



NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

Division of Medicaid Services

April 24, 2023

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Division Director

Mission

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.

Operate a 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 currently 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.

MEDICAID DIRECTOR

DEPUTY MEDICAID DIRECTOR

DIRECTOR OF MEDICAID ENTERPRISE DEVELOPMENT

DENTAL DIRECTOR

MANAGED CARE PROGRAM

MEDICAL / DENTAL BENEFIT MANAGEMENT

POLICY

PHARMACY

PROVIDER RELATIONS

FEDERAL WAIVER PROGRAMS

MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

The Division of Medicaid Services 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
- Provides support to other State Departments where Medicaid intersects including NH Insurance Department; Department of Revenue Administration; Department of Corrections; Department of Education

New Hampshire's Medicaid Program

- Brief description of program. Publicly funded health insurance program for low-income and categorically needy for medical and dental coverage, assuring access and delivery of quality and appropriate care
- Individuals Served. All those eligible for Medicaid coverage
- Other key details. State Plan and Waiver Services

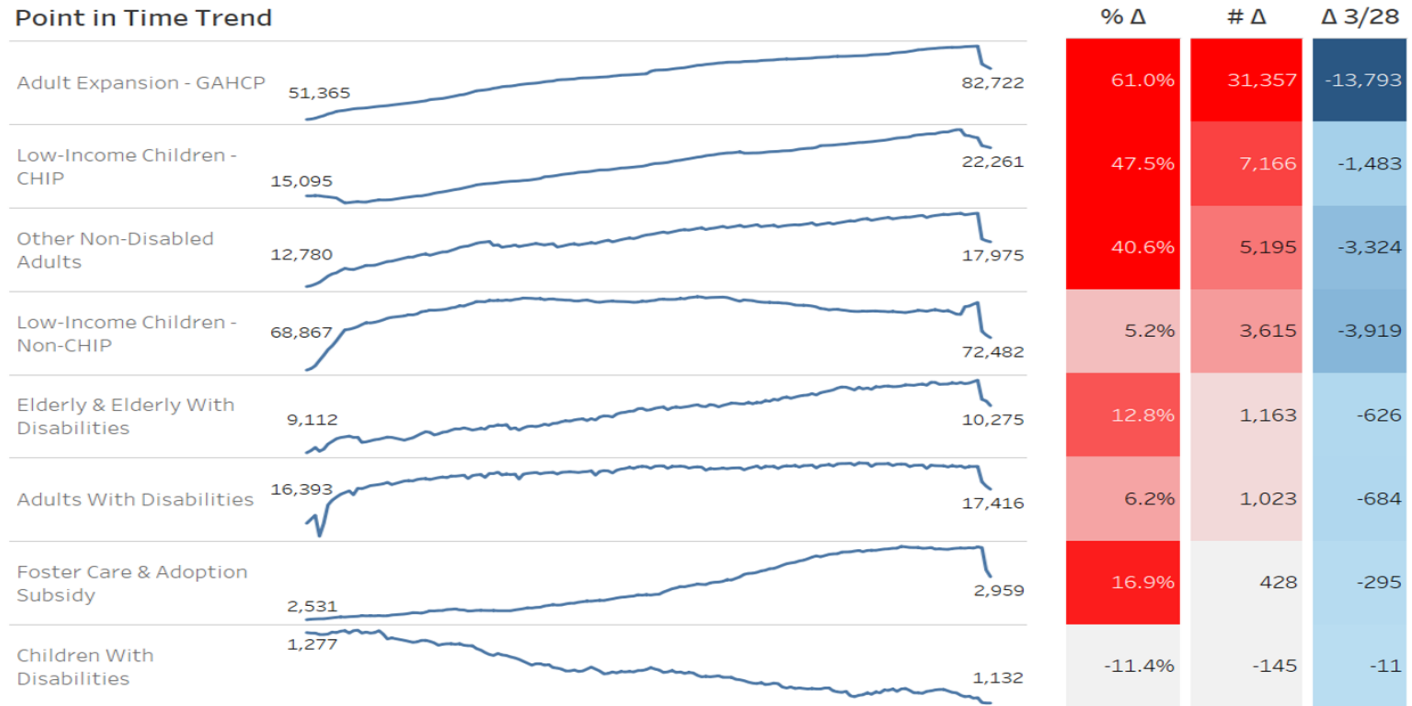
NH Granite Advantage Healthcare Program

- 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.

