State of New Hampshire
Department of Health and Human Services

Granite Advantage Health Care Program

Provider Forums
December 2018
Granite Advantage Health Care Program Agenda

1. Introduction and Overview
2. Open Enrollment
3. Transition from Premium Assistance Program to Granite Advantage
4. Other Changes Effective January 1, 2019
5. Questions on the Transition
6. Granite Advantage Community Engagement Requirement
7. How to Help Your Patients: Exemptions, Frailty, Good Cause
8. Questions on Granite Advantage
Granite Advantage Health Care Program Overview

Program Overview

- Granite Advantage replaces the NHHPP and its Premium Assistance Program (PAP) on January 1, 2019.

- Coverage through PAP Qualified Health Plans ends on December 31, 2018. This does not mean a loss of coverage.

- Granite Advantage clients will receive health coverage through Medicaid Care Management (MCM), beginning 1/1/2019.

- Elimination of retroactive eligibility for Granite Advantage members

- New community engagement requirements

- New requirements for the medically frail
During Open Enrollment from November 1 to December 28, 2018 current NHHPP PAP members select an MCO: NH Healthy Families or the Well Sense Health Plan.

**October 2018**
Head of Household receives mailings to explain their enrollment options.

**November 1 – December 28, 2018**
Current PAP members select an MCO by the deadline. If no selection is made, member will be auto-enrolled.*

**January 1, 2019**
Coverage transition to the MCO begins on January 1, 2019.

* All NHHPP PAP members who did not actively select by December 3, 2018 were auto-enrolled in an MCO.
  
  • Ambetter members who did not actively select were auto-enrolled into NH Healthy Families effective January 1, 2019.

* Members will be able to switch MCO until open enrollment ends on December 28, 2018.
Open Enrollment

Convenient resources are available to make it easy to enroll or switch plans

- Enroll or switch plans online at 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
- For further information about the NH Medicaid Care Management Program specifically, please visit: www.dhhs.nh.gov/ombp/caremgt/
Transition from PAP to Medicaid Care Management

Coverage by the 3 Qualified Health Plans (QHP) is ending December 31, 2018:

• Ambetter from NH Healthy Families*
• Anthem Blue Cross Blue Shield
• Harvard Pilgrim Health Care of New England

*While the NH PAP population will transition to the Granite Advantage Health Care Program under NH Medicaid, Ambetter from NH Healthy Families will continue to offer health plan products to individuals seeking coverage on the NH Health Insurance Marketplace.

On January 1, 2019 all PAP members who were in a QHP will be in either:

• NH Healthy Families
• Well Sense Health Plan
Transition from PAP to Medicaid Care Management

Benefit Alignment

- Granite Advantage members receive the same benefits as standard Medicaid members; there are no differences in benefits.
  - Beginning January 1, 2019 NHHPP fee schedule is discontinued.
  - One fee schedule in 2019 will be used for standard Medicaid and Granite Advantage.
  - The “wrap benefits” previously covered by Fee-for-Service will be covered by the MCOs:
    - Vision exams and eyeglasses
    - EPSDT for 19-20 year olds
    - Non-Emergency medical transportation, which is through CTS for MCOs and FFS
  - The **dental benefit** remains in Fee-for-Service. Granite Advantage members ages 19 and 20 will receive the children’s dental benefit. All adults ages 21 and over receive the limited adult dental benefit, which is the treatment of acute pain and infection and emergency extractions.
Changes were made to the Alternative Benefit Plan, previously offered by the QHPs, and the Standard Medicaid Benefit Plan to align them.

Highlights of some of the changes:

- **X-Rays**: No limit (standard Medicaid did have a limit of 15)
- **Chiropractor**: Not covered (was offered under NHHPP)
- **ICF Maintenance Level NF care**: application, financial 5-year look-back, and medical assessment required.
- **Private duty nursing, personal care attendant, and adult medical day care services** are 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.
What Pharmacy Providers Need To Know

1. **90-Day Continuity of Care**
   a. The Medicaid MCOs will be receiving a list of their Granite Advantage members with current drugs prior authorized by the Qualified Health Plans (QHPs) so that the medications will continue for 90 days.

