

MCM Commission

Nick Toumpas

**NH Department of Health
and Human Services**



**December 10, 2015
Legislative Office Building
Concord, NH**

Agenda

- Monthly Enrollment Update
 - MCM
 - NH HPP
 - Step 2, Phase 1 Mandatory Enrollment Update
- MCM Update
- Pharmacy/NEMT Authorization Update
- MCM Opioid Policy/Authorizations
- Work Force Development

Setting the Context

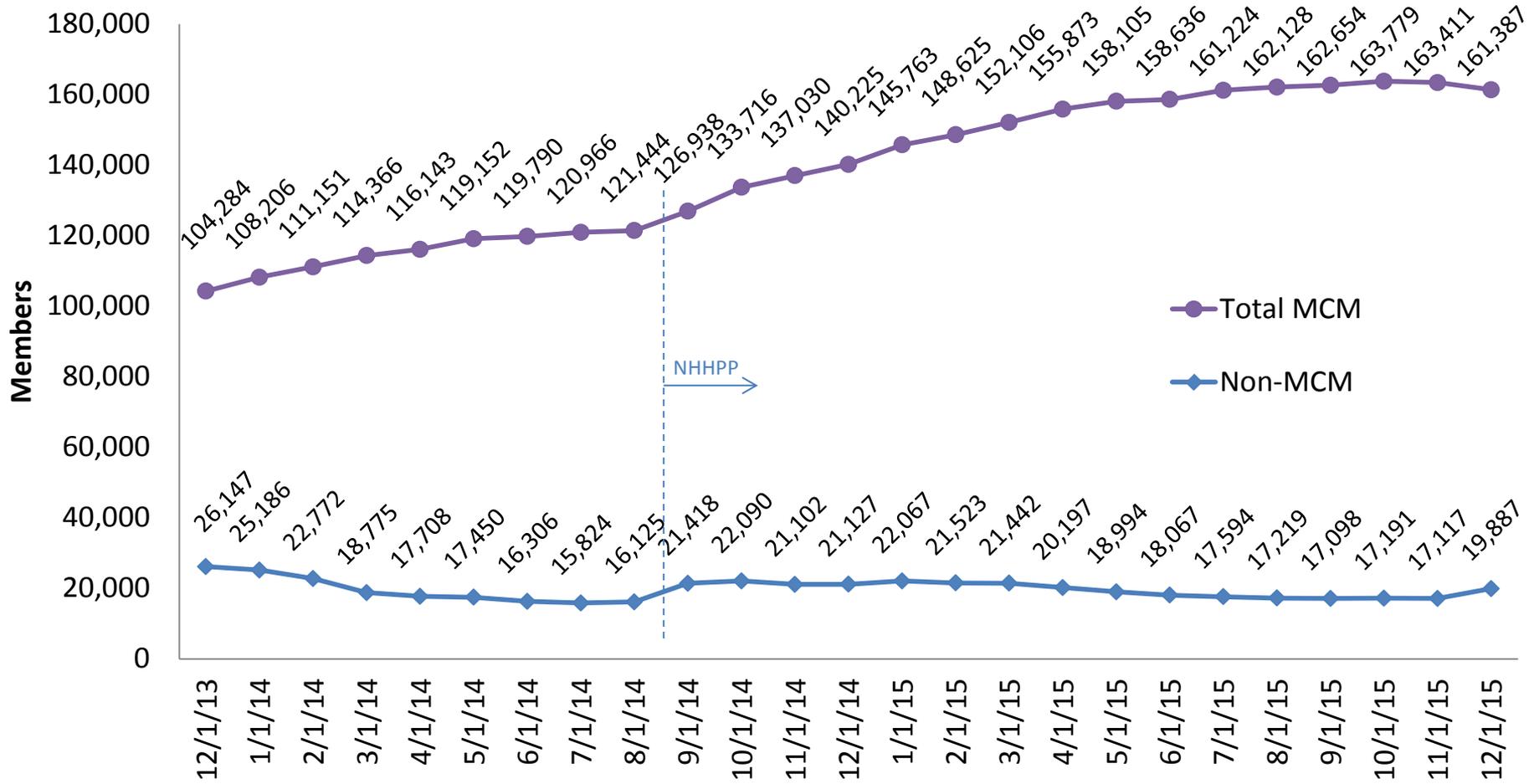
Care Management Program

December 1, 2013 –December 1, 2015

@ 25 Months



