



# Medicaid Care Management [MCM]

**SFY 2016/2017 Budget Work Session**

**Senate Finance**

**April 20, 2015**

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# Guiding Principles of the NH Medicaid Care Management Program

- Whole person management and care coordination
  - Foundation for Medicaid transformation
- Increase quality of care – right care, at the right time, in the right place to improve beneficiary health and quality of life
- Payment reform opportunities
- Budget predictability
- Purchasing for results and delivery system integration

# New Hampshire's Medicaid Care Management Program



- Mandated by Senate Bill 147 and signed into law in June 2011
- The Department of Health and Human Services contracts with two Managed Care Organizations [MCO's] to provide services to program enrollees: (1) New Hampshire Healthy Families, and (2) Well Sense Health Plan
- Step 1 of the program began on December 1, 2013
  - Most but not all Medicaid recipients were required to enroll with an MCO for their medical services, which include services such as doctors visits, pharmacy services, hospital care, therapies, etc.



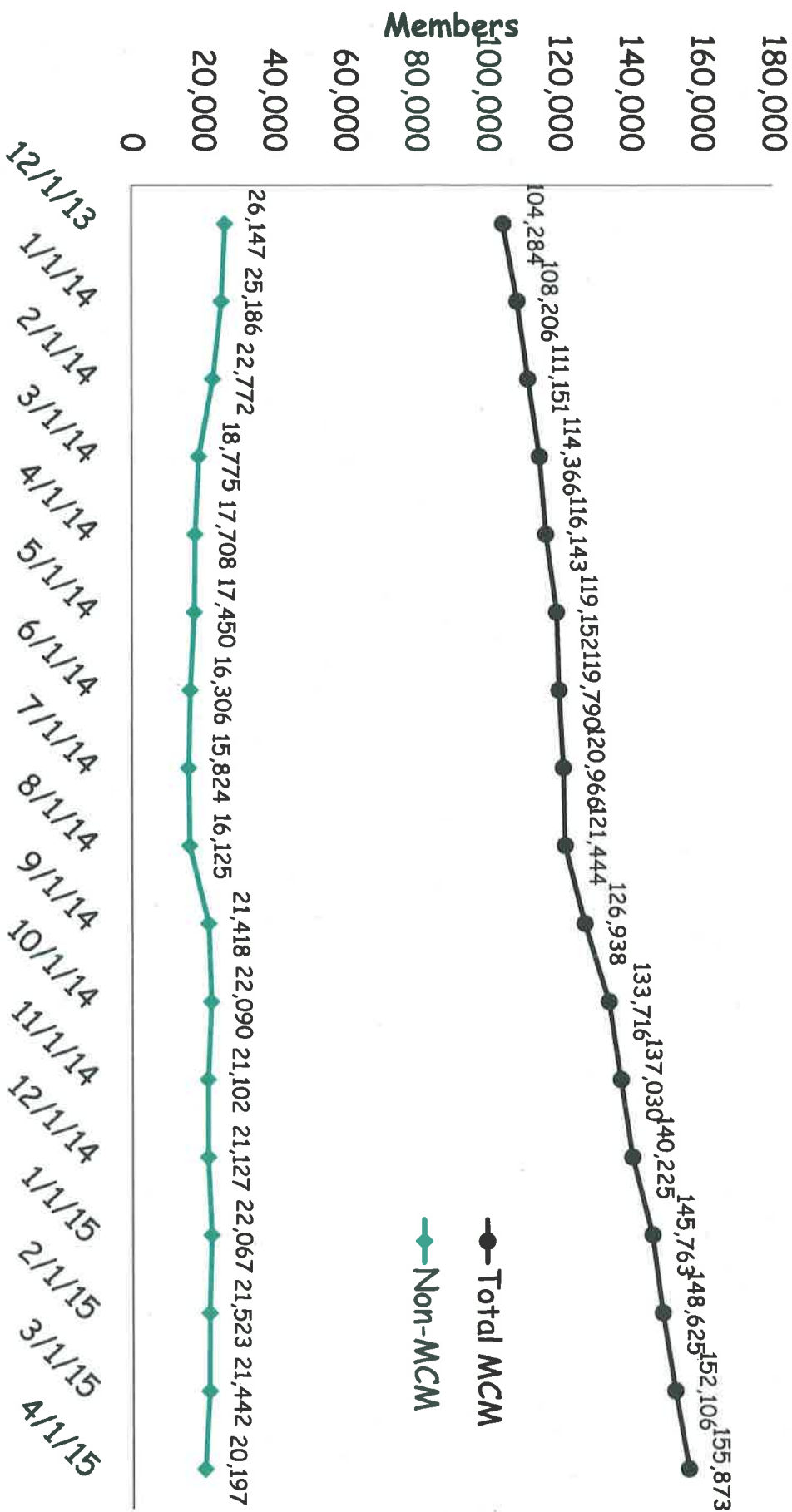
## Medicaid Care Management Quality Monitoring

