Medicaid Care Management Contract

All MCO MCM 3.0 Provider Training Webinar

Contract effective September 1, 2024

August 27, 2024 12:00pm

WellSense HEALTH PLAN

AmeriHealth Caritas New Hampshire

nh healthy families

Agenda

New Hampshire Medicaid Five-year Contract

Primary Care and Prevention Focus Care (PCPFC) Model

Expanded Coding and Reimbursement

Care Management (CM)

Health Risk Assessments (HRAs)

Polypharmacy

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Questions?

New Hampshire Five-Year Contract

On September 1, 2024, New Hampshire Department of Health and Human Services' (DHHS) will begin implementation of the new New Hampshire Medicaid Care Management Services five-year contract. The three Medicaid Managed Care Organizations (MCOs) in New Hampshire are collaborating to ensure we effectively communicate these new changes.

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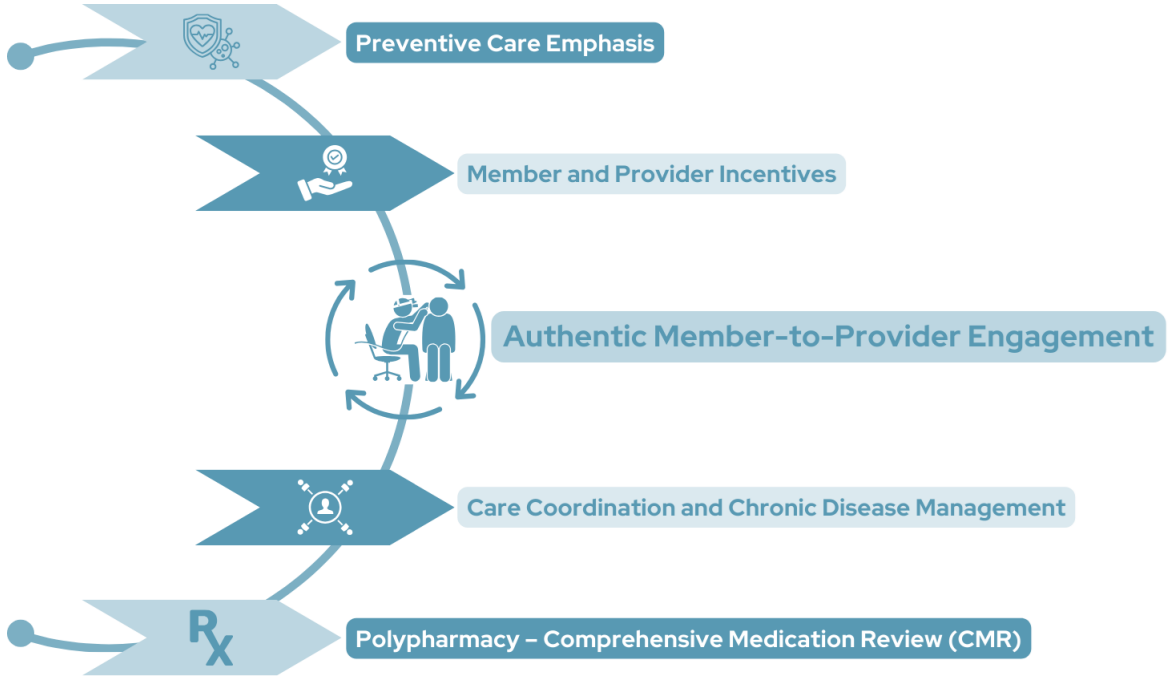
Primary Care and Prevention Focus Care (PCPFC) Model

Prioritizing Preventive Care

The PCPFC Model of Care amplifies the role of Primary Care Providers, strengthens relationships between providers and members, and emphasizes prevention to effectively reduce future illness burden.

Changes Include:

- Primary Care and Preventive Services Model of Care reflects DHHS' (the State's) **longitudinal interest in members' long-term health and delivering coordinated, whole-person care**.
- **Providing payment and incentives for primary care** to develop meaningful relationships with members to foster longitudinally beneficial medical and behavioral healthcare.
- Offering financial incentives and payment for medical providers to **complete annual health risk assessments, wellness visits, preventive screenings and care coordination**.
- Enabling payment to primary care providers and community pharmacists to **conduct comprehensive medication reviews** to support appropriate pharmaceutical use among adults and children.



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Expanded Coding and Reimbursement

PCPFC Codes

NH DHHS has expanded reimbursement to PCPs for the care coordination of Medicaid members

- On July 12, 2024, DHHS released provider guidance re: new primary care services and billing codes associated with new contract.
- **This provider communication includes a detailed description of each billable code and eligible providers.**
  - **NH Medicaid Provider Communication**
- Questions about rates should be directed to dhhsratesetting@dhhs.nh.gov.
- Questions about how any of the NH Medicaid MCOs handles the PCPFC Model should be directed to your MCO provider representative.

Description		Recommended CPT Code	Billing Provider
Clinical Outpatient Care Coordination performed by Staff with Physician or Other Qualified Health Care Professional Supervision	First hour (List separately in addition to code for outpatient Evaluation and Management service)	99415	Clinical staff incident to physician (supervision) within any clinical discipline.
	Each additional 30 min (List separately in addition to code for prolonged service)	99416	
Care management services for a single high-risk disease, with the following elements: One complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care	First 30 minutes provided personally by qualified health care professional, per calendar month	99424	Providers (MD, DO), PA/NP; Incident-to Care Coordination performed by staff under the supervision of a Physician.
	Each additional 30 min provided personally by qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	99425	
	First 30 min of clinical staff time directed by health care professional, per calendar month	99426	
	Each additional 30 min of clinical staff time directed by health care professional, per calendar month (List separately in addition to code for primary procedure)	99427	
Care management services for multile (two or more) chronic conditions with the following required elements: Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of	First 20 min of clinical staff time directed by health care professional, per calendar month	99490	Physicians (MD, DO), PA/NP; Incident-to Care Coordination performed by staff under the supervision of a Physician.
	Additional 20 min of clinical staff time directed by health care professional, per calendar month (List separately in	99439	

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Care Coordination

Care Coordination

A process that **assesses, plans, implements, coordinates, monitors, and evaluates** the options and services required to meet a patient's physical, behavioral health and psychosocial needs using **communication, closed-loop referral processes, and all available resources to promote quality cost-effective outcomes.**

Care coordination will also help patients get connected to community-based resources and health care services in their area.

