The Department of Health and Human Services, in partnership with the University of New Hampshire presents:

How to Assist Your Clients: *Navigating Medicaid Care Management (MCM) Open Enrollment*

October 8, 2013 & October 9, 2013

Presented by:
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Training Agenda

I. MCM Program
II. The Selection Process
III. How to Assist Your Client
IV. Enrollment
V. Health Plan Membership
I. Medicaid Care Management

Medicaid Recipients

- No change in benefits
- Eligibility for Medicaid and enrollment into MCM managed by DHHS
- Select one of three Health Plans (with some exceptions)
- 60 days to select a plan
- 90 days after the start of coverage to switch to another Health Plan
I. Medicaid Care Management
The Health Plans

[Logos for New Hampshire Healthy Families, Meridian Health Plan of New Hampshire, and Well Sense Health Plan]
I. Medicaid Care Management
The Health Plans

Health Plans will pay for the medical services their members receive

Excluding: Dental Services and Long Term Care Support and Services like Waiver Services
### I. MCM Implementation

#### Important Dates

<table>
<thead>
<tr>
<th>Notification</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Enrollment Packet</td>
<td>Mailed in September</td>
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<tr>
<td>Reminder Letters</td>
<td>Month of October</td>
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<tr>
<td>Confirmation Letters</td>
<td>- Generates as soon as a selection is made</td>
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<tr>
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<td>- Selection – Health Plan Choice or Opt Out</td>
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<td>- For auto assignment generation starts</td>
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<tr>
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<td>11/12/13 (mailing starts 11/18/13)</td>
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## I. MCM Implementation

### Important Dates

<table>
<thead>
<tr>
<th>Important Date</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>1st DAY of HEALTH PLAN COVERAGE</strong></td>
<td>Notices received electronically and hard copy in the mail</td>
</tr>
<tr>
<td><strong>Reminder Letters</strong></td>
<td>Month of October</td>
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</table>
II. The Selection Process

MCM Participation Status

Three Participation Statuses

- Voluntary
- Exempt
- Mandatory
II. Selection Process
MCM Participation Status

Voluntary – Optional participation

• Children in Foster Care
• Home Care for Children with Severe Disabilities
  (also known as the Katie Beckett)
• Children with Supplemental Security Income
• Dually Eligible for Medicare and Medicaid
• Special Medical Services and Partners In Health enrollees
II. Selection Process
MCM Participation Status

Voluntary – Optional participation

• “To Opt Out” means Medicaid coverage continues – through regular Medicaid
• This option is time limited – after the first year of the program these clients will be required to participate
II. Selection Process
MCM Participation Status

Exempt – Not permitted to participate

- Spend-down Clients
- Recipients of medical benefits from the Veterans Administration
- Qualified Medicare Beneficiaries (QMB)
- Special Low-Income Medicare Beneficiaries (SLMB)
- Qualified Disabled Working Individual (QDWI)
II. Selection Process

MCM Participation Status

Mandatory – Required to participate

CHOICES: Self-select one of the three Health Plans within the 60 day period or be autoassigned

Voluntary – Optional participation

CHOICES: Self-select either one of the three Health Plans or to “opt out” within the 60 day period or be autoassigned.
III. How to Assist Your Clients

1. Examine the client’s current situation
2. Guide the client to Resources
3. Remind them there is a deadline to act
4. Facilitate enrollment action whenever possible
III. How to Assist Your Clients

1. Examine the client’s current situation
   - Make a list of providers
   - Consider different provider types
   - Number of visits a year
   - Relationship with the provider
   - Current treatment plan
   - Other household members
   - Input from caregivers
III. How to Assist Your Clients

2. Guide to information
   - Case specific Letter and Selection Form
   - Frequently Asked Questions
   - Meet Your Health Plans
   - Provider Directory Tip Sheet
III. How to Assist Your Clients
Guide – Their Enrollment Packet

部Health and Human Services
Care Management CSU
PO Box 1810
Concord, NH 03302-9954

September 19, 2013

Jane Doe
1234 Pleasant Street
Pleasant Town, NH

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Department of Health and Human Services
Care Management CSU
PO Box 1810
Concord, NH 03302-9954

September 19, 2013

Jane Doe
1234 Pleasant Street
Pleasant Town, NH

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NEW HAMPSHIRE
MEDICAID CARE MANAGEMENT

III. How to Assist Your Clients
Guide – Their Enrollment Packet

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HOW DO I PICK A HEALTH PLAN AND IDENTIFY WHICH PRIMARY CARE PROVIDER (PCP) I WANT?

