

Governor's Commission on Medicaid Care Management

Recommendation #2

A Recommendation To Assure, Upon The Implementation Of Medicaid Care Management, The Identification Of Any Major Problems And To Assure Their Rapid Remediation. This Assurance Is Secured With Independent Review And Through Public Transparency, Of The First Seven Months Of Operations.

November 7, 2013

The Governor's Commission On Medicaid Care Management Hereby Recommends That The Governor Request From The Department Of Health And Human Services (DHHS) Systematic Public Reporting Of Information That Tracks Implementation Concerns, As Consistent With DHHS Data Collection Process And Other Reporting Requirements Associated with Medicaid Care Management.

Beginning With The Initial Implementation Of Medicaid Care Management And Through June 30, 2014, The Commission Recommends That The Governor Request That DHHS Establish Public Information Reporting On A Key Set of Issues Which Have Been Identified During Commission Meetings As Those That Are Priorities For Successful Public Benefit of Medicaid Care Management. The Commission Recommends That The Reporting Be Completed On a Timely Basis, Published As Frequently As Monthly When Applicable.

The Concerns To Be Addressed In Reports Include:

- **Status of Enrollment In Medicaid Care Management - Key Metrics That Allow for Monitoring on Enrollment To Include:**
 - **The Number Of Recipients Who Have Enrolled In The Program,**
 - **The Number Of The Voluntary Population Who Have Chosen To Opt Out,**
 - **The Number Who Have Selected A Health Plan,**
 - **The Number Who Have Been Automatically Enrolled,**
 - **The Number Electing to Change The Plan Selection After Initial Enrollment, and**
 - **The Reasons for Plan Selection Change.**

- **Enrollee Satisfaction - Key Issues To Be Assessed That Gauge Enrollee Satisfaction Include:**
 - **Concerns Raised During Calls And Other Contacts With DHHS and MCOs Reflecting Concerns And Barriers In Enrollment Processes,**
 - **Assessment of Network Adequacy and Provider Coverage Across MCOs,**
 - **Service Authorization Tracking by MCOs, Including Types of Authorizations and Disposition of Requests for Authorizations.**
 - **Additionally, Other Major Problems That Come to DHHS' Attention**

- **Provider Concerns - Key Issues To Be Assessed Regarding Provider Concerns Include:**

- **Reflecting Concerns And Barriers In Enrollment Processes,**
- **Assessment of Network Adequacy and Provider Coverage Across MCOs,**
- **Service Authorization Tracking by MCO’s Including Types of Authorizations and Disposition of Requests for Authorizations,**
- **Issues in Claims Payment Processes.**
- **Other Major Problems That Come to DHHS’ Attention**

The Commission Also Recommends And Endorses That The Regularly Published Reports Of DHHS Provide Information About Medicaid Care Management Progress And Include:

- **The DHHS Dashboard**
 - **Frequency: Monthly**
- **The Monitoring Access To Care Report**
 - **Frequency: Quarterly**
- **The NH Medicaid Annual Report**
 - **Frequency: Annually**

This Information Should Be Submitted To The Governor, Health And Human Services Oversight Committee Of The NH General Court, The Governor’s Commission On Medicaid Care Management, The Medical Care Advisory Committee, And Posted On The DHHS Website.

Rationale:

The Commission finds that the Department has reflected vigilance in carrying out its mission in all aspects of planning within a complex and evolving political and practice environment and a difficult to predict future of the Medicaid program.

The Commission believes that transparent communication, via critical data and reports, based on efficient reporting and analysis, is vital to the effective implementation of Medicaid Care Management. The release of these reports, consistent with the Department and the MCO reporting schedules will allow continuous improvement of quality, satisfaction, and efficiency. Transparency builds a shared understanding and commitment to success among all stakeholders.

The Commission recommends an ongoing commitment to early identification and correction of any concerns as key to adherence to the requirements of Senate Bill 147-FN (Chapter 125, Laws of 2011) and fulfillment of the Federal compliance requirements of the Medicaid program.

The Commission hopes that this reporting structure, which includes CMS required, State contracted “external review” as supplemented and reinforced by additional, independent reviews that are in process, will assure a high degree of understanding of our public’s health and health management in New Hampshire. We commend the Department for its commitment to a collaborative quality improvement process.

The Governor's Commission on Medicaid Care Management recommends that Medicaid Care Management reporting be formalized, comprehensive, and publicly engaging in New Hampshire in order to ensure that the Medicaid care management initiative is well implemented and will succeed in our State.