

Managed Care in New Hampshire

This profile reflects state managed care program information as of August 2014. This profile only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

As of July 2011, New Hampshire did not enroll any of its Medicaid beneficiaries in Managed Care. Prior to 2011, New Hampshire operated two managed care programs: (1) a voluntary, capitated risk-based program for children and low income women, which operated from 1999-2003; and (2) a disease management program for beneficiaries with chronic illness, which operated from 2005-2009. The state also currently contracts with a pharmacy benefit manager to manage utilization of prescription drugs.

In June 2011, the state passed a law requiring mandatory enrollment in risk-based managed for all Medicaid beneficiaries in the state. In December 2013, the **Medicaid Care Management** program began enrolling all Medicaid beneficiaries in managed care organizations (MCOs), except individuals needing long-term services and supports. The program initially will cover acute medical services, primary care, behavioral health services, and pharmacy. In 2014, the state plans to add long-term services and supports to the benefits provided by the MCOs and to enroll individuals newly eligible for Medicaid under the Affordable Care Act.

New Hampshire has recently expanded managed care for all adults through an Alternative Benefit Plan (ABP). New Hampshire's expansion went into effect on July 1, 2014, with coverage becoming effective August 15, 2014. This population is to be mandatorily enrolled in existing Medicaid Managed Care programs and New Hampshire will require that plans contract with additional providers, as needed, to ensure adequate access to the full range of services offered in the ABP. The services provided outside of managed care (fee-for-service) for the expanded population are: Skilled Nursing Facility (SNF) and Inpatient Hospital Swing Bed, SNF.

New Hampshire has created its Adult Group Alternative Benefit to define Essential Health Benefits for products in the Marketplace. The State has added the additional benefits required for the Alternative Benefit Package, but not covered by the base benchmark plan, namely, non-emergency medical transportation, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services, routine eye exams, eyeglasses, and dental as described herein. Individuals will also have access to FQHC and RHC services, as well as open access to family planning providers.

Participating Plans, Plan Selection, and Rate Setting

The state currently contracts with **two national, for-profit plans** (Meridian Health Plan and New Hampshire Healthy Families, owned by Centene), and **one local, not-for-profit plan** (Well Sense Health Plan, owned by Boston Medical Center Health Net Plan). The state selected plans through a competitive procurement and set rates using actuarial analysis. At this time, Meridian is pulling out of New Hampshire's Medicaid managed care program but is currently providing services through the transition period.

Quality and Performance Incentives

New Hampshire collects HEDIS, CAHPS, and other performance measures to monitor the quality of managed care. It also requires each MCO to complete four annual Performance Improvement Projects, at least one of which must focus on a behavioral health topic. In addition, the state withholds a percentage of the capitation payment made to MCOs and allows them to earn back up to 25 percent for each of four improvement targets met or exceeded. Performance payments in the first year will be based on measures of maternity care, hospitalization for a mental illness, and personal and parental satisfaction with care.

Table: Managed Care Program Features, as of August 2014*

Program Name	Medicaid Care Management
Program Type	MCO
Program Start Date	December 2013
Statutory Authorities	1932(a), ABP
Geographic Reach of Program	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)	
<i>Aged</i>	X
<i>Disabled Children & Adults</i>	X
<i>Children</i>	X
<i>Low-Income Adults</i>	X
<i>Medicare-Medicaid Eligibles ("duals")</i>	X
<i>Foster Care Children</i>	X
<i>American Indians/Alaska Natives</i>	
Mandatory or Voluntary enrollment?	Mandatory and Voluntary
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed here also may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.</i>)	
<i>Inpatient hospital</i>	X
<i>Primary Care and Outpatient services</i>	X
<i>Pharmacy</i>	X
<i>Institutional LTC</i>	**
<i>Personal Care/HCBS</i>	X
<i>Inpatient Behavioral Health Services</i>	X
<i>Outpatient Behavioral Health Services</i>	X
<i>Dental</i>	
<i>Transportation</i>	X

Program Name	Medicaid Care Management
Participating Plans or Organizations	1. Meridian Health Plan 2. New Hampshire Healthy Families (Centene) 3. Well Sense Health Plan (Boston Medical Center Health Net Plan)
Uses HEDIS Measures or Similar	X
Uses CAHPS Measures or Similar	X
State requires MCOs to submit HEDIS or CAHPS data to NCQA	
State Requires MCO Accreditation	X
External Quality Review Organization	Health Services Advisory Group, Inc. (HSAG)
State Publicly Releases Quality Reports	Unknown

Sources: National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

New Hampshire Medicaid Quality Strategy. September 2013. Accessed October 2, 2013 from <http://www.dhhs.nh.gov/ombp/caremtg/documents/medicaidqualitystrategysept52013.pdf>.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS). Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

* Because New Hampshire's Medicaid Care Management program was not included in the 2011 National Summary of State Medicaid Managed Care Programs, information included in this table has been derived from the State Plan Amendment that authorizes New Hampshire's managed care program.

** New Hampshire intends to add long term supports and services in the second phase of implementation, approximately one year following the start of the program.