



## What Providers and Their Clients Need to Know about the NHHPP (FAQ's) (updated August 22, 2014)

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### I. Applications and Enrollment

1. If someone does not have e-mail or has not gone "green" or created an account when they apply on NH EASY, will they get a notice in the mail if they are approved? How long will it take for them to get this letter?

Yes, they will be notified via mail. The Department's goal is to make eligibility determinations as quickly as possible. The time it takes to determine eligibility is dependent on a number of factors, including but not limited to: eligibility category; and receipt of required documentation from the client. However, federal regulations allow 90 days for applicants who apply for Medicaid on the basis of disability; 45 days for all other applicants.

2. A patient is single, 44 years old, financially eligible for NHHPP and indicates they are medically frail and chooses Standard Medicaid. Can they apply for long-term care coverage (LTC) without having to apply for APTD?

In this case, the individual who has chosen the Standard Medicaid benefit package would be able to access Nursing Facility services (once they apply and are found eligible) under long-term care medical criteria.

3. Federal Poverty Level (FPL) clarification – is it 138% FPL or 133% on application?

The federal law and its implementing regulations require that income cannot exceed 133% of the Federal Poverty Level (FPL) for the applicable family size. Due to the way this is calculated, it is effectively 138% FPL. Federal regulations require states to subtract an amount equivalent to 5 percentage points of the FPL for the applicable family size. If after applying the 5% disregard the income is at or below the 133% FPL, the individual is income eligible.

#### 4. How long from when someone submits an application until they are notified?

(See answer to #1).

#### 5. What does it mean to be Medically Frail?

When completing the application, if someone answers “Yes” to the question on the application that asks “Do you have a medical or physical condition that results in your need for daily assistance with two or more activities, such as getting in and out of bed, dressing and bathing, preparing meals, managing medications, or using the toilet, etc.”, the person may be Medically Frail. If determined eligible for the NHHPP, this person will receive a letter in the mail requesting that they choose either the Alternative Benefit Plan (the Bridge) or the Standard Medicaid program. Substance use treatment, however, is only offered in the Alternative Benefit Plan or in NHHPP Fee-for-Service options (for HIPP enrollees).

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## II. Eligibility/Checking Eligibility

### 1. How can we confirm eligibility if we lose track of our clients?

To learn about a client’s eligibility/enrollment in the NHHPP, use the same methods you do today:

- Online through the Xerox MMIS Health Enterprise portal;
- Electronic 270/271 enrollment transactions;
- Automated Voice Response (AVR); and
- Contact the Xerox Provider relations Unit at 603-223-4774 or 866-291-1674.

### 2. What will an individual’s MMIS eligibility look like when we check via Xerox (MMIS)? Will it tell us the individual has NHHPP before they are enrolled with an MCO plan?

The MMIS screen will show the Alternative Benefit Plan NHHPP under Plan Description. The MMIS will be able to show you that the client has NHHPP coverage prior to enrollment into an MCO (however, it will not show which MCO the client has enrolled in until the 1<sup>st</sup> of the month effective date of that coverage).

### 3. What happens when Medicare kicks in?

Individuals with Medicare coverage are not eligible for the NHHPP. It is the client’s responsibility to report changes to the District Office or Client Services (for things such as new insurance coverage or eligibility for Medicare. NH has an automated process that updates client files based on an interface with CMS, which contains information on Medicare coverage. When a client is eligible for Medicare, DHHS will send a Notice of Decision that the person’s NHHPP coverage is ending due to eligibility for Medicare.

### 4. Is there a way to the NHHPP via spend-down?

No, individuals with a spend-down are not eligible for the NHHPP.

### 5. If client has APTD benefits with spend-down, can they change to the NHHPP?

If a client has APTD benefits with a spend-down, the next time their case is re-run, the individual will automatically go to NHHPP if their income is at or below 133% FPL as long as they are not eligible or enrolled in Medicare Parts A and/or B. However, there is nothing preventing an individual from requesting NHHPP.

6. If a person was over-income last month, but now meets the NHHPP income guidelines, can they be eligible based on their status on the new date of application? What if they have a change in status?

Yes, they should reapply. Individuals must report any changes in income within 10 days of the change to the DHHS. The change may or may not affect their eligibility. If they are over income, they will lose NHHPP coverage.

7. Will there be any outreach to the people who applied before July 1 and were denied because the program wasn't available yet?

