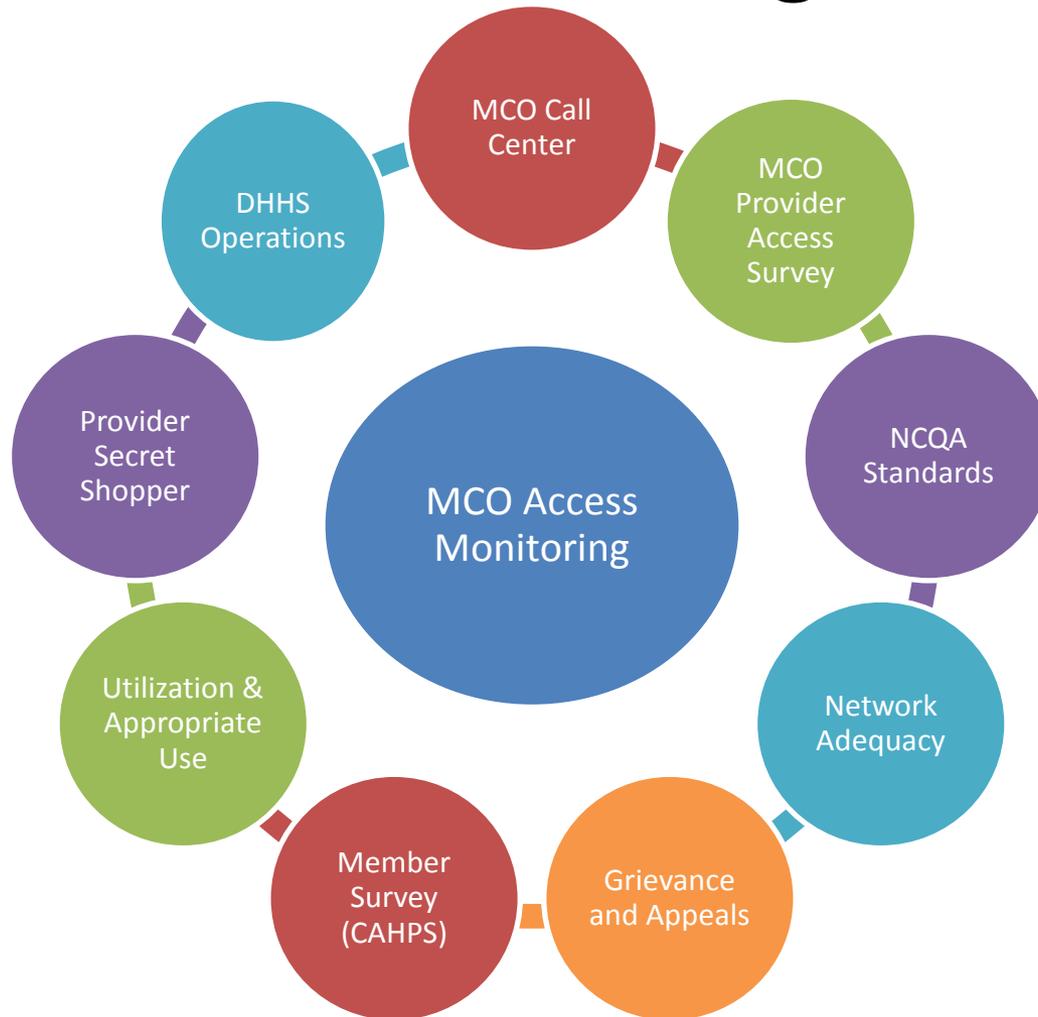


NH Medicaid Care Management Network & Access Monitoring

Department of Health and Human Services
Office of Quality Assurance & Improvement

NH MCO Network & Access Monitoring Data



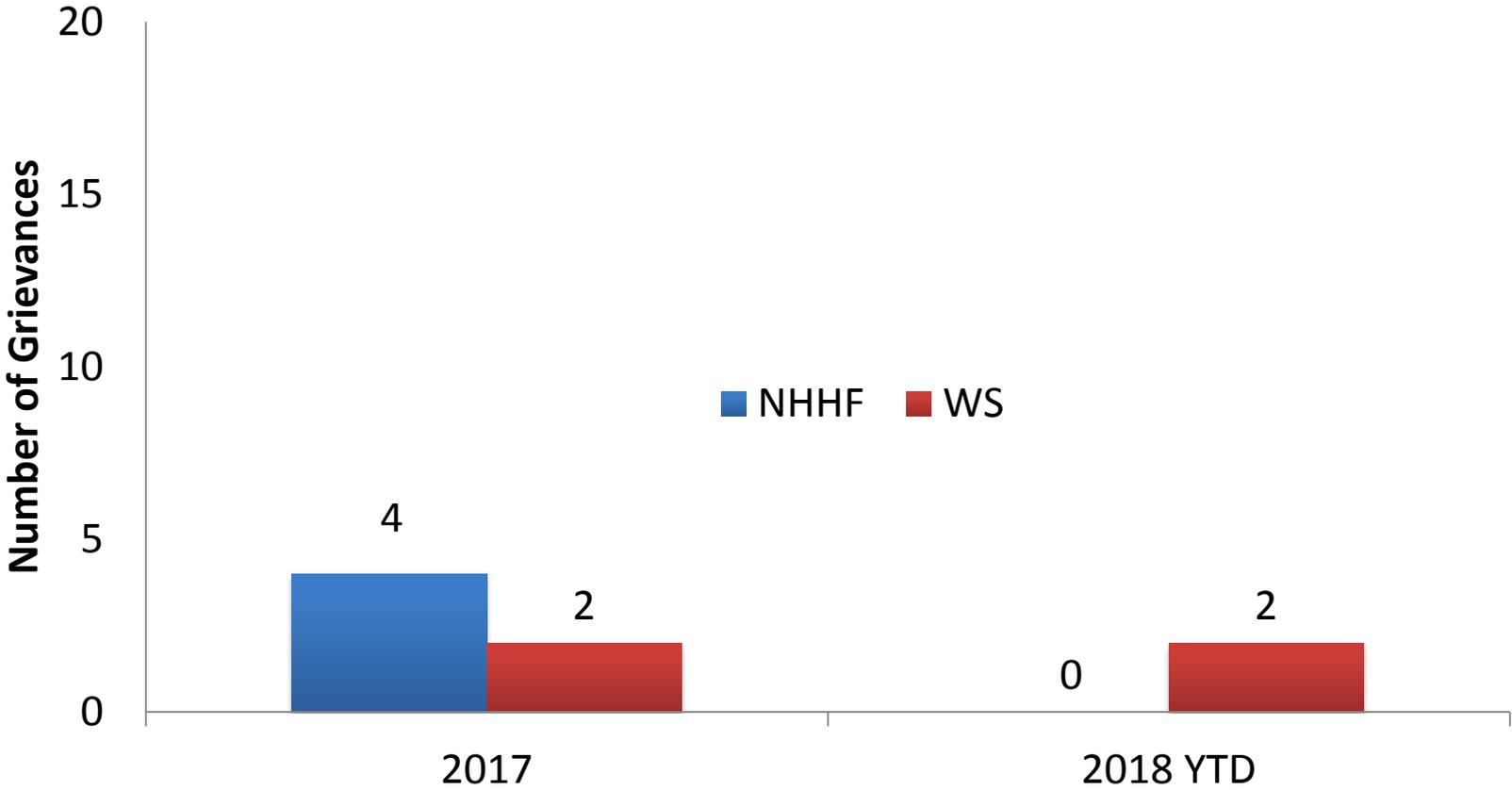
Network and Access Monitoring Data

- Grievance and Appeals Data
- Access to Appointments
- Barriers to Access
- Utilization and Appropriate Care
- Network Adequacy
- Provider Availability

