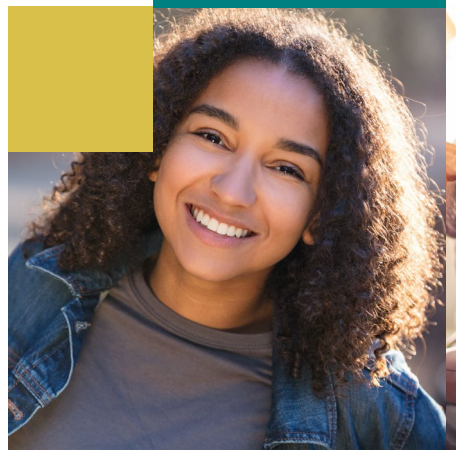
Managed Care Organization (MCO) External Quality Review (EQR) Technical Report

New Hampshire State Fiscal Year (SFY) 2025

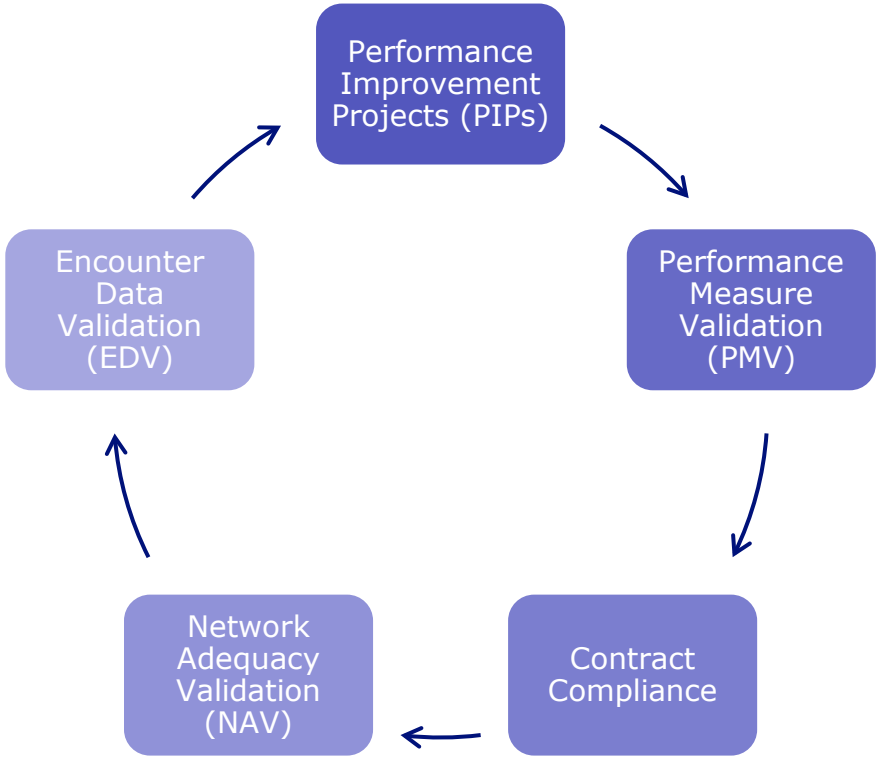
May 2026

Department of HEALTH & HUMAN SERVICES



Three Types of Quality Evaluations

MCO Evaluations



Member Health and Experience of Care Evaluations

- Healthcare Effectiveness Data and Information Set (HEDIS®)[1]
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[2]

Medicaid Care Management (MCM) Program Evaluations

- Revealed Caller Provider Survey
- Service Authorization Quality Study
- Semi-Structured Qualitative Interviews

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

MCO Evaluations

MCO Evaluations: Contract Compliance

Seven Contract Compliance standards reviewed during SFY 2025

- II. Emergency and Post-Stabilization Care
- IV. Wellness and Prevention
- VIII. Cultural Considerations
- IX. Grievances and Appeals Systems
- X. Availability of Services/Access to Care
- XV. Fraud, Waste, & Abuse
- XVIII. Health IS

Limitations: The results shown in this presentation are limited to the findings from the Scope of Work defined for each activity.

Standards and Scores Achieved by ACNH in the Compliance Reviews From SFY 2023–SFY 2025

	42 CFR	Standard Name	2023	2024	2025
		§438.358(b)(iii)			
I	§438.230	Subcontractual Relationships and Delegation	88.6%		
		Delegation and Subcontracting			
II	§438.114	Emergency and Post-Stabilization Care			96.2%
III	§438.208	Coordination and Continuity of Care		100%	
		Care Management/Care Coordination			
IV	NA	Wellness and Prevention			100%
V	NA	BH	100%		
VI	§438.56	Disenrollment: Requirements and Limitations		100%	
		Member Enrollment and Disenrollment			
VII	§438.100	Enrollee Rights		100%	
	§438.224	Member Services			
VIII	NA	Cultural Considerations			100%
IX	§438.228	Grievances and Appeals Systems			99.7%
X	§438.206	Availability of Services			97.3%
		Access to Care			

