



State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NICHOLAS A. TOUMPAS
COMMISSIONER

April 1, 2013

Richard R. McGreal
Associate Regional Administrator
Centers for Medicare and Medicaid Services
JFK Federal Building
Room 2275
Boston, MA 02203

RE: April Monthly New Hampshire Care Management Update

Dear Mr. McGreal:

In your correspondence of August 24, 2012, approving New Hampshire's §1932(a) Medicaid State Plan amendment, you requested monthly updates commencing October 1, 2012. The updates are to include information regarding:

- A) each health plan's network;
- B) the readiness of the MMIS to send eligibility to plans and receive encounter data; and
- C) the State's readiness to manage the health plans.

This letter is our seventh monthly report. I hope that if there is information that requires further development, you can provide us feedback for the next report. If there is information in the report that raises concerns, I hope you will reach out to us right away so that we can resolve issues of concern.

A. Each Health Plan's Network

The only change from the past five months reports is that we now have an additional plan that asserts that it has pharmacy network adequacy in all counties.

DHHS continues its work regarding how verification of adequacy will take place, utilizing resources from the Office of Medicaid Business and Policy, as well as the Division of Public Health Services.

B. Readiness of the MMIS to Send Eligibility to Plans and Receive Encounter Data

Please refer to the table below for MMIS readiness. There are no substantive changes from last month due to the pending implementation of the new MMIS and the prioritization of resources to that task. The new system is set to start on April 1, 2013. When that activity has stabilized, MCM activities will resume.

New Hampshire Care Management System Interface Testing Status

Interfaces*	Syntax	Targeted Scenarios #1	Targeted Scenarios #2	Volume	Automated File Exchange
	Is the data being received in the correct format.	Specific scenarios have been identified as part of the test file. Checking to see if the data related to the scenarios is received, makes sense, and processed correctly.	More complex scenarios have been identified as part of the test file. Checking to see if the data related to the scenarios is received and processed correctly.	Sending a large volume of records to ensure it can be processed correctly.	Utilizing the Xerox EDI Gateway, files can be uploaded and downloaded through automated processes.
834 Enrollment	3 Successful	3 Successful	3 Successful	3 Successful	3 Successful
Inbound Enrollment Changes	2 Successful 1 not started	2 Successful 1 not started	n/a	n/a	
Outbound Provider	3 Successful	Not Applicable	Not Applicable	3 Successful	3 successful
Inbound Provider Network	3 Successful	3 Successful	3 Successful	3 Successful	In process
Outbound Medical Service Authorizations	Not started				
Inbound Medical Service Authorizations	Not Started				
Outbound Pharmacy Service Authorizations	In Process				
Inbound Pharmacy Service Authorizations	Not Started				
Outbound Third Party Liability	In process				
Inbound Third Party Liability	Not Started				
Outbound Claims	Not Started				
Inbound 837 Encounters	Not Started				

*Outbound files are sent from the MMIS to the MCOs and Inbound files are sent from the MCOs to the MMIS

C. The State's Readiness to Manage the Health Plans

The DHHS MCM Account Team has devoted March to readiness activities. The team has reviewed other state's tools and materials offered by Robin Preston. The team aligned these tools to New Hampshire's contract requirements and developed a tool, careful to differentiate between activities that are critical for readiness and activities that are related to contract compliance. The team then introduced the tool to subject matter experts who participate as members of our Core Panel and walked through some examples of how to populate the tool with standards, acceptance criteria and data sources. The team then met with each subject matter expert independently to review their suggested standards and acceptance criteria and to brainstorm data sources. This proved to further refine the differences between readiness activities and contract compliance. The team then spent some valuable time with a consultant to review the tool, work and progress to date and brainstorm any oversights, risks, mitigation strategies, DHHS internal readiness and next steps. On April 1, the team will be teleconferencing with Robin Preston to walk through the tool, the vision for these activities and obtain more of her invaluable technical assistance.

Additionally, the account team continues to confer with each plan every week and subject specific workgroups meet on an ongoing basis. This week all MCOs senior management attended a meeting with the undersigned and DHHS leadership to touch base about recent developments that impact the initiative, such as state budget development, Affordable Care Act Medicaid expansion plans and litigation status and to reaffirm DHHS commitment to the project. Feedback from the meeting has been favorable.

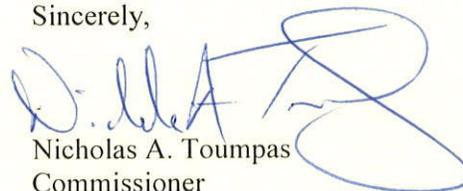
Capitation rate analysis for agreement year 2 is underway with Milliman. DHHS is also framing up minor contract amendments to accompany the year 2 rates that are not substantive in nature but rather address ambiguities of the contract or areas where specific performance was unlikely due to circumstances outside the control of all the parties. Contract amendment activity is expected to be very involved through the month of April in anticipation of the July 1, 2013, effective date.

New Hampshire's award of a State Innovation Model Grant was welcomed news and has stimulated thinking about how to design Step II (long term care services and supports) in the care management initiative.

Finally, all involved in the Monday calls have agreed to suspend them at this time. These calls can resume at any time as determined by the group.

Thank you for taking the time to review our monthly report. As ever, if there are matters of concern, we hope you will inform us right away.

Sincerely,



Nicholas A. Toumpas
Commissioner