New Hampshire MCM MEDICAID CARE MANAGEMENT

Medicaid Care Management Operations

Managing Business Processes

November 12, 2013

Grappone Center, Concord NH

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Agenda

- Welcome and Thanks
- Claims Submissions
- Third Party Liability
- Prior Authorizations
- Program Start Date

Claims Submission

- Client Enrollment and MCM Participation
- Business as usual – Submitting Claims to the MMIS
- Checking Eligibility and Enrollment Status
- Submitting Claims to the Correct Entity

Client Enrollment

- Client Enrollment
  - All MCM participants: **60 days** to make a Health Plan selection before auto assignment
  - Mandatory participants have **90 days** to switch starting on the first day of Health Plan coverage
  - Voluntary clients may **opt in or out** or **switch plans** at any time during the first year of the program for any reason or no reason at all

MCM Participation

- MCM Participants:
  - Enroll with a Health Plan
  - Health Plan coverage begins the **first day of the first month** AFTER self-selection or auto assignment

MCM Participation: January 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6 Medicaid eligibility begins **Fee for service coverage – submit claims to Health Enterprise MMIS**	7	8 Enrollment Packet (30 days to select)	9	10	11
12	13	14	15	16 **Health Plan Selection**	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	**FIRST DAY OF HEALTH PLAN COVERAGE**

MCM Participation

- MCM Participants
  - Selections made **after** 4pm on the last BUSINESS day of the month will have a coverage start date of the following month
  - NOTE: This is true for individuals switching from one Health Plan to another

Selection Registered	Coverage Begins
Fri., Jan., 31, 2014 at **4:05PM**	Sat., Mar. 1, 2014
Fri., Jan., 31, 2014 at **3:55pm**	Sat. Feb.,. 1, 2014

Business as Usual: Submitting Claims to the MMIS

- Services that will continue to be paid by NH Medicaid MMIS
  - Long term services and supports (including waiver services)
  - Services provided to individuals who have opted out or who are exempt from participation
  - Dental Services
  - Services provided prior to the first day of Health Plan coverage
  - Retroactive service coverage

Checking on Eligibility and Enrollment

- To learn about a client's Health Plan enrollment, use the same methods that you do today
  1. Online through the Xerox MMIS Health Enterprise Portal
  2. Electronic 270/271 enrollment transactions
  3. Automated Voice Response
  4. Contact the Xerox NH Provider Relations Unit at (603)223-4774 or (866) 291-1674