	42 CFR	Standard Name	2023	2024	2025
		§438.358(b)(iii)			
XI	§438.214 §438.207	Provider Selection	99.5%		
		Assurance of Adequate Capacity and Services			
		Network Management			
XII	§438.210 §438.224	Coverage and Authorization of Services		100%	
		UM			
XIII	§438.236 §438.224 §438.330	Practice Guidelines		100%	
		Confidentiality			
		Quality Assessment and Performance Improvement Program			
		Quality Management			
XIV	NA	SUD	100%		
XV	NA	FWA			100%
XVI	NA	Financial	100%		
XVII	NA	Third Party Liability		100%	
XVIII	§438.242	Health IS*			100%
Overall Results			**98.6%**	**100%**	**99%**

Standards and Scores Achieved by NHHF in the Compliance Reviews From SFY 2023–SFY 2025

	42 CFR	Standard Name	2023	2024	2025
		§438.358(b)(iii)			
I	§438.230	Subcontractual Relationships and Delegation	88.6%		
		Delegation and Subcontracting			
II	§438.114	Emergency and Post-Stabilization Care			96.2%
III	§438.208	Coordination and Continuity of Care		100%	
		Care Management/Care Coordination			
IV	NA	Wellness and Prevention			100%
V	NA	BH	100%		
VI	§438.56	Disenrollment: Requirements and Limitations		100%	
		Member Enrollment and Disenrollment			
VII	§438.100	Enrollee Rights		100%	
	§438.224	Member Services			
VIII	NA	Cultural Considerations			100%
IX	§438.228	Grievances and Appeals Systems			99.7%
X	§438.206	Availability of Services			97.3%
		Access to Care			

	42 CFR	Standard Name	2023	2024	2025
		§438.358(b)(iii)			
XI	§438.214 §438.207	Provider Selection	94.8%		
		Assurance of Adequate Capacity and Services			
		Network Management			
XII	§438.210 §438.224	Coverage and Authorization of Services		99%	
		UM			
XIII	§438.236 §438.224 §438.330	Practice Guidelines		100%	
		Confidentiality			
		Quality Assessment and Performance Improvement Program			
		Quality Management			
XIV	NA	SUD	100%		
XV	NA	FWA			100%
XVI	NA	Financial	100%		
XVII	NA	Third Party Liability		100%	
XVIII	§438.242	Health IS*			100%
Overall Results			**94.5%**	**100%**	**98.7%**

Standards and Scores Achieved by WS in the Compliance Reviews From SFY 2023–SFY 2025

	42 CFR	Standard Name	2023	2024	2025
		§438.358(b)(iii)			
I	§438.230	Subcontractual Relationships and Delegation	100%		
		Delegation and Subcontracting			
II	§438.114	Emergency and Post-Stabilization Care			100.00%
III	§438.208	Coordination and Continuity of Care		100%	
		Care Management/Care Coordination			
IV	NA	Wellness and Prevention			100%
V	NA	BH	100%		
VI	§438.56	Disenrollment: Requirements and Limitations		100%	
		Member Enrollment and Disenrollment			
VII	§438.100	Enrollee Rights		100%	
	§438.224	Member Services			
VIII	NA	Cultural Considerations			100%
IX	§438.228	Grievances and Appeals Systems			96.5%
X	§438.206	Availability of Services			99.1%
		Access to Care			

	42 CFR	Standard Name	2023	2024	2025
		§438.358(b)(iii)			
XI	§438.214 §438.207		96.9%		
		Assurance of Adequate Capacity and Services			
		Network Management			
XII	§438.210 §438.224	Coverage and Authorization of Services		95%	
		UM			
XIII	§438.236 §438.224 §438.330	Practice Guidelines		100%	
		Confidentiality			
		Quality Assessment and Performance Improvement Program			
		Quality Management			
XIV	NA	SUD	100%		
XV	NA	FWA			100%
XVI	NA	Financial	100%		
XVII	NA	Third Party Liability		100%	
XVIII	§438.242	Health IS*			100%
Overall Results			**97.7%**	**98%**	**97.8%**

MCO Evaluations: Performance Improvement Projects (PIPs)

PIPs Chosen by the MCOs in Collaboration with DHHS

PIP	Description
Cervical Cancer Screening (CCS)	Increasing the percentage of eligible women who were screened for cervical cancer
Metabolic Monitoring of Children and Adolescents on Antipsychotics (APM)—Blood Glucose and Cholesterol	Increasing the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing: Blood Glucose and Cholesterol testing.

