New Hampshire Managed Care Program Features, as of 2020

Features	New Hampshire Medicaid Care Management
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b),1932(a)
Program start date	12/01/2013
Waiver expiration date (if applicable)	03/31/2022
If the program ended in 2020, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	Mandatory
Populations enrolled: Children with Special Health Care Needs	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory

Features	New Hampshire Medicaid Care Management
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	Maximus
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	Х
Benefits covered: Outpatient hospital physical health	Х
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	х
Benefits covered: Physician	x
Benefits covered: Nurse practitioner	х
Benefits covered: Rural health clinics and FQHCs	Х
Benefits covered: Clinic services	x
Benefits covered: Lab and x-ray	х
Benefits covered: Prescription drugs	x
Benefits covered: Prosthetic devices	x
Benefits covered: EPSDT	х
Benefits covered: Case management	х
Benefits covered: SSA Section 1945- authorized Health Home	
Benefits covered: Home health services (services in home)	Х

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Features	New Hampshire Medicaid Care Management
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Personal care (state plan option)	X
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	x
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	x
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, full substance use disorder treatment
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	Yes

Features	New Hampshire Medicaid Care Management
Quality assurance and improvement: Accrediting organization	NCQA
Quality assurance and improvement: EQRO contractor name (if applicable)	HSAG
Performance incentives: Payment bonuses/differentials to reward plans	X
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	X
Performance incentives: Withholds tied to performance metrics	Х
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X
Participating plans: Plans in Program	New Hampshire Healthy Families; Well Sense Health Plan; AmeriHealth Caritas of New Hampshire
Notes: Program notes	New plan, AmeriHealth Caritas of New Hampshire, began 9/1/2019. NH's 1915(b) authority is only applicable to those members that cannot be mandated to participate in managed care.