Office of the Commissioner
Part II
February 24, 2023

Office of Health Equity
Reuben Hampton, Director

Mission

Ensure equitable access to DHHS programs and services and improve the health of the New Hampshire's marginalized populations.
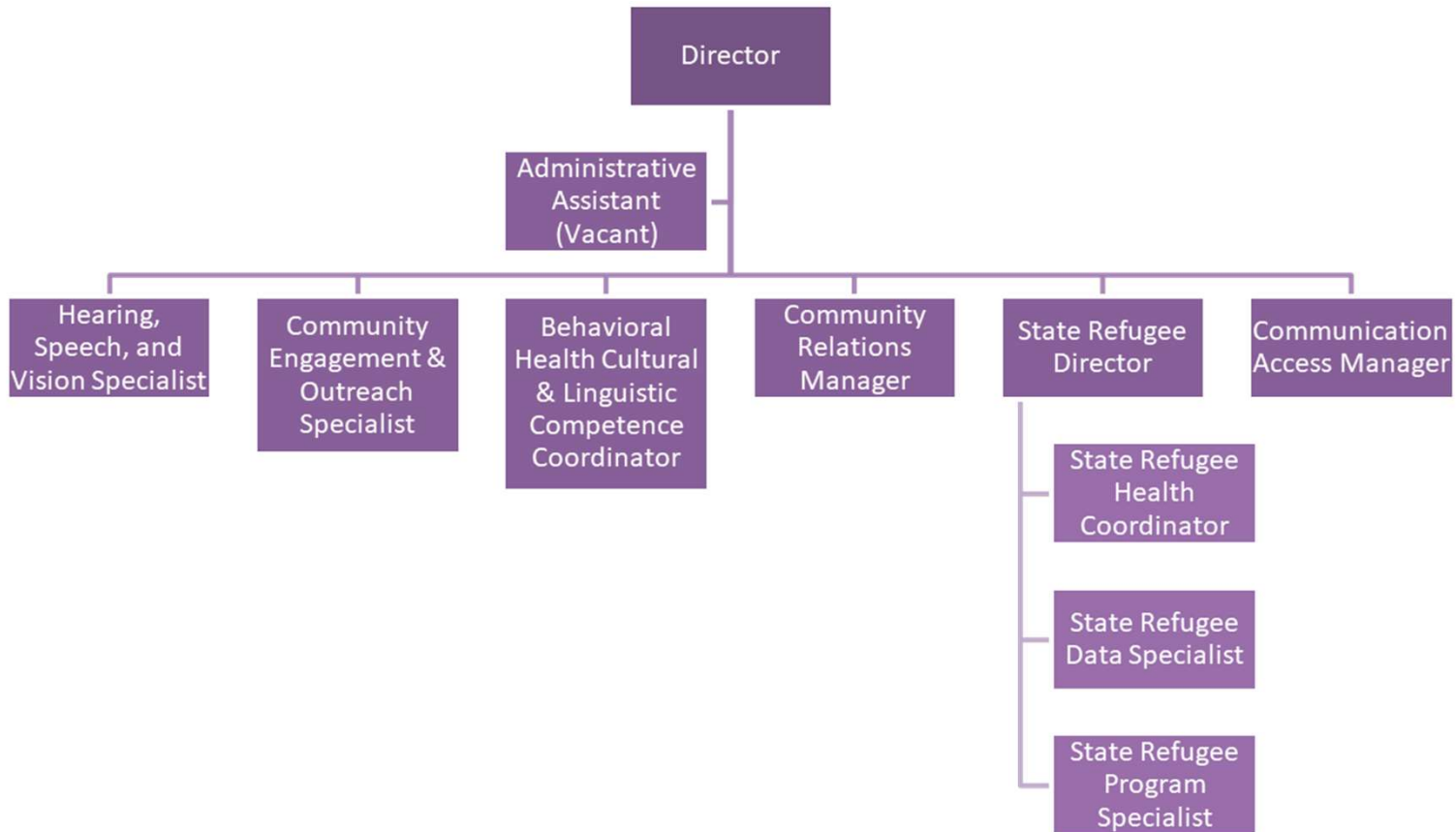
Key Goals

► Equitable access to effective, quality DHHS programs and services for clients across all populations, with a specialized focus on racial, ethnic, language, gender and sexual minorities, individuals from low-income backgrounds, and individuals with disabilities.

  ► All DHHS programs and services have effective and quality communication access services for individuals needing communication access assistance.

  ► DHHS staff, clients, and community providers, and other individuals are educated and provided information and resources on communication access and the use of hearing assistive technology, vision and speech aids, relay services, telephonic devices and communication access apps.