GRIEVANCE AND APPEALS DATA:

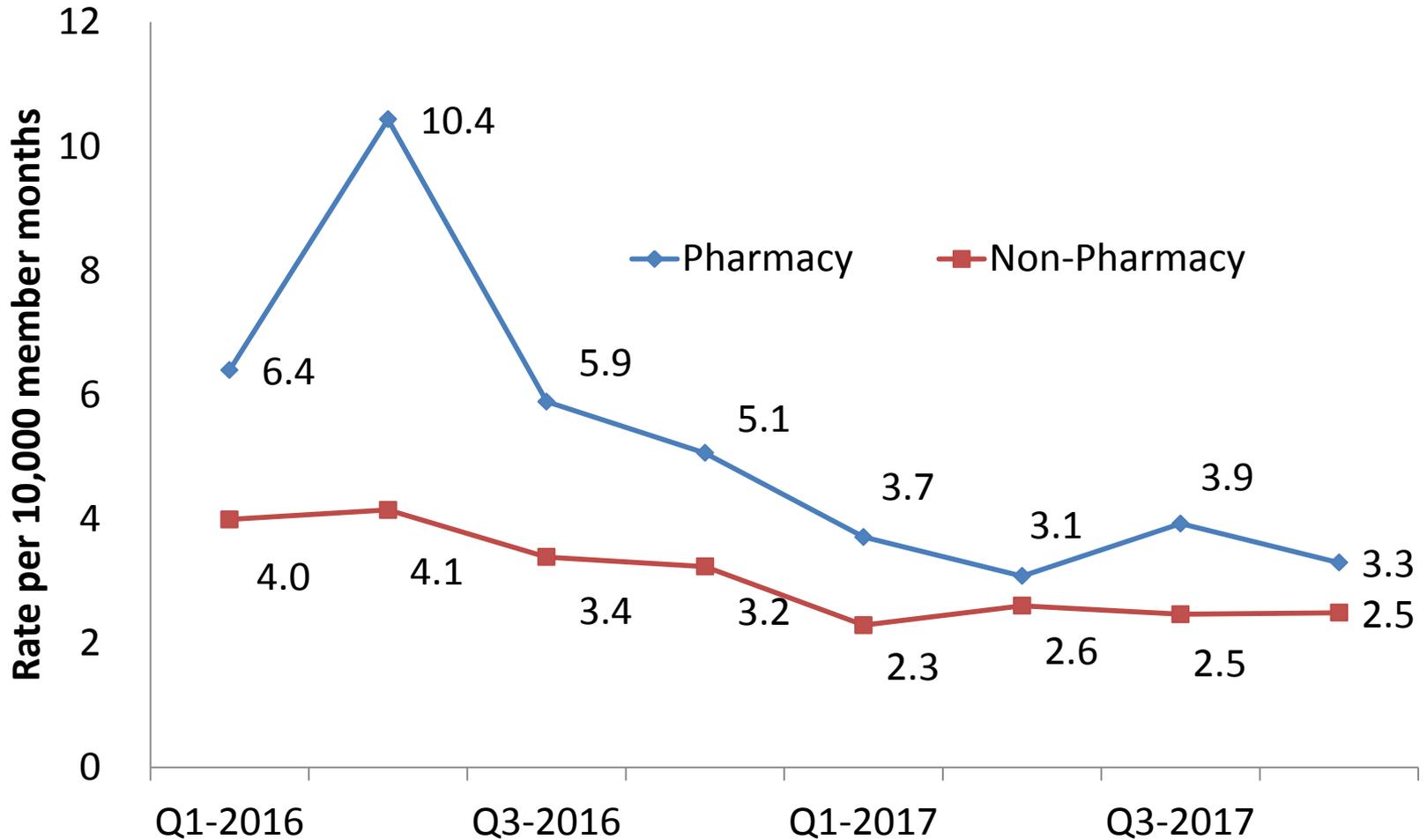
Results

MCM Member Grievances for Access to Care



Source Data: Medicaid Quality Data Grievance.02 MCO Grievance Log

Member Appeals Filed



Potential Issues

- No current issues have been identified by the early warning system.

Monitoring Enhancements

- Service authorization and appeals data will drill down to denials for out-of-network services. (Spring 2019)
- Pharmacy & therapy service authorization denials by long-term supports and services waivers. (New MCM Contract)

ACCESS TO APPOINTMENTS:

Results

Appointment Availability Standards

Standard

Non-symptomatic (i.e., preventive care) office visits shall be available from the member's PCP or another provider within forty-five (45) calendar days. A non-symptomatic office visit may include, but is not limited to, well/preventive care such as physical examinations, annual gynecological examinations, or child and adult immunizations.

Non-urgent, symptomatic (i.e., routine care) office visits shall be available from the member's PCP or another provider within ten (10) calendar days. A non-urgent, symptomatic office visit is associated with the presentation of medical signs or symptoms not requiring immediate attention.

Urgent, symptomatic office visits shall be available from the member's PCP or another provider within forty-eight (48) hours. An urgent, symptomatic visit is associated with the presentation of medical signs or symptoms that require immediate attention, but are not life threatening and don't meet the definition of Emergency Medical Condition

Emergency medical, SUD and psychiatric care shall be available twenty-four (24) hours per day, seven (7) days per week.

Behavioral health care shall be available as follows:

- care within six (6) hours for a non-life threatening emergency;
- care within forty-eight (48) hours for urgent care; or
- an appointment within ten (10) business days for a routine office visit.

Source: New Hampshire Department of Health and Human Services Medicaid Care Management contract.

