Summary of New Hampshire's Alternative Medicaid Expansion
New Hampshire Health Protection Program – Premium Assistance

Overview
On March 4, 2015, the Centers for Medicare and Medicaid Services (CMS) approved New Hampshire's waiver application for a one-year alternative Medicaid expansion demonstration. The alternative expansion will provide premium assistance to individuals in the newly-eligible adult group, allowing them to enroll in qualified health plans (QHPs) beginning on November 1, 2015. Coverage will start January 1, 2016 and end December 31, 2016 in accordance with state law. If the state legislature reauthorizes the demonstration and the state notifies CMS, the demonstration may continue through December 31, 2018. Approximately 50,000 individuals may be eligible for Medicaid coverage under this alternative expansion demonstration program.

Delivery System, Benefits, and Beneficiary Protections
Newly-eligible, non-medically frail adult Medicaid beneficiaries ages 19 to 64 will mandatorily receive Alternative Benefit Plan (ABP) coverage through QHPs participating in the federally-facilitated New Hampshire marketplace. The demonstration will include eligible individuals currently covered by managed care organizations (MCOs) through the state's Bridge to Marketplace program and will exclude individuals who are enrolled or eligible for Medicare and those with employer-sponsored insurance.

Each Premium Assistance enrollee will have the option to choose between at least two silver plans offered in the individual market. Enrollees with incomes below 100% FPL will be enrolled in plans that are 100% actuarial value (AV) high-value silver plans while enrollees with incomes at and above 100% FPL to 138% FPL will be enrolled in plans that are 94% AV high-value silver plans, inclusive of cost-sharing reductions.

Beneficiaries under age 21 will be eligible for early and periodic screening, diagnostic, and treatment (EPSDT) services. All beneficiaries will also have access to out-of-network family planning, non-emergency medical transportation (NEMT), limited adult dental and vision benefits through the state Medicaid agency in coordination with QHPs covering individuals under the alternative expansion. All of these services will be provided to beneficiaries via the state's fee-for-service (FFS) Medicaid program as wrap-around benefits. Additionally, while eligible individuals (excluding those enrolled in managed care) are between the application period and the QHP effective coverage date, they will receive coverage through FFS Medicaid.

Premium Assistance enrollees will use their QHP's appeal process to appeal denial of benefits covered under the QHP, but may also pursue a Medicaid fair hearing process after the QHP appeals process. Enrollees will exclusively use the Medicaid appeals process for denials of wrapped benefits and eligibility.

The state will determine and identify individuals who are medically frail, and therefore excluded from the demonstration, by a yet-to-be-identified process. Medically frail individuals can choose to receive coverage through managed care under the ABP or through the Medicaid State Plan.

Continuity of Care and Retroactive Coverage

For individuals who are new applicants, after receiving an eligibility determination, such individuals will have 30 days to select a QHP before being auto-assigned to a QHP. Enrollees will still then have 30 days to choose a different plan.

For individuals transitioning from the state's managed care program, MCO coverage will be maintained until their QHP coverage effective date. If their MCO offers a QHP, individuals will be auto-assigned to that QHP or may select a different QHP. Individuals who are not auto-assigned or who fail to select a QHP within 30 days of receiving a notice of auto-assignment will be auto-assigned to a QHP and will have the option to select a different QHP within 30 days.

New Hampshire believes most of the individuals eligible for the Premium Assistance program will be transitioning from other sources of coverage. The state sought and received a waiver of retroactive coverage for medical expenses incurred by an individual while undergoing a Premium Assistance program eligibility determination. However, before the waiver takes effect, New Hampshire must demonstrate and CMS must determine that demonstration-eligible individuals did not experience any gaps in coverage.

Premiums, Cost-Sharing, and Additional Information

The Premium Assistance program's cost-sharing will be consistent with cost-sharing requirements under the Medicaid State Plan. The state will be responsible for the full cost of QHP premiums and cost-sharing reductions. There will be no cost-sharing for enrollees with incomes below 100% FPL. Beginning in January 2016, adults who are not otherwise exempt from cost-sharing will have cost-sharing for a variety of yet-to-be-determined services. Cost-sharing, however, will not exceed 5% of quarterly household income.

Similar to previously-approved premium assistance demonstration programs in Arkansas and Iowa (only the Marketplace Choice Plan demonstration), New Hampshire received authority to determine the cost effectiveness of premium and cost-sharing reduction payments using a state-developed test of cost effectiveness. Additionally, New Hampshire also received a waiver of a Medicaid State Plan requirement related to prior authorization, namely that requests for prior authorization for drugs be addressed within 72 hours as opposed to 24 hours.