



Frequently Asked Questions (FAQ's)

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I. Applications and Enrollment

1. When can applicants begin to fill out applications?

The Department will begin accepting applications on July 1, 2014. Coverage will begin August 15, 2014.

2. Are Affordable Care Act (ACA) Navigators and Enrollment Assistors/Certified Application Counselors (CAC) clear to help people start filling out applications?

Navigators and other assistors may begin to provide information and may start submitting applications on July 1, 2014.

3. What are the navigator's and CAC's restrictions on helping clients sign up?

There should not be any limitations on helping people sign up or assisting them with their application. It is important to note that this does not mean you have done an eligibility determination or completed enrollment.

4. What is New Hampshire EASY (NH EASY)?

NH EASY is an abbreviation for New Hampshire's Electronic Application System (NH EASY). NH EASY offers NH residents a fast and easy way to apply online for cash assistance, medical, Child Care, Medicare Savings Program, and/or Food Stamp benefits. Individuals can do an upfront screening on the NH EASY home page using the, "Do I Qualify" button before an application is completed.

To learn more about NH EASY visit <https://nheasy.nh.gov/>.

5. By filling out a NH EASY application, will applicants need to provide financial information (bank accounts, credit card, etc.)?

Most times, filling out the application without submitting any bank statement or proof of income is enough to be determined eligible. If additional information is needed, the Department will send a notice requesting more information.

6. Is the New Hampshire Health Protection Program (NHHPP) application through NH EASY the same as the regular Medicaid application?

Yes, the NH EASY application is the same as the current one (800MA). There is an application that can be downloaded from the DHHS Web page for those that prefer paper applications.

7. Do you need to have Internet access to apply?

No. If you can't access NH EASY or Healthcare.gov you can apply by calling the Department's Customer Service Center at 1-800-852-3345 (in State) or 1-603-271-9700 between 8:00AM and 4:00 PM Monday – Friday; or by obtaining a paper application from any DHHS District Office.

8. Will face-to-face interviews be required?

No, face-to-face interviews are not required if the only program an individual is applying for is NHHPP. It has been the Department's experience, however, that applicants may qualify for other programs and some of those programs may require a face-to-face interview.

9. Do you consider assets when applying?

Assets/resources are not considered when determining eligibility for NHHPP. "Resources" are money in the bank or assets like a home or care.

10. Can somebody with no income still apply? How do they prove that when applying?

Yes, individuals with no income can apply. Income for NHHPP is verified through electronic data cross matches based upon self-attestation and/or what the applicant or recipient has provided about income during the eligibility process. Proof of income is only required to maintain eligibility if there is a discrepancy between what the applicant/recipient reported and the electronic data crossmatch.

11. Can low income students apply?

In order to receive NHHPP individuals must meet all factors of eligibility, including residency. A full time student entering NH for educational purposes is not considered a resident of NH.

12. What are the hours of operation for assistance in completing an application via phone?

Telephone applications can be taken between 8:00 a.m. and 4:00 p.m. Monday through Friday, however, NH EASY is available between the hours of 6 a.m. and 12:00 a.m. (midnight) Monday through Sunday.

13. Can people apply for Medicaid on healthcare.gov?

Yes, individuals can apply for NH Medicaid on HealthCare.gov. The application is assessed for potential eligibility and then transferred to the Department for the final Medicaid eligibility determination.

14. If a parent has an open application for a child, does the parent need a new application for themselves?

Yes, a parent will need to complete an application for themselves.

15. Should a person still apply for Medicaid Aid to the Permanently & Totally Disabled (APTD) while applying for NHHPP?

If a person is applying for APTD Medicaid, they can potentially receive benefits under NHHPP until the APTD determination is made. If the APTD determination is approved, they are required to go into the APTD program.

16. After declaration of Medical Frailty, what other documents are necessary to follow up with?

Once an individual attests to being medically frail, they will receive a notice in the mail that asks them to make a choice of a health plan. If any other documentation is required, the Department will contact the applicant.

17. For the medically frail – how often does redetermination happen?

The medically frail redetermination will occur annually.

