



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 #8: Autoassignment – Preparation for Program Start Date

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**Background**      **The Program Start Date for the Department of Health and Human Services Medicaid Care Management (MCM) Program is December 1, 2013. DHHS is completing its transition from the current Fee-for-Service model to a managed care model.**

The Program Start Date of December 1, 2013 is the first day that Medicaid recipients enrolled with one of the three Health Plans will be covered under their respective Health Plans. Open Enrollment began between September 11, 2013 and September 16, 2013 for those recipients that were enrolled in NH Medicaid and eligible for MCM. Open Enrollment presented a minimum of a 60-day window for Medicaid recipients with a participation status of mandatory or voluntary to examine the Health Plans and inform DHHS of their selection. (New recipients who become Medicaid-eligible will receive their MCM Enrollment packets and have 60 days to pick a Health Plan.)

**At this point, most Medicaid recipients have either self-selected a Health Plan or been autoassigned to a Health Plan for coverage of their medical services.**

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**Review Provider Regular Updates and Consult MCM Webpage**      **The DHHS began a series of Regular Updates in August designed to keep providers informed of key dates and milestones, describe the recipient and provider experiences under MCM and present information on business process changes.**

In particular, Regular Update #3 *The Medicaid Recipient's Transition to Health Plan Membership*, Regular Update #4 *Providers Participation in the MCM Program* and Regular Update #7 *Managing Business Processes* contain valuable information that providers should review.

**NOTE:** All of the Regular Updates issued can be found on the MCM webpage together with the content of provider training held to date. A series of Question and Answers are also posted. The MCM webpage is

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your source of up-to-date and accurate information regarding MCM. You are encouraged to continue to check the webpage frequently for new announcements and information after the December 1 Program Start Date.

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### **Autoassignment**

**Medicaid recipients who did not respond – meaning they did not self-select a Health Plan by their due date (60-day period stated in their letter in the Enrollment Packet) - were assigned a Health Plan through the autoassignment process.**

The following information – in order of priority was considered in the autoassignment of recipients who did not select a Health Plan:

- 1) evidence (from claims) connecting their inferred primary care provider (failing that, specialty care) to a provider in the Health Plan network;
- 2) prior selection of a Health Plan by family/case member;
- 3) prior membership in a Health Plan; and
- 4) random assignment to the Health Plan with the highest technical score (Wellsense) receiving 50% of the membership, and the other two Health Plans each receiving 25%.

Most recipients were assigned to a Health Plan based on random assignment or family affiliation.

NOTE: members can still change their Health Plan or opt-out (see below). (Newly eligible Medicaid recipients will be autoassigned if they do not choose a plan before their 60-day window is up.)

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### **Medicaid Recipient Communications**

**DHHS sent Confirmation Letters to mandatory and voluntary Medicaid recipients who did not self-select a Health Plan after they were autoassigned. By now, most recipients have been informed of which Health Plan they are enrolled with – whether they self-selected or were autoassigned.**

A sample Confirmation Letter can be found at:

<http://www.dhhs.nh.gov/ombp/caremgmt/documents/id-confirmation-ltr.pdf>

The Confirmation Letter identifies the plan they were assigned to, describes what to expect next and what to do if the recipient would like to select a different plan. Voluntary recipients who were autoassigned will be advised that they can elect to opt-out of participation in MCM. Those voluntary recipients electing to opt-out are required to inform DHHS of their preference. Mandatory recipients will be informed that they have 90-days to change their Health Plan and must also inform DHHS of their

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preference.

Recipients who want to opt-out of MCM or wish to select a different Health Plan are advised to contact the **Enrollment Call Center** at:

**1-888-901-4999**

DHHS is also sharing key messages about the transition through social media, 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](http://www.facebook/DepartmentOfHealthAndHumanServices.com)

Or to follow us on Twitter at:

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

Your clients with Internet access can also get information on the MCM webpage.

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**What Your Clients Who Were Autoassigned Can Expect Next**

**Recipients who were autoassigned will receive the same contact from their Health Plans as those recipients who self-selected a plan.**

The Health Plan will initially place a Welcome Call, send a letter and Member Handbook in the mail and issue an ID card. The Health Plan will then follow up with the recipient to have them either confirm or select their Primary Care Provider (PCP) and have them take a brief Health Risk Assessment. The plans will also screen for special needs and determine communication access needs.

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**Checking Eligibility and Enrollment Status**

**Providers will use the same methods they use today to learn about a client's Health Plan enrollment and to check Medicaid eligibility.**

- Online through Xerox MMIS Health Enterprise Portal
- Electronic 270/271 enrollment transactions
- Automated Voice Response
- Contact the Xerox Provider Relations Unit at (603) 223-4774 or (866) 291-1674.

Remember that eligibility continues to be date specific and to check eligibility **prior to** providing services. The Xeros MMIS does not project future eligibility – eligibility will be confirmed on the specific date checked.

Regular Update #7 *Managing Business Processes* and the *Quick*

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*Reference Guide* are available on the MCM webpage and provide further information.

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**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.

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**Upcoming Events and News**

**DHHS will issue a Press Release and hold a Press Conference to announce the Program Start Date.**

Check the MCM webpage for the Press Release.