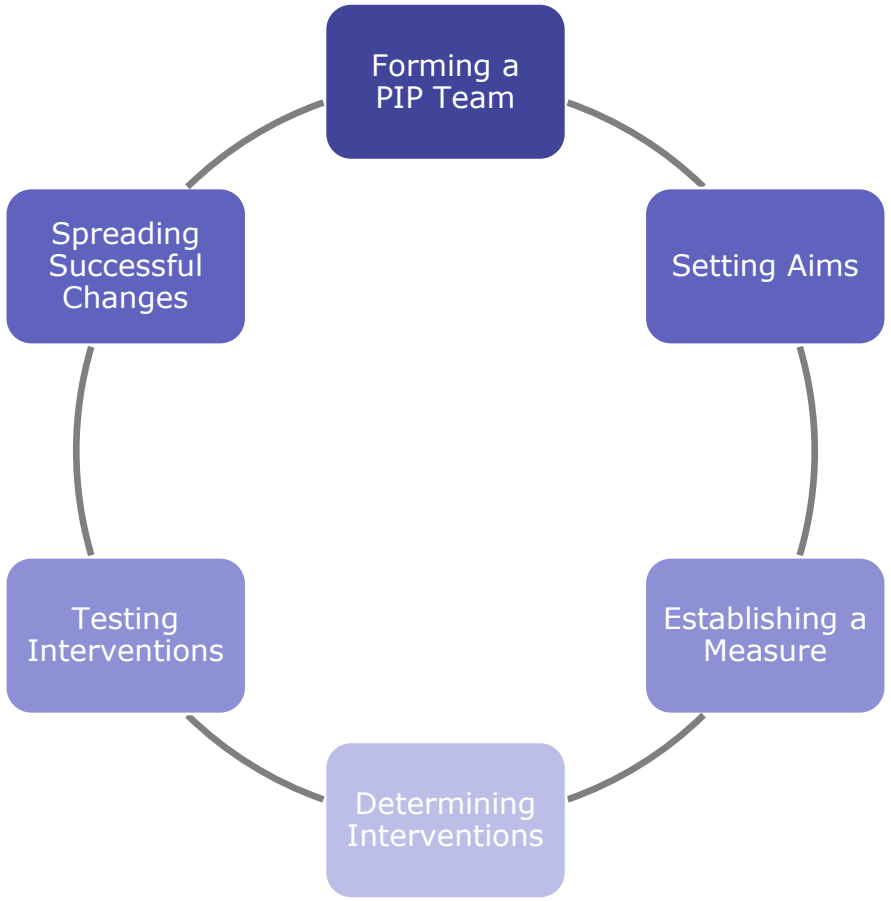
MCO Evaluations: PIPs, continued

18-month Rapid-cycle PIP:

Small tests of change to bring about real improvement

- PIP results will be available in SFY2026

Key Concepts of Rapid-cycle PIPs



MCO Evaluations: Performance Measure Validation (PMV)

20 Measures Audited in SFY 2025

MCO	Score
ACNH	High Level of Confidence
NHHF	High Level of Confidence
WS	High Level of Confidence

MCO Evaluations: Network Adequacy Validation (NAV)

Two tasks completed during the study:

Task 1	Provider Types Evaluated
GeoAccess analysis of the MCOs' provider networks compared to the members' residences	1. HSAG evaluated 61 provider categories 2. Scores for the three MCOs ranged from 95.1% to 98.4%

Task 2	Provider Types
Network capacity analysis of SUD provider types to assess whether the MCOs' provider networks met the minimum percentages	1. Opioid treatment providers (OTPs) 2. Residential substance used disorder (SUD) treatment programs 3. MCOs met both requirements for the study except, WS did not meet the requirement for Residential SUD treatment programs.

MCO Evaluations: NAV, continued

MCO	SFY 2025 Results
ACNH	Met 58 of the 61 time and distance standards assessed (95.1%), for SFY 2025. Did not meet the standards for three provider types: pediatric allergists/immunologists, development-behavioral pediatricians, and pediatric ophthamologists.*
NHHF	Met 60 of the 61 time and distance standards assessed (98.4%) for SFY 2025. Did not identify a pediatric ophthalmologist in its network.*
WS	Met 59 of the 61 time and distance standards assessed (96.7%). Some members did not have access within the standards to pediatric allergists/immunologists or development-behavioral pediatricians in its network.*

*MCO requested exceptions and provided corrective action.

MCO Evaluations: Encounter Data Validation (EDV)

Three tasks completed in SFY 2025:

Task 1	Task 2	Task 3
Information System (IS) Review Requirements met for all three MCOs	Annual Evaluation of Encounter Data Quality Reports	Comparison of DHHS' Encounter Data and Data Extracted from the MCOs' Systems

MCO Evaluations: EDV, continued

- Recommendations from the comparative analysis of 154 rates

Number of Rates to Improve

ACNH	NHHF	WS
None	**Two** Details: • Initial Submission Within 14 Days of Claim Payment (Standard 100%): NHHF 99.7% for professional encounters, 97% for pharmacy encounters. Rendering Provider Number/NPI data element accuracy	**Four** Details: • Validity for the member identification number (Standard 100%): WS 99.9% for institutional BH encounters • Initial Submission Within 14 Days of Claim Payment (Standard 100%): WS 98.5% for professional encounters, 98.2% for institutional encounters. • Data Element Accuracy (standard 95%): WS 93.1%, professional encounters- for rendering provider number (NPI)

Member Health and Experience of Care Evaluations

Member Health and Experience of Care Evaluations: HEDIS

- HEDIS*
  - Survey data from CY 2024 collected in SFY 2025
  - Audited results sent to HSAG
- Rates displayed for:
  - Prevention
  - Acute and Chronic Care
  - BH

*NCQA. HEDIS and Performance Measurement. Available at: www.ncqa.org/HEDISQualityMeasurement.aspx. Accessed on: March 3, 2025.

