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# NH Department of Health and Human Services (DHHS)

## Medicaid Care Management Information Meeting



# NH Medicaid Care Management

- This presentation is to let you know:
  - About upcoming changes to our Medicaid program
  - How the new program is different from what we have today
  - About the timelines for enrollment
- Give you the chance to ask questions



# What is Medicaid in NH?

- NH Medicaid is a safety net of health related services for people who meet certain income and eligibility requirements
- The program provides health care services and other supports for pregnant women and children and individuals who are elderly and who are disabled

# Why is NH's Medicaid Program Being Changed?



- Governor Lynch and NH Legislature passed a law establishing a Medicaid care management program
  - Chapter Law 125, Laws of 2011 (SB 147)
- Law requires the Department of Health & Human Services (DHHS) to set up a managed care program
  - We call it **Care Management**
- The goal is to improve access to care, quality of care and overall health status, while at the same time improving cost effectiveness
- The Department is continuing these sessions to begin to share information with those on Medicaid

# Care Management Program Implementation



DHHS is implementing Care Management in three-steps:

- **Step 1:**

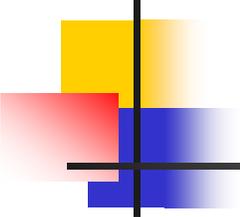
- The program includes everyone who is receiving Medicaid funded health care (with some exceptions)

- **Step 2** (One year after Step 1):

- The program becomes mandatory for everyone receiving Medicaid (no opting out)
- Medicaid Waiver and nursing home services are added

- **Step 3** (Needs Legislative authorization):

- Affordable Care Act allows states to expand Medicaid to include adults who fall below certain income levels
  - (~\$15,000/yr for single, ~\$30,000/yr for family of 4)



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We are here today  
to talk about Step 1



# Who is included in Step 1?

**There are two groups in Step 1:**

- **Included:** Everyone using Medicaid
  
- **Can Opt-out during Step 1:**
  - Children in Foster Care
  - Home care for children with severe disabilities-  
Katie Beckett
  - Children with Supplemental Security Income (SSI)
  - Dual Medicare and Medicaid eligible



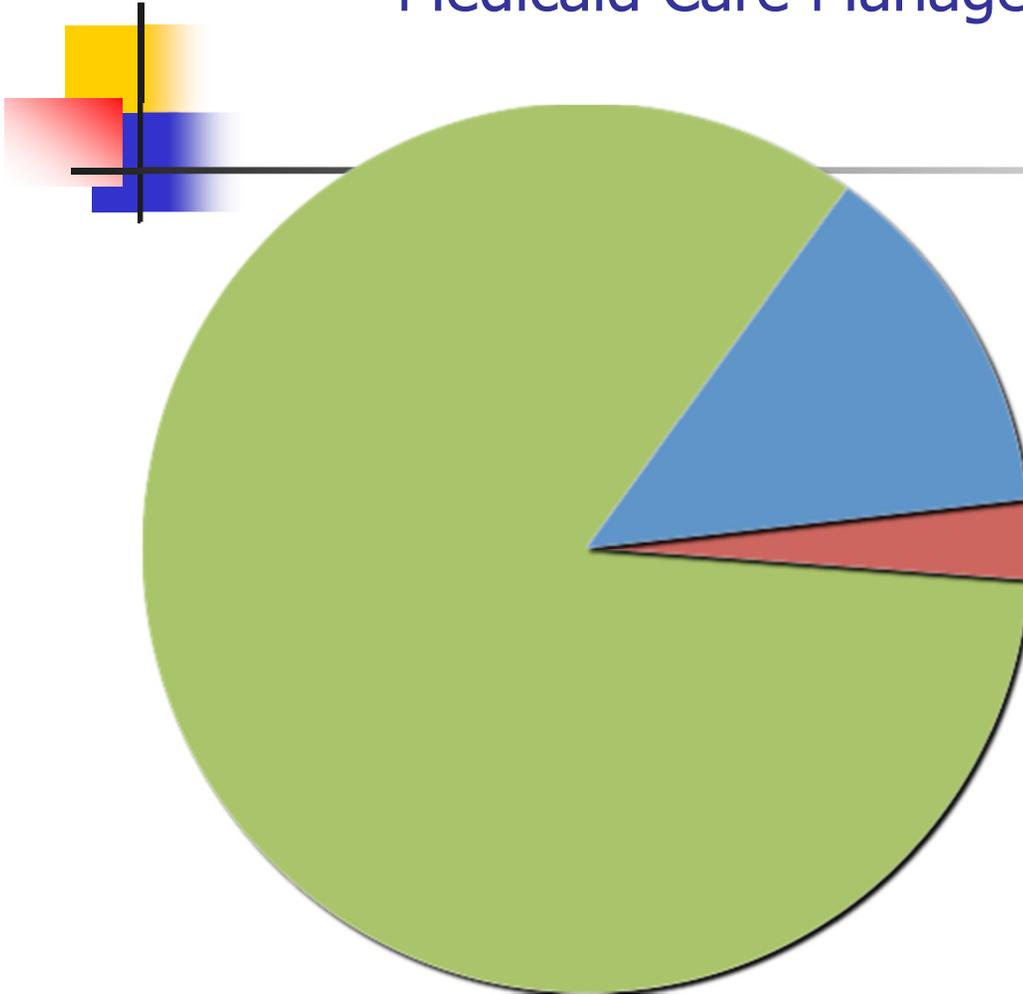
# Who is excluded?

