



## **New Hampshire Medicaid Special Edition Provider Bulletin**

# **Provider Guide to NH Medicaid's GraniteCare Enhanced Care Coordination Program**

**The GraniteCare Enhanced Care Coordination Program  
is administered by:**



**SCHALLER ANDERSON**  
MEDICAL ADMINISTRATORS,  
INCORPORATED



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF MEDICAID BUSINESS AND POLICY**

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Nicholas A. Toumpas  
 Acting Commissioner

Norman W. Cordell  
 Director

June 13, 2007

Dear New Hampshire Medicaid Provider,

Thank you for taking time from your busy schedule to attend our GraniteCare Enhanced Care Coordination (ECC) Pilot Program Provider Training session. The GraniteCare ECC Pilot Program is a result of House Bill 2 - Chapter 177:123, Laws of 2005. The primary elements of the program are:

- A Formal and Systematic Assessment of the Availability and Capacity of the Medicaid Provider Network
- Health Risk Screening and Assessments, Establishment of Medical Homes and Enhanced Care Coordination
- A 24 Hour Nurse Call Line
- Medical Management, Prior Authorization and Concurrent Review
- Provider and Recipient Satisfaction Surveys
- Provider Training

The Department of Health and Human Services (DHHS) Office of Medicaid and Business Policy has retained the services of Schaller Anderson Medical Administrators, Inc. (SAMAI) to assist us in the achievement of our objectives by actively managing various elements of the program and is proud to introduce them to you today. This arrangement is a result of a contract, which was approved, by Governor and Council on January 10, 2007 after an extensive competitive bidding and evaluation process. Since approval of the contract the Department has been engaged with SAMAI in the Design, Development and Implementation (DDI) phase of the program in preparation for full service delivery, which is scheduled to begin on July 9, 2007.

In order to achieve the intended results of this initiative and thereby improve the value of health care experienced by our Medicaid recipients, the NH Medicaid Program, working in conjunction with SAMAI, will develop programs and deploy processes that have been successfully used and produced excellent results throughout the country. Today's session is designed to acquaint you with those programs and processes and we encourage your full participation, welcome your comments on the items presented and look forward to working with you further as we implement our ECC Pilot Program.

Your consideration and support is appreciated.

Sincerely,  
  
 Norman W. Cordell, FACHE  
 Medicaid Director



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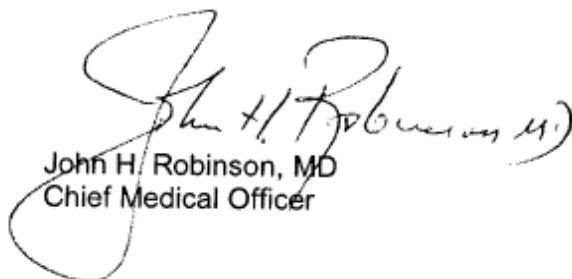
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Dear NH Medicaid Provider,

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 that effort will be significantly dependent on our ability to work collaboratively with the provider community, with a minimal amount of additional administrative burden imposed. In fact, it is our firm expectation that our efforts will actually 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. A comprehensive provider guidebook containing more detailed information about Schaller Anderson's operations in New Hampshire is available on our web site, [www.mynewhampshirecare.com](http://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) will be assuming 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, currently about 104,000 people. As is the case at present, this responsibility will not include pharmacy, radiology prior authorization or augmentative communication devices. It will continue to include 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.

### 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:



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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.

- 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 rehabilitation stays

### Medical Services Requiring 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 1<sup>st</sup> 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.

#### 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.

#### Clinical Review Criteria

Over the next couple of months, the NH Medicaid Program and SAMAI will be working together on refining clinical review criteria used for prior authorization.

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.



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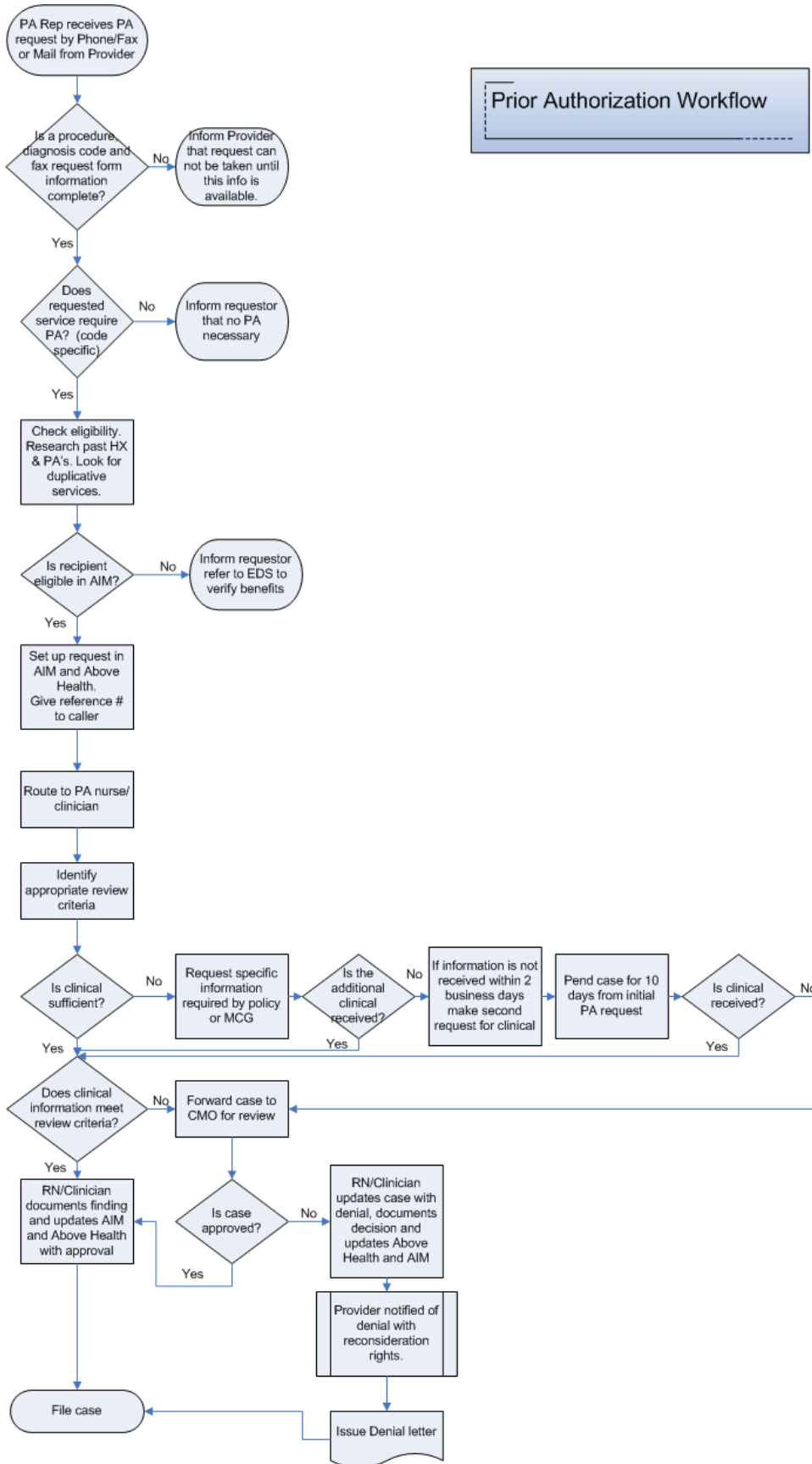