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

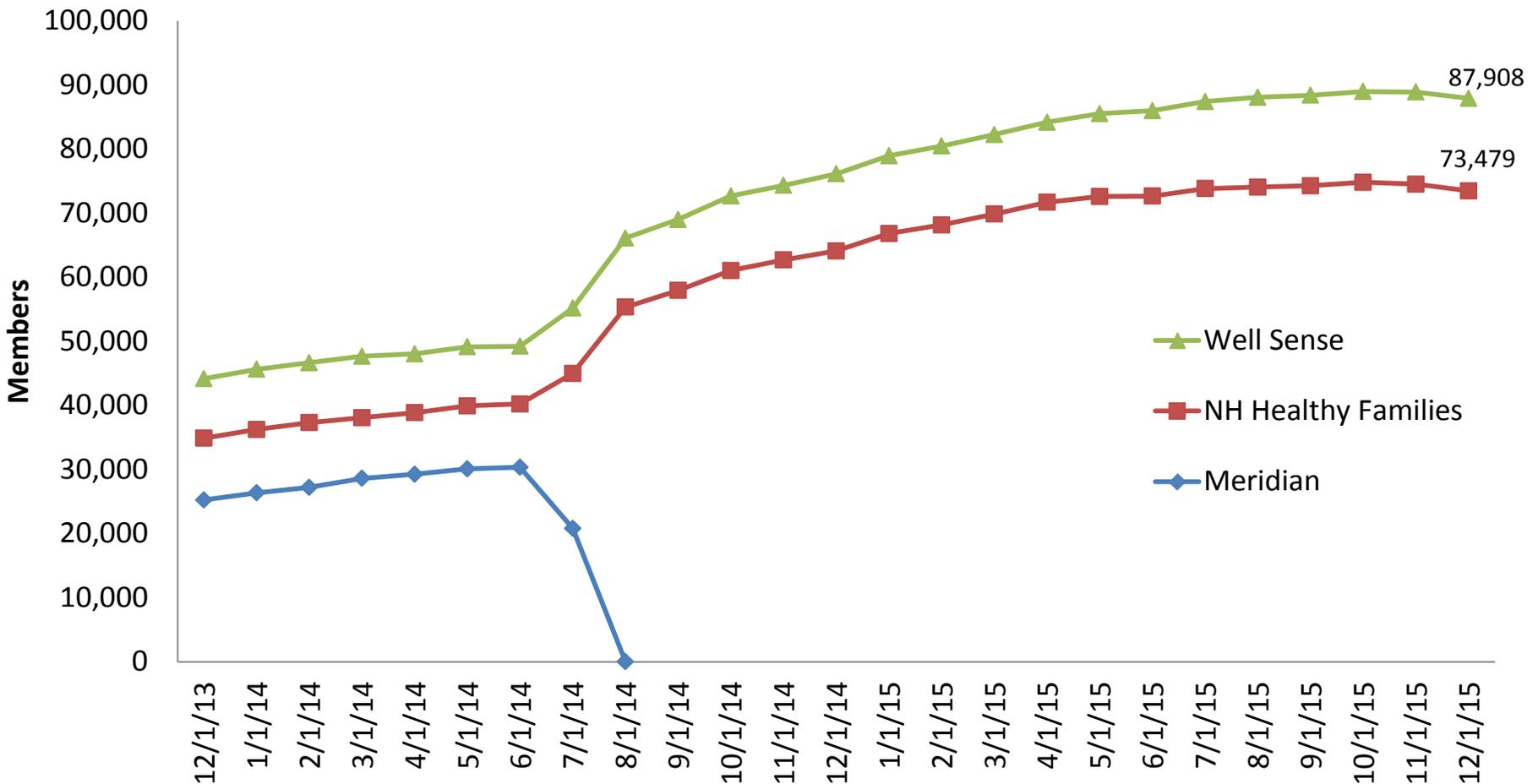


Notes: Excludes members without full Medicaid benefits (Family Planning Only & Medicare Savings Plans)

New NHHPP members who enrolled after 10/1/2016 were temporarily assigned to a Non-MCM benefit plan in anticipation of the Premium Assistance Program beginning on 1/1/2016, when they will be placed in a Qualified Health Plan. This caused a net decrease in MCM enrollment and a net increase in Non-MCM enrollment as of 12/1/2015.

