



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

Division of Medicaid Services

FEBRUARY 27, 2023

Henry Lipman, Medicaid Director

Mission

The mission of the Division of Medicaid Services (DMS) is to serve the healthcare needs of Medicaid Beneficiaries in New Hampshire through an effectively and efficiently run Medicaid Care Management and Fee For Service Program. DMS will operate this publicly funded health insurance program in a fiscally sound fashion while continuously striving to improve the quality of service and care for the approximately 1 in 5.5 New Hampshire citizens who have Medicaid (nationally 1 in 3 to 1 in 4).

New Hampshire in 2022 had the 4th lowest Medicaid enrollment in the US as a percentage of its state population.

DMS, in collaboration with other divisions in DHHS, strives to provide a coordinated system of health care coverage and services needed to promote the health status of Medicaid Beneficiaries in the State.

- ▶ Publicly funded health insurance program for low-income and categorically needy
 - ▶ As of 1/31/23 New Hampshire Medicaid services 249,994 residents of the state; nearly 1 in 5.5 residents at any one time

- ▶ DMS is the lead Division within DHHS that interfaces with Centers for Medicare and Medicaid Services (CMS) for state plan, waiver, technical assistance and federal claiming in support for the following divisions:
 - ▶ Division for Behavioral Health – Mental Health services; substance use disorder services and Children’s Mental Health and the Bureau of Homeless Services
 - ▶ Division of Long Term Supports & Services – Developmental services; elderly & adult services including nursing facility rates
 - ▶ Division for Children, Youth & Families – in home supports and out of home placements
 - ▶ Division of Public Health
 - ▶ Support to other State Departments where Medicaid intersects including NH Insurance Department; Department of Revenue Administration; Department of Corrections; Department of Education

- ▶ Assure access and delivery of quality and appropriate care

- ▶ New Hampshire in 2022 had the fourth lowest population percentage even with Medicaid Expansion and the Federal Public Health Emergency.
- ▶ NH had the best (we were #1) percentage of Employer sponsored coverage in the United States at 69.3%.
- ▶ 70% of NH Medicaid enrollees are working compared to the US percentage of 63%.
- ▶ NH's Medicaid enrollee percentage has increased from 65% in the October 2019 report to 70% in the October 2022 report.

A possible conclusion one could draw is that the combination of the 1332 Waiver by the New Hampshire Insurance Department and Medicaid Expansion have functioned to support the health of NH's insurance markets, including lower premium rates, and the health of its workforce in general and in Medicaid in particular as more people are working today than three years ago.

<https://www.urban.org/sites/default/files/2022-04/Marketplace%20Premiums%20and%20Competition%202019-22.pdf>

<https://www.kff.org/interactive/medicaid-state-fact-sheets/>

Optional Background Discussion as requested by the Committee:

- ▶ Federal Medical Assistance Percentage (FMAP)
- ▶ Medicare versus Medicaid (Medicare and Medicaid dually eligible)
- ▶ Managed Care Health Insurance Program versus fee for service
- ▶ Managed Care Organizations / Dental Care Organization for Adult Dental coverage
- ▶ 4710 7939 State Phase Down (Medicare Part D drug coverage for dual eligible)
- ▶ 4710 7943 Uncompensated Care Pool / Medicaid Enhancement Tax funded and federal match
- ▶ 4710 7051 Children’s Health Insurance Program (CHIP) Covers low-income children up to age 19 who have no other insurance coverage and whose income is no higher than 318% of the federal poverty income levels
- ▶ 4710 8009 Medicaid Management Information System (MMIS) – system to pay providers and to make the federal claim for FMAP funding
- ▶ 4710 7207 Medicaid To Schools

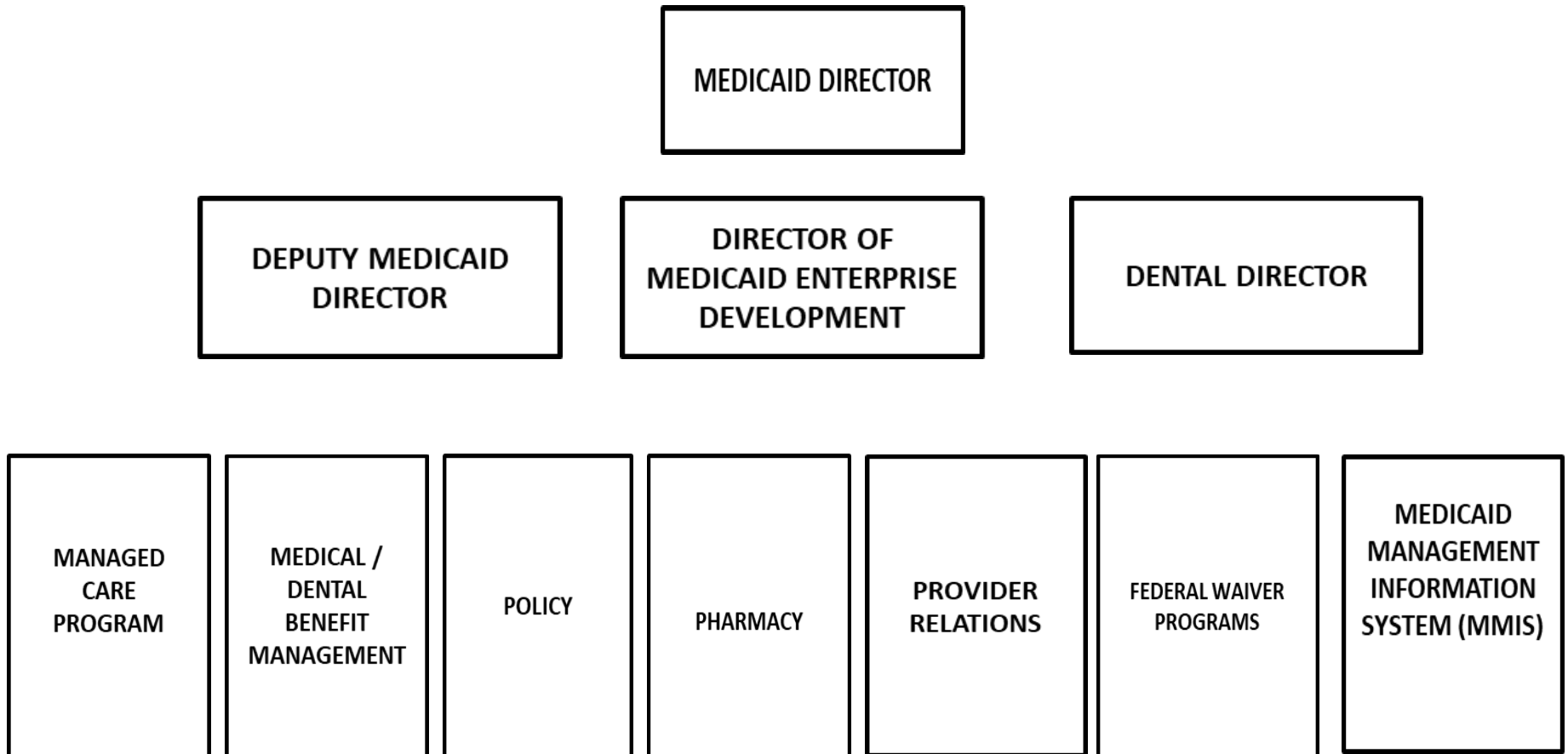
- ▶ DMS Budget Review and Staffing Organizational Structure: Slides 7 - 9
- ▶ Accomplishments / Challenges: Slides 10 - 13
- ▶ Medicaid in New Hampshire – members and expense compared to Other States: Slides 14 - 15
- ▶ Changes in Medicaid enrollment: Slides 16 - 17
- ▶ Unwind of continuous coverage enrollment requirement: Slides 18 - 26
- ▶ Service Delivery and Quality Measures: Slides 27 - 33
- ▶ Medicaid Expansion (Granite Advantage Health Care Program): Slides 34 - 41
- ▶ Medicaid targeted rate change approach: Slides 42 – 50

The mission of DMS is to serve the healthcare needs of Medicaid beneficiaries in New Hampshire through an effectively and efficiently run Medicaid Care Management and Fee For Service Program.

Activity – Accounting Unit	Accounting Unit Title	FTE Authorized Positions	Budget Book Page #	Budget Briefing Book Page #
4710-1371	Maternal Opioid Misuse Model	0	917	1-3
4710-4308	Adult Dental Program	0	918	3-6
4710-7937	Medicaid Administration	32	919	6-8
4710-7939	State Phase Down	0	920	8-10
4710-7943	Uncompensated Care Fund	0	920-921	10-12


Activity – Accounting Unit	Accounting Unit Title	FTE Authorized Positions	Budget Book Page #	Budget Briefing Book Page #
4710-7948	Medicaid Care Management	0	922-923	12-22
4710-7051	Child Health Insurance Program	0	923	22-24
4710-8009	Medicaid Mgmt Info Systems	0	924	24-26
4710-7207	Medicaid to Schools	0	924-925	26-28

¹4710-7945 – Electronic Health Records. Budget Book page 921. Program ended 12/31/22 and not budgeted in SFY24/25



32 FTE's / Current vacancy rate is 33%

KEY ACCOMPLISHMENTS - Unwind

- 
- DHHS is able to initiate the unwind of continuous coverage at the earliest possible date which is April 1, 2023, and will not require a mitigation plan ahead of proceeding.
 - DHHS maintained regular operations throughout, and was able to perform voluntary eligibility redeterminations for about 32,000 individuals, and another more than 2000 individuals voluntarily let DHHS know proactively they no longer needed Medicaid.
 - DHHS has been working with the NH Insurance Department (NHID), Center for Consumer Information and Insurance Oversight (CCIIO) Certified Navigators contracted with NHID, MCOs, Providers and Stakeholders to outreach proactively to individuals to complete redeterminations and to be aware of other coverage opportunities.

