

NH Medicaid Care Management Network & Access Monitoring

Department of Health and Human Services

Bureau of Program Quality

June 2021

New Hampshire Annual Medicaid Managed Care Access Monitoring Report



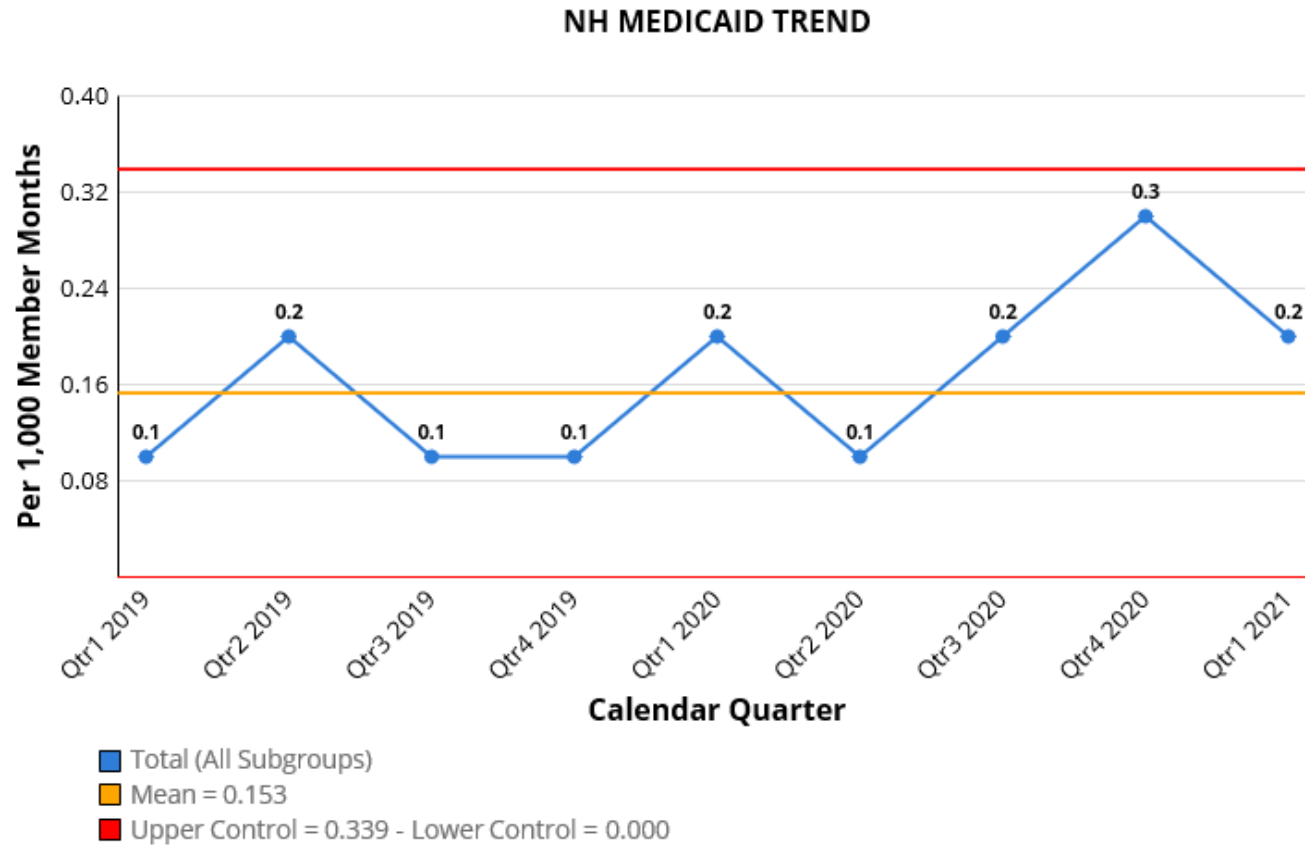
Network and Access Monitoring Data

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

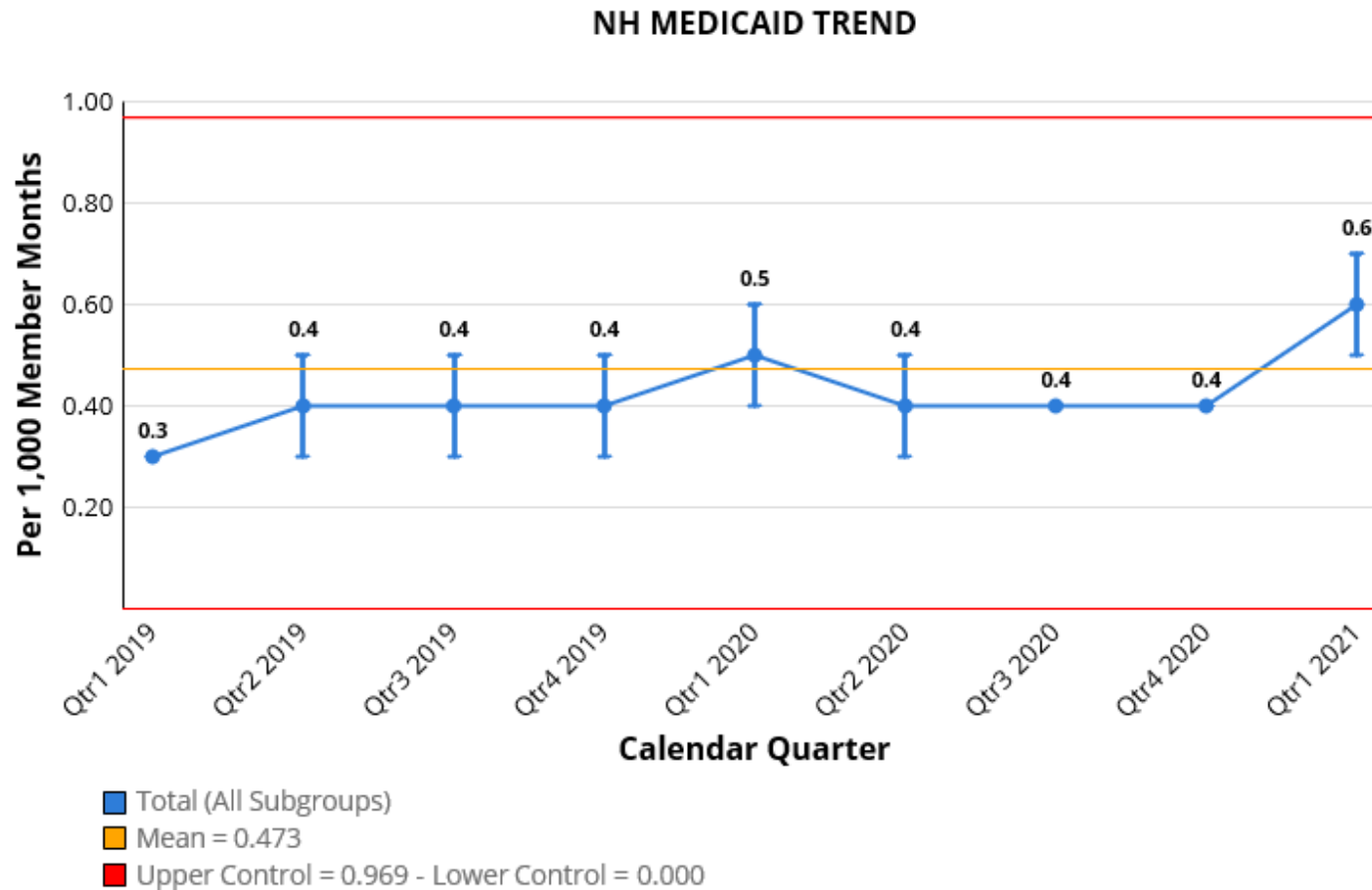
GRIEVANCE AND APPEALS DATA:

Results

MCM Member Grievances Received



MCM Member Appeals Filed



Analysis – Grievance and Appeals

Grievance and appeals data are within historical control limits suggesting no changes in the number of members filing grievances and/or appeals.

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.

2019 Member Experience of Care Survey (CAHPS): Access to Appointments

CAHPS Question(s)	MCM Program	
	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)		

1 – National Average not available for the measure. Green check mark indicates rating equal to or higher than 2018 NH rate.

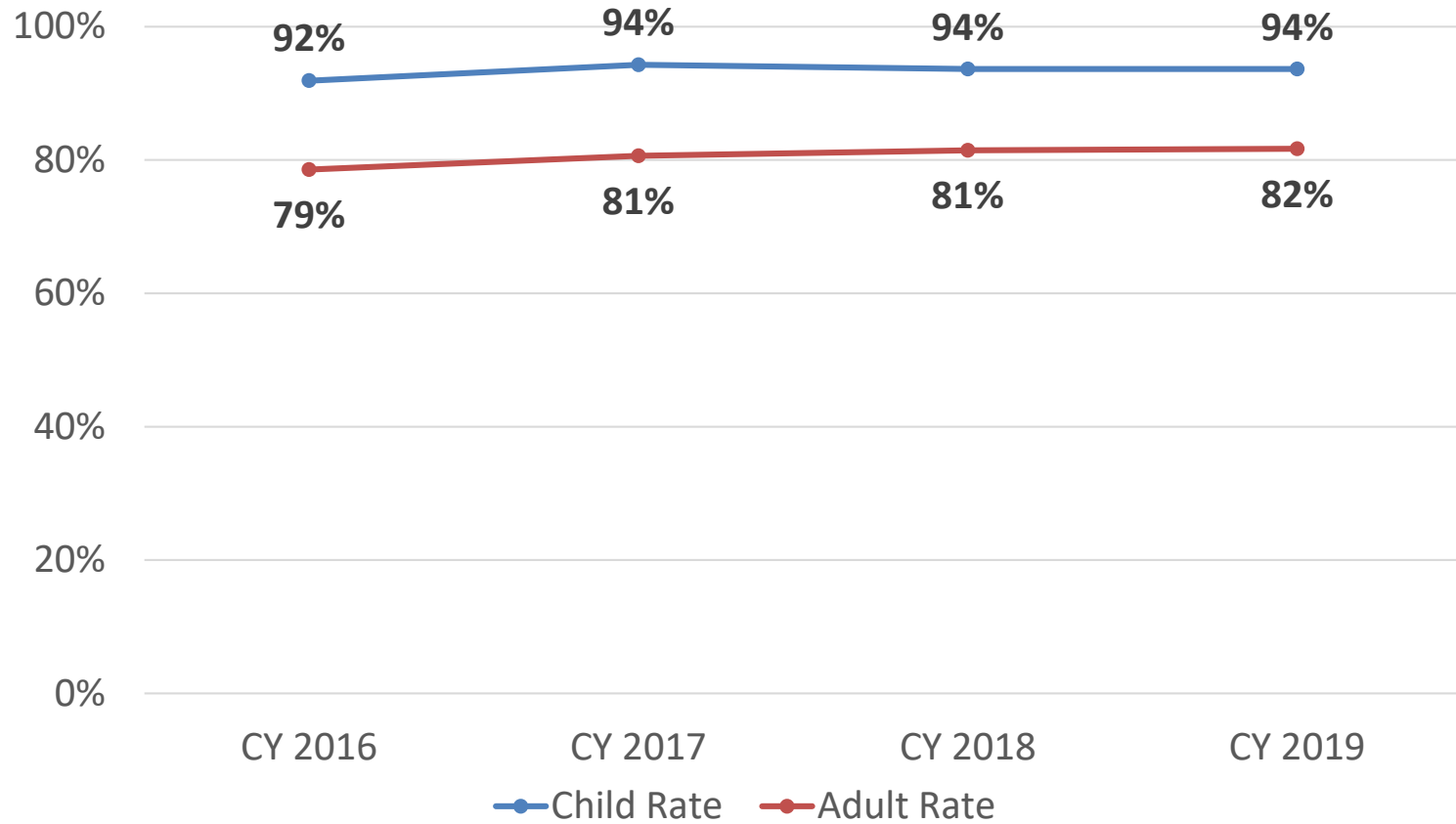


= 2019 Rating is equal to or higher than 2019 National Medicaid Rate



= 2019 Rating is lower than 2019 National Medicaid Rate

2019 Member Experience of Care Survey (CAHPS): Appointment Scheduled in 0-3 Days When Needed Right Away



Source Data: 2019 Consumer Assessment of Health Care Providers and Systems. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality

2019 MCO Provider Access 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	100%	100%
Standard Non-Symptomatic Office Visits within 45 Calendar Days	89%-94%	71%-95%
Standards Non-Urgent, Symptomatic Visits within 10 Calendar Days	84%-100%	72%-85%
Urgent, Symptomatic Conditions Visits within 48 hours	96%-100%	81%-97%

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	Met
Appointments within 48 Hours for Urgent Care	Met	Met
Appointments within 10 Business Days for Routine Office Visit	Met	Met

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.

2020 MCO Mental Health Access Survey

Survey Question	2018	2019	2020
Services were available at times that were good for me (Strongly Agree & Agree)	81.9%	84.1%	80.6%
I was able to see a psychiatrist when I wanted (Strongly Agree & Agree)	54.6%	61.9%	54.8%
I felt my child has someone to talk with when he/she was troubled (Strongly Agree & Agree)	78.8%	72.64%	76.9%






Analysis – Access to Appointments


- Member experience of care data show:
 - NH members have access to appointments at rates that are higher than or equal to the national Medicaid managed care average; and,
 - NH members have scheduled urgent appointments within 3 business days at consistent rates since 2016.
- Provider survey data highlight routine-care appointments with specialty providers to be the lowest measures of appointment availability.
- Mental health access survey measures describing access to appointments do not show statistically significant differences between 2020 and 2019 rates.


