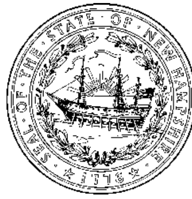

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
MEDICAID CARE MANAGEMENT PROGRAM

Reference Number	19-0028-R5
Authorized by	Henry Lipman, Medicaid Director
Division/Office/Bureau	Division of Medicaid Services
Issue Date	May 12, 2021
Effective Date	July 1, 2020 or as otherwise noted
Subject	**Withhold and Incentive Guidance**
Description	Guidance for Medicaid Care Management (MCM) Withhold and Incentive Program Services in the MCM Contract (RFP-2019-OMS-02-MANAG-02) approved by the Governor and Executive Council in March 2019, and subsequent Amendments. (*MCM Services Agreement, Exhibit A, Section 5.4)*

1. Background

1.1. This Withhold and Incentive Program Policy (or, "Policy") applies to all Managed Care Organizations (MCOs) participating in the Medicaid Care Management (MCM) program as of September 1, 2019, consistent with the requirements outlined in Section 5.4 (MCM Withhold and Incentive Program) of the MCM Agreement.

1.2. After the completion of each Agreement year ending June 30th, an actuarially sound withhold[1] percentage of each MCO's risk adjusted capitation payment net of directed payments to the MCO shall be calculated as having been withheld by DHHS. On the basis of the MCO's performance, as determined under this policy, unearned withhold in full or in part is subject to recoupment by DHHS to be used to finance an Incentive Pool.

1.3. For the September 2019 through June 2020 contract year:

1.3.1.1. DHHS shall waive the financial component of the quality withhold provisions of the MCM Services Agreement due to the impact of the COVID-19 pandemic. All MCOs shall receive 100% of the quality withhold; and

1.3.1.2. MCOs shall report on all performance measures indicated in Appendix A: SFY 2020 SUPPLEMENT – Table 2.

1.4. As required by federal regulations, this Policy and all Minimum Performance Standards are subject to review and certification by DHHS's actuaries.

1.5. As often as once annually, DHHS plans to reassess and modify the MCM Withhold and Incentive Program. The performance metrics, populations, and individual metrics

[1] DHHS will pay to MCOs participating in the MCM program the full Capitation Payment, as described in the MCM Agreement, without withholding any dollars from the premium during the agreement year.

described in this Policy are developed by DHHS. DHHS may at its discretion take into account input from a workgroup consisting of members from DHHS and each MCO. Final policy decision will be made exclusively by DHHS. Each MCO shall comply with all subsequent changes specified by DHHS.

1.6. Final decisions regarding the MCM Withhold and Incentive Program will be made exclusively by DHHS. Which shall include but not be limited to selecting Performance Measures and Performance Categories, setting Annual Goals and Minimum Performance Standards, and determining the Earned Withholds, Incentive Pool, and Incentive Payments.

1.7. The MCM Withhold and Incentive Program is based on a Withhold applied to the capitation payments made by DHHS to MCOs participating in the MCM program. The goal of the MCM Withhold and Incentive Program is to establish incentives in addition to those outlined in the MCM Agreement for meeting performance requirements and priorities established by DHHS.

1.8. The MCM Withhold and Incentive Program requires MCOs to meet a minimum performance standard for measures in three priority Performance Categories – Quality Improvement, Care Management, and Behavioral Health. Upon satisfying the minimum performance standard, MCOs will become eligible to earn back withheld capitation payments based on their performance against DHHS Annual Goals in each of the three Performance Categories. In addition, if one or more MCO fails to earn back its full withhold, those unearned dollars will be used to finance an incentive pool that is available for additional incentive payments to be made to high-performing MCO(s).

1.9. For the period January 1, 2021 through June 30, 2021 (MCM Services Agreement, Amendment #5, Exhibit A, Section 4.10.8.1.1), DHHS introduced a Withhold incentive to encourage MCO participation in a Local Care Management Pilot. For more information, refer to Section 3.2 of this guidance.

1.10. At the sole discretion of DHHS, DHHS may evaluate the impact of COVID-19 epidemic on the MCM Withhold and Incentive program and make such changes as required.

2. Definitions

2.1. Annual Goal

A standard determined for each performance measure that exceeds the Minimum Performance Standard, and represent the Department’s desired level of performance for each measure.

2.2. Earned Withhold

Earned Withhold means the amount of the Withhold returned to the MCO. The amount is determined based on (1) the MCO achieving Minimum Performance Standards and (2) the MCO’s gap between Minimum Performance Standards and Annual Goals. The Earned Withhold will not to exceed 100% of the MCO’s withheld risk-adjusted capitation payment amount. The Earned Withhold excludes Performance Incentive Payments.

2.3. Earned Withhold Performance Point Scale

Scale used to quantify the MCOs gap between Minimum Performance Standards and Annual Goals.

2.4. **Incentive Payment**

The amount of an incentive pool awarded to the MCO based on the MCO's exceeding Annual Goals described in this Policy, not to exceed 5% of the MCO's qualifying capitation revenue.

2.5. **Incentive Pool**

The amount available for an Incentive Payment for each Performance Category resulting from at least one other MCO not earning the maximum Earned Withhold from that Performance Category.

2.6. **Minimum Performance Standard**

A standard determined for each performance measure that represents the minimum performance result allowed to still be eligible for an Earned Withhold.