KEY ACCOMPLISHMENTS – Implementing Legislation

- **PROGRAM RELATED:** Completed Dental organization Request for Proposal (RFP) and contracting process and submission to Centers for Medicare & Medicaid Services (CMS) of necessary waivers and state plan amendments to implement Adult Dental for April 1, 2023; still anticipating an on-time start.
- **ELIGIBILITY RELATED:** Implemented the eligibility level increases to in and out Medicaid for January 1, 2023 as specified in legislation to allow for additional coverage on the standard program
- **RATE RELATED:** Maternity Rate Increases for hospitals and birthing centers, and the Ambulance Rate Increase

KEY ACCOMPLISHMENTS – Waivers

- Received approval to amend the Substance Use Disorder (SUD) waiver to include Severely Mentally Ill (SMI) and further amending to include dentures for Nursing Facility Residents (formal approval forthcoming)

- Submitted a SUD/SMI Waiver Extension to start July 1, 2023 for another five years; included an additional opportunity to draw federal match for State Correctional costs to be covered through Medicaid to facilitate re-entry to community and continuation of SUD and other Behavioral Health Services.

- Submitted five waivers and three state plan amendments in support of the dental program and record number (50+) of State Plan Amendments (SPAs) to effectuate required Program, adjustments

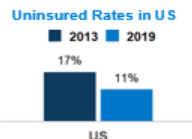
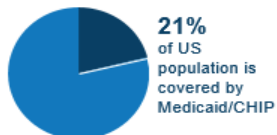
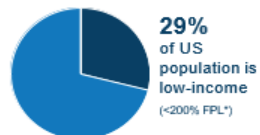
KEY CHALLENGES - Staffing

- ▶ Significant Reduction in Vacancies in the Medicaid Management Information System 6 of 8 open positions filled.
- ▶ Specialty positions in clinical and technical areas remain difficult to recruit leaving gaps typically extending 2-6 months, with significant onboarding orientation.

MEDICAID IN UNITED STATES

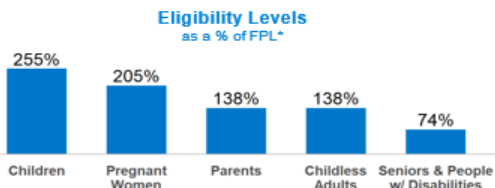
October 2022

88,978,791 enrolled in US Medicaid



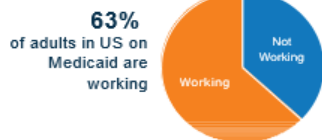
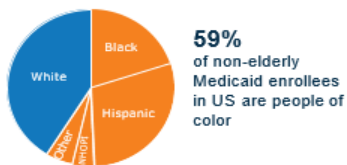
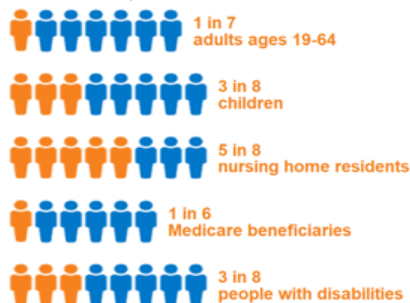
US Expansion Status:

38 states & DC have adopted Medicaid expansion



*100% of Federal Poverty Level (FPL): \$23,030 for a family of three; \$13,590 for an individual

In US, Medicaid Covers:



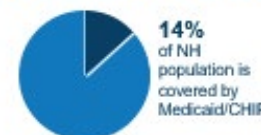
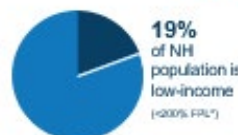
Headquarters | 185 Berry Street Suite 2000 San Francisco CA 94107 / 855 854 9400
Washington Office and Conference Center | 1330 G Street NW Washington DC 20005 / 202 347 5270
kff.org / Email Alerts: kff.org/email / facebook.com/KaiserFamilyFoundation / twitter.com/KFF

Filing the need for trusted information on national health issues, KFF (Kaiser Family Foundation) is a nonprofit organization based in San Francisco, California.

MEDICAID IN NEW HAMPSHIRE

October 2022

239,613 enrolled in NH Medicaid



NH Expansion Status:

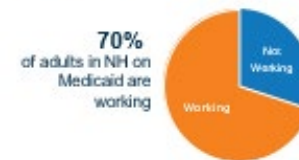
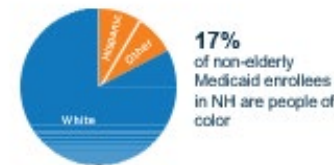
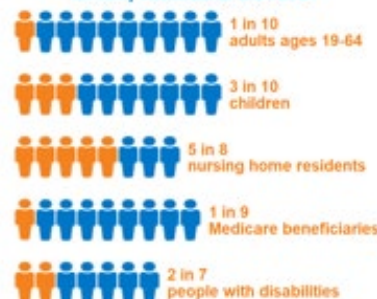
Adopted

Adults in Expansion Group: 81,600



*100% of Federal Poverty Level (FPL): \$23,030 for a family of three; \$13,590 for an individual

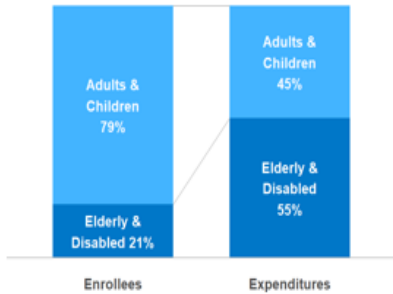
In NH, Medicaid Covers:



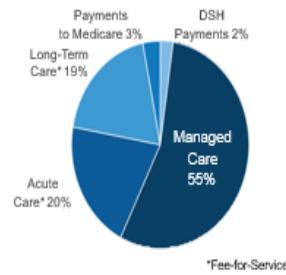
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Medicaid Enrollees & Expenditures in US

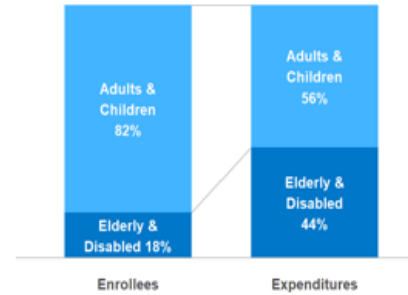


Total US Medicaid Spending by Service: \$728.3 billion

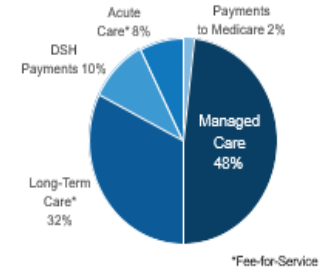


*Fee-for-Service

Medicaid Enrollees & Expenditures in NH



Total NH Medicaid Spending by Service: \$2.4 billion



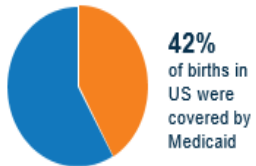
*Fee-for-Service

In US, the federal government pays 50% of the cost of traditional Medicaid plus a 6.2 percentage point increase during the public health emergency

The federal government pays 90% of the cost of the Medicaid expansion

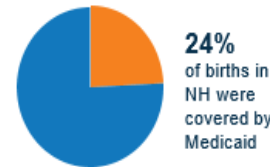
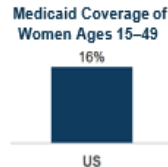
In NH, the federal government pays 50% of the cost of traditional Medicaid plus a 6.2 percentage point increase during the public health emergency

The federal government pays 90% of the cost of the Medicaid expansion



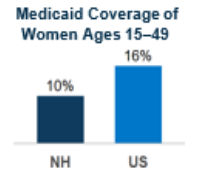
34 states have adopted the Medicaid 12-month postpartum coverage extension

24 states provide 12-months of continuous Medicaid eligibility for children



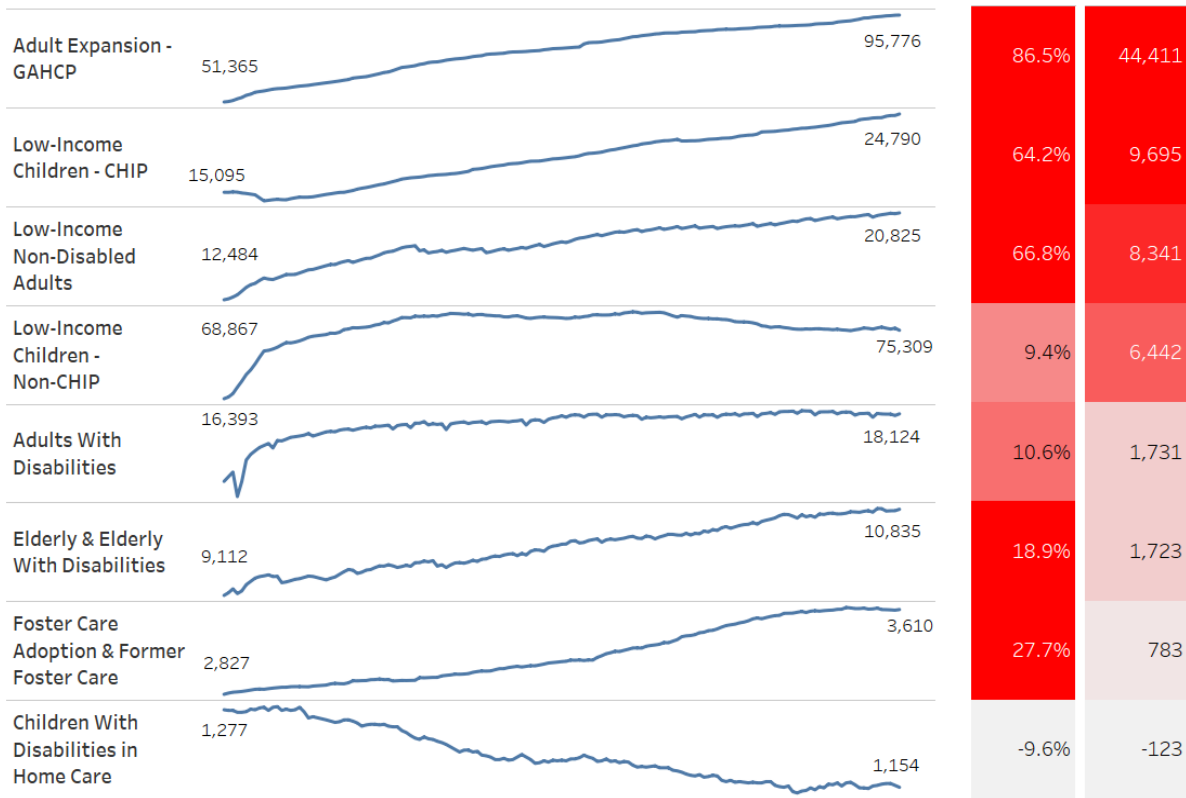
New Hampshire has not adopted the 12-month postpartum coverage extension