Individuals in the following categories:

- Spend-down
- Veterans Administration
- Qualified Medicare Beneficiaries (QMB)
- Special Low-Income Medicare Beneficiaries (SLMB)
- Qualified Disabled Working Individual (QDWI)

These programs remain the same as they are today.

# NH Department of Health & Human Services Medicaid Care Management Program



Year 1 Opt Out of Care Management;  
Still in Medicaid Fee-For-Service  
Members also covered by Medicare  
Foster Care/Out-of-Home  
Placement/Adoption Assistance  
Certain Disabled Children (e.g., SSI, Katie  
Becket)

Excluded from Care Management;  
Neither eligible or mandated to join a  
health plan  
Members receiving VA health care  
system benefits  
Medicaid In and Out Program (spend-  
down)  
Still in same Medicaid Fee-for-Service as  
today

All Medicaid Recipients

# What services are included in Step 1?



- Doctors visits
- In-patient and out- patient hospital visits
- Prescriptions
- Mental health services
- Family planning
- Home health services
- Speech therapy
- Audiology services
- Durable Medical Equipment
- Physical therapy
- Occupational therapy
- Personal care services
- Private duty nursing
- Adult medical day care
- Ambulance services
- Wheelchair van
- Optometric services (eye glasses)
- Fluoride varnish by doctor for children

**Note: These services are provided today with the exception of fluoride varnish by doctor for children**

# What is different or same?



## Now

- We (DHHS) handle Medicaid eligibility
- Standard set of services
- We issue Medicaid cards
- Individuals go to multiple places for care (uncoordinated)
- We pay doctors and hospitals directly

## Care Management

- We (DHHS) continue to handle Medicaid eligibility
- Standard services remain the same
- You pick a health plan. The health plan also sends you a card so you will have two cards.
- You pick a primary care doctor or clinic from the health plan's provider list
- The health plan coordinates your care in consultation with you and your doctor
- The health plan pays doctors and hospitals

# What is a Managed Care Organization (MCO)?



MCOs are companies that contract with doctors, nurses and other providers -who work together- to provide your health care. While often referred to as MCOs, we will refer to the companies as Health Plans.



Let's look at some examples of individual situations to better understand Care Management and its potential benefits

# Adult with Mental Health Needs



- 55 year old experiencing severe anxiety and depression
  - Her primary care physician began to prescribe medications for her anxiety and depression
- Has high blood pressure, high cholesterol, and been struggling with severe weight problems
- Began to see a private independent psychotherapist who referred her to an independent psychiatrist
- The psychiatrist took over prescribing the medications for symptoms of anxiety and depression.
  - The primary care doctor continued to prescribe the same medications
- Experienced serious medical and cognitive complications from overuse of the medication and was admitted to inpatient care

# Adult with BH/MH needs under Care Management



- The **care manager** will reach out to the person to assist with referral and linkage to appropriate care providers
- The care manager will have the ability to review all standing orders for treatment and medications
- The care manager will have seen the request for payment on the duplicate prescriptions
- The care manager is expected to have contacted the primary care and pharmacy to terminate the duplicate psychiatric medication order



# Child with chronic health issues

- An eight-year-old boy with poorly controlled asthma
- Does not have a regular primary care physician
- On medication for treatment of his asthma, including inhalers
  - But does not use them correctly
- Lives with his single father in an old, carpeted, poorly ventilated apartment
- In the last year he has had four emergency room visits, requiring emergency treatment for breathing difficulties

# Child with chronic health issues under Care Management



- Care management would identify and connect the family with a **primary care provider (PCP)**
- Review current medications and father's level of understanding about asthma treatment
- Evaluate asthma triggers within the home and provide education to father
- Asthma **plan of care** outlines responsibilities of all involved care partners
  - Including family, school, child care providers, health care providers and other community resources, such recreation programs
  - Improving overall **care coordination**



