



NH Department of Health and Human Services
Medicaid Services

1115 Waiver: NH Health Protection Program:

Premium Assistance Program:

Project #11-W-00298/1

Annual Report for the period of:

Demonstration Year 2, January 1, 2017 – December 31, 2017

Introduction:

On March 27, 2014, Governor Margaret Wood Hassan signed into law the bi-partisan Senate Bill 413, an Act relative to health insurance coverage (the “Act”), (2014 NH Laws Chap. 3) establishing the New Hampshire Health Protection Program (NHHPP) to expand health coverage in New Hampshire for adults with incomes up to 133 percent of the Federal Poverty Level¹.

Among other things, the New Hampshire Health Protection Program initially instituted: (1) a mandatory Health Insurance Premium Payment Program (HIPP) for individuals with access to cost-effective employer-sponsored insurance; (2) a bridge program to cover the new adult group in Medicaid managed care plans through December 31, 2015; and (3) a mandatory individual qualified health plan (QHP) premium assistance program (the “Premium Assistance Program”) beginning on January 1, 2016.

On March 4, 2015, the Centers for Medicare and Medicaid Services (CMS) approved New Hampshire’s application for a one-year Section 1115(a) Medicaid Research and Demonstration Waiver entitled, “New Hampshire Health Protection Program (NHHPP) Premium Assistance” (Project Number 11-W-100298/1), in accordance with section 1115(a) of the Social Security Act. The demonstration became effective on January 1, 2016 with an expiration date of December 31, 2016. Continuation of the program through December 31, 2018 required reauthorization of the program by the New Hampshire legislature.

On April 6, 2016, the Governor signed into law House Bill 1696, which reauthorized the New Hampshire Health Protection Program through December 31, 2018. The reauthorization statute requires the Department to seek federal approval of certain amendments to the Premium Assistance Program in order to: 1) Promote work opportunities for the Health Protection population who are not working by aligning existing federal work programs under the Temporary Assistance for Needy Families program with coverage under the NH Health Protection program; 2) Require newly eligible adults to verify US Citizenship by 2 forms of identification and proof of NH residency by either a NH driver’s license or a non-driver’s picture identification card; 3) Require newly eligible adults who visit the emergency room for non-emergency purposes to make a payment of \$8.00 for the first visit and \$25 for each and every subsequent non-emergent use of a hospital emergency department; 4) Provide that all veterans who are current NH residents shall receive medical and medical-related services from any hospital in the state providing services to the newly eligible Medicaid population; and 5) Waive cost-sharing comparability under Section 1902(a)(17) to allow different levels of cost-sharing for NHHPP participants with incomes above 100 percent of the federal poverty level who participate in the Premium Assistance Program. On January 6, 2017 CMS approved NH’s August 10, 2016 request to amend the demonstration with respect to NH’s request to charge different levels of cost sharing for newly eligible adults under section 1902(a)(10)(A)(i)(VIII), so that copayment charged to NHHPP beneficiaries with incomes above 100 percent of the FPL differ from copayment charged to NHHPP beneficiaries who are medically frail and remain in Medicaid managed care. This approval is effective through December 31, 2018.

¹ While the Patient Protection and Affordable Care Act expands coverage to 133 percent of the federal poverty level, the ACA otherwise establishes a 5 percent disregard for program eligibility, which extends coverage to those persons up to 138 percent of the federal poverty level.

On June 28, 2017, New Hampshire Governor Christopher Sununu signed HB517 (Chapter 156, Laws of 2017), the trailer bill to the biennial budget for SFY 19-SFY20 for the State of New Hampshire, effective July 1, 2017. HB 517 includes a provision that requires the Department of Health and Human Services to seek a waiver or state plan amendment from the Centers for Medicare and Medicaid Services in order to establish certain work and community engagement requirements as conditions of eligibility in the New Hampshire Health Protection Program. Any waiver or state plan amendment must be in place by April 30, 2018.

NH DHHS drafted a Waiver amendment to request approval from CMS for the work and community engagement requirements in HB517 and submitted the request for amendment to CMS on October 24, 2017.

