



ADDENDUM #2

CARE MANAGEMENT RFP # 12-DHHS-CM-01

On October 17, 2011 the New Hampshire Department of Health and Human Services published a request for proposals, seeking multiple MCOs to implement a Care Management Program for all Medicaid enrollees.

Section 7.10;

Delete: Section YY

Replace with: Section 3.18

Section 7.11.3;

Delete:

For each live birth, DHHS will make a one-time maternity payment to the MCO with whom the mother is enrolled on the date of birth. This payment is a global fee to cover all maternity expenses, including prenatal care, delivery fees, and post-partum care. In the event of multiple births, DHHS will make only one maternity payment. Maternity payments include prenatal care and two months of postnatal care for the mother. A live birth will be defined in accordance with New Hampshire Vital Records reporting requirements for live births as specified in RSA 5-C.

The MCO shall submit information on maternity events to DHHS. The MCO shall follow written policies and procedures for receiving, processing and reconciling maternity payments.

The Data Book contains details of the services included and the estimates of the kick payment based on prior experience. Bidders may accept these estimates or provide their own alternative as specified in the Cost Proposal Template.

Replace with:

For each live birth, DHHS will make a one-time maternity payment to the MCO with whom the mother is enrolled on the date of birth. This payment is a global fee to cover all maternity expenses delivery fees, and post-partum care. In the event of multiple births, DHHS will make only one maternity payment. A live birth will be defined in accordance with New Hampshire Vital Records reporting requirements for live births as specified in RSA 5-C.

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New Hampshire Medicaid Care Management Program

Replace Matrix 3.1 Covered Populations and Services Matrix with;

Members	Step 1	Step 2	Step 3	Excluded/ FFS
OAA/ANB/APTD/MEAD/TANF/Poverty Level - Non-Duals ¹	X			
Foster Care - With Member Opt Out	X			
Foster Care - Mandatory Enrollment (w/CMS waiver)		x		
HC-CSD (Katie Becket) - With Member Opt Out	X			
CHIP (transition to Medicaid expansion)	X			
TPL (non-Medicare) except members with VA benefits	X			
Auto eligible and assigned newborns	X			
Breast and Cervical Cancer Program (BCCP)	X			
Medicare Duals - With Member Opt Out	X			
Medicare Duals - Mandatory Enrollment (w/CMS waiver)		X		
ACA Expansion Group			X	
Members with VA Benefits				X
Family Planning Only Benefit (in development)				X
Initial part month and retroactive/PE eligibility segments (excluding auto eligible newborns)				X
Spend-down				X
QMB/SLMB Only (no Medicaid)				X

Services	Step 1	Step 2	Step 3	Excluded/ FFS
Maturity & Newborn Kick Payments	X			
Inpatient Hospital	X			
Outpatient Hospital	X			
Inpatient Psychiatric Facility Services Under Age 22	X			
Physicians Services	X			
Advanced Practice Registered Nurse	X			
Rural Health Clinic & FQHC	X			
Prescribed Drugs	X			
Community Mental Health Center Services	X			
Psychology	X			
Ambulatory Surgical Center	X			
Laboratory (Pathology)	X			
X-Ray Services	X			
Family Planning Services	X			
Medical Services Clinic (mostly methadone clinic)	X			
Physical Therapy	X			
Occupational Therapy	X			
Speech Therapy	X			

¹ Per 42 USC §1396u-2(a)(2)(A) Non-dual members under age 19 receiving SSI, or with special healthcare needs, or who receive adoption assistance or are in out of home placements, have member opt out.



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Audiology Services	X			
Podiatrist Services	X			
Home Health Services	X			
Private Duty Nursing	X			
Adult Medical Day Care	X			
Personal Care Services	X			
Hospice	X			
Optometric Services Eyeglasses	X			
Furnished Medical Supplies & Durable Medical Equipment	X			
Non-Emergency Medical Transportation (current admin. expense)	X			
Ambulance Service	X			
Wheelchair Van	X			
Fluoride Varnish by Primary Care Physicians (New Service) ²	X			
Services	Step 1	Step 2	Step 3	Excluded/ FFS
Acquired Brain Disorder Waiver Services		X		
Developmentally Disabled Waiver Services		X		
Choices for Independence Waiver Services		X		
In Home Supports Waiver Services		X		
Skilled Nursing Facility		X		
Skilled Nursing Facility Atypical Care		X		
Inpatient Hospital Swing Beds, SNF		X		
Intermediate Care Facility Nursing Home		X		
Intermediate Care Facility Atypical Care		X		
Inpatient Hospital Swing Beds, ICF		X		
Glenclyff Home		X		
Developmental Services Early Supports and Services		X		
New Substance Abuse Benefit Allowing MLDACs		X		
Home Based Therapy - DCYF		X		
Child Health Support Service - DCYF		X		
Intensive Home and Community Services - DCYF		X		
Placement Services - DCYF		X		
Private Non-Medical Institutional For Children - DCYF		X		
Crisis Intervention - DCYF		X		
Intermediate Care Facility MR				X
Medicaid to Schools Services				X
Dental Benefit Services				X

² MCOs must provide for payment to American Academy of Pediatrics trained & annually certified primary care providers and pediatricians who conduct an oral exam, provide age appropriate anticipatory guidance and risk assessment and apply fluoride varnish to the teeth, when clinically appropriate, of members aged 6-36 months during well child care no more than twice per year."