New Hampshire does not provide 12-months of continuous Medicaid eligibility for children



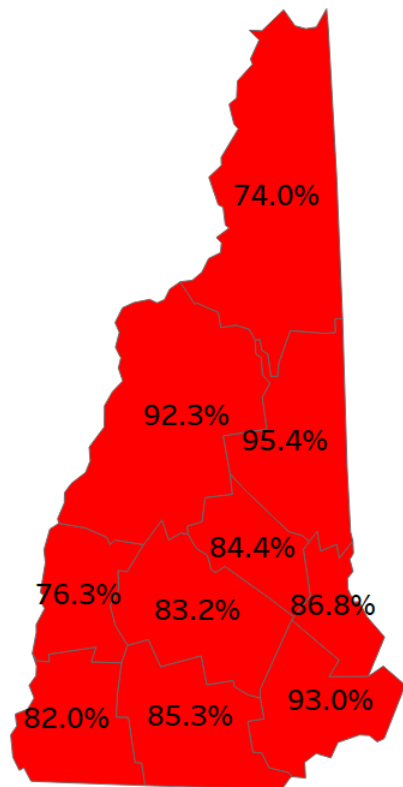
Period	Granite Advantage	Standard	Total
3/16/2020 to 2/13/2023	95,776 ^{+86.5%} 44,411	154,647 ^{+22.7%} 28,592	250,423 ^{+41.1%} 73,003

Point in Time Trend

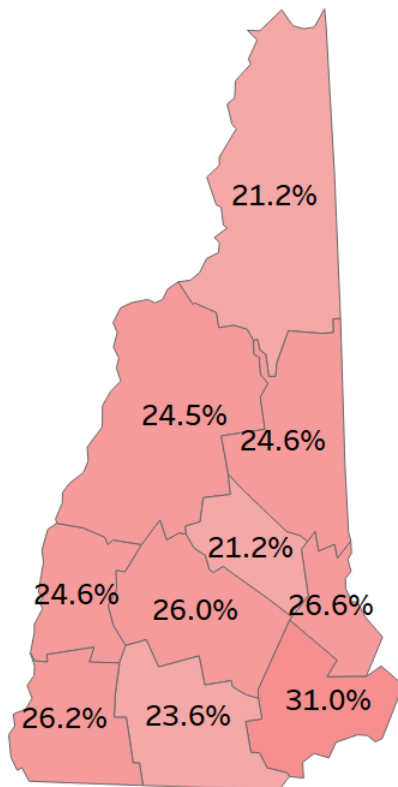


Percent Change in NH Medicaid Enrollment by County Since the Start of COVID-19 Pandemic

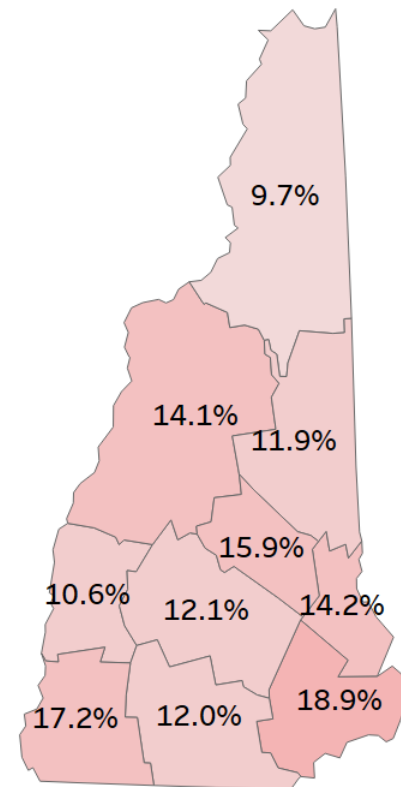
Granite Advantage



Standard - Income Based



Standard - Disabled/Elderly/Foster Care



Changes in Enrollment- NH Medicaid

	Feb 28 2019	Feb 29 2020	Feb 28 2021	Feb 6 2023
Standard Medicaid	128,252	127,356	143,182	154,506 (over 20% increase over 2019 figures)
Granite Advantage (Expansion Group)	51,240	51,574	72,392	95,704 (86% increase over 2019 figures)
Total	179,492	178,930	215,574	250,210 (39% increase over 2019 figures)



Protected Population Count as Individuals



New HEIGHTS database of 2/3/23

2/10/2023

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Protected Individuals

Protected Individuals - Individuals who no longer meet eligibility requirements and/or have overdue administrative tasks to complete their redeterminations placing them at risk of losing coverage when the continuous coverage period ends.

- **Overdue Redetermination** – Individuals who have not completed their renewals will be provided an opportunity to renew based on our State Plan for Prioritizing and Distributing Renewals.
- **Pending Ineligible** – Individuals who have completed a renewal within the past 12-month and subsequently had a change in circumstance (e.g., categorically ineligible) in their 12-month eligibility period.



2/10/2023

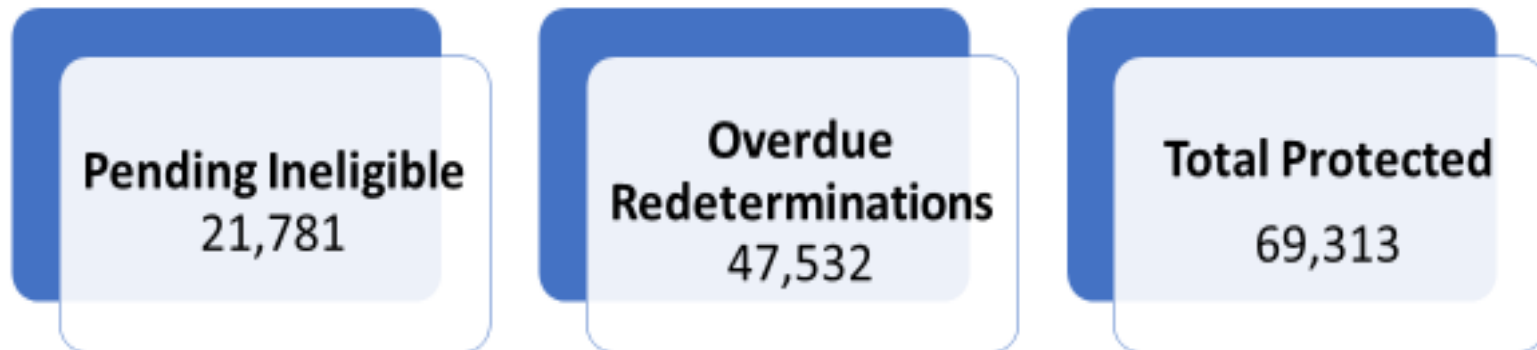
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NH Protected Medicaid Individuals by Eligibility Category



Protected Population Count as Households



NH DHHS Unwind Renewal Plan Summary

Unwinding Period Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Number of renewals scheduled to be initiated	12,477	18,115	18,115	18,115	18,115	18,115	18,007	10,675	10,675	10,675	10,675	10,675	174,437
Percent of renewals scheduled to be initiated	7%	10%	10%	10%	10%	10%	10%	6%	6%	6%	6%	6%	100%

- Based on households, not individuals.
- The first renewal month will be March. DHHS will be processing these cases in March and they will be the first cases to close if eligibility is not redetermined by March 31st and their first day without coverage will be starting April 1st.