Examples of Care Coordination

- Establishing accountability and agreeing on responsibility.
- Communicating/sharing knowledge.
- Helping with transitions of care.
- Assessing patient needs and goals.
- Creating a proactive care plan.
- Monitoring and follow-up, including responding to changes in patients' needs.
- Supporting patients' self-management goals.
- Linking to community resources.
- Working to align resources with patient and population needs.

Care Coordination is an all-hands-on-deck effort with MCM 3.0

Providers

Transitional Care Management

Follow up appointment, medication review, ongoing support for continued success post discharge

Provider-Patient Engagement

New patient appointment, or Annual Wellness Visit

Reviews and Assessments

- Health Risk Assessments
- Comprehensive Medication Reviews
- Preventive Screenings

Managed Care Organizations

Planning

Discharge planning with hospitals, med. reconciliation, securing follow-up appointments and transportation, securing discharge summary

Member Engagement

Identifying patients new to Health Plan or without Annual visit; assistance with scheduling, education of Primary Care

Closed Loop Referrals

Data sharing and bidirectional communication between care teams and providers to deliver patient-centered care

Priority Population Care Management

CM for priority populations (previously incarcerated members, DCYF-involved children, neonatal abstinence syndrome, etc.)

Primary Care Provider Delivered Care Coordination (PDCC)

Primary Care Provider delivered care coordination is **supported through an Integrated Care Team (ICT)** approach, partnering with specialists and community entities as needed

It includes the facilitation of **Releases of Information and Data Sharing** to strengthen the PCP relationship between the patient and ICT

Inclusion of Patient identified **supports, including family, friends, and community-based organizations**

Integrated Care Team members may include:

- Primary Care Driven Care Coordination: PCP, specialist, community pharmacists
- MCO CM: RN, BH, SW, Pharmacy
- Other entities that are part of the Integrated Care Team (as applicable to member needs) including but not limited to:
  - CMH/SUD providers
  - Area Agencies – quarterly or as needed meet with NH CM
  - DCYF – monthly
  - CFI case management – monthly meetings
  - Other state agencies
  - Department of Corrections
  - Other specialists
  - Inpatient Hospitals
  - Residential Facilities
  - Skilled Nursing Facilities
  - In home supports
  - Private duty nursing
  - Social service supports (housing, shelters, food pantries)

Strategies to drive integration of PCPs and other members of the care team

Well Visit initiates PCP-patient engagement: where much of PDCC occurs : Preventative Screenings, HRAs, Care Coordination, TOC, CMRs, etc.

Managed Care Organizations provide patient data to providers via portal or other modalities *(pharmacy and other claims, community affiliations)*

Meetings with ICT

Create communication channels directly (if needed) with community case management (CMHCs, Area Agencies, etc.)

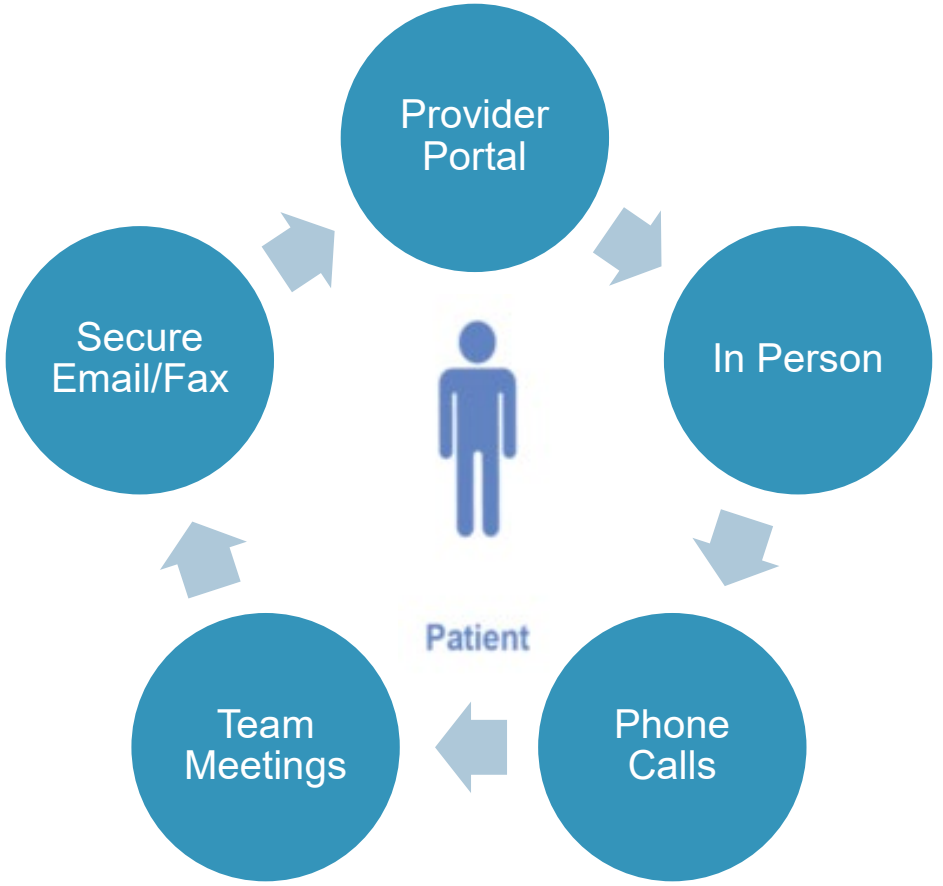
PCP and ICT encouraged to communicate with MCO Care Management (email, phone, portal) for support/consultation *
(see contact slide)

Transition of Care Provider Collaboration

Communication of the patient's Care Plan needs is bidirectional and wraps around the member to ensure seamless services during transitions.