2. **Drug Coverage Issues/Changes**
   a. **72 Hour Emergency Supply** – Reminder: State Medicaid programs are required to reimburse providers for a 72 hour emergency supply. Please dispense the emergency supply if the PA is not already in place during the first 90 days. *(Pharmacies must request payment for the 72 hour supply from the member’s prescription plan, either Fee-for-Service or the appropriate Medicaid Care Management health plan.)*
   b. **Pharmacy Carve Out** - The carve out (which already exists for the traditional Medicaid population) of Hepatitis C medications, hemophilia factor products dispensed from pharmacies and the specific drugs Carbaglu and Ravicti will apply to the Granite Advantage Members. Carve out drugs are paid by the state’s Fee-for-Service Program.
2. **Drug Coverage Issues/Changes (Continued)**

c. **Non-Covered Drugs** — drugs not covered by Medicaid as of January 1, 2019, include the following:
   - For cosmetic purposes
   - To promote fertility
   - Treat erectile dysfunction

2. **Copayment Changes** — As of January 1, 2019 Granite Advantage Members will pay the same copayments as the traditional Medicaid Program.

   a. A co-payment in the amount of $1.00 shall be required for each preferred prescription drug and each refill of a preferred prescription drug dispensed;

   b. A co-payment in the amount of $2.00 shall be required for each non-preferred prescription drug and each refill of a non-preferred prescription drug dispensed unless the prescribing provider determines that a preferred prescription drug will be less effective for the recipient, will have adverse effects for the recipient, or both, in which case the co-payment shall be $1.00; and

   c. A co-payment in the amount of $1.00 shall be required for a prescription drug that is not identified as either a preferred or non-preferred prescription drug.
NH Healthy Families:

**Envolve Pharmacy Solutions**

1-866-399-0928

Well Sense Health Plan:

**EnvisionRx**

1-877-957-1300
Management of Prior Authorizations

• QHPs are providing information to DHHS about existing prior authorizations (PA) in place that do not expire as of 12/31/2018

• DHHS is identifying members assigned to the respective MCOs and sharing PA information with that MCO

• MCOs are required to honor any existing prior authorization up to their expiration date or a maximum of 90 days from January 1, 2019, whichever happens sooner.

• Continuity of care by out-of-network providers is required for the 90-day transition period, from January 1, 2019 through March 31, 2019.
How Providers Can Help with Existing Medical PAs

Beginning January 1, 2019, if a provider has an approved, unexpired PA from one of the QHPs, that written PA approval should be faxed to either:

- **NH Healthy Families**
  Phone: 1-866-769-3085
  Fax completed forms: 1-866-270-8027

- **Well Sense Health Plan**
  Prior Authorization Department: 1-877-957-1300
  Fax completed forms with supporting documentation: (603) 218-6634
Elimination of Retroactive Eligibility in Granite Advantage

- 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 completed application is received by the Department of Health and Human Services.
- The elimination of retroactive eligibility does not apply to individuals in standard NH Medicaid.
Same Day Enrollment

• Granite Advantage members and standard Medicaid members will be enrolled in an MCO on the day they are found eligible.
  
  • If a member does not preselect an MCO during the application process, they will be auto assigned to an MCO.
  
  • Newly eligible members will no longer have a 60-day MCO selection window but will still be able to change their MCO 1 time during the first 90 days of coverage and during annual open enrollment.
  
  • Members who switch during the initial 90-day change window will begin with their new MCO on the first of the following month.
  
  • Providers should always check eligibility before providing a service.
Other Changes Effective January 1, 2019

Eligibility Groups that Remain in Fee-for-Service

Beginning January 1, 2019, most New Hampshire Medicaid recipients, and all Granite Advantage members, will be in a managed care organization. The eligibility groups that will remain in the state’s fee-for-service program are:

- Individuals eligible only for Family planning Services
- QMB, SLMB 120/135 and QDWI: Medicare only. Duals are in an MCO.
- Individuals in a Retroactive Period (Standard Medicaid eligibility)
- Individuals in a Presumptive eligibility period
- Individuals who receive certain financial VA benefits
- Individuals who participate in HIPP
- Medically Needy with spenddown (In and Out)
Questions on the Transition from PAP to MCOs?
Granite Advantage Community Engagement Requirement

As part of Granite Advantage, the State is implementing a community engagement requirement 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 targeted program start date before they must begin to meet the community engagement requirements.
  - All members who are determined eligible after program start date 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.
- To learn more about the Community Engagement Requirement, go to NH EASY.
Community Engagement - Qualifying Activities

Granite Advantage members who are not exempt will be required to meet 100 hours of community engagement activities per month and submit their hours to DHHS.