Checking on Eligibility and Enrollment

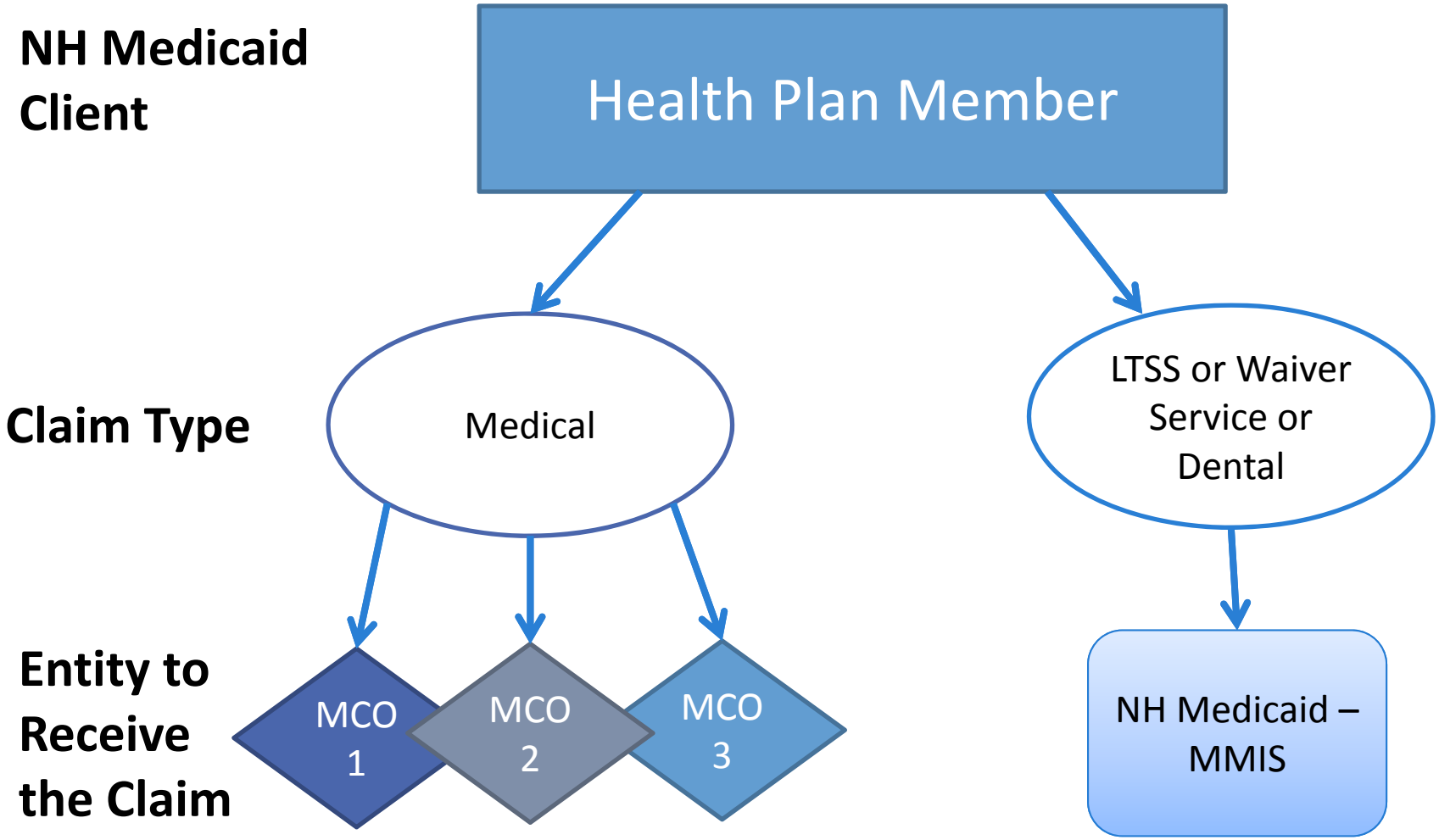
- Remember eligibility continues to be date specific
- Check eligibility PRIOR to providing services
- Eligibility information will include both Medicaid eligibility and Health Plan enrollment information for that date checked in MMIS

Checking Eligibility and Enrollment

- Checking Eligibility and Enrollment Status
  - **Retrospective** eligibility and Health Plan enrollment status information will be available (ranges of dates for client coverage)
  - **Prospective** eligibility or Health Plan enrollment will NOT be available (ie: When a client has selected but their coverage has not begun, the MMIS will show the client as FFS Medicaid eligible until their Health Plan coverage begins)

TIP: If checking on the online portal, take a screen shot to verify that you checked in advance of the appointment

Submitting Claims to the Correct Entity



This is an example.

