



**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 1: January 1, 2016 – March 31, 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 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. 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 initial quarterly report is 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

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.

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 6-7 percent of all NHHPP enrollees identified as medically frail from

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November 2015 to January of 2016. However, the percentage of members who identified as medically frail grew to 10 percent of the NHHPP population by the end of March, 2016.

Enrollment Data: Demonstration Year 1, Quarter 1: January 1, 2016 – March 31, 2016

Premium Assistance Program Enrollment by Qualified Health Plan	January 1, 2016-March 31, 2016
Ambetter	21,642
Anthem	7,307
Community Health Options	2,506
Harvard Pilgrim - ElevateHealth	2,766
Harvard Pilgrim - NH Network	6,253
Minuteman	2,509
Total Enrollees	42,983

Key Challenges and Achievements:

Information Technology:

Key Operational/Other Challenges:

- New Hampshire does not have a State-based Exchange, and the FFM could not accommodate Medicaid enrollees purchasing directly on Healthcare.gov. As a result, the existing New Hampshire eligibility and enrollment platform had to be leveraged to allow beneficiaries to select among 5 QHPs.
- The state IT leads and the IT leads from the 5 carriers met weekly from May through December of 2015 to ensure that the open enrollment in which members could select a QHP would be successful from the perspective of the members, the carriers and the state.
- New Hampshire facilitated selection and enrollment in Qualified Health Plans by NHHPP members throughout November and December. As of the first week of December, 2015, only 14 percent enrollees eligible to select a QHP did make an election. The remaining 76 percent were auto-enrolled with a 30 day option to select another QHP.
- DHHS information systems did not process enrollment transactions in the same manner as the FFM. However, the State tried to be as consistent as possible with FFM processes to minimize system changes required for the QHPs. This was a challenge because State staff were not familiar with the FFM standards and relied on the QHPs to identify major discrepancies.
- The majority of transactions were processing successfully as of September, 2016. There are still three 834 defects to be resolved, but the volume of impacted transactions is very low and are corrected manually.

- There is no automated processing of rejected enrollment transactions between the State and QHPs. Enrollment discrepancies are researched and resolved manually.
- New Hampshire has delayed defining the annual deductible and CSR reconciliation processes, in order to mimic the FFM approach to these reconciliations, which is still evolving. New Hampshire's goal is to be as consistent with FFM processes when possible.
- The volume of PAP members stopping and then restarting enrollments is much higher than the QHPs had anticipated. This is mainly due to members having annual Medicaid redeterminations throughout the year who may not complete their redetermination on time.

Key Achievements:

- DHHS successfully navigated the enrollment of more than 37,000 lives into QHPs between November 1, 2015 and December 15, 2015.
- DHHS made prospective payments to all five carriers for each month of the quarter.
- The 834 enrollment and 820 premium payment interfaces were tested successfully and went live on time for open enrollment. The QHPs and the MMIS/DHHS teams worked closely to identify issues and ensure resolution before go-live. Significant testing cycles were performed to validate the interfaces.
- A manual enrollment discrepancy process was implemented to resolve any member issues. QHPs effectively worked with the State to set up a process that could work for all parties.

Provider Relations

Key Operational/Other Challenges:

- Medicaid providers were challenged by the investment in time needed for the enrollment process with each of the 5 QHPs.
- There was confusion between one QHP and its Medicaid MCO providers regarding the process for enrolling in the Plan's QHP Network.
- Some QHPs had closed panels for some therapy providers, having been determined to have adequate networks by the NH Insurance Department (NHID). Providers were not aware that the QHPs are not required to enroll all willing providers under commercial insurance law as is required in the state's Medicaid program.
- Providers were accustomed to NH DHHS managing problem resolution and frequently sought out DHHS assistance for issues which were ultimately referred to the QHPs or NHID.
- Providers expressed concerns regarding timely claims payment.

Key Achievements:

- Provider education and support were provided by NHDHHS, NHID and the QHPs, which resolved most of the challenges noted during the first quarter.

- NHID identified a dedicated staff representative to consult with for resolution of timely claims payments.

Data/Analytics:

Key Operational/Other Challenges:

- Although the QHPs were generally clear on the process for submitting data to DHHS, initially some did not include all of the required information.
- A data repository had to be created that was not originally planned for and resulted in some initial delays in reporting.

Key Achievements:

- The initial challenges with data submission were resolved through technical assistance provided by DHHS.
- Data are now being submitted to/stored in the Electronic Data Warehouse [EDW] and there are minimal delays in reporting.

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 first quarter of the Premium Assistance Program, the NH Insurance Department received one request for External Review. The Independent Review Organization upheld the carrier's denial. The enrollee did not appeal or request a Medicaid fair hearing.

Conclusion:

The first quarter of New Hampshire's Premium Assistance Program was a success, enrolling almost 43,000 New Hampshire citizens in Health Plans of their choosing.