State of New Hampshire
Department of Health and Human Services

NH Medicaid Care Management
Medicaid Quality Program – Annual Meeting

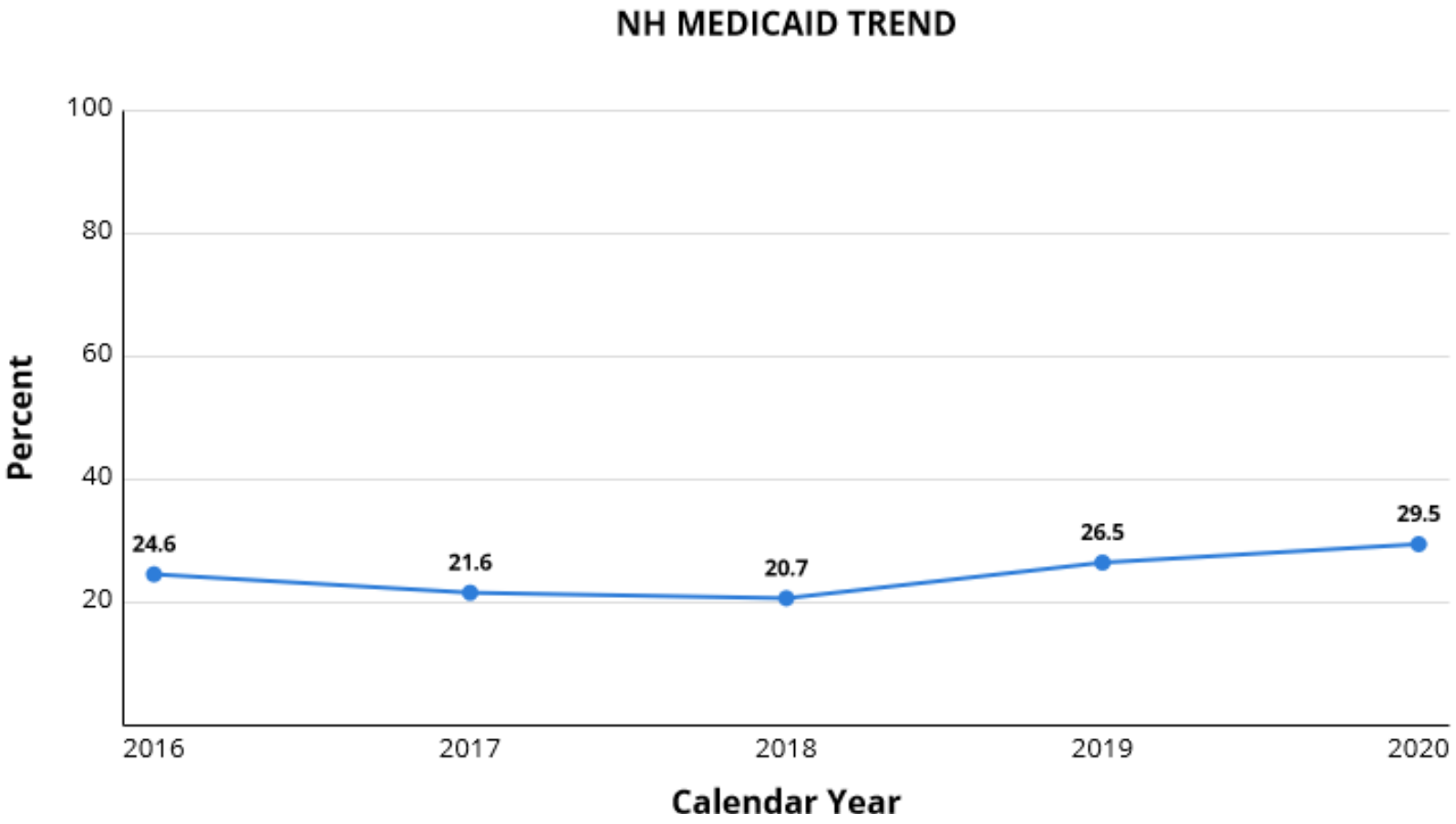
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

