



NH Department of Health and Human Services  
Medicaid Services

1115 Waiver: NH Health Protection Program:  
Premium Assistance Program:  
Project #11-W-00298/1

**Report for the period of:**

Demonstration Year 1, Quarter 2: April 1, 2016 – June 30, 2016

**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 Level<sup>1</sup>.

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. The New Hampshire General Court enacted legislation authorizing the continuation of the New Hampshire Health Protection Program, pending approval of any necessary waivers or state plan amendments by the CMS by November 1 of 2016.

This is the State’s second quarterly report provided to the Centers for Medicare and Medicaid Services in accordance with the demonstration’s General Program Requirement # 45.

**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

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<sup>1</sup> 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.

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.

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

NHHPP Premium Assistance enrollees receive coverage through the Medicaid FFS delivery system during the period between application and QHP coverage effectuation date.

The five QHPs that have been serving NH residents who qualify for the Premium Assistance Program are:

- Ambetter
- Anthem
- Community Health Options
- Harvard Pilgrim Health Care
- Minuteman Health

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 delivery system. Approximately eleven percent of all NHHPP enrollees identified as medically frail in DY 1, Q2.

**Enrollment Data: Demonstration Year 1, Quarter 2: April 1, 2016 – June 30, 2016**

Premium Assistance Program Enrollment by Qualified Health Plan	April 1, 2016- June 30, 2016
Ambetter	20,825
Anthem	8,511
Community Health Options	1,976
Harvard Pilgrim - Elevated Health	3,233
Harvard Pilgrim - NH Network	7,001
Minuteman	2,950
<b>Total Enrollees</b>	<b>44,496</b>

During the second quarter of Demonstration Year 1, enrollment grew from 42,983 to 44,496.

**Key Challenges and Achievements:**

In the State’s first quarterly report for Demonstration Year 1, a number of key challenges and achievements were noted in the areas of Information Technology, Provider Relations and Data/Analytics. For Demonstration Year 1, Quarter 2, there are no new challenges to report. We continue to work closely and collaboratively with the NH Insurance Department and the Qualified Health Plans to ensure timely identification of emerging issues or concerns.

**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.

In the second quarter of the Premium Assistance Program, the NH Insurance Department received one request for External Review. The Independent Review Organization overturned the QHP’s denial.

**Conclusion:**

The second quarter of New Hampshire’s Premium Assistance Program built on the success of the first quarter with total enrollment of 44, 496 New Hampshire citizens in Health Plans of their choosing.