Member Health and Experience of Care Evaluations: HEDIS, continued

HEDIS: ACNH

Measure Domain	Met or Exceeded 90th Percentile	Met 75th Percentile and Below 90th Percentile	Met 50th Percentile and Below 75th Percentile	Met 25th Percentile and Below 50th Percentile	Under 25th Percentile	Total
Prevention	4	5	5	4	4	**22**
Acute and Chronic Care	2	1	4	2	0	**9**
Behavioral Health	6	7	2	3	0	**18**
All Domains	**12**	**13**	**11**	**9**	**4**	**49**
Percentage	**24.49%**	**26.53%**	**22.45%**	**18.37%**	**8.16%**	**100%**

Rates were compared to NCQA's Quality Compass national Medicaid health maintenance organization (HMO) percentiles for HEDIS 2021. Quality Compass® is a registered trademark of NCQA.

Member Health and Experience of Care Evaluations: HEDIS, continued

HEDIS: NHHF

Measure Domain	Met or Exceeded 90th Percentile	Met 75th Percentile and Below 90th Percentile	Met 50th Percentile and Below 75th Percentile	Met 25th Percentile and Below 50th Percentile	Under 25th Percentile	Total
Prevention	8	6	3	2	3	**22**
Acute and Chronic Care	4	3	1	1	0	**9**
Behavioral Health	8	5	4	1	1	**19**
All Domains	**20**	**14**	**8**	**4**	**4**	**50**
Percentage	**40.0%**	**28.0%**	**16.0%**	**8.0%**	**8.0%**	**100%**

Due to rounding, the sum of the rates equal slightly more than 100%.

Member Health and Experience of Care Evaluations: HEDIS, continued

HEDIS: WS

Measure Domain	Met or Exceeded 90th Percentile	Met 75th Percentile and Below 90th Percentile	Met 50th Percentile and Below 75th Percentile	Met 25th Percentile and Below 50th Percentile	Under 25th Percentile	Total
Prevention	5	3	7	4	3	**22**
Acute and Chronic Care	3	2	2	2	0	**9**
Behavioral Health	5	3	6	4	1	**19**
All Domains	**13**	**8**	**15**	**10**	**4**	**50**
Percentage	**26.0%**	**16.0%**	**30.0%**	**20.0%**	**8.0%**	**100%**

Individual percentile percentages may add to slightly over or under 100% due to rounding.

HEDIS Measures: 3-Year Trend

Opportunities for Improvement: Scores Under the National 25th Percentile

Summary of Scores Under the 25th Percentile

MCO	ACNH	ACNH	ACNH	NHHF	NHHF	NHHF	WS	WS	WS
Fiscal Year	**2023**	**2024**	**2025**	**2023**	**2024**	**2025**	**2023**	**2024**	**2025**
Prevention	8	8	4	1	2	3	4	2	3
Acute and Chronic Care	3	1	0	0	1	0	0	1	0
Behavioral Health	0	1	0	1	0	1	2	2	1
All Domains	**8**	**10**	**4**	**2**	**3**	**4**	**6**	**5**	**4**
Percentage	**23.9%**	**19.6%**	**8.2%**	**4.1%**	**5.7%**	**8%**	**12.2%**	**9.4%**	**8%**

HEDIS Measures: 3-Year Trend

Opportunities for Improvement: Met the National 75th Percentile and Below the 90th Percentile

Summary of Scores that Met 75th Percentile and Below the 90th Percentile

MCO	ACNH			NHHF			WS		
Fiscal Year	**2023**	**2024**	**2025**	**2023**	**2024**	**2025**	**2023**	**2024**	**2025**
Prevention	3	5	5	6	5	6	4	4	3
Acute and Chronic Care	2	1	1	1	2	3	4	4	2
Behavioral Health	3	4	7	5	5	5	4	3	3
All Domains	**8**	**10**	**13**	**12**	**12**	**14**	**11**	**11**	**8**
Percentage	**14.8%**	**17.4%**	**26.5%**	**24.5%**	**22.6%**	**28%**	**22.4%**	**20.8%**	**16%**

Member Health and Experience of Care Evaluations
CAHPS Measures for Adults

CAHPS Measure for Adults	2025 Adult Medicaid Positive Rates	* 2024 National Average Comparison	2025 Adult Medicaid Positive Rates	* 2024 National Average Comparison	2025 Adult Medicaid Positive Rates	* 2024 National Average Comparison
Global Ratings	**ACNH**		**NHHF**		**WS**	
Rating of Health Plan	77.5%	--	76.5%	—	83.8%	↑
Rating of All Health Care	77.1%	—	78.7%	—	75.8%	—
Rating of Personal Doctor	86.9%	—	84.8%	—	82.6%	—
Rating of Specialist Seen Most Often	78.9%	—	84.4%	—	81.8%	—
Composite Measures	**ACNH**		**NHHF**		**WS**	
Getting Needed Care	84.9%	—	82.6%	—	83.9%	—
Getting Care Quickly	79.7%	—	81.2%	—	85.3%	↑
How Well Doctors Communicate	95.2%	—	92.3%	—	92.4%	—
Customer Service	92.9%	↑	89.8%	—	89.9%	—

* The NCQA 2024 national averages are the most current benchmarks available.

\+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

↑ Indicates the measure rate is statistically significantly higher than the national average.

— Indicates the measure rate is neither statistically significantly higher nor lower than the national average.