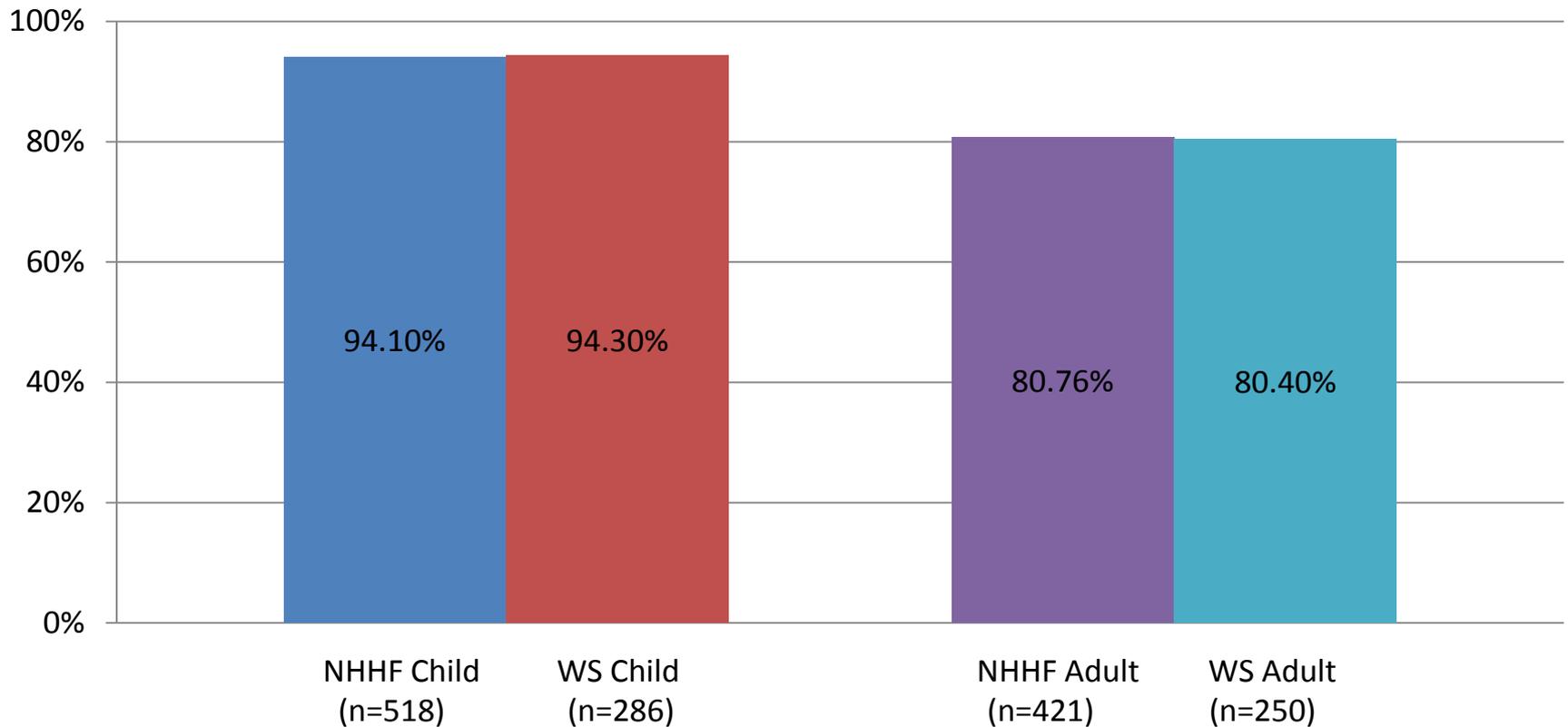
2017 Member Experience of Care Survey (CAHPS): Access to Appointments

CAHPS Question(s)	NHHF		WSHP	
	Adult	Child	Adult	Child
Getting Needed Care Right Away (Usually + Always)				
Getting Appointment to See Specialist as Soon as Needed (Usually + Always)				
Getting Needed Care from a Doctor's Office or Clinic During Evenings, Weekends, or Holidays (Usually + Always) 1				
Getting Routine or Check-up Appointments as Soon as They Were Needed (Usually + Always)				

-  = 2017 Rating is equal to or higher than 2016 National Medicaid Rate
-  = 2017 Rating is lower than 2016 National Medicaid Rate

1 - Measure does not have a national Medicaid benchmark and is evaluated based on comparing 2017 and 2016 rate.

2017 Member Experience of Care Survey (CAHPS): Appointment Scheduled in 0-3 Days When Needed Right Away



Source Data: 2017 Consumer Assessment of Health Care Providers and Systems. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality

2017 MCO Provider Survey

Appointment Availability Standards	Primary Care (Range of MCO Rates)	Specialist (Range of MCO Rates)
Provider Hours of Operation are No Less Than Hours Offered to Commercial Enrollees	95 - 100%	89 – 98%
Standard Non-Symptomatic Office Visits within 45 Calendar Days	93 - 100%	99%
Standards Non-Urgent, Symptomatic Visits within 10 Calendar Days	100%	68 – 99%
Urgent, Symptomatic Conditions Visits within 48 hours	100%	76 - 100%

Source Data: Medicaid Quality Data Network.01 *Comprehensive Provider Network and Equal and Timely Access*
Semi-Annual Filing

NCQA Accreditation: Behavioral Health Appointment Wait Times

NCQA Standards	Well Sense Health Plan	NHHF
Appointments within 6 Hours for a Non-life Threatening Emergency	Met	Results Due Late Summer 2018
Appointments within 48 Hours for Urgent Care	Met	Results Due Late Summer 2018
Appointments within 10 Business Days for Routine Office Visit	Met	Results Due Late Summer 2018

Source Data: Medicaid Quality Data Accred.01 MCO Accreditation Results. NCQA Health Plan Accreditation is a product of the National Committee for Quality Assurance of Health Plans.

Potential Issues

Issue #1 –MCO provider surveys suggest potential issues for wait times for urgent and routine appointments with specialists.

- DHHS will evaluate the next MCO provider survey results to refine understanding of the potential issue's impact on different specialist types (e.g pediatric vs. adult). (Late Fall 2018)

BARRIERS TO ACCESS:

Results

2017 Member Experience of Care Survey (CAHPS): Barriers to Access to Care

CAHPS Question(s)	NHHF		WSHP	
	Adult	Child	Adult	Child
Ease in Getting Treatment or Counseling (Usually + Always)				
Ease in Getting Special Medical Equipment (Usually + Always)				
Ease in Getting Care, Tests, and Treatment (Usually + Always)				
Ease in Getting Special Therapy for their Child (Usually + Always)	N/A		N/A	

 = 2017 Rating is equal to or higher than 2016 NH rate.

 = 2017 Rating is equal to or higher than 2016 NH rate.

Source Data: 2017 Consumer Assessment of Health Care Providers and Systems. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality

Potential Issues

Issue #2 – DHHS has received direct member complaints related to children transitioning from out-of-network pediatric specialists to in-network MCO pediatric specialist.

