

New Hampshire Medicaid Provider Bulletin

Provider Guide to NH Medicaid's Enhanced Care Coordination Program

**The NH Medicaid Enhanced Care Coordination Program
is administered by:**



SCHALLER ANDERSON
MEDICAL ADMINISTRATORS,
INCORPORATED



NEW HAMPSHIRE MEDICAID



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INCORPORATED



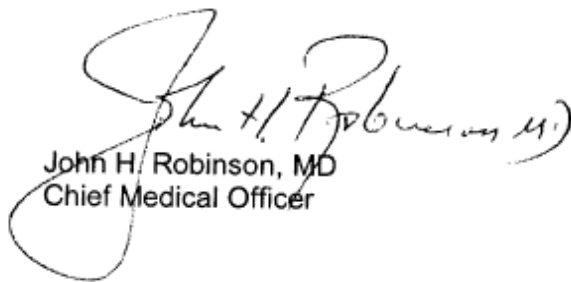
SCHALLER ANDERSON
MEDICAL ADMINISTRATORS,
INCORPORATED

Dear NH Medicaid Provider,

We are honored to have been given the opportunity to contribute to the improvement of the efficiency and effectiveness of care delivered to New Hampshire Medicaid recipients. The success of this effort will be significantly dependent on our ability to work collaboratively with the provider community, with a minimal amount of additional administrative burden imposed. It is our expectation that our efforts will enhance the ability of the provider community to care effectively for the Medicaid population.

We hope you join us in our efforts. We are happy to provide answers to any questions you might have. This guidebook is available on our web site, www.mynewhampshirecare.com, and on CD-ROM or as a printed copy upon request.

Sincerely,



John H. Robinson, MD
Chief Medical Officer



Medical Management

Prior Authorization

Schaller Anderson Medical Administrators, Inc. (SAMAI) assumed responsibility for review and authorization of certain clinical services from the NH Medicaid Program, effective July 9, 2007. These review responsibilities apply to services rendered to the entire Medicaid recipient population, typically about 110,000 people. This responsibility will not include pharmacy* or augmentative communication devices. It will include diagnostic imaging, transplants, bariatric surgery, cosmetic procedures, investigational procedures, Durable Medical Equipment (DME) and requests for service limits overrides for PT, OT, ST, office visits and psychotherapy.

*Certain specialty injectable medications require authorization by SAMAI

Requesting Prior Authorization

Generally a recipient's primary care provider is responsible for initiating and coordinating a request for authorization. However, specialists and other providers may need to contact the Prior Authorization Department directly to obtain or confirm a prior authorization.

The requesting provider is responsible for complying with NH Medicaid's prior authorization requirements, policies and request procedures and for obtaining an authorization number. Providers must verify that any required authorization has been obtained **before** rendering service to a recipient.

Services that require prior authorization will be considered for payment only if prior authorization has been obtained. SAMAI is not authorized to backdate authorizations for the NH Medicaid Program.

A prior authorization request must include:

- Current, applicable codes (e.g., Current Procedural Terminology)
- Name, date of birth, sex and Medicaid identification number of the Recipient
- Primary treating provider
- Name, address, phone and fax number and signature, if applicable, of the ordering provider
- Clinical information, such as clinical notes which are adequate to explain the rationale for the service requested, diagnoses, laboratory, imaging studies and treatment dates, as applicable for the request.
- If applicable, documentation of a denial of coverage from the recipient's private health insurance carrier.

To facilitate a prior authorization request, all clinical information must be submitted with the original request. Prior authorization request forms can be found in the Appendix.

A request for prior authorization should be submitted to the SAMAI-NH Medicaid Prior Authorization Department by mail, telephone, fax, or email as follows:



Telephone: (866) 499-9335
Fax: (866) 499-9334
Email:
Mail:

Schaller Anderson Medical Administrators, Inc.
Medicaid Prior Authorization Unit
53 Regional Drive Suite 201
Concord, NH 03301

Medical Services Requiring Prior Authorization

The following services require prior authorization. These services should be requested 10 business days prior to the recipient receiving the service.