Member Health and Experience of Care Evaluations
CAHPS Measures for Children

CAHPS Measure for Adults	2025 Adult Medicaid Positive Rates	* 2024 National Average Comparison	2025 Adult Medicaid Positive Rates	* 2024 National Average Comparison	2025 Adult Medicaid Positive Rates	* 2024 National Average Comparison
Global Ratings	**ACNH**		**NHHF**		**WS**	
Rating of Health Plan	85.6%	—	85.2%	—	86.5%	—
Rating of All Health Care	86.7%	—	85.5%	—	87.2%	—
Rating of Personal Doctor	86.2%	—	89.4%	—	89.6%	—
Rating of Specialist Seen Most Often	81.6%+	—	86.5%	—	85.6%	—
Composite Measures	**ACNH**		**NHHF**		**WS**	
Getting Needed Care	87.7%+	—	83.2%	—	87.0%	—
Getting Care Quickly	88.4%+	—	87.0%	—	91.5%	↑
How Well Doctors Communicate	92.0%	—	95.8%	↑	94.5%	—
Customer Service	92.4%+	↑	92.1%+	—	90.5%+	—

* The NCQA 2024 national averages are the most current benchmarks available.

\+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

↑ Indicates the measure rate is statistically significantly higher than the national average.

— Indicates the measure rate is neither statistically significantly higher nor lower than the national average.

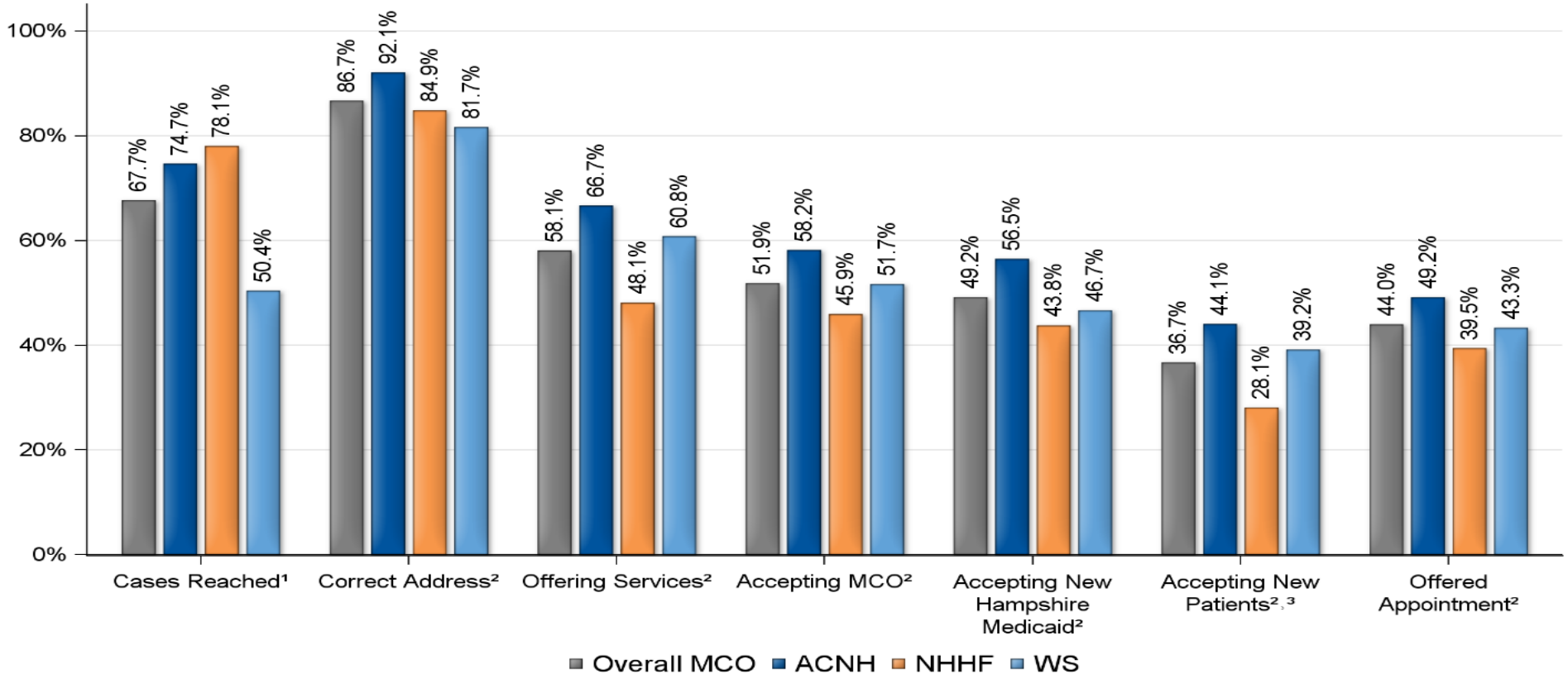
SFY 2025 EQR Activities: MCM Program Evaluations

Revealed Caller Provider Survey

- The goal of the survey was to evaluate New Hampshire's Medicaid managed care network of primary care locations. Specific survey objectives included the following:
- Determine if the contact information (i.e., phone number, address) was accurate for contracted PCPs reported by the MCOs.
- Determine whether the service locations offered the requested services.
- Determine whether primary care locations accepted patients enrolled with a Medicaid MCO.
- Determine whether primary care locations accepted new patients.
- Determine appointment availability with the sampled primary care locations for routine well checks and non-urgent symptomatic visits.

