



# **New Hampshire Department of Health and Human Services Granite Advantage Health Care Program**

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**Community Collaboration Listen and Learn Session  
August 2, 2018, 1:30-3:30 PM**

# Agenda and Purpose

The purpose of these sessions is to review program changes and give opportunities for needed collaborations to navigate potential barriers to a successful implementation of PAP-MCM and GAHCP. As a result of the discussion, DHHS expects that both the Department and communities will be able to better support members in maintaining coverage through the identification of timelines, program changes and core components, identification of Community Engagement opportunities, and organizational understanding of the program to explain it to members and employers.

- **Background**
- **Transitions from NH Health Protection Program/PAP to GAHCP- 1/1/2019**
- **Community Engagement and Work Requirements**
- **5 min break**
- **Focus Group Discussion**

# New Hampshire Health Protection Program (NHHPP)

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- In 2014, New Hampshire expanded its Medicaid program for low income adults by establishing the New Hampshire Health Protection Program (NHHPP).
- Through the program, the State uses Medicaid funds to purchase private insurance for eligible individuals (*called “premium assistance”*).
- The State received federal approval for the NHHPP to transition to Medicaid Care Management through a **Section 1115 Demonstration**.
- The current Demonstration expires on December 31, 2018.

## What is a Section 1115 Demonstration?

- Section 1115 of the Social Security Act permits the federal government to approve demonstrations (**a.k.a. “waivers”**) that waive requirements of federal Medicaid law.
- 1115 demonstrations:
  - Are designed to test policy innovations and further the objectives of the Medicaid program
  - Must be budget neutral to the federal government
  - Are subject to evaluation and initially approved for 3-5 years
- States must provide public process for notice and comment on proposed demonstration application.

# NHHPP Medicaid Care Management (MCM) Enrollment and Granite Advantage Health Care Program (GAHCP)

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The Governor signed Senate Bill 313, which creates a new program called Granite Advantage Health Care Program. SB 313 was signed into law in June 2018.

## Transition to NH Health Protection & Granite Advantage

### Senate Bill 313 directs New Hampshire to:

- ✓ Eliminate the NHHPP premium assistance program
- ✓ Enroll NHHPP participants in the State's Medicaid Care Management Care (MCM) program, beginning January 1, 2019
- ✓ Continue work and community engagement requirements, as approved by the federal government under Granite Advantage Health Care Program (GAHCP)
- ✓ Incentivize beneficiary engagement in wellness initiatives and appropriate levels of care and continue to emphasize personal responsibility and program integrity
- ✓ Eliminate retroactive eligibility

**The Granite Advantage program will be implemented by *extending and amending the current NHHPP 1115 waiver* for 5 years, through December 31, 2023.**

# Who is Covered Under NHHPP and GAHCP

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**NHHPP provides coverage to approximately 53,000 Granite Staters**

## **Individuals Eligible for NHHPP Premium Assistance/ GAHCP:**

**Adults with incomes up to 138% of the federal poverty level who are eligible for Medicaid under the Affordable Care Act—often referred to as “expansion adults”—and:**

- ✓ 19-64 years old
- ✓ Not pregnant at time of application
- ✓ Not entitled to or enrolled in Medicare
- ✓ Not in any other “mandatory Medicaid eligibility group,”

# Medicaid Care Management (MCM) Enrollment and Transition

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- Beginning 1/1/2019, NHHPP members will be auto-assigned to receiving benefits under one of two existing NH MCO's (NH Healthy Families or Wellsense).
- Enrollment will begin the day Medicaid eligibility is determined.
- Members will have an initial 90-day change window and an annual election to another MCO.
- GAHCP service coverage is under Standard Medicaid, not the Alternative Benefit Plan.
- \$1 copay for Generic/Preferred Drugs and \$2 copay Non-Preferred Brand/Specialty High Cost Drugs.
- Members shall not lose coverage due solely to the transition.
- All MCOs shall honor all preexisting authorizations for care plans and treatments for all participants for at least 90 days after enrollment.