Yes, approximately 8,800 letters were mailed late July to clients "known" to the DHHS to the DHHS (e.g., receiving SNAP or child care assistance). In addition to individuals receiving benefits, this mailing went to those who applied before applications were being accepted on July 1<sup>st</sup>. It is a good idea to check with your clients and encourage anyone in this situation who did not get a letter to re-apply.

8. Will those with spend-down that aren't on Medicare be notified that they should apply? Family services to review and put on HPP if qualify for NHHPP?

Anyone who is in spend-down does not need to apply for NHHPP. The next time their case is re-run, the individual will automatically go to NHHPP if their income is at or below 133% FPL as long as they are not eligible or enrolled in Medicare Parts A and/or B. However, there is nothing preventing an individual from requesting NHHPP. If the individual's case indicates that they have access to Employer Sponsored Insurance (ESI), they will be referred to the HIPP unit to see if they qualify for the HIPP. If they are not eligible for HIPP (ESI is not cost effective), then they will be given instructions on how to enroll in the Bridge Program. HIPP and Bridge are the two components of the NHHPP.

9. Would an individual who does not qualify for APTD because they are over income stay with NHHPP?

Yes, provided all eligibility requirements are met.

10. Will people currently pending APTD stay on NHHPP (if they qualify) if their income is above the Medicaid limit?

If a person is currently pending for APTD Medicaid, they can potentially receive benefits under the NHHPP until the APTD determination is made. If the APTD determination is approved, they are required to go into the APTD program.

11. Will we be able to see which MCO plan the member was assigned to/or chosen when they are covered under Fee-for-Service?

No, the MMIS will not show which MCO the client has enrolled in while they are in Fee-for-Service. MCO enrollment shows up in the MMIS on the 1<sup>st</sup> of the month effective date of that coverage. Just as it is today under Medicaid Care Management, the MMIS is date-specific and cannot display *prospective* coverage.

12. What happens to people who qualified for an individual health plan on the Marketplace before the NHHPP became available? Are they now are eligible for the NHHPP?

Certain individuals who enrolled in a Qualified Health Plan (QHP) through the Marketplace are likely eligible for the NHHPP. Anyone with income <100% of the Federal Poverty Level (FPL) who went to the Marketplace and were denied because NH had not expanded Medicaid or were in the 100-133% FPL

and chose not to complete an application for Marketplace coverage, should now apply to see if they are eligible.

Individuals in the 100%-133% FPL who completed their Marketplace application and enrolled in a QHP will also get a letter. In addition to informing them about the NHHPP, it tells them what to do between now and **December 31, 2014 when their QHP coverage through the Marketplace will end**. They will get instructions on how to enroll in the NHHPP and how to end their Marketplace coverage.

[13. I am enrolled in a Marketplace plan and I'm receiving a tax credit but would like to switch to the NH Health Protection Program if eligible. Do I need to cancel the Marketplace plan and tax credit if I am found eligible for the NH Health Protection Program \(NHHPP\)?](#)

Yes, anyone who is determined eligible for the NH Health Protection Program is no longer eligible for tax credits that can be used to buy coverage through the Marketplace. This means that if you or someone in your family is found eligible for the NH Health Protection Program, you must go to Healthcare.gov to end your tax credit and cancel your Anthem Marketplace plan. If you do not take these steps, you may face tax complications.

[14. What if I don't apply for the NH Health Protection Program - will I lose the tax credit that helps me pay for my Anthem Marketplace plan?](#)

No, if you are currently getting a tax credit to help pay for your Anthem plan and you do nothing, you may stay on that plan and continue to receive the tax credit through the end of 2014. Your tax credit and plan enrollment will stay in effect until you take steps to renew your coverage during the next open enrollment period, starting November 15, 2014, or you submit a change of information through the Marketplace at HealthCare.gov. If at that time you are found eligible for the NH Health Protection Program, you will need to switch to it. **It is important that you keep paying your monthly premium to Anthem if you want to stay on the Marketplace plan through the end of 2014.**

[15. If I am found eligible for the NH Health Protection Program later, will I have to repay the tax credits I received during 2014?](#)

No, you will not be required to repay any tax credits received during 2014, because you were determined to be eligible to receive the tax credit at the time you applied for it. However, if you stay on your Marketplace coverage and continue to receive a tax credit in 2015, there is a possibility of tax complications if you are, in fact, eligible for the NH Health Protection Program for 2015. To avoid possible complications, you should go to Healthcare.gov on or after November 15, 2014 to investigate your options for 2015 coverage.