► Contractors comply with federal civil rights laws requirements including training.

► Refugees achieve self-sufficiency at the earliest date possible after their arrival to the United States in accordance with the Federal Refugee Act of 1980, 8 U.S.C. § 1521 et seq.

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Office of Health Equity

Activity – Accounting Unit	Accounting Unit Title	FTE Authorized Positions SFY 2023	Budget Book Page #	Budget Briefing Book Page #
9500-7208	Minority Health and Refugee Affairs	7	1073	OCOM Pg. 3
9500-7209	Refugee Services	3	1074	OCOM Pg. 5

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Organizational Chart

Director

Administrative Assistant (Vacant)

Hearing, Speech, and Vision Specialist

Community Engagement & Outreach Specialist

Behavioral Health Cultural & Linguistic Competence Coordinator

Community Relations Manager

State Refugee Director

Communication Access Manager

State Refugee Health Coordinator

State Refugee Data Specialist

State Refugee Program Specialist

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KEY ACCOMPLISHMENTS

Refugee Services

- 1000+ unduplicated Office of Refugee Resettlement (ORR) eligible populations received services related to employment and case management services
- 100% of ORR eligible populations completed comprehensive health screening in addition to overseas pre-arrival screenings
- **91% of employable, ORR eligible populations entered employment** with an average hourly wage of $17.41

Communication Access

- Increased equitable access for walk-in deaf clients in all DHHS facilities by providing ASL (American Sign Language) interpreter via video remote interpretation
- Conducted communication access training for RPHNs and other external partners, and TA on creating language plans for their organizations

Hearing, Speech, and Vision Access

- **Assembled 97 ADA kits** that contained Assistive Listening Devices, magnifiers, and speech access aids that were distributed to Bureau of Elderly and Adult Services, Division of Child and Family Services, Family Support Services, Employee Assistance Program, Bureau of Program Integrity, and Long Term Care Ombudsman
- **51 statewide trainings delivered to DHHS staff (650)** on hearing loss, ADA Kits, and speech & vision access
- 39 demonstrations conducted on Assistive Technology

Community Engagement

- Advised the Council for Thriving Children's Early Childhood Strategic Planning Team and informed approaches in achieving its goals
- Assisted the 988 communications team with identifying appropriate messaging to share with community members

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KEY CHALLENGES

Refugee Services
- Extremely limited public transportation makes transportation to work for new arrivals difficult
- Inadequate translation and interpretation in mainstream services
- Lack of available, affordable, and safe housing

Communication Access
- Flagging clients who need language or other communication accommodations in computer systems
- Data collection on languages

Hearing, Speech, and Vision Access
- Lack of iPads/Tablets with speech to text apps for DHHS consumers to use if experiencing expressive speech challenges
- Insufficient number of ADA Communication Access kits
- Contractors may not have their own ADA Communication Access kits to meet the needs of their clients

Community Engagement
- Securing funding to provide program grants for small community based organizations to improve their organizations and continue to provide equitable services

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Individuals Served through Core Programs

State Fiscal Years 2018 - 2022

Year	State Refugee Program*	Communication Access-Assisted DHHS Encounters
2018	2,000	11,104
2019	1,000	11,131
2020	1,000	13,163
2021	1,500	20,087
2022	1,500	11,198

Note: *YoY estimate of clients receiving services based on rolling enrollment numbers

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# Division of Program Quality and Integrity
Meredith Telus, Director

Mission

The Division of Program Quality and Integrity supports the mission of DHHS by providing data-informed program development, quality, and performance improvement and ensuring accountability in operations and financial integrity.

► Design systems of provider/contractor management.

   ► Enable assessment of provider capacity/financial or programmatic risk.

   ► Develop and implement systems of financial provider oversight.

► Establish a consistent (Department-wide) quality definition and framework.

   ► Develop a conceptual framework for approaching quality and implement a quality and performance management toolkit.

► Data collection and transparency to improve health outcomes.

   ► Comprehensive system of monitoring performance indicators, evaluating results relative to established goals, and promoting improvement of medical and behavioral healthcare.
- DHHS partners and stakeholders have access and use of quality Medicaid data for analytics within the Medicaid Quality Information System (MQIS) and the integrated Health and Human Services Data Portal.
- Reportable performance metrics established in contracts enabling evaluation and adjustments to service delivery as necessary.

► Compliance with federal and state laws, regulations, and guidance.

   ► Collaborate with programs and federal partners during audits to ensure transparency.