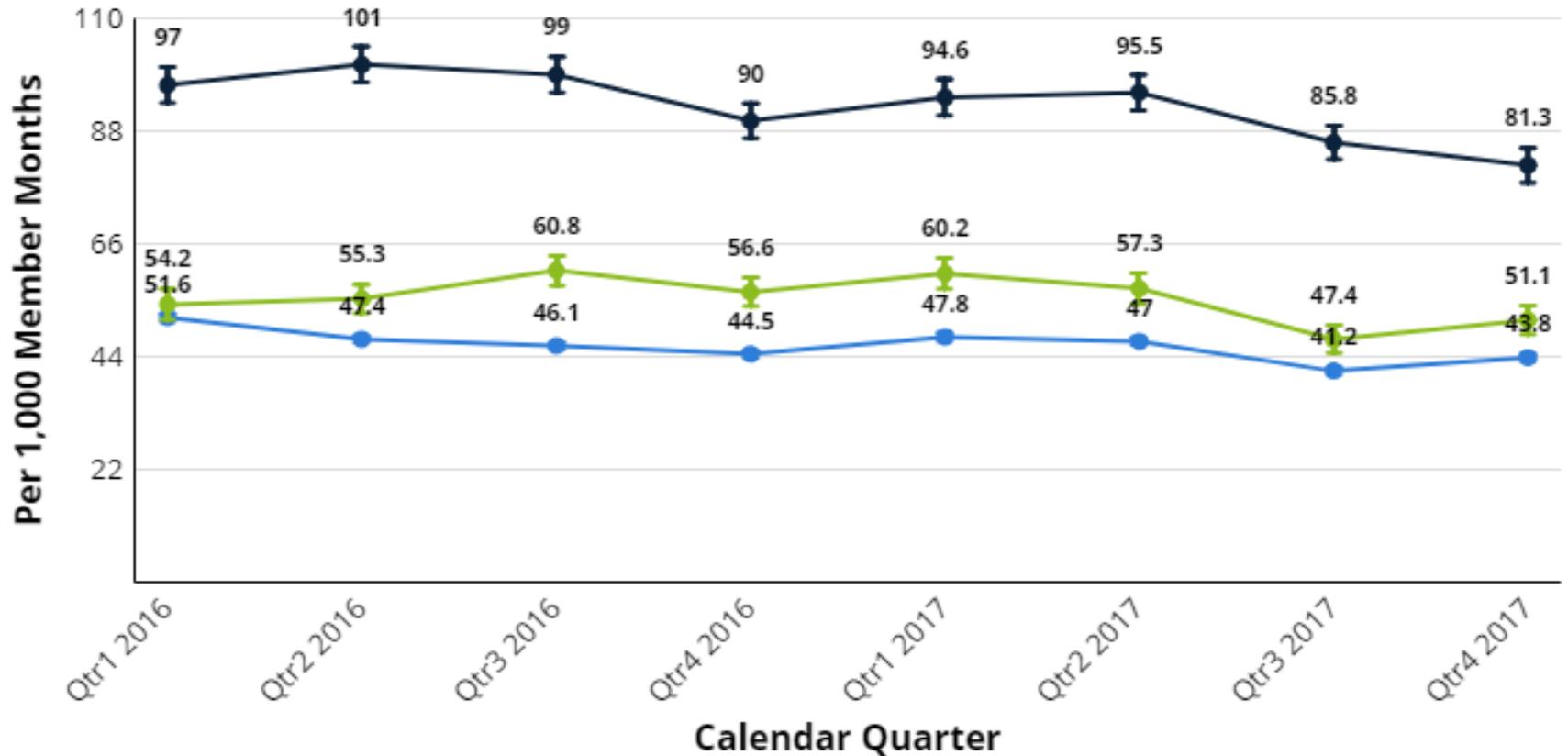
- DHHS has established a process for pediatric transitions of care. For transitions of care involving pediatric specialist, MCOs report to DHHS the in-network provider and allow for one or more additional appointment with the existing out-of-network provider. DHHS evaluates whether the specialists is a pediatric provider and if they are accepting new patients.

UTILIZATION AND APPROPRIATE CARE:

Results

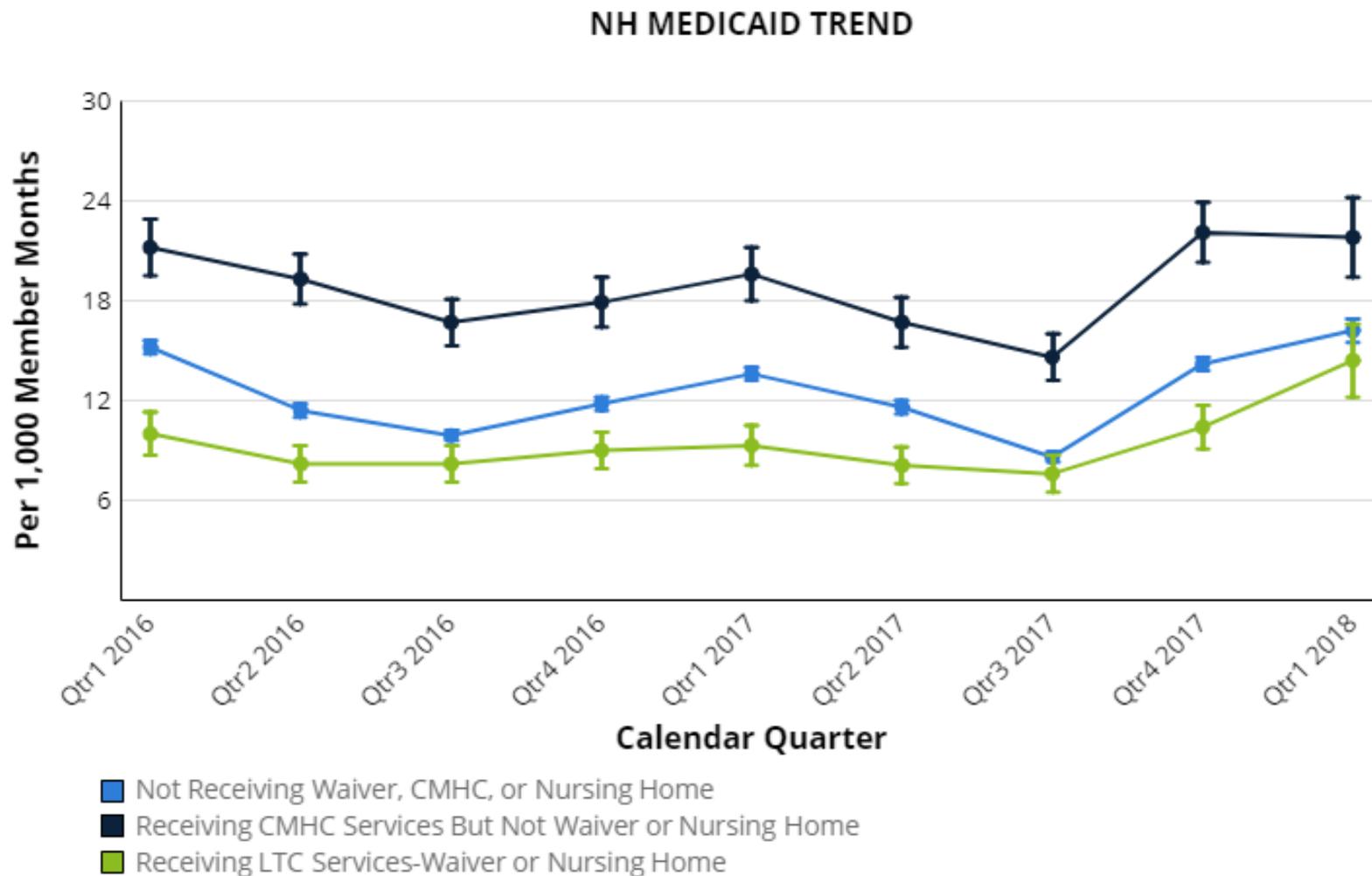
Emergency Department Visits

NH MEDICAID TREND

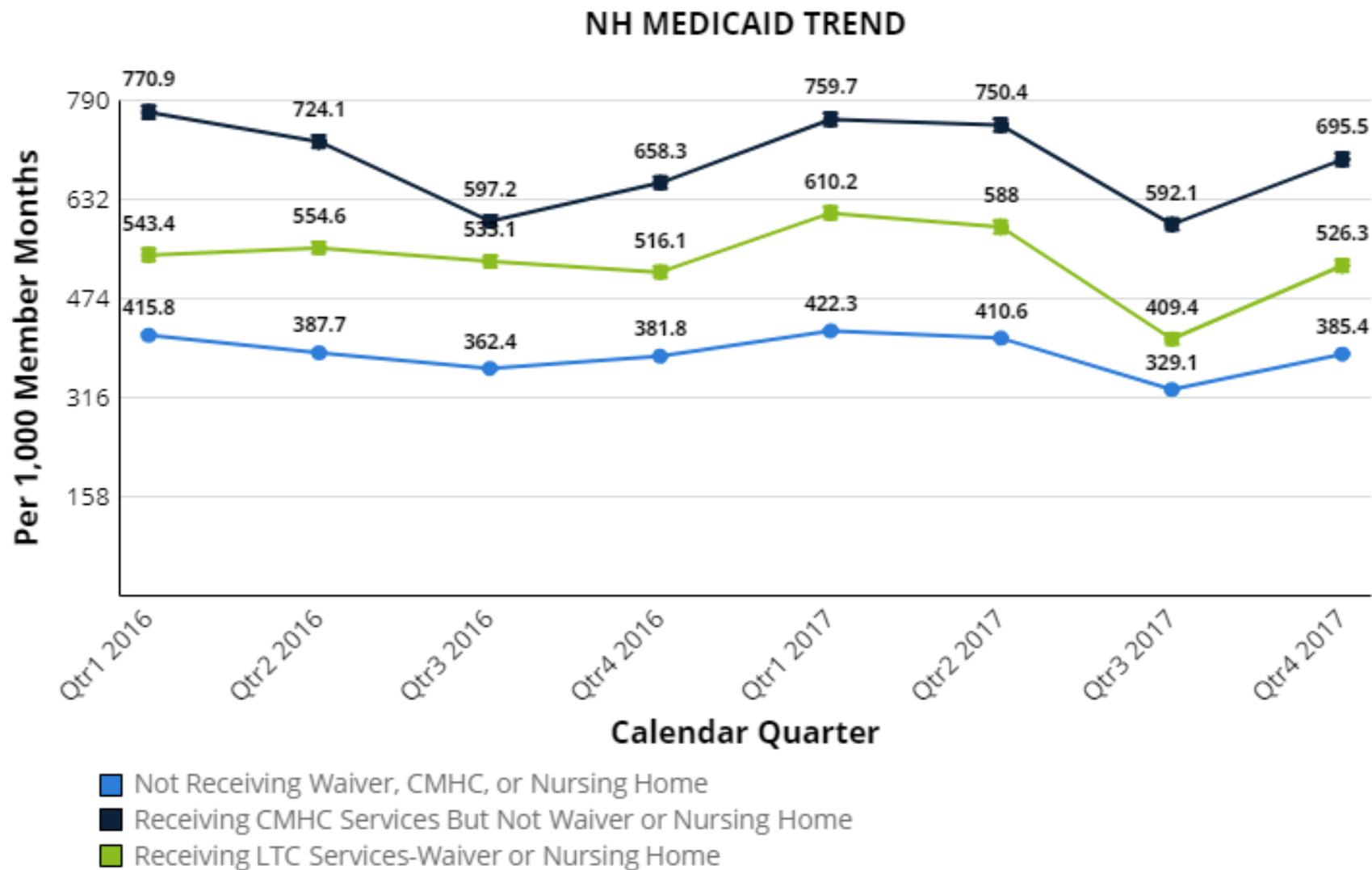


- Not Receiving Waiver, CMHC, or Nursing Home
- Receiving CMHC Services But Not Waiver or Nursing Home
- Receiving LTC Services-Waiver or Nursing Home

Emergency Department Visits Potentially Treatable by Primary Care



Physician/APRN/Clinic Visits



Potential Issues

Issue #3 – Members receiving CMHC services have a higher rate of emergency department use and emergency department visits potentially treatable by primary care.

- NH is currently in year 3 of a 5 year Delivery System Reform Incentive Payment (DSRIP) waiver. Emergency department utilization measures for the NH Medicaid behavioral health population are among the measures tied to the IDN's payments.
- NH model contract for includes additional performance measures to monitor MCO efforts to address high ED utilization by members receiving CMHC services.

NETWORK ADEQUACY:

Results

MCO Network Adequacy Standards

Network Adequacy Standards	
Provider/Service Type	Time and Distance Standard
PCPs (adult & pediatric)	Two (2) within forty (40) minutes or fifteen (15) miles
Adult Specialists	One (1) within sixty (60) minutes or forty-five (45) miles
Pediatric Specialists	One (1) within one hundred twenty (120) minutes or eighty (80) miles
Hospitals	One (1) within sixty (60) minutes or forty-five (45) miles
Mental Health Providers (adult & pediatric)	One (1) within forty-five (45) minutes or twenty-five (25) miles
Pharmacies	One (1) within forty-five (45) minutes or fifteen (15) miles
Tertiary or Specialized services (Trauma, Neonatal, etc.)	One (1) within one hundred twenty (120) minutes or eighty (80) miles
SUD Councilors (MLDAC) (adult & pediatric)	One (1) within forty-five (45) minutes or fifteen (15) miles
SUD Programs (Comprehensive, Outpatient, Methadone Clinics) (adult & pediatric)	One (1) within sixty (60) minutes or forty-five (45) miles.

MCO Network Adequacy Standards

Provider County Combinations Meeting Network Adequacy (e.g. Plastic Surgeon Coos County)	
Provider Type	Percent Meeting Network Adequacy
Primary Care	100%
Specialist	96%
Behavioral Health	86%
Facility	96%
Tertiary Facility	100%
Pharmacy	100%

MCO Exceptions To Network Adequacy

- Allergist (Coos, Grafton)
- General Inpatient Psychiatric Facilities (Carroll, Coos, Grafton)
- Hospital Rehabilitation (Carroll, Coos, Grafton)
- Methadone Clinic (Coos, Carroll, Grafton)
- Ophthalmologist (Coos)
- Plastic Surgeon (Coos)
- Short-term Care Facility for Inpatient Psychiatric (Coos, Carroll, Cheshire, Grafton)
- SUD Master Licensed Drug and Alcohol Counselor (Coos)
- SUD Outpatient (Coos, Grafton)
- Therapeutic Radiation (Carroll, Coos, Grafton)
- Thoracic Surgery (Carroll, Cheshire, Coos, Grafton)

Potential Issues

Issue #4 – Both MCOs have gaps in network adequacy for various specialists and behavioral health providers.

