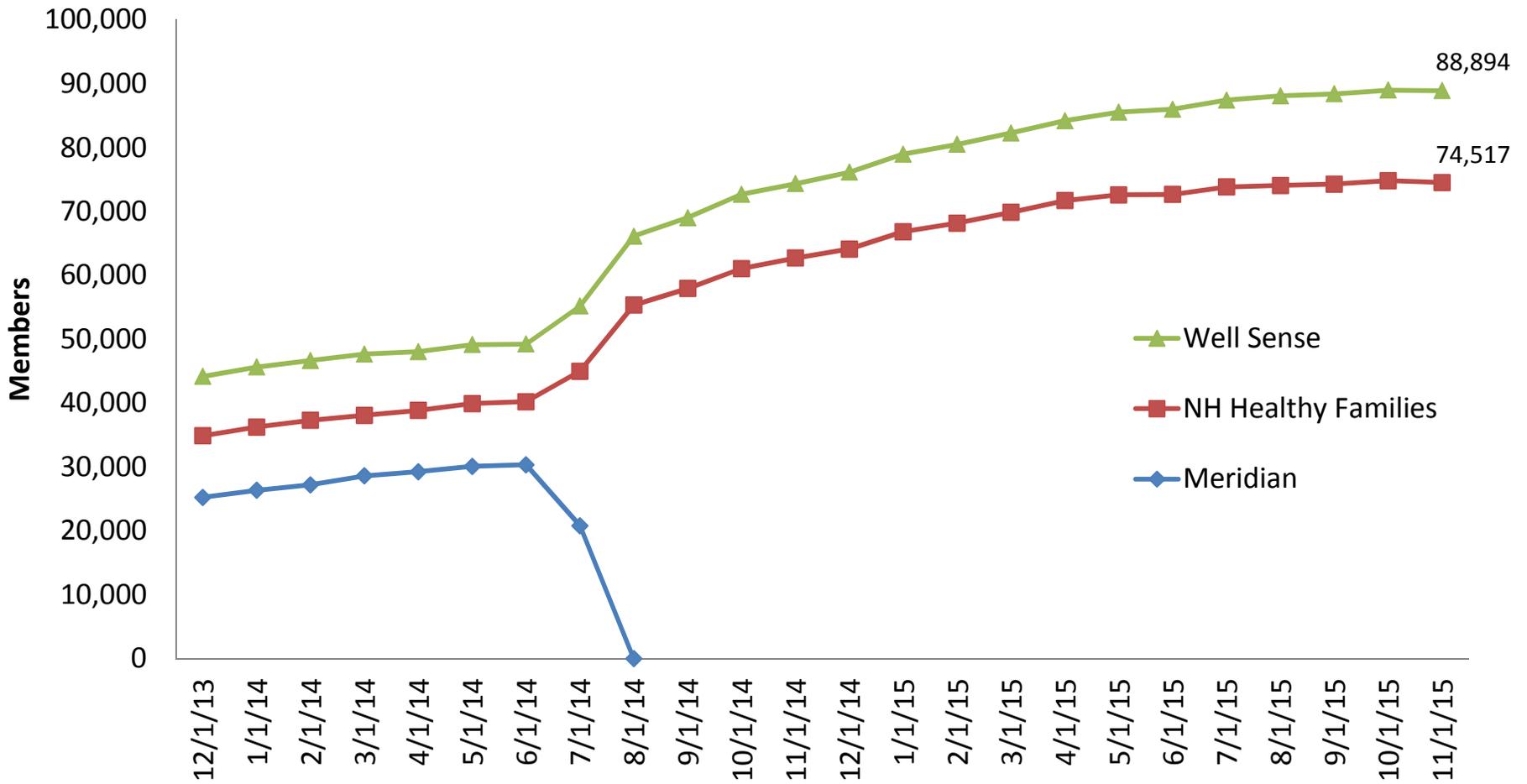


NH Medicaid Care Management Enrollment, 12/1/13 – 11/1/15



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

NH Medicaid Care Management Enrollment by Plan, 12/1/13 – 11/1/15



NH HPP Update

As of 11/2/15

- Total Recipients
 - 42,936
 - 21,261 are new to DHHS
 - 10,370 are new to NH HPP but have been clients in the past
- Benefit Plans
 - 40,155 are in the ABP (Alternative Benefit Plan)
 - 2,366 of Medically Frail are in the ABP
 - 415 of Medically Frail in standard Medicaid
- Care Management / HIPP
 - 252 Enrolled in HIPP
 - 0 are Potential HIPP
- Bridge
 - 20,945 are enrolled in WSHP
 - 18,154 are enrolled in NHHF
 - 3,585 are in Fee For Service/not yet enrolled in a plan

Behavioral Health Network Update

- DHHS, CMHCs, MCOs, Actuary, AG, Governor's Office have been meeting weekly
- After another update on data, CMHCs submitted proposal last week, very constructive
- DHHS reviewing the proposal and encouraging direct dialogue between CMHCs and the MCOs
- DHHS and the CMHCs provided updates to the Governor and Executive Council

Step 2, Phase 1 MCO Readiness Review May 2015*

- Methodology
 - On-site
 - Presentations
 - Document Reviews
 - Case Scenarios
 - Operational Walk-throughs
- Member Facing
 - Care Coordination
 - Network Standard
- Assurances for co-ordination of benefits, pharmacy, etc. for complex members through MCO policies and procedures.

