



# **State of New Hampshire Department of Health and Human Services**

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## **Granite Advantage Health Care Program**

*Public Information Sessions  
January 2019*

# **Granite Advantage Health Care Program**

## **Agenda**

- 1. Introduction and Overview**
- 2. Transitions from Premium Assistance Program**
- 3. Community Engagement Requirements**
- 4. Granite Workforce**
- 5. Digital Outreach Campaign – Online Resource**
- 6. Wrap-Up**



# Granite Advantage Health Care Program Overview

Senate Bill 313 was signed by the Governor in June 2018, creating the Granite Advantage Health Care Program to replace the New Hampshire Health Protection Program (NHHPP)

## Program Overview

- Granite Advantage replaces the NHHPP Premium Assistance Program (PAP).
- Coverage through a PAP Qualified Health Plans ended on December 31, 2018.\*
- Granite Advantage clients receive health coverage through Medicaid Care Management (MCM) as of January 1, 2019.
- New community engagement requirements.
- Incentivize member engagement through wellness initiatives.
- Eliminate retroactive eligibility.

\*There was no loss of coverage since MCM provides health insurance as of 1/1/2019



# Enrollment in Medicaid Care Management

## Convenient resources are available to make it easy to enroll

- Online at [www.nheasy.nh.gov](http://www.nheasy.nh.gov)
- Call the Medicaid Service Center, 1-888-901-4999 (TDD: 1-800-735-2964), Monday through Friday, 8:00 a.m. until 4:00 p.m.
- Call or walk into a ServiceLink Aging and Disability Resource Center, 1-866-634-9412, Monday through Friday, generally 8:30 a.m. until 4:30 p.m. To find an office, visit [www.servicelink.nh.gov](http://www.servicelink.nh.gov)
- For further information about the NH Medicaid Care Management Program specifically, please visit: [www.dhhs.nh.gov/ombp/caremgmt/](http://www.dhhs.nh.gov/ombp/caremgmt/)



# Transition from PAP to Medicaid Care Management

## Benefit Delivery Changes

- MCOs provide most of the essential health benefit services, as well as some Medicaid fee-for-service wrapped benefits that the PAP Qualified Health Plans did not cover, including:
  - Non-emergency medical transportation
  - Family Planning services
  - EPSDT services for 19 & 20 year olds
  - Eyeglasses
- Emergency dental extractions will still be covered by Medicaid fee-for-service.
- Chiropractic services are no longer covered.

## Co-pay Changes

- Granite Advantage adopts the Medicaid State Plan copayment schedule, reducing most of the cost-sharing requirements under the PAP.
- The State Plan copayment schedule currently applies to pharmaceuticals. These copays will be **\$1.00 for preferred drugs and \$2.00 for non-preferred drugs**.
- There are co-pay exemptions, such as for family planning services. Members should check with their MCO for further details.



# Elimination of Retroactive Eligibility

- Elimination of retroactive eligibility applies only to individuals who are determined eligible for Medicaid under Granite Advantage.
- Medicaid coverage, including long-term care, for Granite Advantage members begins no sooner than the date the application is received by DHHS (assuming all eligibility requirements are met.)
- *The elimination of retroactive eligibility does not apply to individuals not eligible for Granite Advantage.* This includes but is not limited to:
  - Pregnant women, including women during the 60 day postpartum period
  - Infants and children under the age of 19
  - Parents and other caretaker relatives
  - Individuals who are determined eligible under aged, blind, or disabled eligibility groups; and
  - Individuals who are determined eligible under aged, blind or disabled eligibility groups and who are requesting long-term care



# Presumptive Eligibility

Presumptive Eligibility (PE) *did not* change under Granite Advantage

- PE allows ‘qualified entities’ to temporarily enroll individuals into Medicaid based on limited self-attested information.
- Eligibility under PE is temporary, but allows immediate access to coverage for eligible individuals.
- PE determinations may only be performed by certified PE workers.
- PE period begins on the date a qualified entity makes the PE determination.
- PE period ends the earlier of:
  - The date the eligibility determination for full Medicaid is made, if the application for Medicaid is filed by the last day of the month following the month in which the PE determination is made; **or**
  - The last day of the month following the month in which the PE determination is made, if the individual does not file a full application by that date.