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Monthly Distribution Individuals (Estimated)

Grouping	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Total
Lost contact	2,378	2,905	534	586	282								6,685
Financially & procedural Ineligible		9,326	7,250										16,576
Categorically & Procedural Ineligible			3,948										3,948
GA Medicare & Procedural			361										361
Cases with adults			1,071	7,460	7,783								16,314
MSP Only					180	2,342							2,522
Cases with children						11,149	8,921						20,070
Vulnerable (LTC, Disabled (not elderly)							3,664						3,664
Suspended (Correctional facility)							1,027						1,027
SNAP/Cash/Spenddown Aligned Renewals	27	168	122	290	116	93	141	138	176	180	182	2	1,635
Renewals	2,405	12,399	13,286	8,336	8,361	13,584	13,753	138	176	180	182	2	72,802
*Pending Ineligible	24,139	4,857											28,996
Grand Total Individuals	26,544	17,256	13,286	8,336	8,361	13,584	13,753	138	176	180	182	2	101,798
% Estimated to Close	82%	66%	52%	53%	51%	49%	38%	0%	40%	41%	37%	0%	58%
Est. Pending Ineligible & Admin Closures	21,881	11,421	6,863	4,401	4,284	6,697	5,284	57	70	74	68	2	58,961

*Pending Ineligible	Mar-2023	Apr-2023	Total
Pending Ineligible with rede in first 2 months	4,468	2,841	7,309
Pending Ineligible no Rede	19,671	2,016	21,687
Total	24,139	4,857	28,996

First (3) Months Summary	Individuals	Percent
Impacted Individuals	57,086	56%
Estimated to close	40,165	58%
Est % total protected to close in 1st 3M		39%

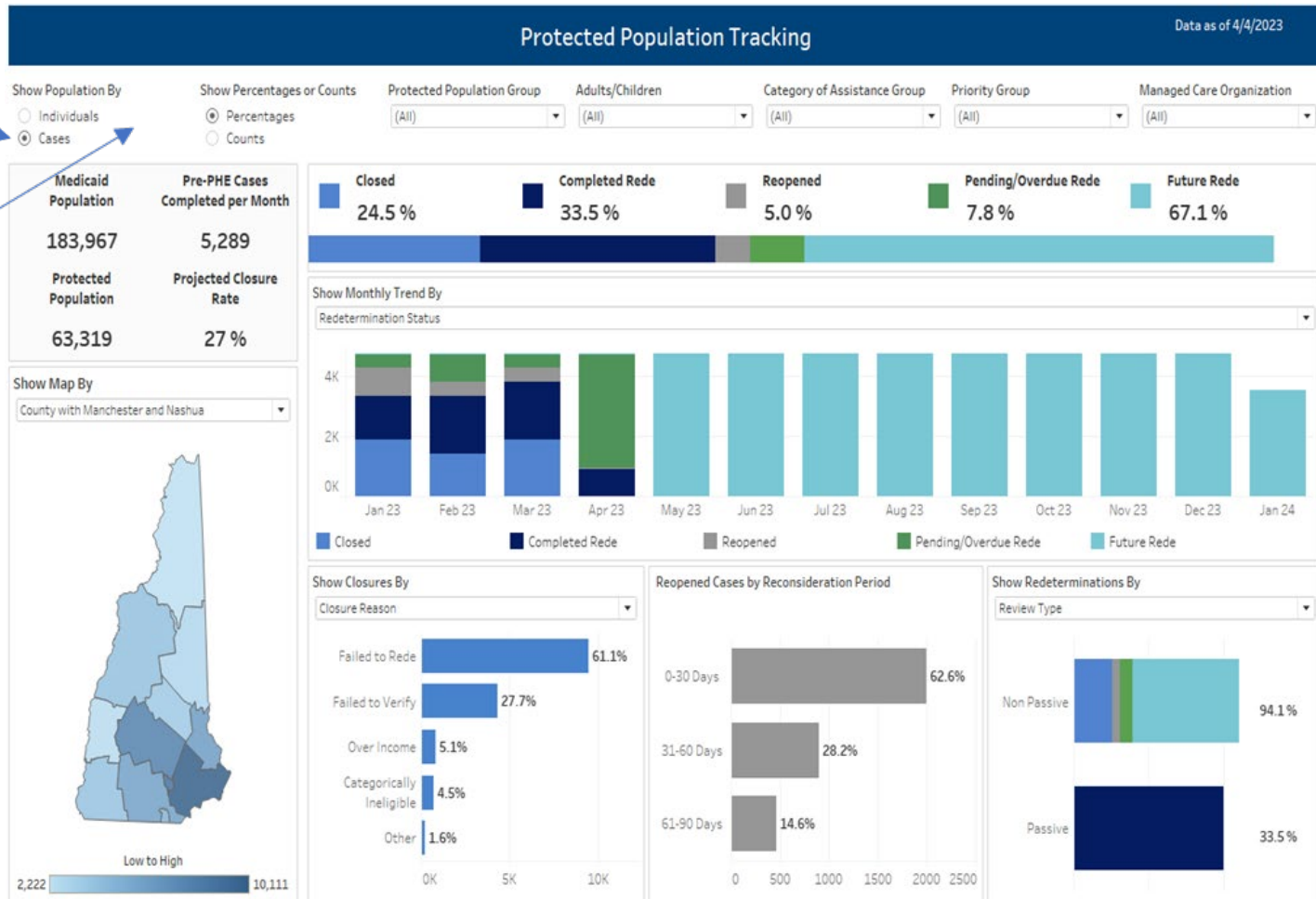


New HEIGHTS data as of 2/3/23

2/10/2023

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Select to view the dashboard by unique **Case** or unique **Individual** counts.

Key metrics can be displayed as percentages or counts.

The map can be viewed by **County** (Manchester and Nashua are displayed separately) or **Town**.

Users can select a County/Town to filter the dashboard.

This chart displays the number of Closed Cases/Individuals for the selected Protected Population. The chart can be displayed by Closure Reason, Closure Method, or Closure Outcome.

This chart displays the number of Cases/Individuals that were Reopened within 30, 60 or 90 Days.

This chart displays the Redetermination Status for all Cases/Individuals. The chart can be displayed by Review Type, Category of Assistance Group, or Managed Care Organization.

Filter to view the data by Protected Population Group, Adults/Children, Category of Assistance Group, Priority Group or Managed Care Organization.

Users can view a Monthly Trend that displays the Redetermination Status or a Monthly Trend that displays the Closed Cases/Individuals and the Reason for the Closure. Users can also select a Month to filter the dashboard.

Division of Medicaid Services – Federal Medical Assistance Percentage

FMAP = Federal Medical Assistance Percentage

EFMAP = Enhanced Federal Medical Assistance Percentage

SFY 2022	SFY 2023				SFY 2024				SFY 2025
	Q1 - Q3 July'22 - Mar'23		Q4 Apr'23 - June'23		Q1 July'23 - Sept'23		Q3 Jan'24 - Mar'24		
Standard FMAP	EFMAP	EFMAP	EFMAP	EFMAP	EFMAP	EFMAP	Standard FMAP	Standard FMAP	Standard FMAP
Standard Medicaid	50.0%	56.2%	56.2%	55.0%	52.5%	51.5%	50.0%	50%	50.0%
Breast & Cervical Cancer (BCCP)	65.0%	69.34%	69.34%	68.5%	66.75%	66.05%	65.0%	65%	65.0%
Children's Health Insurance Program (CHIP)	65.0%	69.34%	69.34%	68.5%	66.75%	66.05%	65.0%	65%	65.0%
Family Planning	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Granite Advantage	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%

Families First Coronavirus Response Act (FFCRA) requires states receiving the enhanced FMAP due to the Federal Public Health Emergency (PHE) keep anyone enrolled in Medicaid as of March 18, 2020 enrolled in the program. The COVID enhanced FMAP is intended to provide general fund relief to states to cover costs associated with the increased caseload due to the COVID pandemic.

On December 29, 2022, the Consolidated Appropriations Act, omnibus spending bill was signed into law. This decouples the continuous enrollment requirement (CER) from the PHE and terminates this provision as of March 31, 2023. Beginning April 1, 2023 States can resume Medicaid disenrollment. States have to meet certain standards in operating the unwind in order to claim the EFMAP.

States would be eligible for phase-down of the enhanced FMAP (6.2 percentage points through March 2023; 5 percentage points through June 2023; 2.5 percentage points through September 2023; and 1.5 percentage points through December 2023).

Division of Medicaid Services – Delivery / Quality Strategy

ASSURE DELIVERY OF QUALITY AND APPROPRIATE CARE



- Monitoring preventive care and treatment quality measures
- Requiring evidence based clinical practices.

MANAGE CONTINUOUS PERFORMANCE IMPROVEMENT



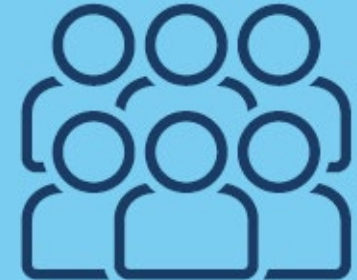
- Quality withhold and performance incentive program.
- Alternative payment models.
- Performance based member auto-assignment program.
- Performance improvement projects.

ASSURE ACCESS TO QUALITY CARE



- Member travel time and distances standards to providers.
- Monitoring member service utilization and experience of care.
- Monitoring member grievances and appeals.

TARGET POPULATION HEALTH ACTIVITIES



- Mental health quality.
- Substance use/misuse quality.
- Members with special needs quality.
- Identification of disparities

ASSURE VENDOR CONTRACT COMPLIANCE



- Identify issues through system wide performance monitoring.
- Conduct annual external audit.
- Enforce liquidated damages and corrective action.

ASSURE DATA VALIDITY



- Conduct annual external data audit.
- Conduct ongoing internal systematic data validation.

Division of Medicaid Services – Delivery / Quality Strategy

Medicaid Quality Consumer Guide of Health Plans

Consumer guide can support informed decisions about choosing a health plan. The guide is provided to newly eligible Medicaid members and existing Medicaid members during open enrollment.

The guide includes quality data about:

- Member satisfaction with the health plan;
- Member utilization of preventative care such as prenatal care; and
- Member adherence to evidence based treatment to manage physical and behavioral health conditions.

<https://medicaidquality.nh.gov/member-enrollment-guide-quality-nh-medicaid-plans>

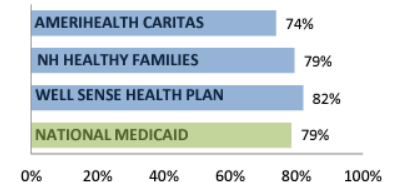


Member Enrollment Guide to the Quality of NH Medicaid Health Plans

Choosing the managed care plan that works best for you and your family is important. One thing to think about before you decide is how well the different plans perform. NH compares Medicaid health plans using multiple measures found at <https://healthinsuranceratings.ncoa.org/2019/search/Medicaid>. This brief report shows how the Medicaid managed care plans compared.