2.7. **Performance Categories**

A grouping of performance measures. Current categories are: Quality Improvement, Care Management, and Behavioral Health.

2.8. **Performance Measure**

Performance Measure means the indicators selected for use in determining the Earned Withhold and/or Incentive Payment to be made to each MCO.

2.9. **Withhold**

Withhold means a specified percentage of an MCO's gross capitation payments, excluding directed payments (as identified by DHHS).

3. Determining the Withhold.

3.1. The total Withhold amount to be recouped by DHHS is equal to two percent (2%) of the risk adjusted capitation payments made by DHHS for enrollees in the MCM program for the capitation service periods during the primary measurement period, net of directed payments that are approved by the Center for Medicare and Medicaid Services.

3.2. For the period January 1, 2021 through June 30, 2021, the MCOs shall be eligible for a one-half percent (.5%) reduction of the total withhold recoupment outlined in 3.1 above when the MCO is determined to have successfully participated in the Local Care Management (LCM) Pilot Program. Successful participation in the LCM Pilot Program is defined in Appendix C of this guidance.

3.3. Withhold percentages will not be applied to directed payments, including directed payments to Community Mental Health Programs (CMHPs), and any other payments otherwise identified by DHHS as a directed payment.

4. Performance Measures and Performance Categories.

4.1. The MCO's performance will be assessed in three (3) Performance Categories: Quality Improvement, Care Management, and Behavioral Health.

4.2. DHHS will annually select Performance Measures, Performance Categories, and Performance Standards.

4.3. DHHS reserves the right to eliminate a particular Performance Measure for use in this Policy.

4.4. DHHS reserves the right to exclude a particular MCO from one or more Performance Measure(s) used in this Policy based on the MCO having a denominator of less than 100[2] for the measure, or other reasons determined by DHHS.

4.5. In the event that the MCO is excluded from all performance measures in a Performance Category DHHS will remove the MCO's Withhold amount for that Performance Category.

4.6. The general methods and procedures used for data sources, validation, and tabulation of results are described in Appendix B. The Department will produce detailed specifications for each withhold measure calculated by the MCOs.. Risk adjustment methods for specific Performance Measures will be considered and utilized, if deemed appropriate by DHHS.

4.7. Performance measures will include the eligible populations of Standard Medicaid Managed Care and Granite Advantage Health Plan Members.

4.8. DHHS shall, as often as annually, issue MCM Withhold and Incentive Program guidance by August 1st each year. Any differences in performance and rating periods shall be described in the program's actuarial certification for the rating period.

5. Earned Withhold

5.1. MCOs are able to earn a portion or all of the withhold back based on performance in each of the Performance Categories. The maximum Earned Withhold in each category is outlined in Figure A below.

Figure A. Performance Category Percentage of Total Withhold

Performance Category	Percentage of Maximum Withhold to be Earned Back
Quality Improvement	50%
Care Management	25%
Behavioral Health	25%
Total	100%

5.2. *Figure B: RESERVED FOR FUTURE USE Qualifying for an Earned Withhold*

5.2.1. To qualify for an Earned Withhold in each Performance Category, the MCO shall meet the Minimum Performance Standard for each measure within the corresponding Performance Category. See Appendix B: State Fiscal Year (SFY) Supplement Tables for specific Minimum Performance Standards.

5.2.2. Minimum Performance Standards are calculated based on the MCOs prior performance when available.

5.2.3. Failure to meet the Minimum Performance Standard for a Performance Measure will disqualify the MCO from receiving any Earned Withhold in the corresponding Performance Category.

[2] The denominator unit will be variable depending on the performance measure. It may include but not be limited to members or events such as utilization of a service.

5.3. *Earned Withhold Calculation*

5.3.1. Earned Withhold amounts will be determined for each Performance Category in which the MCO qualifies to receive an Earned Withhold.

5.3.2. The Earned Withhold amount for each Performance Category will be determined by assigning points to each Performance Measure.

5.3.3. Each Performance Measure will be scored from 0 to 3 as determined by the gap between the corresponding Minimum Performance Standard and the Annual Goal. See Figure C below for the point scale.

Figure C. Earned Withhold Performance Point Scale

Range	Points
Minimum Performance Standard to Less Than 1/3 of Filled Gap to Annual Goal	0
1/3 to Less Than 2/3 of Gap to Annual Goal	1
2/3 to Less Than Annual Goal	2
Annual Goal or Greater	3

5.3.4. A total score for each Performance Category will calculated by totaling the points of the corresponding Performance Measures.

5.3.5. The maximum point total for each Performance Category will be divided by the MCOs total points for the corresponding Performance Category to determine the percent of total possible points for each Performance Category.

5.3.6. The Earned Withhold for each Performance Category will be calculated as the total maximum withhold amount in dollars for each Performance Category times the percent of total possible points in each Performance Category.

5.3.7. DHHS will have the sole discretion about whether an MCO has met the Minimum Performance Standard or Annual Goal on a Performance Measure.

5.3.8. See Appendix A for an example of how an Earned Withhold is calculated.

6. Incentive Payment Performance Bonus

6.1. In the event that any MCO does not reach the maximum Earned Withhold payment described in Section 5 of this Policy, DHHS shall use the unearned Withhold funds to fund an Incentive Pool through which high performing MCOs may earn an Incentive Payment.

6.2. The total Incentive Pool will be calculated by subtracting the total Earned Withhold payments for all MCOs from the total Withhold for all MCOs.

