



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID BUSINESS AND POLICY

Nicholas A. Toumpas
Commissioner

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Kathleen A. Dunn
Associate Commissioner

March 19, 2015

Representative Richard Barry, Chairman
House Finance, Division III
Legislative Office Building
33 North State Street, Room 209
Concord, NH 03301

Subject: Request for Additional Information – DHHS Office of Medicaid Business and Policy

Dear Representative Barry:

Thank you for providing the opportunity for the Department of Health and Human Services, Office of Medicaid Business and Policy to provide an overview of the Medicaid program as an introduction to our SFY16-17 budget. During our work-session on March 3, 2015, requests were made for additional information, which we are providing to you below.

- 1) Representative McGuire requested a side by side comparison of eligibility requirements pre and post ACA of the qualification requirements for someone in traditional Medicaid and the NH Health Protection Program.

Please feel free to contact us with any further questions.

Sincerely,

Sheri L. Rockburn, CPA
DHHS Chief Financial Officer

Cc: Nicholas Toumpas, Commissioner

Attachment 1

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*

A		B	C
Standard Medicaid:		Pre MAGI	Post MAGI
1			
2	Eligibility Category: TANF-Related (Pre-ACA) and Parent/Caretaker Relative (Post ACA)		
3	Description	Offers Medical Assistance to eligible families w/dependent children and certain relatives who need help caring for related children. One or both parents in the family must be incapacitated, deceased, or absent from the home.	Offers Medical Assistance to eligible families w/dependent children and certain relatives who need help caring for related children. One or both parents in the family must be incapacitated, deceased, absent from the home or unemployment of at least one parent. Unemployed is working less than 100 hours per month.
4	Monthly Net Income Limits	Group Size	Max Net Income
		1 2 3 4 5 6 7 8 *Less, if living in subsidized housing	\$670 \$816 \$956 \$1,108 \$1,247 \$1,408 \$1,551 \$1,723
5	Resource Limits	\$1,000 for applicants \$2,000 for recipient	None
6	Disregards & Deductions	20% of gross earned income for applicants 1 50% of gross earned income for recipients 2 Child/Dependent Care Costs (Max): • For a full-time employee (earning >\$377 or more per month) • \$200 per month for each child < 2 yrs old; and • \$87.50 per month for each incapacitated parent & for each child age 2 yrs or older Court Ordered Child or Spousal Support Payments 3 Wage Garnishments Self-Employment Expenses 4	
			See Footnote #5
7	Deductions 5% of FPL for applicable family size		
8	1 who have not received FANF financial or categorically needy medical assistance within the 6 month period prior to application		
9	2 or applicants who have received FANF financial or categorically needy medical assistance within the 6 month period prior to application		
10	3 whether or not the individual is paying them		
11	4 actual cost of doing business		
12	5 Subtract 5 percentage points of the Federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group w/the highest income standard using MAGI-based methodologies in the applicable title of the Act, but not to determine eligibility for a particular eligibility group. Meaning, the children's Medicaid group already has the highest income standard and there is no other group for them. Same with the pregnant women's group. The children's group get the 5% FPL income disregard, if their income would otherwise exceed the income limit. Prior to implementation of the New Hampshire Health Protection Program, the parent/caretaker relative group was entitled to the 5% deduction if their income exceeded the limit for that group. The way it works now post NHFPP implementation is: A parent/caretaker relative is over income for the parent/caretaker relative group, eligibility cascades to the adult expansion group. If income is too high for the adult expansion group, the 5% FPL deduction is applied to the individual's income. If that deduction brings the individual under the income limit, then the individual would be eligible under the adult expansion group.		

