



The New Hampshire Department of Health and Human Services presents

Choosing a Health Plan

What Case Managers and Their Clients Need to Know About Enrollment

August 2015

Presentation Outline

Thank you for the input from the collaborative session!

- Quick overview of Step 2 update
- Tools for assisting people in mandatory enrollment
- Methods for enrollment
- Answers related to questions brought up during the collaborative session
- Comments that were brought up at the collaborative session

New Hampshire Medicaid Care Management

- The program began on December 1, 2013, and included the enrollment of most of the Medicaid population into Care Management for medical services.
- DHHS currently contracts with two Managed Care Organizations:
New Hampshire Healthy Families and **Well Sense Health Plan**
- Those who were voluntary (previously able to opt-out) will now be required to enroll in a health plan **for their medical services**. Over half of the voluntary population is already enrolled with a health plan.



Step 2 – Managed Care Implementation

A Four Phase Approach

Phase 1--2015

Voluntary to Mandatory Enrollment: Medicaid recipients will now be required to enroll with a health plan for their medical services

Phase 2--2016

Choices for Independence Waiver

Phase 3--2016

Nursing Facility Services

Phase 4--TBD

Developmental Disabilities, Acquired Brain Disorder and In-Home Supports Waivers



Voluntary Groups Now Mandatory in 2015

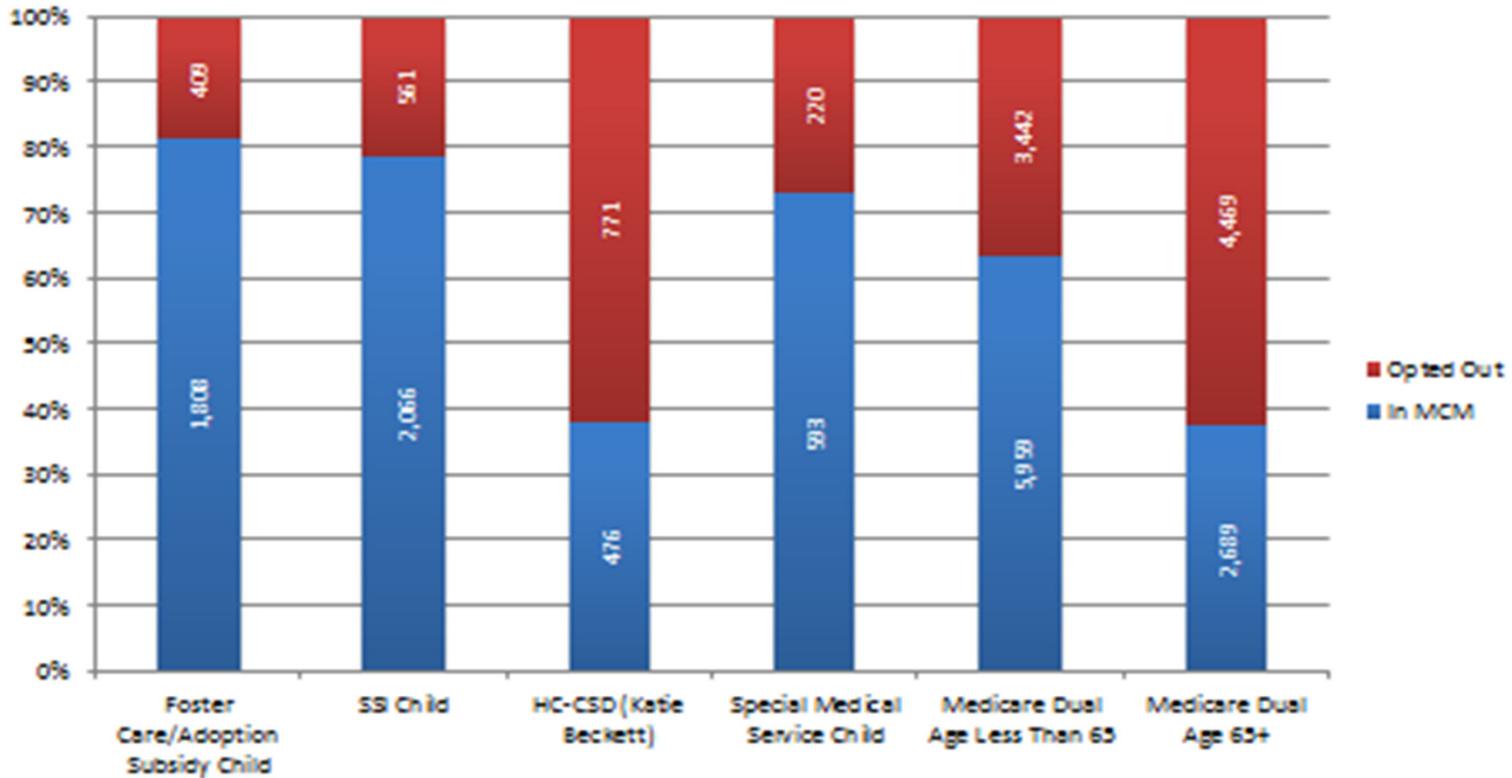
Children under 19

- With Supplemental Security Income (SSI)
- In the eligibility category *Home Care for Children with Severe Disabilities*—also known as *Katie Beckett*
- In Foster Care or other out-of-home placement, or receiving foster care or adoption assistance
- Receiving services through *Special Medical Services* or *Partners in Health*

Recipients of any age

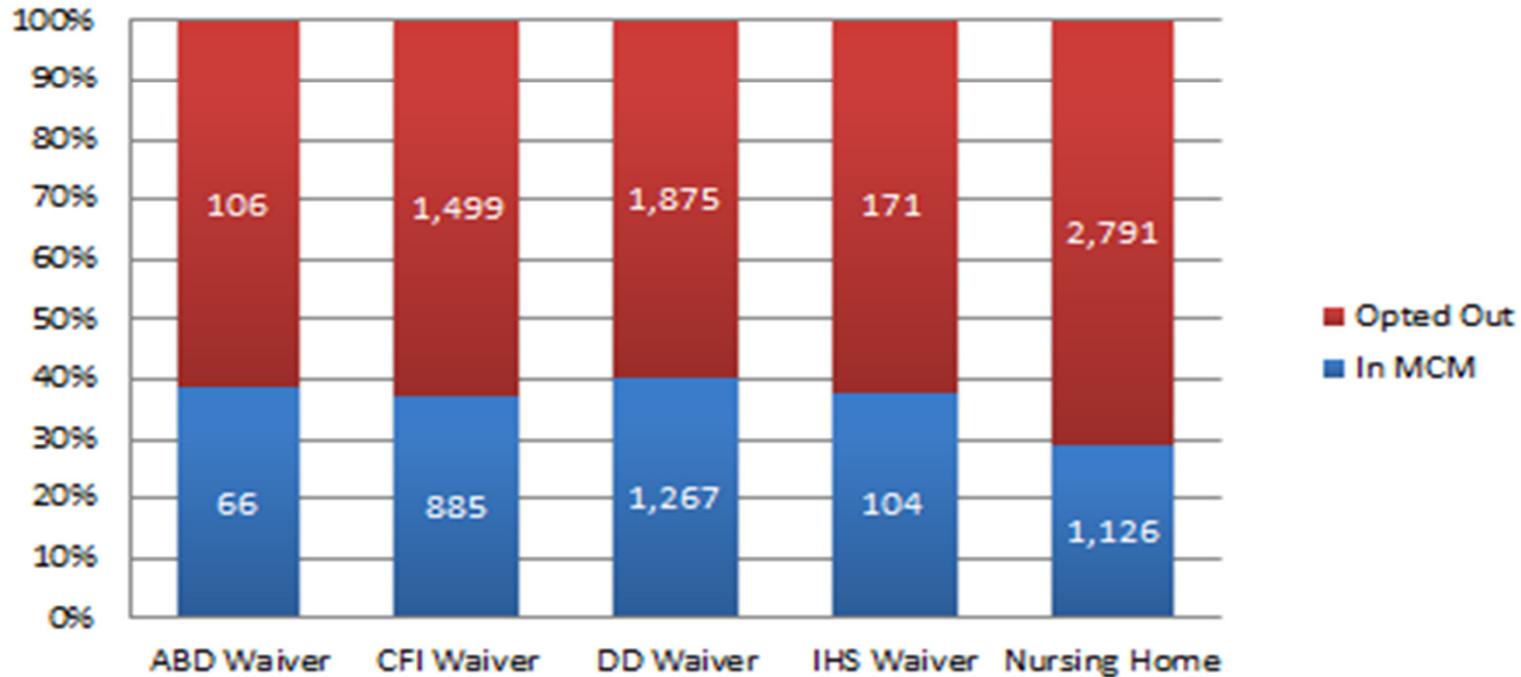
- Who are eligible for both Medicare and Medicaid, also known as *dually eligible* or *duals*.

