Choosing a Health Plan
What Case Managers and Their Clients Need to Know About Enrollment

August 2015
Thank you for the input from the collaborative session!

- Quick overview of Step 2 update
- Tools for assisting people in mandatory enrollment
- Methods for enrollment
- Answers related to questions brought up during the collaborative session
- Comments that were brought up at the collaborative session
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.

Those who were voluntary (previously able to opt-out) will now be required to enroll in a health plan for their medical services. Over half of the voluntary population is already enrolled with a health plan.
Step 2 – Managed Care Implementation
A Four Phase Approach

Phase 1--2015
Voluntary to Mandatory Enrollment: Medicaid recipients will now be required to enroll with a health plan for their medical services

Phase 2--2016
Choices for Independence Waiver

Phase 3--2016
Nursing Facility Services

Phase 4--TBD
Developmental Disabilities, Acquired Brain Disorder and In-Home Supports Waivers
Voluntary Groups Now Mandatory in 2015

Children under 19
- With Supplemental Security Income (SSI)
- In the eligibility category *Home Care for Children with Severe Disabilities*—also known as *Katie Beckett*
- In Foster Care or other out-of-home placement, or receiving foster care or adoption assistance
- Receiving services through *Special Medical Services* or *Partners in Health*

Recipients of any age
- Who are eligible for both Medicare and Medicaid, also known as *dually eligible* or *duals*.
Individuals who previously were allowed to “opt out” will now be required to enroll in a managed care plan for their Medical Care: N= 9872

MCM Waiver and Nursing Home Population currently voluntary, but will be required to enroll with a Managed Care Plan for Medical Care in Step 2, Phase 1 Shown in Red at top of bar. Already enrolled shown in Blue at bottom of bar.

N=9,890. Data source: MMIS as of 6/4/2015
Groups Exempt from Managed Care

- Medicaid recipients on In and Out Medical Assistance (Spenddown)
- Medicaid recipients who receive income benefits from the US Dept. of Veteran’s Affairs
- Qualified Medicare Beneficiaries (QMB) or Specified Low-income Medicare Beneficiaries (SLMB 120) with no Medicaid coverage
- Recipients in the Qualified Disabled Working Individual eligibility category (QDWI)
- Medicaid recipients in the Health Insurance Premium Payment (HIPP) Program

Case Management Agencies – August 2015
Step 2- Phase 1
Voluntary Groups’ Enrollment Schedule

• The *Heads Up* letter was mailed at the end of May, telling clients about the upcoming change.

• Enrollment packets will be mailed. Clients will have 60 days to select one of the two health plans. The letter in the enrollment packet will give the due date for plan selection.

• If an individual in this group is already enrolled with a Health Plan, they will not receive an enrollment packet---they are already enrolled. S/he will have the opportunity to make a plan change at the annual open enrollment period in the Fall.
Medical Services Covered by the Health Plans

- Doctor visits
- In-patient and out-patient hospital visits
- Prescriptions
- Mental health services
- Family planning
- Home health services
- Speech therapy
- Physical therapy
- Occupational therapy
- Audiology services
- Durable Medical Equipment
- Personal care services
- Private Duty nursing
- Hospice
- Adult medical daycare
- Ambulance services
- Wheelchair van services
- Optometric services, including eye glasses
- Nonmedical Services: Transportation
Prior Authorizations
Important Considerations

• In the current Medicaid program, also referred to as the fee-for-service program or standard Medicaid, some services require Prior Authorization, but most do not.

• In the Care Management program, it is much more likely that you will need to request Prior Authorization/Prior Approval in order to receive certain services or care from certain providers.