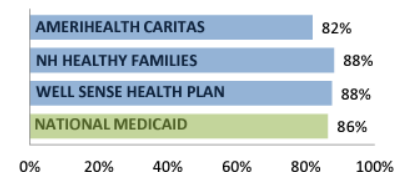
Rating of Health Plan - Adults

This measure captures the percent of adults who gave their health plan a rating of 8, 9 or 10 on a scale of 1 through 10. The lowest rating is a 1 and the highest is a 10.¹



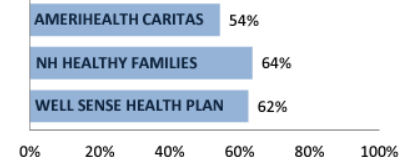
Rating of Health Plan - Children

This measure captures the percent of parents or guardians who gave their child's health plan a rating of 8, 9 or 10 on a scale of 1 through 10. The lowest rating is a 1 and the highest is a 10.¹



Well Child Visits for Children Age 3 - 11

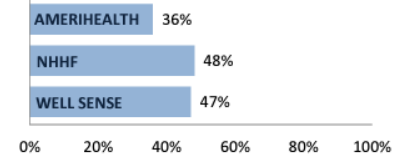
This measure captures the percent of children 3-11 years of age who had at least one well child visit with a primary care provider within the past year.²



Note: National Medicaid Average not available until September 2021.

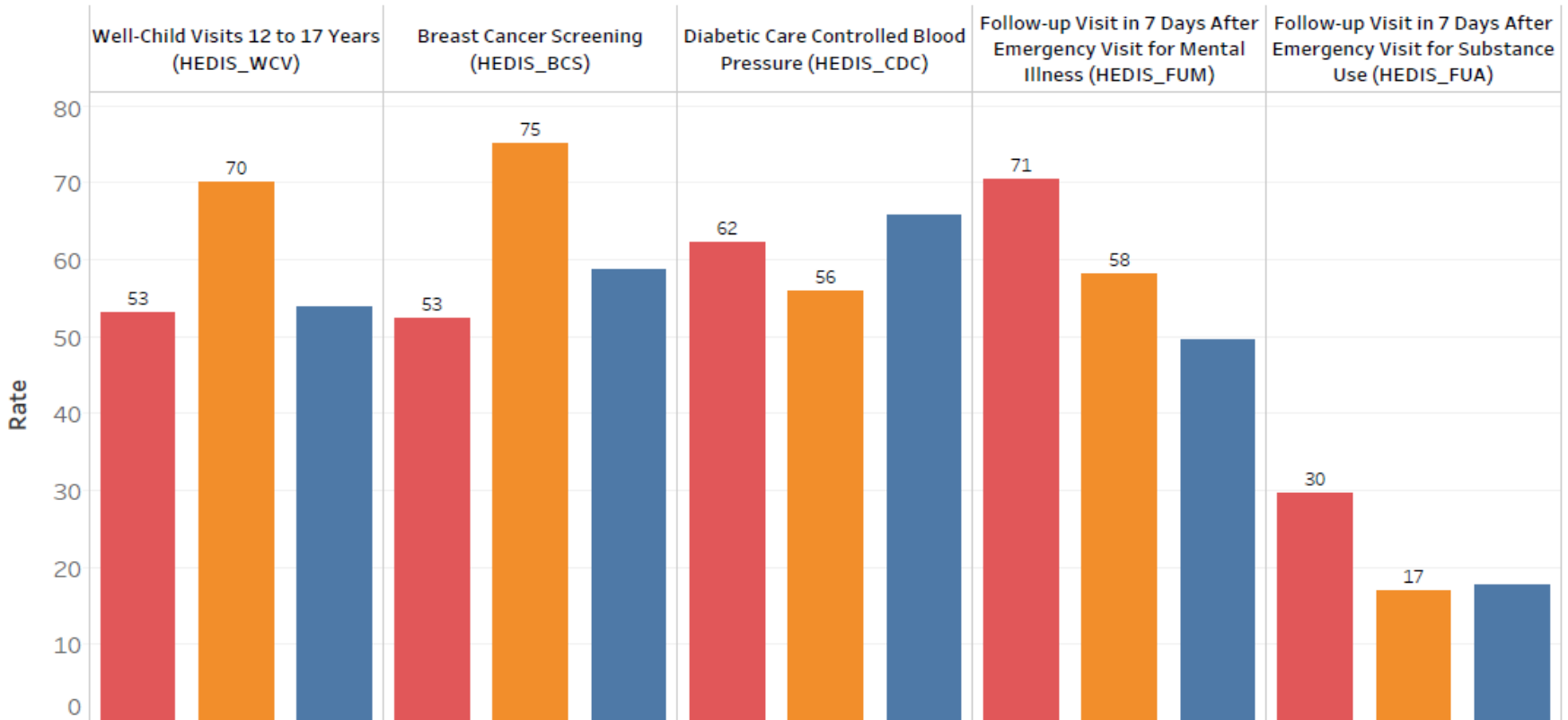
Adolescent Well Visits Age 12-21

This measure captures the percent of adolescents 12-21 years of age who had at least one comprehensive well-care visit with a primary care provider within the past year.³



Note: National Medicaid Average not available until September 2021.

2020 Rates for Key Performance Indicators



Data Source: (1) NH Medicaid Managed Care: Audited 2021 National Committee for Quality Assurance [NCQA] Healthcare Effectiveness Data and Information Set [HEDIS®] (2) NH Commercial: Audited 2021 NCQA HEDIS Data from NH Commercial Payers from NH All-Payer Claims Database (3) National Medicaid Average: NCQA Quality Compass National Medicaid HMO Rates

Data Source
 ■ NH Medicaid Managed Care
 ■ NH Commercial
 ■ National Medicaid Average

The New Hampshire Medicaid Care Management (MCM) Quality Strategy has provided an initial roadmap to achieve higher level of performance by selecting eleven (11) quality measures with a goal of reaching or exceeding the 75th percentile of National Medicaid Health Plans by December 31, 2023.

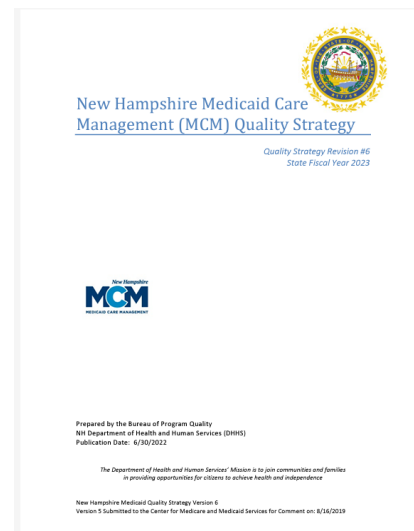
The 11 quality measures have been organized into two (2) report domains:

Prevention:

- Adult Physical Health
- Child and Adolescent Physical Health and
- Perinatal

Treatment:

- Behavioral Health
 - Children and Adolescents
 - Adults
- Adult Physical Health



See NH's Quality Strategy:

<https://medicaidquality.nh.gov/care-management-quality-strategy-0>

Division of Medicaid Services – External Review

The New Hampshire Medicaid Care Management (MCM) Program contracts with an External Organization to perform annual reviews of the NH Medicaid Care Management Organizations as federally required by 42 CFR 438.350.

External Quality Review activities include:

- Annual MCO contract compliance audit;
- Annual performance measure validation audit;
- Annual MCO provider network adequacy validation;
- Validation of MCO performance improvement projects;
- Medicaid member interview studies;
- Medicaid provider satisfaction surveys; and
- Additional quality studies.



State of New Hampshire
Department of Health and Human Services

2021 New Hampshire External Quality Review Technical Report

April 2022



See the most recent Technical Report:
<https://medicaidquality.nh.gov/external-quality-review-organization-egro-technical-report>



Division of Medicaid Services – Quality Improvement

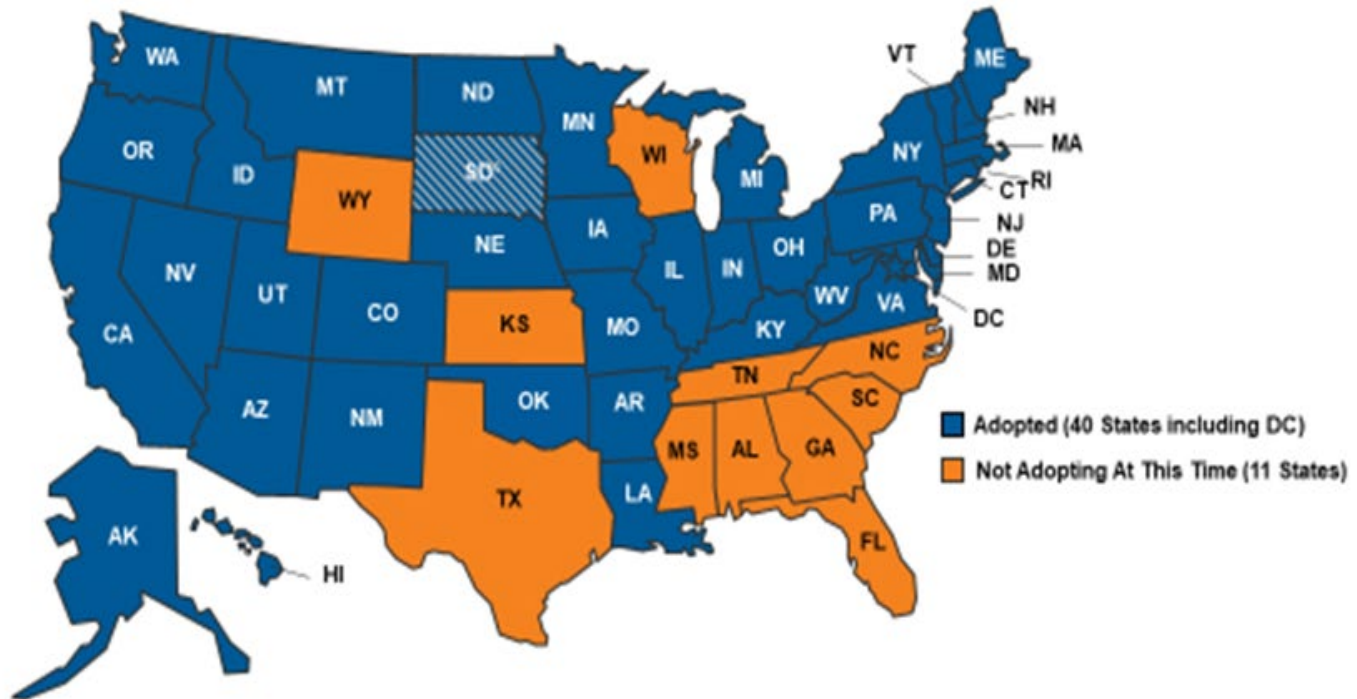
Results NH Quality Priority Improvement Update Report:

	NH CY 2019	NH CY 2020	NH CY 2021*
Prevention - Adolescent Health			
Immunizations for Adolescents Combination without HPV (IMA)	78.2%	74.3%	72.2%
Immunizations for Adolescents Combination including HPV (IMA)	33.1%	31.4%	29.7%
Prevention - Women's Health			
Chlamydia Screening in Women (CHL)	50.1%	46.5%	48.3%
Timely Postpartum Care (PPC)	79.2%	73.1%	79.0%
Treatment - Adult Mental Health Population			
Diabetes Screening for People with Mental Illness Who Are Using Antipsychotic Medications (SSD)	82.7%	76.1%	77.0%
Table Legend			
Performance below the 75th and 50th Percentile	Performance below the 75th Percentile but above the 50th Percentile	Improved Performance from the prior year, but below the 75th Percentile	Performance equal to or above the 75th Percentile
* Comparators not available for all of CY2021			

Results NH Quality Priority Improvement Update Report:

	NH CY 2019	NH CY 2020	NH CY 2021*
Treatment - Adult Mental Health Population			
Adherence to Antipsychotic Medications for Individuals with Mental Illness (SAA)	76.6%	72.6%	72.2%
Treatment - Children's Mental Health Population			
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	75.4%	62.4%	65.5%
Continuation of Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medications (ADD)	52.3%	53.6%	46.5%
Treatment - Substance Use Disorder Treatment			
Engagement of Alcohol & Other Drug Abuse or Dependence Treatment (IET)	22.0%	22.9%	24.8%
Treatment - Appropriate Care			
Appropriate Use of Imaging Studies for Low Back Pain (LBP)	75.5%	76.5%	73.1%
Table Legend			
Performance below the 75th and 50th Percentile	Performance below the 75th Percentile but above the 50th Percentile	Improved Performance from the prior year, but below the 75th Percentile	Performance equal to or above the 75th Percentile
* Comparators not available for all of CY2021			

Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. 0Expansion is adopted but not yet implemented in SD. See link below for additional state-specific notes.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated February 16, 2023. <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



- ▶ New Hampshire Granite Advantage Health Care Trust Fund provides coverage for the newly eligible Medicaid population as provided for under RSA 126-AA:2 covering adults from age 19 up to and including age 64 and who are not enrolled in or eligible for another eligibility group of Medicaid or have Medicare.
- ▶ Across all of SFY 2022 there were 100,980 unique people who were enrolled in Granite Advantage at some point during the year. Since inception there have been over 200,000 unique individuals who have been on the program.
- ▶ For the typical population of covered members age 19 to 64, people aged 26 to 35 is the largest age group the program is serving, with 30% of the total population.
- ▶ The population aged 19 to 25 enrolled is lower than the 26 to 35 age group in part because state and federal law requiring coverage of the under 26 population on parent family commercial insurance plans.

DIVISION OF MEDICAID SERVICES

Granite Advantage Health Care Program – Funding and Expenses

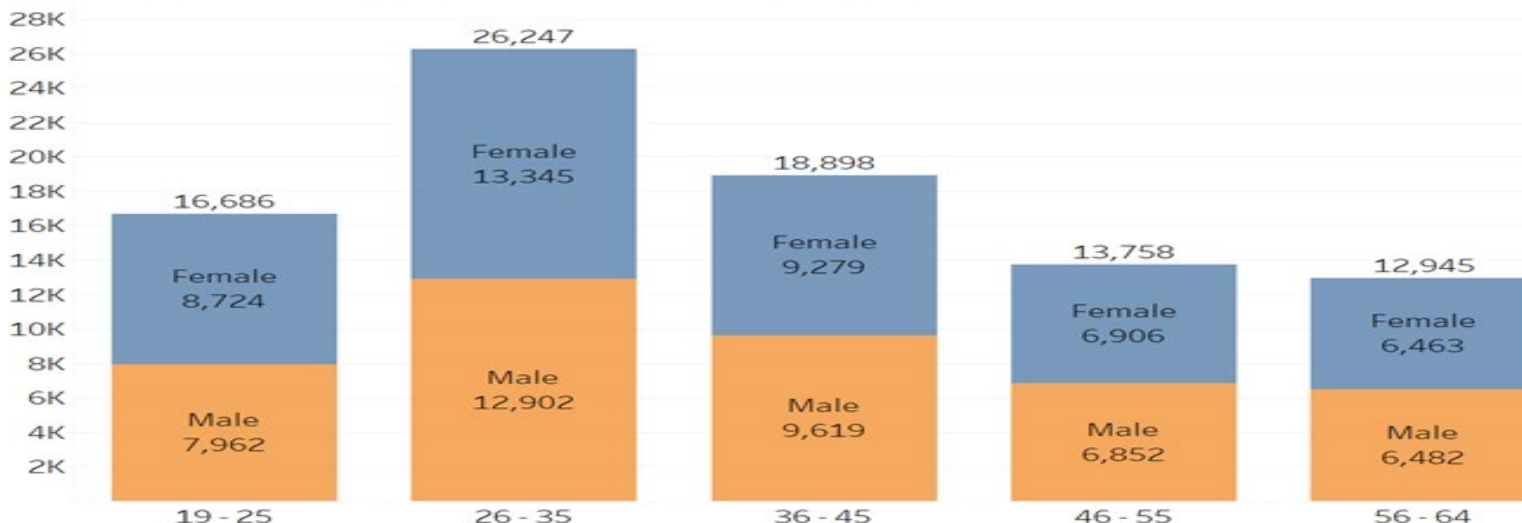
Total cost, federal funds and sources of state funding for the 10% share both during the pandemic and post pandemic when the number of eligible people will be smaller.

	Granite Advantage HealthCare Program						
	SFY19 2nd (6 mos)	SFY20	SFY21	SFY22	SFY23 est.	SFY24 est.	SFY25 est.
Total Funds Expense:	\$167,784,917	\$382,383,945	\$541,798,532	\$558,197,039	\$615,086,853	\$487,470,425	\$496,990,134
Federal Funds (90%)	\$155,971,965	\$348,686,800	\$487,485,109	\$502,010,942	\$552,108,457	\$438,304,575	\$446,839,444
Non-federal share of expenses (10%)	\$11,812,951	\$33,697,145	\$54,313,423	\$56,186,097	\$62,978,396	\$49,165,851	\$50,150,691
Sources of non-federal funding received							
Liquor Commission = 5% of previous years' gross profit	\$5,000,000	\$10,037,800	\$10,024,300	\$10,328,200	\$11,540,250	\$11,061,450	\$10,800,000
Add'l Liquor revenue	\$0	\$0	\$8,499,999	\$8,736,916	\$7,238,647	\$0	\$0
Premium Tax recvd in April = 2% of prior CY	\$8,132,273	\$5,883,982	\$8,603,891	\$10,206,253	\$11,453,774	\$10,468,461	\$9,464,443
NH Health Plan Assessment	\$0	\$17,291,000	\$18,313,700	\$20,155,871	\$21,887,274	\$21,144,147	\$20,897,177
Drug Rebates (includes year-end AR)	\$1,149,418	\$5,058,495	\$6,740,221	\$11,067,268	\$5,398,879	\$3,298,879	\$3,498,879
Other Funds Returnable	\$49,282	\$59,220	\$40,937	\$60,292	\$38,261	\$36,667	\$49,167
* Centene Settlement - non-federal funding for Adult Dental					\$6,529,864	\$0	\$0
MCO Liquidated Damages			\$1,400	\$75,490	\$73,472	\$50,000	\$50,000
Medicaid Enhancement tax revenue				\$1,984,012	\$1,742,321	\$1,700,000	\$1,700,000
Total non-federal revenue received	\$14,330,973	\$38,330,498	\$52,224,448	\$62,614,302	\$65,902,743	\$47,759,604	\$46,459,665
Non- federal funds received compared to non-federal funds used	\$2,518,022	\$4,633,353	-\$2,088,975	\$6,428,205	\$2,924,347	-\$1,406,247	-\$3,691,026
Balance of non-federal funds brought forward		\$7,151,375	\$5,062,400	\$11,490,605	\$14,414,952	\$13,008,705	\$9,317,679