The MCO's will:

- Support provider care coordination around transition of care
- Provide technical assistance: PAs, DME, specialty pharmacy, follow-up on referrals
- Support transition/placement: acute rehab, residential placement, outpatient therapies, SUD/sober living supports, BH providers



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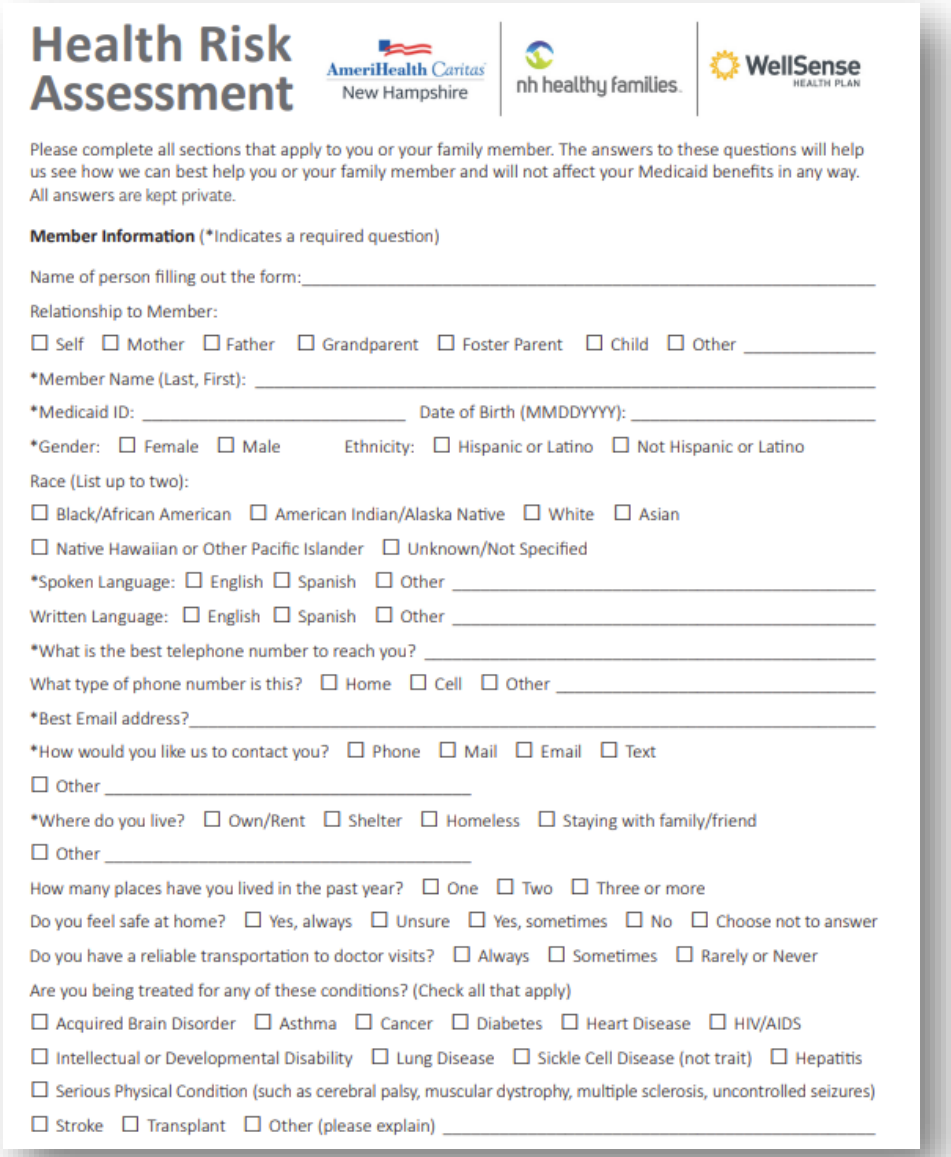
Health Risk Assessments (HRAs)

Health Risk Assessment

A Health Risk Assessment (HRA) is an assessment completed before or during an annual wellness visit and may include some reconciliation with biometrics obtained by a provider (lipids, glucose, blood pressure, etc.) During the visit, the HRA information is utilized by the provider to develop a prevention plan for the patient to improve health status and delay the onset known to be caused by the reported behavioral risks or the patients' current health status.

- HRAs will be conducted by PCPs, and the results reviewed with member during office visit on an annual basis,
- HRAs will be reimbursable through claims submission,
- Providers may use their own HRA as long as it meets domain criteria as specified by DHHS.
- If PCPs do not have their own HRA, they can use utilize the tri-branded HRA found below.

Tri-branded HRAs can be found here (MCOs to add link here) .



Health Risk Assessment

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Please complete all sections that apply to you or your family member. The answers to these questions will help us see how we can best help you or your family member and will not affect your Medicaid benefits in any way. All answers are kept private.

