

**State of New Hampshire  
Department of Health and Human Services**

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**Bureau of Program Quality  
Medicaid Quality Program**

**NH 1915(b) Waiver Quality & Access Monitoring**

*June, 2021*

# 1915(b) Waiver Monitoring Background

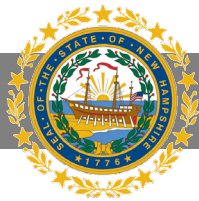
- December 1, 2013 New Hampshire began operating a comprehensive statewide Medicaid managed care program.
- March 23, 2018, the Centers for Medicare & Medicaid Services (CMS) approved the New Hampshire Section 1915(b) Waiver granting DHHS the ability to mandate voluntary populations enroll in a Managed Care Organization (MCO).
- August 31, 2019, New Hampshire updates the Managed Care Quality Strategy to have a unique goal dedicated to monitoring access to quality care for members included in the Section 1915(b) Waiver.
- April 1, 2020, CMS renews New Hampshire's Section 1915(b) Waiver which includes the approval of a Independent Assessment of New Hampshire's Monitoring Plan.
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# 1915(b) Waiver Monitoring: Overview

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- Validation of the continuation of monitoring activities identified in the Independent Assessment.
- Identification of current issues.
- Follow-up on recommendations from the Independent Assessment.



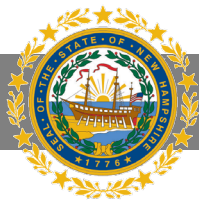
# CONTINUATION OF MONITORING:



# 1915(b) Waiver Monitoring: Access to Care

Topic	DHHS Met Assurances in 2019 Independent Assessment	Change in DHHS Monitoring Since 2019
Compliance Reviews	X	None
Marketing and Communication	X	None
Enrollment and Disenrollment	X	None
Call Centers	X	None
Member Materials	X	None
Member Interviews	X	Yes (1)
Utilization Performance Measures	X	None
Network Adequacy and Capacity	X	None
Secret Shopper Survey	X	None
Health Effectiveness Data and Information Set (HEDIS®) Performance Measures	X	None
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys	X	None
Behavioral Health Satisfaction Survey	X	None
Access-Related Member Appeals and Grievances	X	None

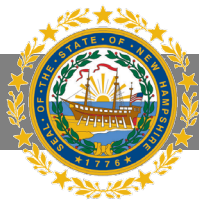
- (1) DHHS has reached saturation of the identification of issues through qualitative studies that only include 1915(b) populations. As a result DHHS will no longer conduct qualitative studies exclusively for the 1915(b) population. To monitor for new issues, DHHS will attempt to include 1915(b) populations in other qualitative studies (e.g. Evaluation of Members with Diabetes, Evaluation of Member Discharged from Acute Psychiatric Facilities).



# 1915(b) Waiver Monitoring: Quality of Care

Topic	DHHS Met Assurances in 2019 Independent Assessment	Change in DHHS Monitoring Since 2019
Quality Assessment and Performance Improvement Annual Evaluations	X	None
Colorectal Cancer Screening Quality Improvement Project (QIP)	X	Yes (1)
HEDIS Performance Measures	X	None
National Committee for Quality Assurance (NCQA) MCO Accreditation	X	None
Provider Terminations	X	None
CAHPS Surveys	X	None
Behavioral Health Satisfaction Survey	X	None
Quality-Related Member Grievances	X	None
Fraud, Abuse, and Waste	X	None

(1) The Colorectal Cancer Screening project has ended.



# CURRENT ISSUES:



# 1915(b) Waiver Monitoring: Access to Care Current Issues

Topic	Current Substantiated Issues
Compliance Reviews	None
Marketing and Communication	None
Enrollment and Disenrollment	None
Call Centers	None
Member Materials	None
Member Interviews	None
Utilization Performance Measures	CY 2020 showed various data periods below the established control lines (1) from current utilization trends. DHHS believes the decrease is due to COVID-19 and will continue to monitor utilization.
Network Adequacy and Capacity	None
Secret Shopper Survey	None
Health Effectiveness Data and Information Set (HEDIS®) Performance Measures	None
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys	None
Behavioral Health Satisfaction Survey	None
Access-Related Member Appeals and Grievances	None

(1) Upper and lower control lines are established with 3 standard deviations from the historical mean.





