

NH Medicaid Care Management

Provider Communication Plan

August 1, 2013

Presented by:
Christine Shannon
Maya Glover

Presentation Agenda

- I. Strategy Development**
- II. Communication Plan**
- III. Resource Development and Events**

I. Strategy Development - Collaboration

- Department Staff Workgroups –Department-wide participation (OMBP, DFA, DDS, Family Support, BBH, OMHRA, HCBC, DCS)
 - Medicaid Care Management Core Panel
 - Website Development Workgroup
 - Provider Outreach and Education Workgroup
- Consulted Providers during Survey Development
- Contracted Managed Care Organizations (MCO)
- Ongoing Requests for Feedback- Medical Care Advisory Committee (September 2013)
- Other Providers

I. Strategy Development – Provider Outreach & Education Workgroup

- Wendi Aultman, Elderly and Adult Services
- Aimee Linehan, Client Services
- Maya Glover, Medicaid
- MaryGaye Grizwin, Medicaid
- Christine Shannon, Medicaid
- Patricia Tilley, Public Health

Additional Contributions from:

Carol Sideris , Client Services

Betsy Hippensteel, Client Services

I. Strategy Development – Provider Outreach & Education Workgroup

GOALS

- (1) Provide support and resources to our partners in the Medicaid provider community through the transition to a managed care model of administration.
- (2) Encourage the continued treatment, support, and services for Medicaid recipients.

I. Strategy Development –

Provider Outreach & Education Workgroup

OBJECTIVES

- (1) Develop informative **communications, trainings** and **supporting resources** for *managing business processes* and *assisting their clients*.
- (2) Disseminate information with a **dependable frequency** and as needed, in a manner that is **consistent** and easily **accessible**.
- (3) Be **responsive** to provider questions and concerns.
- (4) Be **inclusive** of provider types and interests.

I. Strategy Development –

Provider Outreach & Education Workgroup

PRINCIPLE

Development of communications, trainings and supporting resources will be measured to create a **careful balance** necessary to, both:

- (1) Inform providers about the **basic program information;**
and
- (2) To prepare providers to respond to the more complex issues and situations that may arise in the transition period (**guidance**).

I. Strategy Development - Research

- Community Forums (Summer 2012)
- Study of Other States (2011-2012)
- Provider Survey (May 2013)

I. Strategy Development – Provider Survey Results

- Survey completed 6/21/13 through 7/8/13
- **69%** administrative and/or billing/financial staff
- **30%** direct service providers and executive leadership
- **90%** Currently receive updates via E-mail from DHHS
- **91%** of those who DO NOT get an update from DHHS would like to receive one

I. Strategy Development – Provider Survey Results

- Preferred communication mediums
 - **97%** electronic
 - **73%** hard copy/mail
 - In-person attendance (meeting/presentation)
 - **85%** very likely or likely to attend
 - **52%** Concord
 - **58%** Regional or webinar
 - No interest in social media/text messaging
- Distribution of information - **Need-to-know basis or time sensitive**
- Preference for a **1-hour presentation** in the **morning**

II. Communication Plan - Types

- Regular Updates
- Breaking News
- Resources and Events

II. Communication Plan - Delivery Processes

- E-mail Blast Announcement
- MMIS Message Center
- DHHS Care Management Website
- Trainings and Forums

II. Communication Plan - Department Staff/MMIS

- Orientations
- Post-communication support
- Procedure for triage of provider questions
- Tracking of providers inquiries

II. Communication Plan – 4-Phases

- Planning
- Implementation
- Go-Live
- Operations

*All communication plan types repeat throughout the 4-Phases.

II. Communication Plan – Regular Updates Standards

- Regular Frequency of Release
- Contents
 - Background information
 - Topic Specific
 - Updates on Medicaid Recipient Communications
 - Upcoming News and Events
 - MCO Provider Enrollment Contacts

Regular Updates –Topic

Medicaid Care Management 101

- **Basic information** on Managed Care
 - **Defined terms:** Managed Care Organization (MCO) and Health Plan
 - **Introduces concepts:** Medicaid recipient Health Plan selection and reimbursement processes
- **Guidance** for providers whose patient enrolls with a Health Plan the provider is not contracted with

Regular Updates – Topic

Member Experience

- **Basic information**
 - Recipient Participation statuses
 - Member Health Plan Experience
- **Guidance** “How to Assist Your Clients” training
- Informing providers about the circumstances for Fee-for-Service billing

Regular Updates – Topic

Provider Participation

- **Basic information** on variations in administrative policies and processes
- **Guidance** “Managing Business Processes” training
- Describes advantages to MCO Network enrollment and contracting with more than one Health Plan

Regular Update Sample

TO: NH Medicaid Providers

FROM: Kathleen Dunn, RN, MPH - Associate Commissioner, Medicaid Director

RE: Medicaid Care Management Program Regular Update #1 - Provider Communication Plan and Health Plan Enrollment Reminder

Background

NH Medicaid is undergoing a transition from the current fee-for-service model to a managed care model.