You may pick from three Health Plans. The enclosed Frequently Asked Questions (FAQ) will help you decide which Health Plan is best for you. After you pick a Health Plan, you will be asked to pick a PCP. You may already have a PCP or know of a PCP you would like. If you do, you may tell us the PCP you want when you pick your Health Plan. You do not have to pick a PCP now.

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Samples available at www.dhhs.nh.gov – just follow the MCM logo, also included with your training materials
III. How to Assist Your Clients

2. Guide to The DHHS Provider Directory

Please keep in mind...

Systems glitches (fix ongoing)
  Exclusion or duplication

User Error
  Additional supports and direction

Nature of a Provider Network
  Continuing contracting and credentialing activities
• **Searching by Doctor's Name**

Write the first few letters of their first OR last name in the text box. You do not have to type in the doctor’s full or entire name. (Try entering in the first three letters in the field.) Hit “Search.”

Be sure you have clicked on the “Search by Doctor” button.

**Looking for your Specialist?**

Be sure to click the “All” button.  

**OR**

**Looking for your Primary Care Provider.** Click the “PCPs Only” button.
• Searching by Name of Doctor’s Practice

Write in the first few letters of the doctor’s practice name in the text box and hit “Search.”

Find a Health Plan

On this page you can find doctors and organizations and the health plans they are part of.

• To find a doctor or organization you know, enter the first and last name, organization name or phone number.
• To find a doctor or organization near you, enter your city or zip code.
• Enter one or more of the fields below and select the ‘Search’ button.

Search By Doctor

Organization Name: Lom

Search By Organization

City/Town: Zip: Phone Number: Health Plan:

Be sure you have clicked on the “Search by Organization” button.
III. How to Assist Your Clients

Guide to Considering the Opt Out Question

Voluntary – Optional participation

• Care Coordination and other incentives like programs that support healthy choices
• A year to trying out the Health Plan/build relationships
• You can “opt out” and wait for things to settle
• Remember it is not a one size fits all answer
III. How to Assist Your Clients
Guide to Self-Selection

Mandatory – Required to participate

• **Health Plan** *Extras* include:
  – Incentives for positive health care choices
  – Care coordination for those with complex health care needs
  – Optional wellness and prevention programs

• Choosing the Health Plan reduces confusion and improves the client’s ability to access services
III. How to Assist Your Clients! Guide – More Questions?

— Questions about enrollment:
Call the DHHS Enrollment Call Center (1-888-901-4999)

— Specific questions about the Health Plans:
Call Health Plan Member Services Call Centers
III. How to Assist Your Clients

Remind

• Remind there is a **due date** to making a selection
• No selection means they will be autoassigned, that does not consider the client’s preferences
III. How to Assist Your Clients

Remind and guide, but do not direct...
reduce the likelihood that the client will perceive your assistance as direction by assisting them with their assessment of their options.
III. How to Assist Your Clients

4. Facilitate Enrollment Action

- Present the various options for taking an enrollment action: phone, mail, online
- Assist the client in accessing online options or calling the Enrollment Call Center (1-888-901-4999)
- Guide through the completion of the form, careful to follow the directions
- If possible facilitate enrollment action with the client’s permission/request
IV. Enrollment – Options

A. Call Center - 1-888-901-4999
B. Mail-in – The Selection Form
C. Online – www.nheasy.nh.gov
IV. Enrollment Options
Mail-in

Return Enrollment Forms to:
Care Management CSU
NH Department of Health and Human Services
PO BOX 1810
Concord, NH 03302-9954
IV. Enrollment

A. Call Center 1-888-901-4999

• One-on-One assistance

• Knowledgeable in NH Medicaid and MCM Program policies and procedures
  – Trained in New Heights, the state’s eligibility software

• Represents an unbiased overview of the Care Management Program

• Reinforces the client's freedom to choose
IV. Enrollment

A. Call Center 1-888-901-4999

• Processing enrollments
  – Health Plan selection or opt out
  – Selection of a PCP (during the open enrollment period is OPTIONAL)
  – Assist client with transfer requests (switching plans)

• Medicaid Client Services assist on complex cases
IV. Enrollment  A. Call Center

Easy: Client knows their PCP and Health Plan.

- Confirm identity and whether caller is case head, authorized representative or self
- Enroll caller in selected plan
- Complete PCP selection (if you don’t have PCP)
- Confirm selection of plan and PCP before ending call
- Request participation in a customer service satisfaction survey
IV. Enrollment  
A. Call Center

Confused: Caller doesn’t understand Care Management or how to pick a Health Plan.