   ► Track and remediate audit findings.

   ► Develop tools for internal controls to mitigate non-compliance risks.

   ► Conduct data collection, validation, analytics, and evaluation of health services delivery systems (Quality Service Reviews, External Quality Review Organization, 1115 Demonstration Waiver evaluations, other treatment provider reviews).

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NH Department of Health and Human Services

Division of Program Quality & Integrity
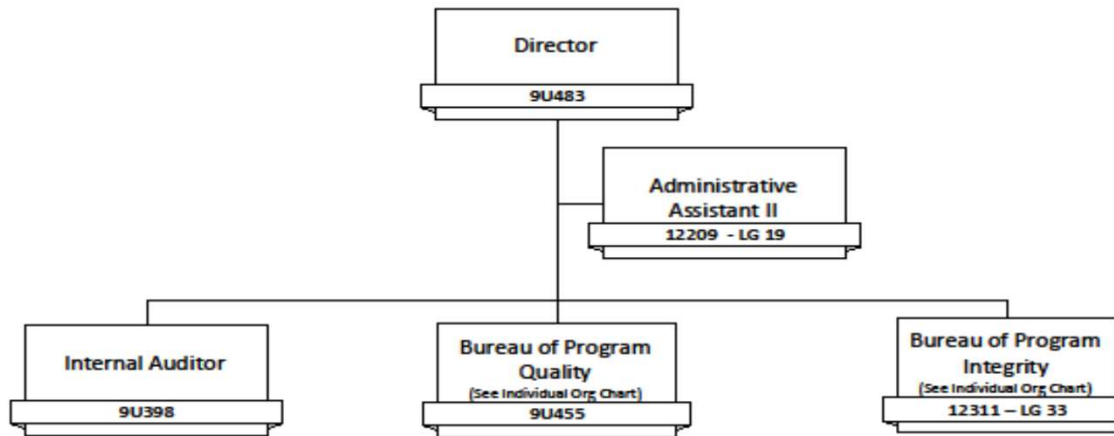
KEY ACCOMPLISHMENTS

- **Program Quality**
- Implementation of a quality reporting system for the Adult Medicaid Dental Benefit (78 measures, table, plans, and narrative reports)
- Integration of health analytics into the Medicaid eligibility "unwind" of continuous coverage planning process
- Monthly Medicaid Director's Remedy Report on Managed Care Organization performance standard violations, incorrect/inaccurate deliverables, and concerning issues that could result in liquidated damages
- Creation of the Contracts Quality Management unit

- **Program Integrity**
- Eliminated claims backlog, and significantly reduced the backlog of member eligibility error/fraud Investigations (down to around 300 cases from over 800)
- Separated provider enrollment functions from Medicaid Program Integrity Unit to enhance oversight of both provider enrollment and fraud waste and abuse
- Re-vamped Financial Compliance Unit to enable enhanced federal audit oversight and sub-recipient monitoring
- Strengthened MCO oversight of fraud, waste, and abuse, and third party liability through standard meetings and monitoring of MCO reporting

- **Internal Audit**
- Established formal mechanism to ensure compliance with Executive Order 2014-03 (requiring updates on progress of corrective actions for LBA Audits)
- Developed and socialized a Toolkit for standardized Policies, Procedures, and Work Instructions

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KEY CHALLENGES

- Workforce capacity to support high level data analytic direction for identifying key trends and opportunities for programmatic opportunities that improve the health and independence of our NH residents receiving DHHS services

- Information systems software and funding for robust and contemporary data collection, analytic, and performance management systems