This initiative is called Medicaid Care Management (MCM). The Department of Health and Human Services (DHHS) has contracted with three managed care organizations (MCOs) to offer three Health Plans to Medicaid recipients. Medicaid recipients enroll in a Health Plan for coverage of their medical services. Providers who are enrolled in a member's Health Plan will receive payment directly from the managed care organization.

Communication Plan

The Office of Medicaid Business and Policy (OMBP) is launching a communication initiative to support providers with timely and important MCM related information.

Providers will receive e-mails and/or messages in the Medicaid Management Information Systems Message Center alerting them to the issuance of a new release. All releases will be available on the DHHS MCM webpage at:

<http://www.dhhs.nh.gov/ombp/caremgmt/index.htm>.

Types of Communication Releases

Communication releases will include the following types: Regular Updates, Breaking News and Technical Assistance.

Regular Updates are informational bulletins posted twice per month to the Department's MCM webpage. These communications will inform providers on the planning and implementation of the program and will highlight specific topics, such as an overview of the managed care model of administration and business process changes.

Breaking News is a notification to providers of significant achievements or changes to the MCM schedule or roll out. These releases will alert a provider to significant events, for example, the beginning of open enrollment (recipient Health Plan selection process) and the go-live date (the first day of coverage under the Health Plans).

Technical Assistance is a set of detailed instructions that will assist providers with making business process adjustments and will serve as a resource for providers in support of ongoing business operations. These releases will cover topics such as billing processes and requests for service authorizations.

II. Communication Plan - Breaking News

Standards

- **Need to know** and **time sensitive** notifications to providers
- Significant achievements (milestones) or changes to the MCM schedule or roll out

Topics

- Network Development
- Schedule developments
- Open Enrollment
- First day of coverage, Go-live

III. Resource Development

Standards

- Informative and instructive
- Detailed, current, and responsive
 - Contact information
 - Frequently Asked Questions
- Accessible
 - Website
 - Easily identified logo

Topics

- Business processes
- Services information
- MCO Contacts
 - Provider Relations
 - Member Services
 - Billing
- Recipient participation and sample notifications

Resource Sample – Participation Guide

Medicaid Care Management Recipient Participation Guide

MCM Participation	Recipient's Type of Assistance	Selection Process	Coverage*
<p>Voluntary** – Not required</p>	<p>Children in Foster Care Home Care for Children with Severe Disabilities (also known as the Katie Beckett benefit) Children with Supplemental Security Income Dually Eligible for Medicare and Medicaid</p>	<p>Offered an opportunity to <i>opt out</i> or they are autoassigned. Recipient can <i>opt in</i> and <i>out</i> of participation in the program at any time.</p> <p>For those who <i>opt out</i> of participation, they will NOT lose Medicaid coverage. These individuals will be covered fee-for-service.</p>	<p>Recipients who self-select or who are autoassigned will begin coverage under their respective health plan on the first of the month until such time that the recipient's:</p> <ul style="list-style-type: none"> • The recipient's participation status changes; • The recipient <i>opts out</i>; or • The recipient loses eligibility.
<p>Exempt/Excluded – Not permitted</p>	<p>Spend-down Veterans Administration Qualified Medicare Beneficiaries (QMB) Special Low-Income Medicare Beneficiaries (SLMB) Qualified Disabled Working Individual (QDWI)</p>	<p>Recipient is informed that because of a type of assistance they receive that are not permitted to participate in the MCM program.</p> <p>These individuals will not lose Medicaid coverage. Medicaid will cover these individuals fee-for-service.</p>	<p>Coverage is maintained under the NH Medicaid's fee for service model of administration until such time as the recipient's participation status changes or should they lose their Medicaid eligibility.</p>
<p>Mandatory – Required</p>	<p>All other Medicaid recipients (including children).</p>	<p>Recipient offered notice no less than 60 days to select a health plan.</p> <p>Not selecting a health plan means the recipient will be autoassigned to a health plan.</p>	<p>Coverage begins on the first of the month and continues until such time as:</p> <ul style="list-style-type: none"> • The recipient's participation status changes; or • The recipient loses eligibility.

*Coverage under Medicaid may begin on the same day as an application is submitted and may pay claims as much as 3 months retroactively. The health plan coverage begins on the first of the month.