- Department of Health and Human Services:
  - Key Indicator Report
  - External Quality Review Organization (EQRO)
    - Health Services Advisory Group Inc, (HSAG)
  - Managed Care Organizations – Quality Assurance Improvement Plan (QAPI)
  - National Committee for Quality Assurance (NCQA) Accreditation



# NH Medicaid Care Management Enrollment

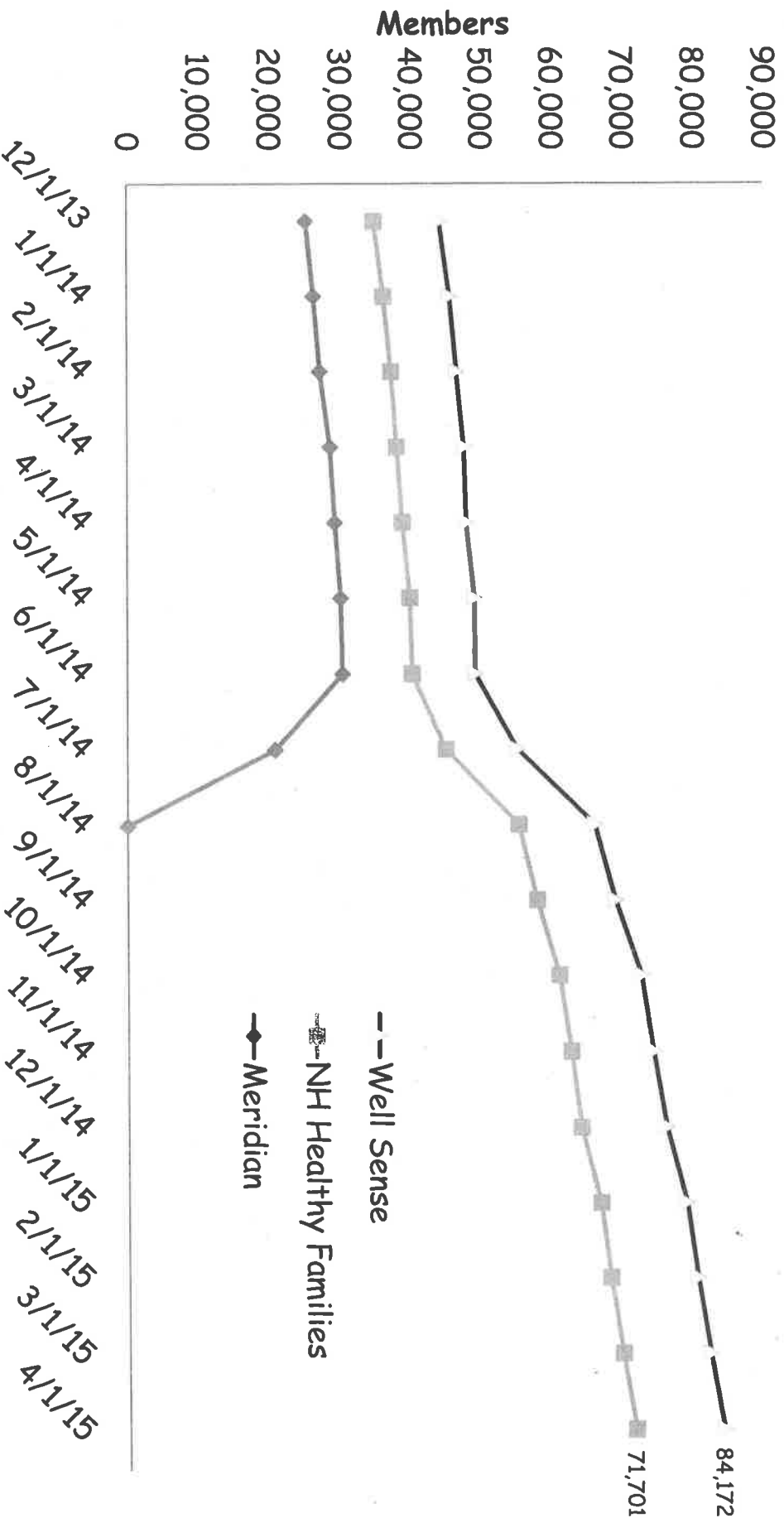
## 12/1/13 – 4/1/15



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

Source: NH MMIS as of 4/2/15 for most current period; Data subject to revision.

# NH Medicaid Care Management Enrollment by MCO: 12/1/13 - 4/1/15



Source: NH MMIS as of 4/2/15 for most current period; Data subject to revision.