18. Can County prisoners apply before being discharged?

The Department currently has a Memorandum of Understanding with the Department of Corrections (DOC) which defines a process for DOC Case Managers to apply for Medicaid for inmates in State Prisons who have an upcoming release (within 30 days). However, there is neither a process nor MOU for those in County facilities. A workgroup will be set up to address this issue with the prison population.

19. Can a 19-year-old student on Children's Medicaid (CM) move into the Bridge Program at age 20?

Yes, if the household income falls within the NHHPP income guidelines. Any case with a child age 19 in the CM category will be pursued for NHHPP.

20. If you become pregnant can you stay in the Bridge Program?

Yes. If a woman becomes pregnant while enrolled in the Bridge Program she can remain in the Bridge program.

21. If they went through healthcare.gov and were denied, do they need to restart this process?

Yes, they will need to apply again on or after July 1st when enrollment into the NHHPP begins.

22. Is NHHPP coverage retroactive?

Medical assistance can be retroactive up to 3 months preceding the application date when permitted by policy. However, NHHPP applicants are entitled to retroactive medical assistance, if eligible, but only back to August 15, 2014, the start date of the program.

Example #1 - A NHHPP applicant applies on August 31, 2014 and, retroactive medical assistance under NHHPP is available back to August 15, 2014 only, if eligible.

Example #2 – A NHHPP applicant applies on November 1, 2014 and request 3 months retroactive medical assistance.

II. Eligibility

1. What are the Federal Poverty Limit (FPL) percentages that are required to meet eligibility?

The federal law and implementing regulations require income cannot exceed 133% of the federal poverty limit (FPL) for the applicable family size. Because of the way this is calculated, it's effectively 138% FPL. Federal Department of Health and Human Services

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regulations require states to subtract an amount equivalent to 5 percentage points of the FPL for the applicable family size (it's not a 5% disregard of actual household income).

Example: Applicant is age 28, single, with no children. Total monthly income is \$1,342.74 (138% FPL)

Monthly Income Limit:	\$1,342.74 (exceeds income limit by \$48.74)
NHHPP Income limit for a household of 1:	\$1,294.00 (133% FPL)
5% FPL income disregard is subtracted:	- \$ 49.00 (\$973 (100% FPL) x 5% = \$48.65 rounded up)
Total countable income:	\$1,293.74 (income is now under the income limit)

2. What is MAGI?

MAGI is an abbreviation for Modified Adjusted Gross Income (MAGI). This is the new methodology used to determine eligibility for certain Medicaid groups, CHIP and financial assistance available through the health insurance Marketplace. By using one set of income eligibility rules across all insurance affordability programs, the Affordable Care Act (ACA) makes it easier for people to apply for health coverage through one application and enroll in the appropriate program. MAGI is required under the ACA and follows the IRS rules.

3. Is it a gross income test?

No. It is a Modified Adjust Gross Income (MAGI) test. MAGI is used in the income calculation with limited allowable deductions such as spousal support or interest paid from student loans.

4. Does child support count as income?

MAGI follows IRS tax rules. Under MAGI child support no longer counts as income. Income is considered the money you report on your tax return.

5. If a child is receiving benefits through Social Security does that count as income?

No.

6. What does it mean when you say that resources are excluded from consideration?

“Resources” are money in the bank or assets (like a home or car). No assets or resources are considered in determining eligibility for the NHHPP.

7. How long will it take to determine eligibility?

The Department's goal is to make eligibility determinations as quickly as possible. However, federal regulations allow 90 days for applicants who apply for Medicaid on the basis of disability; and 45 days for all other applicants.

8. Do parents who qualify have to enroll their children?

Yes, parents or other caretaker relatives living with a child under age 19 are not covered unless the child is receiving benefits under Medicaid, CHIP, through the Exchange (Marketplace) or otherwise enrolled in minimum essential coverage with an insurance company.

9. How would this work with Family Planning medical assistance?

Under the Family Planning medical assistance group, coverage is limited to family planning and family planning-related services. Individuals who are eligible under family planning may be eligible for a more comprehensive set of benefits under NHHPP. However, because household composition and income counting methodology is different under family planning we would need to look at each individual's circumstances. If additional

information is needed to make a NHHPP eligibility determination the Department will send a notice requesting more information.