Revealed Caller Provider Survey

Summary Results by MCO

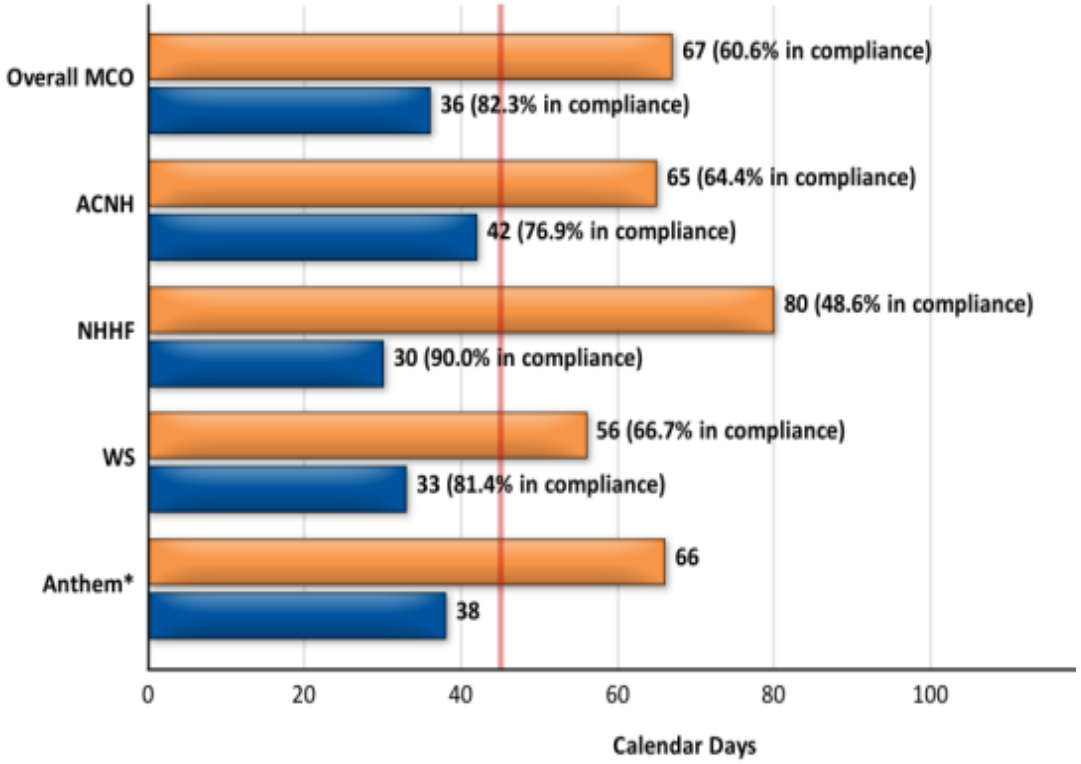


¹ The denominator includes all sampled providers.
² The denominator includes cases reached.
³ The denominator includes all respondents accepting New Hampshire Medicaid. Note: Sample cases were not limited to locations accepting new patients; therefore, caution should be used when evaluating new patient acceptance data.