*Readiness reviews done in anticipation of September start date.

Step 2, Phase 1 MCO Readiness Review

November – January

Shopping – Coverage – Complex Care

- Member Shopping Experience
 - “Shopper” calls to evaluate health plans ability to explain benefits and covered services to help members make and informed choice in plan selection
 - 8 Elements - Unmet, Partially Met, Met

Continuous Process Improvement to Enrollment Experience

Step 2, Phase 1 MCO Readiness Review

- **Member Coverage Experience – 25 Elements**

Using member data, making calls to evaluate MCO ability to:

1. Identify complex members
2. Manage coordination of benefit inquiries
3. Identify guardianship and other relations
4. Explain grievance/appeal process
5. Make warm hand-offs and take a grievance real time via phone.
6. Challenge questions for pharmacy, DME, and transportation.

***Continuous Process Improvement to Customer Experience
with MCO Representatives***

Step 2, Phase 1 Readiness Review

- **Complex Care File Review – Deep Dive**
 - Evaluation of MCO care plans and best practices using current, complex MCO members, that opted in during Step 1, to inform high quality coverage for complex members entering in February.
 - 10-15 cases per MCO
 - 8 Elements

Continuous Process Improvement to Ensure Health Outcomes from Quality Care Management

Evaluation Tools - Consideration

MCO response to service delivery issues – Pharmacy, Transportation, DME, Coordination of Benefits	MCO actions based on customer needs and requests -- “Stolen walker”
Member Services understanding for complex members – What does complex mean?	Unprompted and unsolicited MCO actions, through listening and understanding for, complex members and their families/ reps

Goal -- Service Excellence

- Ensure that each prospective member gets all the information they need to exercise choice and make a plan selection; target 85% of self selection rate.
- First 60 days, Continuity of Care period, results in a positive relationship with health plans and member expectations for service aligns with plans service provision.
- Quality care for more complex members enrolling.

More Readiness Review December Meeting

- **High Touch Case Transition** – Strategies to manage transitions for high utilizers of services
- **SWAT Teams** – Enrollment & Go Live – actively monitor enrollment and care transition and mitigate issues real time

Common Questions

Who is doing this?

A collaborative team effort with 18 MCO colleagues from New Hampshire Healthy Families & WellSense Health Plan.

Elizabeth Collins

Lorene Reagan

Sandy Hunt

Deb Scheetz

Jane Hybsch

Dawn Touzin

Shirley Iacoppino

Trained Callers from the Department

What about a network adequacy readiness review?

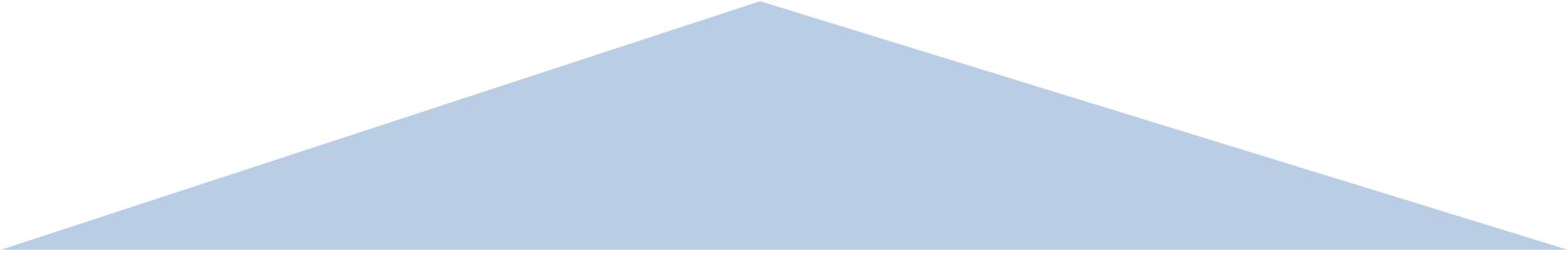
The Department has established that both MCOs have met CMS requirements for program network adequacy.

Common Questions – cont'd.

How will the Department see results and course corrections?

A constant feedback and calibration loop to ensure constant process improvement. Weekly process with Friday progress update to Governor's Office.