DIVISION OF MEDICAID SERVICES

Granite Advantage Health Care Program

GAHCP Members by Age and Sex as of 6/30/2022

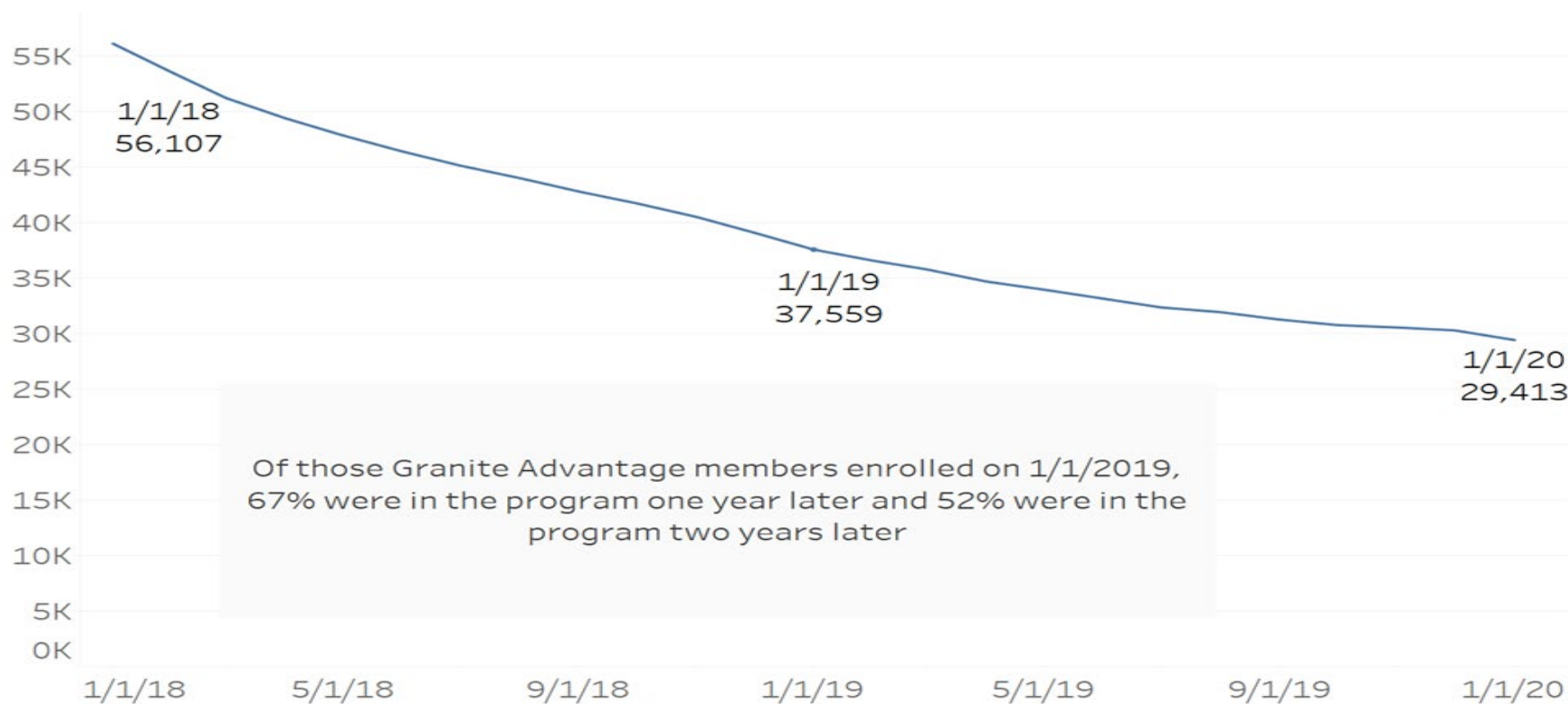


Note: Includes all available retroactive eligibility; Excludes records with missing data and people over age 64 retained in the program due to the Public Health Emergency.

Unique Medicaid Expansion Members, Data through 12/31/2022

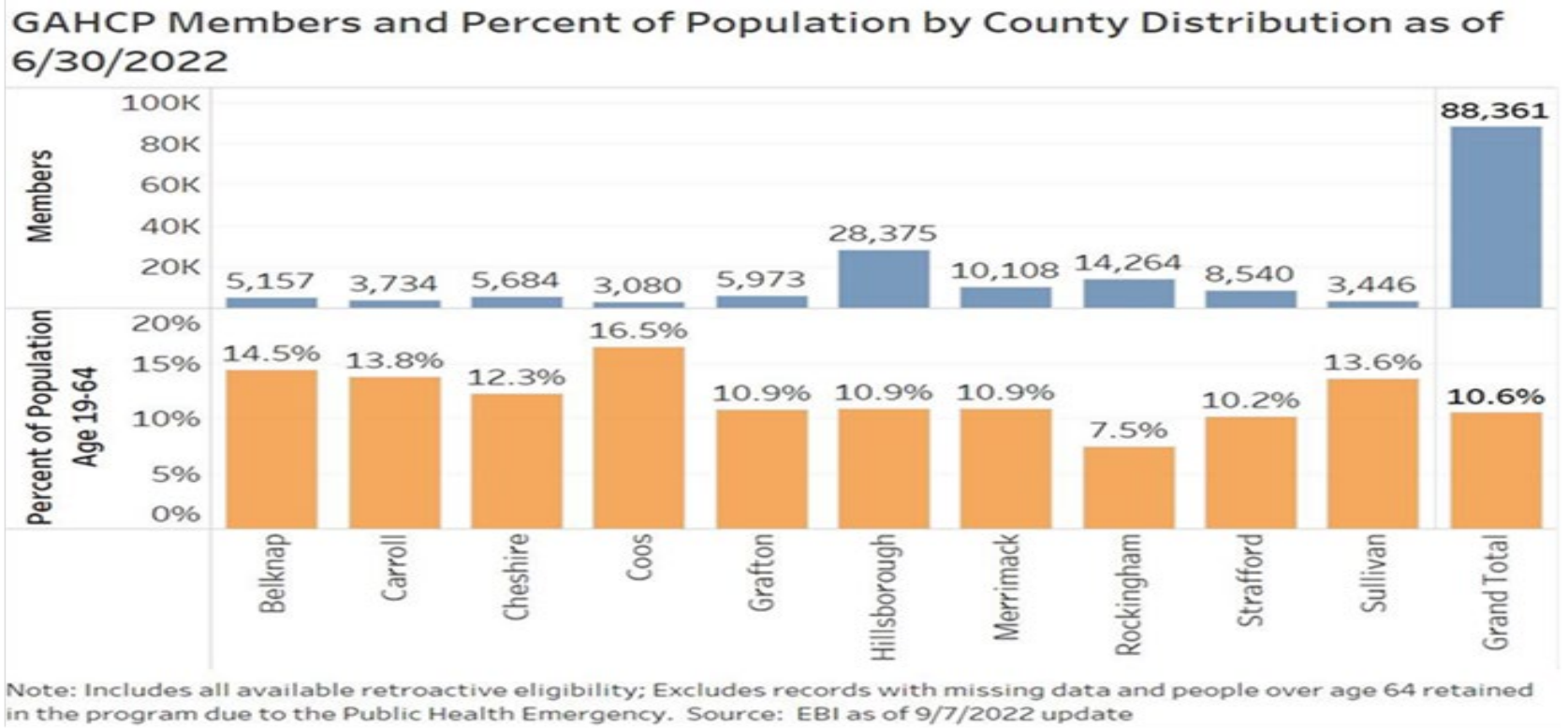
Program	Unique Members
NHHPP (2014-2019)	171,747
Granite Advantage (2020-2022)	124,958
Grand Total Unique Medicaid Expansion	221,377

Two Year Attrition of Granite Advantage Members Enrolled on 1/1/18



DIVISION OF MEDICAID SERVICES

Granite Advantage Health Care Program



This chart shows the distribution of Granite Advantage membership by county. The county with the most members is Hillsborough County, with 32% of membership. However, adjusting for population, Coos County has the highest proportion of its age 19 to 64 population enrolled in Granite Advantage, 16.5%, as compared to 10.9% in Hillsborough County. Rockingham County has the lowest proportion of its population enrolled at 7.5%.

GAHCP Payments to Providers for Selected Key Service Groups, SFY2022, Data Available Through 1/31/23

	Unique Service Users	Payments
Preventive/Well Care Visits	18,081	\$2.1M
Evaluation and Management Visits	60,631	\$37.4M
Maternity Care	797	\$2.5M
Mental Health Inpatient Hospital Treatment	914	\$8.5M
Mental Health Medication Treatment	29,840	\$17.2M
Mental Health Outpatient Services	11,550	\$27.0M
SUD Residential or Inpatient Hospital Treatment	2,331	\$14.8M
SUD Medication Assisted Treatment	8,061	\$21.2M
SUD Outpatient Services	8,703	\$25.1M
Emergency Department Visits	25,950	\$36.1M
COVID Services	29,299	\$19.9M

Note: Data does not have complete claims information for the final months in the period. Data represents service payments to providers or fee-for-service equivalent payments in cases where the plan pays providers through sub-capitated arrangements. Data may be duplicated between categories. Source: EBI as of 2/4/23 update.

In terms of specific types of services delivered to the population, a significant proportion of the Granite Advantage program population makes use of mental health services (mostly in medication and outpatient services) and to a lesser extent substance use disorder (SUD) services. COVID services are mostly related to screenings.

GAHCP Payments to Providers for Main Service Groups, SFY2022, Data Available Through 1/31/23

	Unique Service Users	Payments
Inpatient Hospital	6,387	\$51.9M
Outpatient Facility	54,632	\$111.1M
Professional	71,623	\$169.5M
Pharmacy	63,503	\$147.2M
Dental	6,034	\$2.0M
Nursing Facility	64	\$2.3M

Note: Data does not have complete claims information for the final months in the period. Data represents service payments to providers or fee-for-service equivalent payments in cases where the plan pays providers through sub-capitated arrangements. Does not include payments for non-emergency transportation or administrative costs. Dental payments don't include plan based value added dental services. Source: EBI as of 2/4/22 update.