Individuals who previously were allowed to “opt out” will now be required to enroll in a managed care plan for their Medical Care: N= 9872



N=23,463. Data source: MMIS as of 6/4/2015

MCM Waiver and Nursing Home Population currently voluntary, but will be required to enroll with a Managed Care Plan for Medical Care in Step 2, Phase 1 Shown in Red at top of bar. Already enrolled shown in Blue at bottom of bar.



N=9,890. Data source: MMIS as of 6/4/2015

Groups Exempt from Managed Care

- Medicaid recipients on In and Out Medical Assistance (Spendedown)
- Medicaid recipients who receive income benefits from the US Dept. of Veteran's Affairs
- Qualified Medicare Beneficiaries (QMB) or Specified Low-income Medicare Beneficiaries (SLMB 120) with no Medicaid coverage
- Recipients in the Qualified Disabled Working Individual eligibility category (QDWI)
- Medicaid recipients in the Health Insurance Premium Payment (HIPP) Program

Step 2- Phase 1

Voluntary Groups' Enrollment Schedule

- The *Heads Up* letter was mailed at the end of May, telling clients about the upcoming change.
- Enrollment packets will be mailed. Clients will have 60 days to select one of the two health plans. The letter in the enrollment packet will give the due date for plan selection.
- If an individual in this group is already enrolled with a Health Plan, they will not receive an enrollment packet---they are already enrolled. S/he will have the opportunity to make a plan change at the annual open enrollment period in the Fall.