January, 2021

NEW HAMPSHIRE PERFORMANCE:

New Hampshire Performance - Trend

Follow-up Visit Within 7 Days After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence



Data Source: 2017-2021 NCQA audited HEDIS data FUA – 7 Day Follow-Up

Summary

- New Hampshire Performance
  - Calendar Year 2020 NH Medicaid Rate = 29.5%
- Performance benchmarks
  - NH is trending upwards (both Medicaid and Commercial)
  - NH is a national leader in the measure, but 29.5% still has room for improvement
- New Hampshire Provider Level Results
  - NH Hospitals had a wide range of performance rates
  - Follow-up appointment are occurring at a variety of providers including: SUD providers, CMHCs, and Medical providers.

ANNUAL MEETING OVERVIEW OBJECTIVES:

Annual Meeting

- 4-hour virtual meeting on September 29, 2021

- 78 attendees including:
  - DHHS Staff
  - MCO Staff
  - Providers
  - Patient representatives, speakers, facilitators, and community organizations.
- Speaker with lived experience
- Keynote speaker
- Facilitated brainstorming sessions with group.

Annual Meeting – Objectives

1. Reach consensus concerning barriers to follow-up appointments that affect NH Medicaid rate.

2. Brainstorm potential DHHS and MCO support to address barriers that impact NH Medicaid rate.

BARRIER EVALUATION:

Barrier Evaluation – 3 Most Predominate Themes

1. Lack of Community Services
2. Member Barriers
3. Communication

Barrier Evaluation – Predominant Theme Examples

Lack of Community Services

- Lack of mental health and community resources: Appointment availability hindered by facilities having extensive waitlists for treatment and limited bed availability
- Lack of personal handoff and coordination of care when continuing co-occurring treatment

Member Barriers

- Member attitude: Readiness to change or being unwilling to enter treatment
- Inadequate housing or homelessness

Communication

- MCOs are not aware of the ED visit for SUD
- Members are often given a list of referrals instead of warm handoffs to another provider

STRATEGIES TO ADDRESS BARRIERS:

Top Recommendations: Community Services Strategy

DHHS could:

- Allow programs like residentials to use certified recovery support workers who could bill for the time they spend with members; work with members in the hospital prior to and until enrollment in treatment.

MCOs could:

- Pay for certified recovery support workers/community support to assist in getting members into treatment; outreach personnel working side-by-side with members to walk them through the process.
- Offer incentives to PCPs to provide MAT.

Providers could:

- Assist members by arranging warm handoffs to another provider for a guaranteed contact.
- Develop resources in primary care for SUD.

Top Recommendations: Member Barrier Strategy

DHHS could:

- Fund more respite services for individuals after hospitalization while waiting to get into treatment; remove housing and access barriers.
- Create access to care that meets the current needs of members who use drugs to reduce drug-related death and disease.

MCOs could:

- Provide case management for all members.
- Reward patients for following up.

Providers could:

- Train ED staff in motivational interviewing techniques to facilitate better client engagement.

Top Recommendations: Communication Barrier Strategy

DHHS could:

- Require hospitals to use ADT software to inform providers of an ED visit. 
- Initiate a joint effort between all parties to develop ED-to-treatment referral pathways like the models in other states.
- Examine reimbursement rates for provider types: Bill rate versus reimbursement rate (e.g., community mental health centers [CMHCs] versus federally qualified health centers [FQHCs] rate for counseling portion of MAT)

MCOs could:

- Enhance reimbursement rates for all levels of care (e.g. H codes as well as T codes).

Providers could:

- Designate staff members to coordinate discharge services.

 Indicates a recommendation that is connected to an existing MCO policy.

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Full presentation can be found at:

http://medicaidquality.nh.gov/