• Confirm identity and status of caller
• Explain Care Management Program
• Review mandatory and voluntary groups for enrollment
• Based on level of confusion, either go through letter or give website addresses for DHHS and 3 Health Plans
• Explain the provider directories, and give location where they can be found
• Assist client with enrollment or encourage calling after doing research
• Request participation in a customer service satisfaction survey
IV. Enrollment  
A. Call Center

Complicated: 3 family members need to be enrolled, 2 mandatory and 1 voluntary.

- Confirm identity, status of caller and each member in case
- Ask for name of PCP for each member
- Confirm the plans PCP is enrolled in
- Ask client if ready to pick a plan or further questions
- Confirm plans for requested specialists or hospitals
- Ask member if ready to pick a plan
- If no, review side-by-side, mailed with enrollment packet
- Confirm enrollment and PCP selection for each member in case
- Request participation in a customer service satisfaction survey
HEALTH PLAN SELECTION FORM

The people listed below are eligible to pick or change a Health Plan.

- If you do not have a current Health Plan, you MUST pick a Health Plan.
- If you have a current Health Plan, you can pick a new one if you want.
- If Opt Out is an option, you can choose to opt out and not select a Health Plan.
- Optional – You can tell us the primary care provider (PCP) you want by calling 1-888-901-4999 to get the PCP’s NPI Number (National Provider Identifier) below.

Please review the instructions on the back.

<table>
<thead>
<tr>
<th>Name</th>
<th>MID</th>
<th>Well Sense</th>
<th>Healthy Families</th>
<th>Meridian</th>
<th>Opt Out</th>
<th>NPI Number (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>12341234123</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Child Doe</td>
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<td>O</td>
<td>O</td>
<td>N/A</td>
<td></td>
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<tr>
<td>Foster Child</td>
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<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

Do not write below this grid.

B. Mail-in option
IV. Enrollment

B. Mail-In Option

HOW TO COMPLETE THIS FORM

To pick a Health Plan using this form, you must fill it out according to the guidelines below:

- Use BLACK ink.
- Fill in only one circle for each person.
- Fill in the entire circle, firmly, and within the lines, as much as possible.
- If the person does not want to enroll in a Health Plan, fill in the “Opt Out” circle, if it’s offered.
- If you want to tell us the PCP you have picked, enter the PCP’s NPI Number (National Provider Identifier). To get the NPI Number, you may call the Care Management Enrollment Call Center at 1-888-901-4999 or visit http://www.dhhs.nh.gov/ombp/caremgt/index.htm.
- You may simply call the Care Management Enrollment Call Center at 1-888-901-4999, rather than complete this form, if you choose.

Do NOT do the following:

- Do not fill in more than one circle for any one person.
- Do not write outside of the circles.
- Do not cross out mistakes.
- Do not fold, wrinkle, or crease this form.
- Do not write on or near the barcode.

Return the completed form in the enclosed envelope or mail it to:

Care Management CSU

IMPORTANT to complete as requested! Enrollment Forms will be processed at the Central Scanning Unit.
IV. Enrollment  B. Mail-in Option
Selecting a PCP

On the form - fill in the NPI number for their provider.

The NPI number is available:
1. In the provider directories
2. By calling the Enrollment Call Center
   1-888-901-4999

REMEMBER: Medicaid recipient is NOT required to select a PCP in the Health Plan selection process
IV. Enrollment
   B. Mail-in

Return Selection Forms to:

Care Management CSU
NH Department of Health and Human Services
PO BOX 1810
Concord, NH 03302-9954
IV. Enrollment

C. Online option

New Hampshire Electronic Application System
Apply for Assistance

- Food Stamps
- Cash
- Medicaid
- Child Care

New Applicants

- Do I qualify for assistance?
- Apply for services
- Create an account

DHHS Existing Clients

- Check case status
- Online notices/mail
- Reapply
- Report changes
- Redeterminations
- Add programs

New Hampshire Department of Health and Human Services

Welcome to NH EASY

Existing or Returning Clients
Create an Account
- Apply for new benefits
- Do redeterminations
- Report changes to your case
- Read notices online

Do I Qualify?
- A quick and easy option to learn if you may be eligible for assistance

New Clients
Apply Online For:
- Cash Assistance
- Medicaid
- Food Stamps
- Child Care Assistance
- Medicare Savings Program

