

Division of Medicaid and Children's Health Operations / Boston Regional Office

June 28, 2012

Nicholas A. Toumpas, Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Mr. Toumpas:

We have completed our review of proposed State Plan Amendment (SPA) No. 12-006 conveying the State's request to amend its approved Title XIX State Plan authorizing the implementation of a statewide managed care delivery system. The proposed effective date of this amendment is September 1, 2012. Upon review, we find that we need additional information before we can make a final decision. Therefore, we have the following questions regarding this SPA submission.

A. Beneficiary Access to Services

In response to Cindy Mann's letter of May 23, 2012, we received your "Monitoring Access to Care in New Hampshire's Medicaid Program" plan. We are still reviewing the plan and expect that we will have questions and comments relating to:

- Current data, surveys or other applicable analysis used in developing historical levels of access to care. Specifically, the data selected would illustrate the participating provider network size and capacity, service utilization trends, and rate levels (baseline access information);
- We look forward to reviewing your analysis of the anticipated impact that the proposed transition to a managed care delivery system will have on each of the baseline indicators that you have identified.
- Evidence of ongoing overall beneficiary engagement efforts;
- A comprehensive description of the State's plan, policies and procedures relating to the initial certification of network adequacy for all MCOs and likewise for ongoing monitoring of the aforementioned. This should include the state's approach to working with stakeholders, including both providers, and potential and actual enrollees on the development, monitoring and any corrective actions related to access, as needed.

Given that your proposed managed care rates are based on 2010 fee-for-service (FFS) rates, CMS is interested in your strategy for ensuring that the access issues that have arisen in the FFS setting will not be replicated in the managed care delivery system.

B. MMIS System

Managed care requires extensive sharing of data between the state agency and the MCO and the MCOs and the individual providers. Please describe New Hampshire's capacity to exchange data with the MCOs.

Please describe the process by which NH will test to ensure that each of the functions specified in section 2.4 of the request for proposal (RFP), dated October 17, 2011, is functional. (Examples would include: receiving, updating and maintaining enrollment data from the State; submission of encounter data to the state). Please provide a project plan and a timeline.

C. Provision of Services to Persons with Mental Illness

1. Please describe how the NH Care Management Program will provide services to qualified individuals with mental illness in the most integrated setting appropriate. Please describe how NH will monitor that mental health services are delivered in the most appropriate setting.
2. Please describe how the NH Care Management Program will address the risk of unnecessary institutionalization of individuals with disabilities.
3. Please provide a description of the current mental health delivery system and how it will be altered and/or will operate in conjunction with the MCO's.
4. Please describe how NH will monitor the MCOs to ensure that patients transitioned from fee-for-service to managed care for the purposes of mental health service are transitioned in a timely manner.

D. State Capacity to Implement Managed Care

1. Please describe the MCO readiness review that the State will conduct. What criteria will determine whether or not the MCOs are ready to implement? Will the State generate any reports based upon the readiness review? Please provide an outline of the contents of these reports. Please describe the State's plan for monitoring implementation activities and detecting problems. What process will the State follow if a problem is detected (include timeline)?
2. What specific steps has the State taken to ensure a safe and smooth member experience while accomplishing multiple concurrent transitions? (Examples: CHIP, individuals subject to passive enrollment, individuals with mental health conditions, duals, individuals with special needs)
3. How will the state assure that subcontractors, e.g., Durable Medical Equipment (DME) and other vendors are in place and prepared to serve the newly enrolled population? What are the State criteria for this assessment?

E. Network Adequacy

1. Please provide a copy of the criteria the State will use to assess whether the MCO networks are adequate. Please walk CMS through the review process that will occur at the state level to determine network adequacy.
2. What are the standards and expectations for MCOs to contract with current FFS providers serving this population (e.g., children's hospitals, pediatricians, clinics)? How will the state monitor on a regular basis the status of each MCOs network?

F. Enrollment Broker

Please provide a copy of New Hampshire's strategy for performing enrollment broker functions. This plan should include tasks, responsible units/persons, monitoring activities and timelines. How will information on providers and subcontractors be provided to potential enrollees to allow timely consideration and selection of a plan?

G. External Quality Review Organization (EQRO)

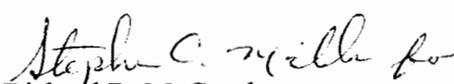
For the provision of services through the use of a managed care entity, States must meet the requirements at 42 CFR 438 subpart E (310 – 370 inclusive) regarding External Quality Reviews. Please describe the status of the State's activities regarding EQRO contracts.

H. Response to Informal Questions

Please provide the revised SPA pages referred to in NH May 31, 2012 response to the May 11, 2012 informal questions.

This Request for Additional Information (RAI) is made pursuant to Section 1915(f)(2) of the Act. This section requires action on a SPA within ninety days unless we request additional information necessary to make a final determination. Pursuant to our State Medicaid Director Letter dated January 2, 2001, States must submit a formal response to an RAI no more than ninety days from the date CMS issues the RAI. This 90th day is 09/26/2012. If a state fails to respond within this ninety-day period, then CMS may initiate disapproval action on the SPA. Another ninety-day period will begin when we receive your response to this request. If you have any questions regarding this matter you may contact Lynn Wolfsfeld at (617) 565-1642 or by e-mail at Lynn.Wolfsfeld@cms.hhs.gov.

Sincerely,


Richard R. McGreal
Associate Regional Administrator

cc: Kathleen Dunn, State Medicaid Director
Diane Peterson, Medicaid Business and Policy