6.3. The Total Incentive Pool will be calculated at the Performance Category level so that unearned Withhold funds from a Performance Category can only be used for Incentive Payments for the same Performance Category.

6.4. *Qualifying for Incentive Payment Performance Bonus*

6.4.1. To qualify for an Incentive Payment in a Performance Category:

6.4.1.1. An MCO must meet Minimum Performance Standards across all Performance Measures;

6.4.1.2. An MCO must meet the Annual Goals for all Performance Measures within the Performance Category; and

6.4.1.3. There must be Incentive Pool funding available for the Performance Category.

6.5. *Calculating the Incentive Payment Performance Bonus*

6.5.1. DHHS will calculate an Incentive Payment for MCOs meeting the conditions of 6.4 above for each Performance Category in which Incentive Pool funding is available.

6.5.2. For each Performance Category DHHS will separately assess each Performance Measure within the category. Where MCO performance for any of the Performance Measures examined exceeds the Annual Goal by more than a relative 5%, the MCO will be eligible for an Incentive Payment for that Performance Measure.

6.5.3. Total available Incentive Payment funds will be equally allocated between each Performance Measure in a Performance Category that has Incentive Pool funding available.

6.5.4. The payment will be calculated by multiplying five times the MCO's relative performance above the Annual Goal, times the available Incentive Pool for the Performance Category.

6.5.5. When more than one MCO is eligible for an Incentive Payment for the same Performance Category, DHHS may adjust the multiplier in 6.5.4 above to prevent the total Performance Incentive payments from exceeding the Incentive Pool for the category.

6.6. In the event that the Incentive Pool funds are not fully expended, the balance in each category will roll over to the Incentive Pool in the following year.

6.7. See Appendix A for an example of how an Incentive Payment is calculated.

7. DHHS Payment Mechanics

7.1. DHHS will pay to MCOs participating in the MCM program the full Capitation Payment, as described in the MCM Agreement, without withholding any dollars from the premium during the contract year.

7.2. The Withhold amount may be adjusted by DHHS, if necessary, for the elimination of a particular measure or the elimination of an MCO from a particular measure as indicated in Section 3.1 of this Policy.

7.3. An MCO may earn less than, equal to, or more than the MCO's contribution to the Withhold, provided that no MCO's total revenue is greater than 105% of the MCO's qualifying capitation revenue in accordance with federal regulation.

7.4. Between one (1) and three (3) months after the DHHS Withhold performance report for the measurement year has been issued, DHHS shall tabulate and report to each MCO its performance and the dollar amount of the Earned Withhold and Incentive Payment. DHHS will recoup from or make payment to the MCO as follows:

7.5. If DHHS determines that the MCO has achieved the maximum Earned Withhold, the MCO will not owe payment to DHHS and may retain the Withhold (there is no financial exchange).

7.6. If DHHS determines that the MCO has earned less than 100% of the Earned Withhold, the MCO will owe to DHHS the dollar amount of the Withhold less the value of the Earned Withhold.

7.7. If DHHS determines that the MCO has earned an Incentive Payment that, when combined with the MCO's Earned Withhold payment is greater than the value of the Withhold, DHHS will owe to the MCO the sum of the Earned Withhold and Incentive Payment, less the value of the Withhold.

7.8. If the MCO's performance results in the MCO owing payment to DHHS, the MCO shall make during the subsequent contract year a lump sum payment in the amount of the Withhold less the value of the Earned Withhold. If the MCO's performance results in an Incentive Payment that is greater than the value of the Withhold, DHHS shall make during the subsequent contract year a lump sum payment that is the sum of the Earned Withhold and Incentive Payment, less the value of the Withhold (provided that no MCO's total revenue is greater than 105% of the MCO's qualifying capitation revenue).

7.9. Included in DHHS's report to each MCO regarding its performance and the dollar amount of the Earned Withhold and Incentive Payment, DHHS will provide a written deadline for the MCO's review and comment. Upon completion of the review period, DHHS will evaluate all MCO comments and address any issues as warranted as determined by DHHS.

7.10. If feasible based on DHHS discretion, DHHS will provide the MCOs a mid-point assessment based on available performance data.

8. Performance Measure Specifications

8.1. DHHS will determine the responsible party for calculating each performance measure as indicated in the *SFY Supplements Section (Table 2)* at the back of this guide.

8.2. DHHS will finalize and include detailed specifications for each performance measure in the *SFY Supplements Section (Table 2)* at the back of this guide.

8.3. DHHS will clarify the annual process for submitting performance measures in the *SFY Supplements Section (Table 2)* at the back of this guide.

8.4. In the event of selecting standard measures (e.g. HEDIS), DHHS will clarify if the performance measure will need to be calculated using a current specification, a prior year's specification, or both.