- Diagnostic imaging
- Private Duty Nursing - for persons under age 21 (over 21 see below)
- Commonly used Medical Equipment
- Potential cosmetic surgical procedures
- PT/OT/ST services beyond the benefit limit of 80 units per year
- Office visits beyond the benefit limitation of 18 visit per year
- Certain behavioral health visits beyond the benefit limitation of 12 visits per year
- Certain specialty injectable medications
- Transplants
- Out-of-state acute inpatient stays

Medical Services Requesting Prior Notification

- Hospital admissions
- Notification of pregnancy
- Creation of arteriovenous fistula for dialysis

The provider must contact the Department of Health and Human Services, Bureau of Elderly and Adult Services, 129 Pleasant St. Concord, NH, and obtain prior authorization to provide the following services:

Nursing Facility Services
Private Duty Nursing - for age 21 and over

Reimbursement

Failure to obtain a prior authorization for services outlined above may result in the denial of a claim. In addition, when submitting the claim for the prior authorized service, it is important to include the Prior Authorization number in the appropriate space on the claim. Please direct all claims questions to EDS at (800) 423-8303 (NH & VT only) or (603) 224-1747 (Out of State).



Timeliness*

Prior authorization decisions and responses are provided in a timely manner that accommodates the urgency of the condition as follows:

- To ensure timely processing please submit a request 10 business days prior to services being rendered
- Urgent requests defined as services which are required to treat a clinical condition that, as a result of an unforeseen illness, injury, or condition, needs immediate attention. Care must have been rendered within 24 hours. These requests will be reviewed and determinations sent out within 3 calendar days. Urgent requests submitted on the Friday prior to a 3-day holiday weekend will be reviewed at latest, on the 1st business day following the holiday.
- Routine requests will be reviewed and determinations sent out within 10 calendar days.
- All denials of prior authorizations will be completed verbally and in writing. Specific criteria utilized in the decision will be addressed in the denial letter.

* Prior authorization requests related to diagnostic imaging are held to a different standard of timeliness; those timelines are noted separately.

- Routine requests will be reviewed and determinations sent out within 2 calendar days.
- Diagnostic imaging requests do not have a separate urgent designation, as all requests are processed within 2 days.

All denials of prior authorizations will be completed verbally and in writing. Specific criteria utilized in the decision will be addressed in the denial letter.

Reconsideration of a Denial of Services*

Providers who have immediate questions or disputes regarding denial of a request for prior authorization may request reconsideration by the Chief Medical Officer (CMO) or designee by submitting supporting documentation within two (2) business days of the receipt of the verbal adverse determinations. The reconsideration decision will be made within two (2) days after SAMAI receives all necessary documentation. The recipient will need to pursue any appeal requests beyond the two business days of the original receipt of the adverse determination.

*Requests for reconsideration of an adverse determination related to diagnostic imaging require submission of supporting documentation within five (5) business days of the receipt of the verbal adverse determinations. Reconsideration decisions for diagnostic imaging requests will be made within five (5) days after SAMAI receives all necessary documentation. The recipient will need to pursue any appeal requests beyond the five business days of the original receipt of the adverse determination.

Clinical Review Criteria

Clinical review criteria will minimally meet the following requirements:



- Criteria will meet nationally-recognized standards of quality medical care and services. Criteria are consistent with the provision of appropriate care, at an appropriate time, in an appropriate setting by an appropriate provider and at an appropriate level of care. Criteria will also be consistent with an efficient and effective utilization of resources available to recipients.
- Clinical review criteria shall be a defined set of medical decision standards that Schaller Anderson will use to make authorization determinations on a case-by-case basis for benefits and services provided to recipients, and will be based on established medical policy and clinical practice guidelines approved by the NH Medicaid Program.
- Evidence-based criteria will be used when available from peer-reviewed medical literature or from professional medical organizations when appropriate.
- Clinical review criteria will take into consideration individual circumstances of health care need and be used to administer and manage health care benefits and services based on medical need and presenting symptoms.
- Clinical review criteria and changes in criteria will be communicated to providers and recipients at least 30 days in advance of any changes.
- Clinical review criteria and practice guidelines for all NH Medicaid prior authorization services will be reviewed at least annually. DHHS shall approve SAMAI's clinical review criteria and any changes to the criteria will be put forth in administrative rules.
- Criteria shall be made available to providers during trainings and upon request.

