

Readiness Highlights for Medicaid Care Management Step 2, Phase I  
Mandatory Enrollment of Complex Populations for Medical Care/Services

MCO Readiness/Operational Reviews

Readiness Reviews for Step 2 Phase 1 were *initiated* in May of 2015.

- Well Sense Health Plan: May 27, 2015
- New Hampshire Healthy Families: May 28, 2015

**Readiness Review Findings:** both Plans were able to respond appropriately to “use case scenarios” focusing on the following issues/challenges identified by DHHS and by our Stakeholders as Step 1 Mandatory Enrollment “lessons learned”:

- Improved management of members who have both private insurance and/or Medicare in addition to Medicaid as it relates to third party liability, differences in prior authorization processes and out of network access.
- Differences in pharmacy utilization for members with intellectual/developmental disabilities such as the need for compounded medications, off label drug use, medications used at a higher dosage than typical for others, use of “legacy” medications and need for liquid medications
- Differences in Prior Authorization processes for individuals with chronic, complex conditions vs. acute conditions, including close attention to continuity of care, longer prior authorization intervals and use of products/treatments for individuals with chronic complex conditions that may differ from current acute care approaches/medical policies.
- Understanding of guardianship and authorized representatives
- Need for increased staffing devoted to and with expertise in management of individuals with complex/chronic health conditions
- Need to reach out to health care providers who are currently serving individuals who will be subject to Mandatory Enrollment but are not yet enrolled with an MCO

**Additional Operational/Readiness Reviews being conducted in October and November of 2015 and will continue to evaluate the MCO’s ability to identify and manage the needs of individuals with complex conditions and will focus on the MCOs’ ability to manage “member facing” activities and those related to care coordination including:**

- Challenging the MCOs to respond to “real” [*not use case scenarios*] “secret shopper” type inquiries for individuals with complex needs *currently being served* by the MCO
- Evaluating the MCO’s and their subcontractors’ ability to fluidly and competently identify complex members and respond to their needs, their guardians [where applicable] and their health care providers
- Ensuring that DHHS and MCO file transfers, including enrollment information, claims data and other critical information are fully operational
- Testing the MCO’s understanding of individual safeguards and continuity of care provisions in the current MCO contract amendment
- Evaluating the MCO’s ability to identify, understand and manage individuals who have private insurance or Medicare and the impact these additional insurance sources have on MCO Prior Authorization processes
- Ensuring the MCO’s understanding of individuals who have legal guardians or other legal representatives
- Evaluating the MCO’s ability to access critical individual/guardian and/or authorized representative information in the Department’s New HEIGHTS System
- MCO crisis management protocols

“High Touch Readiness” Project

**Between June 2015 and October 2015 DHHS developed and is ready to implement a process that identifies individuals with the most complex needs and provides proactive support to these individuals during the enrollment process, at the time Step 2, Phase 1 services start and throughout the first 90-120 days of Step 2, Phase 1.** This support includes

assistance with enrollment, anticipating and managing new prior authorization requirements, coordination of benefits and third party liability and any other issues or concerns on the part of the individual or his/her guardian or authorized representative.

**This project entails:**

- Development of written materials to promote individuals' and guardians' understanding of Mandatory Enrollment
- Identification of newly mandatory individuals who have the most complex needs using data from DHHS Information Systems
- Sharing of data regarding all newly Mandatory Enrollees with current service providers including Case Management agencies, Special Medical Services and other entities already providing supports to new enrollees
- Education and outreach to current service providers to request assistance on behalf of individuals who are new Mandatory enrollees
- Facilitating meetings between DHHS, current service providers and MCO's to share individual-specific needs of new enrollees with focus on continuity of care
- Facilitating enrollment in MCO Care Coordination programs for new enrollees

**Individual and Provider Outreach, Education and Training specific to the needs of individuals with complex needs completed since June 2015:**

- DHHS sponsored the coordination of two facilitated Focus Groups to elicit feedback from individuals with complex needs who enrolled in Step 1 to gain their insight into important lessons learned. The intent of these Focus Groups was to elicit feedback from adults with physical disabilities and adults/elders about what is working for them in the MCM program and what is not. DHHS received excellent feedback and recommendations that have been incorporated into Education, Training and Operational/Readiness Review activities.
  - June 30, 2015-Granite State Independent Living, Concord
  - August 11, 2015-Laonia Housing Authority-Sunrise Towers, Laonia.
- Case Management Agency Collaborative Sessions and Informational Sessions during which Case Management agencies representing individuals impacted by Mandatory Enrollment were invited to provide feedback regarding what type of support they would like from the Department to assist individuals with Mandatory Enrollment. This information was integrated into the Department's training specific to enrollment and shared with Case Management agencies and other Providers during subsequent Informational Sessions.
  - August 20, 2015-Case Management Collaborative Sessions: two offerings during the day and evening in person
  - August 27, 2015- Case Management Informational Sessions: two offerings during the day and evening in person and via Webex and phone conferencing.
- The same approach of hosting a Collaborative Session followed by Informational Sessions is being taken with Nursing Facilities:
  - October 22, 2015: Nursing Facility Collaborative Session
  - To be scheduled for late October: Nursing Facility Informational Sessions
- September 2015: DHHS facilitated a number of meetings with Nursing Facility, MCO, DHHS and MCO Transportation Vendor Coordinated Transportation Systems [CTS] representatives to discuss, problem solve and resolve Nursing Facility transportation challenges.
- Provider and Client Informational Sessions conducted in person and also made available via Webex and phone conferencing, presented by DHHS and MCO staff. These sessions emphasized the needs of complex populations specific to Third Party Liability, Prior Authorizations, Complex Medical Conditions and Guardianship information. These sessions provided an opportunity to provide information *and* to gain invaluable feedback from Individuals and Providers.
  - June 24, 2015-Concord
  - July 14, 2015-Nashua

- July 16, 2015-Littleton
  - July 22, 2015-Keene
  - August 6, 2013- Rochester
- Numerous Written Provider Communications via MMIS email blasts, under MMIS Quick Links-Step 2 Updates, and posted on the DHHS MCM website. All have been focused on keeping Providers alert to the upcoming requirement for Mandatory Enrollment.

June 2015- present: Comprehensive Training and Education for MCO's on an extensive array of relevant topics presented by Individuals, Family Members and DHHS subject matter experts has been conducted **[this is an extensive list and is detailed in the Training and Education schedule provided as an attachment].**