Member Information (*Indicates a required question)

Name of person filling out the form:_____

Relationship to Member:

☐ Self ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Child ☐ Other _____

*Member Name (Last, First): _____

*Medicaid ID: _____ Date of Birth (MMDDYYYY): _____

*Gender: ☐ Female ☐ Male Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (List up to two):

☐ Black/African American ☐ American Indian/Alaska Native ☐ White ☐ Asian

☐ Native Hawaiian or Other Pacific Islander ☐ Unknown/Not Specified

*Spoken Language: ☐ English ☐ Spanish ☐ Other _____

Written Language: ☐ English ☐ Spanish ☐ Other _____

*What is the best telephone number to reach you? _____

What type of phone number is this? ☐ Home ☐ Cell ☐ Other _____

*Best Email address?_____

*How would you like us to contact you? ☐ Phone ☐ Mail ☐ Email ☐ Text

☐ Other _____

*Where do you live? ☐ Own/Rent ☐ Shelter ☐ Homeless ☐ Staying with family/friend

☐ Other _____

How many places have you lived in the past year? ☐ One ☐ Two ☐ Three or more

Do you feel safe at home? ☐ Yes, always ☐ Unsure ☐ Yes, sometimes ☐ No ☐ Choose not to answer

Do you have a reliable transportation to doctor visits? ☐ Always ☐ Sometimes ☐ Rarely or Never

Are you being treated for any of these conditions? (Check all that apply)

☐ Acquired Brain Disorder ☐ Asthma ☐ Cancer ☐ Diabetes ☐ Heart Disease ☐ HIV/AIDS

☐ Intellectual or Developmental Disability ☐ Lung Disease ☐ Sickle Cell Disease (not trait) ☐ Hepatitis

☐ Serious Physical Condition (such as cerebral palsy, muscular dystrophy, multiple sclerosis, uncontrolled seizures)

☐ Stroke ☐ Transplant ☐ Other (please explain) _____

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Polypharmacy and Comprehensive Medication Reviews

Comprehensive Medication Review

A CMR is a detailed evaluation of medications including prescription drugs, over-the-counter medications, herbal supplements, and vitamins to identify and resolve potential medication-related problems such as polypharmacy, dosing errors, and contraindications. By administrating CMRs, providers and pharmacists can assess for adherence and provide counseling and education.

Polypharmacy

The simultaneous use **of multiple drugs by a single patient** to treat a one or more conditions. New Hampshire DHHS defines polypharmacy as:

Children:

Dispensed four (4) or more maintenance drugs based over a rolling sixty (60) day period, each drug must be filled for at least 90 days in duration with up to one 15 day gap between fills

Adults:

Dispensed five (5) or more maintenance drugs over a rolling sixty (60) day period

Comprehensive Medication Reviews

The systematic process of:

- **Collecting** patient-specific information,
- **Assessing** medication therapies to identify medication-related problems,
- **Developing** a prioritized list of medication-related problems, and
- **Creating** a plan to resolve them with the patient, caregiver and/or prescriber

Medication reconciliation can sometimes be confused with a CMR, however, a CMR is a more in-depth review and requires more components and typically a follow-up

Medication Reconciliation

The process of reviewing complete medication regimens for a patient to create the most accurate list of all medications a patient is taking, with the goal of ensuring accurate and complete medication information. **The medication reconciliation process usually precedes the comprehensive medication review process**.

CMR

A CMR is a detailed evaluation of medications including prescription drugs, over-the-counter medications, herbal supplements, and vitamins to identify and resolve potential medication-related problems such as polypharmacy, dosing errors, and contraindications. By administrating CMRs, providers and pharmacists can assess for adherence and provide counseling and education.

A successful CMR should always:

- **Identify** adherence issues, detect adverse drug reactions (ADRs), educate patients, and review potential drug interactions.
- **Improve** patients' knowledge of their prescriptions, over-the-counter medications, herbal therapies and dietary supplements.
- **Identify and address** any barriers to care a patient may face with their current medication regimen.
- **Empower** patients to self-manage their medications and their health conditions.
- **Consist of** follow-up via automated calling systems, letters, phone calls, secure email, and texts.

Follow-up is a critical component of the medication therapy management services provided to patients to ensure the facilitation of resolutions for any identified medication-related challenges and barriers to care.

When a patient has been identified as CMR eligible, providers should conduct outreach and offer the patient an appointment to complete a CMR

CMR Appointments

- On average, a CMR takes about **30 minutes to complete.**
- CMRs can be completed **in person, telephonically, or virtually.**
- CMRs can be completed with the **patient or an authorized representative/guardian**

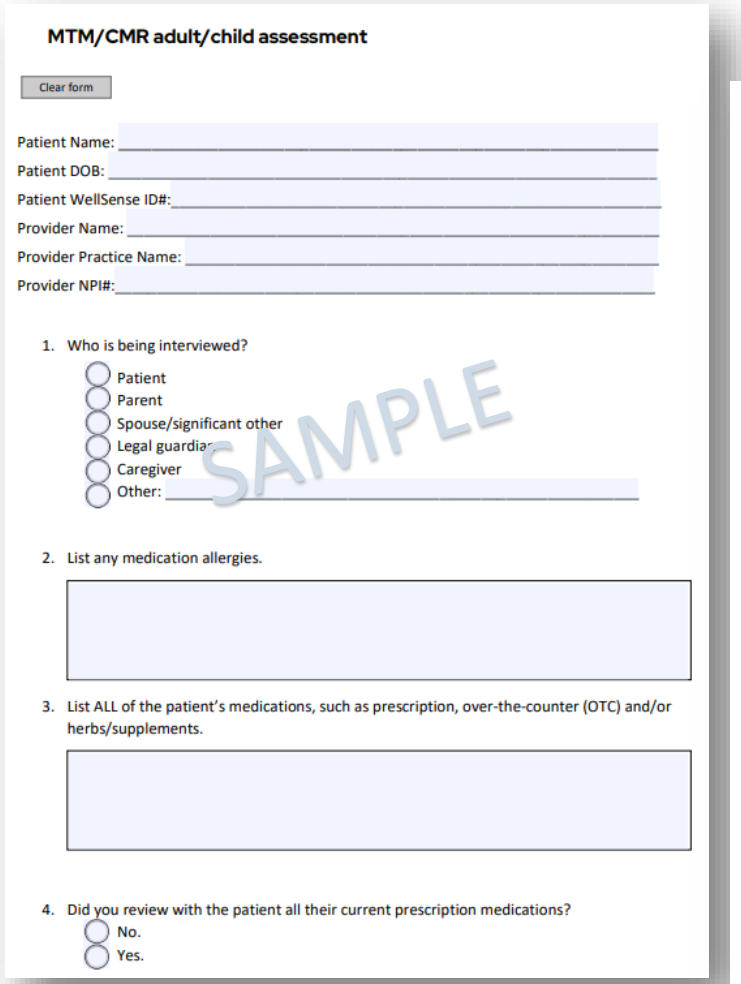
Suggested Questions

- Have you identified any medication therapy issues?
- Is the patient experiencing any side effects from their medications?
- Has the patient ever had any problems taking their medications exactly as prescribed?
- Is the member having any issues in getting their prescriptions filled?

