# NEW HAMPSHIRE MEDICAID FACTS

**Who is covered in New Hampshire’s Medicaid Program?**

**ELIGIBILITY GROUPS**

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<th>MCO³⁻⁸</th>
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*Qualified non-citizens are subject to a 5-year waiting requirement.

**Emergency Medicaid services only.

⁺ Only the medically frail population under the newly eligible adult category is covered through MCOs. The rest of the newly eligible adults are covered through qualified health plans (QHPs) through the marketplace.

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**Important News**

- **March 2016** - New Hampshire House of Representatives passes House Bill 1696 to continue Medicaid expansion through the end of 2018, without any new restrictions on the program.⁹
- **July 2016** - Revisions to the state Medicaid program allow 140,000 more Medicaid enrollees to be eligible for substance use disorder treatment and recovery.⁹
- **November 2016** - In response to a waiver amendment proposal, the CMS agrees to allow co-pays for non-emergency use of emergency rooms if they satisfy the requirements of the Social Security Act and promote the objectives of the Medicaid program.⁷

New Hampshire extends existing MCO agreements through June 2018. The NH Medicaid Care Management (MCM) Commission agrees that capitation rates may not exceed a trend of 3.8%.¹⁰

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**Do Medicaid health plans provide coverage?**¹¹

- New Hampshire Healthy Families
- Well Sense Health Plan

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**How has New Hampshire’s Medicaid program engaged in Managed Care?**

**SECTION 1115 WAIVERS**¹²

- **New Hampshire Building Capacity for Transformation** was created to improve behavioral health care coordination through the implementation of regional Integrated Delivery Networks (IDNs) and to cover 140,000 existing Medicaid enrollees through this program.

  - **APPROVAL:** 1/5/2016
  - **EFFECTIVE:** 1/5/2016
  - **EXPIRATION:** 12/31/2020

- **The New Hampshire Health Protection Program Premium Assistance** was created to cover newly eligible adults 19-64 years of age with alternative benefit plans (ABPs) through qualified health plans (QHPs) with premium assistance. Services that are covered under the ABPs but not by QHPs are provided through fee-for-service (FFS) Medicaid. In October 2017, an amendment application was submitted to implement a working requirement for enrollees in the Premium Assistance Program that was accepted in May 2018. Newly eligible adults will have to work up to 20 hours per week immediately after applying, up to 25 hours a week after receiving 12 months of coverage, and at least 30 hours a week after 24 months of coverage to receive benefits.

  - **APPROVAL:** 3/4/2015
  - **EFFECTIVE:** 1/1/2016
  - **EXPIRATION:** 12/31/2018

- **The New Hampshire SUD Treatment and Recovery Access waiver** provides benefits to Medicaid members up to age 65 who are temporarily residing in institutions for Mental Diseases (IMDs) through fee-for-service and managed care plans. The primary goal of this waiver is to provide access to substance and opioid use disorder treatments to individuals in IMDs, which without the waiver, would not be possible due to the statutory IMD exclusion.

  - **APPROVAL:** 7/19/2018
  - **EFFECTIVE:** 7/10/2018
  - **EXPIRATION:** 6/30/2023

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How is New Hampshire meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Through a Medicaid 1115 waiver, New Hampshire’s delivery system reform incentive payment (DSRIP) program funds networks of providers who meet metrics promoting improved patient outcomes and delivery system reform. The delivery system works through integrated delivery networks (IDNs) to design and implement projects in 7 geographic regions throughout New Hampshire. The IDN includes several partners such as community supports, mental health, substance use disorder (SUD) providers, and physical health providers. The main focus of the project is to improve care transitions, integrate physical and behavioral health care, and build mental health and SUD treatment capacity.

Family Planning

Enrollees can receive services from any designated family planning services provider, including a network provider. Services include:

- Pregnancy tests
- Family planning counseling
- Birth control such as condoms and birth control pills
- Birth control advice
- Sterilization services
- Follow-up health care

New Hampshire expanded Medicaid family planning eligibility through a state plan amendment to include men and individuals 19 years of age and older with incomes up to 201% of the federal poverty level (FPL). Services include:

- Treatment of adverse reactions or medical complications due to procedures such as severe menstrual bleeding caused by Depo-Provera injections;
- Drugs and follow-up visits for the treatment of STDs (except for HIV/AIDS and hepatitis);
- Drugs and other treatment for lower genital tract and genital skin infections/disorders, and urinary tract infections, when identified during routine family planning visit; and
- Vaccinations to prevent cervical cancer.

Women’s Health

Covered benefits include:

- Mammograms
- Routine gynecological exam with a Pap smear once every 12 months
- Hysterectomies and sterilization procedures (must be at least 21 years old)
- Start Smart for Your Baby (Start Smart), a special program for women who are pregnant or just had a baby, provided through NH Healthy Families.
- New Hampshire’s Let No Woman Be Overlooked breast and cervical cancer program, for women ages 21-64 who have no health insurance or have insurance that does not pay for screening tests and with family incomes at or below 250% of the FPL.
  - Women’s Health Exam
  - Mammography
  - Pap Test
  - Pelvic Exam

- Breast Cancer Screening Guidelines include biennial mammogram for women age 50 years and older and breast check at annual health care visit.
- Cervical Cancer Screening Guidelines for women age 21 years and older:
  - Women 21-64 years of age: Screening with a pap test every 3 years, OR
  - Women 30-64 years of age: Screening with a pap test and HPV test every 5 years

Mental Health and Substance Use Disorder

A substance use disorder benefit gives Medicaid enrollees access to the following services:

- Screening for a substance use disorder
- Screening, brief intervention, and referral to treatment
- Crisis services in an office or community setting
- Evaluation to determine the level of care and/or other services needed
- Withdrawal management in a hospital setting
- Withdrawal management provided in an outpatient or residential setting
- Individual, group, and/or family counseling for substance use disorders
- Individual and group treatment and recovery support services provided at least 9 hours a week
- Individual and group treatment and recovery support services for substance use disorder and co-occurring mental health disorders provided at least 20 hours a week
- Case management
- Drug therapies covered: methadone, naltrexone, naltrexone, acamprosate, and disulfiram

Oral Health

Services for adults 21 years of age and older under New Hampshire’s Medicaid care management program are limited to treatment for pain and infection. Children are eligible for a comprehensive list of dental treatment including:

- Cleanings
- Fillings
- Extractions
- Some orthodontic treatment
- Radiographs
- Palliative treatment
- Removable prosthetic replacement of permanent teeth
- Topical fluoride treatment twice per year (until age 15)
- Root canals
- Crowns
- Sealants for permanent and deciduous molars every 5 years of age (until age 17)

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