- Late Fall of 2018, NH will new Medicaid provider network exception criteria and an evaluation system to determine the validity of the MCOs requests for an exception to network adequacy.

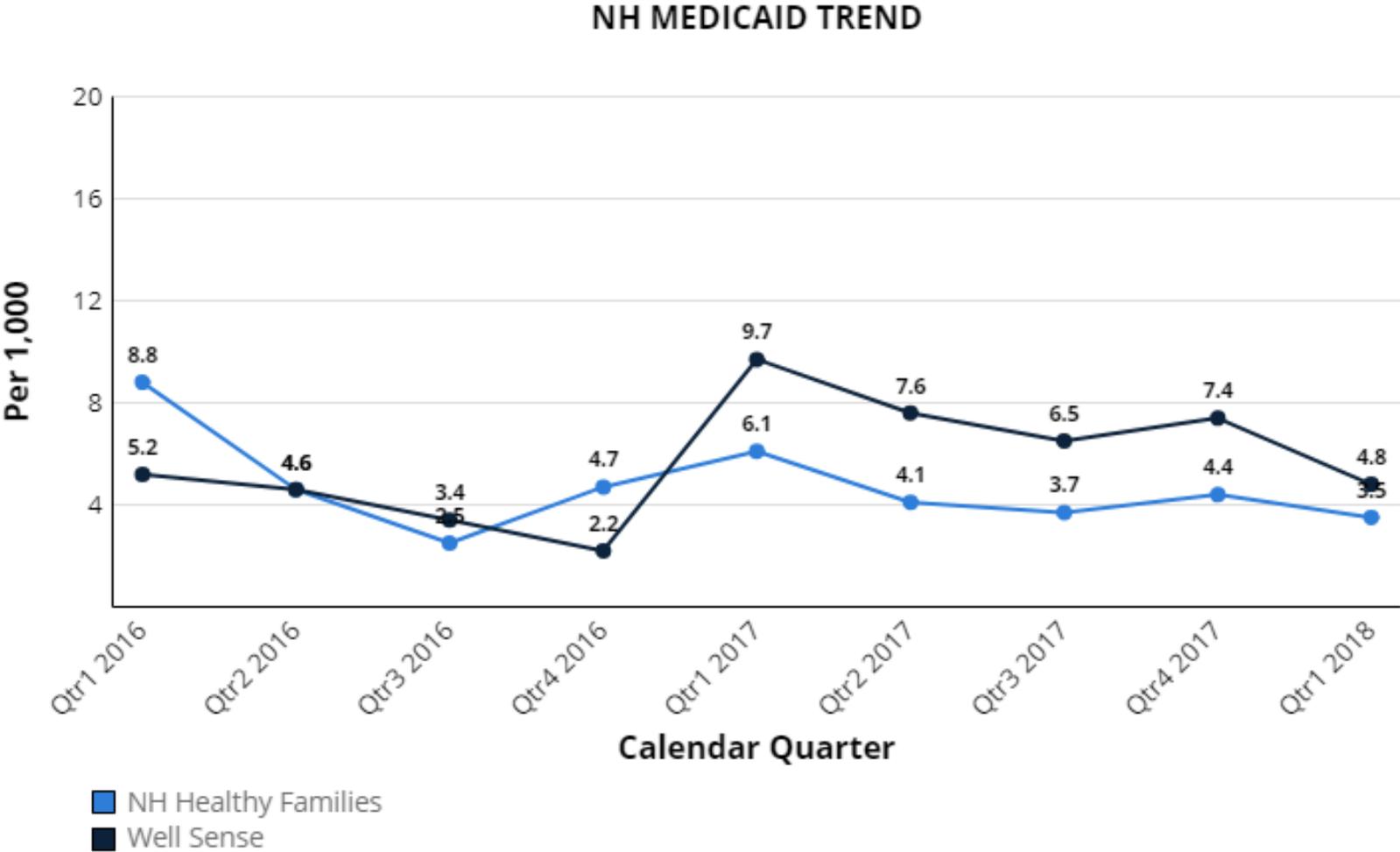
Monitoring Enhancements

- New pediatric specialist reporting . (Late Fall 2018)
- Standard contract criteria for requesting exceptions to network adequacy. (Late Fall 2018)

PROVIDER AVAILABILITY:

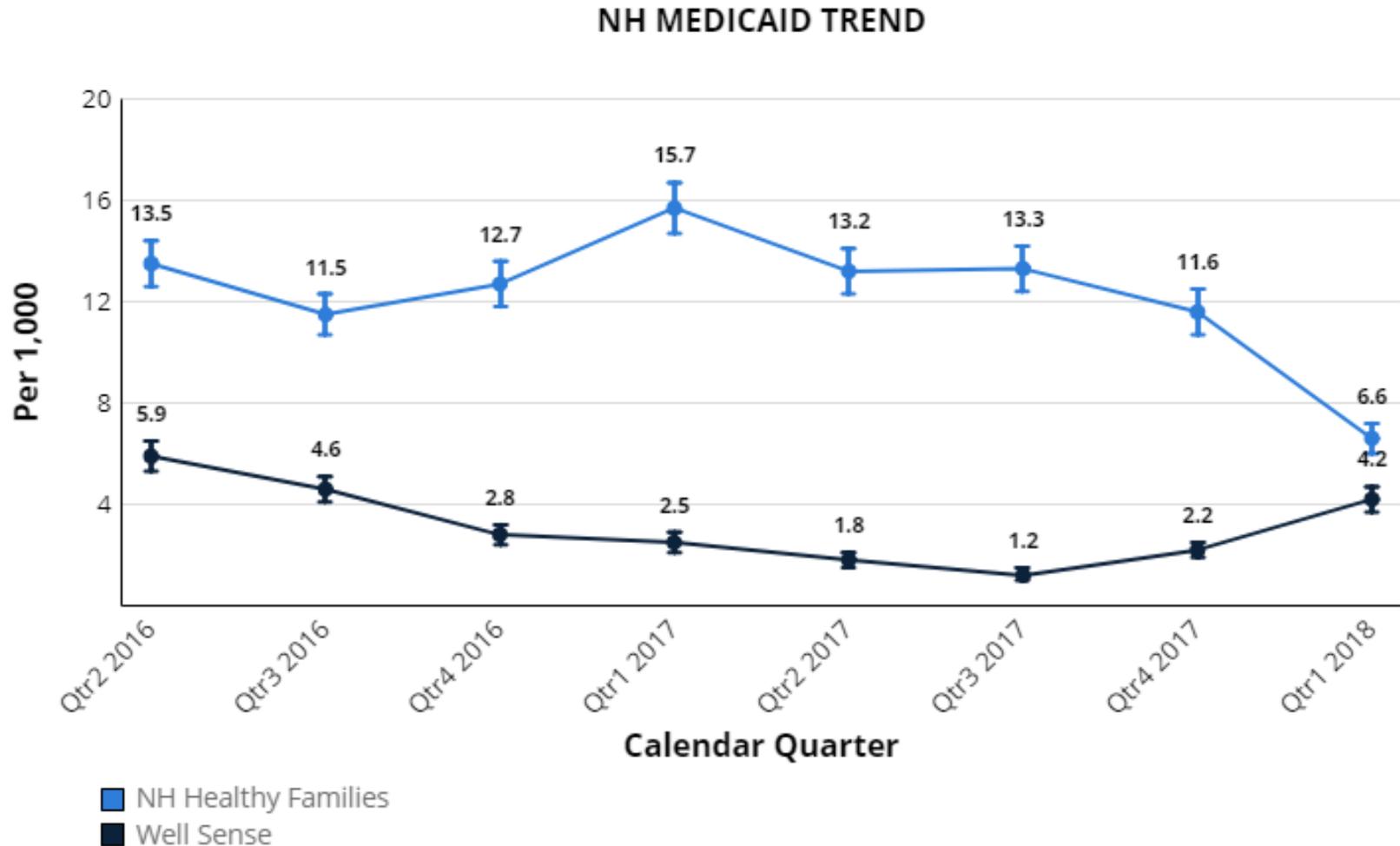
Results

Member Requests for Assistance Accessing MCO Designated Primary Care



Source Data: Medicaid Quality Information System Retrieved on 7/27/2018

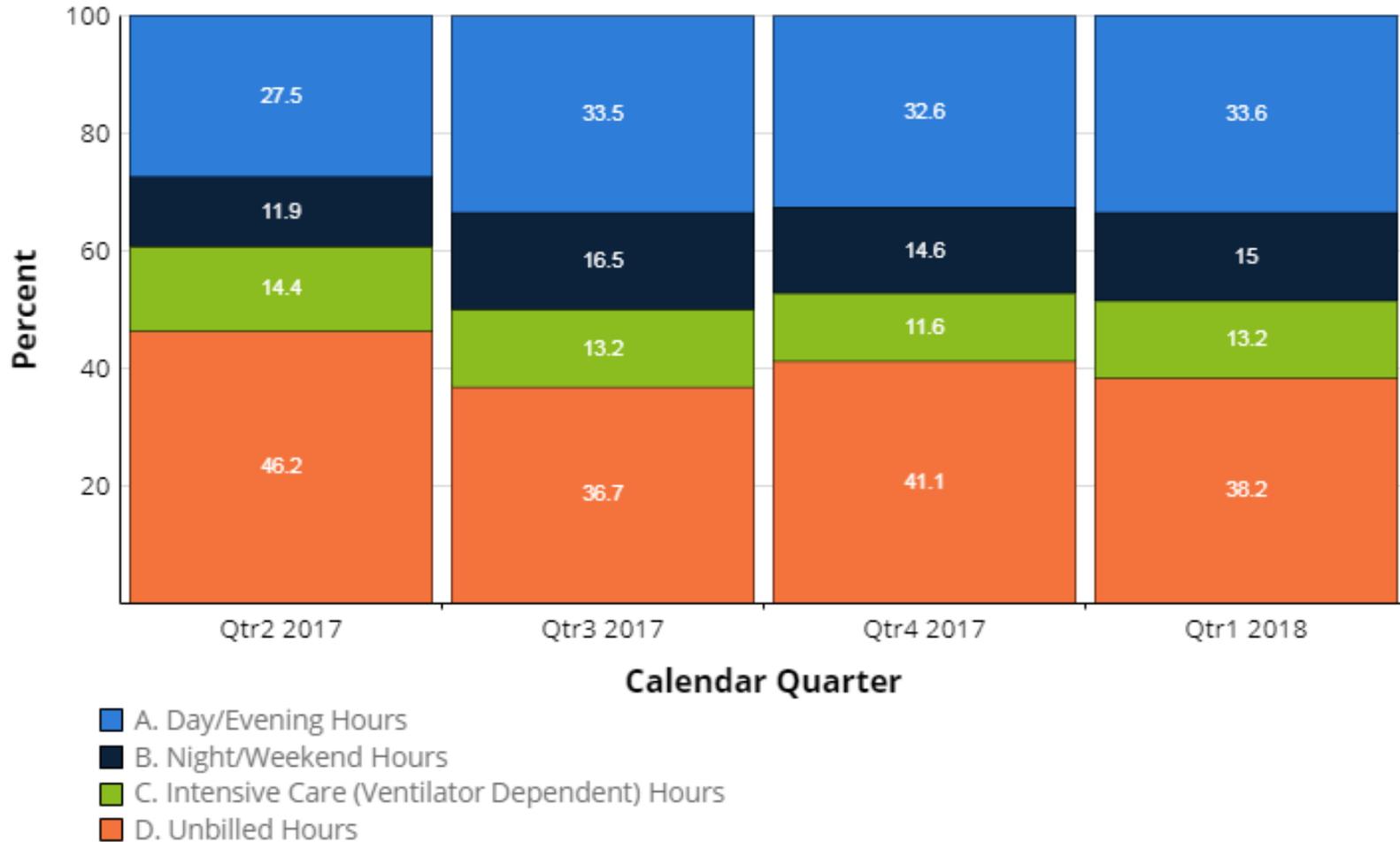
Member Requests for Assistance Accessing Physician/APRN Specialist Providers