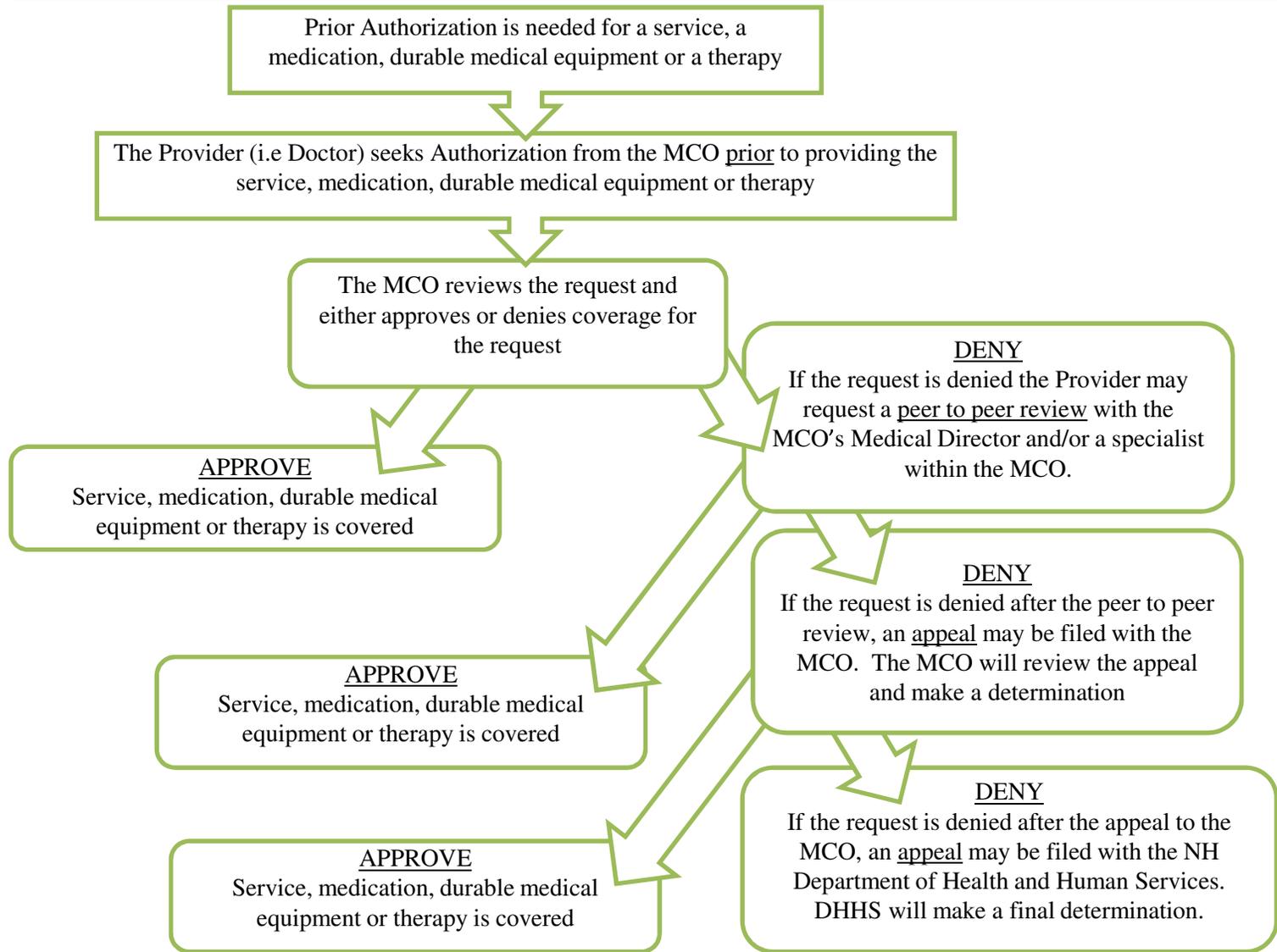
Medical Services Covered by the Health Plans

- Doctor visits
- In-patient and out-patient hospital visits
- Prescriptions
- Mental health services
- Family planning
- Home health services
- Speech therapy
- Physical therapy
- Occupational therapy
- Audiology services
- Durable Medical Equipment
- Personal care services
- Private Duty nursing
- Hospice
- Adult medical daycare
- Ambulance services
- Wheelchair van services
- Optometric services, including eye glasses
- Nonmedical Services: Transportation

Prior Authorizations Important Considerations

- In the current Medicaid program, also referred to as the fee-for-service program or standard Medicaid, some services require Prior Authorization, but most do not.
- In the Care Management program, it is much more likely that you will need to request Prior Authorization/Prior Approval in order to receive certain services or care from certain providers.
- It is best to check with the MCO/Health Plan about Prior Authorization requirements before you need a service or schedule an appointment.

effect:



Transition of Care

- DHHS staff will work with each Health Plan to:
 - Identify individual member's Care Management needs
 - Discuss In-Network vs. Out-of-Network providers for these members
 - Review member's services that don't require Prior Authorizations under NH Medicaid fee-for-service and formalize the process to assure continuity of care
- Once a health plan has been chosen, the current waiver Case Managers and other Care Coordinators (ex: SMS, DCYF, etc.) will collaborate with health plan staff to avoid disruptions in care.

Tools for Assisting People with Enrollment

New Hampshire Healthy Families Member Handbook:

<http://www.nhhealthyfamilies.com/files/2015/07/NH-Medicaid.pdf>

New Hampshire Healthy Families Website:

<http://www.nhhealthyfamilies.com/>

Well Sense Member Handbook:

<http://www.wellsense.org/~media/038381733b5f4d48980ee101138bffa3.pdf?#>

Well Sense Website:

www.wellsense.org

NH Family Voices Newsletter for families:

<http://nhfv.org/wp-content/uploads/2015/06/PIO-Medicaid-Managed-Care.pdf>

NH Family Voices Health Plan Selection Tool for families (next slide):

<http://nhfv.org/wp-content/uploads/2013/04/MCO-Tool-Kit-2015.pdf>



The Tool - Once you have completed the table below, look at your “must keep” column and which Health Plan lists your child’s provider. Think about the providers in the other columns and decide on a plan that best suits your child’s needs.