Announcements

- NH EASY is available on-line from 6:00 AM until 12:00 AM (Midnight) Monday through Sunday.
- Please take a few minutes to complete our NH EASY User Feedback Survey. We'd really like to know about your experience using the online NH EASY system. Your responses to this survey will help us improve NH EASY for everyone!
IV. Enrollment C. Online Option
Create An Account in NH EASY

- Go to www.nheasy.nh.gov
- Select “Create Account”
- Enter information and “Don’t have a PIN?”
- Go back to site after receiving PIN and select “Create Account,” enter information and PIN.
IV. Enrollment  C. Online Option

Organizations Enrolling as a NH EASY Provider

• Must complete and submit Form 777 “NH EASY Provider Enrollment”

• Client must request the organization to be linked to their case and forego having their own account.
  – Complete and submit Form 776, “Client consent to Grant Access to NH EASY”

• Once Form is received by District office, the case will be connected to the organization’s NH EASY account.
IV. Enrollment C. Online Option
Organizations with enhanced NH EASY Accounts

- File Applications on behalf of applicants
- Access clientele’s case information
- View Client’s notices/letters
- Perform change reports
- Add a program
- Reapply
- Redeterminations online
- “Go green”
- Select Health Plans
IV. Enrollment

C. Online Option

What Do You Want To Do?
You can select a tab above to view more information or pick an option below:

Add New Benefits
Apply for additional benefits

Report Changes
Report a change such as:
- I moved
- New person in my household
- I got a new job
- My rent changed

Care Management
- Research Health Plan options
- Enroll in a Health Plan
- Change my Health Plan
- View Health Plan History

Useful Information
- Please take a few minutes to complete our NH EASY User Feedback Survey.
- If you have an EBT card, you can access your account information by visiting the EDGE Customer Portal.
- Apply online for a free cell phone and minutes program through SafeLink! Enter Promo Code NHDHS.
- Get information about help paying for landline phone services through the Link-up NH and Lifeline Telephone Assistance Programs.
IV. Enrollment  C. Online Option

Care Management - Selection Tab

Health Plan Selection
You can select a health plan for each eligible person in your case. You can also tell us who your Primary Care Provider (PCP) is by choosing the 'Select your PCP' button. **Make sure you select 'Submit' before leaving this page!**

**Which health plan is best for me?** To compare health plans and research their provider networks, go to the Research tab.

<table>
<thead>
<tr>
<th>Name/Date of Birth</th>
<th>Status</th>
<th>Opt In/Out</th>
<th>Health Plan</th>
<th>PCP (Optional)</th>
</tr>
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<tbody>
<tr>
<td>Mother Goose</td>
<td>Mandatory</td>
<td></td>
<td></td>
<td>Select Your PCP</td>
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<tr>
<td>06/27/1976</td>
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<tr>
<td>One Goose</td>
<td>Voluntary</td>
<td>Opt In</td>
<td></td>
<td>Select Your PCP</td>
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<td>11/22/2001</td>
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<td>Two Geese</td>
<td>Mandatory</td>
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<td></td>
<td>Select Your PCP</td>
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<td>03/04/2006</td>
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Submit
IV. Enrollment  C. Online Option

Care Management - History Tab

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<thead>
<tr>
<th>Mother</th>
<th>Medical Coverage</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Status</th>
<th>Opt In/Out</th>
<th>Voluntary/Exempt Reason</th>
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<tbody>
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<td>NH Medicaid</td>
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<td></td>
<td></td>
<td>Mandatory</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>One</th>
<th>Medical Coverage</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Status</th>
<th>Opt In/Out</th>
<th>Voluntary/Exempt Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Medicaid</td>
<td>07/11/2013</td>
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<td>Voluntary</td>
<td>Opt In</td>
<td>SSI Child</td>
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<tr>
<td>NH Medicaid</td>
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<td>07/10/2013</td>
<td>Mandatory</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
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<table>
<thead>
<tr>
<th>Two</th>
<th>Medical Coverage</th>
<th>Begin Date</th>
<th>End Date</th>
<th>Status</th>
<th>Opt In/Out</th>
<th>Voluntary/Exempt Reason</th>
</tr>
</thead>
<tbody>
<tr>
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<td>07/10/2013</td>
<td></td>
<td></td>
<td>Mandatory</td>
<td>N/A</td>
<td>N/A</td>
</tr>
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</table>
IV. Enrollment  C. Online Option

Care Management - Research Tab

Research Health Plans
For more information, you can go to the DHHS’s website for Care Management. For a side-by-side comparison of each health plan’s highlights, go to the Health Plan Side-by-Side Comparison (.pdf)

Compare Health Plan Provider Networks
Select ‘Search’ to look up your doctor, specialist, or other health care provider to see which health plans they are participating in. This will help you to decide which health plan to choose.