Rate Setting Perspective/Background:

- Generally, Medicaid rates are a percentage of Medicare rates, and should be sufficient to “promote efficiency, economy and quality of care” from providers in delivering services to beneficiaries.
- Medicare rates are intended to cover the full cost of a reasonably efficient provider.
- Commercial insurance rates are generally at least typically 2x that of Medicare at a facility level, and about 1.5x for physician services, though this relationship for other provider types does not necessarily hold true.
- There are over 13,000 codes (billing descriptions) active under Medicaid to accommodate allowable billing methods.

Rate Setting Approach for a Targeted Rate Increase:

- Step 1: Benchmark rate to Medicare, and/or to Medicaid Allowable Cost
- Step 2: Compare to regional state rates
- Step 3: Assess access issues to providers
- Step 4: Provider type's percentage of revenue from Medicaid and uncompensated care
- Step 5: Financial statuses of the provider type
- Step 6: Workforce shortage issues

DIVISION OF MEDICAID SERVICES – Medicaid targeted rate change approach

Billing Code Rates by Category

Current Procedural Terminology/Healthcare Common Procedure Coding System Code Categories	Average % of Medicare Rate
Surgery Codes	47%
Medicine Services and Procedures Codes	51%
Temporary Procedures & Professional Services	55%
Radiology Procedures	57%
Pathology and Laboratory Procedures	63%
Durable Medical Equipment	74%
Temporary Codes for Durable Medical Equipment Regional Carriers	46%
Coronavirus Testing Codes	75%
Miscellaneous Services (Temporary Codes)	81%
Transportation Services Including Ambulance, Medical & Surgical Supplies	188%

Utilization from Jan - Sept 2020

Rate information from 01/01/2021

DIVISION OF MEDICAID SERVICES – Medicaid targeted rate change approach

Cost Based Rates- Federal Upper Payment Limits

Upper Payment Limit Demonstration for Allowable Federal Match	Provider Class	Base Rate % of Allowable Cost	% NH Medicaid Utilization
Ambulatory Surgical Center (Clinic)	Private	37%	
Hospital Inpatient	Critical Access Hospitals	27%	
Hospital Inpatient	PPS	28%	
Hospital Inpatient	State Owned Providers	100%	
Hospital Outpatient	Critical Access Hospitals	98%	
Hospital Outpatient	PPS	55%	
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)	Private	94%	82.0%
Nursing Facility Services	County Providers	48%	79.3%
Nursing Facility Services	Private	72%	61.3%
Nursing Facility Services	State Owned Providers	89%	99.0%

Information from Final State Fiscal Year 2022 UPL Demonstration Submitted to CMS

Durable Medical Equipment 2022 UPL demonstration was over the limit by 8K

DIVISION OF MEDICAID SERVICES – Medicaid targeted rate change approach

Home Health Summary

Private Duty Nursing Rates for Home Health providers

RN - Registered Nursing Rates

	Medicaid Rate	Local State Comparison						Commercial Payer Comparison		Median Nursing Facility RN Rates
		NH	MA*	ME	VT	CT	RI	Average	Median	Mean 80%
Standard	\$55.27	\$64.84	\$57.68	\$39.80	\$98.53	\$54.20	\$63.01	\$123.13	\$126.13	\$67.09
Night/Weekend	\$61.65	\$68.88				\$55.70	\$62.29			
Holiday		\$76.32					\$76.32			
Inuram	\$58.00									

Bureau of Labor Statistics Mean

Hourly Rates	\$37.63	\$46.46	\$35.40	\$36.13	\$42.56	\$40.99		Median NF Wage	\$38.28
Shift Differential	\$6.38	\$4.04				\$1.50			

LPN- Licensed Practical Nurse

	Medicaid Rate	Local State Comparison						Commercial Payer Comparison		Median Nursing Facility LPN Rates
		NH	MA*	ME	VT	CT	RI	Average	Median	Mean 80%
Standard	\$51.02	\$53.48	\$40.92	\$33.80	\$96.35	\$43.88	\$53.69	\$94.75	\$107.10	\$54.18
Night/Weekend	\$59.53	\$56.84				\$45.38	\$51.11			
Holiday		\$74.40					\$74.40			
Inuram	\$56.00									

Bureau of Labor Statistics Mean

Hourly Rates	\$28.43	\$29.72	\$24.42	\$26.05	\$28.58	\$28.75		Median NF Wage	\$32.08
Shift Differential	\$8.51	\$3.36				\$1.50			

Notes:

*Massachusetts has varied rates for 1:1, 2:1, 3:1, and Overtime

Massachusetts rates have a temporary 10% rate increase (not included in data)

NH was advised by agency the rates are going to become permanent.

RI has acuity adjustment of .25 per 15 mins

CT- does not have private duty nursing services in state plan

DIVISION OF MEDICAID SERVICES – Medicaid targeted rate change approach

Ambulance: Procedure Code w/Description	Rates as of 1/1/2021	% of Medicare of 1/1/2021	7/1/2022 50%	2020 Claim Units (Medical & OutPt)	*Medicare Base Rate	CT Rate	MA Rate	ME Rate	RI Rate	VT Rate	Rate @ % of Medicare w/ proj fiscal impact
A0425 - GROUND MILEAGE, PER STATUTE MILE	\$2.76	34%	\$4.01	1,027,126	\$8.02	\$5.88	\$3.51	\$8.06	\$0.56	\$6.09	\$3,765,301
A0427 - AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS1-EMERGENCY)	\$186.02	38%	\$243.02	8,991	\$486.03	\$349.03	\$299.97	\$441.79	\$69.95	\$358.20	\$2,181,507
A0429 - AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$154.13	38%	\$204.65	8,595	\$409.29	\$293.90	\$252.61	\$373.03	\$69.95	\$301.64	\$1,755,687
A0432 - AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	Manual	Manual		6	\$447.66	\$143.08					
A0433 - ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$186.02	26%	\$351.73	123	\$703.46		\$434.17	\$639.43		\$518.45	\$43,230
A0434 - SPECIALTY CARE TRANSPORT (SCT)	\$186.02	22%	\$415.68	324	\$831.36		\$513.11	\$755.69		\$612.71	\$134,608
											\$7,880,333

Rates not Found

*Urban Rates used for Medicare Rates

Proj FI are only Medical and Outpatient claims, excluding crossover claims (4% to 8% of total)

G3 - General Manual Review Fee Schedule/Manually Priced

DIVISION OF MEDICAID SERVICES – Medicaid targeted rate change approach

Hospice Rates:

Revenue Codes	Description	Daily Rate	Wage Component Subject to Index	Index for Rockingham & Strafford County	Unweighted Amount	Rate based on 10/1/2022 CMS Calc.	10/1/2022 Reimbursed Rate based on 1/1/2021 increase
651	Routine Home Care (days 1 to 60)	\$211.61	\$139.67	0.9933	\$71.94	\$215.70	\$216.25
651	Routine Home Care (days 61+)	\$167.22	\$110.36	0.9933	\$56.86	\$166.48	\$170.92
652	Continuous Home Care - Hourly Rate	\$63.44	\$47.71	0.9933	\$15.73	\$63.12	\$64.72
652	Continuous Home Care - 24 Hours	\$1,522.63	\$1,145.02	0.9933	\$377.61	\$1,514.96	\$1,553.23
655	Inpatient Respite Care	\$518.00	\$315.98	0.9933	\$202.02	\$515.88	\$523.93
656	General Inpatient Care	\$1,110.76	\$705.33	0.9933	\$405.43	\$1,106.03	\$1,131.91

Due to the 3.1% rate increases, the Hospice rates are above the Medicare rates

Table 1
New Hampshire Department of Health and Human Services
Total Medicaid Program Spending
Calendar Year 2019

Service Category	MCM Population		FFS Population		Total
	Standard	GAHCP	Standard	GAHCP	
Hospital Inpatient	\$63,235,486	\$37,955,187	\$6,494,724	\$7,435,865	\$115,121,262
Hospital Outpatient	86,463,432	65,096,469	9,729,082	3,007,775	164,296,757
Nursing Facility	193,320,291	1,772,609	25,736,868	98,953	220,928,721
Professional Services	291,829,331	101,583,129	24,497,819	5,140,725	423,051,005
Waiver Services	398,808,944	6,157,160	11,733,867	200,701	416,900,673
DME	16,025,098	3,284,807	759,342	44,596	20,113,844
Pharmacy	120,924,262	83,891,324	899,996	595,523	206,311,106
Total	\$1,170,606,844	\$299,740,685	\$79,851,698	\$16,524,139	\$1,566,723,367

Table 2
New Hampshire Department of Health and Human Services
Total Medicaid Program Spending
State Fiscal Year 2022

Service Category	MCM Population		FFS Population		Total
	Standard	GAHCP	Standard	GAHCP	
Hospital Inpatient	\$74,498,870	\$46,133,480	\$4,273,683	\$5,823,101	\$130,729,135
Hospital Outpatient	96,522,904	106,133,577	8,285,830	2,329,838	213,272,149
Nursing Facility	206,899,436	2,417,807	16,271,526	106,230	225,694,999
Professional Services	311,629,942	151,277,204	26,018,373	2,556,268	491,481,788
Waiver Services	495,965,935	13,006,069	9,086,022	150,594	518,208,621
DME	16,719,585	5,881,061	622,655	15,658	23,238,959
Pharmacy	141,274,815	147,391,669	545,265	152,329	289,364,078
Total	\$1,343,511,487	\$472,240,868	\$65,103,354	\$11,134,020	\$1,891,989,729