Resource Sample – Contacts

NH Medicaid Care Management Program
Health Plan Provider Relations Contact Information

Health Plan	Well Sense Health Plan	NH Healthy Families	Meridian Health Plan
Managed Care Organization	Boston Medical Center Health Net Plan	Centene	Meridian
Provider Relations Contact	Kristina Griffin 603-263-3043 Kristina.griffin@bhmcp.org	Provider Relations Office 866-769-3085	Mark Simpson 603-263-7000 x 6521 Mark.simpson@mhplan.com
Website	http://wellsense.org/providers	www.nhhealthyfamilies.com	<u>WEBSITE HERE</u>
Provider Manual	http://www.wellsense.org/providers/nh-provider-manual	Available to enrolled network providers	http://www.mhplan.com/nh/providers/index.php?location=provider&page=manual
NH Medicaid Account Managers	MaryGaye Grizwin mgrizwin@dhhs.state.nh.us	Patrick McGowan mmcgowan@dhhs.state.nh.us	Laura Ford lford@dhhs.state.nh.us

Resource Sample – Website

A A A an official **NEW HAMPSHIRE** government website

dhhs New Hampshire Department of **HEALTH AND HUMAN SERVICES**

Families & Children | Women | Teens | Adults | Seniors | People with Disabilities

Translate this page 

- Home
- About DHHS
- Divisions/Offices
- Media
- Statistics
- Online Tools
- Vendors / RFP
- Job Opportunities
- Topics A to Z
- Contact

NH Medicaid Care Management (MCM) Program

New Hampshire Medicaid is making changes to the Medicaid program. It is moving most Medicaid recipients to a Care Management program.

Care Management will help NH Medicaid recipients to coordinate their health care. It will also help those Medicaid recipients with chronic diseases like diabetes, asthma, obesity and mental illness. Through this program, Medicaid recipients will have wellness and prevention programs as a part of their Medicaid benefit.

The current Medicaid benefits will not change. Most Medicaid recipients will pick a health plan and a primary care provider from the health plan's list of providers. The health plan will pay doctors, nurses, hospitals and other providers.

What You Will Find Here and How You Can Use It

This webpage will have information about MCM for Medicaid recipients, providers and for the public.

For a limited time, as the Medicaid transitions to managed care, this webpage will support providers with timely and thorough MCM related information. Information for Medicaid recipients will be added in the near future, look for updates in the "what's new" section of this webpage.

What's New!

Regular Update – June 3, 2013 "NH Medicaid Care Management Program – Provider Communication Plan"

Translate this page 

Select Language ▼

Powered by  Google Translate

[Disclaimer](#)

New Hampshire Department of Health and Human Services
129 Pleasant Street | Concord, NH | 03301-3852

Program Information

- Office of the Commissioner
- Office of Medicaid Business and Policy

Communication Releases

- Regular Updates
- Breaking News
- Technical Assistance
- Training Opportunities

Care Management

- Request for Proposal
- Contracts
- Related Documents

Events

- Information Meetings
- Community Forums

NH.gov | [privacy policy](#) | [accessibility policy](#) | [non-discrimination policy](#) copyright 2010. State of New Hampshire

III. Resource Development – Quick Reference Guide

- Picture of MCO card
- Website and portal links
- Health Plan enrollment and verification
- Service authorizations and referrals
- Timely filing, claims submission, and payment
- Appeals and Grievances information
- Contacts
 - Provider Call Center
 - Member Services

III. Events

- Training: Managing Business Processes
 - Implementation phase
 - In-person attendance, webinar option
 - Collaborative with MCOs
- Forums
 - Community locations around the state
 - Open to the public
 - In-person presentations by Executive Level Administrators

III. Event- Training

How to Assist Your Clients

- Repeating in the Planning and Implementation phases
- In-person attendance with a webinar option

III. Event- Training

How to Assist Your Clients

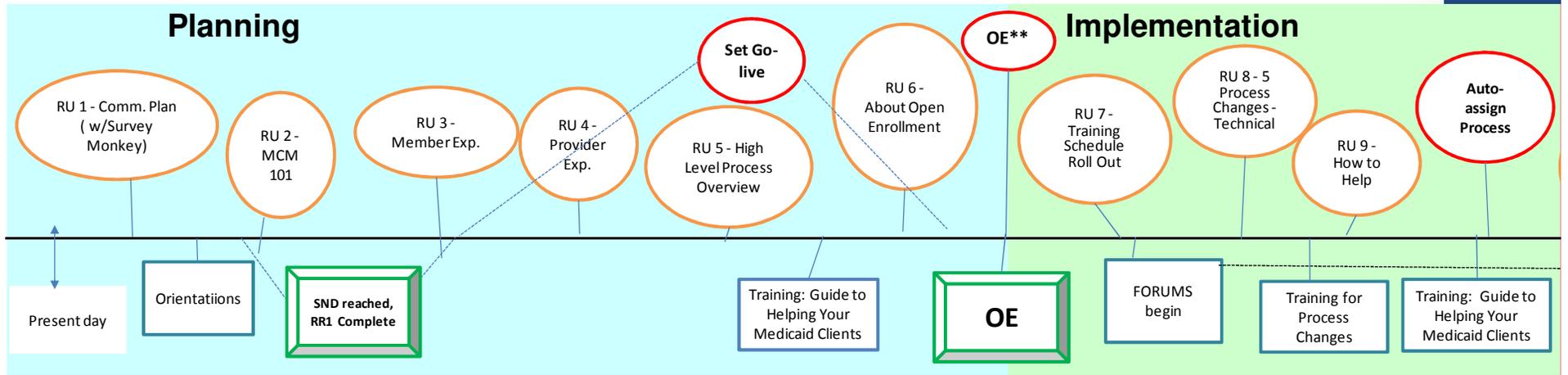
- Department's role in the 4-Phases
- Client participation:
 - Participation status
 - Health Plan options
 - Self-selection and the client's role in decision-making
 - Explaining autoassignment