If you want to research an individual health plan, you can go to each health plan by selecting the ‘Launch’ buttons below.

**Well Sense Health Plan**
- Well Sense Health Plan. Great doctors & hospitals, free extra benefits.
- Wellsense.org.
- Member Services: 1-877-492-6965

**New Hampshire Healthy Families**
- New Hampshire Healthy Families offers new options for benefits and rewards for healthy behaviors.
- Member Services: 1-866-769-3085

**Meridian Health Plan**
- Our family caring for you and your family; call us 8:00 a.m. to 8:00 p.m. or visit www.mhplan.com to chat with us!
- Member Services: 1-855-291-5221
V. Health Plan Membership - Contact with Members

• Welcome Call (within thirty days and with three tries)
• Letter in the mail
• Mail the Member Handbook
• Issue an ID card (received no later than 7 days after coverage begins)
V. Health Plan Membership - Start Up Activity

- Confirmation or select PCP
- Brief Health Risk Assessment
- Screen for special needs or services
- Determine communication access needs such as preferred language information
V. Health Plan Membership - MCM Operations

- 90 days to switch plans (from the program start date)
- Health Plan membership information is available to providers in the MMIS
- Offer both cards to providers at their appointments
V. Health Plan Membership - MCM Operations – Health Plan

- To switch your PCP
- Request a Health Plan card
- When confused about a Health Plan communication (letter, brochure, call, etc.)
- To check on a transfer of a Prior Authorization (PA) or in the future to check on new PAs
- Questions about coverage (including prescription coverage and requirements for prior authorizations or referrals)
- Request information on optional services, programs and health care incentives
- For grievances and appeals
- Information on the Health Plan Provider network
- For information on coordination of care
V. Health Plan Membership - MCM Operations – DHHS

- To switch to a different Health Plan
- Information on services covered FFS (including long-term care supports and services, including waiver services, dental services or for exempt populations)
- Regarding Medicaid eligibility – including redeterminations
- To request new NH Medicaid card
- Dental-related questions
- Requests for Fair Hearings (after the Health Plan grievance and appeal process has been exhausted or if the client is covered under fee-for-service)
- Information on the NH Medicaid Provider network
- Questions about MCM program and enrollment (including the launch of other phases of the program)
MCM Open Enrollment –
September 11, 2013 through
November 11, 2013

Autoassignment –
November 12, 2013 through
November 16, 2013
How to Assist Your Clients

1. Examine the client’s current situation
2. Guide your clients to available resources
3. Remind your client that:
   – There is a due date to select
   – Autoassignment is a default position not a decision
4. Facilitate enrollment action, whenever possible and with the client’s request
MCM Enrollment

1. Clients will receive notice
   A. Enrollment Packet
   B. Reminder
   C. Confirmation

2. Self-Select before Autoassignment
   A. Call the Enrollment Call Center at 1-888-901-4999
   B. Go online to www.nheasy.nh.gov
   C. Mail in the provided enrollment form
Health Plan Membership

1. Health Plans will contact their members
2. Confirm or establish the member’s PCP
3. Send each member a card and a member handbook
For the latest information and resources visit www.dhhs.nh.gov

Click on the MCM logo
MCM Program Provider Questions
E-mail: mcmprovidercontact@dhhs.state.nh.us

Client Questions
Enrollment Call Center at: 1-888-901-4999
Call Medicaid Client Services at:
1-800-852-4344 (ext 4344) for in-state calls or 603-271-4344

General Questions
E-mail: nhmedicaidcaremanagement@dhhs.state.nh.us
Managing Business Processes Training

Attendees will learn about the business processes that are affected in the transition to MCM, including but not limited to:

- Verifying a client’s enrollment status
- Service/prior authorizations procedures and requirements
- Billing and reimbursement including information on filing claims
- Other important policies and procedures including appeals and grievances
- This training will launch the “Quick Reference Guide” tool that will outline the variations in the business processes between the Department’s NH Medicaid FFS program and the Health Plans!

While DHHS welcomes all staff, staff with managing the processes mentioned in the training description will benefit the most and will use this information now and in the future.
Managing Business Processes Training

New Hampshire

November 12, 2013 – 9am - 1pm
Grappone Center in Concord, NH

Registration available through the Department’s website!
Thank you

Questions