10. How does Presumptive Eligibility (PE) integrate with this coverage?

The Department will provide coverage for individuals under NHHPP who are determined presumptively eligible by a Qualified Entity or a Qualified Hospital. A qualified entity is an entity that is determined by the Department to be capable of making PE determinations. Because coverage under NHHPP does not begin until August 15, 2014, Qualified Entities and Qualified Hospitals cannot make PE determinations for NHHPP until then.

11. If a person is an immigrant to this country, do you need to have been a Legal Permanent Resident (LPR) for 5 years to qualify?

In order to get NHHPP coverage under current law, most LPRs and green card holders have a 5-year waiting period. This means they must wait 5 years after receiving “qualified” immigration status before being eligible. There are also exceptions – LPRs who don’t have to wait 5 years – such as refugees or asylees.

12. Will refugees have to wait 5 years?

No. Refugees do not have to wait 5 years to enroll in NHHPP. They are eligible for benefits as of the day they arrive just like any other NH citizen. It is important to note that if a refugee becomes *ineligible* during the first eight months (usually due to becoming employed and earning an income above the threshold), he or she **is eligible** to receive Refugee Medical Assistance (RMA) for the remainder of the original eight months after arrival. Beyond the eight month timeframe, health insurance options are determined by income, as they are for all NH citizens.

13. What is the definition of a NH resident?

New Hampshire’s Administrative Rule, He-W 601.07(e) states “Resident” means an individual who lives in the state voluntarily, pursuant to RSA 21:6.

Individuals must be current residents of New Hampshire to be eligible for medical assistance. They do not need to have lived here for any length of time, with or without a fixed address.

14. Do homeless people have to prove where they are living?

For NHHPP, self-attestation of residency is accepted, with no further proof required. For individuals or households that are considered homeless the District Office’s (DO) mailing address is used until the individual or household provides another mailing address. The individual or household is responsible for retrieving their mail at the DO.

15. How will providers differentiate between standard Medicaid and NHHPP beneficiaries?

The provider portal to check eligibility will be clear.

16. How will providers distinguish between the “old” Managed Care Organization (MCO) members (currently eligible Medicaid population) and the “new” MCO members (the newly eligible population)?

Details still to be determined.

17. What will the impact of spenddown be?

Spend-down will not go away with the implementation of NHHPP. However, anyone who is in spend-down that is not entitled to or enrolled in Medicare and has income at or below 133% FPL will potentially be eligible for NHHPP.

18. Can a person on Medicaid with a spenddown close their case and apply for NHHPP?

Anyone who is in a spend-down does not need to apply for NHHPP. Next time the person's case is re-run the person will automatically go to NHHPP if their income is at or below 133% FPL. However, there is nothing preventing an individual from requesting NHHPP.

19. What happens to someone enrolled in the High Risk Pool (HRP) whose coverage is ending June 30th?

The HRP provides health coverage to people in the individual health insurance market whose health status caused them to be turned down for a policy. Some of these people will meet the income guidelines and will be eligible for the NHHPP and should apply. NHHPP coverage will be retroactive to the **program start date if they apply within the first 90 days of the program** and will cover these people from that date. If someone applies after the first 90 days of the program, they can apply for retroactive coverage for up to a 90-day period. Other HRP participants will be eligible for coverage in the Marketplace - loss of their HRP coverage is a "qualifying event" and they should apply at HealthCare.gov where they may also qualify for financial assistance. Their coverage date will depend on when they apply and pay their premium.

20. Will the NHHPP benefit the self-employed?

Yes.

21. Are those that are self-employed - who have fluctuating monthly incomes - going to be moving in and out of programs?

Fluctuating income is income that varies by any amount from month to month, regardless of the reason. Fluctuating income is converted into an average monthly amount. If the individual is self-employed, we use a one-year period to determine the average monthly amount. However, if the individual receives self-employment income over a shorter period of time, we use that period to determine a monthly average. Individuals remain eligible in the program until they are determined ineligible.

22. Are clients going to be re-assessed for eligibility in the NHHPP by the Department?

Yes, redeterminations of eligibility are scheduled at least every 12 months.

