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## **Questions remain about plans for new Medicaid management system, critics say**

*By JAKE BERRY Staff Writer*

NASHUA – As state officials arrive in the city Thursday to discuss the state’s new Medicaid management system, there will likely be more questions than answers, critics of the program said this week.

After a vote earlier this year in the state Legislature, the state Department of Health and Human Services plans to roll out the new Medicaid Managed Care system starting this fall.

The program, which will shift management of health services to select care organizations, is designed to improve access and quality of care for Medicaid clients, according to Nicholas Toumpas, state health commissioner.

“This is something we very much want to do and (we) believe it’s the right thing to do for the people that are being served,” Toumpas said Monday.

As state officials prepare to implement the program, health leaders and advocates continue to question what effect the new system will have on patients and state health services.

The information session, to be held at Nashua High School South, will run from 5:30-7 p.m.

“Like anything of this magnitude, and the magnitude of this is gargantuan, the devil is in the details,” said Ken Norton, director of the state chapter of the National Alliance for the Mentally Ill.

“There are still lots of questions that haven’t been answered,” he said. “A lot of families are very concerned about the quality of their health care.”

Under the Managed Care plan, a model employed in 47 states across the country, three organizations selected by the state government will coordinate Medicaid clients’ services across the state.

The organizations – Boston Medical Center, Granite Care-Meridian and Granite State Health Plan – will coordinate physical, mental and other health services through a network of providers.

For those suffering from extensive and chronic conditions, a care manager will review current treatments, make referrals to network providers and coordinate communication between providers, among other responsibilities.

“The service mix does not change,” Toumpas said. “The eligibility does not change. What we hope is that ... all Medicaid members will have a medical home, an anchor in terms of improving their overall health and wellness.”

Still, health advocates around the state fear the state network could leave some patients, and their providers, out of the loop.

Doug McNutt, director of advocacy for the New Hampshire chapter of the American Association of Retired Persons, wondered if Medicaid patients will be forced to give up their current doctors to choose from ones within the state Medicaid network.

“The concern is, would (patients) continue to get care from the same providers they have now?” he asked.

MaryLou Beaver, local campaign director for Every Child Matters, a national child advocacy group, expressed concerns that patients, especially children, will have to travel a great distance to find a doctor available within the network.

“In a lot of places around the state, there may not be a lot of providers available who accept Medicaid,” she said. “We see that as a major access issue.”

For other analysts, the program’s pay structure could be an obstacle.

Because the care management organizations receive a fixed payment from the state, rather than a per-patient reimbursement, they could be enticed to restrict access to services to maximize profits, according to the New Hampshire Fiscal Policy Institute, a left-leaning think tank in Concord.

“Managed care programs require safeguards against the incentive for some plans to underserve enrollees,” policy institute officials wrote in an April report.

The move to Managed Care could pay immediate dividends, supporters said. Over its first full year, the program is projected to save the state \$15 million off of what would have been spent on the current program, Toumpas said.

“(In the Legislature), they call it savings. I call it efficiencies,” he said.

Elsewhere in the state, hospital officials warn those savings will do little to resolve New Hampshire’s health woes.

As it stands, New Hampshire’s current Medicaid system already faces severe funding shortages that have left hospitals struggling to meet the needed services, hospital officials said.

Last year, the Legislature voted to cut more than \$230 million from state Medicaid reimbursements, forcing a wave of layoffs and program cuts at the state's eight largest hospitals.

A lawsuit over the matter is ongoing in U.S. District Court, and the federal government has taken notice. Last month, officers from the U.S. Centers for Medicare and Medicaid Services requested further evidence that the budget cuts have not diminished access to medical services for Medicaid patients.

State health officers are still resolving the issues with the federal department, Toumpas said. But until legislators address the ongoing budget situation, the new management system will face similar problems, warned Frank McDougall, vice president of government affairs at Dartmouth-Hitchcock Medical Center.

The managed care plan, to roll out over the next three years, also requires federal approval.

"This is rearranging the furniture on the Titanic," McDougall said Tuesday. "Medicaid Managed Care in a legitimate, properly funded system, managed correctly, can be a benefit to everyone. But that's not the case in New Hampshire right now."

State officials are set to start rolling out the program starting this fall.

Enrollment in the management organizations is set to begin in October and the new plans will go into effect in December.

"The bottom line is it's a change," Toumpas said. "(In the legislature) I argued that what concerned me more than trying to make a change ... was trying to maintain the status quo. I truly believe that. But it's a change and people don't always like change."