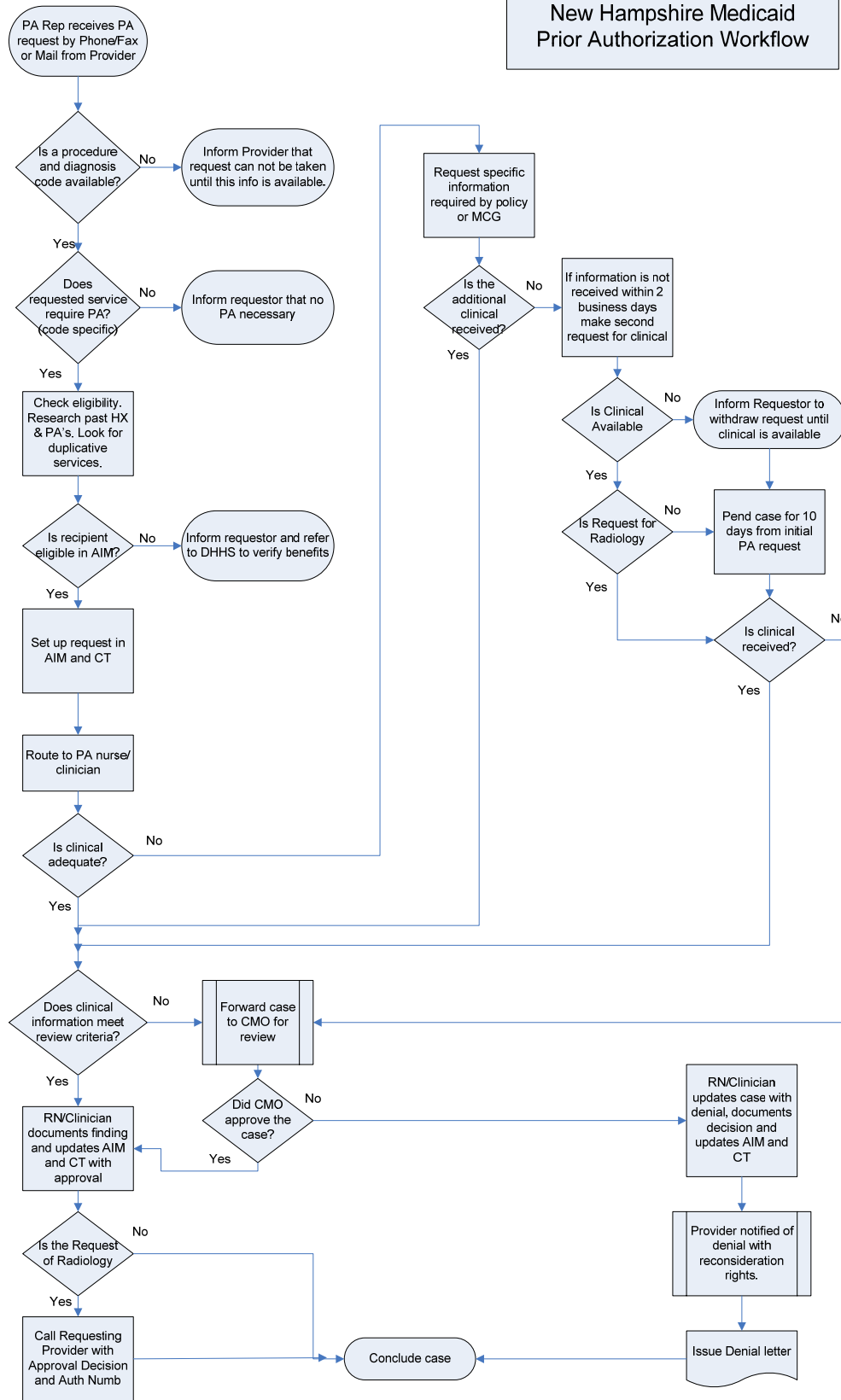
Prior Authorization Forms

The most current version of all Prior Authorization forms can be downloaded from our website, located at:

www.mynewhampshirecare.com/providers/prior-authorization-forms.aspx



New Hampshire Medicaid
Prior Authorization Workflow



Revised: June 4, 2009



Concurrent Review

Concurrent review nurses and medical directors review and evaluate hospital admissions concurrently using nationally recognized criteria. Initial reviews are conducted within twenty-four (24) hours of notification, or the next business day of admission. Subsequent reviews are conducted regularly at intervals which are dependent on the specific clinical condition being treated. Concurrent review nurses are active in assisting with discharge planning, with a goal of improving outcomes for the recipient while reducing readmission rates.

At each initial and subsequent review, the recipient's clinical information is evaluated to determine:

- Appropriateness of the level of care
- Estimated length of stay based on optimal recovery guidelines for the diagnosis
- Planning needs for transfers to other facilities such as Rehabilitation or Skilled Nursing Facilities
- Discharge planning needs such as:
 - Scheduled follow up visit
 - Home Health Care
 - Durable Medical Equipment
 - Rehabilitation Therapy
 - Case Management
 - Coordination of Benefits from any other payers
 - Indications of any potential quality of care or utilization issues
 - The recipient's potential to benefit from Enhanced Care Coordination following discharge

Concurrent reviews entail regular communication between facilities and SAMAI staff; daily delivery of the hospital's Medicaid census to SAMAI is expected either by fax or other means. SAMAI concurrent review staff focuses subsequent concurrent reviews efforts only on those cases likely to benefit from timely information exchanges. This is done telephonically and gathers elements of clinical information necessary to ensure timely transition of care and discharge planning.

