



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 3: July 1, 2016 – September 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 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 in March of 2016, pending approval of any necessary waivers or state plan amendments by CMS by November 1, 2016.

In August of 2016 the New Hampshire Department of Health and Human Services submitted a request to amend the Premium Assistance Waiver to accommodate the following program elements:

- Modify eligibility to be inclusive and consistent with the federal Temporary Assistance for Needy Families (TANF) Program, 42 U.S.C. section 607 (d), as well as require that newly eligible adults who are unemployed be eligible to receive benefits if the Department of Health and Human Services finds that the individual is engaging in at least 30 hours per week of one or a combination of other clearly outlined activities.

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.

- Modify eligibility such that a participant cannot be eligible for coverage unless such person verifies his or her United States citizenship by 2 forms of identification and proof of New Hampshire residency by either a New Hampshire driver's license or a non-driver's picture identification card.
- Modify cost-sharing requirements such that newly eligible adults who participate in the demonstration who visit the emergency room for non-emergency purposes shall be required to make a co-payment of \$8 for the first visit and \$25 for each and every non-emergency visit thereafter.
- Provide that all veterans who are current New Hampshire residents shall receive medical and medical-related services from any hospital in the state providing services to the newly eligible Medicaid population.
- Waive comparability in cost-sharing requirements for the medically frail NHHPP participants under managed care and NHHPP participants who are in the Premium Assistance Program demonstration.

In November of 2016, CMS provided a response to New Hampshire's request to amend the Premium Assistance Waiver. CMS indicated that it could approve a copay applied to the non-emergent use of the emergency department, in the event the state adds coverage for non-emergent use of the emergency department as a component of emergency services in the alternative benefit plan.

This is the State's third 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 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

NHHPP Premium Assistance enrollees receive coverage through the Medicaid Fee for Service (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

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Enrollment Data:

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Premium Assistance Enrollment

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

Premium Assistance Program Q3 Enrollment			
	Jul 2016	Aug 2016	Sep 2016
Monthly Total Enrollment	47,342	47,540	47,960
Monthly New Enrollment	1,786	1,862	2,025
Monthly Re-Enrollment	341	382	379
Monthly Newly Identified as Medically Frail	474	545	563
Monthly Total Medically Frail	5,802	6,003	6,184

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. Overall, during this quarter, approximately 13% of PAP enrollees identified as medically frail.

Enrollment by Qualified Health Plan

Premium Assistance Program Qualified Health Plan Enrollment	July 1-September 30, 2016
Ambetter	19,959
Anthem	9,040
Community Health Options	1,610
Harvard Pilgrim - Elevated Health	3,459
Harvard Pilgrim - NH Network	7,395
Minuteman	3,115
Total QHP Enrollment	44,578

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Changes in Plan Variant:

Enrollees who report a change in circumstance may experience a change in the Plan Variant. Changes of this kind for Year 1, Q3 are shown below.

Monthly count of enrollees who gave notice of change in circumstance in household and income information resulting in a change in their PAP Plan Variant		
	100% -> 94%	94% -> 100%
July-16	394	265
August-16	382	252
September-16	385	286

Financial

Information about premiums, cost sharing and average costs for the reporting period are shown below.

PAP QUARTERLY REPORTING:	Jul-16	Aug-16	Sep-16	Q3 Total
Monthly count of number of premiums paid	40,532	45,097	41,187	126,816
Monthly amount of cost sharing reduction (CSR) payments	\$5,926,943	\$5,476,695	\$5,966,655	\$17,370,293
Monthly amount of premium payments	\$16,331,949	\$15,108,101	\$16,441,409	\$47,881,459
Monthly amount of wraparound costs	\$1,178,697	\$374,357	\$1,328,108	\$2,881,161
Monthly average CSR per person	\$146	\$121	\$145	\$413
Monthly average premium per person	\$403	\$335	\$399	\$1,137
Monthly average wraparound cost per person	\$754	\$241	\$1,031	\$2,025
Monthly total average cost per person on premium assistance	\$578	\$465	\$576	\$1,619

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 third quarter of the Premium Assistance Program, the NH Insurance Department received three requests for External Review. The Independent Review Organization upheld the denial in all three cases. None of the three denials resulted in a Fair Hearing.

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External Health Review (EHR) Cases: Premium Assistance Program Enrollees					
	Number of PAP Requests Received 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
July-16	2	0	2	2	0
August-16	0	0	0	0	0
September-16	1	0	1	1	0

The average number of days for an appeals decision was: July: 40 days, August: N/A, September: 28 days.

Conclusion:

The third quarter of New Hampshire’s Premium Assistance Program built on the success of the first quarter and second quarters with enrollment of more than 47,000 New Hampshire citizens in Health Plans of their choosing.