23. Is coverage extended to those who work outside of NH?

If they are a resident of New Hampshire and they fall within the income guidelines, they should be eligible.

24. If someone is denied are there appeal procedures?

Yes, but you must ask for an appeal by a certain time. Information will be sent with the Notice of Decision. You can appeal if you think we made a mistake on things like your household size, income, citizenship, immigration status, or residency. You can also appeal what services you get or did not get. To ask for an appeal you can:

- call the District Office at the number printed on the Notice of Decision;
- write your own letter to ask for an appeal and send it to the address on the Notice of Decision; or
- you can call the Administrative Appeals Unit directly.

III. HIPP and Bridge Program

1. Are individuals allowed to compare their Employer Sponsored Insurance (ESI) to the NHHPP and select the most cost effective program?

It would be impossible for individuals to do their own calculation on cost effectiveness. This will be done by the Department. If ESI is cost-effective, the individual must enroll in the Health Insurance Premium Program (HIPP). If it is not, they will enroll in the Bridge Program which is one of the Care Management Organizations.

2. What happens if an individual is determined eligible for the NHHPP but has ESI that has to be reviewed by the Department for cost effectiveness?

The individual will be covered under fee-for-service Medicaid until the cost effectiveness determination has been made. It is important to note that there are very specific timeframes by which the individual must respond to requests from the DHHS for further information or their Medicaid coverage will be terminated.

3. Will the NHHPP cover an individual's deductibles and co-pays in the ESI plan?

Yes, if it is cost effective.

4. What happens if an employer's insurance open enrollment period does not coincide with the time that someone applies for the Health Insurance Premium Program (HIPP)?

Becoming Medicaid eligible is considered a "qualifying event", which allows an individual to enroll outside of the annual open enrollment period. The applicant would then be able to enroll in their employer-based insurance. Individuals with ESI should still apply to NHHPP if they are income eligible.

5. If a person's income qualifies but they are already covered and paying for employer based insurance, can they still be eligible for HIPP?

Yes, they will become eligible and be referred to the HIPP.

6. Will HIPP cover the Essential Health Benefits (EHBs)?

Yes, because if the employer's health plan does not cover all the EHBs, Medicaid will "wrap-around" those benefits. This is required by the Affordable Care Act. While most plans provided by employers offer the 10 Essential Health Benefits, they may be a few exceptions that were "grandfathered". In these cases, the EHBs would be "wrapped around."

7. If someone has unaffordable spousal coverage can they go to the Bridge Program?

Yes, only if the Department determines their ESI is not cost-effective.

8. In terms of cost effectiveness, what factors are assessed by Medicaid for the comparison to ESI? Past history? Prior and current diagnoses?

This process is still being developed. The Department will follow the CMS State Medicaid Manual process for determining cost effectiveness.

9. Does the employer have any responsibility to report eligibility changes?

No. Responsibility for reporting changes that affect eligibility are the responsibility of the individual.

10. Can an individual drop their Medicare and enroll in NHHPP? If someone has Medicare and they are not enrolled in part B can they enroll in the NHHPP?

No. According to federal law and implementing regulations, an individual isn't eligible for the NHHPP if the individual is enrolled in Medicare part A or B or is eligible for Medicare part A or B but hasn't enrolled. Therefore, an individual can't drop Medicare or refuse to enroll in Medicare if eligible in order to become eligible for Medicaid in the adult group.

11. Are the programs totally free or is there cost sharing involved?

There will be some co-pays for individuals with income from 100-133% of the FPL. Individuals who are subject to co-pays will receive a letter that tells them about the responsibility to pay the co-payments.

12. When does the co-pay and deductibles go to the employee?

Co-pays and deductibles are reimbursed to the employee when the Medicaid member uses a provider who is out of the Medicaid provider network, but in network with their ESI plan.

13. How quickly will beneficiaries be paid back for out of pocket co-pays and deductibles?

Once documentation is submitted showing the procedures performed, the provider, amount paid or amount billed by the provider, and required payment documents for DHHS then payment will be issued within 30 days.