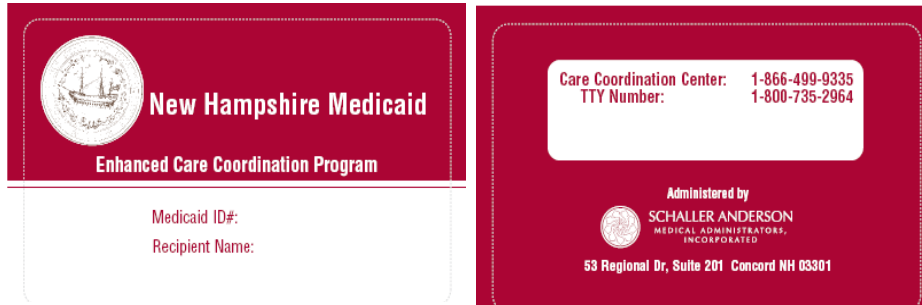
Enhanced Care Coordination Pilot Project

The Enhanced Care Coordination (ECC) pilot project applies to those who are eligible through the Temporary Assistance to Needy Families (TANF) or Aid to the Permanently and Totally Disabled (APTD) programs, and is designed to improve the quality and effectiveness of care delivered to enrolled recipients. The program helps enrolled recipients gain access to integrated clinical services and community resources, links service delivery systems, shares information among providers, resulting in improved individual and population-based outcomes. The ECC program itself does not provide clinical or case management services. Instead the ECC program endeavors to ensure that such services are made available to Medicaid recipients who need them and also make sure that communications between multiple providers about complex multiple co-morbidity issues are ongoing and effective. The intention is to "Supplement, Not Supplant" existing services.



Medicaid recipients are identified for participation in the program through a proprietary risk-profiling application that includes claims data and health risk assessments. Those most likely to benefit from Enhanced Care Coordination services are those who have multiple co-morbidities, in particular those with combined medical and behavioral health conditions. Recipients identified as having the highest level of risk and accepted for inclusion in the ECC program will receive a program ID card.

Enhanced Care Coordination Program ID Card



Quality Management

HEDIS Measures

The Health Plan Employer Data and Information Set (HEDIS) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma and diabetes. HEDIS also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care and claims processing. HEDIS is sponsored, supported and maintained by NCQA.

The NH Medicaid Program has enlisted the services of SAMAI for collection of the following HEDIS-like measures:

- Adolescent Measures
SubMeasures: Meningococcal, Tdap, BMI Assessment
- Follow-up after Hospitalization for Mental Illness
SubMeasures: Follow-up within 7 and 30 days
- Adult's Access to Preventive/Ambulatory Health Services
SubMeasures: Age 20-44, 45-64, and 65+
- Prenatal and Postpartum Care
SubMeasures: | Timeliness of Prenatal Care and Postpartum Care
- Frequency of Prenatal Care
- Well Child Visits in First 15 Months of Life
SubMeasure: Six or more visits
- Well Child Visits in the 3rd through 6th Years of Life



SubMeasure: Well Care Visits in the 3rd, 4th, 5th, and 6th years of life

- Adolescent Well Care Visits Age 12-21 years
- Breast Cancer Screening
- Antidepressant Medication Management

SubMeasure: Optimal Practitioner Contacts, Acute Phase Treatment, Continuation phase treatment

Satisfaction Surveys

Satisfaction surveys are sent from time to time to a random sample of Medicaid recipients and providers to assess their experience and degree of satisfaction with services provided by SAMAI. One example of targeted outreach is the 2009 survey measuring providers' satisfaction with Prior Authorization.

ECC Program Education for Providers

Working with the New Hampshire Medicaid Program, Schaller Anderson Medical Administrators, Inc. (SAMAI) has implemented a Provider Education and Training Plan regarding the Enhanced Care Coordination (ECC) Program. Topics and educational materials may vary, depending on the provider population the training is intended to target. Training may include the following topics:

- ECC Pilot Program functionality
- Wellness care, immunizations, general health promotion and prevention
- Practice guidelines, protocols, medical policy and other decision support tools and resources
- Clinically related transaction processing, e.g. prior authorizations, clinical criteria, coverage guidelines, etc.
- Care coordination and case management
- DHHS business rules, policies and procedures as applicable to the care coordination pilot program
- State and Federal Medicaid policies and procedures, medical policy and interpretation of UM reports

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