Revision History

Activity Date	Version	Description of Activity	Author	Approved By
8/19/2010	20190819vF	Initial issue	H. Lipman	H. Lipman
2/20/2020	20200220vDraft	Reformatted for purposes of supporting annual SFY supplements	S. Iacopino	H. Lipman
4/8/2020	20200408vDraft (R2)	Changes address MCO feedback	P. McGowan	H. Lipman

Activity Date	Version	Description of Activity	Author	Approved By
7/24/2020	20200716vF (R3)	Effective date technical correction; inclusion of Year 1 withhold waiver and change to calendar year performance period	P. McGowan/ S. Iacopino	H. Lipman
1/11/2021	20210111vDraft for Comment (R4) (prev. file name reads 20210108…)	Amendment #5 changes (e.g., performance measures, Local Care Management Pilot incentive)	P. McGowan	H. Lipman
2/8/2021	20210208vF (R4)	Added final details of LCM Pilot to Appendix C	P. McGowan/ S. Iacopino	S. Iacopino
5/11/2021	20210511vF (R5)	Adjustments to Appendix B: SFY 2021 program HEDIS Minimum Performance Standards and Annual Goals	P. McGowan	H. Lipman

Appendix A: Example Scenario for Earned Withhold and Performance Incentive

The following example will demonstrate how the Earned Withhold and Performance Incentive is calculated. The scenario uses an MCO with a withhold of $1,000,000.00 which is not representative of a likely withhold amount, but is used for the ease of demonstration. Figure D. below shows the maximum Earned Withhold for each Performance Category.

Figure D. Example of Maximum Earned Withhold By Performance Category for a $1,000,000 Total Withhold

Performance Category	Category Weight	Category Maximum Earned Withhold
Quality Improvement	50%	$500,000
Care Management	25%	$250,000
Behavioral Health	25%	$250,000
Total	100%	$1,000,000

Figure E. below visually represents the different point categories described in Section 5.3.3 and provides an example of the MCOs performance measure results.

Figure E. Example of MCO Performance Score Using Performance Point Scale

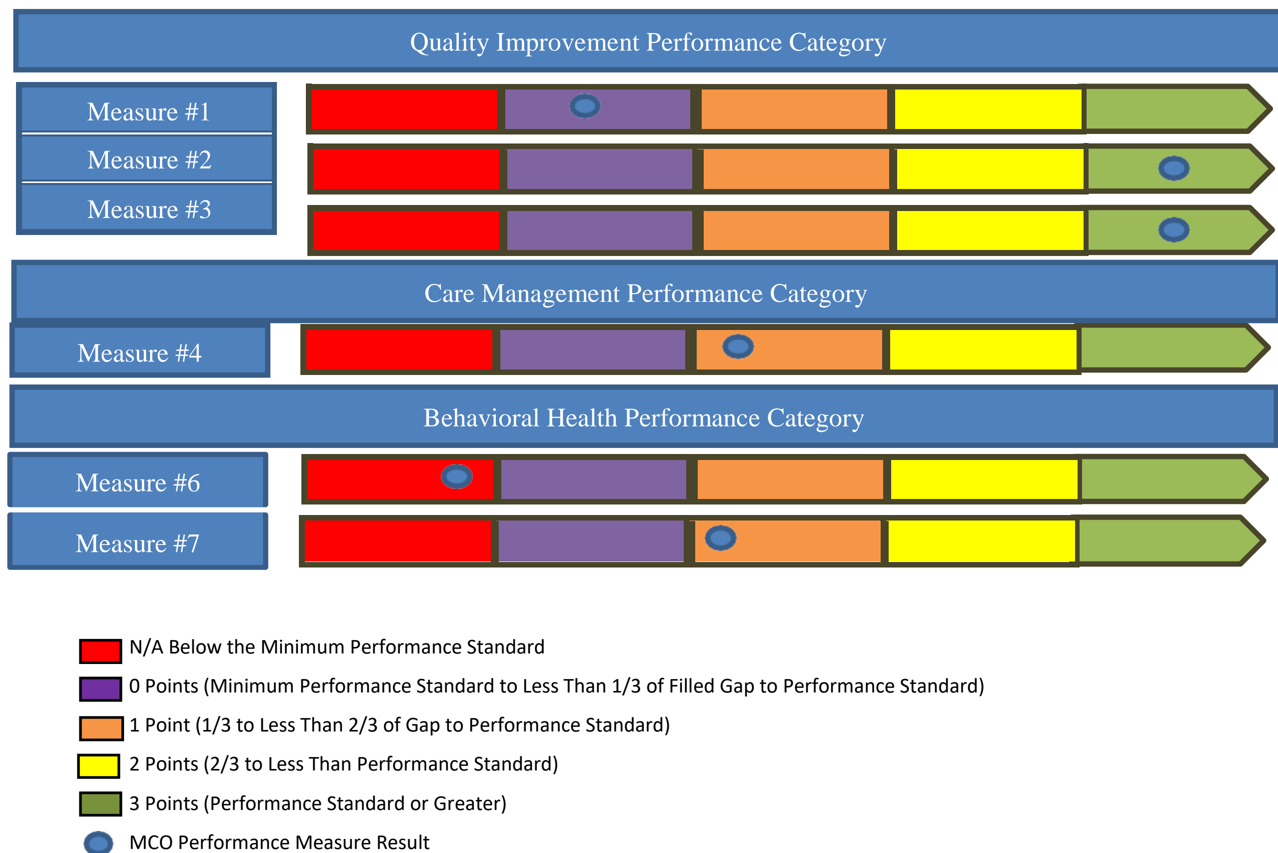

Figure F below expands on the visual representation in Figure E. by demonstrating how the percent of possible total points for each Performance Category is calculated as referenced in Section 5.3.4 – 5.3.6.

The QI Performance Category is eligible for Earned Withhold, because all Performance Measures met the Minimum Performance Standard.

The CM Performance Category is eligible for Earned Withhold, because all Performance Measures met the Minimum Performance Standard.

