



October 31, 2014

Via Email

Jeffrey A. Meyers, Esq.
Director, Intergovernmental Affairs
New Hampshire Department of Health and Human Services
Office of Medicaid Business and Policy, Legal and Policy Unit
129 Pleasant Street-Thayer Building
Concord, NH 03301

Re: Well Sense Comments on Section 1115 Premium Assistance Program Waiver

Dear Mr. Meyers:

Well Sense Health Plan appreciates the opportunity to comment on the New Hampshire Department of Health and Human Services' (DHHS) Premium Assistance Program (PAP) Section 1115 Demonstration Waiver Application (Waiver). As a Medicaid managed care organization (MCO) currently serving members in New Hampshire, Well Sense supports New Hampshire's efforts to expand and maintain healthcare coverage to individuals with incomes up to 138% of the federal poverty level (FPL). We appreciate the challenges associated with maintaining a program that aligns with the federal marketplace and support DHHS's efforts to provide coverage for this population.

As you know, Well Sense participates in New Hampshire's Medicaid program by serving as a managed care partner to the State under the Medicaid Care Management Program. We have also worked more recently with New Hampshire to launch the New Hampshire Health Protection Program, also known as the Voluntary Bridge to Marketplace Premium Assistance Program (Bridge Program). Between the Medicaid Step 1 and the Bridge Program, Well Sense currently covers over 70,000 enrollees.

Well Sense is pleased to build on these programs' success and offers the following comments on the PAP Section 1115 Demonstration Waiver.

Continuity of Coverage

Well Sense supports the emphasis in the Waiver on the importance of coverage continuity for Bridge Program individuals and families. To advance coverage continuity for members, Well Sense supports the provision within the law establishing the auto assignment of Bridge Program members to their existing MCO if that MCO is a qualified health plan (QHP) on the federal exchange unless the individual opts to select a different QHP. Well Sense agrees with this approach based on its experience that open enrollment

processes without auto assignment for these populations can result in coverage gaps as many individuals fail to choose plans and lose this coverage.

While Well Sense is immediately focused on promoting coverage continuity for members as they transition from the Bridge Program to a QHP on the federal exchange in 2016, we also encourage the State to extend subsidized coverage for current Bridge Program individuals for 2017 and beyond. In particular, Well Sense supports the State's intention to seek an extension of the Section 1115 Waiver.

Continuity of Care

Well Sense also believes that continuity of care for Bridge Program enrollees is essential. As an MCO currently serving Bridge Program members, Well Sense has developed and implemented care management strategies that help to meet the unique needs of lower income members. We have established relationships with diverse partner-providers who have the capacity and capability to meet the specific needs of our members. These providers are adept at caring for lower-income patients and likely have cared for many individuals while uninsured. Well Sense encourages the State to support MCOs in their efforts to maintain this network for members as they transition from the Bridge Program to the marketplace by supporting flexibility in network designs.

QHP Selection Support

Well Sense encourages the State to work with MCOs and other carriers to support individuals who are eligible for premium assistance as they attempt to select a QHP under the federal marketplace. For example, we believe suitable coverage options should be highlighted for this population. It may be appropriate to identify individuals eligible for premium assistance once they begin shopping at the federal marketplace or NH Easy and direct them to the appropriate actuarially valued silver plan. To the extent possible, New Hampshire should also consider selecting a sub-set of silver plans that are cost-effective and equipped with a provider network that can provide necessary services to this unique population.

Risk and the PAP Population

Well Sense urges DHHS to consider the risk profile of the PAP population, which is likely to include higher acuity patients than current marketplace enrollees due to their new insured status. While expanding the number of marketplace customers may increase plan competition and options for consumers, carriers that provide coverage must incorporate the risk of the new PAP population into their 2016 rates. As such, a process to define and identify the medically frail and exempt them from marketplace coverage should be developed. We recommend that New Hampshire have flexibility under the Waiver to define these medically frail individuals. Without this process, individuals who do not receive premium assistance on the marketplace may see premium increases.

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As Well Sense continues to evaluate the opportunity to participate on the federal marketplace, it appreciates its ongoing partnership with New Hampshire in providing coverage to its citizens. We look forward to continuing this discussion. Please feel free to contact me at 617-748-6000 if you have questions or would like to discuss the issues raised here.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew H. Herndon". The signature is fluid and cursive, with a long horizontal flourish at the end.

Matthew H. Herndon

Interim Chief Legal Officer and VP of Government Affairs