Source: NH MMIS as of 12/2/15 for most current period; Data subject to revision.

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



Note: New NHHPP members who enrolled after 10/1/2016 were temporarily assigned to a Non-MCM benefit plan in anticipation of the Premium Assistance Program beginning on 1/1/2016, when they will be placed in a Qualified Health Plan. This caused a net decrease in MCM enrollment and a net increase in Non-MCM enrollment as of 12/1/2015.

NH HPP Update 12/4/15

- Total Recipients
 - 44,135
 - 41,109 are in the ABP (Alternative Benefit Plan)
 - 2,594 of Medically Frail are in the ABP
 - 432 of Medically Frail in standard Medicaid
- HIPP
 - 231 enrolled in HIPP
- Enrollment by Health Plan
 - 20,426 Well Sense
 - 17,648 New Hampshire Healthy Families

Step 2, Phase 1, Mandatory Enrollment Update

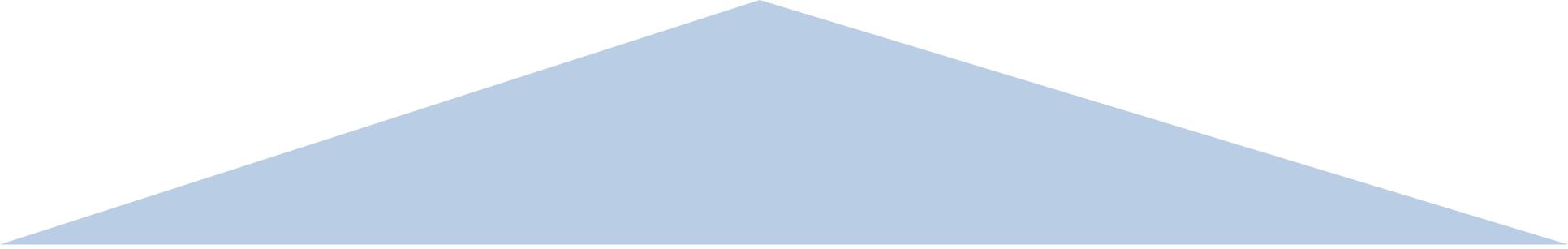
- Total Enrolled
 - 3,034
 - 1,325 Well Sense
 - 1,709 NHHF
- Target= 8,423

Contract Amendment

- Amendment required for MCO coverage of the Medically Frail to be effective 1/1/16
- Amendment targeted for 2/1/16 to enable a sub capitation arrangement between the MCOs and CMHCs
- Future amendment required to implement co-pays

Why Care Management?

- Goals
 - Improve Access to Care
 - Improve Quality of Care and overall health status
 - Improve cost-effectiveness
- Legislature Established
 - Chapter Law 125, Laws of 2011 (SB 147)
- Client Information Session – October 2013-NH
DHHS