NOTE: Remember to let Medicaid know of your decision otherwise you will be auto-assigned to a health plan.

Child’s Providers/Services	How many times a year does your child see the provider?	Prioritize What is the most important for you and your child			Medicaid Health Plans Check off the health plan in which your providers are listed	
		Must keep	Change possible	Willing to change	Well Sense Health Plan	New Hampshire Healthy Families
♦ Primary Doctor or Pediatrician						
♦ Specialist: (i.e. Neurologist, Cardiologist, etc.) List below:						
▪						
▪						
▪						
▪						
♦ Rehabilitative Services: (i.e. PT and OT, Speech and Language, etc.) List below:						
▪						
▪						
▪						
♦						
♦ Other services you may need to consider: (These services should be listed in the MCO’s benefit handbook or you can call the MCO and ask how these services will be addressed)	Well Sense Health Plan		New Hampshire Healthy Families			
♦ Medications/Pharmacy (including compounds)						
♦ Transportation Reimbursement						
♦ Wheelchair Transport to Doctors						
♦ Deaf services						
♦ Cultural/Language services						
♦ Other						

More Tools for Assisting People with Enrollment

NH Family Voices Tip Sheet – Partnering with your Child’s Provider:

http://nhfv.org/wp-content/uploads/2013/04/ParentsPartnering_NH.pdf

NH Family Voices Tip Sheet – Partnering with your Child’s Health Plan:

http://nhfv.org/wp-content/uploads/2013/04/PartneringWithHealthPlans_NH.pdf

DHHS Website – Medicaid Managed Care:

<http://www.dhhs.nh.gov/ombp/caremgt/index.htm>

DHHS Website – MCM – Recipient Resources (next slide):

<http://www.dhhs.nh.gov/ombp/caremgt/client-resources.htm>



- Home
- About DHHS
- Divisions/Offices
- Media
- Statistics
- Online Tools
- Vendors / RFP
- Job Opportunities
- Topics A to Z
- Contact

Client Resources

- Enrollment Packet
- NH Medicaid Care Management "Meet Your Health Plans" DCS Form 1060
- NH Medicaid Care Management Frequently Asked Questions (FAQs) DCS Form 1050
- All About ...
 - Medicaid Care Management (MCM)
 - Your Medicaid Coverage
 - The Health Plans
 - Your Health Care Providers
 - Your Specific Health Needs
 - Your Rights
 - Who to Call
- A Quick Guide to Enrolling (DCS Form 1051)
- How Care Management Helps Me
- Confirmation Letter
- Reminder Letter
- Client Services Contact Information
- Create an Account in NH EASY (English/Spanish), 08/19/2013

Adobe Acrobat Reader format. You can download a free reader from [Adobe](#).



Program Information

- NH Medicaid Recipients
- Contact NH Medicaid Care Management Program

All About...

- Medicaid Care Management (MCM)
- Your Medicaid Coverage
- The Health Plans
- Your Health Care Providers
- Your Specific Health Needs
- Your Rights
- Who to Call

Related Resources

- The Health Plans

Contact

- Medicaid Service Center
1 (888) 901-4999

Methods for Enrollment

Paper Enrollment Packet will be mailed to the person you support – complete application and submit to the Health Plan

Telephone Enrollment: Medicaid Service Center: 1-888-901-4999

Call or walk into a ServiceLink Office: 1-866-634-9412 or www.servicelink.org

NH EASY online Enrollment:
www.nheasy.nh.gov



NH EASY SYSTEMS an official NEW HAMPSHIRE government website
Department of Health and Human Services

Welcome to NH EASY

Access Your Account

User ID

Log In

[Forgot your User ID?](#)
[Need help logging in?](#)

