

New Hampshire Health Protection Program

September 27, 2017

DHHS



NHHP – private public partnership

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- ▶ Count of *unique* people who received selected preventive services or condition treatment since the inception of the NHHP while in an NHHP health plan
- ▶ People are *deduplicated* across health plans covering NHHP recipients:
 - ▶ Medicaid fee-for-service
 - ▶ Medicaid managed care plans
 - ▶ Premium assistance Qualified Health Plans



NHHPP – Preventive Services

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- ▶ Count of *unique* people who received selected preventive services or condition treatment since the inception of the NHHPP while in an NHHPP health plan
- ▶ 25,800 people received preventive well care visits (“checkups”)
- ▶ 10,500 people were screened for cervical cancer
- ▶ 6,600 people were screened for breast cancer
- ▶ 4,700 people were screened for colorectal cancer



NHHP – Treatment for Conditions

- ▶ 41,600 people received mental health treatment services
- ▶ 11,000 people received substance use disorder treatment services
- ▶ 23,400 people received cardiovascular (including hypertension) treatment services
- ▶ 16,000 people received asthma or chronic obstructive pulmonary disease (COPD) treatment services
- ▶ 6,100 people received diabetes treatment services
- ▶ 1,300 people received cancer treatment services
- ▶ 900 people received maternity care treatment services



Definitions

Preventive

Well Care Service User is defined as the following criteria: claim for one or more preventive medicine well care services.

Cervical Cancer Screening (Pap Smear) Service User is defined as one or more claims for a pap smear procedure.

Breast Cancer Screening (Mammography) Service User is defined one or more claims for a mammography procedure.

Colorectal Cancer Screen (Colonoscopy) Service User is defined one or more claims for a colonoscopy procedure.

Treatment *(note: excludes screenings and evaluation services that may have been screening or disease follow-up)*

Mental Health Service User is defined as one or more claims for 1) psychotherapy, psychoanalysis, counseling, or case management services with a primary diagnosis of a mental health disorder (excludes SUD), 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of a mental health disorder or 3) pharmacy services for one of the following therapeutic class groups: antianxiety agents, antidepressants, antipsychotics, hypnotics, ADHD, psychotherapeutic and neurological agents primarily used to treat mental health disorders.

Substance Use Disorder Service User is defined as one or more claims for 1) substance use disorder specific treatment services (e.g., counselling, residential, methadone clinic), 2) behavioral health counseling services with a primary diagnosis of substance use disorder (PAP encounters only since some PAP payers do not use SUD specific counseling codes), 3) inpatient hospital stays with a primary diagnosis or diagnosis related group of a substance use disorder or 4) pharmacy services for medication assisted treatment therapeutic classes.



Definitions

Cardiovascular Disease Service User is defined as one or more claims for 1) cardiac surgery, including procedures such as vascular catheterizations, pacemaker insertion, valve repair/replacement, insertion of ventricular assist devices, and bypass, or tobacco cessation interventions with a primary diagnosis of cardiovascular disorder (including hypertension), 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of a cardiovascular disorder, 3) pharmacy services for one of the following therapeutic class groups: cardiotonics, antianginal agents, beta blockers, antiarrhythmics, calcium channel blockers, antihypertensives, diuretics, vasopressors, cardiovascular agents, anticoagulant, hematological agents or 4) durable medical devices used to treat cardiovascular disease.

Asthma/Chronic Obstructive Pulmonary Disease (COPD) Service User is defined as one or more claims for 1) inhalation treatment, tobacco cessation intervention, oxygen and related equipment and supplies, nebulizer, or physician administered albuterol services with a primary diagnosis of asthma or COPD, 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of asthma or COPD or 3) pharmacy services for one of the following therapeutic classes: cardiotonics, nasal agents, and antiasthmatic and bronchodilators used to treat asthma and COPD.

Diabetes Service User is defined as one or more claims for 1) foot examination and orthopedic footwear, amputation, ophthalmological services, medical nutrition therapy with a primary diagnosis of diabetes, 2) inpatient hospital stay with a primary diagnosis or diagnosis related group of diabetes, 3) pharmacy services for one of the following therapeutic class groups: antidiabetics such as insulin, and endocrine and metabolic agents used to treat diabetes or 4) durable medical supplies used to treat diabetes, such as syringes, test strips, lancets.