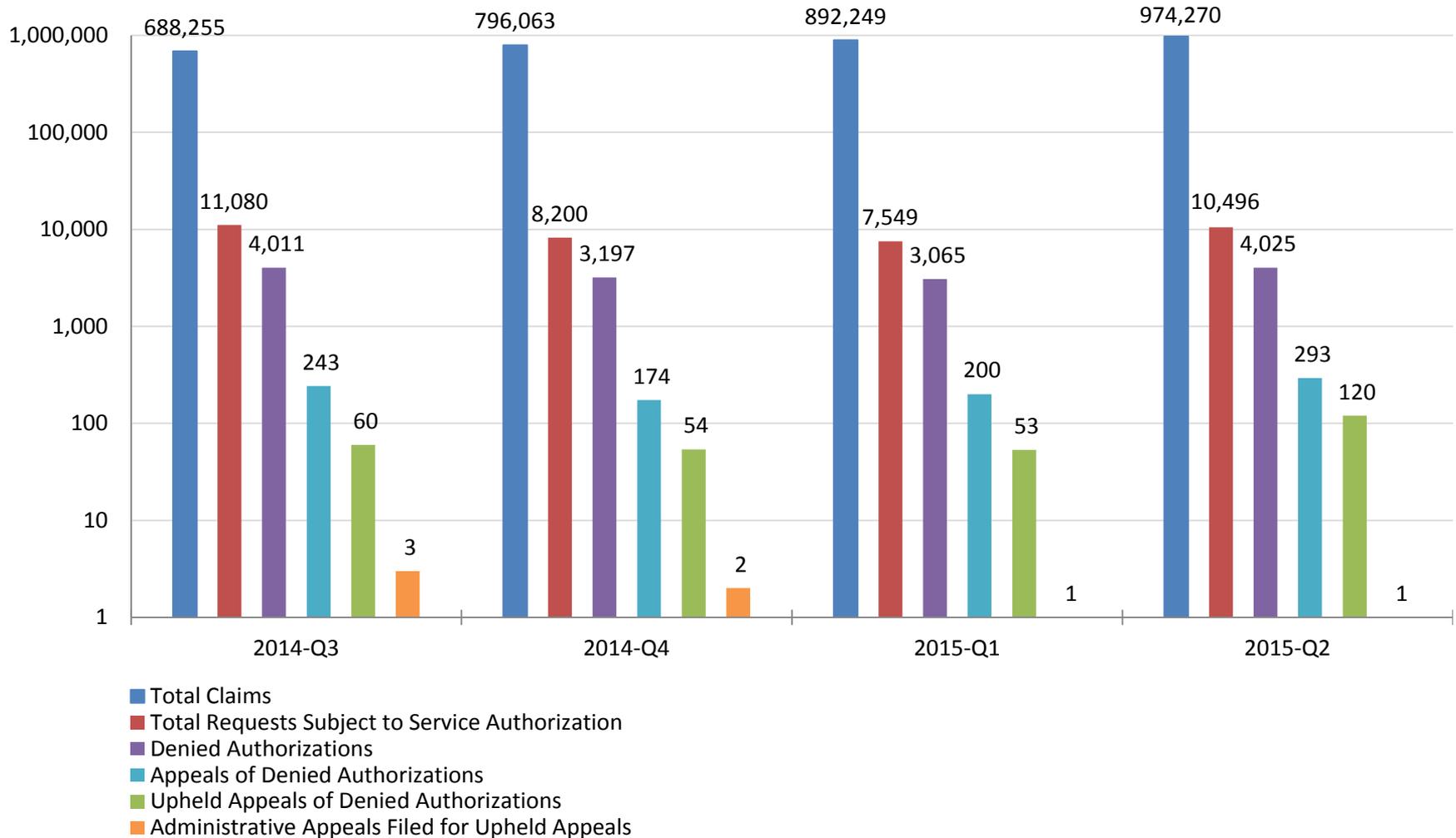


Effective Operations Subgroup:

Pharmacy/NEMT Authorization Update

MCM Pharmacy Claims, Authorizations & Appeals

(Note: logarithmic scale y axis)



Drug Class Examples

- Dermatologicals: Hydrocortisone, Elidel, Protopic
- Ulcer Drugs: Tagamet, Zantac
- Proton Pump Inhibitors (Ulcer Treatments): Nexium, Protonix
- Anticonvulsants: Gabapentin, Neurontin
- Central Muscle Relaxants: Baclofen,
- ADHD/Anti-narcolepsy/Anti-obesity/Anorexiant: Ritalin, Adderall, Xenical
- Analgesics – Opioid: Morphine Oxycodone
- Opioid Partial Agonists: Buprenorphine, Naloxone, Naltrexone, Suboxone
- Local Anesthetics – Topical: Lidoderm Patch, Lidocaine

