

Office of Medicaid Services

Agency 47 – Activity 4700

Presented to House Finance Division III
LOB Room 210 March 2, 2017
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- ▶ **Overview of Office of Medicaid Services**
- ▶ **Key Benefits and Services**
- ▶ **Key Populations Served**
- ▶ **Delivery Systems**
- ▶ **Financial Summary**
- ▶ **Staffing**
- ▶ **Accomplishments**
- ▶ **Key Challenges**



Overview – Office of Medicaid Services

- ▶ Publicly funded health insurance program for low-income people.
- ▶ New Hampshire Medicaid serves 187,000 residents of the state.
- ▶ Offering a Medicaid program is elective for states. All fifty states currently elect to offer a Medicaid program.
- ▶ Participating states must cover select groups of people and cover select groups of services that are known as **mandatory**.
- ▶ Participating states can elect coverage for additional services and populations that are known as **optional**.
- ▶ In return, the federal government pays a fixed percentage of the cost, known as FMAP. In New Hampshire it is always at least 50 percent of cost.



Key Medicaid Services

Mandatory Services

Inpatient Hospital Services	Outpatient Hospital Services	Family Planning Services
Rural Health Clinic Services	Physicians Services	X-Ray Services
Intermediate Care Facility Nursing Home	Dental Service (Children)	Laboratory (Pathology)
Home Health Services	I/P Hospital Swing Beds, SNF	Advanced RN Practitioner
Skilled Nursing Facility Nursing Home	I/P Hospital Swing Beds, ICF	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Persons < Age 21		

Optional Services

Home & Community Based Care Waivers:	<i>Acquired Brain Disorder</i>	<i>Developmentally Disabled</i>
	<i>Choices for Independence</i>	<i>In Home Supports</i>
Prescribed Drugs	Optometric Services Eyeglasses	Adult Medical Day Care
Mental Health Center Services	Wheelchair Van Services	Day Habilitation Center
Ambulance Services	Crisis Intervention Services	Physical Therapy
Podiatrist Services	Psychology Services	Audiology Services
Private Duty Nursing	Speech Therapy	Occupational Therapy
Home Based Therapy	Hospice	Personal Care Services
Outpatient Hospital, Mental Health	Inpatient Psychiatric Facility Services Under Age 22	
Durable medical equipment and supplies	Nursing Facilities Services for Children w/Severe disabilities	