The BH Performance Category is NOT eligible for Earned Withhold, because one performance measure did not met the Minimum Performance Standard.

Figure F. Example of Calculating the Percentage of Points Possible in Each Performance Category

Measures	Performance Result	MPS / Annual Goal	Points Scored	Points Possible	% of Possible Points	Category Eligible for Earned Withhold
Quality Improvement (QI) Performance Category						
Measure #1	75%	75% / 90%	0	3		
Measure #2	Submitted Plan	Approved Plan	3	3		
Measure #3	Submitted Plan	Approved Plan	3	3		
QI Category Total			6	9	66.6%	Yes
Care Management (CM) Performance Category						
Measure #4	86.1%	85.3% / 87.3%	1	3		
CM Category Total			1	3	33.3%	Yes
Behavioral Health (BH) Performance Category						
Measure #5	20.5%	20.7% / 25.7%	N/A	3		
Measure #6	77.3%	75.6% / 80.6%	1	3		
BH Category Total			N/A	6	0%	No

Figure G below shows how the percentage of possible points from Figure F are used to determine the Earned Withhold incentive in each Performance Category as referenced in Section 5.3.4 – 5.3.7.

Figure G. Example of Total Earned Withhold

Category	Category Maximum Earned Withhold	Percent of Possible Points	Earned Withhold
Quality Improvement	$500,000	66.6%	$333,000
Care Management	$250,000	33.3%	$83,250
Behavioral Health	$250,000	0%	$0
Total	$1,000,000	N/A	$416,250

Figure H. below shows an example of how an MCOs performance is used to determine eligiblity for a Performance Incentive payment bonus. In the example, the QI Performance Category is not eligible for a Performance Incentive because all of the Performance Measures do not meet the Annual Goals. In the example, the CM Performance Category is not eligible for a Performance Incentive because there are not Incentive Pool funds available for the Performance Category. In the example the BH Performance Category is eligible for a Performance Incentive because all the Performance Measures meet the Annual Goals and there are Incentive Pool funds available for the Performance Category.

Note: Figure H.-J. below do not coorespond with the example in Figure A.-G. above.

Figure H. Example of Performance Categories Qualifying for an Incentive Payment

Measures	Performance Result	Minimum Standard	Annual Goal	Incentive Pool Available	Category Eligible for Incentive
Quality Improvement (QI) Performance Category					
Measure #1	80%	75%	90%		
Measure #2	Submitted Plan	Approved Plan	Approved Plan		
Measure #3	Submitted Plan	Approved Plan	Approved Plan		
QI Category Total				Yes	No
Care Management (CM) Performance Category					
Measure #4	90%	85.3%	87.3%		
CM Category Total				No	Yes
Behavioral Health (BH) Performance Category					
Measure #5	25.9%	20.7%	25.7%		
Measure #6	85%	75.6%	80.6%		
BH Category Total				Yes	Yes

Figure I. below reviews the BH Performance Category from Figure H. above to determine which performance measures qualify for an Incentive Payment.

Figure I. includes the relative difference calculation which for Measure#5 is: [(.259-.257) / .259]. Measure #5 does not qualify for a Performance Incentive because the relative difference is less than 5%. Measure #6 does qualify for Performance Incentive because the relative difference is equal to or greater than 5%.

Figure I. Example of Performance Measures Qualifying for an Incentive Payment

Measures	Performance Result	Annual Goal	Relative Difference	Performance Measure Eligible for Incentive
Behavioral Health (BH) Performance Category				
Measure #5	25.9%	25.7%	0.8%	No
Measure #6	85%	80.6%	5.2%	Yes

Figure J. below reviews the BH Performance Category from Figure H. and I. above to determine Incentive Payment for each measure. For Measure #5, there is no incentive payment because the relative difference is less than 5% of the Annual Goal. For Measure #6 is eligible for an Incentive Payment because the relative difference is equal to or greater than 5% of the Annual Goal. The Incentive Payment calculation for Measure #6 is: [.052 * 5 * $50,000].

Figure J. Example of Calculating the Performance Incentive Payment

Measures	Performance Measure Eligible for Incentive	Relative Difference	Incentive Multiplier	Total Performance Category Incentive Pool	Performance Incentive Payment
Behavioral Health (BH) Performance Category					
Measure #5	No	0.8%	5	$50,000	$0
Measure #6	Yes	5.2%	5	$50,000	$13,000

Appendix B: STATE FISCAL YEAR (SFY) SUPPLEMENTS

SFY 2020 SUPPLEMENT – Table 1. Performance Categories, Performance Measures, and Standards. (Effective 9/1/2019)

Performance Category	Performance Measure	Minimum Performance Standard	Annual Goal	Numerator Change for Annual Goal
Quality Improvement	Percent of All Members with Polypharmacy, without an Annual Review on File, who had Monthly Outreach to Complete a Comprehensive Medication Review and Counseling (see SFY 2020 SUPPLEMENT - Table 2 below for measure details)	75.0%	90.0%	N/A
	Submission of a plan that addresses opportunities to decrease unnecessary use of the emergency department relative to low acuity non-emergent visit (see SFY 2020 SUPPLEMENT - Table 2 below for measure details)	DHHS approved plan	DHHS approved plan	N/A
	Submission of a plan that addresses opportunities to reduce preventable inpatient admissions (see SFY 2020 SUPPLEMENT - Table 2 below for measure details)	DHHS approved plan	DHHS approved plan	N/A
Care Management	Percent of pregnant women who are referred to Care Management within six months prior to delivery. (see SFY 2020 SUPPLEMENT - Table 2 below for measure details)	85.3%	87.3%	N/A
Behavioral Health[3]	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 Day (HEDIS-FUA) (see SFY 2020 SUPPLEMENT - Table 2 below for measure details)	20.7%	25.7%	36
	Metabolic Monitoring for Children on Antipsychotics (HEDIS-APM) (see SFY SUPPLEMENT - Table 2 below for measure details)	31.3%	36.3%	52

[3] Behavioral Health Minimum Performance Standards and Annual Goals are based on MCO HEDIS data for calendar year 2018.