# Other Changes

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**Senate Bill 313 also requires New Hampshire to submit *State Plan Amendments* necessary to implement Granite Advantage to CMS by June 30, 2018**

- ✓ **Cost Sharing Changes** (to reduce cost sharing for expansion adults over 100% federal poverty level)
- ✓ **Managed Care Changes** (to require all expansion adults to enroll in Medicaid Managed Care)
  - New Hampshire's recently extended 1915(b) waiver provides authority to enroll populations in managed care who cannot be mandatorily enrolled through the State Plan.
- ✓ **Presumptive Eligibility** (to conduct presumptive eligibility determinations for incarcerated inmates to the extent provided under federal law)
- ✓ **Align ABP to State Plan benefit (i.e., all adults will receive same set of benefits)**
  - ABP currently aligns fairly closely with State Plan benefits, though it does not include LTSS and does not include chiropractic services.
  - ABP current wrap benefits will continue and be covered by the MCOs except for adult emergency dental extractions which will be covered by the State Plan.

# Summary of Granite Advantage Program Features

Waiver Features	Current State	Future State
 <p><b>Eligibility Comes First</b></p>	<ul style="list-style-type: none"> <li>• Medically frail, AI/AN and pregnant women exempt from premium assistance program</li> <li>• Conditional waiver of retroactive eligibility</li> </ul>	<ul style="list-style-type: none"> <li>• <i>All</i> expansion adults (including medically frail, pregnant women, American Indian/Alaskan Native) to receive services through Granite Advantage</li> <li>• Waive retroactive eligibility</li> <li>• Include citizenship verification and asset test</li> </ul>
 <p><b>Delivery System Changes</b></p>	<ul style="list-style-type: none"> <li>• Premium assistance for eligible individuals to enroll in QHP coverage through the Marketplace</li> <li>• Some services provided through fee-for-service Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• Discontinue PAP</li> <li>• Transition all expansion adults to Medicaid MCOs</li> </ul>
 <p><b>Benefits with Care Management Model</b></p>	<p>Benefits for expansion adults differ slightly from other Medicaid beneficiaries</p>	<ul style="list-style-type: none"> <li>• Align benefit package so that all Medicaid adults will have access to same benefit package</li> <li>• Benefits will be delivered under a Care Management Plan</li> </ul>
 <p><b>Premiums and Cost Sharing</b></p>	<p>No premiums; variable cost sharing for expansion individuals with incomes above 100% of the federal poverty level</p>	<ul style="list-style-type: none"> <li>• No premiums</li> <li>• Align cost sharing requirements for ease of administration (nominal copayments for pharmaceuticals only)</li> </ul>
 <p><b>Healthy Behaviors</b></p>	<p>Cost effectiveness efforts by QHPs</p>	<ul style="list-style-type: none"> <li>• Implement new healthy behavior and incentive provisions in managed care to promote personal health management</li> </ul>
 <p><b>Work &amp; Community Engagement</b></p>	<p>Work and community engagement waiver approved by CMS on May 7, 2018</p>	<ul style="list-style-type: none"> <li>• Extend work and community engagement to expansion population for 100 hours per calendar month</li> </ul>





# GAHCP Hypotheses and Evaluation

## Hypotheses

- Members who are subject to Community Engagement will have positive health outcomes.
- Members who are subject to Community Engagement will obtain sustained part-time and full-time employment.
- Members who are subject to Community Engagement will gain or maintain access to employer-sponsored coverage or individual market coverage.
- Eliminating retroactive coverage will encourage beneficiaries to obtain and maintain coverage, even when they are healthy, without negatively impacting churn in and out of the program.

