

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 (DHHS) seeks to implement its waiver of retroactive coverage for those individuals determined eligible for the Premium Assistance Demonstration (PAP Demonstration) under the New Hampshire Health Protection Program (NHHPP), as conditionally approved by CMS in Special Terms and Conditions #21 (included at the conclusion of this document).

In support of this request and consistent with requests for additional information by CMS, DHHS is submitting the following information on the number of NHHPP enrollees who have sought retroactive coverage since the commencement of the NHHPP program on August 15, 2014, as well as information on the amount of claims paid for retroactive coverage.

Table 1: Number of NHHPP Adults Seeking Retroactive Coverage

Service Month	Claims Count	Member Count	Paid
August 2014	292	32	\$ 20,898
September 2014	1,111	114	\$ 94,920
October 2014	1,924	270	\$ 202,455
November 2014	3,059	388	\$ 322,642
December 2014	4,119	452	\$ 577,735
January 2015	3,072	411	\$ 355,699
February 2015	2,601	371	\$ 316,576
March 2015	3,649	403	\$ 470,861
April 2015	3,378	353	\$ 404,918
May 2015	3,357	342	\$ 392,898
June 2015	2,775	354	\$ 293,235
July 2015	2,726	302	\$ 354,084
August 2015	2,664	328	\$ 433,764
September 2015	2,181	261	\$ 357,256
October 2015	1,609	206	\$ 340,290
November 2015	429	70	\$ 85,206
Total	38,946	4,657	\$5,023,436

As Table 1 shows, the total number of NHHPP members who have benefited from retroactive coverage was 4,657. In any given month, we have had no more than 452 members seeking retroactive coverage. The percentage of NHHPP members seeking retroactive coverage has never exceeded 1 percent of the monthly caseload of the NHHPP. The average monthly enrollment of active members since June 2015 is 42,724.

The number of members seeking to have costs paid under retroactive coverage has declined steadily since the peak of 452 members in December of 2014. In fact, **by October, 2015, the monthly number of members with costs paid under retroactive coverage fell to 206, representing a decline of 55 percent since the December 2014 peak.** This trend is heading in the direction and indicates that coverage is stabilizing among the adults eligible for this program and reducing the need for retroactive coverage. Although the total amount of dollars in claims paid has not consistently trended downward over time, that is likely due to the fact that the services needed impact the cost of claims as much – if not more – than the number of members who sought retroactive coverage.

CMS Demonstration Approval 3/4/15 -- 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.”