SFY 2020 SUPPLEMENT – Table 2: Withhold and Incentive Measure Inventory. (Effective 9/1/2019)

Measure/Report	Definition	Due Date	Party Responsible
Polypharmacy Review Outreach	Percent of All Members with Polypharmacy, without an Annual Review on File, who had Monthly Outreach to Complete a Comprehensive Medication Review and Counseling	8/30/2020	MCO
Unnecessary ED Use Reduction Plan	Plan must include: a) alignment to its APMs to promote the goals of the Medicaid program to provide the right care at the right time, and in the right place; b) incentives to providers; and c) incentives to members.	5/1/2020	MCO
Preventable Inpatient Use Reduction Plan	Plan must include: a) alignment to its APMs to promote the goals of the Medicaid program to provide the right care at the right time, and in the right place; b) incentives to providers; and c) incentives to members.	5/1/2020	MCO
Pregnant Women Referred to Care Management	Percent of pregnant women who are referred to Care Management within the 6 month period prior to delivery.	8/30/2020	MCO
Follow-Up Within 7 Days After ED Visit for Alcohol or Drug Abuse or Dependence	HEDIS specifications will be used for a shortened six month period	11/30/2020	DHHS
Metabolic Monitoring for Children on Antipsychotics	HEDIS specifications will be used for a shortened six month period	11/30/2020	DHHS

The Department will provide templates for the MCO to submit performance measures calculated by the MCO.

SFY 2021 SUPPLEMENT – Table 1. Performance Categories, Performance Measures, and Standards. (Effective 7/1/2020)

Perform-ance Category	Measure ID	Performance Measure[4]	Targets	Early Reporting Period[5]	Performance Period	Minimum Performance Standard	Annual Goal
Quality Improve-ment	WITHHOLD. 21.01	Percent of All Members in the eligible population who completed a Comprehensive Medication Review and Counseling NOTE: DHHS plans to add HEDIS-ADD to the SFY 2022 Withhold and Incentive Program	Single Program Target		CY 2021	10%	10%
	WITHHOLD 21.02	Child and Adolescent Well-Care Visits: 12-17 & 18-21 Total (HEDIS-WCV)	Single Program Target	None	CY 2021	HEDIS-WCV CY 2021 National 50th Percentile[6]	HEDIS- WCV CY 2021 National 75th Percentile
	WITHHOLD. 21.03	Follow-Up After Emergency Department Visit for Mental Illness: 7-Day (HEDIS-FUM)	Single Program Target	None	CY 2021	HEDIS-FUM CY 2021 National 90th Percentile	HEDIS-FUM CY 2021 National 95th Percentile

[4] See SFY 2021 SUPPLEMENT - Table 2 below for general specification for each performance measure.
[5] Performance in early reporting periods will not be evaluated in determining the MCO's earned withhold and/or performance incentives amount.
[6] All percentiles represent Medicaid HMO rates from NCQA Quality Compass measuring performance for the 2021 calendar year.

Perform-ance Category	Measure ID	Performance Measure[4]	Targets	Early Reporting Period[5]	Performance Period	Minimum Performance Standard	Annual Goal
	WITHHOLD 21.04	Comprehensive Diabetes Care: HbA1c Testing (HEDIS-CDC)	Single Program Target	None	CY 2021	CY 2021 National 50th Percentile	CY 2021 National 75th Percentile
Care Manage-ment	WITHHOLD. 21.05	Percent of Pregnant Women who are Referred to Care Management Prior to Delivery.	Single Program Target	7/1/20 – 12/31/20	CY 2021	87.3%	89.3%
	WITHHOLD. 21.06	Prenatal and Postpartum Care: Postpartum Care – (HEDIS-PPC)	Single Program Target	None	CY 2021	CY 2021 National 50th Percentile	CY 2021 National 75th Percentile
Behavioral Health	WITHHOLD. 21.07	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 Day (HEDIS-FUA)	Single Program Target	None	CY 2021	CY 2021 National 90th Percentile	CY 2021 National 95th Percentile
	WITHHOLD. 21.08	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (HEDIS-APP)	Single Program Target	None	CY 2021	CY 2021 National 75th Percentile	CY 2021 National 90th Percentile

SFY 2021 SUPPLEMENT – Table 2. Withhold and Incentive Measure Inventory[7]. (Effective 7/1/2020)