- M – DHHS weekly call debriefs & internal calibration for scripts
- T – Debriefs with MCOs, Scripts Changed Up, Calls Started
- W – Calls Executed
- TH – Calls Executed & Call reports Submitted
- F – Ops Team Review & Next Steps



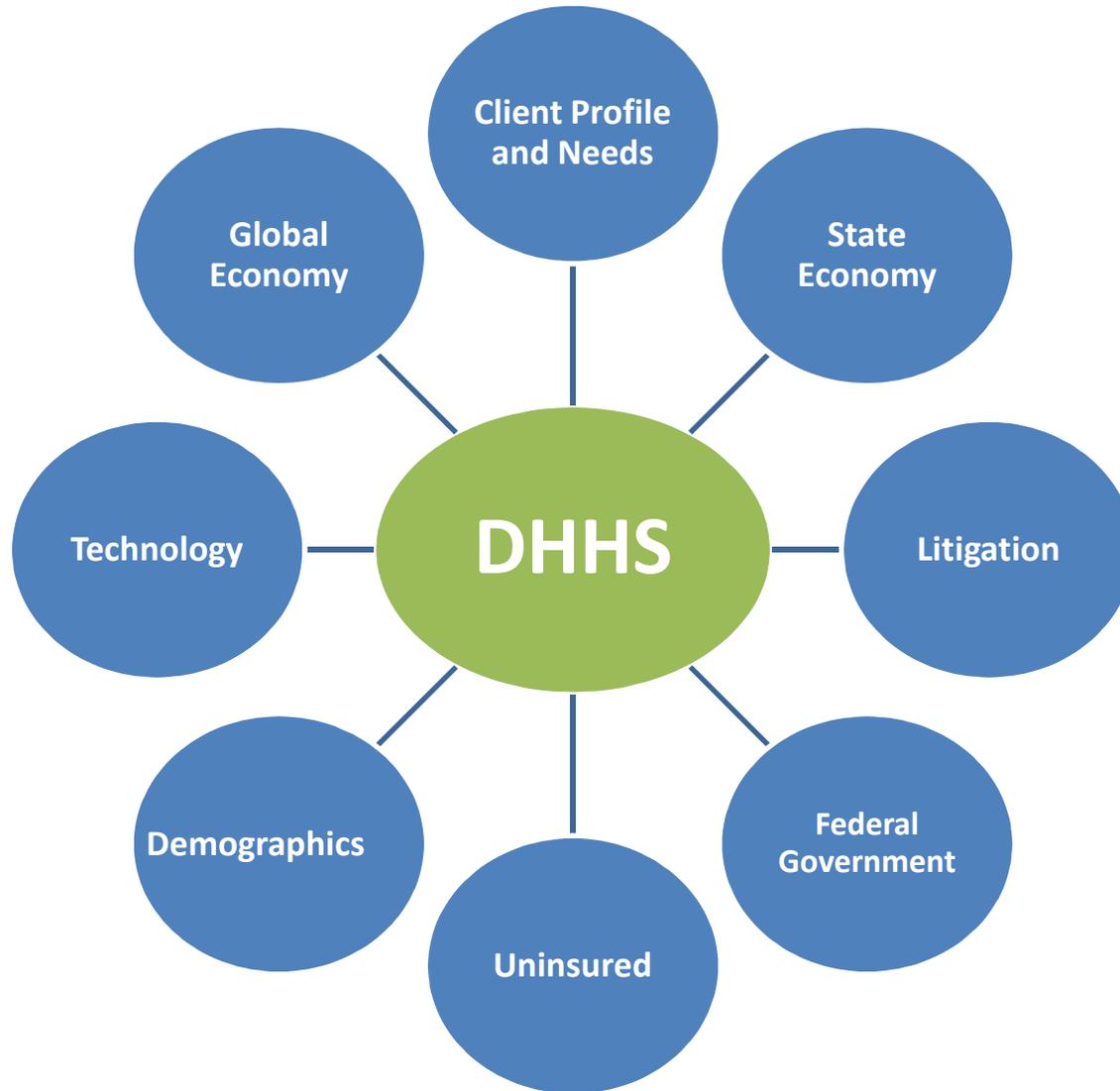
DHHS Re-Design Update

NH DHHS Mission and Responsibilities

“To join communities and families in providing opportunities for citizens to achieve health and independence