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)
Community Engagement: Exemptions

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.
Exemption Request Form: Provider Certification

- Most exemptions that are not automatic by DHHS due to a member’s eligibility status require certification by a licensed medical professional on the Exemption Request Form.

- These exemptions are listed in Section II of the form.
Community Engagement: Exemptions

The following exempt conditions are on Section II of the form:

- **Disabled**: Have a disability as defined by the American with Disability Act, Section 504 or 1557 that prevents participation in the community engagement requirement.

- **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: Exemptions

Some exempt conditions have specific submission requirements to DHHS.

- **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 Request Form

This certification is to be completed by a licensed medical professional who is qualified to assess the Member for "medical frailty". This certification will be used to support the determination that the member is medically frail and exempt from the community engagement requirement for the Granite Advantage Health Care Program (Granite Advantage).

The Member MUST return this form along with a copy of the Member Authorization for Licensed Professional to Release Protected Health Information Form to the Department. The forms must be sent to the Department by mail (at the address above), by fax to 603-271-5623 or by uploading the forms to NH EASY. The forms can be uploaded to NH EASY by logging on to nheasy.nh.gov, accessing the Granite Advantage Community Engagement page and uploading the forms. A Member may upload the forms to NH EASY only if the licensed medical professional has certified that the member is medically frail.

Part I. Member Information (please print)

Last Name: ____________First Name. Middle Initial: ____________Medicaid ID #: ____________

Residential Street Address (if homeless write N/A): ____________City, State, Zip Code: ____________Phone #: ____________

Date of Birth MM/DD/YYYY Gender M F

Part II. Licensed Medical Professional Certification

As a licensed medical professional caring for this Member, I hereby certify that the member is medically frail based on the member having one or more of the conditions identified in Part III below.

Part III. Medically Frail Condition

Please check ALL the appropriate boxes in the table that best defines the medically frail condition of the Member:

<table>
<thead>
<tr>
<th>Definition</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotic disorder</td>
<td>(1)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>(2)</td>
</tr>
</tbody>
</table>

Part II. Purpose of the Disclosure

The purpose of the disclosure of PHI pursuant to this release is to verify the licensed medical professional certification that the member is medically frail and that the member is accordingly exempt from the Granite Advantage Health Care Program community engagement requirements. I understand that if I do not authorize the release of this information, I will not be able to demonstrate that I qualify for an exemption with the necessary completion of the Licensed Medical Professional Certification of Medical Frailty Form.

Please check all that apply below:

☐ I hereby authorize the following licensed medical professional to disclose my protected health information for the purpose described above:

Name of Medical Professional: ____________

Organization: ____________

Address: ____________

Telephone #: (____) ________

☐ In addition, I hereby authorize the following specific disclosures (Place your initials on the line by those statements which apply):

☐ I specifically authorize the release of my mental health treatment records.

☐ I specifically authorize the release of my HIV and AIDS results and/or treatment.

☐ I specifically authorize the release of my alcohol and/or drug abuse treatment records in accordance with 42 CFR Part 2.

Other (specify): ____________

BFA SR 19-03 (A)
Medically Frail

Under NHHPP, members would self attest to their medical frailty:

• Medically frail would transition from a QHP to an MCO.

• Once enrolled in an MCO, Medically frail could choose between the Alternative Benefit Plan and the standard Medicaid plan.

Under Granite Advantage, a member can still self attest to being medically frail. But to be exempt from the community engagement requirement, their medical frailty must be certified by a licensed medical professional.

• Medically frail are exempt from the Community Engagement requirement for up to one year.

• Medically frail have the same benefits as those not medically frail.
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.”  

42 CFR 440.315 (f)

Examples of conditions that may qualify one as medically frail will be listed on [https://nheasy.nh.gov](https://nheasy.nh.gov), under Granite Advantage.