• It is best to check with the MCO/Health Plan about Prior Authorization requirements before you need a service or schedule an appointment.
Transition of Care

• DHHS staff will work with each Health Plan to:
  ➢ Identify individual member’s Care Management needs
  ➢ Discuss In-Network vs. Out-of-Network providers for these members
  ➢ Review member’s services that don’t require Prior Authorizations under NH Medicaid fee-for-service and formalize the process to assure continuity of care

• Once a health plan has been chosen, the current waiver Case Managers and other Care Coordinators (ex: SMS, DCYF, etc.) will collaborate with health plan staff to avoid disruptions in care.
Tools for Assisting People with Enrollment

New Hampshire Healthy Families Member Handbook:

New Hampshire Healthy Families Website:
http://www.nhhealthyfamilies.com/

Well Sense Member Handbook:
http://www.wellsense.org/~media/038381733b5f4d48980ee101138bffa3.pdf?#

Well Sense Website:
www.wellsense.org

NH Family Voices Newsletter for families:

NH Family Voices Health Plan Selection Tool for families (next slide):
The Tool - Once you have completed the table below, look at your “must keep” column and which Health Plan lists your child’s provider. Think about the providers in the other columns and decide on a plan that best suits your child’s needs.

NOTE: Remember to let Medicaid know of your decision otherwise you will be auto-assigned to a health plan.

<table>
<thead>
<tr>
<th>Child’s Providers/Services</th>
<th>How many times a year does your child see the provider?</th>
<th>Prioritize</th>
<th>Medicaid Health Plans</th>
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<tbody>
<tr>
<td></td>
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<td>Must keep</td>
<td>Change possible</td>
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<tr>
<td>• Primary Doctor or Pediatrician</td>
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<td>• Specialist: (i.e. Neurologist, Cardiologist, etc.) List below:</td>
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<td>• Rehabilitative Services: (i.e. PT and OT, Speech and Language, etc.) List below:</td>
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<td>• Other services you may need to consider: (These services should be listed in the MCO’s benefit handbook or you can call the MCO and ask how these services will be addressed)</td>
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<td>• Medications/Pharmacy (including compounds)</td>
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<td>• Transportation Reimbursement</td>
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<td>• Wheelchair Transport to Doctors</td>
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<td>• Deaf services</td>
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<tr>
<td>• Cultural/Language services</td>
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<td>• Other</td>
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More Tools for Assisting People with Enrollment


DHHS Website – Medicaid Managed Care: http://www.dhhs.nh.gov/ombp/caremgt/index.htm

Client Resources

- Enrollment Packet
- NH Medicaid Care Management "Meet Your Health Plans" DCS Form 1060
- NH Medicaid Care Management Frequently Asked Questions (FAQs) DCS Form 1050
- All About...
  - Medicaid Care Management (MCM)
  - Your Medicaid Coverage
  - The Health Plan
  - Your Health Care Providers
  - Your Specific Health Needs
  - Your Rights
  - Who to Call
- A Quick Guide to Enrolling (DCS Form 1051)
- How Care Management Helps Me
- Confirmation Letter
- Reminder Letter
- Client Services Contact Information
- Create an Account in NH EASY (English/Spanish), 08/19/2011

Adobe Acrobat Reader format. You can download a free reader from Adobe.
Methods for Enrollment

Paper Enrollment Packet will be mailed to the person you support – complete application and submit to the Health Plan

Telephone Enrollment: Medicaid Service Center: 1-888-901-4999

Call or walk into a ServiceLink Office: 1-866-634-9412 or www.servicelink.org

NH EASY online Enrollment:
www.nheasy.nh.gov
Information on Care Management can easily be found on the NH EASY home page for individuals who have or do have NH EASY accounts.

On the NH EASY home page individuals can find out which health plans their doctor, clinic, hospital or other health care providers are enrolled with by clicking on the blue “Health Plan Provider Directory”

For help selecting a health plan individuals can also call the toll free number listed in the Care Management information section.

By clicking on the blue box individuals will be directed to the search criteria to find a Health Plan.
The search criteria allow individuals to find doctors and organizations and health plan they are part of.

There are several different search criteria methods that can be used: Provider name, city/town, zip code or search through the Health Plan.

In this example the search is used by entering a zip code. The results will show all the matches for doctors and organizations in the specific area as well as the Health Plan it is affiliated with.
Individuals with NH EASY accounts can also log into their account to perform searches, review existing health plan for them selves or members in their case and enroll in a health plan by selecting the Health Benefits tab found on the home page of their account.
Click on the drop down box to choose the function you wish to proceed with...review health plans, research, selection or history.
Research health plans allows the individual many options to review information through provided links.