14. Will individuals receive a letter letting him or her know they can choose an MCO?

Yes, you will be alerted when it is time to choose from one of the two MCOs. Once your enrollment in the Bridge Program is confirmed, you will receive an Enrollment Packet telling you when it is time to pick an MCO and how you can do that.

15. I think I may be eligible for the NH Health Protection Program based on my income. However, I am already enrolled in a Marketplace plan and am receiving a tax credit to help pay for the plan. Am I required to drop the Marketplace plan and enroll in the NH Health Protection Program?

If you do not wish to apply for the NH Health Protection Program, you may keep paying your premiums to your Marketplace plan and continue to receive your tax credit through the end of 2014. You may keep your tax credit and plan enrollment until you either: (a) renew your coverage during the next open enrollment period, starting November 15, 2014, or (b) go to HealthCare.gov to report a change. When you renew your coverage OR report a change in HealthCare.gov, if you are found eligible for the NH Health Protection program, you will need to switch to it.

16. I am enrolled in a Marketplace plan and am receiving a tax credit, but I would like to switch to the NH Health Protection Program if I am eligible. What steps do I need to take to cancel the Marketplace plan and tax credit if I am found eligible for the NH Health Protection Program?

Anyone who is determined eligible for the NH Health Protection Program is no longer eligible for tax credits that can be used to buy coverage through the Marketplace. This means that if you or someone in your family is found eligible for the NH Health Protection Program, you must take the steps below to end your tax credits. *It is important that you do not take these steps until after August 1, to make sure you don't end your Marketplace coverage before your new coverage starts.*

1. If you have a HealthCare.gov account, log in to your HealthCare.gov account and follow the steps below. If you would like to speak with someone for assistance OR if you do not have a HealthCare.gov account, call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

2. **If you are the only person on your Marketplace application who is currently enrolled in a qualified health plan**, to terminate your Marketplace plan, you can call the Marketplace, or:
 - a. Log onto your Healthcare.gov Account
 - b. Select your application
 - c. Select “MY PLANS AND PROGRAMS”
 - d. Select “END ALL COVERAGE”

3. **If other people on your Marketplace application are not eligible for NH Health Protection Program**, and need to keep their tax credit and their QHP coverage you can call the Marketplace or:
 - a. Log-in to your Healthcare.gov Account
 - b. Go to “MY APPLICATIONS & COVERAGE” in your Healthcare.gov Account
 - c. Select your application
 - d. Select “REPORT A LIFE CHANGE.”
 - e. Select “CHANGE APPLICATION INFORMATION.” You’ll be asked if someone in your household received a denial of eligibility for Medicaid or CHIP (the NH Health Protection Program). Make sure to select “NONE OF THESE PEOPLE” for this application question.
 - f. For individuals who can keep their QHP and tax credit through the Marketplace, you will see a green “CONTINUE TO ENROLLMENT” button. You should select that button, and complete the steps listed. Note that making this change may affect whether those not eligible for Medicaid receive a tax credit, or may change the amount of tax credit they receive.

17. Aside from the two new benefits (SUD and Chiropractic) in the Bridge Program, is someone going to feel they are treated different by their MCO?

There should be no difference how recipients are treated by their MCO.

IV. Benefit Package(s)

1. Will only emergency dental services (acute pain and extractions) be covered under the NHHPP?

Yes, only emergency dental services are covered for those individuals 21 years of age and older. For individuals between the ages of 19 to 21 years of age, more extensive dental benefits are available.

2. Will standard Medicaid cover the Substance Use Disorder (SUD) benefit?

No.

3. What are the exact Substance Use Disorder (SUD) benefits?

Yes, see <http://www.dhhs.nh.gov/ombp/nhhpp/documents/sud-benefit-service-array-11x17.pdf>

4. Why is the SUD benefit not being offered to the current Medicaid population?

The Department has not been able to include an SUD benefit for the current Medicaid population. The reason the SUD benefit is being offered to the NHHPP population is that it is one of the ten EHBs required by the ACA and must be included in the Alternative Benefit Package (ABP) that NH has chosen and CMS approved.

5. What would be the benefit for the Medically Frail to change from the regular Medicaid program to the Bridge Program (as it seems to cover more)?