# Community Engagement Requirement

As part of Granite Advantage, the State has notified CMS that the community engagement requirement will be implemented on March 1, 2019 as a condition of continued Medicaid eligibility for members between the age of 19 up to and including age 64 with some exemptions.

- **Eligibility Comes First**

- All currently enrolled members will have at **least 75 calendar days after the start date of March 1, 2019** before they must begin to meet the community engagement requirements.
  - Therefore, the first day of compliance is **June 1, 2019** with the reporting of hours or submission of exemption request or good cause reason due by **July 7, 2019**.
  - Reporting of hours or submission of exemption request or good cause must be done by the first week of each month thereafter for the previous month.
- All members who are determined eligible after March 1st will also have **at least 75 calendar days beginning with the date of their eligibility determination** before they must begin to meet the requirement.
- **Initial Medicaid eligibility is not contingent upon meeting the community engagement requirement or confirming exemption status.**



# Community Engagement

The Department can exempt members with the following conditions/situations based on the information in the member's eligibility record:

- **Disabled:** Currently receiving certain federal disability income benefits such as SSI, SSDI, Railroad Disability or Veteran Disability or has medical approvals by DHHS for other programs and services offered by DHHS.
- **Pregnant:** Currently pregnant or within 60 days of the end of a pregnancy.
- **Parent or Caretaker:** Parent or caretaker caring for a child under 6.
- **Parent or Caretaker of a dependent with developmental disabilities:** Parent or caretaker caring for a dependent child who currently receives services through the Home and Community Based Services Developmental Disability waiver (HCBS-DD). \*
- **Exempt from Another Work Requirement:** Currently exempt in TANF or SNAP.
- **Employer Sponsored Insurance:** Enrolled in the Health Insurance Premium Payment Program.

\*If the developmentally disabled dependent *isn't* currently receiving HCBS services from DHHS, the beneficiary will be required to submit the exemption form signed by a licensed medical provider certifying the developmental disability.



# Community Engagement

The following exempt conditions require a form signed by a licensed medical professional be submitted to DHHS:

- **Medically Frail:** Have a physical, mental or emotional condition that makes it hard to do daily activities as certified by a licensed medical professional.
- **Disabled:** Have a disability as defined by the American with Disability Act, Section 504 or 1557 who are unable to comply with the requirements due to disability- related reasons.
- **Temporary Illness:** Are sick or incapacitated, getting treatment in the hospital, including intensive outpatient treatment (IOP) or residential substance use disorder treatment.
- **Parent or Caretaker:** Are a parent or caretaker of a dependent living in a household that require care as certified by a licensed medical professional, including caring for an individual with any of the above conditions or a dependent child of any age with a disability.



# Community Engagement

Some exempt conditions have specific submission requirements to DHHS.

- **State-Drug Court Program**

Participation in a state-certified drug court program. *Requires documentation from the Court.*

- **Non-custodial Parent of Child Under Six Years Old**

*Member can self-attest by phone, in NH EASY, or by written submission to DHHS or the local District Office.*

*Members can obtain an Exemption form online through NH EASY, by calling DHHS at 1-844-275-3447 or their local district office and ask that the form be sent to them, or request a form in person at their local district office.*



# Medical Frailty Exemption

- **Medical Frailty** is defined as, “individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, as well as individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living.”
- Under NHHPP, members **self-attested** to medically frail status.
- Under Granite Advantage, individuals claiming a medical frailty designation **must have a licensed medical provider certify their medical frailty status.**

*Members can obtain a Medical Frailty form and the accompanying Release of Information form online through NH EASY, by calling DHHS at 1-844-275-3447 or their local district office and ask that the form be sent to them, or request a form in person at their local district office.*