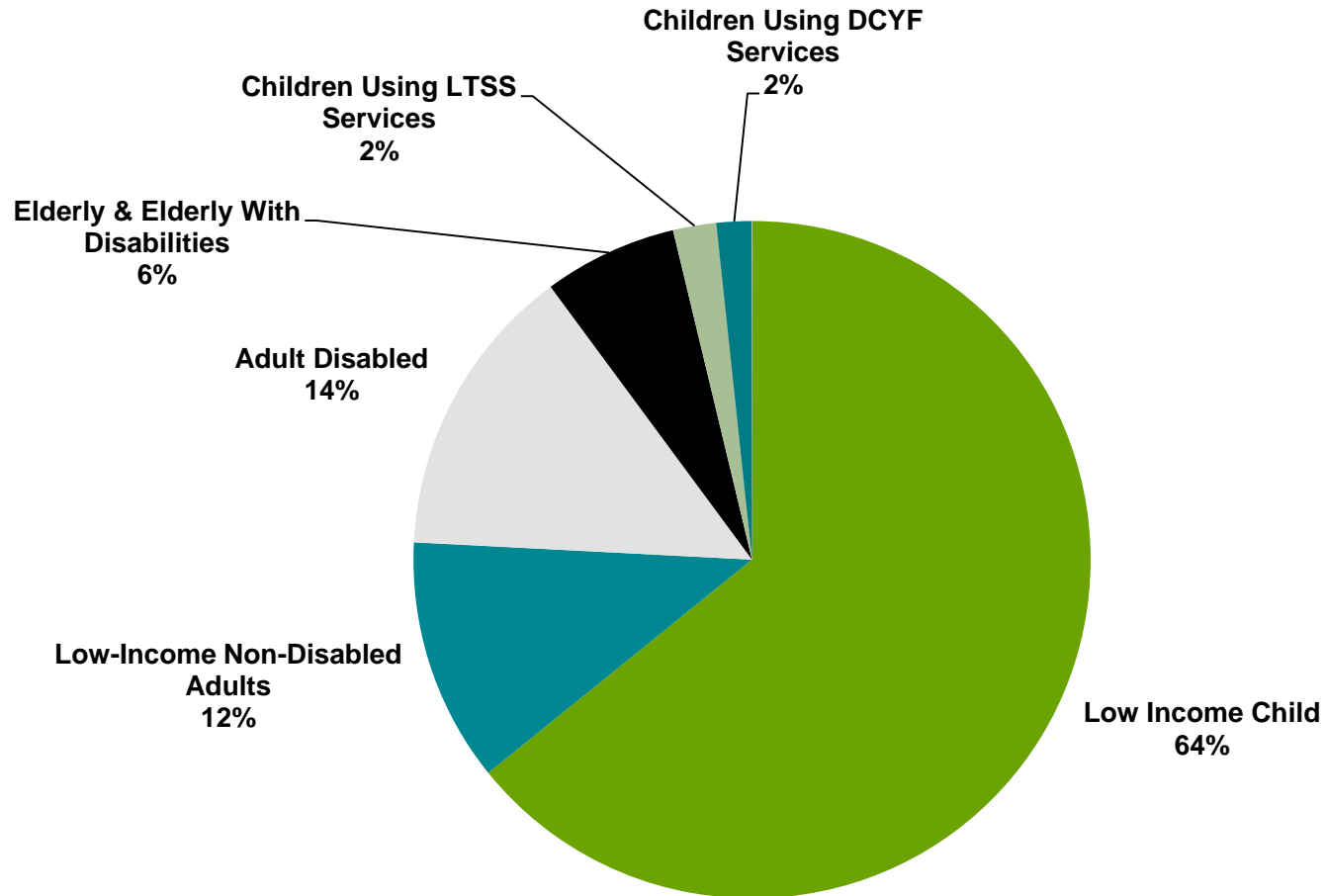


Key Populations Served in Medicaid Managed Care

- ▶ **Children - approximately 90,000**
- ▶ **Pregnant women – approximately 2,100**
- ▶ **People living with Disabilities – approximately 20,000**
- ▶ **Senior Citizens – 8,600**
- ▶ **Low-income adults – approximately 11,300**



Children make up most of the Medicaid participants in Medicaid Managed Care



Medicaid Delivery Systems

Medicaid has three delivery systems:

- ▶ **Premium Assistance and NHHPP (Trust Fund)**
- ▶ **Fee-for-Service**
- ▶ **Medicaid Managed Care**



New Hampshire has seven Medicaid Waivers

- ▶ **1 waiver provides legal authority to mandate enrollment for managed care waiver under the 1915(b) authority**
 - ▶ Two-year (or five-year, if serving dual eligibles), renewable waiver authority for mandatory enrollment in managed care on a statewide basis or in limited geographic areas.
- ▶ **4 waivers are Home and Community Based Care waivers under the 1915(c) authority**
 - ▶ Renewable waiver authority that allows states to provide long-term care services delivered in community settings as an alternative to institutional settings. The state must select the specific target population and/or sub-population the waiver will serve.

Developmentally Disabled Waiver

In-Home Supports Waiver,

Acquired Brain Disorder Waiver

Choices for Independence Waiver



Premium Assistance & NHHPP – private public partnership

- ▶ Medicaid funds are used to purchase commercial insurance policies known as Qualified Health Plans (QHPs) certified for sale on the individual market.
- ▶ The commercial carriers are Anthem, Harvard Pilgrim, Minuteman and Ambetter.
- ▶ Approximately 42,000 participants receive short-term medical services through these four carriers. The state, through fee-for-service, covers required benefits not offered by the commercial plans, known as wrap benefits, such as limited dental and vision and transportation services.
- ▶ Another 6,000 members are medically frail and are excluded from the Premium Assistance Demonstration. They are served through the Medicaid managed care system. 3,000 more are in fee-for-service while they select.



Fee-for-Service

- ▶ Medicaid's legacy reimbursement system. For every Medicaid covered service, Medicaid pays a fee.
- ▶ Provides wrap benefits for Premium Assistance enrollees and all Medicaid services to members during their selection windows.
- ▶ Provides Long-term services and supports to roughly 10,000 participants in 4 waivers.
- ▶ Provides short-term medical service coverage to roughly 1,000 participants excluded from the other delivery systems, who are:
 - ▶ Family Planning Only participants
 - ▶ Spend Down participants
 - ▶ Participants who receive Veterans Benefits



New Hampshire has a full-risk, capitated style of managed care

- ▶ 2 Managed Care Organizations (MCOS) WellSense and NH Healthy Families
- ▶ The state pays a per-member, per month rate to the vendors for each participant
- ▶ Approximately 134,000 Medicaid members receive short-term medical services through these two vendors
- ▶ Currently, no long-term services and supports (neither Nursing Facility nor Waivered services) are delivered through this system.