Overview:

The NH Department of Health and Human Services works in partnership with the NH Insurance Department to administer the Premium Assistance Program. The demonstration serves individuals eligible through the Affordable Care Act's Medicaid expansion of eligibility to Section VIII adults who are not medically frail and who are 19-64 years old. The Premium Assistance Program utilizes premium assistance to support the purchase of coverage for beneficiaries by Qualified Health Plans (QHPs) certified for sale on New Hampshire's federally facilitated Exchange. Each beneficiary has the choice of at least two QHPs that have been certified by the federally-facilitated Marketplace and meet criteria that ensure cost effectiveness in terms of premium amounts and management of care.

Enrollees with incomes between 100 percent and 133 percent of the Federal Poverty Level (FPL) are covered by QHPs that are 94 percent actuarial value (AV) high-value silver plans. Enrollees with incomes below 100 percent of FPL are covered by QHPs that are 100 percent AV high-value silver plans.

American Indian/Alaska Natives [AI/AN] maintain the ability to "opt out" of the program or retain their services through the Indian Health Service, Tribally operated facility, and Urban Indian [I/U/T] facilities while in Medicaid.

Premium Assistance demonstration enrollees receive benefits included in the Alternative Benefit Plan (ABP). Individuals enrolled in QHPs are restricted to the QHP benefit. The state provides wrap-around benefits that are included in the ABP but not covered by the QHPs through its fee-for-service (FFS) delivery system. These benefits include:

- Non-emergency medical transportation (NEMT)
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for individuals in the demonstration who are under 21
- Family Planning services and supplies
- Limited adult dental and adult vision services

NHHP Premium Assistance enrollees receive coverage through the Medicaid Fee for Service (FFS) delivery system during the period between application and QHP coverage effectuation date.

New Hampshire's Qualified Health Plans (QHP's):

The four QHPs serving NH residents who qualify for the Premium Assistance Program in 2017 are:

- Ambetter

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- Anthem
- Harvard Pilgrim Health Care
- Minuteman Health²

Enrollment Data: Demonstration Year 2, January 1, 2017 through December 31, 2017

As of December 2017, there were 49,654 individuals enrolled in the New Hampshire Health Protection Program. Of the total number of NHHPP enrollees the majority, have incomes less than 50% FPL:

- 26,064 < 50% FPL
- 11,515 between 50-100% FPL
- 12,075 > than 100% FPL

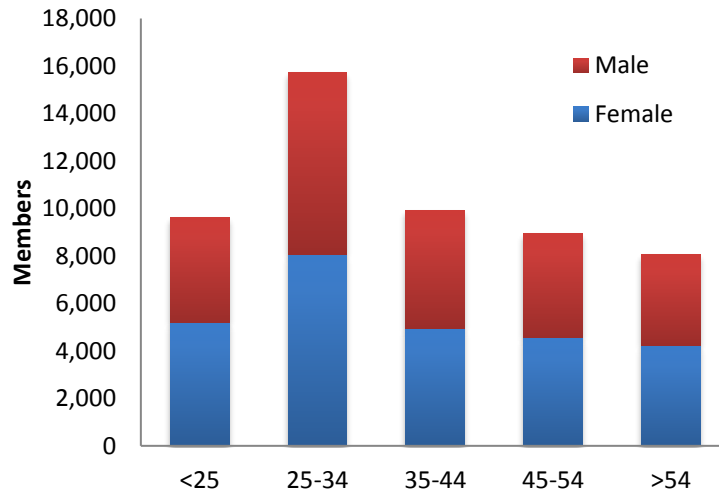
Women and men are relatively equally represented at 52% and 48% respectively. This has remained consistent throughout the Demonstration Year. December 2017 data are shown below.

Members	Gender			Age
Age Group	Female	Male	Total	Percent
<25	5,185	4,434	9,619	18%
25-34	8,068	7,668	15,736	30%
35-44	4,928	4,991	9,919	19%
45-54	4,547	4,403	8,950	17%
>54	4,214	3,834	8,048	15%
Total	26,942	25,330	52,272	
Gender Percent	52%	48%		

With the exception of the 25-34 year old age group, enrollees [who are all between the ages of 19 and 64] are relatively evenly represented by age group. This has remained consistent throughout the Demonstration Year. December 2017 data are shown below.