MCM Pharmacy Service Authorization Denials – Top 10 Drug Classes

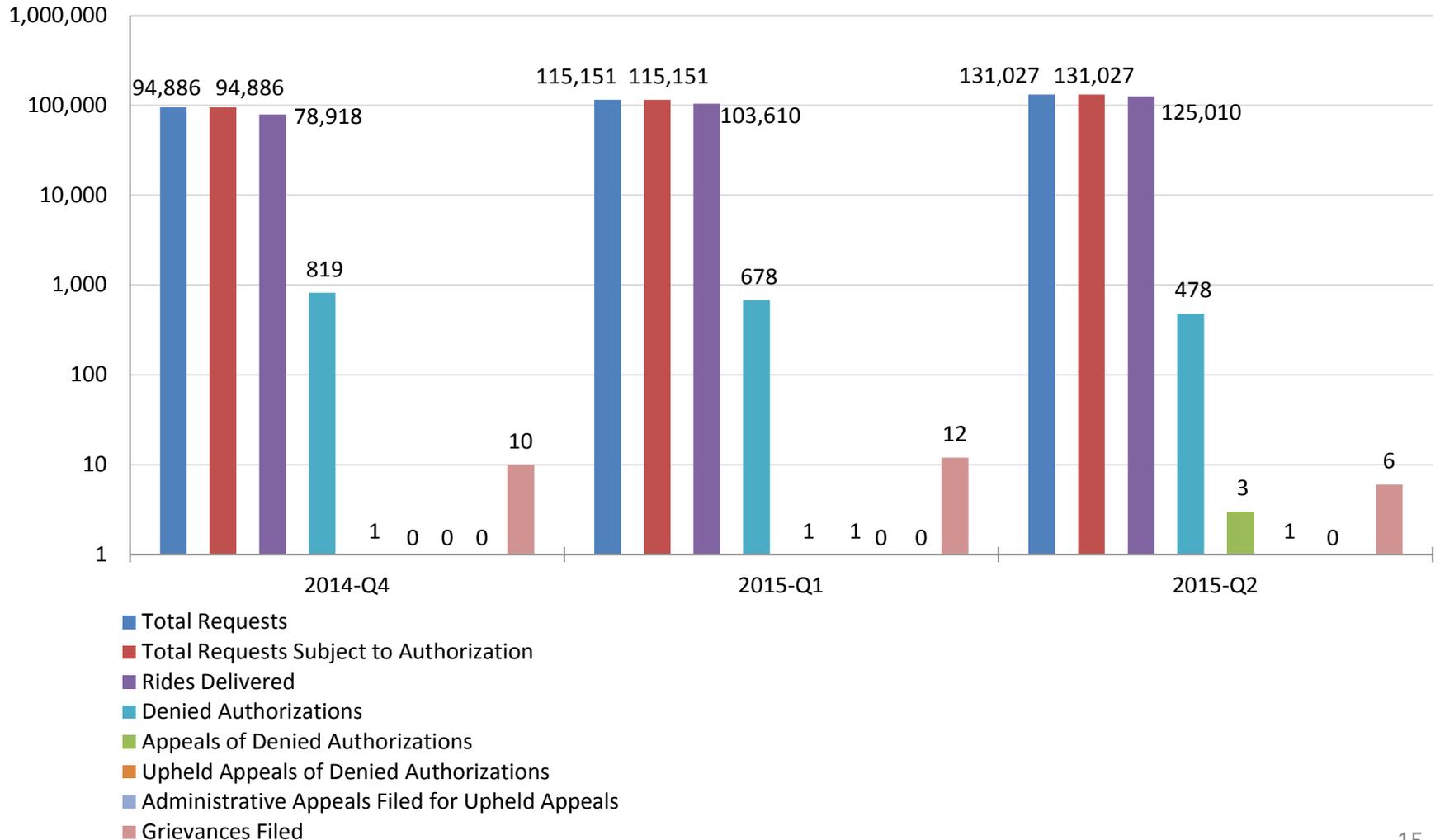
No.	Drug Category	2015-Q3 MCM SA Denials
1	Dermatologicals	470
2	Ulcer Drugs	230
3	Proton Pump Inhibitors	220
4	Anticonvulsants	200
5	Central Muscle Relaxants	192
6	ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	181
7	Antidepressants	103
8	Analgesics – Opioid (i.e., Morphine, oxycodone)	98
9	Opioid Partial Agonists (i.e., buprenorphine, naloxone, naltrexone)	92
10	Local Anesthetics - Topical	79