BARRIERS TO ACCESS:

Results

2019 Member Experience of Care Survey (CAHPS): Barriers to Access to Care

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

 = 2019 Rating is equal to or higher than 2018 NH rate.

 = 2019 Rating is equal to or higher than 2018 NH rate.

Source Data: 2019 Consumer Assessment of Health Care Providers and Systems. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality

2020 MCO Mental Health Access Survey

Survey Question	2018	2019	2020
I was able to get all the services I thought I needed (Strongly Agree & Agree)	76.1%	79.9%	76.5%
My family got the help we wanted for my child (Strongly Agree & Agree)	74.8%	76.4%	82.7%
My family got as much help as we needed for my child (Strongly Agree & Agree)	75.6%	71.7%	75.3%

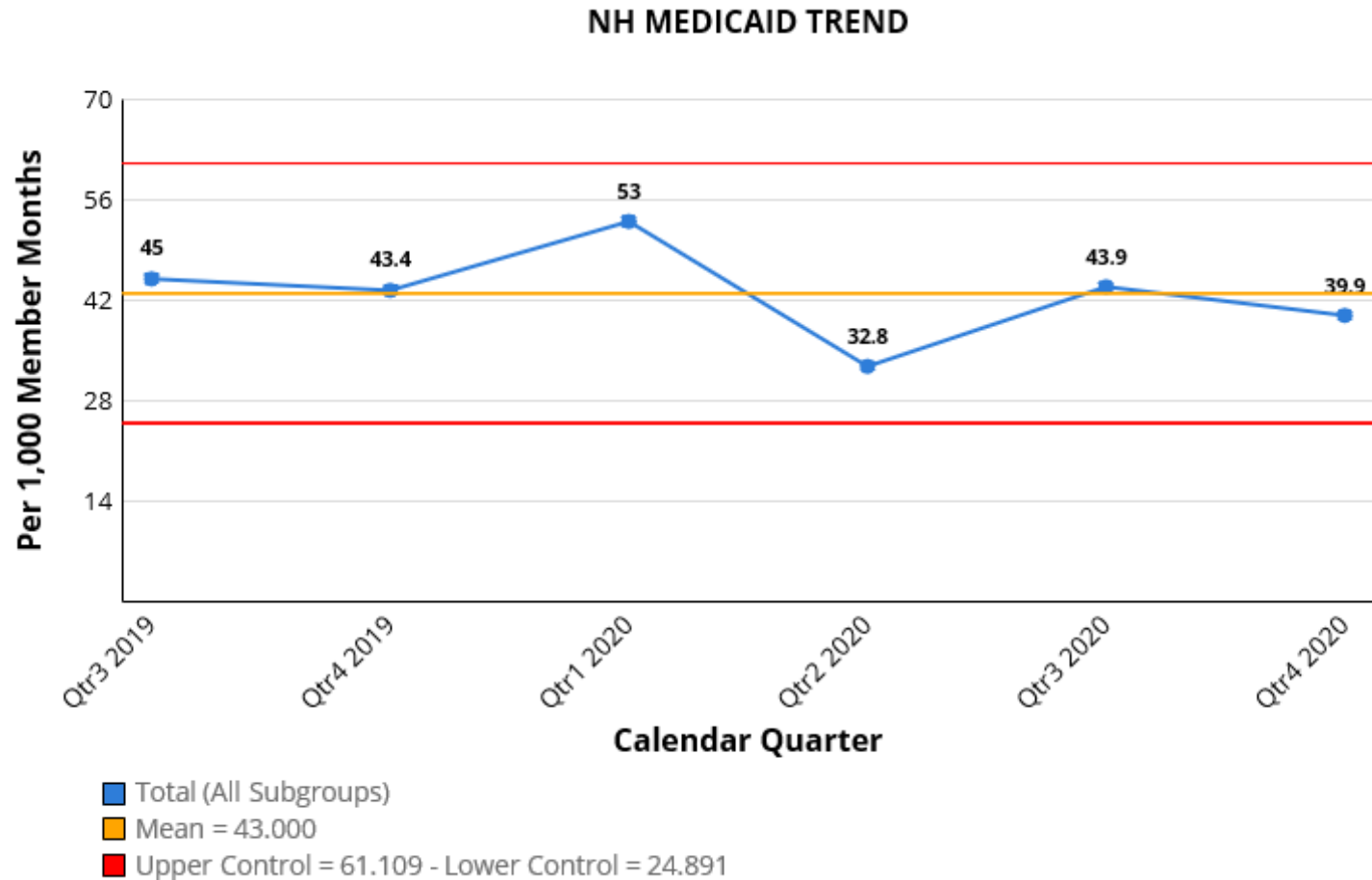
Analysis – Barriers to Access

- Member experience of care data suggest that in 2019 members and/or their children did not experience barriers greater to accessing care in 2018 for:
 - Counseling (Child);
 - Special medical equipment (Child);
 - Special therapy (Child); and
 - General care, tests, and treatment (Adult & Child).
- Mental health access survey measures describing barriers do not show statistically significant differences between 2020 and 2019 rates.

UTILIZATION AND APPROPRIATE CARE:

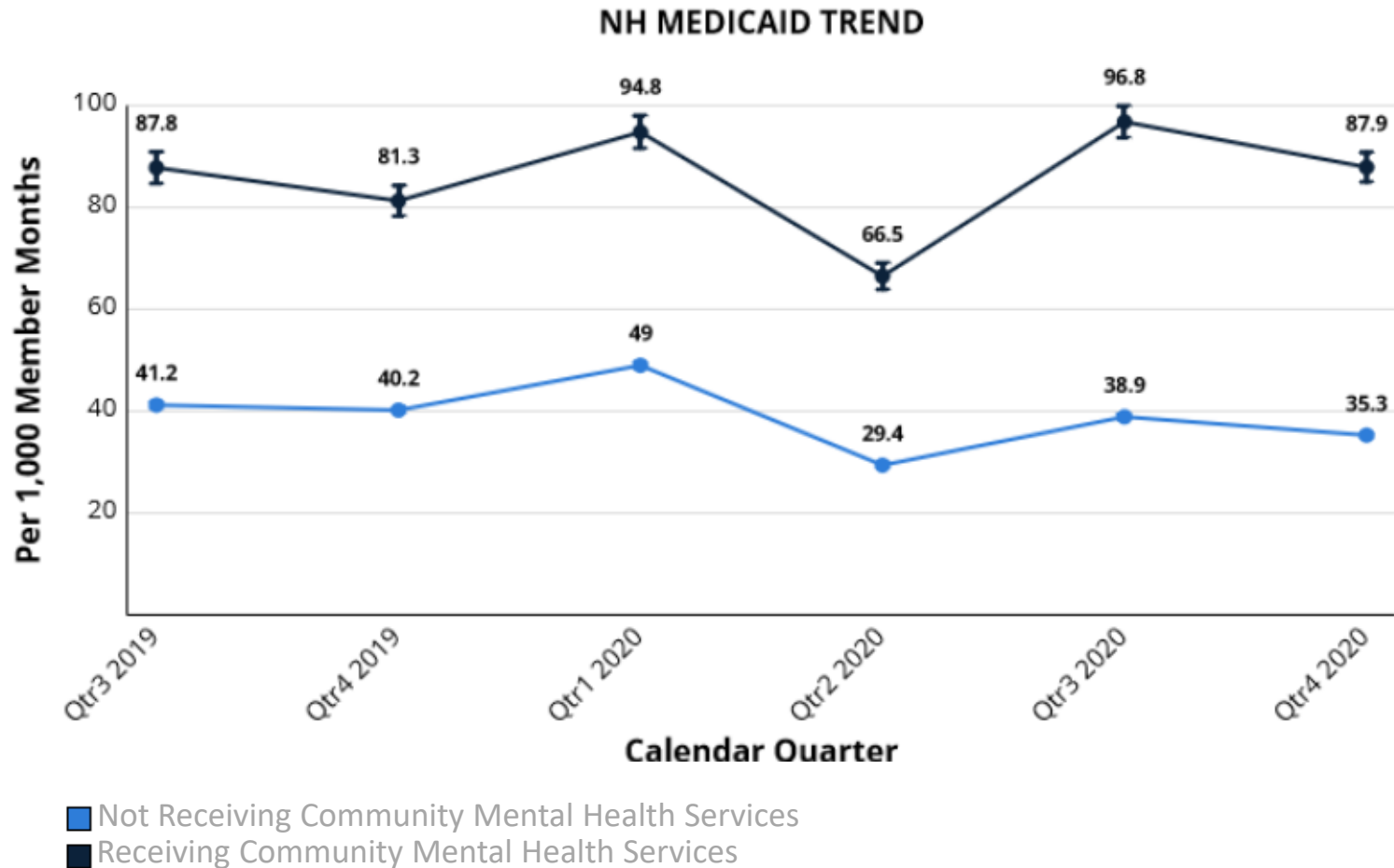
Results

Emergency Department Visits

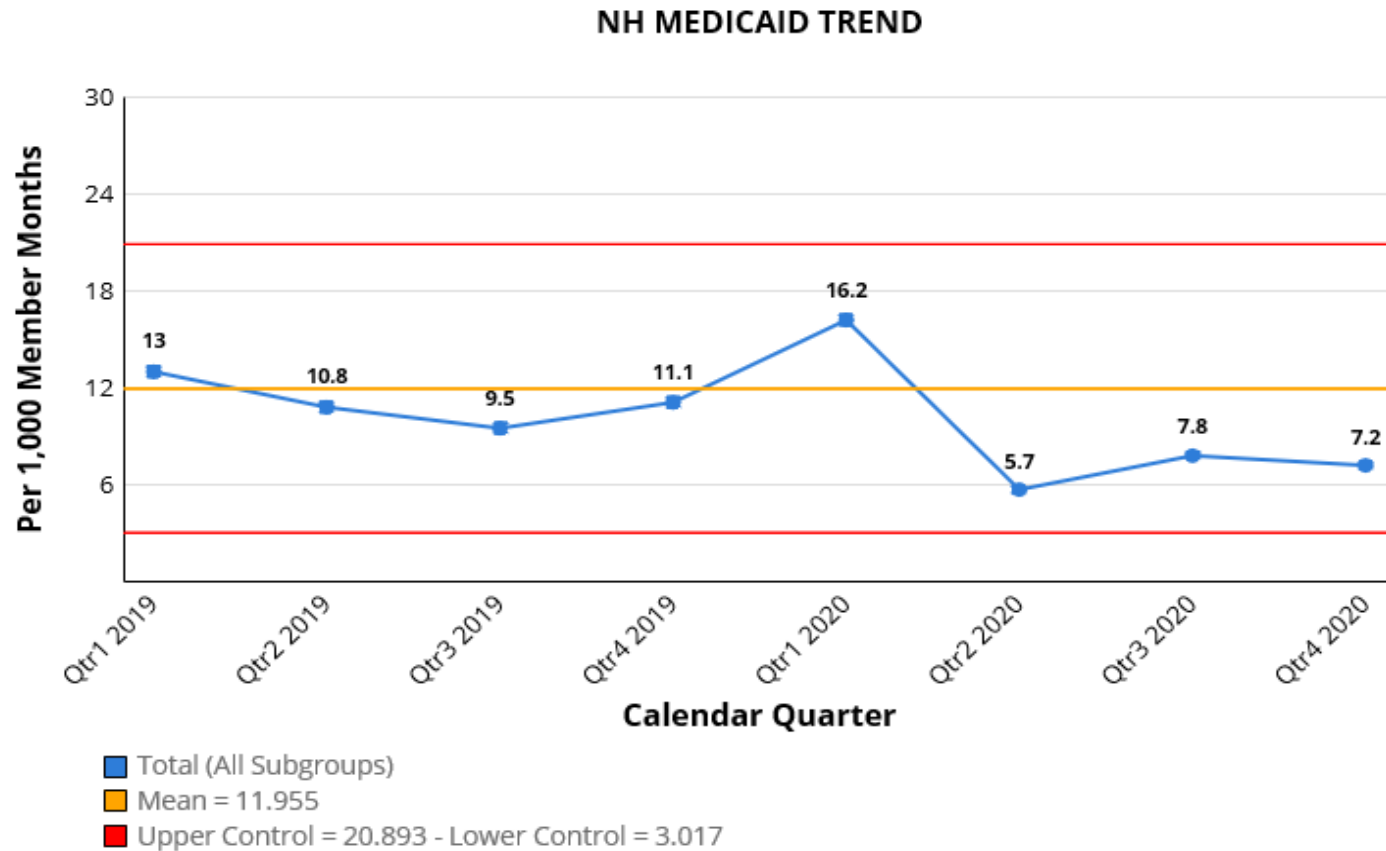


Emergency Department Visits

Members Receiving Community Mental Health Center Services

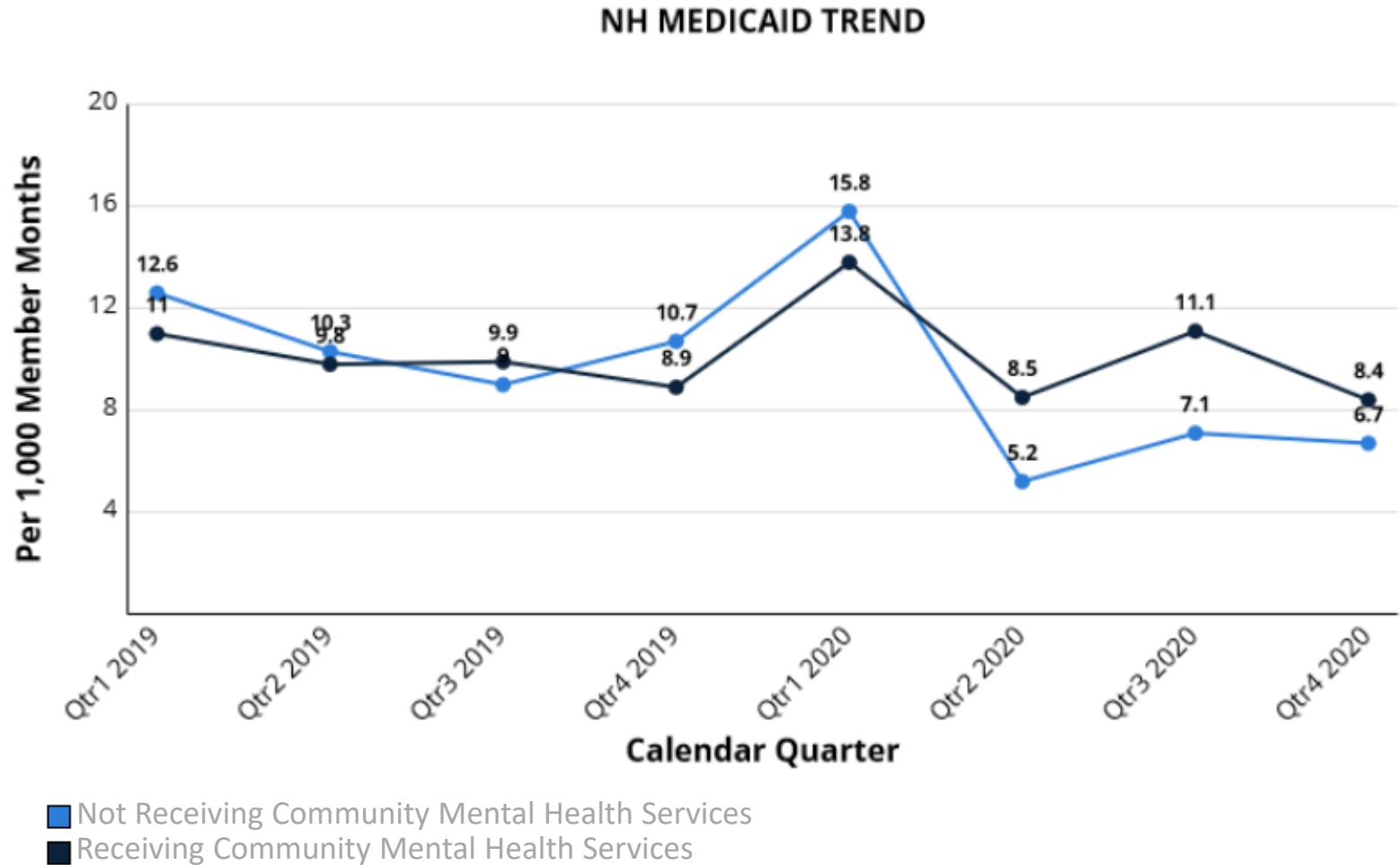


Emergency Department Visits Potentially Treatable by Primary Care

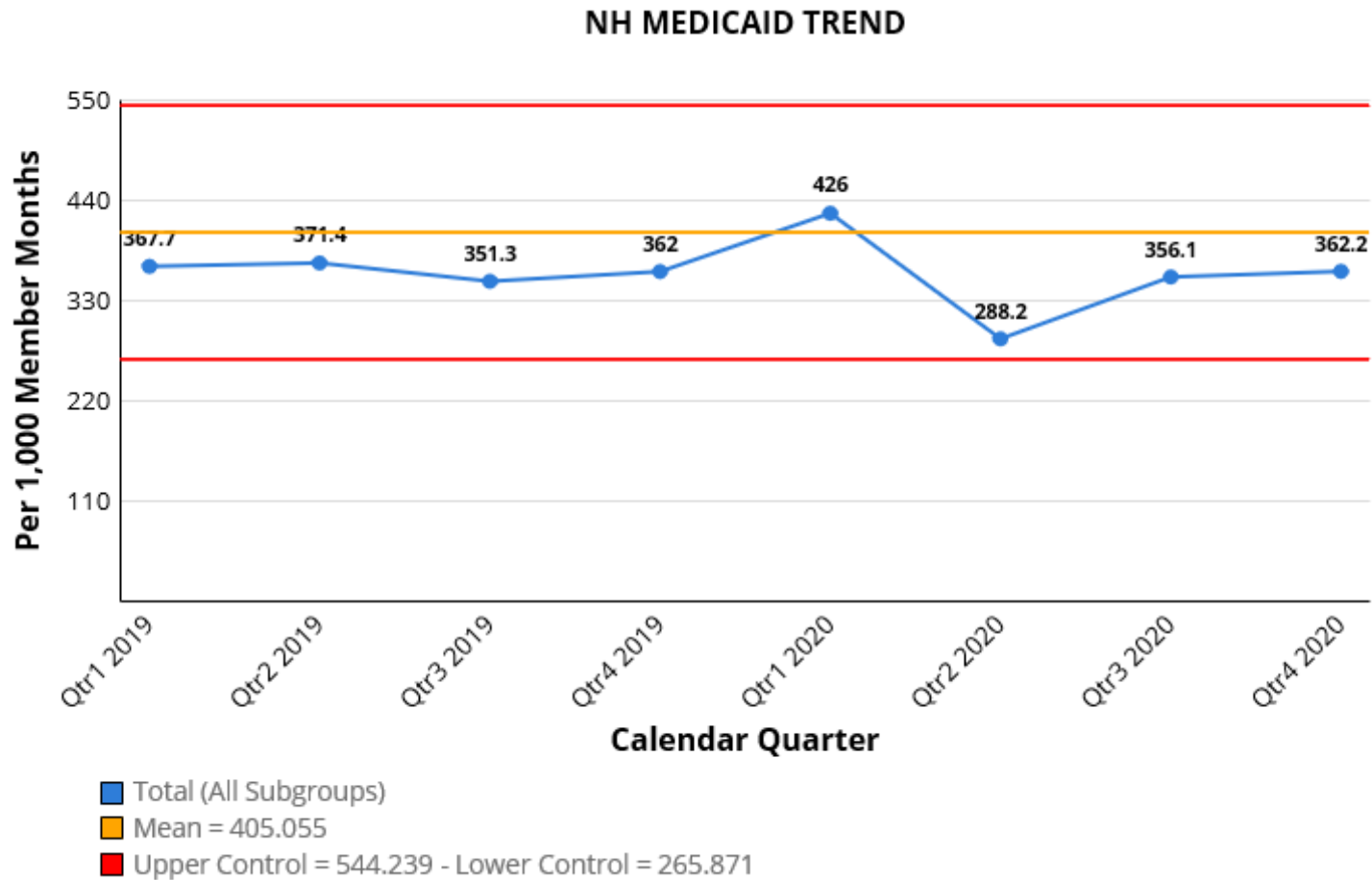


Emergency Department Visits Potentially Treatable by Primary Care

Members Receiving Community Mental Health Center Services

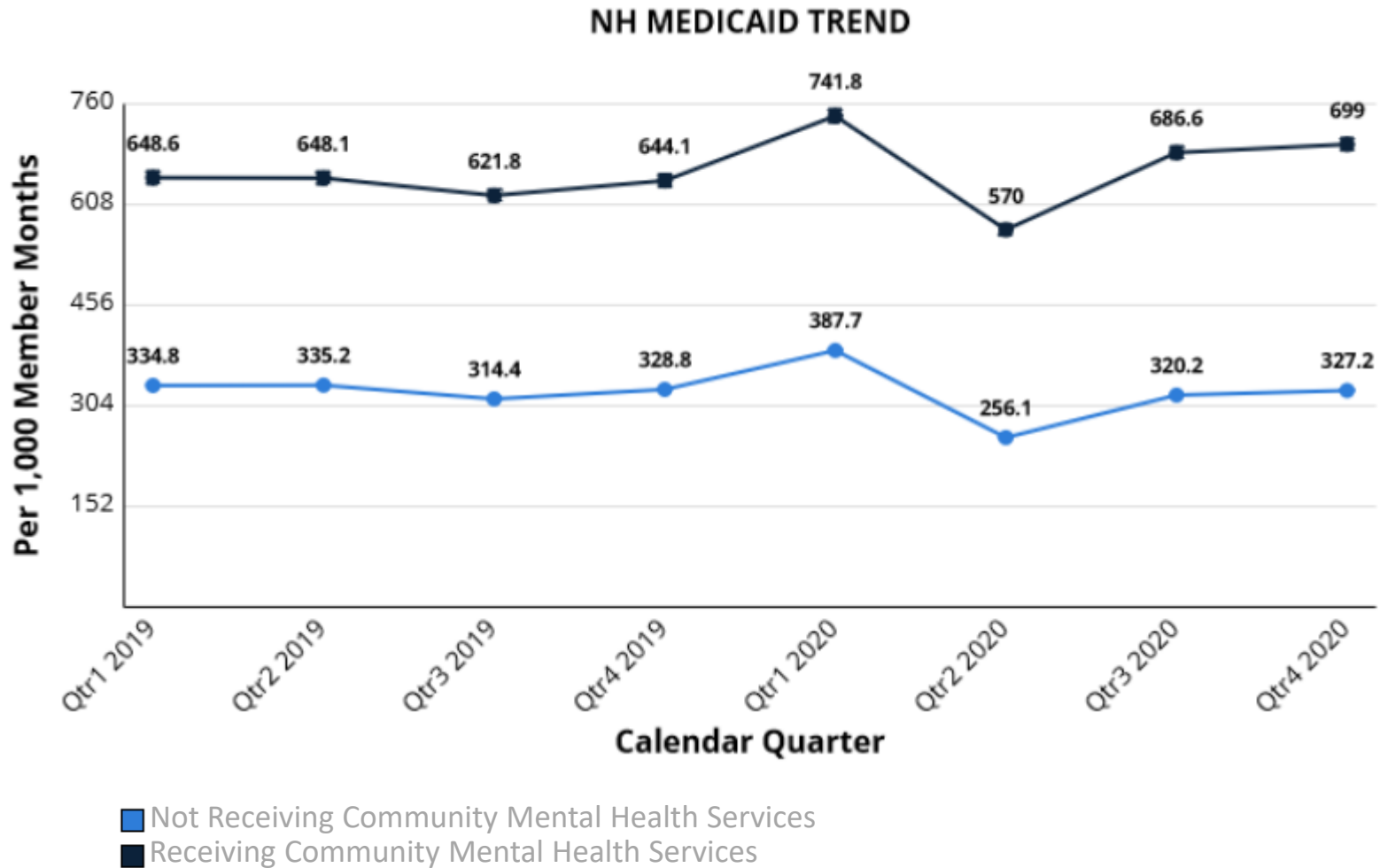


Physician/APRN/Clinic Visits



Physician/APRN/Clinic Visits

Members receiving Community Mental Health Center Services



Analysis - Utilization

- Utilization measures are within historical control limits suggesting no significant changes in member's accessing care.
