



The New Hampshire Department of Health and Human Services, in partnership with New Hampshire Healthy Families and the Well Sense Health Plan present

Transitioning Medicaid Beneficiaries to Managed Care for their Medical Services

Step II, Phase I

March 4, 2016 Update

Thank you to the NH Health Care Association for sponsoring this meeting.

Presentation Outline

- **Opening Remarks by Kristen Schmidt, NH Health Care Association**
- **Overview by DHHS**
 - Expanded Participation in Medicaid Care Management
 - Completed Enrollment Schedule for Phase 1
- **Presentations by Medicaid Care Management's Health Plans**
 - Well Sense Health Plan
 - New Hampshire Healthy Families
- **Q&A Session**

New Hampshire Medicaid Care Management

- Step 1: 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**



Step 2 – Care Management Implementation

A Four Phase Approach

Phase 1—November 1, 2015 through February 1, 2016

Those who were voluntary (previously able to opt-out) are required to enroll in a health plan for their medical services.

Phase 2—Target Date: 9/1/2016

Choices for Independence Waiver

Phase 3—Target Date: 9/1/2016

Nursing Facility Services, DCYF

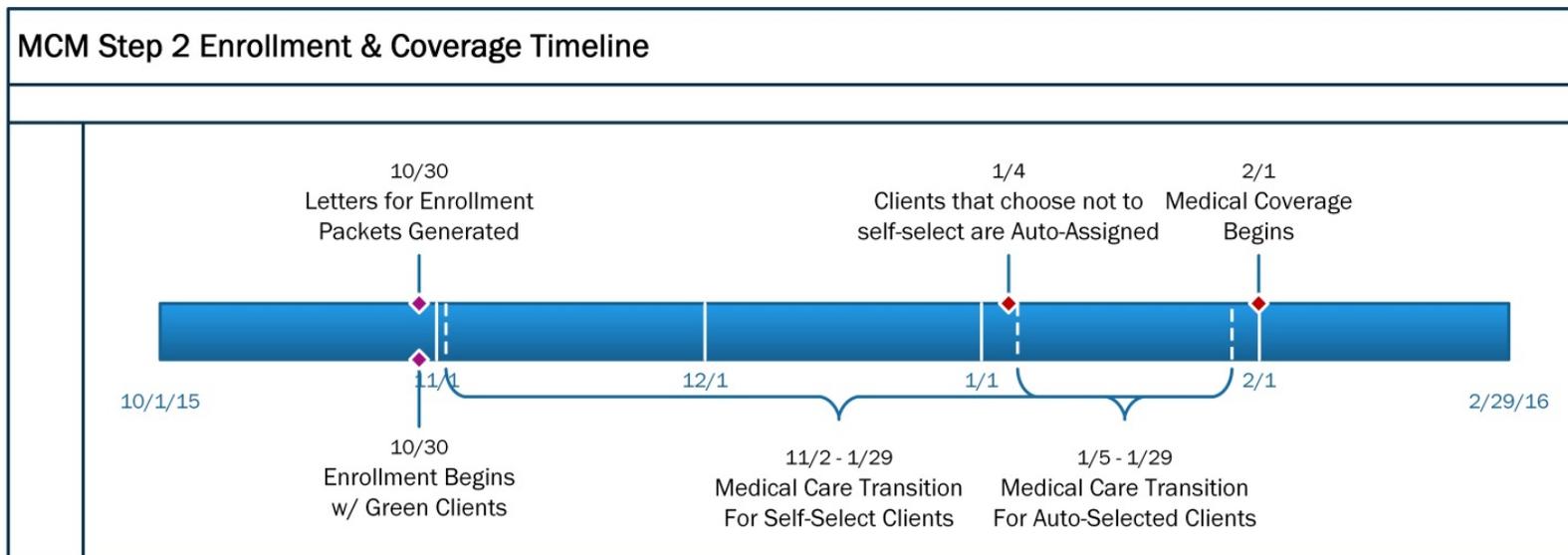
Phase 4--TBD

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



Step II, Phase I Timeline - Completed

- 11/1/15 – Mandatory Enrollment Begins.
- 1/4/16 – Auto Enrollment Begins
- 2/1/16 – Medical Coverage Begins AKA “go-live”



Step 2- Phase 1 Auto-Enrollment Schedule

- If clients did not select a plan, they were assigned to one of the two Health Plans on January 5, 2016.
- After auto enrollment, clients will have the opportunity to change their Plan if they are unhappy with the Plan to which they were auto-enrolled.
- Effective February 1, 2016 clients will have an additional 90 days to change their Plan selection. Coverage begins the 1st of the month following Plan selection.
- The next opportunity to change Plans will be during the annual open enrollment period in the Fall of 2016.
- Clients are not able to *opt out* at any time, as in Step 1.

Medical Services Covered by the Health Plans include

- Doctor visits
- Podiatry
- In-patient and out-patient hospital visits
- Prescriptions
- Mental health services
- Audiology services
- Durable Medical Equipment
- Ambulance services
- Optometric services, including eye glasses
- Nonemergency transportation

Frequently Asked Questions

- Does DHHS continue to determine eligibility for Long Term Care Services?
 - Yes, the Department's Medicaid Eligibility Unit will approve or deny all applications.
- Will Medicare Part A coinsurance be billed to the MCOs?
 - No. For days 21-100, Medicare Part A pays 80%. The remaining balance should continue to be billed and paid through the state's MMIS.
- For patients who have only Medicaid, will the MCOs now be primary for short-term SNF stays?
 - No, the billing process remains the same. If authorized thru the state's *Medicaid Eligibility Unit*, the SNF will be paid the per diem rate thru MMIS.
- Does the MCO pay the copays for the Medicare Part D drugs?
 - No, Medicare Part D copays will be paid the same way: by reducing the patient liability.

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

Email: mcmstep2phase1@dhhs.state.nh.us