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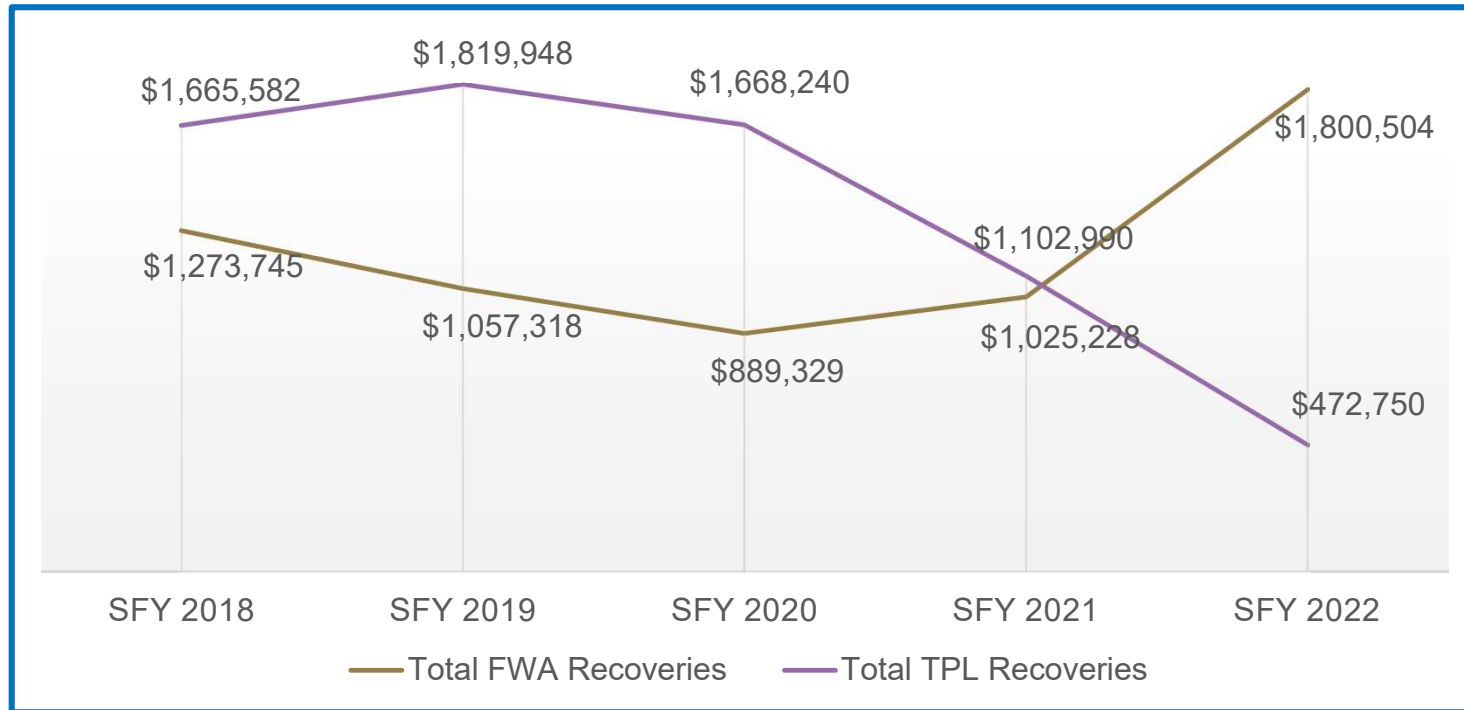
Bureau of Program Integrity

The Bureau of Program Integrity (BPI) provides a comprehensive, integrated approach to service excellence by preventing errors and fraud in NH DHHS programs and by maximizing revenue sources. BPI ensures fraud, waste, and abuse is monitored and controlled. All BPI functions are directed toward strengthening quality, accountability, and public confidence in the delivery of health and human services.

The Bureau includes:

- Special Investigations Unit;

- Medicaid Program Integrity Unit;

- Medicaid Provider Enrollment Unit;

- Medicaid Third Party Liability Unit;

- Quality Assurance Unit;

- Financial Compliance Unit; and

- Internal Audit

Activity – Accounting Unit	Accounting Unit Title	FTE Authorized Positions SFY 2023	Budget Book Page #	Budget Briefing Book Page #
9510-7935	Office of Improvement and Integrity	71	1076	OCOM Pg. 8

$1,819,948

$1,665,582

$1,668,240

$1,800,504

$1,273,745

$1,102,990

$1,057,318

$1,025,228

$889,329

$472,750

SFY 2018   SFY 2019   SFY 2020   SFY 2021   SFY 2022

—— Total FWA Recoveries   —— Total TPL Recoveries

•Fraud, Waste, and Abuse (FWA) Recoveries includes beneficiary and provider over payment recoveries.
•Third Party Liability (TPL) Recoveries includes subrogation and other insurance recoveries.

•FWA recovery has increased due to filling vacant positions and management oversight to bring cases to conclusion.
•TPL recovery reduction is due TPL functions moved to Managed Care (MCO). State TPL recoveries will continue to diminish as cases are resolved.

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Bureau of Program Quality

The Bureau of Program Quality (BPQ) provides ongoing assistance with quality and performance management including quality assurance and improvement, program evaluation, and data integration, visualization, and dashboarding across the Department and to the public through its expert reviewers, quality improvement specialists, evaluators, and data analysts. High quality data are synthesized and disseminated to leadership, policy makers and stakeholders to ensure optimal understanding of the quality and effectiveness of services administered by the Department.