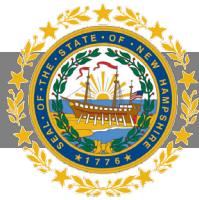
# 1915(b) Waiver Monitoring: Quality of Care Current Issues

Topic	Current Substantiated Issues
Quality Assessment and Performance Improvement Annual Evaluations	None
Colorectal Cancer Screening Quality Improvement Project (QIP)	None
HEDIS Performance Measures	CY 2019 data showed a decrease in the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotic in the foster care population. DHHS has added this measure to the MCM Withhold and Incentive Program.
National Committee for Quality Assurance (NCQA) MCO Accreditation	None
Provider Terminations	None
CAHPS Surveys	None
Behavioral Health Satisfaction Survey	None
Quality-Related Member Grievances	None
Fraud, Abuse, and Waste	None



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# **FOLLOW UP ON INDEPENDENT ASSESSMENT RECOMMENDATIONS:**



# 1915(b) Waiver Monitoring: Access to Care Follow Up Recommendations

Topic	Recommendation	DHHS Action
Compliance Reviews	HSAG recommends DHHS and the MCOs investigate the areas identified as opportunities for improvement during the SFY 2019 Compliance Reviews for specific impact to the Section 1915(b) Waiver members, identifying CAP effectiveness, and consider implementing improvement strategies to ensure these members are not adversely affected moving forward.	In calendar year 2020, New Hampshire implemented a new process that requires evaluation of the impact on the 1915(b) population for all contract standards that are not met during the annual contract compliance reviews.
Marketing and Communication	HSAG recommends DHHS notify the MCOs that their respective websites do not appear to comply with DHHS' Marketing and Communications Guidelines related to notifying users when they leave the MCO's website and are redirected to another webpage of this finding and provide a time frame by which the MCOs must meet this requirement.	The recommendation has been reinforced by the EQRO's evaluation of the MCO's Provider Directories. The Department is still in the process of resolving the recommendation.
Health Effectiveness Data and Information Set (HEDIS®) Performance Measures	Going forward, HSAG recommends DHHS expand the collection of data specific to the Section 1915(b) Waiver population to monitor and improve access to care.	The Department has added additional HEDIS measure for a total of 10 measures that allow for monitoring of specific 1915(b) waiver populations.



# 1915(b) Waiver Monitoring: Access to Care Follow Up Recommendations

Topic	Recommendation	DHHS Action
Member Interviews	<p>HSAG suggests DHHS do further investigation into the recommendations provided by Horn Research to determine if they are widespread among the Section 1915(b) Waiver population and consider implementing additional requirements in the MCO contract, if determined necessary, based on the additional investigation findings.</p>	<p>The most frequent issues addressed in the member interviews has been access to pediatric specialists. The Department’s provider secret shopper study supports the hypothesis that access to specialists is a statewide issue that is not unique to NH Medicaid. To continue monitoring the Department evaluates:</p> <ul style="list-style-type: none"> <li>• Travel time and distance standards for member’s accessing pediatric specialists;</li> <li>• Member experience of care data evaluating access and quality of child specialists; and</li> <li>• New member requests for accessing a specialist in the MCO’s provider networks.</li> </ul>
Utilization Performance Measures	<p>HSAG recommends DHHS continue to monitor utilization of outpatient and emergency services to ensure that utilization rates return to normal levels after the influx of the NHHPP PAP Section 1115 Demonstration Project members into the MCM program in Q1 2019.</p>	<p>The Department continues to monitor utilization performance measures for the 1915(b) population.</p>
Access-Related Member Appeals and Grievances	<p>HSAG recommends DHHS and the MCOs investigate the root cause of transportation appeals and grievances to ensure there are no transportation barriers related to accessing services.</p>	<p>While the majority of grievances are related to transportation, they are focused on customer service which is not a barrier to accessing services. In calendar year 2019 and 2020 the majority of transportation appeals resulted in MCO reversed decisions which may signal a need for a process adjustment. The Department is investigating further.</p>



# 1915(b) Waiver Monitoring: Quality of Care Follow Up Recommendations

Topic	Recommendation	DHHS Action
<p><b>HEDIS Performance Measures</b></p>	<p>HSAG recommends DHHS expand the collection of data specific to the Section 1915(b) Waiver population to monitor and improve the quality of care.</p>	<p>The Department has added additional HEDIS measure for a total of 10 measures that allow for monitoring of specific 1915(b) waiver populations.</p>
<p><b>CAHPS Surveys</b></p>	<p>HSAG recommends DHHS and the MCOs consider investigating the adult and CCC rates that fell below the national average and implement improvement strategies as monitored by DHHS through the annual QAPI submissions, to ensure the quality of care and services provided to Section 1915(b) Waiver members are adequate.</p>	<p>CAHPS measures associated with access and quality of care are evaluated to identify rates that fall below the national average. Measures below this threshold that are substantiated by other quality data are highlighted as areas for performance improvement that may include inclusion in the MCOs annual QAPI submissions.</p>
<p><b>Behavioral Health Satisfaction Survey</b></p>	<p>HSAG recommends DHHS and the MCOs review the results of the surveys to identify any potential areas of concern related to the quality of behavioral healthcare and services. HSAG further recommends DHHS and NHHF investigate the difference in the rates among the MCOs and consider implementing improvement strategies to ensure the NHHF members' perception of their quality of care is comparable to those individuals enrolled in Well Sense.</p>	<p>The Department continues to evaluate the Behavioral Health Survey results annually for statistically significant differences in the performance trends. Currently the Department is conducting a qualitative study for the population that will evaluate member's perceptions of care received through Medicaid and the member's MCO.</p>



# Contact Information

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