Submitting Claims to the Correct Entity

NH Medicaid Client

Non-MCM Participant

Claim Type

All

Entity to Receive the Claim

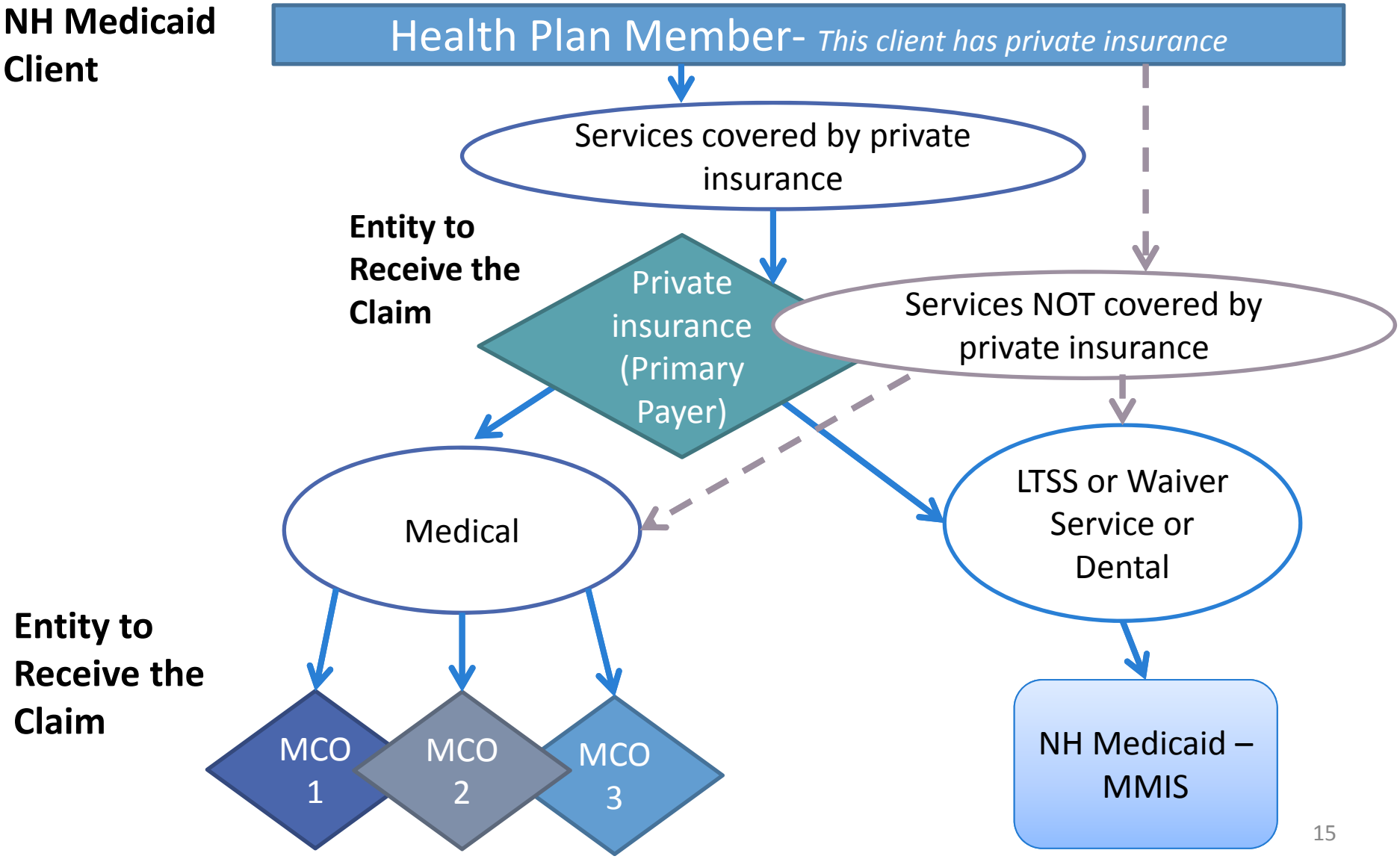
NH Medicaid – MMIS

This is an example.

Third Party Liability (TPL)

- MCO's will be the de facto secondary payer the way Medicaid Fee-for-Service is currently
- **IF** the TPL payment for a service is **LESS THAN** the MCO's payment, the MCO must pay the differential to the provider; this requires that the provider be in the Health Plan network
- The MCO will pay the TPL required co-pay on behalf of its member
- The MCO will cover in full any service that the TPL does not cover but is included in MCM

Third Party Liability (TPL)



Prior Authorizations (PA)

- PAs (Service authorizations) issued by the State will be honored by MCOs after 12/1 for up to 90 days
- Each Health Plan will review existing service authorizations after 12/1 to assess ongoing clinical appropriateness and medical necessity
- The Health Plans may require authorizations for services that the State did not employ PAs on.

Prior Authorizations (PA)

- If a service will be paid by the **TPL** plan, follow their policies regarding referrals and service authorization
- If a service will be paid in part by the **TPL** plan and in part by the MCM plan, consultation with both for policy adherence is recommended.

Program Start Date

- Clients who didn't self-select will be autoassigned, all notification will be sent by November 19, 2013
- Clients have a 90 day window to switch Health Plan starting the December 1, 2013
- This may mean some confusion regarding what entity will cover a services

Program Start Date

- If you have a client with a procedure scheduled for on December 1, 2013 consider:
  - Call the client and ask Health Plan selection
  - On date of service, after confirming eligibility, contact the Health Plan to confirm enrollment

Thank you – Questions