Best Practices

- **Remind** and encourage patients to bring their full medication list (RX, OTCs, herbals, etc)
- **Ask** open ended questions to explore understanding
- **Practice** reflective listening
- **Encourage** questions to empower the patient & personalize the discussion
- **Always follow-up**

During a CMR, providers should include all elements of a CMR to be successful: Sample CMR Assessment



MTM/CMR adult/child assessment

Clear form

Patient Name: _____

Patient DOB: _____

Patient WellSense ID#: _____

Provider Name: _____

Provider Practice Name: _____

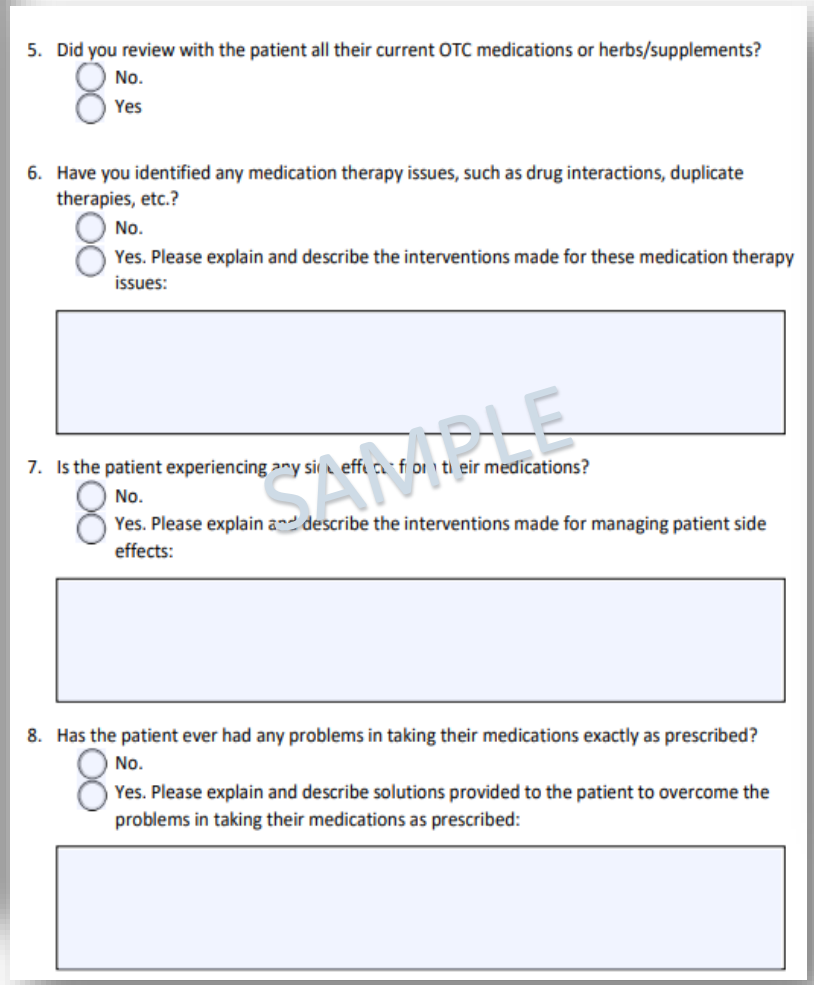
Provider NPI#: _____

1. Who is being interviewed?
   - ◯ Patient
   - ◯ Parent
   - ◯ Spouse/significant other
   - ◯ Legal guardian
   - ◯ Caregiver
   - ◯ Other: _____