Center of Perpetual Storm

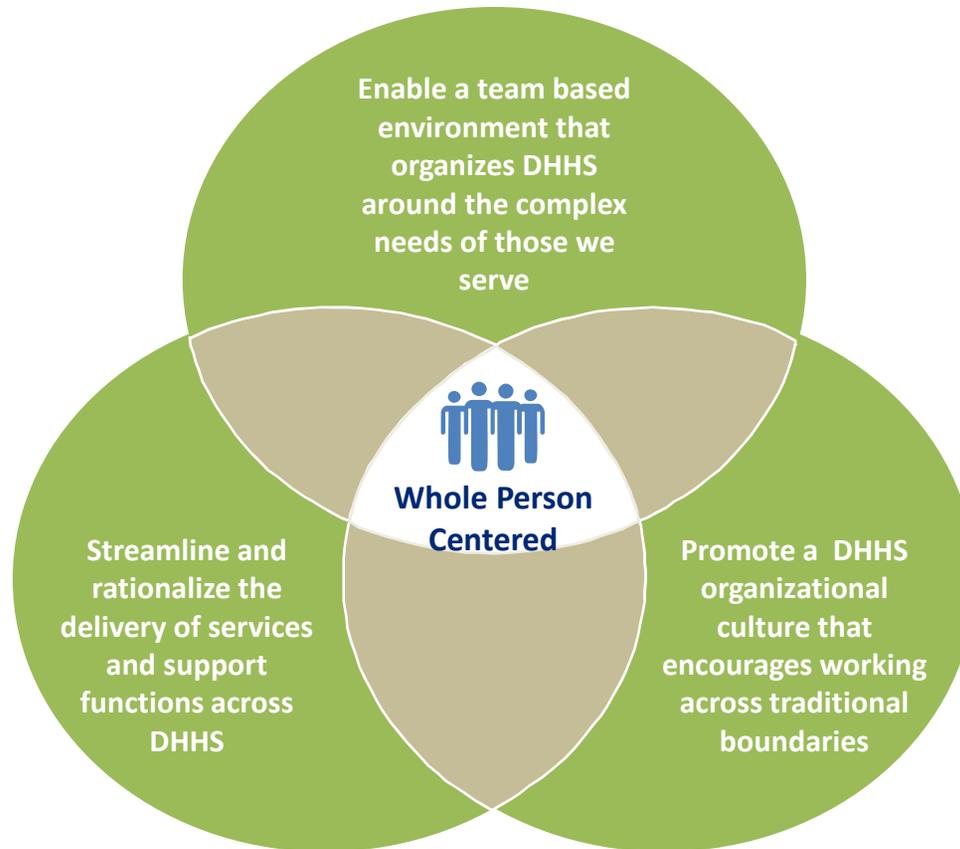
Factors Impacting DHHS



Redesign

- Redesign is not about change for Medicaid Care Management, but because of care management DHHS needs to change.
 - Whole Person
 - Population Health

