

Medicaid Care Management 3.0 Contract Priority Areas

Presentation to HHS Oversight

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Department of HEALTH & HUMAN SERVICES

Division of Medicaid Services



MCM 3.0 Featured Programmatic Changes (September 1, 2024 – August 30, 2029)



Primary Care and Preventive Services Model of Care. MCM programmatic changes to build authentic patient/primary care provider relationships, and incentivize provider-delivered care coordination, health risk assessments and comprehensive medication reviews.



High-Cost Pharmacy Risk Pool for High-Cost Therapies. Shifts risk from the State to the MCOs by including high-cost drugs and therapies in MCM. MCOs share in the utilization management and risk of new high-cost drugs and gene therapies.



Focused MCO-delivered Care Management for priority populations. Focuses enhanced MCO care management on previously incarcerated members, DCYF-involved children, infants with low-birthweight and/or NAS, and members with a behavioral health inpatient facility admission within past 12 months. Allows State to identify additional priority populations.



Restructure of CMHC Capitation Model. Further aligns funding with state behavioral health investments and program goals.

Certified Community Behavioral Health Centers. Two CMHCs, Manchester and Nashua, will go live on 1/1/25 as a CCBHC.



Strengthened Reliability, Quality, Safety, and Access in the performance of the NEMT program. Elevated standards and remedies applied to MCOs' performance of oversight of their NEMT brokers and transportation providers.

Primary Care and Preventive Services Model of Care Resulting in Improved Population Health

Reflects DHHS' longitudinal interest in overall health and delivery of coordinated, whole-person care



Key Objectives

- Providing payment and incentives for primary care to develop meaningful relationships with members to foster longitudinally beneficial medical and behavioral healthcare
- Payment for medical providers to complete annual health risk assessments, wellness visits, preventive screenings, and care coordination
- Payment to medical providers and community pharmacists to conduct comprehensive medication reviews to support appropriate pharmaceutical use among adults and children

Integrated Pharmacy Benefit Management
Streamlines existing systems and improves cost-savings

Integrated Medication Management

- Increase provider capabilities for reimbursable Rx review activities
- Contract criteria for polypharmacy review and DHHS authority on PA review criteria
- Member incentives for engagement in medication review
- Extend Rx efficiency analyses

High-Cost Pharmacy Risk Pool

- Strategy for financial management of largest and least predictable cost area for MCM program
- Allocates funding to MCOs based on outlier cost pharmacy claims
- Expected effect: Sharing Risk with MCOs and promoting MCO engagement in the course of care and treatment

Behavioral Health – Alignment of Community Mental Health (CMHC) Funding

- **Strengthen the community mental health delivery system** through financial and operational alignment within the MCM Program.
- **Restructure CMHC capitation design** to ensure funding intended for investment in the State's mental health delivery system reaches the front line.
  - Alignment of Behavioral Health partners through a State-defined, standardized contract between the MCOs and CMHCs
- Two Certified Community Behavioral Health Clinics (CCBHCs) on January 1, 2025, and a third (3rd) scheduled for implementation on July 1, 2025.
- Anticipated improved access to care and a higher level of performance within the community mental health system