A		B		C	
Standard Medicaid:		Pre MAGI		Post MAGI	
1					
Eligibility Category: Pregnant Women and Family Planning					
13				Medical coverage is available to pregnant women of any age whose income is no higher than 196% of the federal poverty income limit. Provides family planning and family planning-related services and supplies to men & women who are not pregnant and whose income is no higher than 196% FPL. Under the required federal conversion methodology 185% FPL is now equal to 196% FPL. This is the primary cause, within the MAGI eligibility methodology, of the growth in caseload for children and pregnant women.	
14					
	Description:				
	Monthly Net Incomes	Group Size	Max Net Income	Group Size	Max Net Income
		1	\$1,772	1	\$1,923
		2	\$2,392	2	\$2,602
		3	\$3,011	3	\$3,282
		4	\$3,631	4	\$3,961
		5	\$4,251	5	\$4,641
		6	\$4,871	6	\$5,320
		7	\$5,490	7	\$6,000
		8	\$6,110	8	\$6,679
15					
16	Resource Limits	None		None	
	Disregards & Deductions	\$90 for each working individual Court Ordered Child or Spousal Support Payments Wage Garnishments Child/Dependent Care Costs maximums are: • For a full-time employee (earning >\$377 or more per month) • \$200 per month for each child < 2 yrs old; and • \$87.50 per month for each incapacitated parent & for each child age 2 yrs or older			
17					
	Deductions 5% of FPL for applicable family size	Group Size	Max Net Income	Group Size	Max Net Income
		1	\$50	1	\$50
		2	\$67	2	\$67
		3	\$84	3	\$84
		4	\$102	4	\$102
		5	\$119	5	\$119
		6	\$136	6	\$136
		7	\$154	7	\$154
		8	\$171	8	\$171
18					
19					
20					

A		B	C																																				
Standard Medicaid:		Pre MAGI	Post MAGI																																				
1																																							
Eligibility Category: Children's Medicaid																																							
21																																							
	Description	Medical coverage is provided to children under age 19 with income no higher than 185% of the federal poverty income limit	Medical coverage is provided to children under age 19 with income no higher than 196% of the federal poverty income limit. Under the required federal conversion methodology 185% FPL is now equal to 196% FPL. This is the primary cause, within the MAGI eligibility methodology, of the growth in caseload for children and pregnant women.																																				
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A		B		C	
Standard Medicaid:		Pre MAGI		Post MAGI	
1	Eligibility Category: Children's Expanded (CHIP)				
27	Description	Medical coverage is provided to children under age 19 with income >185% - <300% of the federal poverty income limit.			
28	Monthly Net Income Limits	Group Size	Max Net Income	Group Size	Max Net Income
		1	\$2,873	1	\$3,120
		2	\$3,878	2	\$4,222
		3	\$4,883	3	\$5,324
		4	\$5,888	4	\$6,427
		5	\$6,893	5	\$7,529
		6	\$7,898	6	\$8,632
		7	\$8,903	7	\$9,734
		8	\$9,908	8	\$10,836
29		None			
30	Resource Limits	None			
	Disregards & Deductions	\$90 for each working individual Court Ordered Child or Spousal Support Payments Wage Garnishments Child/Dependent Care Costs maximums are: • For a full-time employee (earning >\$377 or more per month) • \$200 per month for each child < 2 yrs old; and \$87.50 per month for each incapacitated parent & for each child age 2 yrs or older			
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	4		\$102		
	5		\$119		
	6		\$136		
	7		\$154		
	8		\$171		
32					

	A	B	C																		
	NH Health Protection Program:	Pre-NH Health Protection Program	Post NH Health Protection Program																		
1																					
2	Eligibility Category: Adults (non-disabled, childless)																				
	Description	No coverage was provided for this category.	Medical coverage for individuals who are age 19 or older and under age 65, are not pregnant, not entitled to or enrolled in Medicare Part A or Part B, and have income that is at or below 133% of the federal poverty income limit.																		
3																					
	Monthly Net Income Limits	N/A	<table><tr><th>Group Size</th><th>Max Net Income</th></tr><tr><td>1</td><td>\$1,305</td></tr><tr><td>2</td><td>\$1,766</td></tr><tr><td>3</td><td>\$2,227</td></tr><tr><td>4</td><td>\$2,688</td></tr><tr><td>5</td><td>\$3,149</td></tr><tr><td>6</td><td>\$3,610</td></tr><tr><td>7</td><td>\$4,071</td></tr><tr><td>8</td><td>\$4,532</td></tr></table>	Group Size	Max Net Income	1	\$1,305	2	\$1,766	3	\$2,227	4	\$2,688	5	\$3,149	6	\$3,610	7	\$4,071	8	\$4,532
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