The Bureau includes:

* Data Analytics and Reporting
* Medicaid Quality Program
* Substance Misuse Planning and Evaluation
* Health Services Assessment
* Contracts Quality Management

Activity – Accounting Unit	Accounting Unit Title	FTE Authorized Positions SFY 2023	Budget Book Page #	Budget Briefing Book Page #
9550-6637	Quality Assurance & Improvements Operations	32	1091	OCOM Pg. 23

State of New Hampshire
Department of Health and Human Services
Division of Program Quality and Integrity

NH MEDICAID CARE MANAGEMENT (MCM)
QUALITY IMPROVEMENT PRIORITIES
January 1, 2022 – December 31, 2023

75%

New Hampshire Medicaid is striving to improve the following 11 Medicaid Care Management HEDIS™ performance measures with the goal of being equal to or better than the national 75th percentile in each measure by the end of December 31, 2023.
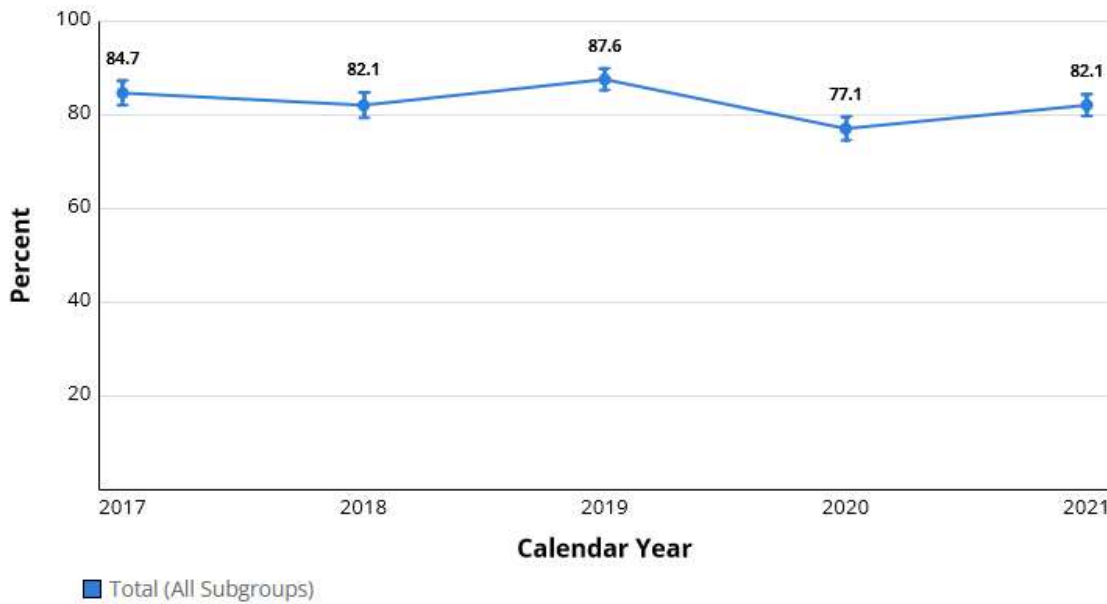
	NH Medicaid Care Management Quality Improvement Priority	2021 RATE	CURRENT GOAL
1	Chlamydia Screening in Women (CHL)*	48.3%	61.7%
2	Comprehensive Diabetic Care Control <8% (HBD)	45.7%	51.3%
3	Continuation of Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medications (ADD)*	46.5%	62.4%
4	Controlling High Blood Pressure Total (CBP)*	57%	62.5%
5	Pharmacotherapy for Opioid Use Disorder (POD)	30.1%	38.9%
6	Timely Postpartum Care (PPC)*	79%	79.5%
7	Timely Prenatal Care (PPC)*	82.1%	83.8%
8	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)*	65.5%	69.5%
9	Immunizations for Adolescents Combination Without HPV (IMA)*	72.2%	87.1%
10	Immunizations for Adolescents Combination Including HPV (IMA)*	29.7%	43.5%
11	Weight Assessment and Counseling in Adolescents/Children (BMI)*	70.6%	82.7%

HEDIS™ is a trademark of the National Committee for Quality Assurance (NCQA)
*The Centers for Medicare and Medicaid (CMS) Core Set of Adult or Child Health Care Quality Measures

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Timeliness of Prenatal Care

NH MEDICAID TREND

Year	Percent
2017	84.7
2018	82.1
2019	87.6
2020	77.1
2021	82.1

Percent / Calendar Year

■ Total (All Subgroups)