# Teen with Autism

- 15-year-old with autism and anxiety
- Recently started having seizures
- Evaluated by a neurologist in Boston and started on seizure meds
  - Took three months for the appointment with the neurologist.
- Was not responsive to the first trial of seizure medications and had a prolonged seizure at school.
  - The school was not aware that she had a medication order from the neurologist to be used on an as needed basis, which would have stopped the seizure
  - She was taken to the emergency room by ambulance
  - Neurologist made a change in seizure medications, which resulted in increased anxiety
- Her school attendance and performance has suffered as a result and her parents have missed several days at work

# Teen with Autism under Care Management



- **Coordination between primary care physician and specialist** for management of anxiety
  - Making sure neurologist is aware of diagnosis of Autism and issues around anxiety to facilitate informed choice of seizure medications to avoid negative interactions
- Ensure communication with the school regarding treatment
- Increased co-management between primary care physician and specialist could have resulted in family not needing to wait for the neurological appointment or travel as far
- **Seizure treatment plan** outlines responsibilities for all involved care partners including family, school, health care providers and other community resources

# Woman with Developmental Disability (DD)/Intellectual Disability (ID)



- Fifty year-old woman with Down Syndrome
  - Has a thyroid disorder and is overweight
- She has recently become irritable and forgetful and has stopped wanting to go to work or participate in her walking group
- Has not received regular health and wellness screenings appropriate for women her age
- She has been to see her primary care physician who told her mother that these symptoms are not unusual for an older woman with Down Syndrome.

# Woman with DD/ID under Care Management



- Care management would offer standard medical evaluation
  - Ensure full complement of **typical health and wellness screenings** such as mammogram, colonoscopy, gynecologic screenings
- Treatment of thyroid condition
- Depression screening
- After ruling out medical causes for recent changes in function and mental status, consider neurological evaluation to identify possibility of early onset dementia



# Elderly with medical issues

- 87-year-old woman with advanced Multiple Sclerosis
- Utilizes a combination of services to live in her home by herself
- Developed many medical complications due to inconsistent care provided through paid and unpaid caregivers
  - Inpatient admissions for management and resolution of medical problems

# Elderly with medical issues under Care Management



- Better **coordination** of services could lead to her care being provided in a more consistent manner
- Would decrease or eliminate the now frequent acute care needs and inpatient stays
- Coordination would include the development of a comprehensive **service plan** with provisions for safety/emergency so that she can safely remain in the community



## Pregnant Woman with Limited English Proficiency

- Betsy is 27 year old Russian woman who has been in the US for approximately 3 months. She is pregnant with her first child
- Betsy's English speaking is very limited and she requires an interpreter at appointments
- Her unborn baby has been diagnosed with a heart defect that will require surgery immediately after birth



# Pregnant Woman with Limited English Proficiency

- Community health center nurse midwife arranged for evaluation by a pediatric cardiologist who will monitor the baby. The midwife recommends birth at the local hospital with transport of the baby to a specialty hospital following the birth; that hospital wants a guarantee of payment up front
- The cardiologist is concerned that labor and delivery will stress the baby so recommends C-section at a different specialty hospital
- She has also been referred by the health center to a high risk obstetrician who recommends a C-section at a hospital with a Neonatal Intensive Care Unit
- Betsy is overwhelmed and confused both because of the differing opinions and her limited English. She does not know the right choice for herself and her baby.



## Pregnant Woman with Limited English Proficiency under Care Management

- Care Manager (CM) assigned at the first indication of complications. Assures translation for every appointment
- CM arranges a conference call among all the physicians, Betsy, a qualified interpreter and the care manager.
- CM would facilitate ongoing sharing of information between the three medical offices



## Pregnant Woman with Limited English Proficiency under Care Management

- CM would support and assist Betsy in making the best birth plan including location and attendant, considering her baby's needs
- CM would ensure Betsy is linked with WIC, Special Medical Services and other community supports while also helping Betsy in her emotional and physical needs leading up to her delivery
- CM will work with hospital discharge planner to support Betsy and baby at home post delivery

# Critical Elements of Care Management



## ■ Care Coordination

- Across all need areas (physical health, mental health, social)
- Across all providers (getting all providers to communicate and collaborate with each other)
- Facilitating accessing of services and achieving outcomes
- Link people with other state, local, and community programs that may provide or assist with related health and social services
- Helping individuals to acquire self-care skills
- Supporting care-giving families



