

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

March 23, 2018

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, New Hampshire 03301

Dear Commissioner Meyers,

We are pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving New Hampshire's request for the renewal of the 1915(b) waiver "Mandatory Managed Care for State Plan Services for Currently Voluntary Populations - Step 2 Phase 1," CMS control number NH-01.RO1. This waiver renewal will allow the State to continue to provide Medicaid services through mandatory enrollment in a managed care delivery system for selected populations. The 1915(b)(1) waiver is authorized under section 1915(b) of the Social Security Act (the Act) and provides a waiver of the following section of Title XIX:

- Section 1902(a)(23) Freedom of Choice.

Our decision is based on the evidence submitted to CMS demonstrating that the state's renewal is consistent with the purposes of the Medicaid program, meets all statutory and regulatory requirements for assuring beneficiaries' access to and quality of services, and will be a cost-effective means of providing Medicaid services to enrollees under this waiver.

Although New Hampshire does not have any federally recognized tribes, the State must implement all applicable Federal protections for mandatory managed care for American Indian/Alaskan Native (AI/AN) in accordance with 42 CFR 438.14, and premium and cost sharing exemptions in accordance with 42 CFR 447.56. The State must extend implementation of the AI/AN protections to all Indians to whom the Federal protections apply, including:

- Informing the MCOs of these requirements, including applicable payments to the Urban Indian Health Programs (ITUs) facilities;

- Sending notice to all individuals who are identified as AI/AN informing them about premium and cost sharing exemptions, as applicable, and that the managed care plan must allow them to seek access through ITUs; and,
- For the next contract submitted for review, New Hampshire will make the necessary changes in the contract reflecting premium and cost sharing exemptions as well as the continuing ability of mandatorily enrolled AI/AN to receive care from Indian Health Care providers in or out of State and/or network.

As New Hampshire's 1915(b) waiver application includes mandatory MCO managed care enrollment for Medicaid members of any federally recognized Indian Tribes, future waiver amendment and/or renewal applications submitted by the State must address managed care requirements for network sufficiency and provider choice by AI/AN when there are no I/T/Us in the State, describe any exempted group/subgroup for AI/AN individuals along with the process that would allow mandatorily enrolled AI/AN to receive care from an Indian health care provider, specify premium and cost sharing exemptions for AI/AN, and provide details regarding payment to Indian health care providers in or out of a managed care network if AI/AN choose to receive care from an out of State I/T/U.

Regarding NH cost effectiveness reporting on the CMS-64, States may have 1115 demonstration waivers that include populations who also receive services under a 1915(b) waiver. There may be some services provided under the 1115 waiver that should be accounted for in the 1915(b) cost effectiveness test. States will include the costs in the 1915(b) cost effectiveness test by manually including them in Schedule D in the MBES/CBES. States that have 1915(b) populations that are affected by an 1115 waiver program in this situation will not submit 1915(b) CMS-64.9 Waiver forms for the affected 1115 and 1915(b) overlapping waiver population. Costs associated with this population must be reported as part of the 1115 demonstration. These expenditures will not accumulate into the automated Schedules D, E, and F reports. In order to ensure that these overlapping expenditures are also included in the cost effectiveness test, the State must manually extrapolate the overlapping expenditures from the 1115 Schedule C report and add them to those generated on the 1915(b) Schedules D, E, and F reports.

New Hampshire operates two 1115 Waivers – 1) the Premium Assistance Program (PAP), and 2) the 1115 Building Capacity for Transformation Waiver. Per the special terms and conditions, the second waiver includes the State's Mandatory 1915(b) Population, and expenditures are authorized under the demonstration for all Medicaid beneficiaries. As such, New Hampshire's CMS-64 reporting for 1915(b) would be limited to the MBES Schedule D. Based on the state's supporting documentation, the Boston Regional Office has determined that the 1915b waiver was cost effective for the first two waiver years. As part of this approval, the CMS Boston Regional Office has received from the state the actual expenditures that make up the Schedule D data going back to the waiver's inception and is working to populate the applicable CMS-64 quarterly reports' Schedule D forms.

Page 3 – Jeffrey A. Meyers, Commissioner

The State must arrange for an independent assessment (IA) of their waiver program and submit the findings when renewing the waiver program. The IA should be submitted with the waiver renewal request ninety (90) days before the expiration of the approved waiver program.

This waiver is approved for a 2 year period effective April 1, 2018 through March 31, 2020. The State may request a renewal of this authority by providing evidence and documentation of satisfactory performance and oversight. New Hampshire's request that this authority be renewed should be submitted to CMS no later than January 1, 2020.

We wish you success in the operation of this waiver program and thank you and your staff for your cooperation during the waiver review process. If you have any further questions, please contact Joyce Butterworth at (617) 565-1220 or by e-mail at Joyce.Butterworth@cms.hhs.gov or David Reed, in the Central Office, at (410) 786-0861 or David.Reed@cms.hhs.gov.

Sincerely,

Richard R. McGreal
Associate Regional Administrator

cc: Henry Lipman, State Medicaid Director
Dawn Landry, Medicaid Business and Policy