2. List any medication allergies.

3. List ALL of the patient's medications, such as prescription, over-the-counter (OTC) and/or herbs/supplements.

4. Did you review with the patient all their current prescription medications?
   - ◯ No.
   - ◯ Yes.

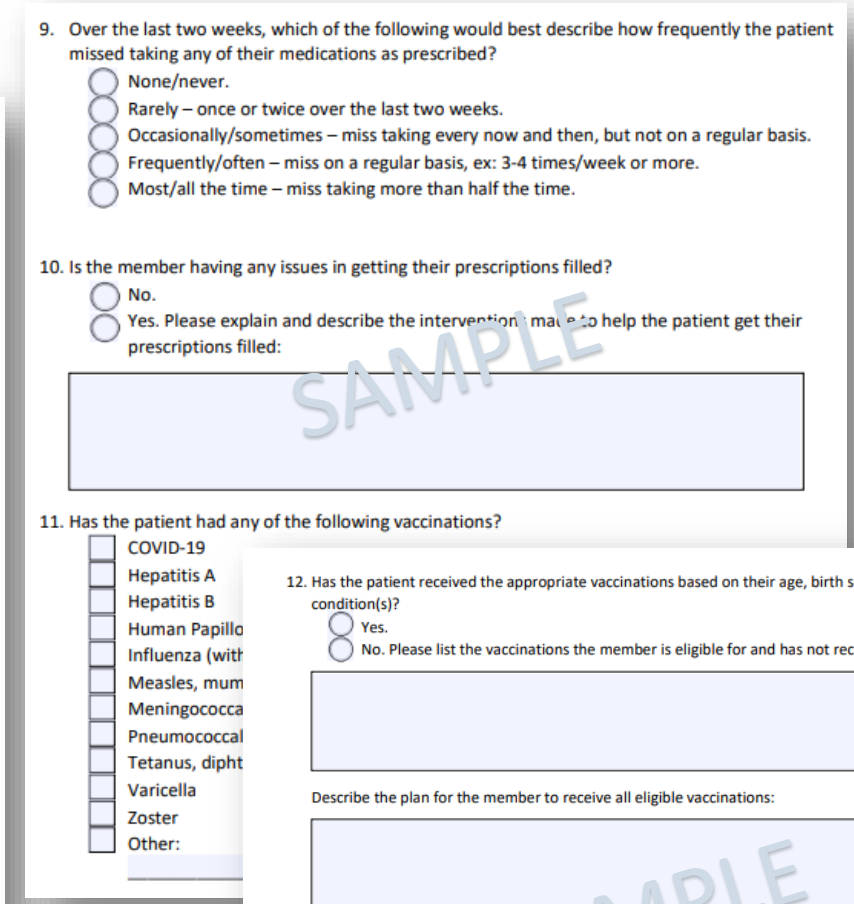


5. Did you review with the patient all their current OTC medications or herbs/supplements?
   - ◯ No.
   - ◯ Yes

6. Have you identified any medication therapy issues, such as drug interactions, duplicate therapies, etc.?
   - ◯ No.
   - ◯ Yes. Please explain and describe the interventions made for these medication therapy issues:

7. Is the patient experiencing any side effects from their medications?
   - ◯ No.
   - ◯ Yes. Please explain and describe the interventions made for managing patient side effects:

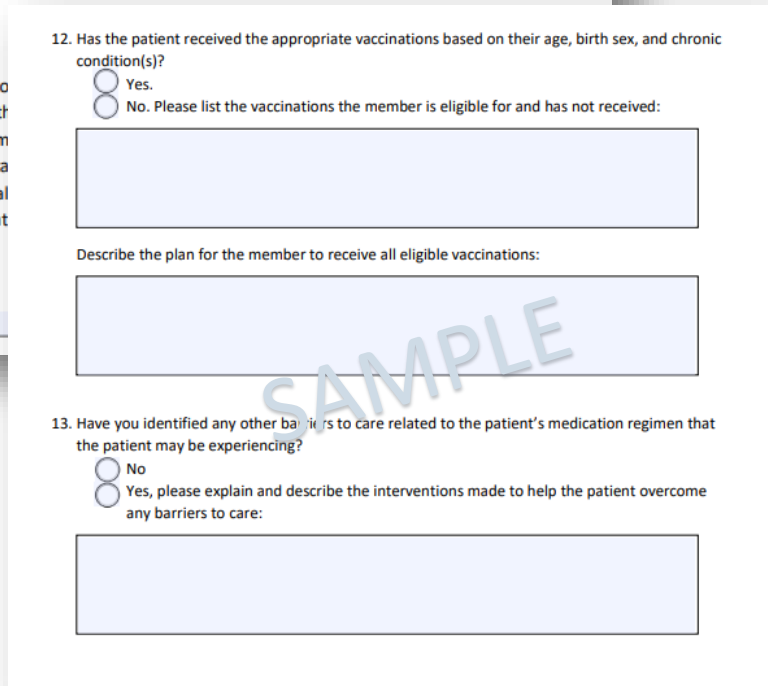
8. Has the patient ever had any problems in taking their medications exactly as prescribed?
   - ◯ No.
   - ◯ Yes. Please explain and describe solutions provided to the patient to overcome the problems in taking their medications as prescribed:



9. Over the last two weeks, which of the following would best describe how frequently the patient missed taking any of their medications as prescribed?
   - ◯ None/never.
   - ◯ Rarely – once or twice over the last two weeks.
   - ◯ Occasionally/sometimes – miss taking every now and then, but not on a regular basis.
   - ◯ Frequently/often – miss on a regular basis, ex: 3-4 times/week or more.
   - ◯ Most/all the time – miss taking more than half the time.

10. Is the member having any issues in getting their prescriptions filled?
    - ◯ No.
    - ◯ Yes. Please explain and describe the intervention made to help the patient get their prescriptions filled:

11. Has the patient had any of the following vaccinations?
    - ☐ COVID-19
    - ☐ Hepatitis A
    - ☐ Hepatitis B
    - ☐ Human Papillo
    - ☐ Influenza (with
    - ☐ Measles, mum
    - ☐ Meningococca
    - ☐ Pneumococcal
    - ☐ Tetanus, dipht
    - ☐ Varicella
    - ☐ Zoster
    - ☐ Other: _____