* * * * *

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.**
Before completing the medical frailty form, providers must be given a signed copy of the *Member Authorization for Licensed Medical Professional to Release Protected Health Information* form. The member must complete and sign this form.

Once the provider is given a signed copy of the above form, the medical frailty form can be completed.

Both forms must be returned together, either by the provider or the member.

Note that the member may return the forms to DHHS *only* if their provider certifies the medical frailty.

Forms can be:

- Mailed to the address at the top of the form
- Fax to 603-271-5623
- Uploaded through Granite Advantage Page on NH EASY

The form must be completed every year as applicable.
# Good Cause Request Form

**Granite Advantage Health Care Program**

Use this form to request good cause to excuse the inability to meet the community engagement hours for the previous month. **DETAILED INSTRUCTIONS ARE ON THE BACK OF THIS FORM.** Print all information in the spaces provided and include 2nd party verification where required.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid ID:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By filing in the circle for good cause and signing this form, I attest under penalty of perjury that all information provided is true to the best of my knowledge and belief.

**Member Signature**

**Date**

**FOR THE MONTH OF (MYYYY):**

<table>
<thead>
<tr>
<th>Good Cause Reason</th>
<th>Self-Attestation and Verification</th>
<th>Crediting a finding of Good Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Birth or death of family member</td>
<td>Name of family member:</td>
<td># of days at 8 hrs/day</td>
</tr>
<tr>
<td></td>
<td>Date of event:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relationship:</td>
<td></td>
</tr>
<tr>
<td>O Severe inclement weather</td>
<td>Date(s)</td>
<td># of days at 8 hrs/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Family emergency or life changing event</td>
<td>Description of event:</td>
<td># of days at 8 hrs/day</td>
</tr>
<tr>
<td></td>
<td>Date(s):</td>
<td></td>
</tr>
<tr>
<td>O Parent/caretaker of child 5-12 unable to secure child care</td>
<td>Self-attestation of inability to secure child care</td>
<td># of days at 8 hrs/day</td>
</tr>
<tr>
<td>O Homeless or unable to find stable housing</td>
<td>Self-attestation</td>
<td># of days at 8 hrs/day</td>
</tr>
</tbody>
</table>
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
Good Cause Request Form

• Good cause for an ADA disability or “Caretaker Residing with Immediate Family Member with ADA Disability” requires certification by a licensed medical professional. The certifying medical professional must be caring for the member or for the member’s family member with a disability.

  • ADA Disability and Caretaker Residing with Immediate Family Member with ADA Disability are defined on the form.

• Other good cause reasons require self attestation or self attestation with medical documentation to substantiate the good cause.

• The Good Cause form lists the Good Cause Reasons and what is needed for verification.
Granite Advantage Forms

Form Requests

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

• DHHS encourages providers to utilize the member specific forms that will be mailed to the member. These versions of the forms are prepopulated and formatted to allow them to be “recognized” or read by the computer equipment for input into the DHHS eligibility system. This process will bypass most of the manual processes involved in entering the information to expedite form submission.

• Submission of non-member specific Granite Advantage forms is acceptable but will require manual data input.
Granite Workforce Pilot Work Program

Granite Workforce is a pilot program that will assist eligible Granite Advantage members in meeting their Community Engagement requirement.

The following employment supports services are available for eligible participants:

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

For: Custodial Parent aged 19-64 with a child under age 18 in the household, Noncustodial parent aged 19-64 with a child under the age of 18, or Childless adult age 19-24

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

For more information on the Community Engagement Requirement and the Granite Workforce Pilot Program, please attend a public information session.

Sessions currently scheduled for January 2019:

• Concord: 1/7, 6-7:30, Brown auditorium
• Colebrook: 1/10, 2-3:30, Upper Conn. Valley Hospital
• Laconia: 1/15, 6-7:30, City Hall
• Littleton: 1/17, 4-5:30, Littleton Hospital
• Claremont: 1/22, 2:00-3:30, River Valley Community College
• Portsmouth: 1/29, 3:00-4:30, Portsmouth Public Library
• Keene: 1/31 2:30-4:00, Keene Parks and Recreation
State of New Hampshire
Department of Health and Human Services

Granite Advantage Health Care Program

Questions?