<p>Existing or Returning Clients Create an Account</p> <ul style="list-style-type: none">• Apply for new benefits• Enroll in Care Management• Do redeterminations• Report changes to your case• Read notices online <p>Create Account ▶</p>	<p>Do I Qualify?</p> <ul style="list-style-type: none">• Cash Assistance• Medical• Food Stamps• Child Care Assistance• Medicare Beneficiary Assistance• Community Long Term Services and Supports <p>Check Now ▶</p>	<p>New Clients Apply Online For:</p> <ul style="list-style-type: none">• Cash Assistance• Medical Coverage• Food Stamps• Child Care Assistance• Medicare Beneficiary Assistance• Community Long Term Services and Supports <p>Apply Now ▶</p>
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<p>Care Management</p> <p> An easy way to find out which health plans your doctor, clinic, hospital or other health care provider is enrolled with</p> <p>For help selecting a health plan call 1-888-901-4999</p> <p>Health Plan Provider Directory </p>	<p>Announcements</p> <ul style="list-style-type: none">▶ Medicaid Care Management is now for you! Persons who were able to opt out of Care Management previously are now required to enroll. If you are not enrolled yet, find out how to pick a health plan and enroll by creating an account or logging into your NH EASY account now!▶ NH EASY is available on-line from 6:00 AM until 12:00 AM (Midnight) Monday through Sunday.▶ Please take a few minutes to complete our NH EASY User Feedback Survey. We'd really like to know about your experience using the online NH EASY system. Your
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Information on Care Management can easily be found on the NH EASY home page for individuals who have or do have NH EASY accounts.

On the NH EASY home page individuals can find out which health plans their doctor, clinic, hospital or other health care providers are enrolled with by clicking on the blue “Health Plan Provider Directory”

For help selecting a health plan individuals can also call the toll free number listed in the Care Management information section.

By clicking on the blue box individuals will be directed to the search criteria to find a Health Plan.



Find a Health Plan

On this page you can find doctors and organizations and the health plans they are part of.

- To find a doctor or organization you know, enter the first and last name, organization name or phone number.
- To find a doctor or organization near you, enter your city or zip code.
- Enter one or more of the fields below and select the 'Search' button.

Search By Doctor Search By Organization

Provider First Name: Provider Last Name: Gender:

City/Town: Zip: Phone Number: - - Health Plan:

Do you want to search for all doctors **or** primary care providers (PCP) only ? All PCPs Only

Search results are limited only up to the first 200 matches. Please adjust your search.

Showing 1-40 of 200 Result(s) << Previous | Page: 1 2 3 4 5 | Next >>

Provider	Specialty	Gender	PCP?	NPI	Health Plan
ABBE, JUDITH CONCORD HOSPITAL PHYSICIANS GROUP 1801840764 280 Pleasant Street CONCORD, NH 03301 Phone: 603-226-3400	Family Nurse Practitioner	Female	Yes	1528057031	NH Healthy Families
ABBIS, DANIEL J DARTMOUTH HITCHCOCK CLINIC 1386697803 253 Pleasant Street CONCORD, NH 03301 Phone: 603-226-2200	Radiology	Male	No	1427068709	NH Healthy Families
ACKERSON, CARMEN J 60 Commercial St Ste 401 CONCORD, NH 03301 Phone: 603-228-7555	Other	Female	Yes	1336474774	Well Sense
ACKERSON, CARMEN J 22 Bridge St Ste 2 CONCORD, NH 03301 Phone: 603-415-0090	Other	Female	Yes	1336474774	Well Sense
ADAMS, ALISHA D CONCORD HOSPITAL PHYSICIANS GROUP 1801840764 246 Pleasant Street Suite 103 CONCORD, NH 03301 Phone: 603-224-6070	Other	Female	No	1033360326	NH Healthy Families

The search criteria allow individuals to find doctors and organizations and health plan they are part of.

There are several different search criteria methods that can be used: Provider name, city/town, zip code or search through the Health Plan.

In this example the search is used by entering a zip code. The results will show all the matches for doctors and organizations in the specific area as well as the Health Plan it is affiliated with.