Cancer Service is defined as one or more claims for 1) mastectomy and reconstruction, radiation therapy planning and treatment, chemotherapy, other cancer treatment planning with a primary diagnosis of cancer or 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of cancer.

Maternity Care User is defined as one or more claims for 1) prenatal care, delivery, or postpartum care services or 2) inpatient hospital stays with a primary diagnosis or diagnosis related group of maternity/delivery.



NHHPP - September 2017 Enrollment

Health Plan Enrollment: August 2017	
QHP Enrollment	
● Ambetter	16,414
● Anthem	10,452
● Harvard Pilgrim	11,633
● Minuteman Health	3,473
MCO Enrollment	
● Well Sense	4,112
● NHHF	2,815
Health Insurance Premium Program HIPP	113
Fee For Service	2,041
Total	51,053



Health Care Needs Questionnaire, Preliminary Version

First are some questions about your general health and needs:

1. In general, compared to other people your age, how would you rate your health (select only one)?
 - a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor

2. In general, compared to other people your age, how would you rate your mental health (select only one)?
 - a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor

3. What is your current living situation (select only one)?
 - a. In a private home, apartment, or rented room
 - b. In assisted living
 - c. In a nursing home or other institution
 - d. In a group home for persons with physical, mental, or intellectual disability
 - e. Currently homeless

4. Are you currently receiving help on a **daily basis** from family or friends for **any** of the following activities (answer each question)?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Personal hygiene/grooming--such as brushing teeth, washing face, combing hair

Assistance walking or if you use a wheelchair, help once seated in chair

Help transferring from one place to another--such as moving from chair to bed, chair to toilet or bed to standing position

Help eating -- Using a feeding tube or someone needing to feed you with a fork or spoon

Managing medications--includes help with reminders to take medicines, opening bottles, taking the correct dosage, giving injections

5. Are you currently receiving services on a **daily basis** from any agency or provider for **any** of the following activities (answer each question)?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Personal hygiene/grooming--such as brushing teeth, washing face, combing hair

Assistance walking or if you use a wheelchair, help once seated in chair

Help Transferring from one place to another--such as moving from chair to bed, chair to toilet or bed to standing position

Help Eating -- Using a feeding tube or someone needing to feed you with a fork or spoon

Managing medications--includes help with reminders to take medicines, opening bottles, taking the correct dosage, giving injections

Now we want to ask about your use of hospitals, emergency rooms, and clinics:

6. In the last six months, how many times did you stay one or more nights in a **hospital**?
- Not been hospitalized in the last six months
 - One time
 - Two times
 - Three or more times
7. If hospitalized, were any of these hospital stays related to **mental health**?
- Not hospitalized in last six months
 - None for mental health problem
 - One time for mental health problem
 - Two times for mental health problem
 - Three or more times for mental health problem
8. In the last six months, how many times have you used an **emergency room**?
- Not used emergency room in the last six months
 - One time
 - Two times
 - Three or more times
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9. In the last six months, how many times have you been seen in a clinic by a doctor or nurse practitioner or physician assistant for a health concern?
- a. No visits in last month
 - b. One time
 - c. Two times
 - d. Three times
 - e. Four times
 - f. Five to nine times
 - g. Ten or more times
10. In the last six months, how many times have you been seen by a mental health professional in a clinic for a mental health concern?
- a. No visits in last month
 - b. One time
 - c. Two times
 - d. Three times
 - e. Four times
 - f. Five to nine times
 - g. Ten or more times
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Finally, we have some questions about conditions and special needs to get you better care:

11. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, select "Yes," "No," or you're "Not sure."

YES	NO	Don't Know / Not Sure	
			Diabetes
			Severe joint pain
			Asthma
			Cancer
			Stroke
			Heart disease
			Emphysema
			HIV or AIDS
			Sickle Cell Disease
			Obesity
			High cholesterol
			High blood pressure
			Kidney disease
			Depression

12. Do any of the following statements apply to you today (answer all that apply):

YES	NO	
		I have major financial problems due to unpaid medical bills
		I am not able to work, even part time, due to a health/mental health condition
		My family/close friends feel overwhelmed by my health/mental health problems
		I consider myself "medically frail"