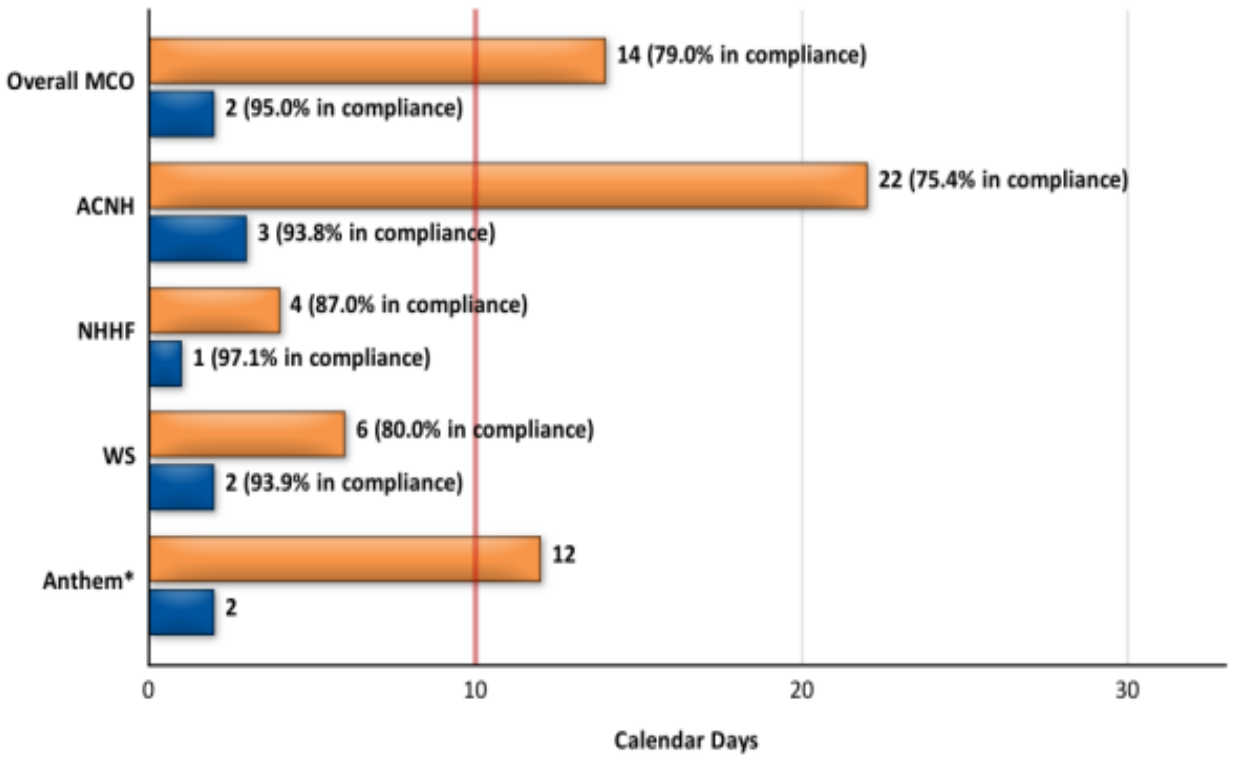
Revealed Caller Provider Survey

Summary of Wait Times

Routine Visits



Non-Urgent Symptomatic Visits



New Patient Average Existing Patient Average Compliance Standard

Semi-Structured Qualitative Interviews

Fall 2024

- Study Participants: 31 adults or guardians of children enrolled in the MCM program who had a claim for Durable Medical Equipment (DME) for a mobility aid.
- Five Key Points Explored
  - Description of participants
  - Mobility Equipment and Physical Access to Care
  - Experience with Medicaid Managed Care
  - Access to information
  - Quality of Care

Semi-Structured Qualitative Interviews

Fall 2024 Findings

- Most participants expressed satisfaction with their PCP and their health plan
- Participants used a range of mobility equipment from canes to wheelchairs.
- Just under half of participants said they use multiple pieces of mobility equipment.
- Wheelchair users reported extensive wait times for their equipment. Prior authorization, assessments, and manufacturing time all contributed to the delays.
- Wheelchair users noted the lack of backup mobility equipment exacerbated the challenges associated with both replacement and repair delays.
- Participants reported poor experiences with the Medicaid transportation program, including late and no-show drivers causing missed appointments.
- Physical access to healthcare providers was generally easy, but some participants said a lack of wheelchair-accessible parking was a problem.
- Other challenges to physical access included insufficiently powered chairlifts, exam rooms that were too small to accommodate mobility equipment, a lack of a proper ramp at home, and a lack of wheelchair-accessible scales at healthcare providers' offices.

Semi-Structured Qualitative Interviews

Fall 2024 Six Recommendations for the MCOs based on feedback from the participants:

- Improve access to wheelchairs by streamlining the prior authorization process and establishing clear communication channels with providers and members.
- Improve the process for wheelchair repair by eliminating prior authorization requirements for repairs, increasing the reimbursement rates for repairs, providing coverage for preventive maintenance, and/or considering policies that allow for self-repairs of certain components when appropriate.
- Provide adequate backup mobility equipment.
- Expand access to case management for vulnerable populations, particularly those with mobility disabilities.
- Provide additional support for food security.
- Provide access to medication through delivery or transportation support.

Semi-Structured Qualitative Interviews

Spring 2025

- Study Participants: 30 adults in the MCM program who received at lease one incentive through their MCOs incentive program
- Five Key Points Explored
  - Description of participants
  - Experience with Medicaid managed care
  - Access to Information
  - Experience with Member Incentive Programs
  - Quality of care

Semi-Structured Qualitative Interviews

Spring 2025 Findings

- Most participants expressed satisfaction with their health plan
- Nearly half of participants had limited or no knowledge of their MCO’s reward program.
- A minority of participants said the reward program motivated them to get care.
- The most frequently noted challenge participants identified in receiving rewards was getting their healthcare providers to complete the necessary forms.
- Participants also reported challenges in using their rewards, including limits on where they can use their rewards card, their card not working, and remembering to use the card
- Most participants were happy with their PCPs, some stating their PCP was caring, knowledgeable, communicative, and available when needed

Semi-Structured Qualitative Interviews

Spring 2025 Six Recommendations for the MCOs based on feedback from the participants:

- Educate members on how to earn rewards and the purpose behind the incentive.
- Reduce or eliminate requirements for members to submit reimbursement forms for rewards.
- Ensure members have sufficient venues to use rewards, such as allowing rewards to be used online with applicable retailers.
- Allow families to choose individual or family reward cards.
- Work with providers to complete health risk assessments and report information to MCOs.
- Streamline non-cash rewards, such as dental kits and car/booster seats, by providing the non-cash rewards directly or contacting the member to inquire if they would prefer a non-cash reward.
- Consider increasing or adding support and rewards for food insecure members.