- Care Management
- Health Plan side-by-side comparison
- Search the Health Plan Provider Networks; and
- Launch buttons to the Health Plan websites
Selecting “selection” from the drop down allows individuals to view information on health plan enrollments for each person in the case. Individuals can also change plans or select a plan by clicking on the blue “select plans” button.

To see a history of health plan enrollments, the individual can click on the orange plus sign button and this will expand to show the history.
Questions from the Collaborative Session

- Average time for enrollment: 2 hours for the process, 6 minutes for the enrollment
- Enrollment and start date: Currently, if a person enrolls their services will begin the 1st of the following month.
- DHHS is able to create a report indicating who has enrolled / who has not enrolled.
- NH Easy – We are working on an answer re. supporting multiple people in NH Easy
- Provider networks continue to be developed as Health Plans reach out to providers
- People will be auto-enrolled in a plan of they do not enroll within the 60 day window – no extensions will be granted. The algorithm applied to those who are auto-enrolled does not take medications into account, but does consider providers.
Comments from the Collaborative Session

Who is most effective to assist case managers with enrollment?

- Case managers can give resources
- Home care providers
- Guardian
- Alternate payee
- Families
- Prepare staff, especially rescare facility.
- Phone calls (proactive) reach out to legal representative (department can help with the updates on who has enrolled)
- Knowing where the mail goes – follow up in case the mail didn’t arrive
Comments from the Collaborative Session

Strategies to reach out to individuals:

• Reaching out to people with SMI – identifying them and assisting with resources.
• Have the MCOs attend staff/agencies meetings – informational nights at agencies.
• Agencies writing letters to individuals to give a second heads up.
• Facebook / social media website updates
• The agencies are sometimes auth rep for the individual, if not the agency can develop a relationship with the auth rep.
• Making sure that the individual understands that’s/he can no longer “opt out”
• Department will distribute calendar with target dates and links on website
• Department should link to copies of our letter templates (notice to clients) so that the case managers can recognize them
• When letters go out to individuals send the agencies a “template copy”
• Informational Session: Department will send signup sheet for agencies to update with their own contact information.
• Provide link to sample enrollment process, fact sheet, FAQ, prior auth
• Share newsletter from NH Family Voices
• Side by side comparison of the two plans
• Having all links on website will help agencies have information in one central place.
How can we be pro-active?

- Who can we direct parents to for assistance in advocating for complex issues? (Boston, MassGeneral): MCOs should have specific coordinators to help with these medically complex cases. Refer those parents to the MCOs for assistance with complex needs.
- Concerns when services / providers which families have used for years switch to another provider (in-state) for example Boston Children’s to Dartmouth Medical Health Center: Research teams at other providers, ask current providers for recommendations.
- You can help enroll people now, you don’t have to wait.
- People can change providers during open enrollment or based on special circumstances.
- Releases to be able to speak to MCOs – cannot discuss personal health information: Department is working with MCOs to have agencies listed on forms to be able to allow for communication with authorized representatives.
- Agencies calling the MCO on speaker as a group has proved to be very effective.
- Dually eligible: How does MCO know Medicare has paid?: MCO will do the care coordination: Medicare will not know who is in which plan – Xerox claims: information will go to provider of secondary insurance.
- Primary insurance only covers part of the service, MCOs say if you get service and partially covered by primary insurance they will cover without a prior authorization.
Comments from the Collaborative Session

How do we know that the individual received all of the information that s/he needed?

- Ask / phone call / home visits
- Open communication
- Return receipt to emails
- Relias – create a training within Relias which sends an email indicating that the individual has reviewed all of the information needed
- Not all population has access to the internet – follow up in person and on the phone
- The Department is willing to conduct informational sessions: please reach out.
Comments from the Collaborative Session

Follow Up:

• Refer the individual to contact the MCOs directly if they have difficulty / complaints. Grievance process and appeal processes are available for both plans.

• Within 90 days of enrollment the individual can switch plans if unhappy – be sure to check provider enrollment with plans prior to switching!

• Appeal – peer to peer review: can have doctors discuss with medical director at the Health Plan. Educational process begins here.
If you have additional questions after this Session,

Email: mcmstep2phase1@dhhs.state.nh.us