[16. Can a person who has Medicaid spend-down be eligible to apply for NHHPP?](#)

(See answers to #5 and #8.)

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### III. Health Insurance Premium Payment (HIPP) and Bridge Program

[1. If an employee is currently paying for health insurance through his employer, but it is a financial burden, can he apply for and be found eligible for NHHPP if he meets the income requirements?](#)

Yes, a person who already is getting insurance from an employer and meets the NHHPP eligibility requirements can still qualify for their employer-based insurance under HIPP. Please keep in mind that

the person's employer insurance must be cost effective to be on HIPP. If it is not cost effective, then the person can choose to remain on their employer insurance, but NH Medicaid will not cover their premiums. (In this case, the individual will get a letter informing them they are eligible for the Bridge Program and how they can enroll.)

## 2. How do you ensure individuals haven't cancelled their employer insurance and aren't just taking HIPP payments? How will you ensure that they stay covered?

The HIPP Unit has interfaces with all of the insurance carriers within the US. Before HIPP payment is made each month, the insurance is checked to make sure it is active. If not, payment is suspended and the member is contacted to determine the issue.

## 3. HIPP - employers and open enrollment – is it the employer's responsibility to bring coverage options to the attention of employees? How do employers know this (coverage) might be available?

It is not the employer's responsibility to make their employees aware of the HIPP; however, the DHHS is working to get the word out to employers who might want to assist with getting this information to their employees. The DHHS does not have access to a list of NH employers who offer insurance to employees so it is reaching out to them through the Business and Industry Association (BIA) and Chambers of Commerce. For example, the DHHS is participating in a BIA Policy Committee meeting in August and a BIA webinar in early September. In addition, an item that business organizations can include in their newsletters has also been developed.

Your clients and their employers can access information about the HIPP on the DHHS webpage at: <http://www.dhhs.nh.gov/oii/hipp.htm>

## 4. How do you determine the cost effectiveness for the HIPP?

The HIPP cost effective calculation is the methodology found in the CMS Medicaid State manual, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html?DLPage=1&DLSort=0&DLSortDir=ascending> (Chapter 3, section 3910). In short, the cost of premiums, deductibles and co-pays are considered against the estimated costs Medicaid would incur for that individual. If it is determined to be less, that person would meet the cost effectiveness test and be enrolled in HIPP.

5. Will all HIPP beneficiaries have Fee-for-Service (FFS) as secondary (with a Medicaid card)?  
Yes. Medicaid FFS will cover - or "wrap around"- those services that are not included in the employer's health plan.

## 6. Who is Fee-for-Service (FFS) in HIPP?

Clients who have applied for HIPP and are awaiting confirmation as to whether or not their employer coverage is cost effective, will have Medicaid FFS during this time period. In addition, clients whose employer coverage does not include all services in the Alternative Benefit Plan (ABP) will have Medicaid FFS coverage for those services ("wrap around" services).

## IV. Benefit Package(s)

1. Is there a spend-down for the Alternative Benefit Plan (ABP) or Standard Medicaid coverage?

No.

2. Does NHHPP cover dental services? Is there coverage for extractions for adults?

Adults (ages 21 and older) in the NHHPP have limited dental services. Covered services are for treatment of pain or infection (which might include an extraction). NHHPP participants who are ages 19 and 20 are eligible for existing dental services offered to children under EPSDT (Early Periodic Screening Detection and Treatment).

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## V. Substance Use Disorder (SUD) Benefit

1. Should all individuals who struggle with substance abuse check off the Medically Frail selection on the application (800 MA)?

No, not necessarily. It is, however, important to note that in order to receive the SUD benefit, that individual must choose the Alternative Benefit Plan (ABP) rather than Standard Medicaid.

2. Why would you choose medically frail for substance abuse - rather than going right to the Alternative Benefit Plan (ABP) and getting the coverage that way? Is one way or the other a quicker route to get substance abuse coverage?

It is an individual choice based on needs to select Medically Frail. There is only one route to the SUD benefit – it is not a matter of which route is faster – and that is to select the Alternative Benefit Plan rather than Standard Medicaid.

3. If an individual covered under HIPP Fee-for-Service for SUD has been receiving services, then begins coverage under their employer insurance, should a provider end services if we don't accept their employer-sponsored insurance?