Overview of New Hampshire's DSRIP Waiver Program: *Building Capacity For Transformation*

The waiver represents an unprecedented opportunity for New Hampshire to strengthen community-based mental health services, combat the opiate crisis, and drive delivery system reform.

Key Driver of Transformation



Integrated Delivery Networks : Transformation will be driven by regionally-based networks of physical and behavioral health providers as well as social service organizations that can address social determinants of health

Three Pathways

Improve care transitions

Promote integration of physical and behavioral health

Build mental health and substance use disorder treatment capacity

Funding Features



Menu of mandatory and optional community-driven projects



\$150 million in incentive payments over 5 years



Support for transition to alternative payment models



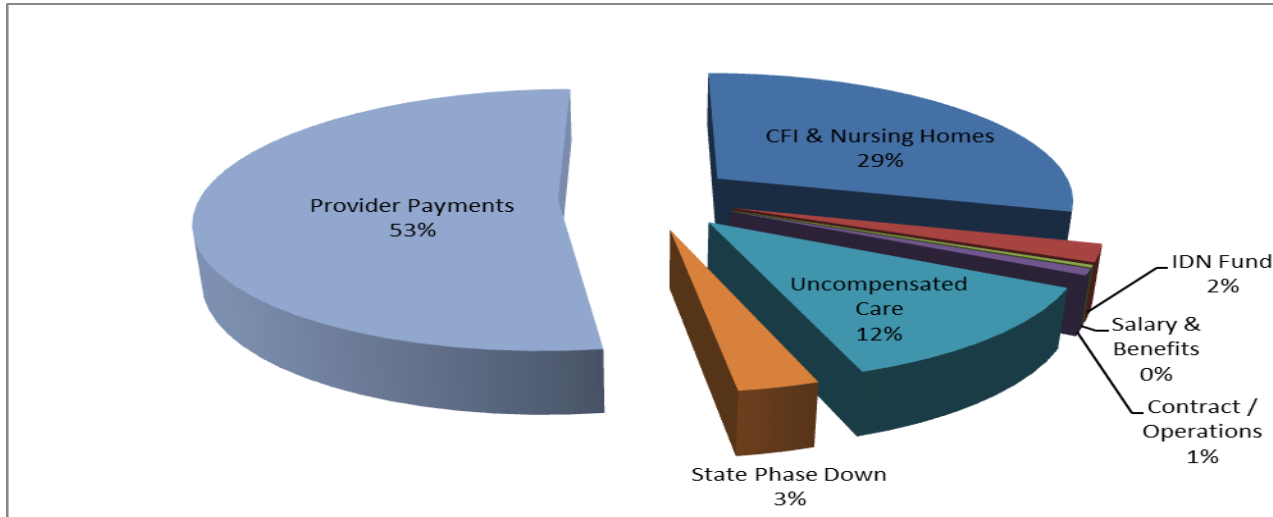
Funding for project planning and capacity building



Performance-based funding distribution



Financial Summary - Agency 47 - Office of Medicaid Services



Total	SFY 16 Actual	SFY 17 Adjusted Authorized	SFY 18 Agency Request	SFY 18 Governor's Budget	SFY 19 Agency Request	SFY 19 Governor's Budget
Total Funds	\$1,302.3	\$1,271.9	\$1,395.7	\$1,361.8	\$1,397.8	\$1,386.5
General Funds	\$239.5	\$214.5	\$270.4	\$265.5	\$273.0	\$272.4

Amounts in millions



Office of Medicaid Services - Staffing

Accounting Unit	Organization Name	Agency FY 18/19 Request	Positions Unfunded	Governors FY 18/19 Recommended
5201	IDN FUND	6	3	3
7937	MEDICAID ADMIN CLASSIFIED	28	2	26
7937	MEDICAID ADMIN UNCLASSIFIED	8	0	8
TOTALS		42	5	37



Key Accomplishments

Provides health insurance to 187,000 residents, 90,000 of whom are children

Front line for providing SUD services during opioid crisis

Secured Section 1115(a) Demonstration to improve behavioral health system



Major Challenges

Health Care Workforce and Capacity

Integration of Health Care Across Settings

Ongoing Behavioral Health Needs

