

**NEW HAMPSHIRE TITLE XXI STATE PLAN
FACT SHEET**

**Name of Plan: Healthy Kids Gold (Title XIX expansion)
Healthy Kids Silver (Title XXI separate child
health program)**

Date Plan Submitted:	May 21, 1998
Date Plan Approved:	September 15, 1998
Effective Date:	May 1, 1998 (Title XIX expansion) January 1, 1999 (Title XXI)
Date Amendment #1 Submitted:	December 28, 1998
Date Amendment #1 Approved:	March 25, 1999
Date Amendment #1 Effective:	January 1, 1999
Date Amendment #2 Submitted:	November 26, 2002
Date Amendment #2 Approved:	February 20, 2003
Date Amendment #3 Submitted:	February 24, 2003
Date Amendment #3 Approved:	May 15, 2003
Date Amendment #3 Effective:	January 1, 2003
Date Amendment #4 Submitted:	January 27, 2005
Date Amendment #4 Approved:	April 21, 2005
Date Amendment #4 Effective:	January 1, 2005
Date Amendment #5 Submitted:	October 1, 2009
Date Amendment #5 Approved:	December 18, 2009
Date Amendment #5 Effective:	July 1, 2009 (MCO change) October 1, 2009 (premium increase & Enrollment Cap) January 1, 2010 (Citizenship Documentation)

Background

- New Hampshire submitted a title XXI State plan to: 1) Healthy Kids Gold - expand Medicaid to infants to age 1 with family income greater than 185 percent up to including 300 percent of the Federal poverty level (FPL); and 2) Healthy Kids Silver - implement a separate health insurance program to cover children ages 1 to 19 with family income greater than 185 percent up to including 300 percent of the FPL.

Amendments

- On December 28, 1998, New Hampshire submitted a State plan amendment to modify the benefit package. Effective January 1, 1999, New Hampshire modified the prescription drug benefit, mental health and substance abuse benefit, and the dental benefit.
- On November 26, 2002, New Hampshire submitted a State plan amendment to indicate the State's compliance with the final Children's health Insurance Program (CHIP) regulations and to update program descriptions. Additionally, this amendment assures that American Indian/Alaska Native children are exempt from cost-sharing requirements. This amendment also adds good-cause exceptions to the 6-month period of uninsurance prior to enrolling in Healthy Kids Silver and eliminates the 6-month period of uninsurance prior to enrollment in Healthy Kids Gold.
- On February 24, 2003, New Hampshire submitted a State plan amendment to increase cost sharing in Healthy Kids Silver. The State increased monthly premiums from \$20 to \$25 per child for families with incomes between 185 and 250 percent of the FPL. The State increased monthly premiums from \$40 to \$45 per child for families with incomes above 250 percent of the FPL. The family monthly premium cap increased from \$100 to \$135 for families with incomes above 250 percent of the FPL. Copayments increased from \$5 to \$10 per office visit, and from \$25 to \$50 per emergency room visit.
- On January 27, 2005, New Hampshire submitted a State Plan Amendment to increase copayments for formulary and non-formulary prescription drugs.
- On October 1, 2009, New Hampshire submitted a State Plan Amendment to increase premiums in Health Kids Silver. The State increased monthly premiums from \$25 to \$32 per child for families with incomes between 185 up to including 250 percent of the FPL and a monthly cap of \$128 per family per month. The State increased monthly premiums from \$ 45 to \$54 per child for families with incomes above 250 up to including 300 percent of the FPL and a monthly cap of \$162 per family per month. The State changed MCO provider from Anthem BCBS of New Hampshire to Harvard Pilgrim Healthcare; children may opt into a Medicaid fee-for-service benefits delivery when dissatisfied with the MCO. The State establishes an enrollment trigger for capping enrollment in Healthy Kids Silver; and compliance with citizenship documentation requirements of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

Children Covered Under the Program

- The State reported that 12,236 children were ever enrolled in CHIP in Federal Fiscal Year (FFY) 2008.

Administration

- New Hampshire's Department of Health and Human Services administers the CHIP program.

Health Care Delivery System

- The State purchases a managed care product with a focus on preventative and well-child care through the New Hampshire Healthy Kids Corporation (NHHKC).
- Children may opt into a Medicaid fee-for-service benefits delivery when dissatisfied with the managed care product.

Benefit Package

- Benchmark-equivalent coverage is provided. An actuarial analysis comparing the benefit package to the Federal Employees Health Benefit Program was conducted.
- Effective January 1, 1999, a State plan amendment modified the prescription benefit, mental health and substance abuse benefit, and dental benefit. An actuarial analysis submitted to CMS demonstrated that health benefit coverage under the amended Title XXI plan remains benchmark-equivalent.

Cost Sharing

- There is no cost sharing in Healthy Kids Gold.
- Healthy Kids Silver cost sharing consists of both premiums and co-pays.
- Cost sharing has a 5 percent of family income cap. Families that have enrolled are sent enrollment forms that give them the amount of what that 5 percent cap for cost sharing will be.

Premiums

- \$32 monthly premium per child for families with incomes between 185 and 250 percent of the FPL. There is a monthly premium cap of \$128 for families with

multiple children.

- \$54 monthly premium per child for families with incomes above 250 percent of the FPL. There is a \$162 monthly premium cap for families with multiple children.

Copayments

- \$10 copayment for office visits (does not apply to well-child or preventive health visits, and any covered dental service);
- \$5 copayment for covered generic prescription drugs;
- \$15 copayment for covered formulary brand name prescription drugs, when no generic equivalent is available or the provider indicates that it is medically necessary;
- \$25 copayment for covered non-formulary brand-name prescription drugs, when no generic equivalent is available or the provider indicates that it is medically necessary; and
- \$50 copayment for emergency-room care, unless the patient is admitted to the hospital.

Coordination between Separate Child Health Program and Medicaid

- The same unit determines eligibility for both Healthy Kids Silver and Healthy Kids Gold (Medicaid) that maximizes the coordination of eligibility for both programs. The State will first determine whether or not a child is eligible for Healthy Kids Gold. If the child is eligible, he or she will be enrolled. Only if the child is not eligible for Healthy Kids Gold will he or she be screened and enrolled in Healthy Kids Silver via NHHKC.

Crowd-Out Strategy

- The joint application requests information about current and prior insurance coverage for the most recent 6-month period. If applicants have lost coverage for reasons related to the availability of CHIP, eligibility for the separate child health program will be denied. The Department can determine that good cause exists for dropping the employer-based coverage.

Outreach Activities

- Outreach materials include a variety of brochures, posters, flyers, and enrollment package materials. The outreach effort takes advantage of seasonal and geographic differences and events, such as the start of the school year. The outreach plan includes distribution of postcards to schools; distribution of information through child care centers, Head Start centers, WIC sites, and other

health care providers; use of retail bag stuffers; use of public speaking engagements, news releases, and radio and television public service announcements; a special web site; and, direct mail campaigns.

Financial Information

Total FFY 2010 CHIP Allotment: \$15,540,481

FFY 2010 Enhanced Federal Matching Rate: 65.00%

Updated: CMS, CMSO, FCHPG, DSCHI, December 18, 2009