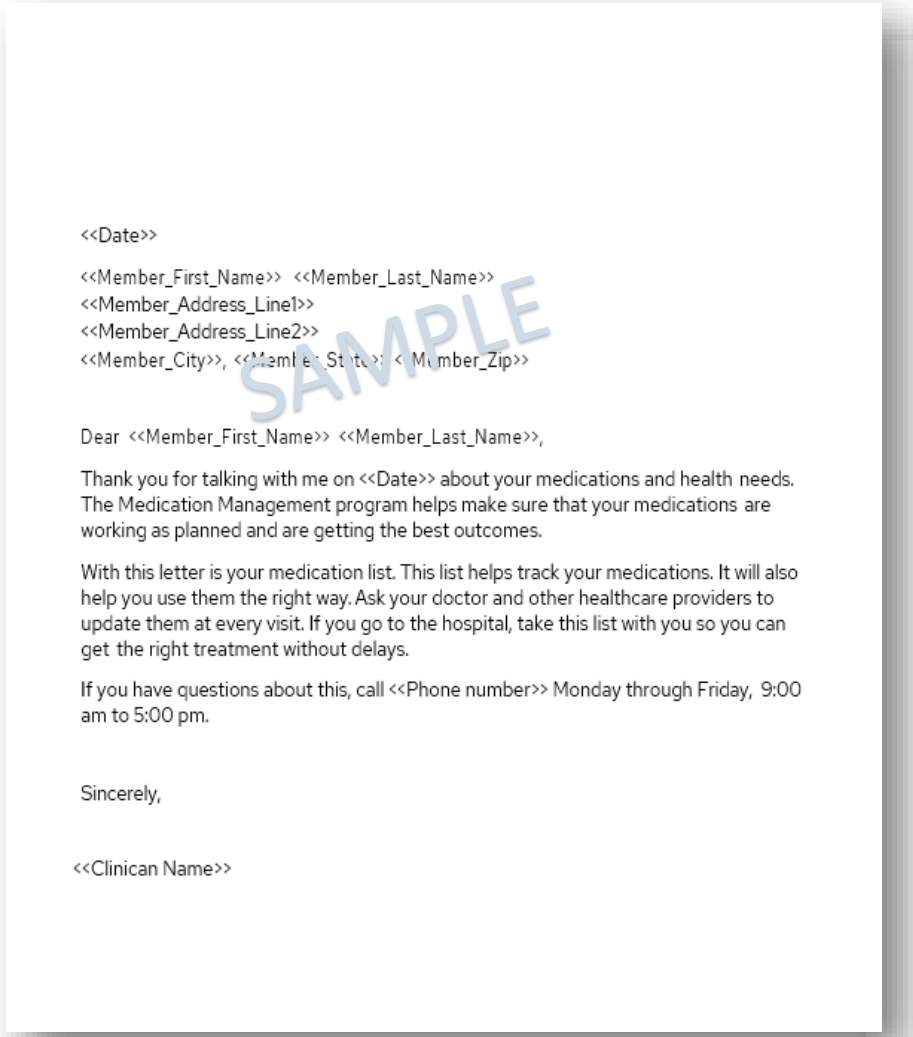


12. Has the patient received the appropriate vaccinations based on their age, birth sex, and chronic condition(s)?
    - ◯ Yes.
    - ◯ No. Please list the vaccinations the member is eligible for and has not received:

Describe the plan for the member to receive all eligible vaccinations:

13. Have you identified any other barriers to care related to the patient's medication regimen that the patient may be experiencing?
    - ◯ No
    - ◯ Yes, please explain and describe the interventions made to help the patient overcome any barriers to care:

When a CMR has been completed, patients should be given a patient takeaway (in-person or mailed) to recap the discussion and next steps



<<Date>>

<<Member_First_Name>> <<Member_Last_Name>>
<<Member_Address_Line1>>
<<Member_Address_Line2>>
<<Member_City>>, <<Member_State>> <<Member_Zip>>

SAMPLE

Dear <<Member_First_Name>> <<Member_Last_Name>>,

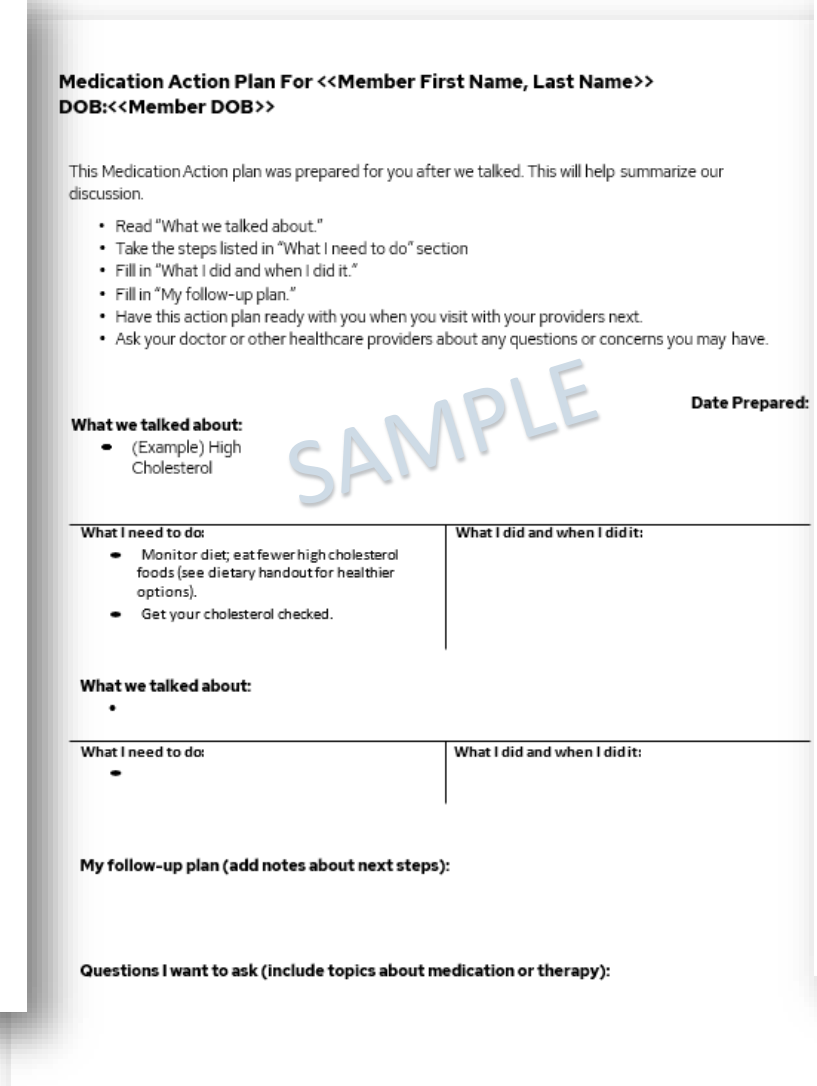
Thank you for talking with me on <<Date>> about your medications and health needs. The Medication Management program helps make sure that your medications are working as planned and are getting the best outcomes.

With this letter is your medication list. This list helps track your medications. It will also help you use them the right way. Ask your doctor and other healthcare providers to update them at every visit. If you go to the hospital, take this list with you so you can get the right treatment without delays.

