Notice is hereby given that the New Hampshire Department of Health and Human Services (the Department) is amending its NH Title XIX State Plan to update the Medicaid Alternative Benefit Package (ABP) that will be provided to the Medicaid new adult group. In conjunction with its request to amend and extend its Medicaid Section 1115(a) Research and Demonstration Waiver, #11-W-100298/W, to create the new Granite Advantage program, the Department plans to amend the state plan to provide the same benefits to the Granite Advantage Medicaid new adult group as is currently being provided to individuals enrolled in other Medicaid eligibility categories. The Department also plans to amend its cost sharing state plan to align copayments for the expansion population with those for other Medicaid eligibility categories. As directed by the legislature, the Department will submit the ABP and cost sharing state plan amendments to the Centers for Medicare and Medicaid Services by June 30, 2018 for a January 1, 2019, effective date.

Today, most members of the Medicaid new adult group receive ABP benefits through New Hampshire’s Health Protection Program (NHHPP) Premium Assistance demonstration. Individuals participating in NHHPP who are not medically frail receive health coverage through qualified health plans (QHPs) doing business in the individual market through the Marketplace. Medically frail individuals who are in the Medicaid expansion group receive services through the state’s Medicaid managed care program and have the option of receiving benefits either under the Medicaid State Plan or through the ABP.

Effective January 1, 2019, the Department will provide coverage to all members of the Medicaid new adult group through its Medicaid managed care network that currently serves the majority of the Medicaid population in the State. The proposed ABP state plan amendment seeks to align the benefit package for the new adult group with the Medicaid State Plan benefit package.

Under the Affordable Care Act, members of the new adult group (adults with income below 138 percent of the federal poverty level, ages 19 to 64, who are not pregnant, and not eligible or enrolled in Medicare) will receive an ABP benefit package which must include the 10 Essential Health Benefits. These EHB’s include ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care.

The State will assure compliance with 42 CFR 440.345 to provide full access to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for individuals in the expansion population who are under age 21 as required by law and regulation, and consistent with current state policy regarding the delivery of these services. Any EPSDT services not included in the Medicaid managed care plan benefit package will be provided through the State’s fee-for-service Medicaid program. Other covered services will include medically necessary services as prior authorized, as well as other services required to be covered pursuant to state or federal law, regulation or policy. The State will describe the process to access these benefits in notices sent to all individuals receiving the ABP benefit package.

The State also assures compliance with the provisions of Section 5006 (e) of the American Recovery and Reinvestment Act of 2009 regarding certain protections for American Indian/Alaskan Native (AI/AN) populations. This includes sending notice to individuals who are AI/AN and informing them that they are exempt from co-payments if they are eligible for or have ever received services from an Indian Health Care Provider. Notice shall also include information about the continuing ability to receive care from Indian Health Care providers in or out of state and/or the managed care provider network.
In conjunction with the changes to the ABP for the new adult group, the Department is updating copayments for the new adult group to include only copayments for prescription drugs, which will now be reduced to the nominal amounts that apply to all other Medicaid beneficiaries.

Copies of the draft ABP and copayment state plan pages will be on file with the Department of Health and Human Services, Office of Medicaid Business and Policy, Legal and Policy Unit, 129 Pleasant Street-Thayer Building, Concord, NH 03301-3857. To request a copy of the draft state plan amendment pages, please contact Diane Peterson at (603) 271-4367, or via e-mail at dpeterson@dhhs.nh.gov. The draft SPA pages may undergo further revisions before and after submittal to CMS based on public comment or CMS feedback. Comments are due by Thursday, June 7, 2018, and should be e-mailed to Diane Peterson at the above e-mail address or to the Department of Health and Human Services, Office of Medicaid Business and Policy, Legal and Policy Unit, 129 Pleasant Street-Thayer Building, Concord, NH 03301-3857, ATTN: Diane Peterson.