



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

129 PLEASANT STREET, CONCORD, NH 03301-3857

~~603-271-4866~~ FAX: 603-271-4912 TDD ACCESS: 1-800-735-2964

New Number: 603-271-9200

NICHOLAS A. TOUMPAS
COMMISSIONER

May 10, 2013

Richard McGreal, Associate Regional Administrator
Centers for Medicare and Medicaid Services
JFK Federal Building, Room 2275
Boston, MA 02203

RE: April Monthly New Hampshire Care Management Update

Dear Mr. McGreal:

In your correspondence of August 24, 2012, approving New Hampshire's §1932(a) Medicaid State Plan amendment, you requested monthly updates commencing October 1, 2012. The updates are to include information regarding:

- A) each health plan's network;
- B) the readiness of the MMIS to send eligibility to plans and receive encounter data; and
- C) the State's readiness to manage the health plans.

This letter is our eighth monthly report. I apologize for the delay in sending it. I hope that if there is information that requires further development, you can provide us feedback for the next report. If there is information in the report that raises concerns, I hope you will reach out to us right away so that we can resolve issues of concern.

A. Each Health Plan's Network

In addition to last month's report of pharmacy adequacy in all counties for all plans, we are also pleased to inform you that one MCO has successfully negotiated an agreement with one of New Hampshire's litigant hospitals. Another indicates it is close to an agreement with the same facility. We remain cautiously optimistic that others will follow suit.

Tremendous work has been undertaken over the last several weeks for how DHHS will verify the adequacy of MCO provider networks, both in anticipation of go-live, but also looking ahead to 2014 in anticipation of the swell in covered lives (both by Medicaid and commercial coverage) and its corresponding impact on statewide network capacity. For this aspect of network consideration, as well as discussion of verification of network adequacy, our MCM account team has consulted with the New Hampshire Insurance Department, and will continue to do so.

This week there was also a very fruitful tele-conference with Robin Preston of Central Office to discuss New Hampshire's work in progress for network verification.

B. Readiness of the MMIS to Send Eligibility to Plans and Receive Encounter Data

Please refer to the table below for MMIS readiness. There are no substantive changes from the last two months due to the implementation of the new MMIS and the prioritization of resources to that task. The new system went live on April 1, 2013. When that activity has stabilized, MCM activities will resume.

New Hampshire Care Management System Interface Testing Status

| Interfaces* | Syntax | Targeted Scenarios #1 | Targeted Scenarios #2 | Volume | Automated File Exchange |
|--|---|---|---|--|--|
| | Is the data being received in the correct format. | Specific scenarios have been identified as part of the test file. Checking to see if the data related to the scenarios is received, makes sense, and processed correctly. | More complex scenarios have been identified as part of the test file. Checking to see if the data related to the scenarios is received and processed correctly. | Sending a large volume of records to ensure it can be processed correctly. | Utilizing the Xerox EDI Gateway, files can be uploaded and downloaded through automated processes. |
| 834 Enrollment | 3 Successful | 3 Successful | 3 Successful | 3 Successful | 3 Successful |
| Inbound Enrollment Changes | 2 Successful 1 not started | 2 Successful 1 not started | n/a | n/a | |
| Outbound Provider | 3 Successful | Not Applicable | Not Applicable | 3 Successful | 3 successful |
| Inbound Provider Network | 3 Successful | 3 Successful | 3 Successful | 3 Successful | In process |
| Outbound Medical Service Authorizations | Not started | | | | |
| Inbound Medical Service Authorizations | Not Started | | | | |
| Outbound Pharmacy Service Authorizations | In Process | | | | |
| Inbound Pharmacy Service Authorizations | Not Started | | | | |
| Outbound Third Party Liability | In process | | | | |
| Inbound Third Party Liability | Not Started | | | | |
| Outbound Claims | Not Started | | | | |
| Inbound 837 Encounters | Not Started | | | | |

*Outbound files are sent from the MMIS to the MCOs and Inbound files are sent from the MCOs to the MMIS

C. The State's Readiness to Manage the Health Plans

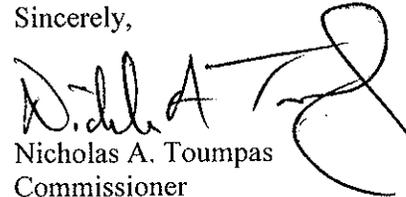
The DHHS MCM Account Team has devoted much of April and early May to continuing our work on Readiness, as well as network verification. The team has populated an excel spreadsheet that illustrates utilization patterns by provider, by county with member counts. This document will serve as 'source of truth' for comparison purposes with the MCO submissions for network adequacy. The team is also working on finalizing templates for the MCOs to populate for network reporting purposes. Lastly, guidance is being finalized that will accompany the templates and will be presented to the MCOs collectively at a meeting that is being scheduled later in the month of May.

Additionally, the account team continues to confer with each plan every week and subject specific workgroups meet on an ongoing basis.

Capitation rate analysis for agreement year 2 has been completed by Milliman. DHHS hosted a rate calculation review meeting with Milliman and the MCOs after sending the MCOs the new rate analysis. These rates, set at the mid point of the actuarially sound band, are included in the ongoing negotiations for agreement year 2 contract amendment. DHHS is hopeful that these new rates will provide greater flexibility for plans to attract more providers to their networks.

Thank you for taking the time to review our monthly report. As ever, if there are matters of concern, we hope you will inform us right away.

Sincerely,


Nicholas A. Toumpas
Commissioner