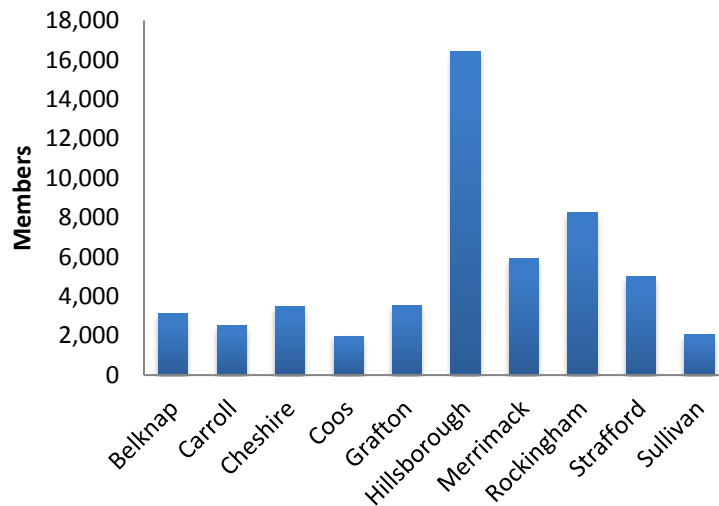
² Minuteman Health completed its work as a QHP in New Hampshire on December 31, 2017. Minuteman enrollees were transitioned to a new QHP effective January 1, 2018.

Enrollment by Age Group and Gender



The highest level of enrollment is in Hillsborough County. Enrollment by County has also remained consistent throughout the Demonstration Year. December 2017 data are shown below.

Enrollment by County



Medically Frail

New Hampshire allows NHHPP members to identify as medically frail at any time. If an individual identifies as medically frail, they are excluded from the PAP demonstration and return to receiving Medicaid benefits from the Medicaid Managed Care (MCO) delivery system. At year end, approximately 7,428 enrollees identified as medically frail.

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Exit of Minuteman Health:

Early in 2017, Minuteman Health provided notification to NH DHHS of its intent to withdraw from the NH QHP market effective December 31, 2017. NH DHHS responded as follows:

- Worked with the NH Insurance Department to ensure appropriate notice was given by the Plan to Minuteman enrollees;
- Ceased auto-assignment of new Premium Assistance enrollees to Minuteman;
- Reached out via an individual mailing to all Minuteman enrollees and via NH EASY to explain that Minuteman would no longer be available after December 31, 2017 and encouraged enrollees to select a new Qualified Health Plan during the annual 2017 open enrollment period; and,
- Worked with Minuteman to ensure that processes were in place to ensure appropriate care transitions to a new Qualified Health Plan for pregnant members and members with complex or special needs.

The transition of Minuteman enrollees to a new Qualified Health Plan was successfully accomplished by December 31, 2017 for coverage effective January 1, 2018.

Financial

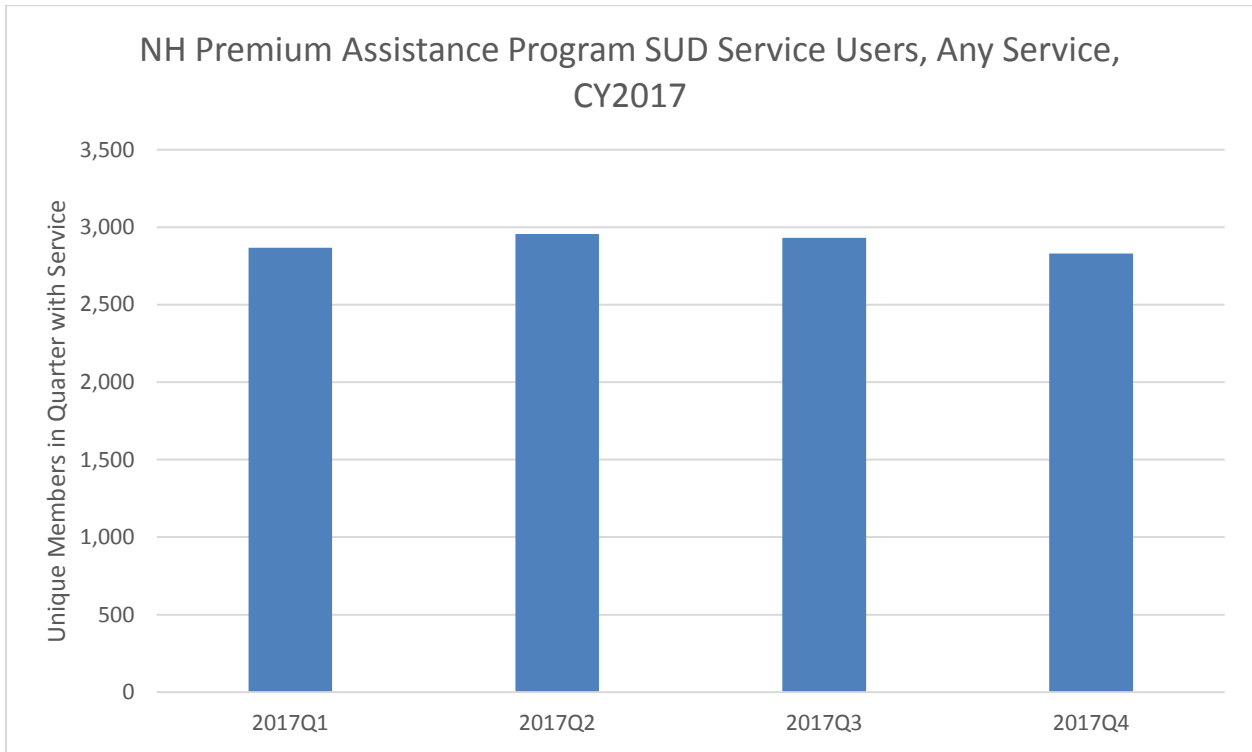
Information about premiums, cost sharing and average costs for Demonstration Year 2 is shown below:

PAP REPORTING:	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Monthly count of number of premiums paid	41,385	43,470	42,650	42,498	43,349	42,596	42,180	42,118	41,687	41,644	41,382	39,218
Monthly amount of cost sharing reduction (CSR) payment	\$6,434,345	\$6,315,065	\$6,592,518	\$6,564,767	\$6,319,926	\$6,542,297	\$6,456,736	\$6,279,910	\$6,356,830	\$6,338,950	\$6,280,371	\$5,963,171
Monthly amount of premium payments	\$17,717,787	\$17,399,558	\$18,143,124	\$18,033,922	\$17,345,804	\$17,976,755	\$17,741,471	\$17,260,009	\$17,469,568	\$17,422,100	\$17,261,448	\$16,395,295
Monthly amount of wraparound costs	\$1,195,753	\$1,488,410	\$1,781,041	\$1,685,536	\$1,536,736	\$1,832,616	\$1,447,600	\$1,307,134	\$1,199,146	\$1,416,393	\$1,680,348	\$1,588,767
Monthly average CSR per person	\$155	\$145	\$155	\$154	\$146	\$154	\$153	\$149	\$152	\$152	\$152	\$152
Monthly average premium per person	\$428	\$400	\$425	\$424	\$400	\$422	\$421	\$410	\$419	\$418	\$417	\$418
Monthly average wraparound cost per person	\$765	\$952	\$1,139	\$1,078	\$983	\$1,172	\$496	\$386	\$403	\$421	\$436	\$328
Monthly total average cost per person on premium assist	\$612	\$580	\$622	\$618	\$581	\$619	\$608	\$590	\$600	\$605	\$609	\$611