NH EASY SYSTEMS *an official New Hampshire government website*
Department of Health and Human Services
DHHS | My Account | Change text size: A A A Meredith Blake | Logout Help

Home Case Documents Health Benefits Profile

Case Number: 882704484 Last Login: Wednesday, June 17, 2015 10:20 AM EDT

- Go "green" and [stop receiving paper notices](#)
-  Your redetermination is due in July 2015
- You can [upload proofs here](#)

What Do You Want To Do?
You can select a tab above to view more information or pick an option below:

Redetermination
Complete my online redetermination application
[Start Now](#) 

Report Changes
Report a change such as:

- I moved
- New person in my household
- I got a new job
- My rent changed

[Report Now](#) 

Useful Information

To view PDF documents, you will need [Adobe Reader](#). 

- Upload Proofs:** Proofs and documents can now be uploaded from NH EASY! Select the Upload Proofs tab above (if available) for more information.
- IMPORTANT INFORMATION ABOUT YOUR CASH BENEFITS!** There are cash penalties if you use your EBT card, or cash from your EBT card, at a prohibited place. [Read this](#) to find out more.
- Please take a few minutes to complete our [NH EASY User Feedback Survey](#). We'd really like to know about your experience using the online NH EASY system. Your responses to this survey will help us improve NH EASY for everyone!

Individuals with NH EASY accounts can also log into their account to perform searches, review existing health plan for them selves or members in their case and enroll in a health plan by selecting the Health Benefits tab found on the home page of their account.



NH EASY *an official New Hampshire government website*
Department of Health and Human Services
DHHS | My Account | Change text size: A A A Meredith Blake | Logout Help

Home Case Documents **Health Benefits** Profile

Case Number: 882704484

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- Your redetermination is due in July 2015
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What Do You Want To Do?
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Complete my online redetermination application
[Start Now](#)

Report Change
Report a change such as:
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• New person in my household
• I got a new job
• My rent changed
[Report Now](#)

Health Plans

- Research
- Selection
- History

Useful Information

To view PDF documents, you will need [Adobe Reader](#).

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- IMPORTANT INFORMATION ABOUT YOUR CASH BENEFITS!** There are cash penalties if you use your EBT card, or cash from your EBT card, at a prohibited place. [Read this](#) to find out more.
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Click on the drop down box to choose the function you wish to proceed with...review health plans, research, selection or history.

Home

Case ▼

Documents ▼

Health Benefits ▼

Profile ▼

Research Health Plans

Case Number: 882704484

For more information, you can go to the DHHS's website for [Care Management](#). For a side-by-side comparison of each health plan's highlights, go to the [Health Plan Side-by-Side Comparison \(.pdf\)](#)

Compare Health Plan Provider Networks

Select 'Search' to look up your doctor, specialist, or other health care provider to see which health plans they are participating in. This will help you to decide which health plan to choose.

Search 

If you want to research an individual health plan, you can go to each health plan by selecting the 'Launch' buttons below.

New Hampshire Healthy Families



New Hampshire Healthy Families offers new options for benefits and rewards for healthy behaviors.
Member Services: 1-866-769-3085

Launch 

Well Sense Health Plan



Well Sense Health Plan. Great doctors & hospitals, free extra benefits. [WellSense.org](#).
Member Services: 1-877-957-1300

Launch 

Back to 'Selection' Page

Research health plans allows the individual many options to review information through provided links.

- Care Management
- Health Plan side-by-side comparison
- Search the Health Plan Provider Networks; and
- Launch buttons to the Health Plan websites



NH@ASY *an official New Hampshire government website*
Department of Health and Human Services

DHHS | My Account | Change text size: A A A Single Adult | Logout

Home Case Documents Health Benefits Account

Case Number: 814468488

Enrollment Summary

This page displays information on Health Plan enrollments for each person in your case. You can select or change plans by either clicking the "Select Plans" button next to each person, or by selecting "Selection" from the Health Benefits menu above. To see a history of each person's health plan enrollment, click + to expand

+ Rebecca

Health Plan	Begin Date	End Date
NH Medicaid	04/01/15	

Select Plans ▶

Selecting “selection” from the drop down allows individual to view information on health plan enrollments for each person in the case. Individuals can also change plans or select a plan by clicking on the blue “select plans” button.