Results: Pharmacy

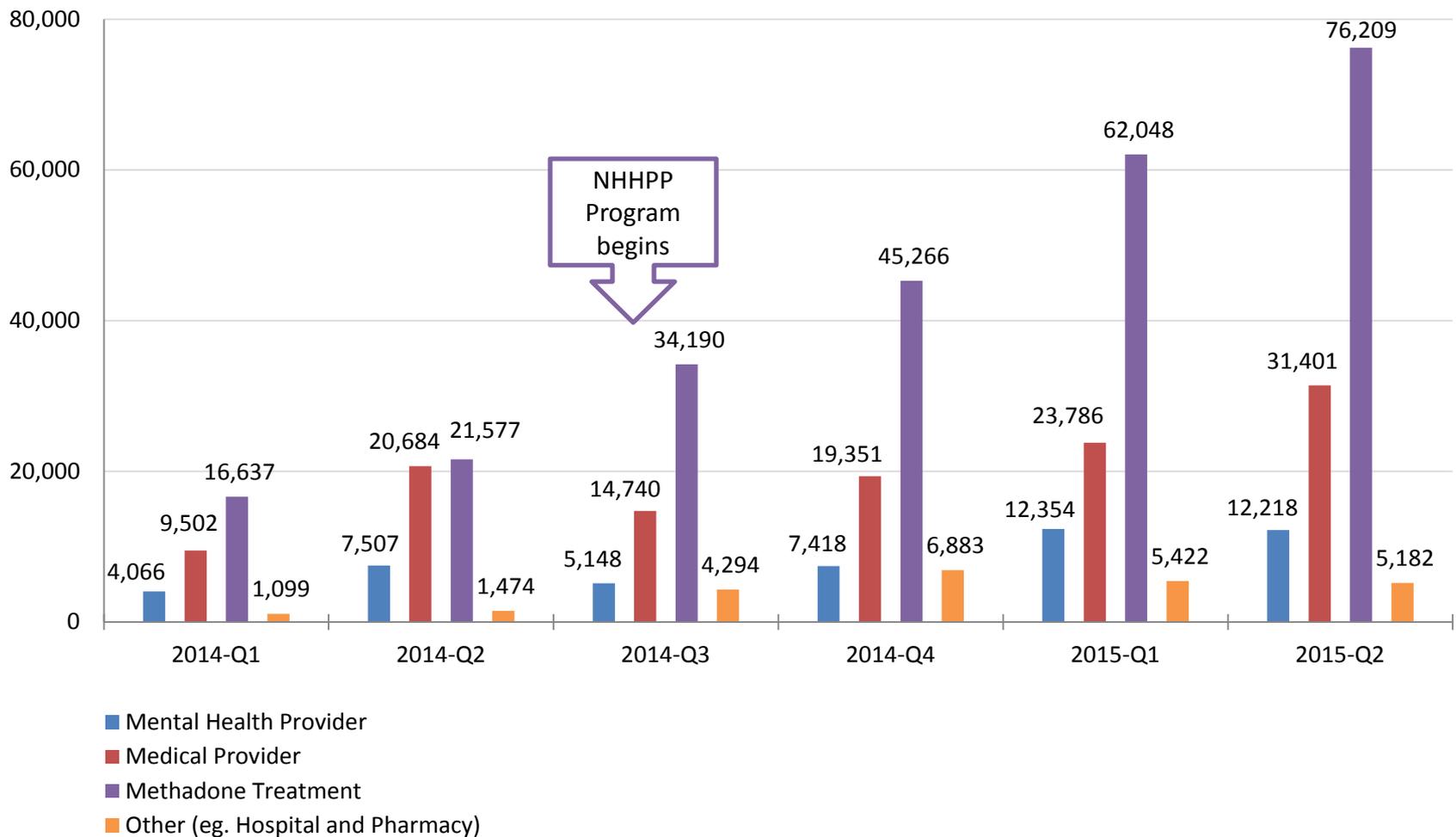
- Pharmacy
 - The overwhelming majority of pharmacy claims do not require service authorization and very few claims are denied or appealed
 - One primarily behavioral health medication is in the top 10 denied drug categories
 - Ad hoc reporting (previously presented to the MCM Commission July 2015) indicates :
 - 46-59% of denials are being given for business reasons (i.e., a preferred drug is available, there is no coverage for the drug requested)
 - 41-53% of denials are for clinical indications (e.g., medical necessity not met)
 - Beginning October 1, 2015, each MCO will be running their own pharmacy drug lists (and not required to strictly adhere to the NH Medicaid Preferred Drug List)