COMPARISONS

- 85.7 — New England Medicaid Managed Care CY 2021
- 89.3 — National Medicaid Managed Care 75th Percentile CY 2021
- 78.0 — NH Commercial CY 2021
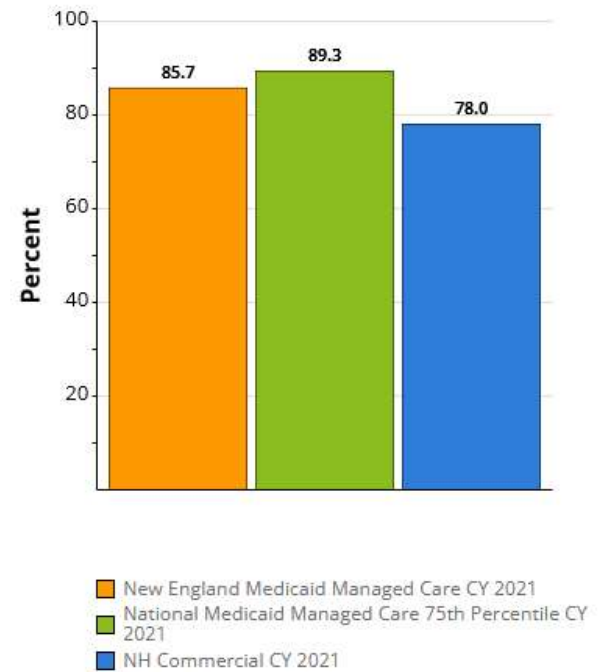
Measure Definition:

The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

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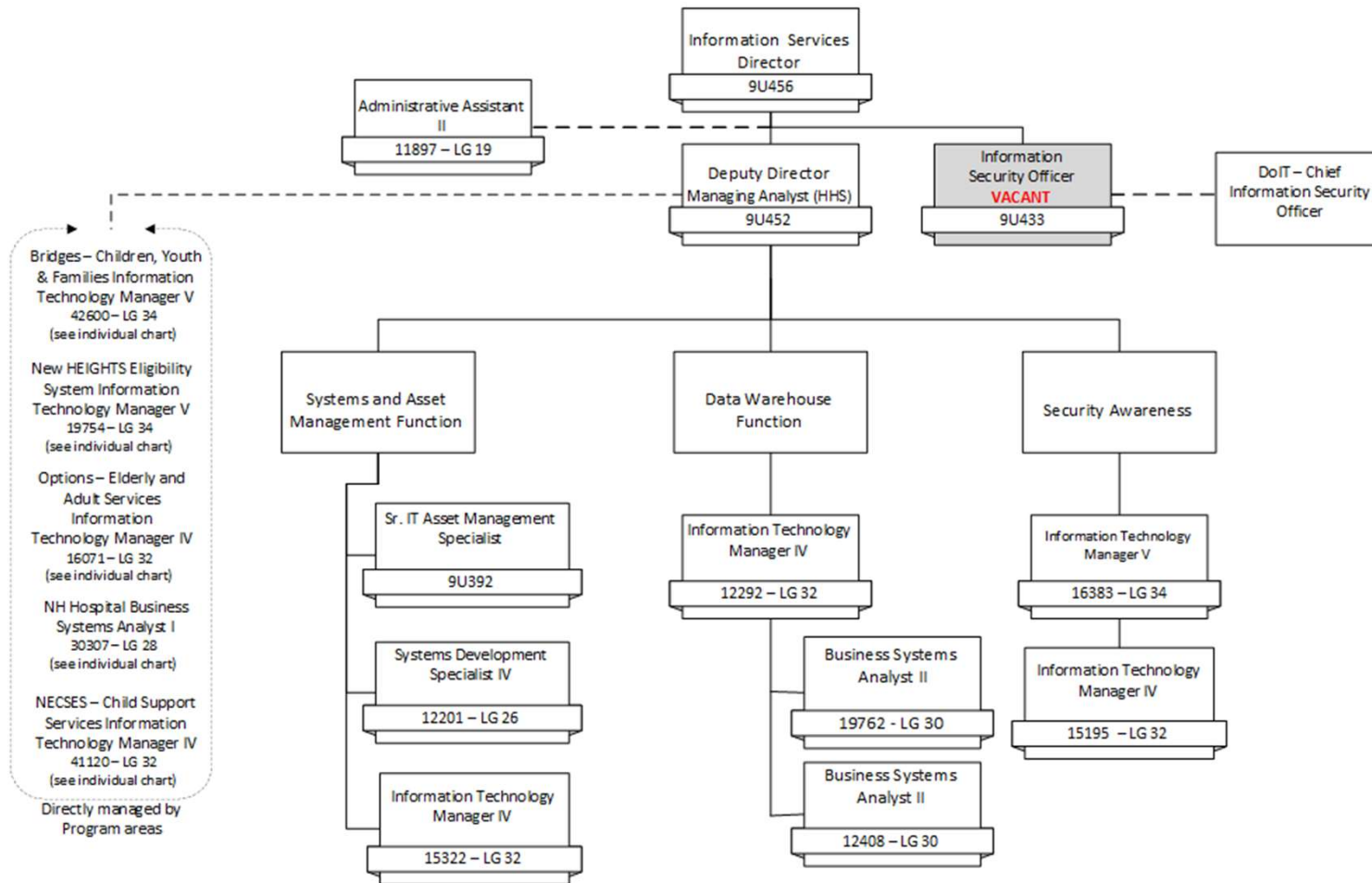HEALTH & HUMAN SERVICES

