



# State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NICHOLAS A. TOUMPAS  
COMMISSIONER

October 2, 2012

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

RE: First 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 first monthly report. I hope that if there is information that requires further development, you can provide us feedback for the November report. We have inquired if there is a template that other states have used for this type of reporting and have found nothing. Accordingly, if there is a different format or other expectation, I hope you will let us know. Additionally, 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.

I would also like to say how productive our technical assistance calls, and most recently visit, have been. Robin Preston in particular has offered great insight and demonstrates knowledge of this process. Even when she is sharing challenging information, she does so in a productive and constructive way. The team appreciates her dedication and approach greatly.

## 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, detailed geomapping is available for confirmation purposes. In this way, progress from one monthly report to the next will be more apparent. Additionally, though the instructions request the names of the plans in each column, due to the fact this is a public document and the sensitive nature of the plans' ongoing negotiations coupled with our not wanting to give an advantage to one plan over another, we have opted to indicate how many plans have achieved the desired adequacy rather than name them. Where no information is populated, there is not yet progress to report. Should these deviations from the instructions prove problematic, I would be happy to discuss alternative formats that will achieve the desired goal of updating CMS on plan progress.

**New Hampshire MCO Access Monthly Compliance Report - 10/01/12**

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

Instructions: Please insert the MCO(s) name who meet their contractual provider access standards by county.

**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 Testing Status**

Interfaces*	Syntax	Targeted Scenarios #1	Targeted Scenarios #2	Volume	Automated File Exchange
834 Enrollment	3 Successful	In Process			
Inbound Enrollment Changes	Not Started				
Outbound Provider	3 Successful	Not Applicable	Not Applicable	In Process	
Inbound Provider Network	In Process				
Outbound Medical Service Authorizations	Not Started				
Inbound Medical Service Authorizations	Not Started				
Outbound Pharmacy Service Authorizations	Not Started				
Inbound Pharmacy Service Authorizations	Not Started				
Outbound Third Party Liability	Not Started				
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

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

To prepare for the implementation of Care Management, New Hampshire's Department of Health and Human Services has been making numerous organizational changes and plans on additional ones in the coming weeks and months.

We have transferred three staff members from across the Department into the Office of Medicaid Business and Policy to serve as 'account managers'. Each plan has an account manager who serves as the plan's liaison to the Department for resolution of questions, submission of documentation, management of milestones and more. The account managers presently report into our Director of Contracting and Procurement who is overseeing the implementation phase. We intend to hire a Care Management Operations Bureau Chief, who will supervise the account managers thus relieving our Director of Contracting and Procurement, and who will report to the Deputy Medicaid Director. The Care Management Operations Bureau Chief will be responsible to ensuring that the Care Management contract, processes and procedures are followed by the plans in day-to-day operations.

The Department has also realigned existing organizational units under a new division called Member Services. Member Services is organized under an Associate Commissioner and currently includes several front facing publicly engaged units including Medicaid Client Services, Division of Family Assistance eligibility workers, Division of Family Assistance Call Center, and the New HEIGHTS eligibility management system. Member Services will be responsible for facilitating enrollment and selection for Care Management. The Member Services division has procured a contract with Maximus, Inc. to support these activities during the initial engagement and enrollment of New Hampshire Medicaid beneficiaries. This contracted service is temporary and once initial enrollment activity winds down and ongoing enrollment activity is for newly eligible and open enrollment periods, this function will be done exclusively by State staff.

Numerous financing and budgeting changes are also underway to ensure that there are funds from across the Department that support individual beneficiaries used in the payment of the capitation rates to the plans. These changes will eventually harmonize with the State's budgeting system as the 2014-2015 budget is finalized over the next 8-9 months.

Our team is happy to discuss this report and how we can make it most effective. Please do not hesitate to let us know what is needed.

Sincerely,  
  
Nicholas A. Toumpas  
Commissioner