## Evaluation Requirements

- New Hampshire will conduct an annual outcome-based evaluation of Granite Advantage, as directed by State legislation (Senate Bill 313)



# Healthy Behaviors

- ✓ MCOs will implement *healthy behavior incentives and cost effectiveness programs*, as legislatively directed.
- ✓ New Hampshire will implement MCO-level and member-level incentives. Initial focus areas may include:
  - Appropriate use of emergency departments, to reduce low acuity non-emergent visits
  - Reduction in preventable admissions and 30-day hospital readmission for all causes
  - Timeliness of prenatal care and reductions in neonatal abstinence births.
  - Timeliness of follow-up after a mental illness or substance use disorder admission.
  - Reduction in the simultaneous use of multiple drugs by a single individual for one or more conditions, resulting in drug interaction harm.
- ✓ MCOs will:
  - Provide case management to the greatest extent practicable
  - Make wellness visits available to beneficiaries
  - Deploy reference-based pricing and cost transparency initiatives

# Eligibility and Exemptions

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## Work and Community Engagement Requirements

**On May 7, 2018, the federal government approved the waiver amendment for the NHHPP. In order to be eligible for Medicaid, certain expansion adults must participate for  $\geq 100$  hours per calendar month in one or more work or community engagement activity:**

- Employment
- Training
- Education
- Community service or public service
- Caregiving services
- Participation in substance use disorder treatment
- Participation in SNAP and/or TANF employment initiatives

**Some people are exempt including those who are:**

- Medically frail
- A parent or caretaker of a child in the home who is under 6 or has a developmental disability
- Temporarily unable to participate due to illness or incapacity
- Participating in a state-certified drug court program
- Disabled and unable to meet the requirement for reasons related to that disability
- Unable to meet the requirement due to the disability of an immediate family member in the home
- Experiencing hospitalization or serious illness or have an immediate family member in the home who is experiencing hospitalization or serious illness
- Exempt from SNAP and/or TANF employment requirements
- Enrolled in employer-sponsored insurance
- Pregnant

**NH DHHS is invested in making a special effort to communicate with communities around information to help address barriers for members and organizations. As such digital resources are part of a planned strategy of supporting our communities.**



# Work and Community Engagement

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Granite Advantage Health Care members who are not exempt will be required to meet 100 hours of work or community engagement to remain covered in the program.

These activities include:

- Subsidized or unsubsidized Work
- Job skills training or job search and readiness programs including unemployment
- Vocational training (not more than 12 months)
- Full or part time enrollment in a college or university
- Certified Volunteering, Community Service or Public Service
- Caregiver Services for a non-dependent relative
- Participation in SUD treatment

According to the HHS, Center's for Medicaid Medicare Services (CMS) previous states approved for Waivers will proceed as planned regardless of the June 29, 2018 Kentucky *Stewart v. Azar* decision

- ✓ Extend authority to condition Medicaid eligibility for certain expansion adults on meeting work and community engagement requirements, as terms and conditions, through December 31, 2023

# Good Cause Exemptions

There are Good Cause exemptions to help meet or fulfill the 100 hour work requirements for the following reasons:

- Unable to meet community engagement requirements due to disability as defined by the ADA;
- Residing with an immediate family member who has a disability as defined by the ADA where the recipient is unable to meet the requirements of community engagement for reasons related to the disability of that family member;
- Hospitalization or serious illness of you or an immediate family member;
- Birth or death of a family member residing in the same household;
- Family emergency or life-changing event;
- Domestic violence;
- Custodial parent of child age 6-12 and unable to secure child care.

Some examples: snow day (unable to safely fulfill hours) or hospitalization

# Reporting and Opportunity to Cure

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## Reporting . . . "No Wrong Door"

- Members can self-report their Community Engagement (CE) hours on a DHHS certified CE tracking document by photo upload to NH Easy, by phone, by mail, in person, or by fax.

## Suspension of Coverage and Cure

- Community Engagement (CE) hours not met in two consecutive months leads to suspension of coverage after required notice. Hours not met can be cured in subsequent months; re-application not required.

## Termination of Coverage and Cure

- Terminations happen only at an annual redetermination, when a cure of a suspension has not happened at redetermination date of eligibility, after required notice. Standard Medicaid eligibility allowances are afforded.

## Appeals Process

- The CMS approval requires DHHS to afford appeal rights and for DHHS to check for "categorical" eligibility before coverage is suspended/terminated.

