



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

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March 13, 2017

The Honorable Frank Byron, Division III Chairperson
Finance, Division III
State House
Concord, NH 03301

Subject: Request for Additional **Program Information** –Agy 047 Office of Medicaid

Dear Representative Byron:

Thank you for providing the opportunity to provide an overview of programs and services as an introduction to our SFY18-19 budget. During our session on March 2 and 3rd, 2017, requests were made for additional **Medicaid Program information**, which we are providing to you below.

Question #1: Provide to the Committee additional waiver slides that were not included in the Presentation from March 2, 2017 – in reference to Slide 8 New Hampshire has seven Medicaid Waivers:

Response: Please reference Attachment A

Question #2: Provide recommended language for Division III foot-note language in HB 1 as an * for the following accounting unit: 05 95 47 470010 3413 CFI & Nursing Home Services
Page 830:

Response:

- The appropriation in Class 504 shall not lapse, shall not be used for any other purpose, and shall not be considered for budget reductions required pursuant to any section of this act or any other budget reduction including executive orders required of the department of health and human services. To the extent that nursing home rates paid to providers in account class 504 - Nursing Home Payments are less than the established rates by the department, prior to applying the budget neutrality factor, any balance remaining at the end of each fiscal year shall be paid out to providers as a lump sum payment within 30 days of year end, proportionally based on Medicaid class 504 payments made to such providers during the fiscal year.

- Appropriations made under the Choices for Independence Waiver program paid from class 505 mid-level care, class 506 home support services and class 529 home health care services shall only be transferred in and among such classes; however which does not prevent transfers in from other accounts within the department. Payments made from class 505, 506 and 529 shall not be used for any other purpose, and shall not be considered for budget reductions required pursuant to any section of this act or any other budget reduction including executive orders required of the department of health and human services. Such accounts shall not lapse until June 30, 2019.

Question #3: What is a spend-down period? Are there resource limits? Income limits?

Response: Once the spend down is met, the client has coverage for a certain period of time called a “spend down period.” A spend down period is either one month or six months long. The client chooses the spend down period when applying for the program. Once the spend down amount is met, client becomes eligible for Medicaid and will be covered for the rest of the spend down period.

Resources: Assets, such as bank accounts, certificates of deposit, stocks or bonds are counted. However, home, furnishings and things needed for daily living are not counted. There are resource limits.

Income Limit: The In and Out Medical Assistance Program does not have an income limit. The income is only used to determine the “spend down” amount.

Please reference the following link for further information on the Spend down program:
<http://www.dhhs.nh.gov/dfa/medical/index.htm>

Question #4: Provide list of provider types that are eligible to receive Electronic Health Records incentive payments and provide link to most recent report: accounting unit 05 95 47 470010 7945 E.H.R Incentive Payments
 Page 828:

Response: Electronic Health Records (EHR) Eligible Professionals and Eligible Hospital Types include: Physicians, Pediatricians, Nurse Practitioners, Certified Nurse – Midwife, Dentists, and Physicians Assistants who practice in a Federally Qualified Health Center (FQHC) or a Rural Health Center (RHC) that is led by a Physician’s Assistant. Eligible hospitals include Critical Access Hospitals (CAHs) Medicare Advantage Affiliated hospitals (MA Affiliated Hospitals), Medicaid eligible Hospitals that include acute care Hospitals with at least 10% Medicaid patient volume and Children’s Hospitals.

OMBP estimates that 26 eligible hospitals and 500 eligible providers could apply for incentive payments over the course of the Medicaid EHR incentive program.

Please reference the following link for further information <http://www.dhhs.nh.gov/ombp/ehr/>

Question #5: Can Medicaid shift low income non-disabled adults to PAP if eligible for Medicaid prior to 2009?

Response: An individual is “newly eligible” if they would not have been determined eligible for Medicaid under the eligibility provisions of the Medicaid State plan, demonstrations or waivers in effect in the State as of December 1, 2009. For individuals who would have been eligible for Medicaid based on pre-Affordable Care Act rules as of December 2009, States will not receive the higher FMAP.

Question #6: Why is New Hampshire’s State Phase Down rate much higher than ME, MA and VT? Can the state re-negotiate the base rate that is used and established in 2003? These costs are budgeted in the following accounting unit: 05 95 47 470010 7939 State Phase Down
Page 826:

Response: New Hampshire posed these questions directly to the Centers for Medicare and Medicaid Services, Office of the Actuary and received the following response:

1. NH had a higher per capita drug cost in 2003 than the surrounding states.
2. NH had a relatively lower effective drug rebate percentage, which means it received a smaller discount.
3. NH has a relatively lower Federal Medical Assistance Percentage (FMAP) than neighboring states, which means the state is accountable for a greater share of the cost.

FMAP’s for the neighboring states:

Massachusetts: 50%

Vermont: 53.9%

Maine: 62.67%

Rebasing any rates would require a change in statute, since the Medicare Modernization Act [sec. 103(c)] specifies how these rates were to be calculated and increased over time.

Sincerely,



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Medicaid Director