III. Event - Training

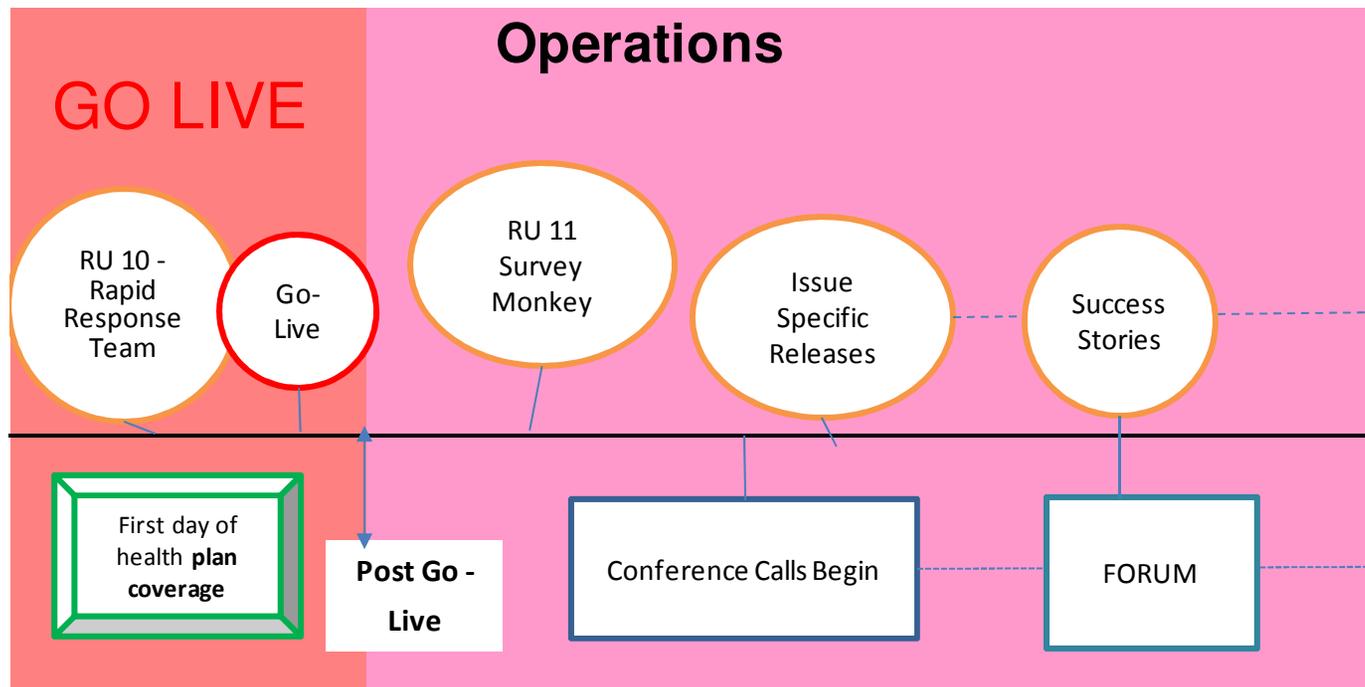
How to Assist Your Clients

- Client enrollment process:
 - Walk-through self-selection
 - Call center
 - Online (NH EASY)
 - Mail-in
- Changing Health Plans
- Member Health Plan experience

Communication Plan



Communication Plan



Summation

- **Communications** - Basic information and guidance that is timely, accurate, and contains a sufficient level of detail
- **Supporting resources and events**
 - Instructions and information that are inclusive, responsive, and current
 - Trainings: Assisting clients, Managing business processes
 - Forums: Community-based, open to the public
- **Standing request for feedback/suggestions**

Thank you - Questions

Christine Shannon

cshannon@dhhs.state.nh.us

Maya Glover

maya.glover@dhhs.state.nh.us