# New Hampshire's Medicaid Care Management Program

## In Step 2 of the program

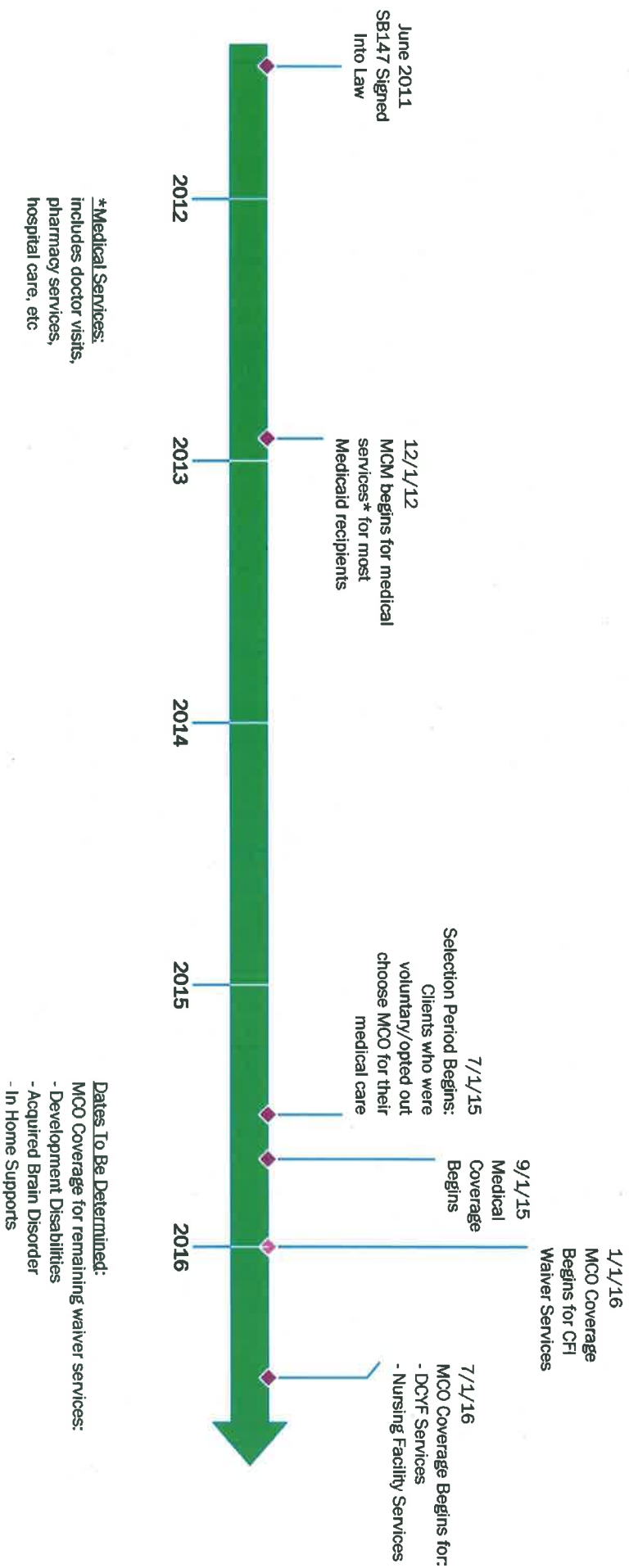
- Medicaid recipients who were not required to enroll with an MCO for their medical services in December 2013 [primarily individuals with both Medicare and Medicaid, referred to as “dual eligibles” and children with Special Health Care Needs] will now be **required** to enroll with a health plan for their medical services [referred to as **mandatory enrollment**].
- In addition, long term services and supports will be integrated into the Medicaid Care Management program, including:

### All Four of New Hampshire's Home and Community Based Services [HCBS] Waivers and Nursing Facility Services:

- Choices For Independence Waiver [CFI]
- Developmental Disabilities Waiver [DD]
- Acquired Brain Disorders Waiver [ABD]
- In Home Supports Waiver [I.H.S.]
- Nursing Facility Services



# Medicaid Care Management Program Implementation Timeline







# Medicaid Care Management Regulatory Update

- 1915 (b) waiver is being readied for submission to the Centers for Medicare and Medicaid Services [CMS]. Once approved, this gives the state authority to mandate enrollment for virtually\* all populations into the managed care delivery system for their medical care, including those currently considered “voluntary” enrollees.
- 1915 (c) waiver amendment is in development and will be submitted to CMS for the Choices for Independence Waiver [CFI]. This waiver amendment, once approved, gives the state authority to bring the CFI waiver services into the managed care delivery system.

\*There are several very small groups of Medicaid recipients that are exempt from enrollment in the Care Management Program

# Request for Application (RFA) Third MCO



- A Request For Applications (RFA) for a healthcare company to become part of the Medicaid Care Management (MCM) program was released on April 1, 2015
- The RFA, which is posted on the DHHS website at <http://www.dhhs.nh.gov/business/rfp/index.htm#15-dhhs-cm-01>, is seeking applications from vendors to provide managed care services to New Hampshire Medicaid clients.
- Currently, two managed care organizations are participating in the program.
- We issued this RFA to ensure that we maintain the value of the Medicaid Care Management program through strong partnerships with the organizations providing services to our clients.