If you have questions about this, call <<Phone number>> Monday through Friday, 9:00 am to 5:00 pm.

Sincerely,

<<Clinican Name>>



Medication Action Plan For <<Member First Name, Last Name>>
DOB:<<Member DOB>>

This Medication Action plan was prepared for you after we talked. This will help summarize our discussion.

- Read "What we talked about."
- Take the steps listed in "What I need to do" section
- Fill in "What I did and when I did it."
- Fill in "My follow-up plan."
- Have this action plan ready with you when you visit with your providers next.
- Ask your doctor or other healthcare providers about any questions or concerns you may have.

SAMPLE

Date Prepared:

What we talked about:

- (Example) High Cholesterol

What I need to do:	What I did and when I did it:
• Monitor diet; eat fewer high cholesterol foods (see dietary handout for healthier options). • Get your cholesterol checked.	

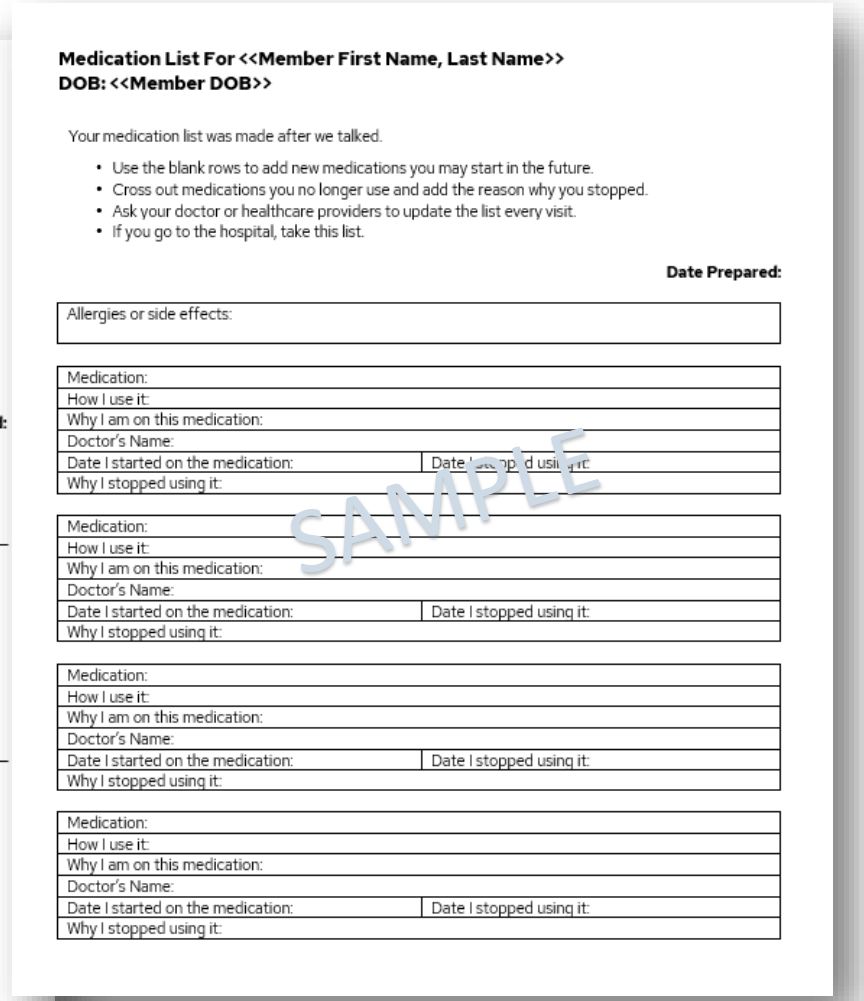
What we talked about:

•

What I need to do:	What I did and when I did it:
•	

My follow-up plan (add notes about next steps):

Questions I want to ask (include topics about medication or therapy):



Medication List For <<Member First Name, Last Name>>
DOB: <<Member DOB>>

Your medication list was made after we talked.

- Use the blank rows to add new medications you may start in the future.
- Cross out medications you no longer use and add the reason why you stopped.
- Ask your doctor or healthcare providers to update the list every visit.
- If you go to the hospital, take this list.

Date Prepared:

Allergies or side effects:

Medication:	
How I use it:	
Why I am on this medication:	
Doctor's Name:	
Date I started on the medication:	Date I stopped using it:
Why I stopped using it:	

SAMPLE

Medication:	
How I use it:	
Why I am on this medication:	
Doctor's Name:	
Date I started on the medication:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I am on this medication:	
Doctor's Name:	
Date I started on the medication:	Date I stopped using it:
Why I stopped using it:	

Medication:	
How I use it:	
Why I am on this medication:	
Doctor's Name:	
Date I started on the medication:	Date I stopped using it:
Why I stopped using it:	

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Medicaid MCO Care Management and Provider Relations Contacts

	WellSense Health Plan	AmeriHealth Caritas New Hampshire	nh healthy families
Care Management	**Phone**: 855.833.8119 **Electronic**: WellSense Provider Portal (Health Trio) **Email:** NHCare.Management@Wellsense.org **Fax:** 866.409.5657	**Phone:** 833.212.2264 **Electronic:** ACNH Provider Portal (Navinet) **Email:** CareManagement-NH@amerihealthcaritasnh.com **Fax:** 833.828.2264	**Phone:** 866.769.3085 **Electronic:** NH Healthy Families Provider Portal **Email:** NHHFCAREMANAGEMENT@centene.com **Fax:** 877-301-8595
Provider Relations	**Phone:** 877-957-1300 **Email:** NHProviderInfo@Wellsense.org	**Phone**: 1-888-599-1479 **Email:** newhampshireprovidernetwork@amerihealthcaritas.com	**Phone**: 1-866-769-3085 **Email**: NHProviderRelations@centene.com