Measure ID	Performance Measure	General Specifications	Due Date	Agency Responsible for Reporting
WITHHOLD 21.01	Percent of All Members in the eligible population who completed a Comprehensive Medication Review and Counseling	See most recent version of specification: *MCM Withhold and Incentive Program and Performance Based Auto-Assignment Program Measures*	Regular Reporting: 04/30/22	MCO
WITHHOLD 21.02	Child and Adolescent Well-Care Visit (HEDIS-WCV): 12-17 & 18-21 total	The most current HEDIS specifications for data period 1/1/21 – 12/31/21.	06/30/2022	MCO
WITHHOLD 21.03	Follow-Up After Emergency Department Visit for Mental Illness: 7-Day (HEDIS-FUM)	The most current HEDIS specifications for data period 1/1/21 – 12/31/21.	06/30/2022	MCO
WITHHOLD 21.04	Comprehensive Diabetes Care: HbA1c Testing (HEDIS-CDC)	The most current HEDIS specifications for data period 1/1/21 – 12/31/21.	06/30/2022	MCO
WITHHOLD 21.05	Percent of Pregnant Women who are Referred to Care Management Prior to Delivery.	See most recent version of specification: *MCM Withhold and Incentive Program and Performance Based Auto-Assignment Program Measures*	Early Reporting: 04/30/21 Regular Reporting: 04/30/22	MCO
WITHHOLD 21.06	Prenatal and Postpartum Care: Postpartum Care – (HEDIS-PPC)	The most current HEDIS specifications for data period 1/1/21 – 12/31/21.	06/30/2022	MCO

[7] Table 2 is intended to give general specification for each withhold measure. The Department will produce detailed specifications and reporting templates in a separate document.

Measure ID	Performance Measure	General Specifications	Due Date	Agency Responsible for Reporting
WITHHOLD 21.07	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 Day (HEDIS-FUA)	The most current HEDIS specifications for data period 1/1/21 – 12/31/21.	06/30/2022	MCO
WITHHOLD 21.08	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (HEDIS-APP)	The most current HEDIS specifications for data period 1/1/21 – 12/31/21.	06/30/2022	MCO

Appendix C: Local Care Management Pilot Program and Standards

At a minimum, the Local Care Management Pilot (Pilot) is an infrastructure building strategy designed to demonstrate the value of the Local Care Management Network Model within the NH Medicaid Care Management contract.

Goals

Local Care Management Network Model Goal:

MCO provides real-time, high-touch, in-person Care Management and consistent follow up with Providers and Members to assure that selected Members are making progress with their care plans.

Pilot Short Term Goals:

By June 30, 2021, MCOs will partner with Network4Health (IDN-4) as a regional Coordinating Center and Amoskeag Health Center as Primary Service Provider to develop infrastructure that supports long-term Pilot goals. Infrastructure development shall include the MCO's:

1. Commitment to the Pilot;
2. Execution of formal agreements with the Primary Service Provider;
3. Formal delegation agreement with Primary Service Provider as outlined in NCQA requirements. Agreement is intended to be a delegation of non-complex care management activities for the Pilot Population and is not intended to be a model of embedding MCO staff within the Primary Service Provider offices;
4. Participation in Pilot workgroups; and
5. Readiness to continue Pilot participation beyond June 30, 2021

Pilot Long Term Goals:

1. Members receiving Care Management Services with the provider aligned with the member's greatest needs (e.g. social service provider, medical provider)
2. Regional Coordinating Centers operating to best evaluate member needs and connect to providers offering Care Management Services
3. Care plans are created by the Primary Service Providers.
4. The care plan is the property of the member.
5. Multidirectional access to a common Care Plan by MCO, Coordinating Centers, and Providers.

Local Care Management Pilot

Member Population:

MCO enrolled members receiving services from the Primary Service Provider representing moderate/emerging risk based on MCO internal criteria (e.g. risk scores between 6-15% of risk). MCO retains care management activities for high risk/complex members.

Pilot Timeframe:

1/1/2021 – 6/30/2021

Pilot Phase	Timeframe	Milestones
Discovery Phase	1/1/2021 – 2/15/2021	Milestone 1
Micro Pilot Phase	2/15/2021 – 6/30/2021	Milestone 2-5
Evaluation	6/1/2021 – 6/30/2021	N/A

MCO Pilot Participation Incentive:

MCOs who successfully achieve Pilot Milestones 1, 4, and 5 will have one-half (0.5) of a percent reduction of the total capitation payments withheld for the MCM Withhold and Incentive Program. Successful participation is defined as the achievement of specific project milestones as evaluated by the Department's External Quality Review Organization using a separate evaluation tool.

MCO Pilot Reporting:

Beginning in February on the last calendar day of the month and each month thereafter, each MCO will complete a LCM Pilot Narrative Report to update the Department on the MCO's progress. DHHS will provide a template for the report. The final report will be due on the last calendar day of the month in June.

Pilot Milestones

Each milestone is associated with the goals of the pilot program. Achieving all milestones will be required for an MCO to be determined as successfully participating in the pilot. Each milestone has associated standards and in some cases criteria that will be evaluated to determine if a milestone has been achieved.

1. **Milestone 1:** Commitment to the Pilot

    a. **Standard 1a:** MCO executes a letter of commitment submitted to the Department no later than February 15, 2021. Letter shall:

        i. **Criteria 1a1:** Indicate the MCO commitment to working towards all Milestones in the pilot;

        ii. **Criteria 1a2:** Be signed by the Coordinating Center and Primary Service Provider (Scanned version of a wet signature is acceptable);

        iii. **Criteria 1a3:** Be signed by the MCO Plan President (Scanned version of a wet signature is acceptable.

    NOTE: Letters should be addressed and emailed to the Medicaid Director.