Trend in NH Medicaid Enrollment since the start of COVID-19 Pandemic

| Period | Granite Advantage | Standard | Total |
|------------------------|---|--|--|
| 3/16/2020 to 3/27/2023 | 96,515 <small>+87.9% 45,150</small> | 154,842 <small>+22.8% 28,787</small> | 251,357 <small>+41.7% 73,937</small> |
| 3/16/2020 to 4/17/2023 | 82,722 <small>+61.0% 31,357</small> | 144,500 <small>+14.6% 18,445</small> | 227,222 <small>+28.1% 49,802</small> |

Point in Time Trend



| Rounded to \$000 | SFY2022 ACTUAL | SFY2023 Adjusted Authorized | SFY2024 Governor Budget | SFY2024 House Budget | SFY2025 Governor Budget | SFY2025 House Budget |
|--|--------------------|-----------------------------|-------------------------|----------------------|-------------------------|----------------------|
| Activity 470010: Division Medicaid Services | | | | | | |
| General Funds | \$319,927 | \$296,665 | \$307,651 | \$307,651 | \$312,005 | \$312,005 |
| TOTAL FUNDS | \$1,402,690 | \$1,238,301 | \$1,303,280 | \$1,344,405 | \$1,314,260 | \$1,359,410 |

House Changes

- **HB2, Section 211:** *Of the funds appropriated to the department of health and human services for the biennium ending June 20, 2023, the sum of \$20,531,625 shall not lapse until June 30, 2025 and shall be treated as restricted revenue for the purpose of funding expenditures in account 05-95-47-470010-8009.*
- **HB2, Sections 409-410:** *New appropriation to fund Inclusion of Certain Children & Pregnant Women in Medicaid in the Children's Health Insurance Program of \$336,000 for the biennium ending June 30, 2025.*
- **HB2, Sections 230-231:** *Medicaid Rate Appropriations increased from \$34 million to approximately \$134 million and implemented targeted methodology.*
- **HB2, Sections 407-408:** *Medicaid coverage for 12-month postpartum period and \$200k appropriation.*
- **HB2, Section 397-406:** *Granite Advantage Health Care Program - 2 Year Renewal, Funding Gov. Commission through Alcohol Fund, inclusion of GAHCP in State Agency Budget.*
- **HB2, Section 211 & AU 8009:** *House changed HB2 provision to include restricted revenue from SFY23 in lieu of General funds and budgeted it in AU 8009.*

HB1 Budget Areas For Consideration

| Description | SFY 24 | | | | SFY 25 | | | |
|--|-------------|----------------|---------------|----------------|-------------|----------------|----------------|----------------|
| | General | Federal | Other | Total | General | Federal | Other | Total |
| Request general funds to support the payment of the Medicare Part D (Pharmacy) Insurance premium payments for dual eligible individuals. The budget is insufficient to support CMS mandated State Phase Down coverage for approximately 19,550 clients each month. | \$7,000,000 | | | \$7,000,000 | \$8,000,000 | | | \$8,000,000 |
| Requesting corresponding HB2, Sections 211 & 212, technical correction relative to restricted revenue. If approved, DHHS requests a decrease of funding in SFY2024/SFY2025 for Medicaid Management Information System AU8009. | | (\$31,419,729) | (\$9,705,001) | (\$41,124,730) | | (\$34,268,678) | (\$10,826,624) | (\$45,095,302) |

HB2 Budget Areas for Consideration

| Section | Title | Description |
|---------|--|--|
| 211 | Medicaid Management Information System | Request for technical correction to fund the Non-Federal Share by modifying Section 211, as Amended by the House, to eliminate "restricted revenue" provision relative to funding MMIS. |
| 408 | Appropriation. | The Department is requesting an additional \$400,000 General funds for the biennium ending June 30, 2025, to fully fund post-partum 12-months of continuous coverage in accordance with Section 407 of HB2 as Amended by the House. |
| 231 | Targeted Medicaid Rate Increases | DHHS requests a modification to the language in order to allow DHHS to address parity among rates, prohibitions regarding the use of General Funds, situations where rate methodology is under review, cost-based rate methodologies, out-of-state providers, contracted rates, and other similar scenarios. |

HB2 Sections Included in Governor's Budget Approved by House

- *213 – Appropriates \$16.3 Million General Funds for Continuous Enrollment.*
- *196 – Allows Medicaid dollars to carryforward from SFY22/23 to SFY24/25 to funds Medicaid program to address unknowns associated with Medicaid Unwind – Mirrors Chapter 91:412, Laws of 2021.*
- *195 – Medicaid to Schools Program; Fiscal Committee Approval of Supplemental Funding. Mirrors Chapter 91:245, Laws of 2021.*
- *197 – Preventative Health Care Benefits; Medicaid Program.*
- *206 – Pharmacy Positions – Converts 2 positions from classified to unclassified.*
- *193 – Graduate Medical Education Payments Suspended for the biennium Ending June 30, 2023.*
- *194 – Suspension of Catastrophic Aid Payment to Hospitals for the biennium Ending June 30, 2023.*