Semi-Structured Qualitative Interviews

Fall 2025

- Study Participants: 30 adults or guardians of children enrolled in the MCM Program
- Five Key Points Explored
  - Description of participants
  - Experience with Medicaid managed care
  - Access to information
  - Experience with Care Management
  - Quality of care

Semi-Structured Qualitative Interviews

Fall 2025 Findings

- Participants most frequently said their case manager contacted them monthly and were content with that frequency.
- About half of the participants said they developed goals with their case manager. Participants described goals related to physical and mental health, developmental milestones, educational milestones, and social determinants of health.
- Participants reported wide-ranging experiences with the type and extent of support they received from their case managers.
    - 5 members said their case manager had provided little to no support
    - 11 members said they received referrals and moderate support coordinating with providers
    - 7 participants said their case manager provided extensive navigational support by coordinating with providers and facilitating access to care
- Participants most frequently said their case manager was supportive and provided a listening ear.
- The most frequently mentioned negative aspects of care management services included a lack of continuity due to changing case managers, a lack of information and support, and unprofessional case managers.

Semi-Structured Qualitative Interviews

Fall 2025 Six Recommendations for the MCOs based on feedback from the participants:

- Consider offering in-person support/resource center.
- Provide clear information about what services care management can provide.
- Provide proactive care management services.
- Ensure information on care management services is provided in both written and verbal formats.
- Conduct a structured assessment of beneficiaries' needs for care management services.
- Conduct a structured assessment of beneficiaries to discontinue services.
- Consider offering additional medication benefits such as transportation to pharmacies and pill packaging.

Semi-Structured Qualitative Interviews

Reports from the 2024 and 2025 Semi-Structured Qualitative Interviews are available on the DHHS Medicaid Quality website:

medicaidquality.nh.gov/standard-reports

MCO Care Management Program Quality Study: Priority Populations

2025 Quality Study

- DHHS sought to understand the MCO Care Management Program for priority populations
- The study reviewed:
  - the number of members enrolled in the program
  - the process of enrollment (telephonic and/or in-person)
  - the process used to discharge members
  - the reasons members refused to participate in a care management program.
- HSAG reviewed the CAREMGT.49 Report for quarter four (Q4) 2024 and Q1 2025.
- HSAG also collected qualitative information by sending questionnaires to the three MCOs

MCO Care Management Program Quality Study

DHHS CAREMGT.49 Report Summary

	ACNH		NHHF		WS	
	Q4 2024	Q1 2025	Q4 2024	Q1 2025	Q4 2024	Q1 2025
Total Membership Enrolled in MCO	48,104	49,063	67,047	66,644	69,501	69,110
Total # of Members Enrolled in Care Management	1,665	1,416	843	881	2,262	1,796
Percentage of Total # of Members Enrolled in Care Management	3.46%	2.89%	1.26%	1.32%	3.25%	2.60%
Total # of Members in a Priority Population	318	492	203	170	366	548
Percentage of Priority Population Members Enrolled in Care Management	19.1%	34.7%	24.1%	19.3%	16.2%	30.5%

MCO Care Management Program Quality Study

CAREMGT.49 Report—Number of Members Enrolled by Priority Population

Priority Population Category	Adults						Children						
	ACNH		NHHF		WS		ACNH	ACNH		NHHF		WS	
	Q4 2024	Q1 2025	Q4 2024	Q1 2025	Q4 2024	Q1 2025	Q4 2024	Q4 2024	Q1 2025	Q4 2024	Q1 2025	Q4 2024	Q1 2025
Inpatient BH	132	169	35	42	102	122	17	34	32	26	11	21	17
DCYF	3	14	7	5	9	18	118	255	111	74	225	346	118
LBW	—	—	—	—	—	—	29	12	15	15	15	11	29
NAS	—	—	—	—	—	—	19	3	3	5	4	25	19
Community Reentry	0	5	0	3	0	7	—	—	—	—	—	—	—
Clinical Care Needs	1,155	804	488	478	1,399	965	192	120	152	233	497	283	192
Total Enrolled Members	**1,290**	**992**	**530**	**528**	**1,510**	**1,112**	**375**	**424**	**313**	**353**	**752**	**686**	**375**

— Indicates that the adult or child population does not qualify for the priority population

Service Authorization Quality Study

Findings

- The percentage of enrollment varied across the different priority populations for each MCO. Overall, the MCOs reported a low percentage of enrollment in each DHHS-defined priority population, excluding clinical care, at less than 50 percent, with few exceptions.
- All three MCOs completed outreach to initially enroll the member using a variety of communication methods unique to the member, including in-person outreach, when necessary.
- The MCOs took into consideration the needs of the member when concluding care management. If the member's goals have been met, all three MCOs continued to monitor and support the member for a full 12 months, per contract. However, if the member's needs were not addressed or additional circumstances became a priority, the care management of the member continued.
- The MCOs did not track the reasons for member refusals of care management services.
- **ACNH** and **NHHF** kept a member who was enrolled then subsequently unable to reach in a monitoring status (i.e., continued outreach) for at least 12 months from the date of enrollment. If a member was enrolled then unable to reach, WS discharged the member after three consecutive months of unsuccessful attempts to reach the member.
- Each MCO had a different time limitation regarding initial outreach to the member once identified.

Semi-Structured Qualitative Interviews

The NH SFY 2025 EQR Technical Report is posted on the New Hampshire DHHS Medicaid Quality website:

medicaidquality.nh.gov/standard-reports