# Care Management vs. Case Management

- **Care Management** is different from the “case management services” that are provided under the current Medicaid program
- Care management will be provided only to those who have extensive and chronic needs
  - Not every person will receive care management
- Care management provided by managed care organizations will not replace the current case management services
  - Provided by mental health centers, area agencies, or independent case management organization
- Care management will be used to complement case management services to achieve better outcomes for people

# Critical Elements of Care Management



## ■ Patient-Centered Medical Homes

- Connection to a Primary Care Provider (PCP)
- Person's needs are the focus of the care
- Screenings and assessments to identify person's health care needs
- Monitoring and reassessing needs
- Evidence-based practices (using proven successful methods of care)
- Integration of primary care and mental health services

# Critical Elements of Care Management



## ■ Chronic Care and High Risk Management Programs

- Assist individuals in the management of their chronic diseases
  - Diabetes, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Asthma, Coronary Artery Disease, Obesity, and Mental Illness
- Use “whole person” approach to ensure that the person’s physical, behavioral, developmental, and psychosocial needs are comprehensively addressed

# Critical Elements of Care Management



## ■ Wellness and Prevention programs

- Provide individuals with general health information
- Provide services to help people make informed decisions about their health care needs
- Encourage individuals to take an active role in shared decision making about their care
- Develop and implement programs designed to address childhood and adult obesity, smoking cessation, and other similar type wellness and prevention programs
- Encourage individuals to complete an annual health risk assessment

# Critical Elements of Care Management



These elements are not options. They are contractual requirements to which the Health Plans will be held accountable to by the State.



# Who are the three Health Plans?

- Well Sense Health Plan (Boston Medical Center)
- Meridian Health Plan of New Hampshire
- Granite State Health Plan (Centene Corp)

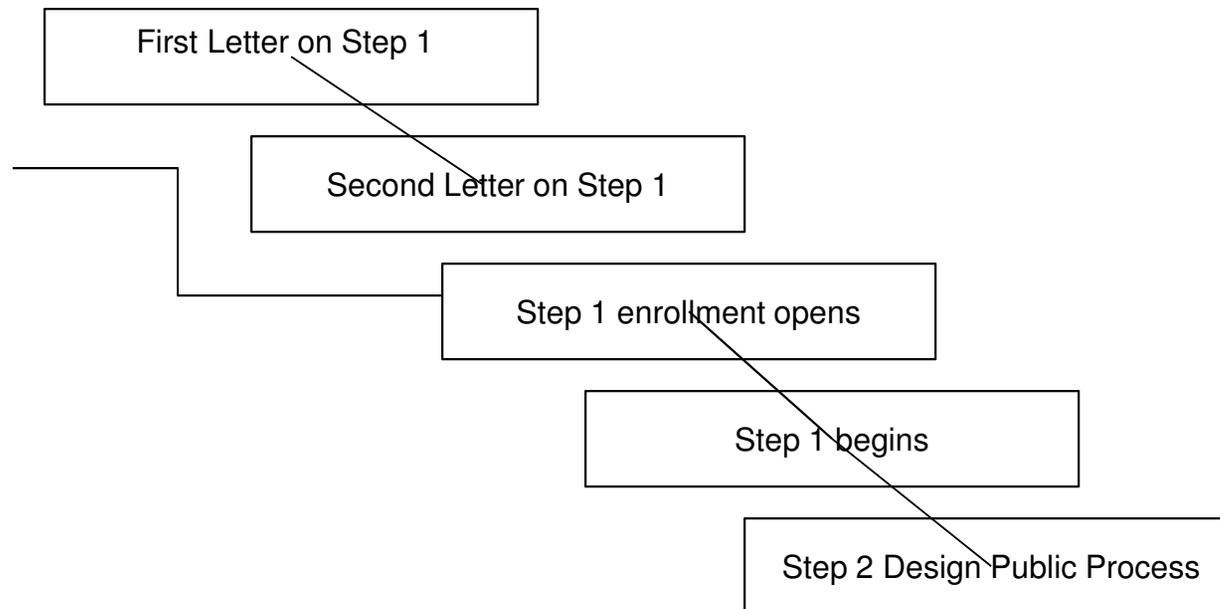
# Care Management

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## Timeline for Step 1

# Care Management Timeline

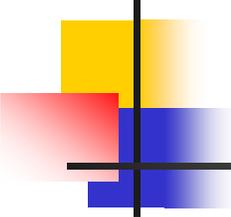


Note: The letter recently sent to you and your providers is not included in this timeline.

