

New Hampshire's Conditionally Approved Waiver of Retroactive Coverage

Submitted to the Centers for Medicare & Medicaid Services

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The New Hampshire Department of Health and Human Services seeks to implement its waiver of retroactive coverage for individuals determined eligible for the New Hampshire Health Protection Program (NHHPP), as conditionally approved in the Special Terms and Conditions #21 (included at the conclusion of this document).

With the establishment of New Hampshire's Partnership Marketplace and implementation of its Medicaid expansion, the State's healthcare coverage landscape has changed dramatically. Today, virtually all New Hampshire residents have access to affordable health insurance coverage, making retroactive Medicaid coverage a less compelling need in the State. When the Premium Assistance program is launched in January of 2016, residents will have had the opportunity to enroll in health coverage through NHHPP for more than a year and in the Marketplace for two years. Additionally, the State is committed to ensuring that New Hampshire residents experience no gaps in coverage and seamless transitions at renewal and across insurance programs.

Addressing Gaps in Coverage Prior to Application

As of October 30, 2015, 42,936 new adults have enrolled in NHHPP. New Hampshire expects this enrollment to increase during open enrollment. Additionally, 43,000 New Hampshire residents have enrolled in the Marketplace, greatly exceeding initial enrollment projections of up to 31,000. New Hampshire's aggressive outreach campaign is successfully reaching the uninsured.

To minimize gaps in coverage upon application, the State conducts timely enrollment effectuation. While the federal standard for processing Medicaid applications is 45 days, the average number of days from application to notice of determination for the Modified Adjusted Gross Income (MAGI) population in New Hampshire is just 10 days for the vast majority of applicants (92%) – including for individuals transitioning from Marketplace to Medicaid coverage and new applicants through the Federally facilitated Marketplace, whose accounts are transferred to the State

Renewal Process

New Hampshire Medicaid's policies and procedures aim to ensure that no individual experiences a gap in coverage at renewal or during a transition between Medicaid and other coverage. If an individual is terminated for failure to comply with Medicaid renewal procedures, the individual may submit their renewal form for up to 90 days beyond their coverage termination and be reinstated with retroactive coverage back to their termination date. Additionally, the State began implementing an administrative renewal process in January 2015, including ex parte renewal and pre-population of renewal forms, which is expected to further improve Medicaid retention rates.

Data Related to Continuity of Coverage at Renewal

New Hampshire has built a system to track renewal rates, which allows New Hampshire to track MAGI renewals, including how many covered lives failed to renew and why they failed to do so.

On average, the data trends indicate that based on data from January to September of this year for the identifiable MAGI population due for renewal:

- 87 percent remained open
- 11 percent closed

Of the 11 percent who close, on average:

- 34 percent terminated for failure to verify information, representing on average 4 percent of all MAGI individuals
- 17 percent terminated for failure to complete the renewal process, representing on average 2 percent of all MAGI individuals
- 13 percent terminated due to loss of eligibility due to income, representing on average 1 percent of all MAGI individuals
- 37 percent terminated for other reasons, representing 4 percent of all MAGI individuals

Results from implementing ex parte renewal indicate that, of MAGI cases, on average 15 percent of cases renewed ex parte from July to October. The percentage of ex parte renewals per month are represented below. *Please note, New Hampshire began automated tracking for passive vs non-passive renewal began in July; the tracking of ex parte renewals from January to June was ad hoc and should not be considered reliably accurate.*

- 3 percent of MAGI cases were renewed ex parte in January
- 12 percent of MAGI cases were renewed ex parte in February
- 13 percent of MAGI cases were renewed ex parte in March
- 9 percent of MAGI cases were renewed ex parte in April
- 10 percent of MAGI cases were renewed ex parte in May
- 10 percent of MAGI cases were renewed ex parte in June
- 16 percent of MAGI cases were renewed ex parte in July
- 17 percent of MAGI cases were renewed ex parte in August
- 15 percent of MAGI cases were renewed ex parte in September
- 14 percent of MAGI cases were renewed ex parte in October

Based on its affordable coverage continuum as well as existing and mounting evidence that New Hampshire ensures gap free coverage transitions, the State believes it is well positioned to eliminate retroactive coverage with the implementation of the premium assistance program in 2016.

Special Terms and Conditions #21, Retroactive Coverage

“Prior to making any change in policies regarding retroactive coverage for the demonstration population, the state shall submit data to CMS to establish that there is seamless coverage that does not result in gaps in coverage prior to the time that a Medicaid application is filed, for individuals in the populations affected by the demonstration. The state will submit a description of its renewal process and data related to that process, as well as any relevant data related to coverage continuity to evaluate whether individuals are losing coverage upon renewal. Upon a CMS determination that sufficient data has been provided to establish that retroactive coverage prior to the date of application is not necessary to fill gaps in coverage, the state shall not have to provide retroactive coverage prior to the date of application under the demonstration; coverage for demonstration applicants will begin at the date of application.”