MCM Non-Emergent Medical Transportation Requests, Authorizations, Appeals, & Grievances

(Note: logarithmic scale y axis)



MCM Non-Emergent Medical Transportation Rides Delivered by Service Type



Results: NEMT

- NEMT
 - NEMT utilization has increased since the onset of the MCM program, primarily due to NHHPP population
 - All NEMT requests undergo authorization review
 - Very few NEMT are denied
 - Very few NEMT appeals, fair hearings and grievances
 - Grievance trend indicated issues with one MCO's transportation vendor; a new transportation vendor was began in 2015 Q3

MCM Opioid Use

Contract Standards & Quality Measurements

Contract Standards (Section 14.1.11.4)

- October 1, 2015 -- MCOs shall require prior authorization for high dose opioid prescriptions
- Beneficiaries with diagnosis of Substance Use Disorder (SUD) and all infants with diagnosis of neonatal addiction syndrome (NAS) will be referred by MCO to care coordination to support the coordination of their physical and behavioral health needs and for referral to SUD treatment
- Beneficiaries in an MCO lock-in program will be evaluated for the need for SUD treatment

New SUD Quality Measures –

- Rate of referral to case management for all patients receiving buprenorphine or methadone SUD treatment
- Rate of referral to case management for all infants with a diagnosis of neonatal abstinence syndrome
- Percent of prior authorized fills and refills for high dose opioid prescriptions

DHHS Mission

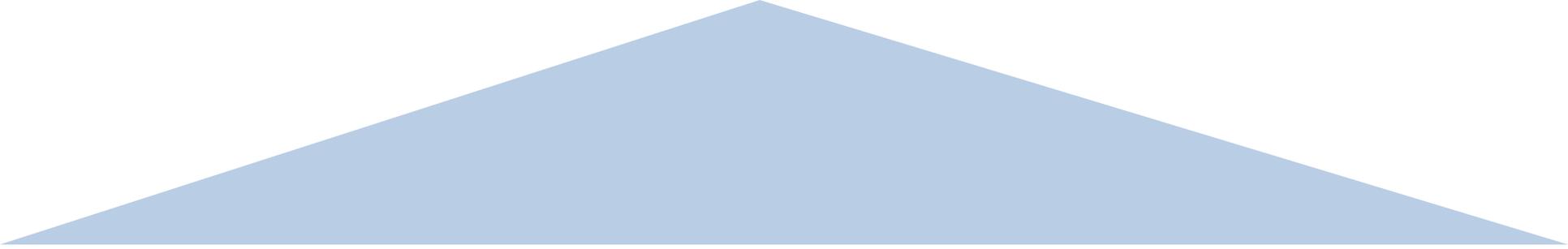
“To join communities and families in providing opportunities for citizens to achieve health and independence.”



DHHS Strategic Initiative Workforce Development



- *Mission* -- Put the right skilled nurses, and health workers, in the right places, inclusive of New Hampshire Hospital, the community, and homes, for the best possible outcomes for those in need and their families.
- *The First Step* -- to prepare for future needs is to begin to recruit a multi-skilled, diverse workforce now to keep pace with the state's integrated health care delivery that reflects emerging population trends and needs.
- *Establish a DHHS Workforce Development Program* -- to support the Granite state's integrated health care delivery system by educating, preparing, and advancing multi-skilled workers ensuring high quality health care.



Questions?