



NH Department of Health and Human Services
Medicaid Services

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

Quarterly Report for the period of:

Demonstration Year 2, Quarter 1
January 1, 2017 – March 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.

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

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.

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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

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

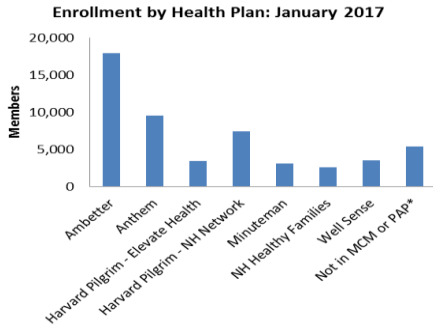
New Hampshire’s Qualified Health Plans (QHP’s):

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

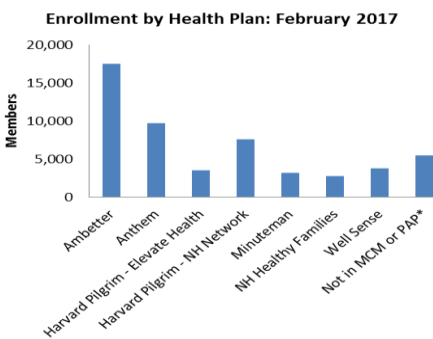
- Ambetter
- Anthem
- Harvard Pilgrim Health Care
- Minuteman Health

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

[Includes Enrollees assigned to a QHP as well as Enrollees in Fee for Service and MCO Plans]:

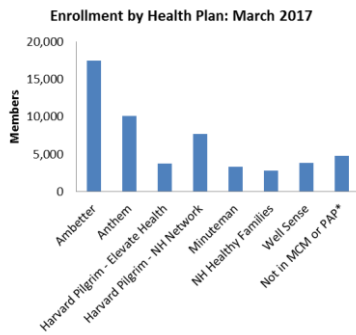


January 2017 Enrollment by Health Plan		
Health Plan	Members	Percent
Ambetter	17,916	34%
Anthem	9,493	18%
Harvard Pilgrim - Elevate Health	3,442	7%
Harvard Pilgrim - NH Network	7,435	14%
Minuteman	3,114	6%
NH Healthy Families	2,582	5%
Well Sense	3,535	7%
Not in MCM or PAP*	5,369	10%
Total	52,886	



February 2017 Enrollment by Health Plan		
Health Plan	Members	Percent
Ambetter	17,457	33%
Anthem	9,711	18%
Harvard Pilgrim - Elevate Health	3,522	7%
Harvard Pilgrim - NH Network	7,538	14%
Minuteman	3,169	6%
NH Healthy Families	2,727	5%
Well Sense	3,767	7%
Not in MCM or PAP*	5,485	10%
Total	53,376	

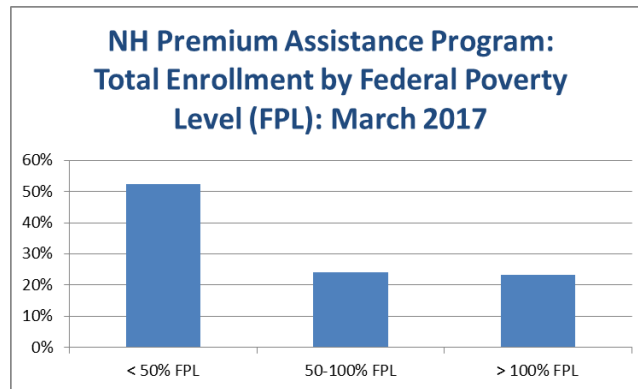
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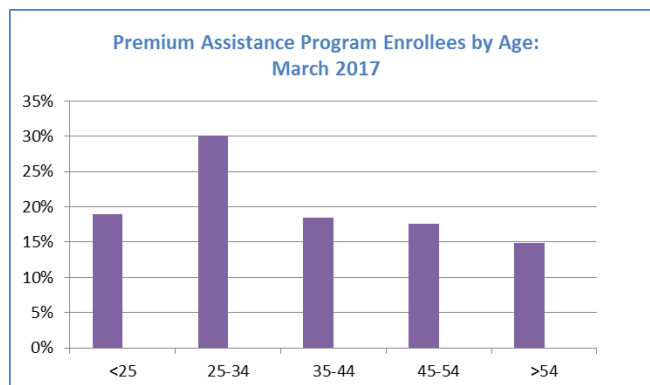
Health Plan	Members	Percent
Ambetter	17,454	33%
Anthem	10,048	19%
Harvard Pilgrim - Elevate Health	3,683	7%
Harvard Pilgrim - NH Network	7,686	14%
Minuteman	3,294	6%
NH Healthy Families	2,740	5%
Well Sense	3,781	7%
Not in MCM or PAP*	4,776	9%
Total	53,462	

Fifty three percent of Premium Assistance Program enrollees have incomes of less than 50% of the Federal Poverty Level (FPL). Twenty four percent have incomes between 50-100% of FPL and twenty three percent have incomes between 100-138% of FPL. Enrollees with income between 100-138% of FPL are subject to copayments with a maximum quarterly out of pocket responsibility of \$147 per enrollee or no more than 5% of household income.