- All measures showed a decrease in the 2nd quarter of calendar year 2020 followed by a return to historical utilization levels in the 3rd quarter. The decrease is likely attributable to the COVID-19 pandemic.
- All utilization measures showed similar trends between members who do and do not receive Community Mental Health 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 Surgeons in Coos County)	
Provider Type	All Counties Meeting Network Adequacy
Primary Care	Met
Specialist	Met with Exceptions
Behavioral Health	Met with Exceptions
Facility	Met with Exceptions
Tertiary Facility	Met
Pharmacy	Met

MCO Exceptions to Network Adequacy

- Adult Medical Day Care (Coos, Grafton)
- Allergist (Coos)
- Developmental Behavioral Health Pediatrician (Belknap, Carroll, Cheshire, Coos, Grafton, Stafford)
- General Inpatient Psychiatric Facilities (Coos)
- Hospital – Diagnostic Cardiac Catheterization (Cheshire, Coos)
- Hospital – Therapeutic Radiation (Cheshire, Coos)
- Licensed Renal Dialysis (Coos, Grafton)
- Methadone Clinic (Coos, Carroll, Grafton)
- Ophthalmologist and Optometrist (Coos)
- Pediatric Specialist: Allergist/Immunologist, Ophthalmologist, Orthopedic Surgeon, Otolaryngologist, Plastic Surgeon (All Counties)
- Plastic Surgeon (Coos, Carroll, Grafton)
- Short-Term Care Facility for Inpatient Psychiatric (Carroll, Cheshire, Coos, Grafton)
- Short-Term Facility for Inpatient Medical Rehabilitation Services (Carroll, Cheshire, Coos, Grafton)
- Thoracic Surgery (Coos, Grafton)