Bureau of Information Services
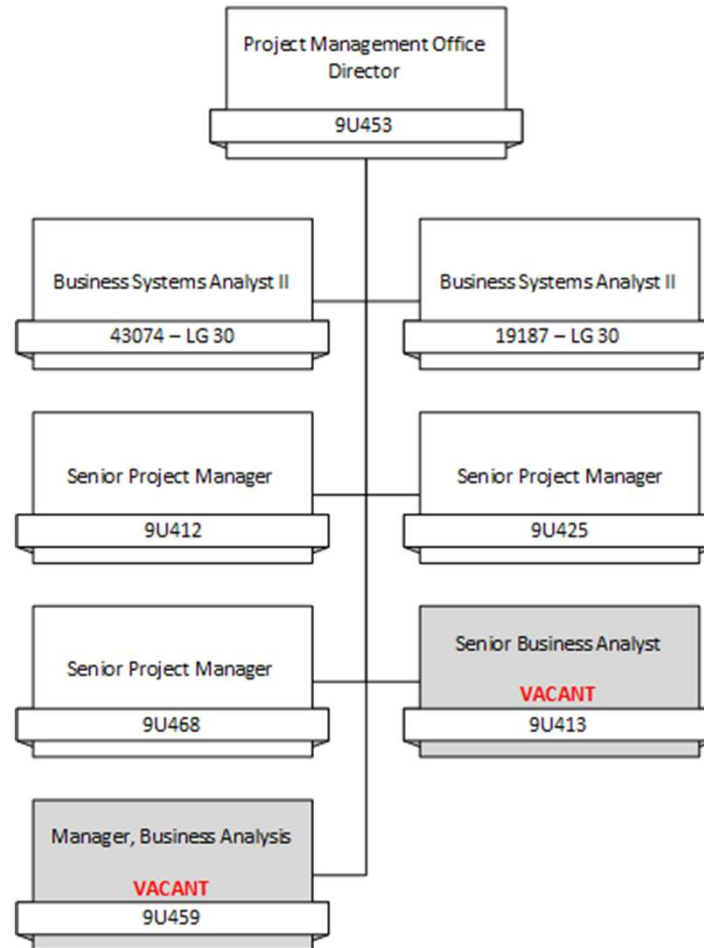**David Wieters, Director**

Mission

Information Services mission is to collaborate and identify opportunities to integrate technology with a focus on empowering our employees and citizens, in a secure and data driven environment.

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► **Provide seamless and efficient individual care services at point of care without unnecessary duplication or delay**

  ► Care Coordination via statewide networks for service referrals, care plans and event notifications for admissions, discharges and transfers.

► **Provide better services for individuals and drive improved outcomes through enhanced decision making and productivity**

  ► Data Portals (Internal and External) to utilize data to provide information assisting in data driven decision making for improved services.

  ► Mobile and self-service options for staff providing services in the field and individuals seeking assistance.

  ► Project and Resource Management - Establish and transform project management and portfolio management including prioritization and resource capacity planning to align to DHHS goals and objectives improving delivery of services and successfully operationalizing the initiative.

► **Reduce the cost of operating the core services extending the capacity of the agency**

  ► Enterprise platforms - Improve utilization of patient, client, citizen and provider systems and data to achieve service delivery for reporting, payment processing, relationship management, collaboration, and provider services through consolidation and integration.

