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Monday, December 28, 2015

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SE

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice is hereby given that effective January 1, 2016, the New Hampshire Department of Health and Human Services (DHHS) is amending the NH Title XIX State Plan (SPA) to (a) modify the existing Medicaid Alternative Benefit Plan (ABP) for the eligibility category created pursuant to section 1902(a)(10)(A)(i)(VIII) of the Social Security Act and to (b) change existing co-payments as well as establish additional co-payments for Medicaid services for certain eligibility populations with incomes above 100% of the federal poverty level (FPL). Effective January 1, 2016, the individuals in the NH Health Protection Program (NHHPP) must get coverage from qualified health plans (QHP's) offered on the NH federally facilitated exchange rather than from the ABP offered through the Medicaid care management program (except for medically frail or those enrolled in employer sponsored insurance plan coverage through the state Health Insurance Premium Payment program). Concurrent with this change, the state plan is also being amended to specify copayment amounts for certain services and prescriptions when accessed by NHHPP participants and the standard Medicaid population with incomes above 100% of the FPL and who are not in the mandatory exempt groups. Information on who is subject to copayments and the amount of copayments can be found at <http://www.dhhs.nh.gov/ombp/pap/documents/copayments.pdf> and at http://www.dhhs.nh.gov/ombp/medicaid/documents/medicaid_copayments_dec_22_15.pdf. These changes are being made in accordance with Chapter 3, Laws of 2014 (SB 413) which expanded Medicaid eligibility, and the Affordable Care Act which requires that this population receive ABP benefits in accordance with a Benchmark Equivalent Plan. Additionally, SB 413 requires this population to receive benefits through a QHP effective January 1, 2016. The state assures compliance with 42 CFR 440.345 to provide full access to Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services for covered nineteen and twenty year olds by describing the process to access these benefits in notices sent to all individuals receiving the ABP. The state assures compliance with the provisions of Section 5006(e) of the American Recovery and Reinvestment Act of 2009 by continuing to engage in tribal consultations to the extent required by federal law. Medicaid providers are not permitted to require Medicaid recipients to pay copayments as a condition for receiving items or services. However, the consequences for a recipient who does not pay the copayment is that the provider (a) may request the copayment each time a recipient needs an item or service; (b) may ask a recipient for outstanding copayments the next time the recipient comes in for an item or service, or (c) may send the recipient bills. The per member per month (PMPM) payment calculation for the population transfer to the QHP's and for the copayments was accounted for when establishing budget neutrality. Therefore, there is expected to be no fiscal impact as a result of both of these changes. Copies of the draft state plan pages for the ABP SPA and the copayment SPA will be on file with the Department of Health and Human Services, Office of Medicaid Business and Policy, Legal and Policy Unit, 129 Pleasant Street-Thayer Building, Concord, NH 03301-3857. To request a copy of the draft SPA pages, please contact Diane Peterson at (603) 271-4367, or via e-mail at dpeterson@dhhs.state.nh.us. The draft SPA pages may undergo further revisions before and after submittal to CMS based upon public comment or CMS feedback. Comments are due by January 28, 2016, and should be sent to Diane Peterson at the above e-mail or regular mail address.

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