\* \* \* \* \*

Licensed Medical Providers qualified to certify medical frailty and other medical, physical and mental health conditions on the medical frailty, exemption and good cause forms include: **physicians, advanced practice registered nurses (APRN), licensed behavioral health professionals, physician assistants, licensed drug and alcohol counselors (LDAC), board-certified psychologists, or RN case managers.**





# Community Engagement - Qualifying Activities

Qualifying community engagement activities include:

- Subsidized or Unsubsidized Employment
- Vocational education or training and job skills training
- Education (accredited community college, college, or university; education directly related to employment; secondary school or course of study for high school equivalency diploma)
- Job search activities and job readiness assistance
- Volunteer community and public service
- Serving as a caregiver for non-dependent relative or other person with a disabling health, mental health or developmental condition
- Substance Use Disorder treatment
- Subject to another work requirement (e.g., SNAP or TANF)



# No Wrong Door to Submit Hours

There is no “wrong door” for submitting community engagement hours.

Clients can easily submit hours online, on the phone, in person and by mail or fax:

**Online:**        [www.nheasy.nh.gov](http://www.nheasy.nh.gov)

**Phone:**        1-844-275-3447 (1-844-ASK-DHHS)

**Mail:**            Centralized Scanning Unit  
                      NH Department of Health and Human Services  
                      PO Box 3778  
                      Concord, NH 03302-3778

**In-person:**     Visit any of the 11 DHHS District Offices

**Fax:**             (603) 271-5623



# Good Cause

In certain situations eligibility will not be suspended if the member can prove **good cause** for missing the 100 hour requirement in a given month.

Examples of good cause include but are not limited to the following:

- A family emergency or other life changing event
- Birth or death of a family member
- Serious illness or hospitalization of member or a member of their family
- Inclement weather
- Unavailability of transportation
- Unavailability of child care for child(ren) 6-12 years of age
- ADA-defined disability of member or their immediate family member in the home but not exempted from Community Engagement requirements
- Homelessness
- Other good cause reason as defined and approved by the state

*Members can obtain the Good Cause form online through NH EASY, by calling DHHS at 1-844-275-3447 or their local district office and ask that the form be sent to them, or request a form in person at their local district office.*



# Cure Missing Hours

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Curing is important for maintaining Medicaid coverage. If a member cannot complete the required 100 hours of community engagement in a calendar month, they will be able to cure to maintain their coverage.

How to cure a month with missing hours:

- Completing the hours that are missing.
- Submitting a good cause reason that covers the total missed hours.
- Submitting a valid exemption; or
- A combination of the above.



# Opportunities to Cure

## *Scenario:*

Member was deficient 50 hours in June and thereby failed to comply with the community engagement requirement.

- DHHS sends a notice to the member no later than July 10<sup>th</sup> documenting the noncompliance in June. The notice would also:
  - Explain the opportunity to cure process.
  - Identify the suspension effective date as of August 1st if the member doesn't cure the noncompliance for June by demonstrating good cause, qualifying for an exemption, or by completing the missing hours during the month of July.

The next slide provides examples of how to cure this scenario.



# Opportunities to Cure to Prevent Suspension

## *Example: Using activity hours in July to cure non-compliance from June*

- 50 hours in July are required to cure June and eligibility will not be suspended August 1st
- However, if the member only completes 50 hours in July:
  - The member will then be noncompliant for July. Therefore:
  - A notice will be sent to the member by August 10<sup>th</sup> noting July's deficiency, identifying the suspension date of September 1<sup>st</sup>, and explaining the opportunity to cure to avoid suspension.
- If the member completes 100 hours in July, the member will be considered cured for June and compliant for July.



# Opportunities to Cure Post-Suspension

## *Scenario:*

Member did not participate in any community engagement hours in June and completed **40 hours** in July. Therefore, the member's Medicaid eligibility is suspended as of August 1<sup>st</sup>.

## *Cure Opportunity:*

- Eligibility is reinstated once member completes **60 hours** of community engagement activity in one month.
- Same day eligibility allows for eligibility to be reinstated once DHHS receives the documentation for the required hours or exemption.