To see a history of health plan enrollments the individual can click on the orange plus sign button and this will expand to show the history.



Questions from the Collaborative Session

- Average time for enrollment: 2 hours for the process, 6 minutes for the enrollment
- Enrollment and start date: Currently, if a person enrolls their services will begin the 1st of the following month.
- DHHS is able to create a report indicating who has enrolled / who has not enrolled.
- NH Easy – We are working on an answer re. supporting multiple people in NH Easy
- Provider networks continue to be developed as Health Plans reach out to providers
- People will be auto-enrolled in a plan if they do not enroll within the 60 day window – no extensions will be granted. The algorithm applied to those who are auto-enrolled does not take medications into account, but does consider providers.



Comments from the Collaborative Session

Who is most effective to assist case managers with enrollment?

- Case managers can give resources
- Home care providers
- Guardian
- Alternate payee
- Families
- Prepare staff, especially rescare facility.
- Phone calls (proactive) reach out to legal representative (department can help with the updates on who has enrolled)
- Knowing where the mail goes – follow up in case the mail didn't arrive



Comments from the Collaborative Session

Strategies to reach out to individuals:

- Reaching out to people with SMI – identifying them and assisting with resources.
- Have the MCOs attend staff/agencies meetings – informational nights at agencies.
- Agencies writing letters to individuals to give a second heads up.
- Facebook / social media website updates
- The agencies are sometimes auth rep for the individual, if not the agency can develop a relationship with the auth rep.
- Making sure that the individual understands that's/he can no longer “opt out”
- Department will distribute calendar with target dates and links on website
- Department should link to copies of our letter templates (notice to clients) so that the case managers can recognize them
- When letters go out to individuals send the agencies a “template copy”
- Informational Session: Department will send signup sheet for agencies to update with their own contact information.
- Provide link to sample enrollment process, fact sheet, FAQ, prior auth
- Share newsletter from NH Family Voices
- Side by side comparison of the two plans
- Having all links on website will help agencies have information in one central place.



Comments from the Collaborative Session

How can we be pro-active?

- Who can we direct parents to for assistance in advocating for complex issues? (Boston, MassGeneral): MCOs should have specific coordinators to help with these medically complex cases. Refer those parents to the MCOs for assistance with complex needs.
- Concerns when services / providers which families have used for years switch to another provider (in-state) for example Boston Children's to Dartmouth Medical Health Center: Research teams at other providers, ask current providers for recommendations.
- You can help enroll people now, you don't have to wait.
- People can change providers during open enrollment or based on special circumstances.
- Releases to be able to speak to MCOs – cannot discuss personal health information: Department is working with MCOs to have agencies listed on forms to be able to allow for communication with authorized representatives.
- Agencies calling the MCO on speaker as a group has proved to be very effective.
- Dually eligible: How does MCO know Medicare has paid?: MCO will do the care coordination: Medicare will not know who is in which plan – Xerox claims: information will go to provider of secondary insurance.
- Primary insurance only covers part of the service, MCOs say if you get service and partially covered by primary insurance they will cover without a prior authorization.



Comments from the Collaborative Session

How do we know that the individual received all of the information that s/he needed?

- Ask / phone call / home visits
- Open communication
- Return receipt to emails
- Relias – create a training within Relias which sends an email indicating that the individual has reviewed all of the information needed
- Not all population has access to the internet – follow up in person and on the phone
- The Department is willing to conduct informational sessions: please reach out.



Comments from the Collaborative Session

Follow Up:

- Refer the individual to contact the MCOs directly if they have difficulty / complaints. Grievance process and appeal processes are available for both plans.
- Within 90 days of enrollment the individual can switch plans if unhappy – be sure to check provider enrollment with plans prior to switching!
- Appeal – peer to peer review: can have doctors discuss with medical director at the Health Plan. Educational process begins here.

**If you have additional questions
after this Session,**

Email: mcmstep2phase1@dhhs.state.nh.us