The Bridge Program covers the Substance Use Disorder Benefit and chiropractic care; standard Medicaid does not.

6. Will chiropractic services be offered to those on Medicaid?

Chiropractic services will be offered to individuals who are eligible for NHHPP under the Alternative Benefit Plan. Chiropractic services will not be part of standard Medicaid.

7. Will beneficiaries receive a health insurance card?

Beneficiaries in the Bridge Program will have Medicaid card as well card from their MCO. Those in HIPP will receive a Medicaid card as well as an employer sponsored health insurance card.

8. Will the cards beneficiaries are issued look different so providers can distinguish between them?

All members will have a Medicaid card. There has not been a decision about whether the cards will be different.

9. Will beneficiaries get a Medicaid card for the time period from Aug 15th too Sept 1st?

Yes, and then you will get a new card when your enrollment in the MCO begins on Sept. 1st.

10. Will a Primary Care Provider (PCP) have to make referrals in order for a patient to see a specialist, such as a substance abuse provider? Or can a person just walk into a substance abuse clinic?

Participants in the Bridge Program should always consult their MCO Member Handbook or call Member Services to find out if any services require a PCP referral. However, it is always a good idea to consult with your PCP because he/she knows you best and can help coordinate your care.

11. If my employer plan doesn't cover SUD services, will the new NHHPP take care of that?

Yes. SUD benefits will be "wrapped around" (paid for) by the State.

12. Is NHHPP completely separate from Obamacare?

No. This program is part of the Affordable Care Act.

V. Outreach and Education

1. Will the DHHS be doing outreach and education to employers?

Yes, a coordinated outreach and education effort will be targeted to employers. Employers will receive specific information about the NHHPP.

2. Are you providing outreach materials in other languages?

Yes, materials will be provided in several languages, including Nepali and Spanish.

3. How will ethnic/minority communities be involved?

Some sessions for non-English speakers as well as for the Deaf community will be held. Dates are yet to be determined. The Office of Minority Health & Refugee Affairs (OMHRA) will coordinate these with community leaders. There is a video of the outreach sessions on the DHHS web page.

4. Are materials available on the Web and/or the internet?

The materials are still in draft form but will be available on the DHHS website once they are finalized.

5. Would you like ACA navigators to come to the outreach events?

Yes, anyone can come to these events. DHHS encourages you to come and educate yourself about the NHHPP.

6. Can we work with Department to host events in communities?

Yes, the Department will host events in communities if requested.

7. Can we receive the newest outreach and education information by email from Louis Karno & Company?

Yes, most materials will be available for downloading on the DHHS website.

8. Will SNAP recipients be alerted of this program?

The Department will strive to reach everyone that is eligible to alert them of this program. A mailing is planned for SNAP participants to let them know about the NHHPP and that they might be eligible.

VI. Other

1. What will the impact of the NHHPP be on providers with 340B programs?

Certain nonprofit health care providers defined in federal law (e.g. Federally Qualified Health Centers, Disproportionate Share Hospitals) can participate in the 340B Program, which allows them to purchase outpatient drugs at a significant discount for their patients in need. Only those who receive health care from the organization are eligible to receive these drugs. Providers decide when they enroll in the program whether they want to "carve in" (meaning they will use these drugs for Medicaid patients) or "carve out" (Medicaid patients purchase drugs outside the 340B program).

NHHPP participants are Medicaid and some will be enrolled in the MCOs who will cover their pharmacy costs. Others will be enrolled in their employer's health plan, which may or may not cover their pharmacy costs. Essential Health Benefits (EHB) not offered by the employer plan will be "wrapped around" (covered by NH Medicaid fee-for-service). In this case, whether an organization provides these drugs through their 340B program will depend on if they are "carved in" or "carved out" just as it is in the current Medicaid program.

The impact for an organization may be the reduction in the number of uninsured and whether numbers are sufficient to continue with their 340B program.

2. How might this impact someone who has NH Health Access Network assistance?

NH Health Access Network is a group of hospitals, doctors and other health care providers in New Hampshire that work together to help children and adults when they can't afford the health care they need. To get financial help through the NH Health Access Network, you must have tried to get, and be refused, all other sources of payment including insurance, public assistance, or a lawsuit.