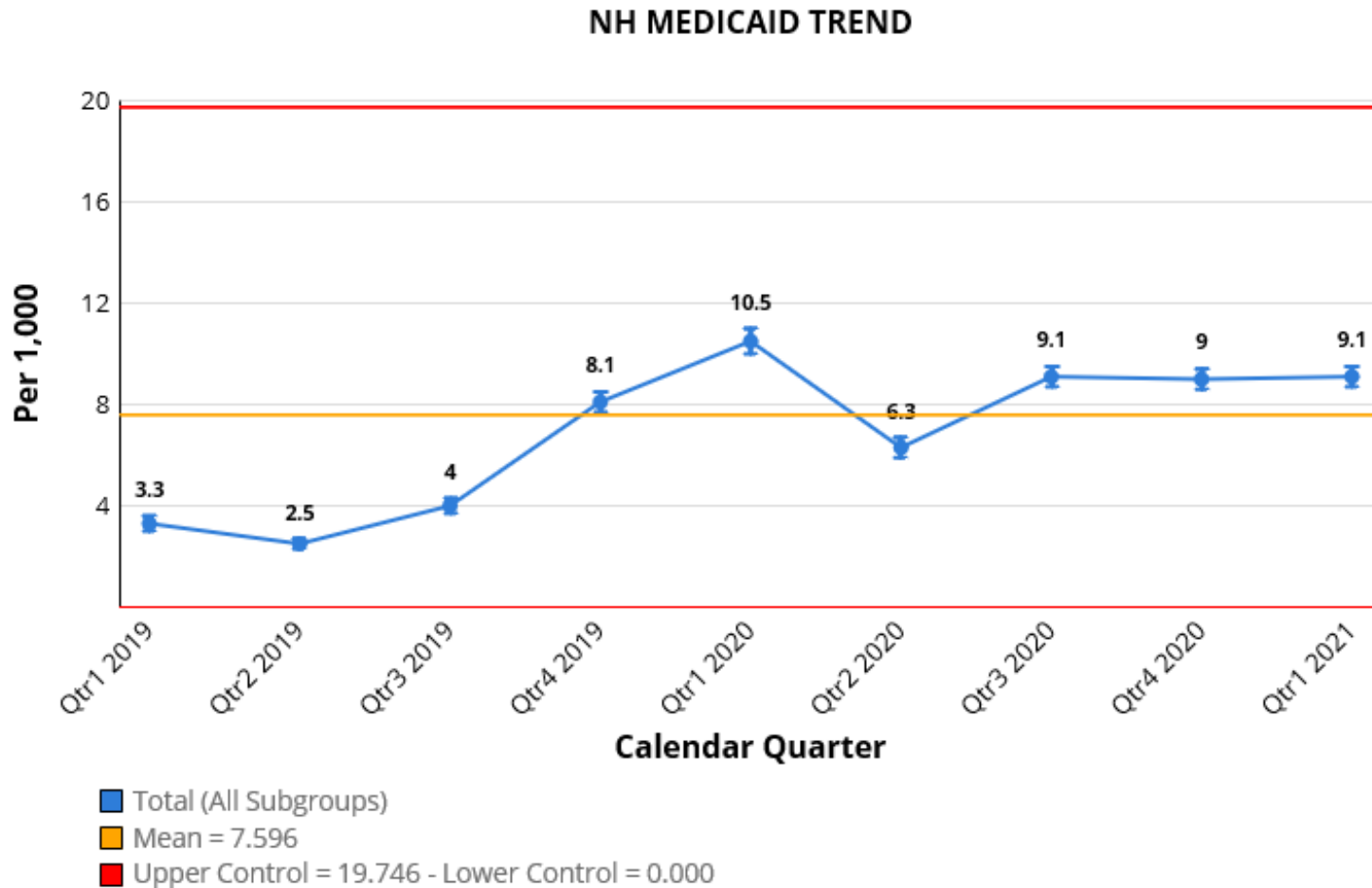
Analysis – Network Adequacy

- Exceptions to Network Adequacy in 2021 are consistent with previous exceptions.
- All exceptions to Network Adequacy have MCO plans about how members will access services.
- The greatest number of exceptions are for providers in Carroll, Coos, and Grafton counties.
- Pediatric specialties represent the only provider type with statewide exceptions to network adequacy.

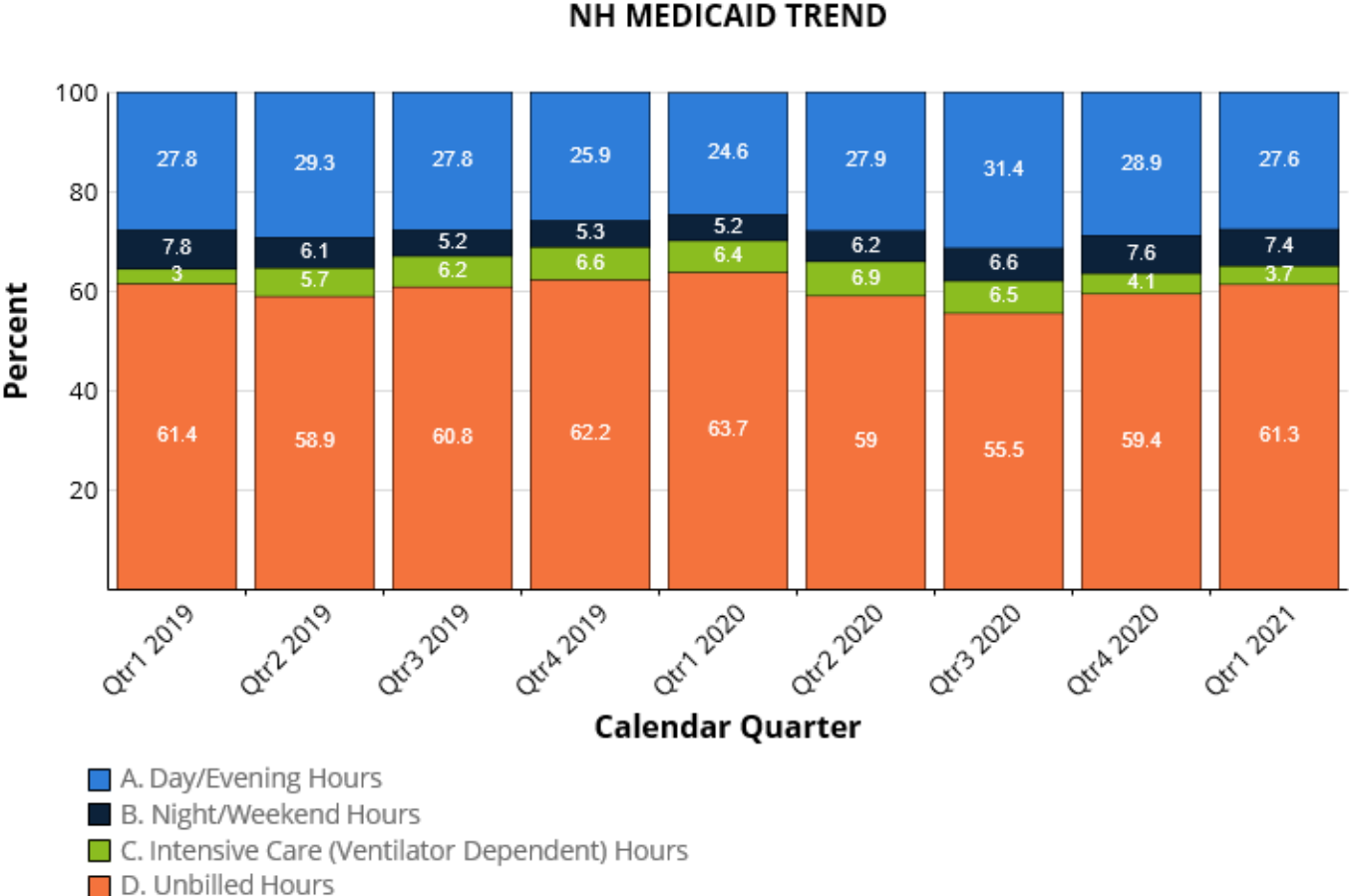
PROVIDER AVAILABILITY:

Results

Member Requests for Assistance Accessing Physician/APRN Specialist Providers

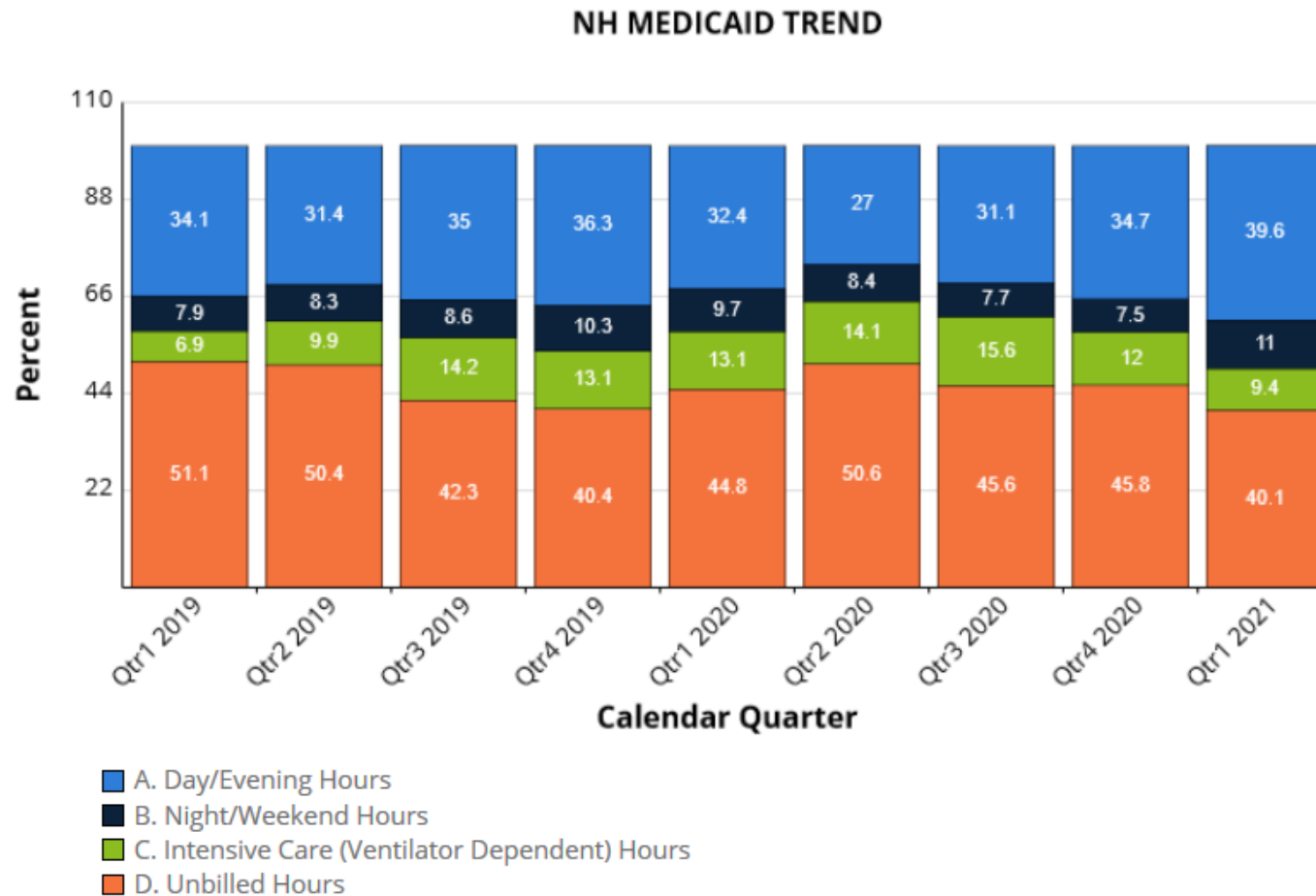


Private Duty Nursing: Authorized Hours for Children Delivered



Source Data: MCM Contract Exhibit O PDN.04 Private Duty Nursing: Authorized Hours for Children Delivered and Billed by Quarter

Private Duty Nursing: Authorized Hours for Adults Delivered



2020 Provider Secret Shopper

Primary Care Providers Accepting New Patients		
Program	Primary Care Providers Contacted	Providers Accepting New Patients
Standard Medicaid Care Management	271	148 (54%)
Commercial (Anthem)	99	49 (49%)

Source Data: Network Access Report and Provider Availability Survey. Available at: Full study available at: https://medicaidquality.nh.gov/sites/default/files/NH2020_Secret%20Shopper%20Survey_Report_F1_0720.pdf

Analysis – Provider Availability

- Increases in requests for specialist providers are likely driven by members enrolled in the new MCO AmeriHealth Caritas.
- Private duty nursing data show authorized hours are not being accessed between:
 - 55-63% of the time for children; and,
 - 40-51% of the time for adults
- Secret shopper survey indicates only about half of primary care providers are accepting new patients regardless of Medicaid or Commercial insurance status.

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

Results

NCQA Accreditation

	Well Sense	NHHF
Availability of Practitioners Standards	Met	Met
Accessibility of Services Standards	Met	Met
Assessment of Network Adequacy Standards	Met	Met
Continued Access to Care Standards	Met	Met
Physician and Hospital Directory Standards	Met	Met
Delegation of network Activity Standards	Met	Met
Medicaid Benefits and Services Standards	Met	Met

Source Data: NCQA – Medicaid State Regulation Report HP 2017 and HP 2020. 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.

Analysis – NCQA Accreditation

- Both MCOs meet all NCQA Accreditation Standards related to Network Adequacy and Access to Care.
- Opportunities for improvement in one MCO include:
 - Improving methodologies to evaluate access to appointments for high-volume specialty care; and,
 - Prioritizing opportunities for improvements identified from analysis of network adequacy and access to care data.

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