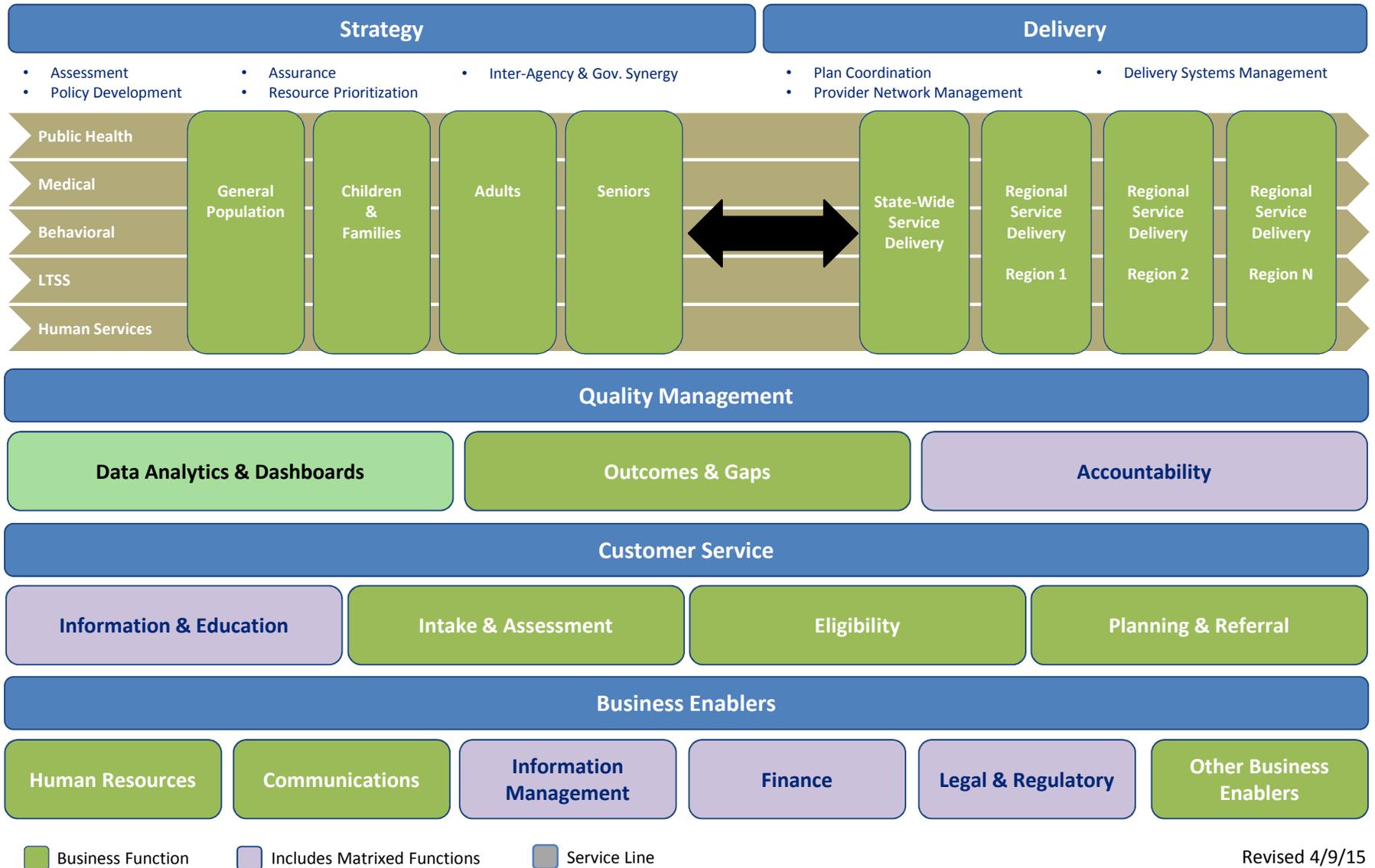
DHHS ReDesign Goals



“Building an organization that improves the health and independence of the people we serve, by emphasizing a proactive and holistic approach to addressing their needs”