2. **Milestone 2:** Execution of formal agreements with the Primary Service Provider

   a. **Standard 2a:** MCO executes an Agreement [8] with the Primary Service Provider.

   b. **Standard 2b:** MCO executes a Data Sharing Agreement with the Primary Service Provider that:

      i. **Criteria 2b1:** Clarify the type of data shared, mechanism for storing and sharing data, and the approved uses of the data;

      ii. **Criteria 2b2:** Addresses compliance with HIPAA; and

      iii. **Criteria 2b3:** Addresses compliance with 42 CFR 2.

NOTE: Milestone 2 will be required in subsequent phases of the LCM Pilot Program.

3. **Milestone 3:** Formal delegation of Care Management activities with Primary Service Provider

      i. **Standard 3a:** MCO has a written delegation agreement with the Primary Service Provider that:

      ii. **Criteria 3a1:** Is mutually agreed upon (AHP PHM7-Element A-Factor 1)[9;]

      iii. **Criteria 3a2:** Describes the following delegated activities and the responsibilities of the organization and the delegated entity (AHP PHM7-Element A-Factor 2):

         1. Informing members of Care Management programs (AHP PHM1 – Element B Factors 1 through 3);

         2. Care Management and Support for non-complex members (PCMH CM Competencies A-B)[10]

         3. Care Coordination and Care Transitions for non-complex members (PCMH CC Competencies A-C)

      iv. **Criteria 3a3:** Requires at least semiannual reporting by the delegated entity to the organization (AHP PHM7-Element A-Factor 3);

      v. **Criteria 3a4:** Describes the process by which the organization evaluates the delegated entity's performance (AHP PHM7-Element A-Factor 4);

      vi. **Criteria 3a5:** Describes the process for providing member experience and clinical performance data to its delegates when requested (AHP PHM7-Element A-Factor 5).

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[8] For the purposes of evaluating the standard, the Department will confirm the existence of the agreement. It is incumbent on the MCO to comply with all MCM contract terms for Subcontractors including but not limited to all privacy and data sharing provisions.

[9] Parenthetical citations leading with AHP reference *NCQA 2021 Standards and Guidelines for the Accreditation of Health Plans*

[10] Parenthetical citations leading with PCMH reference *NCQA Patient-Centered Medical Home (PCMH) Standards and Guidelines Version 6.1 (Effective January 15, 2021)*

vii. **Criteria 3a6:** Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation Agreement. (AHP PHM7- Element A-Factor 6)

b. **Standard 3b:** MCO conducts a pre-delegation evaluation to determine the Primary Service Provider's capacity to conduct the delegated activities in Criteria 3a2 above.

NOTE: Milestone 3 will be required in subsequent phases of the LCM Pilot Program.

4. **Milestone 4: MCO participates in pilot workgroups**

   a. **Standard 4a:** MCO designates a single pilot liaison to coordinate the health plan's activities in the workgroup.

   b. **Standard 4b:** MCO shall participate in the following workgroups:

      i. Pilot Leadership Group with MCO Senior Leadership participation

      ii. Health Information Technology Group

      iii. Care Management Group

      iv. Workforce Group

5. **Milestone 5:** MCO readiness to continue Pilot beyond 6/30/2021. Each standard in Milestone 5 will require a written process, formalized by MCO leadership approval.

   a. **Standard 5a:** MCO has developed a written formalized process to internally identify the Pilot population attributed to the Primary Service Provider by:

      i. **Criteria 5a1:** Segmenting or stratifying population into subsets for the targeted intervention[11] (AHP PHM2–Element D–Factor 1)

   b. **Standard 5b**: MCO has developed a written formalized process to regularly notify the Primary Service Provider about the attributed pilot population.

   c. **Standard 5c:** MCO has developed a written formalized process with the Primary Service Provider for the Provider to outreach to the pilot population attributed by the MCO that includes interactive contact about:

      i. **Criteria 5c1:** How members become eligible to participate (AHP PHM1-Element B-Factor 1)

      ii. **Criteria 5c2:** How to use program services (AHP PHM1-Element B-Factor 2)

      iii. **Criteria 5c3:** How to opt in or opt out of the program (AHP PHM1-Element B-Factor 3)

   d. **Standard 5d:** MCO has developed a written formalized process to report DHHS selected performance measures for the Pilot population:

[11] No provider level stratification is necessary. The MCO should continue to stratify the entire MCO membership. The pilot population attributed to the Primary Service Provider are those members (1) with moderate/emerging risk scores based on MCO internal criteria in the total population assessment (e.g. 6-15% risk scores) AND (2) who are currently active on Amoskeag's patient panel AND assigned to a PCP who practices with Amoskeag.

i. **Criteria 5d1:** HRA.08 Successful Completion of MCO Health Risk Assessment

ii. **Criteria 5d2:** CAREMGT.28 Members receiving care management by priority population.

e. **Standard 5e:** MCO has a written plan for:

i. Achieving multi-directional access for data exchange between the Primary Service Provider, MCO, and the Coordinating Center;

ii. The process for the MCO to leverage inbound data for enhancing care management activity (i.e. readjustment of risk).

iii. Plan for developing an Agreement[12] and Data Sharing agreement with the Coordinating Center.

[12] For the purposes of evaluating the standard, the Department will confirm the existence of the agreement. It is incumbent on the MCO to comply with all MCM contract terms for Subcontractors including but not limited to all privacy and data sharing provisions.