# We will send you a letter to inform you of Step 1



- Does not require you to take any action
- Informs you of upcoming changes to the Medicaid program
- Provides information on next steps



# We send a second letter to help you select a health plan



- Provides information about the three health plans
- Provides more detailed information about when and how to select a health plan
- Gives updated information on the timeline
- Provides contact information to get help
- This letter will be sent out approximately 30 days after the general information letter



# Enrollment begins

**Action Required: You will need to select a health plan. If you do not, we will select one for you.**

- Everyone who uses Medicaid begins to pick among the three health plans via telephone, mail, or on-line NH Easy
- DHHS will have provided information about the three health plans to help you select one.
- When you choose a health plan, the company will send you a card that you will use when you go to a doctor or clinic for health services to use along with your Medicaid card.



# How do I choose a Health Plan?

All three health plans cover the same basic services.

- Do you want to keep your current doctor or clinic?
  - Check to see if they are on a health plan's list.
- Do you see a specialty doctor?
  - Check to see if they are on a health plan's list.
- Are doctors and clinics close to where you live?
  - Check the address on the plan's provider directory.
- Are there services or benefits offered by one plan and not another that are appealing to you?
  - This may make one plan more appealing than another – if other parts are the same.



## Will I choose my primary care doctor?

- Yes. You will be able to choose your doctor from the managed care company's group of health care providers.
  - Some providers may be in more than one plan.
- Your primary care doctor is your personal doctor
- Some people who have needs for specialty services will coordinate the services with their doctor and managed care company.
- You have to use providers listed in your managed care plan
  - Primary care doctors, clinics, pharmacies, hospitals, mental health providers, etc.



# Program Begins

- The health plans help you see the right provider when you need to
  - Through their network of doctors, clinics, pharmacies, mental health providers, etc.
- All Medicaid populations enrolled in the program (with some exceptions)



## Step 2

- Specific elements of Step 2 have not been identified yet
  - DHHS has started working on this
- DHHS will begin to reach out to all stakeholders for input on design of Step 2

# What services are in Step 2?



**Community-Based  
Medicaid Waiver  
Services**

**Long Term Care  
Services such as  
Nursing Homes**



# Timeline Recap

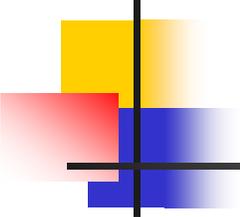
- You'll get a letter from DHHS
- You'll get detailed health plan information from US
- You can choose a health plan. If you don't choose a plan, we will pick one for you.
- The new program begins.

*Note: As soon as dates are established, DHHS will make announcements and provide updates*

# What if I want to change health plans?



- If you are not happy with your company, you can switch to another within the first 90 days
- There will be annual open enrollment periods



# What will I do if I have a problem with the Health Plan (MCO)?

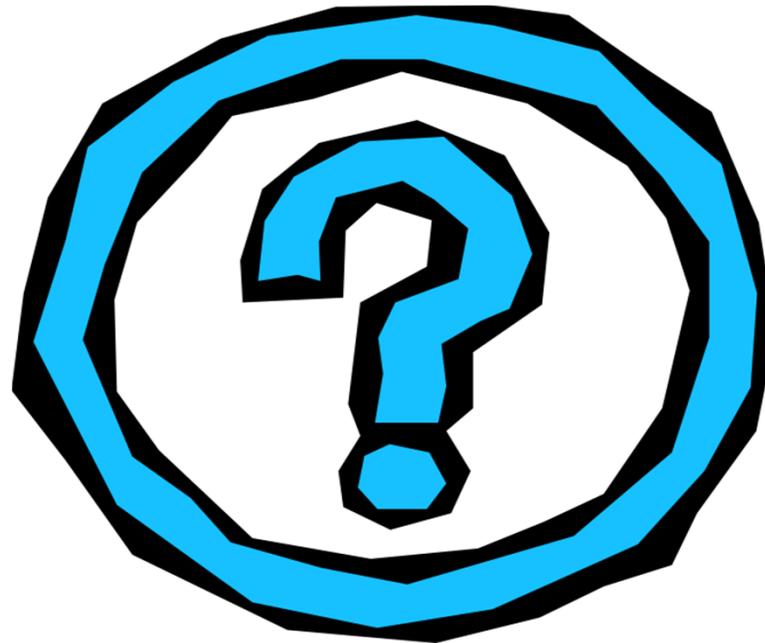
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You will be given information when you enroll with the health plan about your rights and what to do should you have a problem.



# Questions





# For More Information

- Visit [www.dhhs.nh.gov/ocom/care-management.htm](http://www.dhhs.nh.gov/ocom/care-management.htm) for updates and this presentation
- Submit questions to:  
nhmedicaidcaremanagement@dhhs.state.nh.us
- Website and toll free telephone number will be established in the coming months