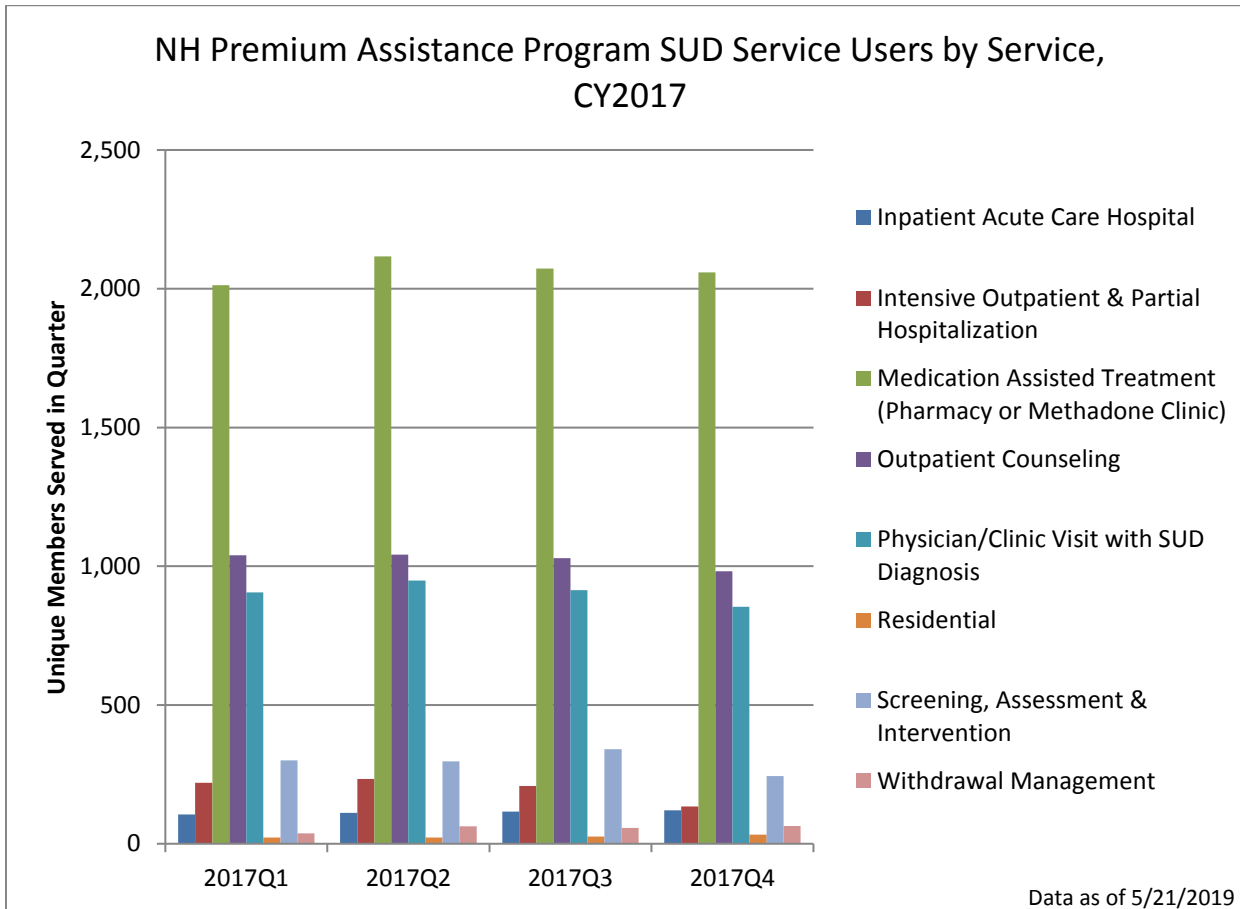
Treatment for Premium Assistance Members with a Substance Use Disorder (SUD):

Information about the use of the Substance Use Disorders benefit for Demonstration Year 2 is shown below:

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Appeals:

Premium Assistance Program enrollees have the right to appeal the denial of a QHP covered service. The enrollee must first appeal to the QHP, which conducts an internal review. If the outcome of the internal review is continued denial of the service, the enrollee can request an external review from the NH Insurance Department, to be conducted by an Independent Review Organization [IRO].

If the outcome of the external review is continued denial of the service, the enrollee can appeal to the NH Department of Health and Human Services by making a request for a Medicaid Fair Hearing.

External Health Review (EHR) Cases: Premium Assistance Program enrollees: Calendar Year 2017												
Standard Review						Expedited Review						Total Reviews
Number of Requests for External Review	Requests Rejected [Do not meet criteria for review]	Requests Accepted [Meet Criteria for Review]	Denials Upheld Upon Review	Denials Overturned Upon Review	Average Number of Days for Decision	Number of Requests for Expedited External Review	Requests Rejected [Do not meet criteria for review]	Requests Accepted [Meet Criteria for Review]	Denials Upheld	Denials Overturned	Average Number of Days for Decision	Total Standard and Expedited Reviews
48	28	20	14	8	35	18	7	11	4	7	2.5	66

In the Demonstration Year 2 the NH Insurance Department received a total of sixty six requests for External Review. The Independent Review Organization upheld the denial in eighteen of the sixty six cases. None of the denials resulted in a request for a DHHS Fair Hearing.

Conclusion:

The second year of New Hampshire's Premium Assistance Program has proven invaluable in providing a wide range of preventive and restorative medical, behavioral health and substance use disorders treatment to almost 50,000 NH citizens.