

**New Hampshire
Comprehensive Plan Cost Estimates
\$500 Annual Benefit Maximum**



Benefit Description

Comprehensive - Exams (1 per 6 months), X-Rays (1 per 12 months), Cleaning (1 per 6 months), Fluoride (1 per 6 months), Periodontal Maintenance (1 per 6 months), and Palliative (Emergency) Treatment of Dental Pain, Fillings, Extractions, Crowns, and Dentures. This option includes a \$500 Annual Benefit Maximum.
0% Member Coinsurance - Preventive covered at 100%. Comprehensive covered at 100% with \$0 member responsibility up to the Annual Benefit Maximum.

	Year 1	Year 2
Enrollment, PMPM Cost		
Assumed Utilization	40%	45%
Traditional Lives ¹ (50.0% FMAP) ²	27,700	27,700
Expansion Lives ¹ (90.0% FMAP) ²	45,200	45,200
Total Lives	72,900	72,900
Cost (PMPM)³	\$13.85	\$15.08
Annual Cost	\$12,115,980	\$13,191,984
Cost breakdown		
State Portion		
Traditional (50.0%)	\$2,301,870	\$2,506,296
Expansion (10.0%)	\$751,224	\$817,939
Total State Cost (25.2%)⁴	\$3,053,094	\$3,324,235
Biennial Cost	\$6,377,329	
Federal Portion		
Traditional (50.0%)	\$2,301,870	\$2,506,296
Expansion (90.0%)	\$6,761,016	\$7,361,453
Total (74.8%)⁴	\$9,062,886	\$9,867,749
Savings^{5,6}		
Assumed 10% on Children's Cost	\$1,150,000	\$1,150,000
Reduced Emergency Department Spend	tbd	tbd
Shift Current Adult Dental Spend	tbd	tbd
Final Estimated Cost to State		
Total State Cost	\$1,903,094	\$2,174,235
Biennial Cost	\$4,077,329	

1 NH Department of Health and Human Services, "NH Adult Medicaid Enrollment by Program", Oct. 1, 2019 Enrollment as of 10/1/2019 <https://www.dhhs.nh.gov/ombp/medicaid/hb692/documents/adultmedicaidenrollment100119.pdf>

2 Federal Register, November 28, 2018. Document Number 2018-25944, FY2020 FMAP for New Hampshire.

3 "PMPM" means per member per month. Comprehensive cost estimates for expected utilization of 40% and 45% based on adult benefit programs in other states. Actual utilization and costs may vary.

4 The Effective FMAP combines the FMAP and enrollment from the traditional and expansion populations to show the assumed combined portion of the benefit to be funded by the federal government.

5 Assumed savings of 10% on current dental-only Medicaid spend of \$23MM. Dependent upon the results of a claims repricing exercise, anticipated claims savings percentage may change. Savings less assumed 50.0% federal match on current enrollees.

6 Medicaid and CHIP Payment and Access Commission, "MACStats: Medicaid and CHIP Data Book." Total Medicaid Benefit Spending By State and Category, FY2017 Dec. 2018. Assumed children's dental cost to state = \$23MM.

Erica Bodwell, Esquire
Northeast Delta Dental
One Delta Drive
Concord, NH 03301
(603) 223-1168
EBodwel@nedelta.com

Bruce Berke
Sheehan Phinney Capitol Group
2 Eagle Square #400
Concord, NH 03301
(603) 228-2370
BBerke@sheehan.com

**New Hampshire
Comprehensive Plan Cost Estimates
\$1,000 Annual Benefit Maximum**



Benefit Description

Comprehensive - Exams (1 per 6 months), X-Rays (1 per 12 months), Cleaning (1 per 6 months), Fluoride (1 per 6 months), Periodontal Maintenance (1 per 6 months), and Palliative (Emergency) Treatment of Dental Pain, Fillings, Extractions, Crowns, and Dentures. This option includes a \$1,000 Annual Benefit Maximum.

0% Member Coinsurance - Preventive covered at 100%. Comprehensive covered at 100% with \$0 member responsibility up to the Annual Benefit Maximum.

	Year 1	Year 2
Enrollment, PMPM Cost		
Assumed Utilization	40%	45%
Traditional Lives ¹ (50.0% FMAP) ²	27,700	27,700
Expansion Lives ¹ (90.0% FMAP) ²	45,200	45,200
Total Lives	72,900	72,900
Cost (PMPM) ³	\$15.61	\$17.01
Annual Cost	\$13,655,628	\$14,880,348
Cost breakdown		
State Portion		
Traditional (50.0%)	\$2,594,382	\$2,827,062
Expansion (10.0%)	\$846,686	\$922,622
Total State Cost (25.2%)⁴	\$3,441,068	\$3,749,684
Biennial Cost	\$7,190,753	
Federal Portion		
Traditional (50.0%)	\$2,594,382	\$2,827,062
Expansion (90.0%)	\$7,620,178	\$8,303,602
Total (74.8%)⁴	\$10,214,560	\$11,130,664
Savings^{5,6}		
Assumed 10% on Children's Cost	\$1,150,000	\$1,150,000
Reduced Emergency Department Spend	tbd	tbd
Shift Current Adult Dental Spend	tbd	tbd
Final Estimated Cost to State		
Total State Cost	\$2,291,068	\$2,599,684
Biennial Cost	\$4,890,753	

1 NH Department of Health and Human Services, "NH Adult Medicaid Enrollment by Program", Oct. 1, 2019. Enrollment as of 10/1/2019. <https://www.dhhs.nh.gov/ombp/medicaid/hb692/documents/adultmedicaidenrollment100119.pdf>

2 Federal Register, November 28, 2018, Document Number 2018-25944, FY2020 FMAP for New Hampshire.

3 "PMPM" means per member per month. Comprehensive cost estimates for expected utilization of 40% and 45% based on adult benefit programs in other states. Actual utilization and costs may vary.

4 The Effective FMAP combines the FMAP and enrollment from the traditional and expansion populations to show the assumed combined portion of the benefit to be funded by the federal government.

5 Assumed savings of 10% on current dental-only Medicaid spend of \$23MM. Dependent upon the results of a claims repricing exercise, anticipated claims savings percentage may change. Savings less assumed 50.0% federal match on current enrollees.

6 Medicaid and CHIP Payment and Access Commission, "MACStats: Medicaid and CHIP Data Book." Total Medicaid Benefit Spending By State and Category, FY2017 Dec. 2018. Assumed children's dental cost to state = \$23MM.

Erica Bodwell, Esquire
Northeast Delta Dental
One Delta Drive
Concord, NH 03301
(603) 223-1168
EBodwell@nedelta.com

Bruce Berke
Sheehan Phinney Capitol Group
2 Eagle Square #400
Concord, NH 03301
(603) 228-2370
BBerke@sheehan.com