



SUD Treatment Community of Practice

March 6, 2020

Social Determinants of Health and Related Benefits Provided by NH Managed Care Organizations

Questions and Answers

Cost Effectiveness of Substance Use Disorder Treatment Services; Jonathan Stewart

Q1. Was this data from the start of residential treatment to the end of residential treatment?

A1. The outcome data comes from the point of admission and discharge from an episode of care. There can be more than one level of care within that episode, such as step down services. However, in order to focus on the costs and outcomes of high intensity residential services, 3.5 level services comprised the majority of costs for each case included in the study.

ASAM Social Determinant Considerations; Paul Kiernan

Q2. How do people get creative with case management when a client has private insurance?

A2. Some commercial insurance plans offer case management. Providers can strengthen/renege the contract between the insurance company and the treatment program. Start by examining the case management services you are already providing. What additional partnerships can you be leveraging (food banks, homeless shelters, etc.)? If case management is not possible within their plan, look at what would be targeted within a plan and focus on using peer support or other areas to cover this. Additionally, The Doorways offer case management so you can refer clients there.

Q3. Is it helpful to talk to the client about the importance of addressing SDoH? Would reviewing SDoH with them help with their treatment planning?

A3. As long as it's done through a motivational interviewing approach and builds good rapport it can be helpful to discuss these challenges with the client. If you have good rapport and you are comfortable bringing it up with them, it might be helpful. Often it can be helpful to allow the client to make the connection between an SDoH and their current challenges.

Isolation can be a symptom of the whole disease; you can explore how that affects them and talk about how socialization can influence their recovery. This can be easier in the beginning because it can be hard to dive right into the deeper emotional parts in the beginning of building your therapeutic relationship. This is a good way to begin talking about the issue in a more hypothetical/high level way.

Managed Care Organizations - AmeriHealth Caritas

Q5. How easy is it for members to navigate the reimbursement system?

A5. We are able to engage with members via email and phone and we will also mail forms to providers and do onsite visits. Our staff try to be very accessible and supportive to members and providers as they navigate the system.

Q6. What is your market share right now with Medicaid?

A6. We are the smallest of the three MCOs at about 16,000 right now. We are still building our member base and hope to grow.

Q7. Do you provide case management for a client during a transition between levels of care?

A7. Yes, we have a partnership with providers so if we are not able to engage at the time of the notice of admission (NOA), we are making frequent attempts to contact the member.

Q8. Is transportation just mileage reimbursement or do you have taxis?

A8. We are contracted with CTS and are working towards improving the transportation options and benefits in the state.

Q9. Are you linked with the Doorways/211?

A9. We work closely with 211. In terms of housing we coordinate closely and have recently begun a coordinated entry program through 211. We engage often around case management and have been working on coordinating with recovery support and respite.

Q10. Do you have any thoughts about stigma and working with cities/block grants at a system level to address housing?

A10. We work with the state, local departments and organizations to address housing and policy. It will not change overnight, but we are working to chip away at the issue and keep social determinants at the forefront. Please feel free to reach out if you have more questions about this.

Q11. Is there a backdoor number that we can call so we do not have to sit on hold?

A11. The Member Services Line (1-833-704-1177) is the preferred contact for general member questions. It is important to use this line, because the member will include the ID number to assist with faster service. This line is also available 24/7 unlike the direct staff working in the Care Management Dept. In addition, we have the Nurse Call Line, available 24/7: 1-855-216-6065; Behavioral Health Crisis Line, available 24/7: 1-833-234-2264; and the Provider Line: 1-888-599-1470.

Managed Care Organizations – NH Healthy Families

Q12. Do you have any services further north similar to the van you have in the Tilton area?

A12. Not currently, but we would look into opportunities to partner with organizations in that area. Please reach out to NH Healthy Families with ideas.

Managed Care Organizations – All

Q13. Is there still a separate application for each MCO or can it be the same application?

A13. Presently there are still three different applications. The MCOs and the State are working on this. This has been an ongoing area of work to revise the process so it is more efficient.

Q14. Can a client look at all of the offerings for the MCOs to find the one that best fits their needs?

A14. Clients can look at the various offerings during open enrollment. We have not done a side-by-side comparison yet because the MCOs work so differently. This is something that could be explored among the MCOs and the State.

Q16. What kind of testing of your programs do you do? What do you have in place to make sure that they work?

A16. Often times the plans we are rolling out have been active in other states prior, and we adapt them for NH. They also might be a response to a request from the state or providers. We are also constantly assessing the quality and engagement of our programs.

Q17. If a client transfers from one MCO to another, what information gets transferred? How much onus rests on the member to get the paperwork done?

A17. Six months' worth of claims data is transferred from one MCO to the other. The MCOs worked with the state to standardize much of the forms and processes to reduce the onus on the member. If you have a member that is struggling whom you don't have time to help, contact the MCO and our care managers can help.

Managed Care Organizations – Presenter Contact Information

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