3. Do our adult kids have to sign up individually?

If you have children that are tax dependents they will be able to go on your health insurance plan. If they are 19 or older and are not considered tax dependents, they'll have to sign up on their own.

4 Is this completely separate from Obamacare?

No, this is part of the Affordable Care Act.

5. Is it possible to learn more about the two current MCO's?

NH Healthy Families and Wellsense are the two MCOs that will be providing coverage under the Bridge Program. You can go to www.dhhs.state.nh.us and click on the “MCM” button. This will take you to a webpage where you can learn more about Medicaid Care Management and the two MCOs.

6. Will this have the same restrictions on hospitals that the marketplace plans have?

The Bridge program is not part of the Marketplace and has more hospitals in its network. You should check with the MCO before you sign up to make sure the hospital you want to go to is in their network. You can do this by going to www.nheasy.nh.gov – or by calling the Medicaid Service Center 1-888-901-4999.

7. Is this program outlined in state regulations or federal regulations?

Both. The eligibility requirements are found under Section 1902(a) (10) (A) (i) (VIII) and implementing federal regulations at 42 CFR 435.119. Senate Bill 413 further outlines requirements under NHHPP. See #8 below for state regulations.

8. What He-W section are program details given?

The service-related rules are under He-W 500. Specifically, He-W 511, Health Insurance Premium Payment Program; He-W 512 Alternative Benefit Plan; and He-W 513 Substance Use Disorder Benefit.

9. Is this program Medicaid?

Yes.

10. Do the MCO plans cover services overseas?

No.

11. What is an example of non-emergency medical transportation?

An example is someone who has doctor’s appointment for a yearly physical and can’t drive themselves.

12. In the case of someone who is retiring, will the NHHPP work only for the individual retiree or would it cover their family?

Those in the family who don’t have access to coverage will also receive coverage under the NHHPP.

13. Does this cover out-of-state providers?

While both MCOs providing services under the NHHPP include out-of-state providers in their networks, it is important to check your MCO Provider Directory or call Member Services to make sure that the provider you want to use is in their network. What is important is not that provider is out-of-state, but whether or not they are in the network of the MCO.

14. After choosing an MCO, will I be able to choose my provider or will I only have a choice of providers that are covered by the MCO?

You should look at both MCOs to see if your preferred provider is in their network, and then choose that one. If your provider is not on the list of the MCO you want to pick, you should call their Member Services to see if that provider is in the process of enrolling in that MCO or if they can refer you to another provider that is in their network. In certain circumstances, (for example, specialists) the MCO may let you use an out-of-network provider.

15. Will I have to pay the Government back for my benefits when I am over 55 years old?

The asset recovery program should not be a barrier for new adults between 19 and 65 years old participating in the New Hampshire Health Protection Program. Since the 1990’s, Congress has required all states that participate in

Medicaid to seek to recover the cost of certain Medicaid services for those over 55 years old receiving nursing services, HCBC and related pharmaceutical services. The New Adult Group was not exempted by Congress from the asset recovery program but the impact of this program on the New Adult should be minimal: Most new adults are likely to be younger than 55 and will not be subject to any asset recovery. CMS is now reviewing its asset recovery rules and will be working with all states, including NH, to ensure that the asset recovery rules will not impact participation in expanded health coverage.

16. I heard that a lien can be placed on my home. Will I lose my home if I get health coverage through the New Hampshire Health Protection Program?

No, you cannot lose your home if you participate in the New Hampshire Health Protection Program. Current federal law does not allow liens to be placed against the property of any New Adult beneficiary. The New Adults were not included in the federal spend down statute and thus are ineligible for liens.

Current NH rules allow for liens to be placed on the property of a currently eligible Medicaid beneficiary in very limited circumstances --- where the beneficiary is a permanent resident of a nursing facility over 55 years old. The lien cannot be executed after the beneficiary passes away if there is a spouse or dependent child living in the home.

17. I heard that I will have to pay back the value of the premiums I receive if I am in the NH Health Protection Program.

No one will be required to pay back the value of the premiums received. The asset recovery program is limited to the costs of nursing, HCBC and drug related costs for those over 55 years old.