Source Data: Medicaid Quality Information System Retrieved on 7/27/2018

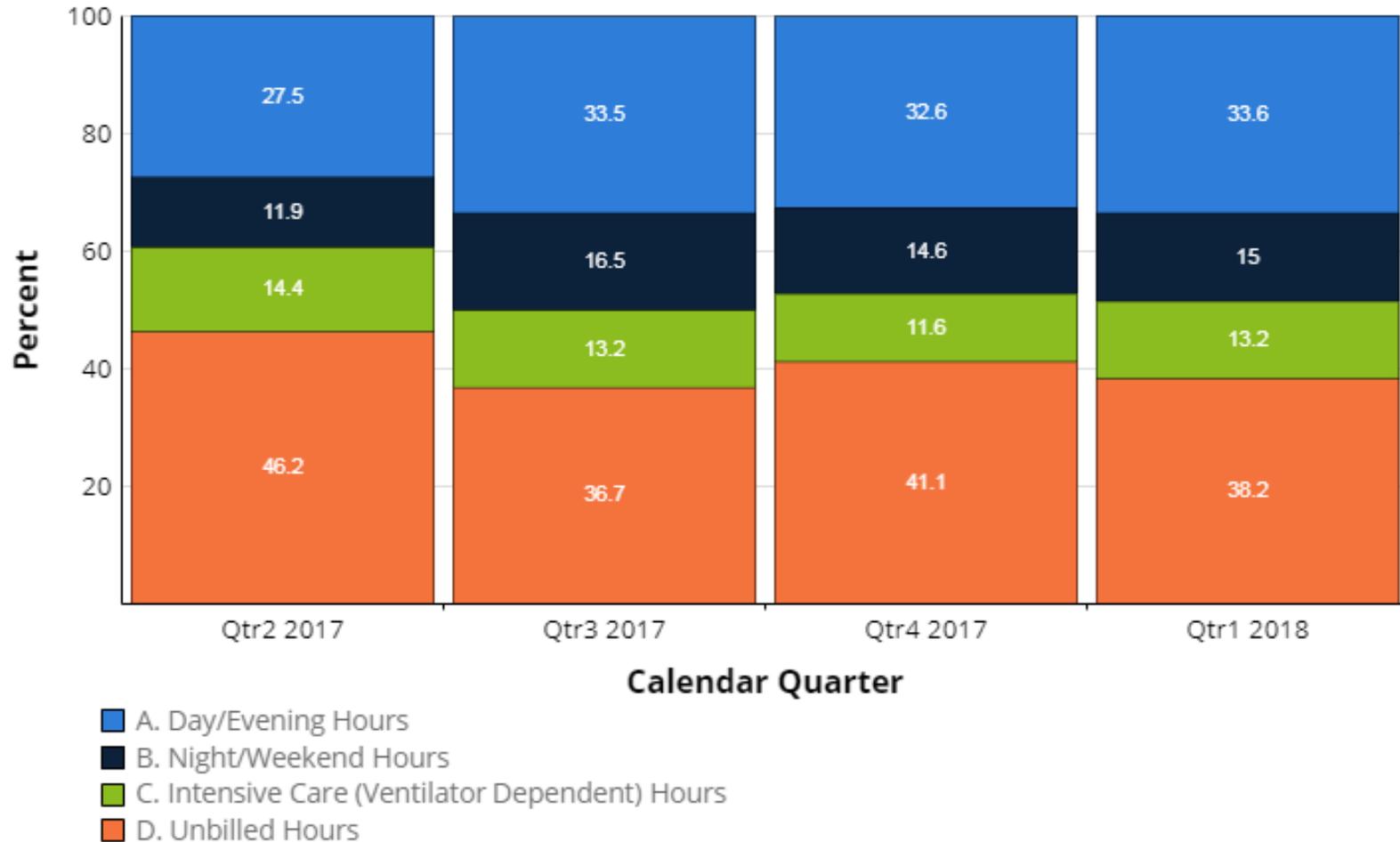
Private Duty Nursing: Authorized Hours for Adults Delivered

NH MEDICAID TREND



Private Duty Nursing: Authorized Hours for Children Delivered

NH MEDICAID TREND



Source Data: Medicaid Quality Information System Retrieved on 7/27/2018

2015 Provider Secret Shopper

New Medicaid Members Seeking Preventative Appointments with Primary Care Providers		
Program	Providers Contacted	Able to Schedule Appointment
Standard Medicaid Care Management	178	37 (21%)
New Hampshire Health Protection Program	150	26 (17%)
Commercial (Anthem)	64	1 (2%)

Note: SFY 2018 Secret Shopper in process for SUD providers. SFY 2019 Secret Shopper will be for provider specialist.

Source Data: Network Access Report and Provider Availability Survey. Available at: Full study available at: <https://medicaidquality.nh.gov/sites/default/files/2015%20Provider%20Secret%20Shopper%20Report%20-%20Network%20Access%20Report%20and%20Appointment%20Availability.pdf>

Potential Issues

Issue #5 – NHHF has a higher volume of calls requesting access to a specialist than Well Sense. The NHHF and Well Sense rates are driven by higher rates in Hillsboro and Cheshire county.

- DHHS will include specialist in Hillsboro and Cheshire county in future secret shopper studies.

Issue #6 – DHHS has identified member access to Private Duty Nursing services as a potential barrier to care.

- DHHS has included a rate increase for Private Duty Nursing services in the MCM contract to preserve current capacity. DHHS will continue to monitor for access to care for this service.

Potential Issues

Issue #7 – 2015 Provider Secret Shopper Survey report that 21% of primary care providers enrolled in Medicaid were accepting new patients, which was higher than the commercial rate evaluated in the study.

- The purpose of the 2015 survey was to evaluate disparities between standard NH Medicaid and the NH Health Protection Program. A future study is needed to solely evaluate Medicaid primary care providers accepting new Medicaid patients compared to patients with commercial plans.

**NATIONAL COMMITTEE FOR QUALITY ASSURANCE OF
HEALTH PLANS ACCREDITATION & REPORT CARDS:**

Results

NCQA Accreditation

	Well Sense	NHHF
Availability of Practitioners Standards	100%	Results Available Late Summer
Accessibility of Services Standards	100%	
Assessment of Network Adequacy Standards	100%	
Continued Access to Care Standards	100%	
Physician and Hospital Directory Standards	100%	
Delegation of network Activity Standards	100%	
Medicaid Benefits and Services Standards	100%	

Source Data: Medicaid Quality Data Accred.01 MCO Accreditation Results. NCQA Health Plan Accreditation is a product of the National Committee for Quality Assurance of Health Plans.

NCQA

Accreditation Standards

Availability of practitioners

Are practitioners located throughout the plan's service area?

Did the organization consider the cultural needs of its members when it created its practitioner network? For example, are there multilingual practitioners?

Does the organization take steps to ensure that there are sufficient numbers of primary care and specialty practitioners available to its members?

Does the organization measure its performance and make improvements when needed?

Accessibility of services

Does the organization have standards to ensure access to medical care, including routine primary care, emergency care, and after-hours care?

Can members get behavioral health care when they need it?

Does the organization measure its performance and make improvements when needed?

Assessment of network adequacy

Does the organization analyze data from complaints and appeals to determine if there are issues concerning geographic distribution or types of practitioners in its network?

Does the organization make improvements in its network from information it receives from its analysis of access and availability?

Continued access to care

Does the organization or practitioner notify members affected by the termination of a primary care practitioner's contract?

Are there circumstances in which members may continue to see a practitioner whose contract has been terminated?

Physician and hospital directories

Does the organization provide a searchable web-based directory of its physicians and hospitals?

Does the physician and hospital directory contain the most current information?

Does the plan test the directory for understanding and member ease of use?

Is the directory available in other formats (e.g., printed, by telephone)?

Delegation of network activity

If the organization delegates network activity, has it worked with the delegate to develop a mutually agreed-upon document that outlines responsibilities, delegated activities, and evaluation processes?

Does the organization provide member experience and clinical performance data to the delegate when requested?

Has the organization evaluated whether the delegate can perform the activities?

Does the organization review the delegate's quality improvement (QI) program and review its performance annually?

Medicaid benefits and services

Does the Medicaid plan provide direct access to women's health services?

Does the Medicaid plan provide for a second opinion from an in-network provider or arrange for the member to obtain a second opinion outside the network?

Does the Medicaid plan adequately cover services out of network when it cannot provide them within its network in a timely fashion?

Does the Medicaid plan ensure that the cost to members for out-of-network services when it cannot provide them in its network is the same as the cost of in-network services?

Does the Medicaid plan require the hours of operation that providers offer to Medicaid members to be no less than those offered to commercial members?

* Available at http://www.ncqa.org/Portals/0/Programs/Accreditation/2016_HPA_SGs.pdf.

NCQA 2017-18 Report Card: Access Domain

	Well Sense	NHFF
Customer Satisfaction: Getting Care	4.5 / 5	4.5 / 5



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<http://medicaidquality.nh.gov/>