Distribution of enrollees by income level has remained consistent throughout the first quarter. March 2017 data are shown below.

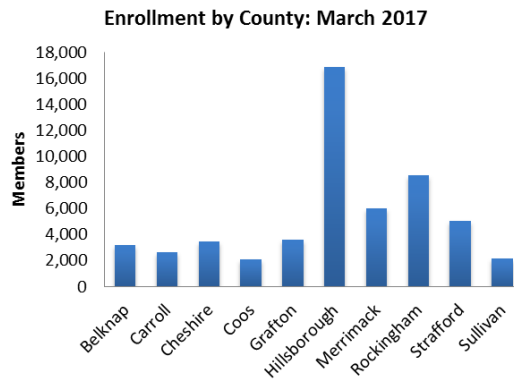


With the exception of the 25-34 year old age group, enrollees [who are all between the ages of 19 and 64] are relatively evenly represented by age group. This has remained consistent throughout the first quarter. March 2017 data are shown below.



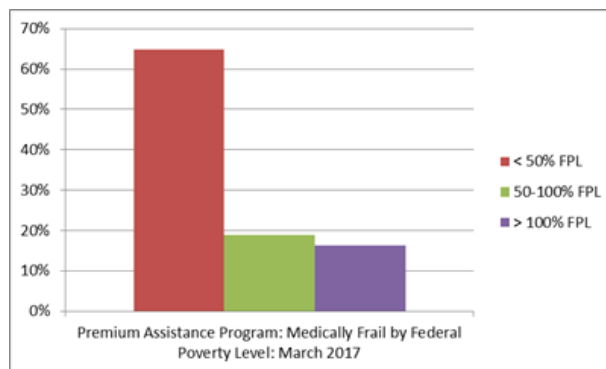
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The highest level of enrollment is in Hillsborough County. Enrollment by County has also remained consistent throughout the first quarter. March 2017 data are shown below.



New Hampshire allows NHHP enrollees 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 the end of the first quarter of DY 2, approximately 14% of enrollees identified as medically frail.

Of the 14% who identified as medically frail, the majority, approximately 65%, have incomes of less than 50% of FPL as shown in the March 2017 data shown below.



Financial

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

Premium Assistance Program Financial Reporting: January, February & March 2017	Jan-17	Feb-17	Mar-17
Monthly count of number of premiums paid	41,385	43,470	42,650
Monthly amount of cost sharing reduction (CSR) payments	\$6,434,345	\$6,315,065	\$6,592,518
Monthly amount of premium payments	\$17,717,787	\$17,399,558	\$18,143,124
Monthly amount of wraparound costs	\$1,195,753	\$1,488,410	\$1,781,041
Monthly average CSR per person	\$155	\$145	\$155
Monthly average premium per person	\$428	\$400	\$425
Monthly average wraparound cost per person	\$355	\$386	\$368
Monthly total average cost per person on premium assistance	\$612	\$580	\$622

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

In the first year of the Premium Assistance Program, enrollees accessed a wide breadth of substance use disorders services. The most frequently accessed services were Medication Assisted Treatment (MAT) followed by Physician/Clinic Visits, Outpatient Counseling and Opioid Treatment Services. Other SUD services accessed include: screening, assessment and intervention; withdrawal management; residential services; recovery support services; intensive outpatient and partial hospitalization and inpatient acute care hospital services.

Data for the Substance Use Disorders benefit for the first quarter of Demonstration Year 2 are not included in this report as a full paid claims run out is needed to ensure reliability of the data. This information will be reported in the Demonstration Year 2 second quarter report.

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: January, February, March 2017												
Standard Review							Expedited Review					
	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 Upon Review	Denials Overturned Upon Review	Average Number of Days for Expedited Decision
Jan-17	1	1	0	-	-	-	0	-	0	-	-	-
Feb-17	0	-	0	-	-	-	0	-	0	-	-	-
Mar-17	1	-	1	1	-	24	0	-	0	-	-	-

In the first quarter of Demonstration Year 2 the NH Insurance Department received a total of 2 requests for External Review. One request did not meet criteria for review. The Independent Review Organization upheld the denial in the case that was accepted and reviewed and no request for a DHHS Fair Hearing was made.

Conclusion:

In the first quarter of its second year, New Hampshire's Premium Assistance Program continues to provide a wide range of preventive and restorative medical, behavioral health and substance use disorder treatment services to more than 50,000 NH citizens.