# Granite Workforce Pilot: January 1 -June 30<sup>th</sup> 2019

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- A voluntary participation work program for GAHCP members, who are parents or childless adults age 19- 24, to assist them in meeting community engagement requirement
- Offers vocational assessment, career planning, case management, direct job placement, and referral to education/training programs to connect to the labor market
- Provides incentive payments to employers with high demand jobs to retain Granite Workforce members once hired
- Members can sign up through NH Employment Security & DHHS
- Includes Case Management \$\$ under an RFP process to navigate barriers for employment

# NH Medicaid Members currently use a digital platform

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- ✓ 90% of NH's population accesses the internet
- ✓ 55% of GAHCP cases currently have active NH Easy accounts
- ✓ 54% of those estimated GAHCP access NH EASY through mobile and tablet devices.
- ✓ Average 7,700 GAHCP documents uploaded per month. NH Easy can be used to upload verification of CE, exemptions, retrieve notices etc.
- ✓ Encouragement and promotion of NH Easy for members to apply for coverage, navigate, and reporting.
- ✓ Designed to be available by smart phone anywhere



# Resources: Digital Inform Campaign

The purpose of the Digital Inform Campaign is to prepare, inform, and educate members about the Community Engagement program. Each phase of the Digital Inform Campaign will build on the content of the previous phase.

## Phase I - Inform *September 2018*

- Overview of the community engagement program
- Description of what the community engagement program will mean for members
- Program timeline and key compliance dates
- FAQs
- Resource pages for businesses and community organizations
- Link to site included in notice to members for more information
- Link to site included on DHHS page

## Phase II - Navigate *January 1, 2019*

- Digital navigator to evaluate if a member is mandatory or exempt-if mandatory, overview of how to meet requirements
- Detailed descriptions of qualifying activities
- Overview of the workforce pilot and how to participate
- Detailed descriptions of exemptions and verifications  
Link to exemption forms
- Detailed steps and video on how to request exemptions
- Link to site included in notice to members with their status

## Phase III – Manage *April 1, 2019*

- Detailed steps and videos on how to track activities
- Detailed descriptions of good causes and verifications required
- Detailed descriptions of the cure cycle (suspension, re-enrollment, etc.)
- Instructional videos

