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NICHOLAS A. TOUMPAS
COMMISSIONER

January 2, 2013

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

RE: December 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 fourth monthly report. 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

The table below represents network development to date. To avoid confusion we are only populating columns where adequacy has been met based on contract requirements, however, detailed geomapping is available for confirmation purposes. In this way, progress from one monthly report to the next will be more apparent. Where no information is populated, there is not yet progress to report in this format.

You will note that there is no change from the last two months reports. While the plans are reporting some progress in areas, the Department has not yet verified the adequacy by county as depicted here and prudence dictates that we only populate data that has been fully verified.

New Hampshire MCO Access Monthly Compliance Report

Counties	Hospital Access	Primary Care Access	Specialty Care Access	Pharmacy Access	Behavioral Health
Belknap County				2 MCO's	
Carroll County				2 MCO's	
Cheshire County				2 MCO's	
Coos County				1 MCO	
Grafton County				2 MCO's	
Hillsborough County				2 MCO's	
Merrimack County				2 MCO's	
Rockingham County				2 MCO's	
Strafford County				2 MCO's	
Sullivan County				2 MCO's	

Now that the definition of substantial network development has been approved by CMS, we expect to set up meetings with each MCO to discuss how they are counting their providers (e.g. is it only after a completely executed contract is in place or is it once they have a 'meeting of the minds'). We will need each MCO to use the same method for counting of providers. As is mentioned later in this letter, we are also drafting correspondence to the MCOs informing them of the definition of substantial network development.

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

Please refer to the table below for MMIS readiness.

New Hampshire Care Management System Interface Test

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.

New Hampshire Care Management System Interface Test ***(continued)***

Interfaces*	Syntax	Targeted Scenarios #1	Targeted Scenarios #2	Volume	Automated File Exchange
834 Enrollment	3 Successful	3 Successful	3 Successful	3 Successful	3 Successful
Inbound Enrollment Changes	Not Started				
Outbound Provider	3 Successful	Not Applicable	Not Applicable	3 Successful	3 successful
Inbound Provider Network	3 Successful	3 Successful	3 Successful	2 Successful 1 In Progress	In process
Outbound Medical Service Authorizations	In process				
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

Since the last report, the account team has made progress in several areas. Feedback was provided to each MCO regarding their program implementation plans that is geared toward making the plans more substantive rather than compliance based, as well as to achieve greater consistency in form and content across the three submissions. The account team has also issued guidance to the MCOs regarding the commencement of marketing, as well as clarity regarding which activities qualify as marketing as distinguished from brand awareness and public service activities. A letter is in draft to the MCOs that shares the approved definition of 'substantial network development' that also signals the activities that will follow the verification of two or more MCOs meeting the standard.

The Medicaid Care Management leadership team has been looking ahead to Readiness Review and exploring different opportunities for technical assistance to support our approach and thinking of this critical point in our implementation.

Periodic subject-specific meetings continue to be held to dive deeper into operational issues and questions with success.

Our clinical team has extended the period within which the EQRO bids may be returned until mid January following two rounds of questions and answers from interested vendors.

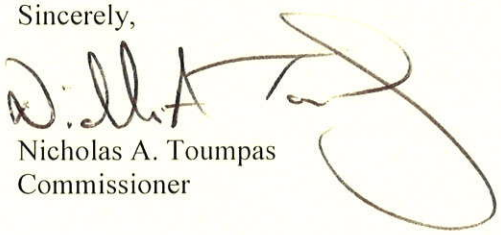
Internal document review is well under way by subject matter experts whose comments or concerns, if any, are being captured on a universal tool that will reflect the process, findings, recommendations and approval.

The account team was pleased to communicate to the MCOs that the majority of the state plan amendments that were pending and related to the ongoing litigation, were approved. All are hopeful that this signals forward momentum for network development though early indications are that the litigant hospitals and their associated physicians are unwilling to pursue negotiations with the MCOs until, or unless, the Care Management contract and rates are approved by CMS. As such, we have discussed with Robin Preston in our weekly call the feasibility of deviating from the standard practice of waiting to approve the contract and rates until after the network development, particularly in light of the fact that we have requested CMS participation in the Readiness Reviews, which may afford a greater level of comfort with an approval that predates network development.

Finally, I have met with Governor-elect Hassan who has indicated support for this initiative as we transition to her leadership over the coming weeks.

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. If there are areas that you would like to learn more about, please feel free to mention them on one of our weekly technical assistance calls.

Sincerely,



Nicholas A. Toumpas
Commissioner