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Bureau of Information Services

Information Services
Director
9U456

Administrative Assistant
II
11897 – LG 19

Deputy Director
Managing Analyst (HHS)
9U452

Information
Security Officer
VACANT
9U433

DoIT – Chief
Information Security
Officer

Bridges – Children, Youth
& Families Information
Technology Manager V
42600 – LG 34
(see individual chart)

New HEIGHTS Eligibility
System Information
Technology Manager V
19754 – LG 34
(see individual chart)

Options – Elderly and
Adult Services
Information
Technology Manager IV
16071 – LG 32
(see individual chart)

NH Hospital Business
Systems Analyst I
30307 – LG 28
(see individual chart)

NECSES – Child Support
Services Information
Technology Manager IV
41120 – LG 32
(see individual chart)

Directly managed by
Program areas

Systems and Asset
Management Function

Data Warehouse
Function

Security Awareness

Sr. IT Asset Management
Specialist
9U392

Information Technology
Manager IV
12292 – LG 32

Information Technology
Manager V
16383 – LG 34

Systems Development
Specialist IV
12201 – LG 26

Business Systems
Analyst II
19762 - LG 30

Information Technology
Manager IV
15195 – LG 32

Information Technology
Manager IV
15322 – LG 32

Business Systems
Analyst II
12408 – LG 30

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Project Management Office

Activity – Accounting Unit	Accounting Unit Title	FTE Authorized Positions SFY 2023	Budget Book Page #	Budget Briefing Book Page #
9540-5952	OFFICE OF INFORMATION SERVICES	19	1089	OCOM Pg. 21

Bureau of Information Services

•Provide seamless and efficient individual care services at point of care without unnecessary duplication or delay;

•improved services for individuals and drive improved outcomes through enhanced decision making and productivity;

•and reduce the cost of operating the core services extending the capacity of the agency through the implementation of strategic planning, policy direction, project management, enterprise business intelligence, standards and operational oversight for information systems supporting all DHHS Divisions.

KEY ACCOMPLISHMENTS

- **Department Wide:**
  - Salesforce Enterprise Agreement supporting: Medicaid Quality, Public Health contact tracing/investigation, Child Care registry and licensing, Ombudsman case tracking and incident management.
  - Collaboration – implemented with DoIT the Microsoft Teams for video conferencing, chat and teams collaboration, DocuSign for improved consent management and contracting, and Learning Management System for training.
  - Enterprise Business Intelligence – continued to expand functionality of the solution to include data governance model, development of new data analytics for Early childhood supports, Long Term Supports and Services, Eligibility, pandemic response, as well as supporting financial budgeting and reporting.

- **Project Management Services:**
  - SmartSheet Portfolio & Project Management solution developed and deployed
  - Project management best practices established
  - Currently tracking 50 active projects and 30 additional in review
  - Completed 9 projects since go live of the PMO solution in June 2022.

- **Division Specific Initiatives:**
  - Medicaid Enterprise System Strategy Roadmap created in compliance with Center for Medicaid and Medicare Services modular guidelines, beginning with Electronic Visit Verification implementation in calendar year 2023
  - Long Term Supports and Services on track for completing the Developmental Disabilities system leveraging the departments Integrated Eligibility system as the platform to reduce costs
  - Behavioral Health – utilized the Enterprise Business Intelligence platform to assist in visualizing data for the Opioid crisis
  - 24/7 Facilities – Expanded Admissions, Discharge, Transfer functionality to Hampstead Hospital
  - Public Health – Immunization Information System, Data analytics dashboards for COVID-19
  - Economic Stability – Enhancements to support Public Health Emergency (PHE) and PHE unwind

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KEY CHALLENGES

- **Staffing**

  - Attrition due to low wages result in smaller teams impacting time to deliver solutions & increasing the costs of services.

  - Goal is to leverage the proposed budget to utilize contracted staff to fill the human resource gaps in the functions of project managers, business systems analysts, and system administrators and configuration architects.

- **Time**

  - Average time to deliver a new program or service is dependent upon three key areas Discovery, Contracting, and Implementation. Combined based on available resources, processes and vendor schedules a medium to large solution can take up to 4 years to complete.

  - Goal is to leverage proposed budget to utilize contracted staff to reduce the discovery and implementation timelines by 50%, reducing the delivery to 2 years while focusing on streamlining the contracting process to further reduce the time to deliver.

State Fiscal Year 2024 / 2025 Key Areas of Focus

Salesforce expansion to support DCYF case managers and all divisions incident and relationship management

Enterprise Business Intelligence platform to support program data reporting and dashboarding through enterprise data management and governance

Medicaid Enterprise System modular re-procurement

Evaluation of a replacement Electronic Health Record System to include New Hampshire Hospital, Glencliff, Forensic Hospital, Hampstead Hospital and a replacement for the Behavioral Health solution

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