# Working Together for a Healthier NH

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## Member

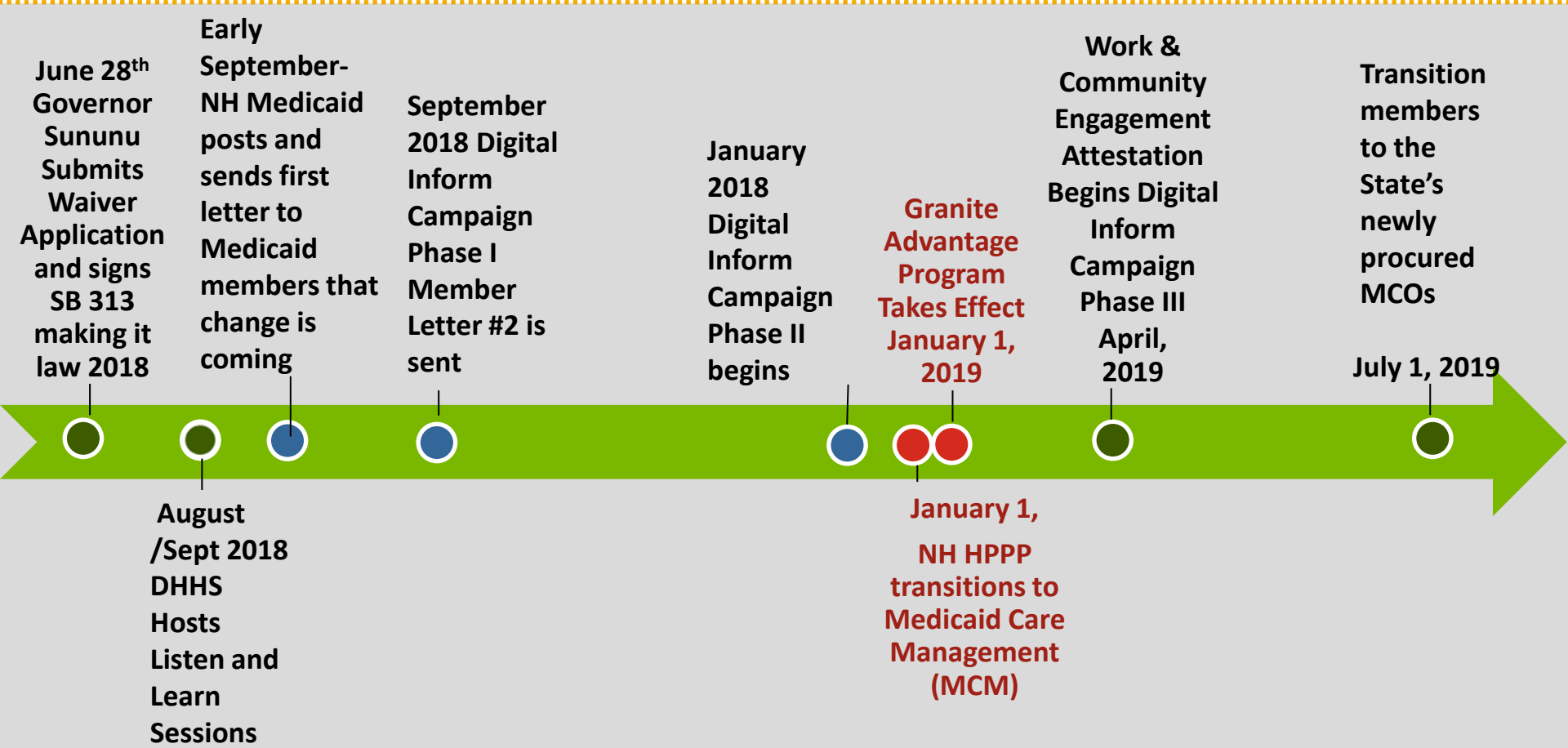
- ✓ Eligibility comes first
- ✓ No wrong door for reporting
- ✓ Affording Multiple opportunities to cure Community Engagement
- ✓ Granite Workforce Pilot
- ✓ Digital Navigator and Digital reporting

## Community

- ✓ Supporting communication networks within communities
- ✓ Communication of details on possible barriers for members
- ✓ Supporting next steps for communities to feel prepared with information for transition
- ✓ Videos
- ✓ Digital Information

NH DHHS is invested in making a special effort to communicate with communities around information to help address barriers for members and organizations. As such digital resources are part of a planned strategy of supporting our communities.

# Granite Advantage Community Timeline



# GAHCP Community Engagement

## How will your community be affected?



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### County

### GAHCP Population

### NHHPP Conversion

### NHHPP-M Conversion

Belknap

3,146

2,658

488

Carroll

2,372

2,019

353

Cheshire

3,365

2,930

435

Coos

2,046

1,809

237

Grafton

3,448

2,983

465

Hillsborough

16,432

13,191

3,241

Merrimack

5,877

4,809

1,068

Rockingham

8,150

6,850

1,300

Strafford

4,993

4,108

885

Sullivan

2,039

1,736

303

51,868

43,093

8,775

# How can we collaborate to help members?

1. Existing Intra-community organizational resources for members
2. Notices, websites, video's and other communication shared by DHHS
3. Sharing information with other staff and leaders at your organization and in your community
4. **WORKING TOGETHER**





## Focus Group Discussion

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Additional Questions?

Email: [NHMedicaidcaremanagement@dhhs.nh.gov](mailto:NHMedicaidcaremanagement@dhhs.nh.gov)

[www.dhhs.nh.gov/ombp/medicaid/granite.htm](http://www.dhhs.nh.gov/ombp/medicaid/granite.htm)