A NHHPP individual on the HIPP program that needs Essential Health Benefits not covered by their ESI (e.g., SUD services), receives those services through Medicaid as a “wrap around.” If this individual has chosen the ABP, then the provider would bill Medicaid for those SUD services not covered by the ESI and Medicaid would pay this claim via Fee-for-Service.

4. The Community Mental Health Centers were told not to enroll as SUD providers because they are a mental health center/provider. How should these providers bill?

CMHCs do not need to re-enroll and will be able to provide all of the same services of an Outpatient SUD provider as long as provision of these services is within their scope of practice and consistent with the He-W 513 rules. CMHCs would bill the SUD service codes provided by DHHS.

5. CMHC's are already enrolled in Medicaid – do these Medicaid providers still need to be credentialed by the MCOs?

It is not the CMHC's that go through the credentialing process; it is the providers at these centers that are credentialed. If a provider at a CMHC has already gone through the credentialing process, it is not necessary for them to go through another credentialing process in order to provide the SUD services. (See answer to #4.)

6. If a client is in the Bridge Program, is medically frail and has selected the Standard benefit package, can they receive the NHHPP SUD services?

No, see answers to questions #1 and #2 above.

7. The Bridge Program has a prenatal SUD benefit. Does this mean that a pregnant beneficiary who has an established SUD diagnosis can stay in the Bridge Program?

Pregnant women can only remain in the Bridge Program if they became pregnant *after* enrollment. A woman who is pregnant at the time of application to the NHHPP is not eligible for the Bridge Program, thus not eligible for the SUD benefit.

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## VI. Claims Submission/Billing

1. If a pharmacy claim is Fee-for-service (FFS) do we bill through Magellan?

Yes.

2. If a client is enrolled in Care Management and has an MCO card, who do we bill? Care management?

Claims should be submitted to that client's MCO.

3. Will there be a webinar on billing?

Yes, there will be state MMIS *How to Bill* webinars for new providers. The webinar announcements will be sent via E-mail by MMIS-NH Provider Relations.

4. How will providers know where to submit claims?

To learn about a client's eligibility/enrollment in the NHHPP, thus who to bill, use the same methods you do today:

- Online through the Xerox MMIS Health Enterprise portal;
  - Electronic 270/271 enrollment transactions;
  - Automated Voice Response (AVR); and
  - Contact the Xerox Provider relations Unit at 603-223-4774 or 866-291-1674.
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## VII. Miscellaneous

1. Are the NH Health Protection Program (NHHPP) and the Bridge Program the same thing or is the Bridge Program a part of the Health Protection Program?

The NHHPP has two components: the Health Insurance Premium Payment (HIPP) and the Bridge Program. Therefore, yes, the Bridge Program is part of the NHHPP.

2. When you say Fee-for-Service (FFS) do you mean traditional Medicaid (a chart with all your Medicaid programs would be helpful)? Is the NH Health Protection Program (NHHPP) primarily for substance abuse?

Fee-for-Service (FFS) is "traditional" Medicaid in the sense that claims are paid at the current Medicaid fee schedule. For NHHPP participants, their claims will be paid at the current FFS while they wait for

either their MCO enrollment effective date (Bridge Program) or a decision as to whether their employer coverage is cost effective (HIPP). If they are enrolled in an MCO, benefits are paid at the established fee schedule for the MCOs.

The NHHPP is *not* primarily for substance abuse; it is health insurance coverage for adults from 19 years old through age 64. The NHHPP includes the SUD benefit in the Alternative Benefit Plan (ABP) because it is one of ten Essential Health Benefits (EHBs) required under the Affordable Care Act (ACA). Clients who are in the Standard Medicaid benefit package, either because they chose it under NHHPP when they stated they were Medically Frail or because they are a current Medicaid-eligible (e.g., pregnant women) cannot receive the SUD benefit.

3. The NHHPP legislation has a Sunset Provision meaning it is a time-limited program (while it is 100% federally funded) that needs to be re-authorized. How long does the 100% federal funding last?

The 100% federal funding lasts until December 31, 2016.

4. Will providers need to re-enroll with MCO's if they are already in their network?

No, but it would be a good idea to check with their MCO to see if there will be any amendments to their contracts due to the implementation of the NHHPP.

5. Is the funding currently being determined on the state level?

The NH State Budget for 2016-2017 is currently under development. It is unknown at this time whether state funds will be appropriated to continue the NHHPP past the December 31, 2016 date. Providers can monitor progress on the budget when the legislative session begins in January or check the NHHPP webpage for announcements in 2015.