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- Clinical review criteria and changes in criteria will be communicated to providers and recipients at least 30 days in advance of any changes.
- Clinical review criteria and practice guidelines for all NH Medicaid prior authorization services will 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 Workflow





## 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 or the next business day of admission. Subsequent reviews are conducted regularly at intervals which are dependent on the specific clinical condition being treated.

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:
  - 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 will 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 will focus subsequent concurrent reviews efforts only on those cases likely to benefit from timely information exchanges. This will be done telephonically and will gather only those elements of clinical information necessary to ensure timely transition of care and discharge planning.

## Enhanced Care Coordination Pilot Project

Conceived by the NH Medicaid Program to improve the quality and effectiveness of care delivered to recipients, the Enhanced Care Coordination (ECC) pilot project will apply to those who are eligible through the Temporary Assistance to Needy Families (TANF) or Aid to the Permanently and Totally Disabled (APTD) programs currently about 78,000 people. The program will help enrolled recipients gain access to integrated clinical services and community resources, will link service delivery systems, will share information among providers and will result in improved individual and population-based outcomes. The ECC program itself will not provide clinical or case management services. Instead the ECC program will endeavor 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. We intend to "Supplement, Not Supplant" existing services.

Medicaid recipients will be identified for participation in the program through a proprietary risk-profiling application that includes claims data and health risk



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assessments. Those most likely to benefit from Enhanced Care Coordination services will be those who have multiple co-morbidities, in particular those with combined medical and behavioral health conditions. Recipients 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 measures:

- Adolescent Immunization Status  
SubMeasures: MMR, Hepatitis B, VZV-Chicken Pox
- 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 3<sup>rd</sup> through 6<sup>th</sup> 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

### **Nurse Call Line**

The NH Medicaid Program, through its contract with SAMAI, has available to all Medicaid recipients a 24 hour a day Nurse Call Line. The Nurse Call Line services will supplement existing health education efforts and disease management programs. Answers to individual health questions will be provided by nurses and other clinicians and Medicaid recipients will be referred as necessary to a comprehensive library of health related information available in a variety of formats. The expectation is that through this service, Medicaid recipients will be better prepared to adhere to treatment recommendations given by their healthcare providers, will utilize services more effectively including reducing the number of unnecessary ER visits and will have overall improved health literacy. A Call Line Nurse can be reached by calling (888) 204-9099 or TTY 1-888-218-6001.

### **Satisfaction Surveys**

In early May surveys were sent to a random sample of Medicaid recipients and providers to assess their experience and degree of satisfaction with Medicaid programs and services prior to commencement of Schaller Anderson operations. This baseline information will help determine the relative success of the GraniteCare ECC program components.

### **Assessment of Network Adequacy**

The most comprehensive and detailed Care Coordination plan will not be successful if there is insufficient access to medical and behavioral clinical care, to case management services and to community and other related service programs. Therefore a critically important element of the GraniteCare ECC Program effort will be to undertake a comprehensive and systematic assessment of the existing network of providers and other resources.

### **Provider Training Program**

Working with the NH Medicaid Program, SAMAI will implement a Provider Education and Training Plan regarding the ECC Pilot Program. Training will be held for all primary and specialist providers, though 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
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirements



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- 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, medical home 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

Training sessions will be held in locations accessible to all providers who wish to attend, with at least one session in the northern tier of the state and several sessions in the southern tier such that travel time to sessions is not greater than 40 minutes. It is anticipated that these sessions will take place over the next 12-18 months. Additional sessions may be added as needed.

Providers will be notified of the date, location and agenda items for training sessions no less than 45 days in advance, followed by a fourteen day notice prior to the event. To view the full training calendar, please visit the Provider website at:

[www.mynewhampshirecare.com](http://www.mynewhampshirecare.com)