



Department of Health and Human Services
Office of Medicaid Business and Policy
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TO: NH Medicaid Providers
FROM: Kathleen Dunn, RN, MPH - Associate Commissioner, Medicaid Director
RE: Regular Update #7: Managing Business Processes

Background **The Department of Health and Human Services is launching the Medicaid Care Management (MCM) Program on December 1, 2013.**

Starting on December 1, 2013, most NH Medicaid recipients will be enrolled in one of three contracted Health Plans. When the Medicaid Care Management (MCM) program starts, Medicaid services, with some exceptions, will be provided by the Health Plan's provider network. The services covered by NH Medicaid will be covered by each of the Health Plans. However, how those services are delivered, and how the claims are submitted will change.

First Day of Coverage Under a Health Plan **Coverage will begin the first day of the first month after the client's Health Plan selection or auto assignment.**

For clients who select a Health Plan in the middle of the month, the services received prior to the start of their coverage through the Health Plan will be covered by NH Medicaid. Submit claims to the MMIS for processing in accordance with NH Medicaid FFS.

NOTE: If the last day of the month falls on a weekend, the client's selection must be made on the last *business* day of the month before 4pm in order for their Health Plan coverage to begin the first day of the following month.

Medicaid Recipients – Health Plan Claims Submissions **Most Medicaid recipients are required to participate in the MCM program as a part of their medical assistance. When the member's assistance is covered by the Health Plan that means the services and corresponding claims are covered according to the provider's contract with that Health Plan and in accordance with their business policies and procedures.**

For providers who have enrolled with more than one Health Plan, a provider could potentially submit claims to up to three or four different

entities for the Medicaid clients they serve. The DHHS *Quick Reference Guide* is a document containing many of the basic business processes and information for each of the Health Plans. This resource is available through the Department's web page. *Please note: This document is for use during the transition period to MCM and acts as a snapshot of a period of time for these processes with each of the Health Plans.*

FFS Claims Submissions

Claims for services provided between the effective date of the client's Medicaid eligibility and their first day of coverage under their Health Plan are to be submitted to NH Medicaid.

These are not the only instances in which client's claims will be paid by NH Medicaid in accordance with its policies and procedures. For clients receiving dental services or who are recipients of long-term services and supports, including waiver services, those claims will continue to be submitted to DHHS for processing and payment.

Submitting Claims to the Correct Entity

In order to ensure that claims are submitted to the correct entity covering the client at the date of service please note the following:

Continue to check the client's Medicaid eligibility prior to the provision of services. Coverage continues to be date specific; therefore, if a client loses eligibility in the middle of the month, they will lose Medicaid coverage effective the date of the reported change. However, the Health Plan covering the client may elect to continue their coverage through the end of the month. Check with each Health Plan to confirm their policies and procedures relative to the duration of coverage. When the client's services are covered retroactively, those claims are to be submitted to NH Medicaid.

Verify a client's enrollment status and their effective dates of Health Plan coverage in the Medicaid Management Information System (MMIS). Since the first day of coverage is the first day of the first month following the client's selection or auto assignment, it is important to verify the date the client's coverage under the Health Plan begins. Additionally, some clients may opt in and out of Health Plans because of their "voluntary" participation status in the program; they could shift between NH Medicaid and one or more of the Health Plans within the next year.

Claims submitted to the MMIS for services covered by the Health Plan will be denied. If your claim is submitted to the MMIS during a period of time that is not covered by NH Medicaid, the MMIS will deny the claim and provide the name of the correct entity for claim submission.

Client Not Participating in MCM – Submitting Claims to NH Medicaid

For clients who are not participating in the MCM program, please continue to submit claims to the NH Medicaid Health Enterprise MMIS.

- Clients who are recipients of veteran’s benefits, QMB-only, spend-down, SLMB and QDWI will not be enrolled with a Health Plan.
 - Children in Katie Beckett, foster care, those who receive SSI, Bureau of Special Medical Services and Partners in Health enrollees, in addition to the dually eligible, who have elected not to select a Health Plan will continue their coverage under the NH Medicaid FFS program.
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Prior Authorization

Each of the Health Plans will have various policies and procedures around request for a prior authorization (PA). Some services (e.g., home health and hospice) that did not previously require a PA under regular Medicaid will require one starting December 1st. Use the *Quick Reference Guide* prior to the provision of services to ensure alignment with those policies.

Third Party Liability

Medicaid remains the secondary payer under the MCM program.

Medicaid coverage for those with private insurance will continue, with the difference being that the Health Plan will become the payer when a client is enrolled with a Health Plan in the MCM program. **REMEMBER:** if a service is covered in part by the private insurance and NH Medicaid, the provider must participate in both networks.

The Provision of Services on the Program Start Date

DHHS is strongly encouraging providers with procedures or appointments scheduled with NH Medicaid clients on or around the program start date of December 1, 2013, to:

- call the client(s) and ask which Health Plan they are enrolled with; and
- contact the Health Plan to confirm enrollment.

Providers may find that prior to November 12, 2013 some clients will not have enrolled in any Health Plan. In this case, clients should be encouraged to choose a Health Plan by calling the Enrollment Call Center at: **1-888-901-4999**.

The auto assignment process begins on November 12, 2013 and confirmation letters (i.e., which Plan they have been assigned since they did not self-select) will begin to be mailed.

Medicaid Recipient Communications

Sample confirmation notifications that will be distributed to Medicaid recipients are available on the DHHS webpage; just follow the MCM logo from the home page.

DHHS is sharing key messages about the transition through social media mediums, Facebook and Twitter. If your client is looking for more information and uses social media, please direct them to find DHHS on Facebook at:

www.facebook/DepartmentOfHealthAndHumanServices.com

Or to follow us on Twitter at:

[@NHMedicaidCM](https://twitter.com/NHMedicaidCM)

Upcoming Events and News

DHHS is partnering with the University of New Hampshire to offer a series of MCM trainings.

The Department of Health and Human Services in partnership with the University of New Hampshire is offering a training session in conjunction with the release of the Quick Reference Guide.

Medicaid Care Management Operations: Managing Business Processes

Tuesday, November 12, 2013 from 9:00am-1:00pm.

Both in-person and webinar attendance are available.

The Grappone Conference Center, 70 Constitution Avenue, Concord NH, 03301, will be the site for in-person attendance.

There is still space available – if you plan to attend, please register using the link below as soon as possible. All attendees are required to register in advance.

https://www.events.unh.edu/RegistrationForm.pm?event_id=15701 

The webinar, slide decks and Q&A from this training will be posted on the MCM webpage under Training Opportunities.