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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 16-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

April 15, 2016

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Meyers,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) No. 16-0007, entitled "*Managed Care Adult Group Moves From MCO to QHP Except Medically Frail*," which transmitted a proposed amendment to NH's approved Title XIX State Plan to reflect the Adult Medicaid Expansion population in NH is no longer mandatorily enrolled in managed care, except for the Medically Frail who can choose between the managed care Alternative Benefits Plan or the standard Medicaid managed care, effective January 1, 2016.

Transmittal # 16-0007

--Managed Care – MCO to QHPs
--Effective January 1, 2016

If there are questions, please contact Joyce Butterworth at (617) 565-1220 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Kathleen Dunn, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
16-007

2. STATE
NH

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2016

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 USC § 1396u-2, NH 1915(b)

7. FEDERAL BUDGET IMPACT:
FFY 2016: 0
FFY 2017: 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-F, pages 8, 9, 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 3.1-F, pages 8, 9, 14 (TN 15-009)

10. SUBJECT OF AMENDMENT:
Managed Care – Adult Group Moves From MCO to QHP's, except Medically Frail

11. GOVERNOR'S REVIEW (Check One):


GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED: comments, if any,
will follow

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

 /s/

16. RETURN TO:

Dawn Landry
Office of Medicaid Business and Policy/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

13. TYPED NAME: Jeffrey A. Meyers

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 31, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 31, 2016

18. DATE APPROVED:
April 15, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

 /s/
22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

21. TYPED NAME:
Richard R. McGreal

23. REMARKS:

State: New Hampshire

OFFICIAL

Citation Condition or Requirement

Population	M	Geographic Area	V	Geographic Area	Excluded
<u>Other:</u> Individuals Who Would Be Eligible Except for the Increase in OASDI Benefits Under Pub. L 92-336 (July 1, 1972) (42 CFR 435.134)	X	Statewide			
<u>Other:</u> Individuals Who Become Ineligible for Cash Assistance As A Result of OASDI Cost-Of- Living Increases Received After April 1977 (42 CFR 435.135)	X	Statewide			
<u>Other:</u> Individuals Eligible for SSI/SSP Except for Institutional Status (42 CFR 435.211)	X	Statewide			
<u>Other:</u> Individuals Receiving Home and Community-Based Waiver Services (42 CFR 435.217)	X	Statewide			
<u>Other:</u> Individuals Receiving Optional State Supplement Payments (42 CFR 435.234)	X	Statewide			
<u>Other:</u> Children Under Age 19 Who Are Eligible for Supplemental Security Income (SSI) under Title XVI	X	Statewide			
<u>Other:</u> Children under 19 who are receiving services through a family-centered, community based, coordinated care system funded under section 501(a)(1)(D) of title V and is defined by the state in terms of either program participation or special health care needs	X	Statewide			
<u>Other:</u> Adult Group (42 CFR 435.119) who are medically frail as described in 42 CFR 440.315(f)	X	Statewide			

Within the eligibility populations identified above as Mandatory, the following populations shall also enroll on a mandatory basis:

- Beneficiaries who are also eligible for Medicare
- Individuals identified as members of Federally recognized tribes

TN No: 16-007
Supersedes
TN No: 15-009

Approval Date: 04/15/2016

Effective Date: 01/01/16

State: New Hampshire

OFFICIAL

Citation

Condition or Requirement

2. **Excluded Groups.** Within the populations identified above as Mandatory or Voluntary, there may be certain groups of individuals who are excluded from the managed care program. Please indicate if any of the following groups are excluded from participating in the program:

- Other Insurance--Medicaid beneficiaries who have other health insurance.
- Reside in Nursing Facility or ICF/MR--Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for the Mentally Retarded (ICF/MR).
- Enrolled in Another Managed Care Program--Medicaid beneficiaries who are enrolled in another Medicaid managed care program
- Eligibility Less Than 3 Months--Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program.
- Participate in HCBS Waiver--Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).
- Retroactive Eligibility--Medicaid beneficiaries for the period of retroactive eligibility.
- Other (Please define): Individuals who:
 - are in a presumptive eligibility period
 - receive certain financial VA benefits, i.e., VA A&A Allowance, VA Frozen Pension, VA Disability-Veteran, VA NF Pension-Veteran, and VA Pension
 - participate in the New Hampshire Health Insurance Premium Payment Program (HIPP)
 - are Qualified Medicare Beneficiaries only (QMB) only
 - are Specified Low Income Medicare Beneficiaries only (SLMB 120)
 - are Qualifying Individuals only (SLMB 135); and
 - are Qualified Disabled and Working Individuals only (QDWI)
 - have family planning only benefits
 - are in a spend-down category

1932(a)(4)

F. Enrollment Process.

1. Definitions.

- a. Auto Assignment- assignment of a beneficiary to a health plan when the beneficiary has not had an opportunity to select their health plan.
- b. Default Assignment- assignment of a beneficiary to a health plan when the beneficiary has had an opportunity to select their health plan.

TN No: 16-007
Supersedes
TN No: 15-009

Approval Date: 04/15/2016

Effective Date: 01/01/16

State: New Hampshire

OFFICIAL

Citation	Condition or Requirement
	<p>4. Describe the state's process for notifying the Medicaid Beneficiaries of their right to disenroll without cause during the first 90 days of their enrollment. (<i>Examples: state generated correspondence, HMO enrollment packets etc.</i>)</p> <p>A State generated Selection Confirmation Letter will specify the specific MCO the beneficiary has been assigned to (as well as the fact that they have 90 days to select a different plan). This letter will be sent to the beneficiary no later than fifteen days following their default assignment. This correspondence will be followed by outreach from the assigned MCO including but not limited to welcome call, member benefit and welcome packet with plan details.</p>
	<p>5. Describe any additional circumstances of "cause" for disenrollment (if any).</p> <p>Members may disenroll if they move out of state, need related services simultaneously that are not available in the plan's network and bifurcation of the care creates risk, if the member wants to enroll in the same plan as a family member, or for other reasons such as lack of access to covered services, violation of member rights, or lack of network providers experienced in the member's unique health care needs.</p> <p>An MCO may disenroll a member who is threatening or abusive such that the health or safety of other members, MCO staff or providers is jeopardized.</p>
	<p>H. <u>Information Requirements for Beneficiaries</u></p>
1932(a)(5)(c) 42 CFR 438.50 42 CFR 438.10	<p><input checked="" type="checkbox"/>The state assures that its state plan program is in compliance with 42 CFR 438.10(e) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.</p>
1932(a)(5)(D)(b) 1903(m) 1905(t)(3)	<p>I. <u>List all benefits for which the MCO is responsible.</u></p> <p>NHHPP recipients who are not allowed to participate in the Premium Assistance Program (i.e., medically frail) will receive services through the MCO's ABP or standard Medicaid plan, as selected by the recipient.</p> <p>IP and OP hospital, including OP facility and ancillary services for dental procedures Maternity and newborn kick payments IP psychiatric facility services under age 21, under 22 if admitted prior to age 21 Physician and APRN services Rural health clinic and FQHC services Prescribed drugs Community MH services, MH CM, and Rehab MH services including care coordination and administrative services only Psychology Ambulatory surgical center services Laboratory/pathology and X-Ray</p>