The next slide shows examples of when eligibility would be reinstated if a member cures post-suspension.



# Opportunities to Cure Post-Suspension

## *Timeframes of Suspension and Reinstatement of Eligibility*

- Department receives documentation on August 30<sup>th</sup> of the 60 hours; eligibility reinstated that day (or next business day if after hours, weekend or holiday).
  - Any services provided between August 1<sup>st</sup> and August 30<sup>th</sup> are not covered.
- Department receives documentation on October 2<sup>nd</sup> for the 60 hours; eligibility reinstated that day (or next business day if after hours, weekend or holiday).
  - Any services provided between August 1<sup>st</sup> and October 2<sup>nd</sup> are not covered.



# Limitation on the Opportunity to Cure

- Beginning May 1, 2020, the repeated consecutive use of the opportunity to cure by making up deficient hours for a month during the following month for an entire one year eligibility period is prohibited.
- Beginning May 1, 2020, a member who engages in the repeated consecutive use of the opportunity to cure for an entire one-year eligibility period will be suspended at redetermination.
- A member who has been terminated at redetermination for failure to comply with the community engagement requirement, may reapply at any time for Medicaid.



# Suspension, Termination and Appeals

## Suspension of Coverage and Cure

Community Engagement hours not met in **two consecutive months** leads to suspension of coverage after required notice. Hours not met can be cured in subsequent months. Re-application is not required as long as the member is not in their Redetermination period.

## Termination of Coverage

Terminations happen **only** at an annual redetermination when a cure of a suspension has not happened by the redetermination date, after required notice to the member.

## Appeals Process

Members will be able to appeal the community engagement requirements just as they have for other Medicaid eligibility determinations. The process will be the same regardless of the reason for appeal. Each notice contains information about member's rights to appeal and how to request an appeal.



# Granite Workforce Pilot Work Program

**Granite Workforce** is a pilot program available to assist eligible Granite Advantage members reduce barriers to employment. The program is currently scheduled to run **from January 1 through June 30, 2019.**

To be eligible for Granite Workforce, a member must be either:

- A parent age 19-64 responsible for a child under the age of 18 , or
- A childless adult age 19-24.



# Granite Workforce Pilot Work Program

The following employment supports services are available for eligible participants:

- \$5,000 in tuition assistance
- \$450 in basic education assistance
- \$160 a month for mileage reimbursement up to 4 months
- \$100 for child care registration fee assistance
- \$650 in emergency housing
- Up to \$4,000 employer subsidy for businesses employing Granite Workforce participants

For those not yet ready to be employed, participants will be referred to community agencies to help prepare them for working.



# Granite Workforce Services

Granite Workforce is administered by the New Hampshire Employment Security (NHES). NHES will provide assessments and case management services. Case management services include:

- Subsidized employment placement
- Direct job placement
- On-the-job training programs
- Job search and job readiness assistance
- Vocational assessment and long-term career planning
- Referral services to education/training/apprenticeship programs, and
- Referral to community services for those who are not work ready

Individuals interested in participating in Granite Workforce and employers interested in hiring participants can contact NH Employment Security (NHES) at [GraniteWorkforce@NHES.NH.gov](mailto:GraniteWorkforce@NHES.NH.gov) or **833-658-4760**.



# New Hampshire Easy Digital Outreach and Communication Campaign

27

NH DHHS developed a Digital Inform Campaign through NH EASY for Granite Advantage. The purpose of the Digital Inform Campaign is to prepare, inform, and educate members about the community engagement requirement. Members will be able to:

- Learn about Granite Advantage.
- Prepare for Exemptions or Qualifying Activities.
- Access and use their NH EASY account; or open an account if they don't have one currently.
- Understand how their NH EASY account can help inform of their Community Engagement status, submit forms, and track their hours.

The campaign will be rolled out in three phases with each phase building on the content of the previous phase.



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# **Granite Advantage Health Care Program**

# **Questions & Answers**