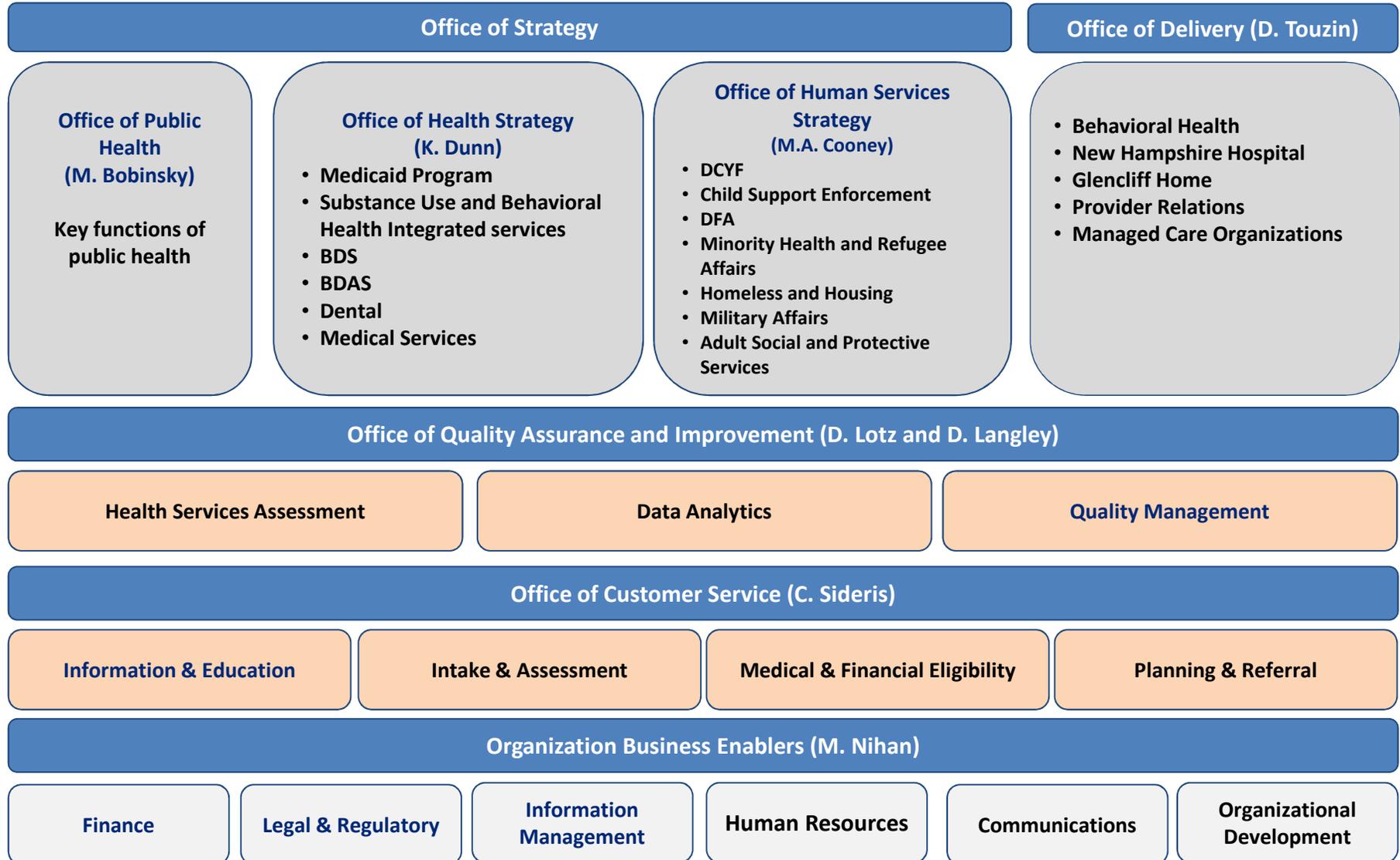


Operating Model for Population and Whole Person Health





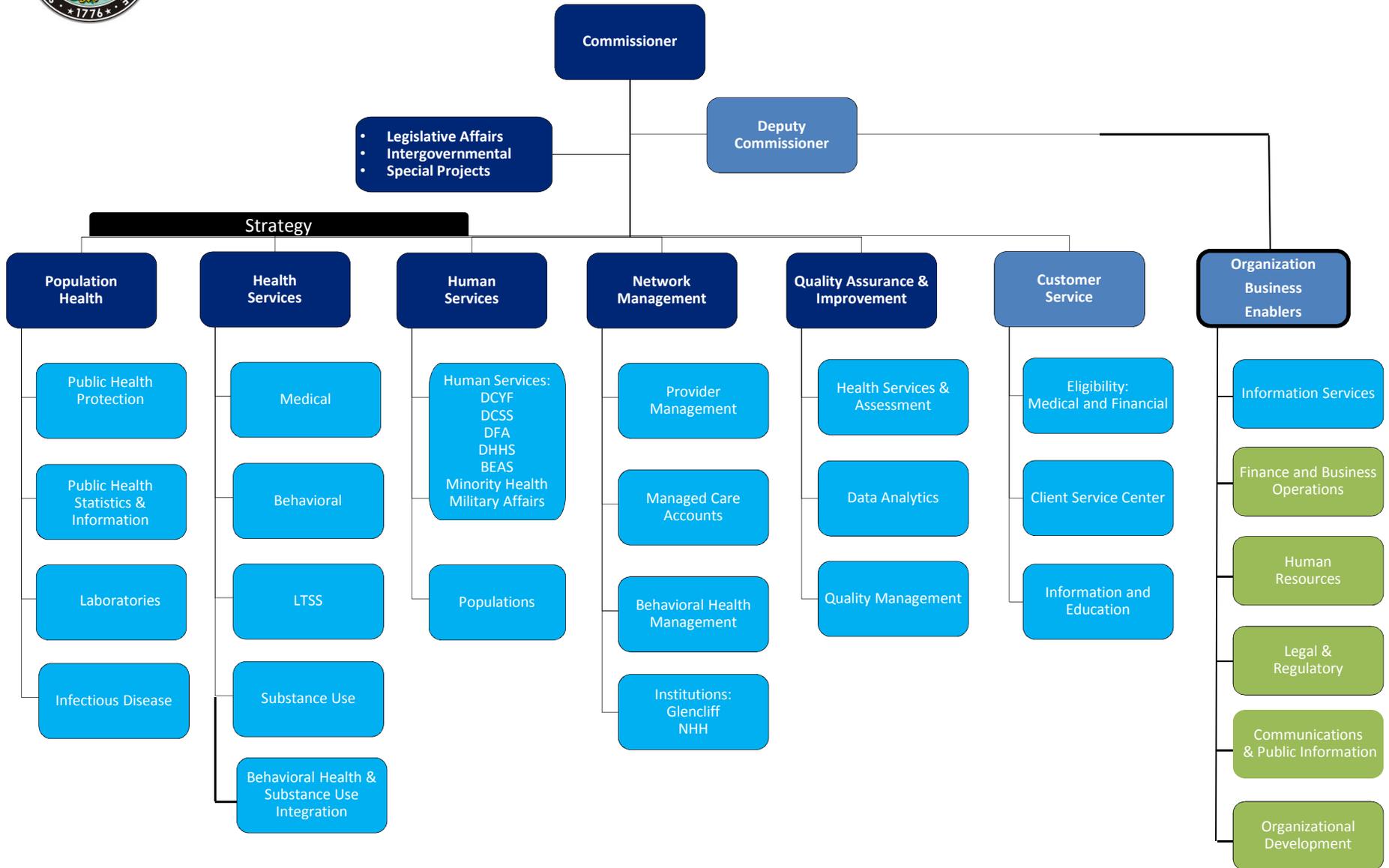
November 2015 Update – Working Org Chart





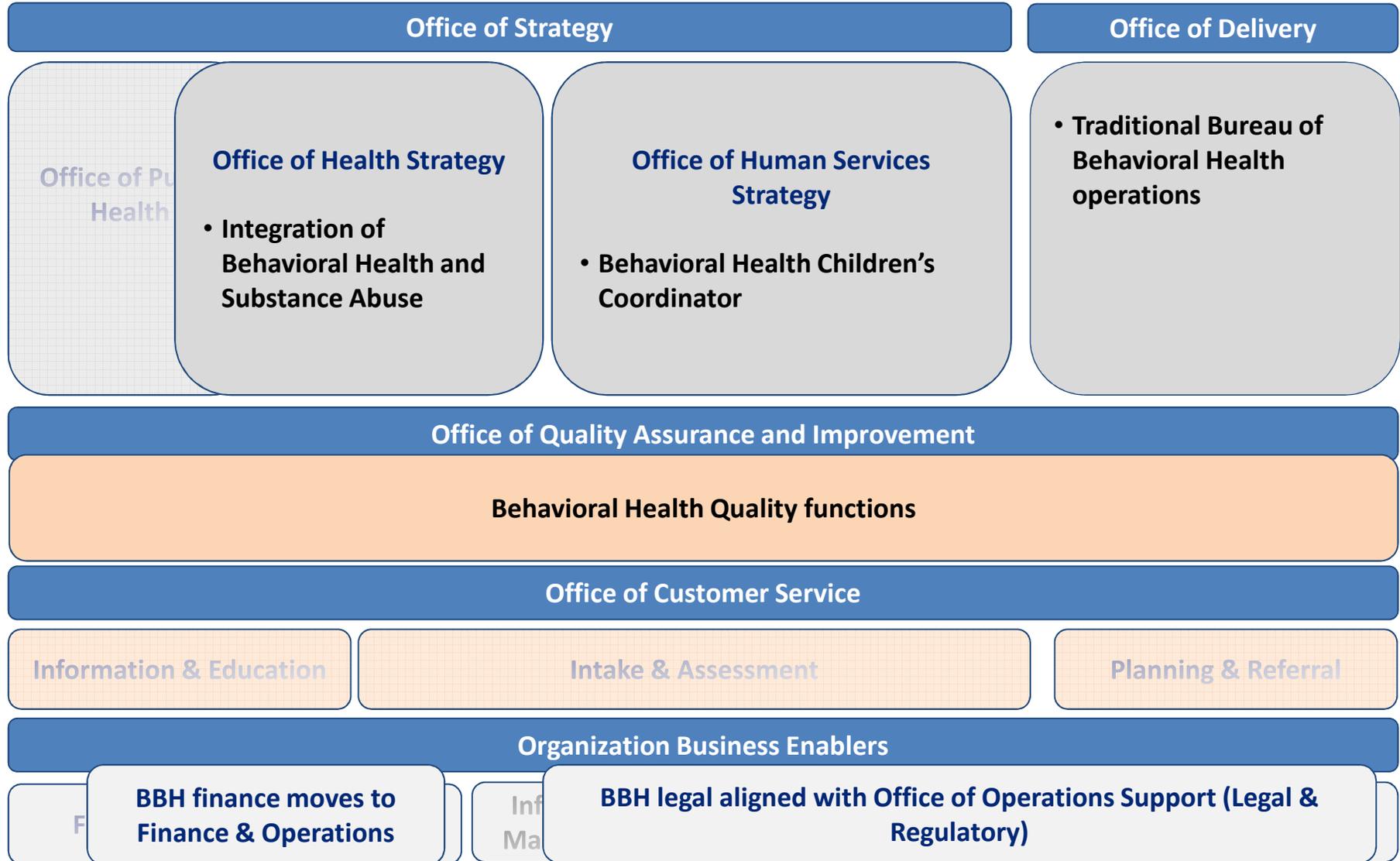
Department of Health and Human Services

Functional Architecture for Population and Whole Person Health



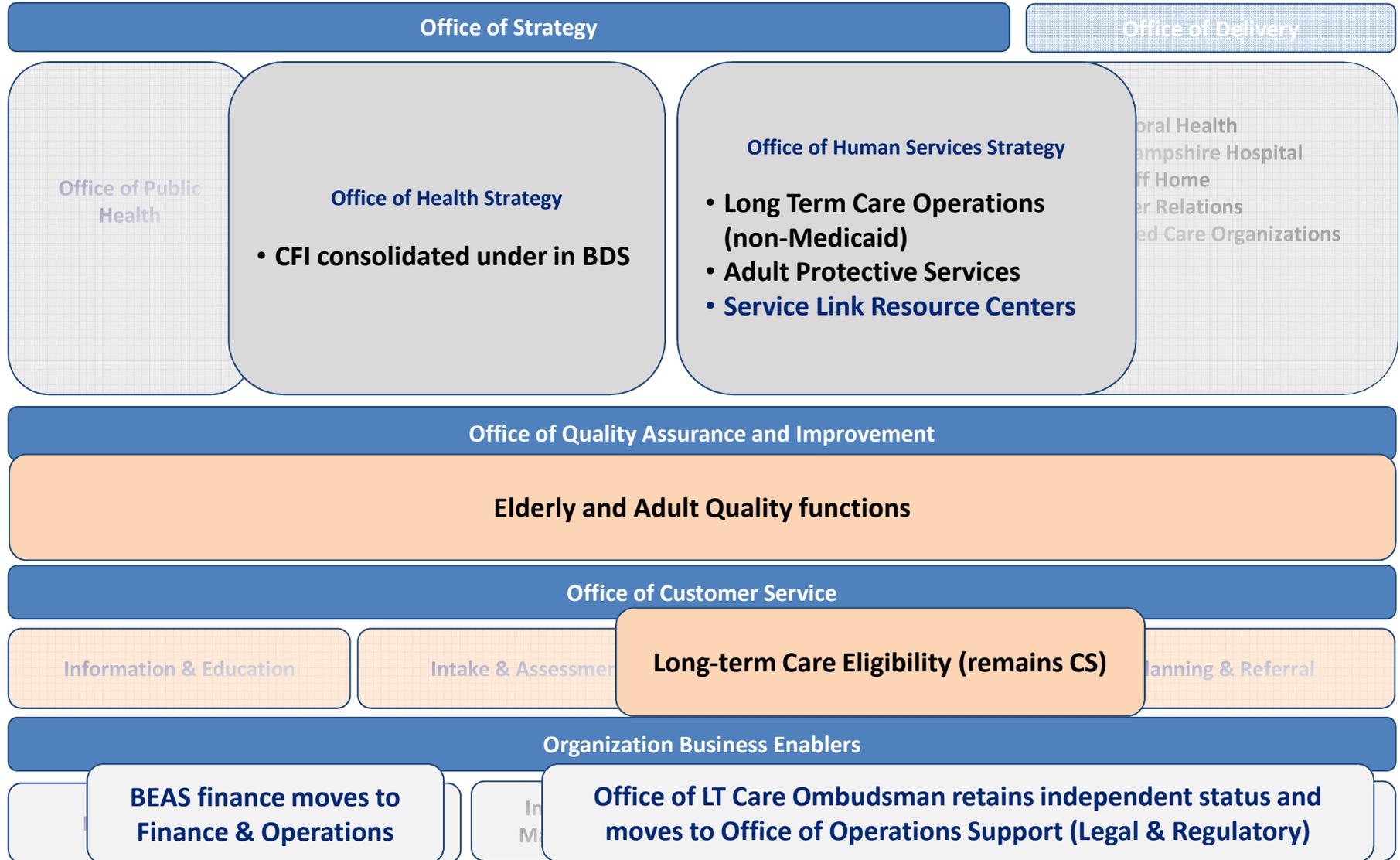


Fall 2015– BBH Realignment





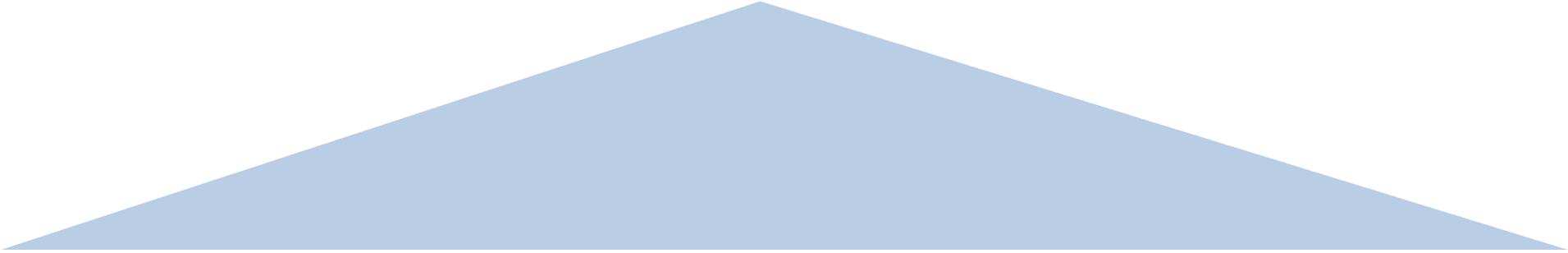
Fall 2015– BEAS Realignment



Follow-up

The following items were noted during the October MCM Commission Meeting:

- Readiness review for MCO and provider billing -Mr. Clyde Terry from GSIL Services
 - **DHHS is working with Mr. Terry to follow-up on this issue.**
- Network adequacy for national landscape -Commissioner Doug McNutt
 - **DHHS is setting up a backgrounder with Network Adequacy Subgroup and Camille Dobson, Deputy Director, NASUAD.**
- Reimbursement for services pending appeal- Mr. Clyde Terry
 - **Services a member *has been receiving* continue during a formal appeal.**



Questions?