Presentation Overview

1. What is the NH Health Protection Program
2. Purpose of the NH Health Protection Program
3. Eligibility
4. Basic Program Features
5. Program Timeline
6. How to Apply
7. Provider-Specific Details
What is the NH Health Protection Program?

A federally-funded, locally-managed health care program that **expands coverage** to low-income New Hampshire residents.

*An estimated 50,000 residents are eligible.*
Purpose of NH Health Protection Program

- Provide health insurance coverage to more of New Hampshire’s low-income citizens
- Provide access to private health insurance options
- Improve population health
- Increase provider reimbursement
- Reduce uncompensated care costs
Eligibility NH Health Protection Program

- Adults age 19 to 65

- Who are not:
  - Pregnant
  - Entitled to/enrolled in Medicare Part A or B
  - Otherwise eligible/enrolled in coverage under State’s Medicaid plan

- Resources are excluded
Eligibility for NH Health Protection Program

- Household income is at or below the following levels:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>If Your Household Income Is This Amount or Less Each MONTH</th>
<th>OR</th>
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<tbody>
<tr>
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For each additional household member, add $450 per month or $5,400 per year, up to a household size of 8 people.
Basic Program Features

1. The Health Insurance Premium Program (HIPP) is for those who have access to coverage through an employer.
   - *Program will pay client’s share of insurance costs*

2. The Bridge Program is for those who do not have coverage available through an employer.
If individual has health insurance available to them through their employer (ESI), they must enroll in the HIPP option

- As long as it is cost effective, HIPP will pay the client’s share of insurance costs—premiums, co-pays and deductibles
HIPP (Cont’d.): Cost Effectiveness

Under the HIPP, Employer Sponsored Insurance (ESI) needs to be “cost effective” for Medicaid to cover its costs

What is “cost effectiveness”

- NH will determine if the cost of ESI is the same as if that person were insured under Medicaid
- Once a plan is found “cost effective” that individual will not be liable for costs associated with that ESI

How is it determined?

- The Federal Government has guidelines for determining cost effectiveness that are based on expected ESI plan costs with Medicaid plan costs

\[
\text{ESI Total Cost} = \text{Premiums} + \text{Coinsurance} + \text{Deductibles} + \text{Other Cost Sharing}
\]

\[
\text{Medicaid Total Cost} = \text{Premiums} + \text{Other Cost Sharing}
\]
DHHS sends form to applicant's employer
  - Employee’s share of premium determined

Qualifies as a qualifying event so enrollment can begin immediately

Employer deducts employee’s share of premium from paycheck
  - HIPP pays employee’s share of premium to employee

HIPP pays co-pays and deductibles to employee

Once enrolled, client must report any changes in employment status within 10 days
The Bridge Program

- For those without access to health insurance through their employer (ESI)
- Will have a choice of health plans offered by one of the Managed Care Organizations (MCOs) in the Medicaid Care Management Program
- Benefit Package will be the Alternative Benefit Plan (ABP), which covers the 10 Essential Health Benefits required under Affordable Care Act
The Bridge: Benefits Overview

Benefits are similar to those required by the Affordable Care Act

<table>
<thead>
<tr>
<th>ACA Essential Health Benefits</th>
<th>Bridge Additional “Wrap” Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ambulatory patient services</td>
<td>1. Non-Emergency Medical Transportation</td>
</tr>
<tr>
<td>2. Emergency services</td>
<td>2. Early Periodic Screening Diagnostic and Treatment (EPSDT) ages birth to 21 years</td>
</tr>
<tr>
<td>3. Hospitalization</td>
<td></td>
</tr>
<tr>
<td>4. Maternity and newborn care</td>
<td></td>
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<tr>
<td>5. Mental health and substance use disorder services, including behavioral health treatment</td>
<td></td>
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<tr>
<td>6. Prescription drugs</td>
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<tr>
<td>7. Rehabilitative and habilitative services (chiropractic care) and devices</td>
<td></td>
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<tr>
<td>8. Laboratory services</td>
<td></td>
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<tr>
<td>9. Preventive and wellness services and chronic disease management</td>
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<tr>
<td>10. Pediatric services, including oral and vision care</td>
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</table>
The Bridge Program

- Client chooses a Managed Care Organization Plan within 60 days from eligibility determination
  - If a client does not choose within 60 days they will be auto-assigned an MCO

- Client has 90 days to change Managed Care Organizations

- There is an annual open enrollment period for all individuals in an MCO, with changes effective the following January
Medically Frail

- Determination of medically frail is based on response to an application question
- Individuals who are medically frail can choose:
  - Alternative Benefit Plan (ABP)
  - Standard Medicaid
- Individuals who are medically frail can change plans any time from Alternative Benefit Plan to Standard Medicaid
Medically Frail – Compare Plan Options

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Standard Medicaid Plan</th>
<th>Alternative Benefit Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual physical and routine doctor’s visits</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Access to long-term care services, like nursing homes if you are determined to be medically eligible</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Help with everyday tasks, like bathing, getting dressed and preparing meals</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Services to help you stop using drugs or alcohol</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Limits on the number of visits for some services, like physical therapy</td>
<td>Yes</td>
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Program Timeline

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Summer 2014

- July 1 – Applications accepted
- Aug. 15 – Coverage begins
- Sept. 1 – Transition to Care Management
There are 4 Ways to Apply

1. **Online:** Visit [www.nheasy.nh.gov](http://www.nheasy.nh.gov)
   Hours: 6:00AM - 12:00AM (Midnight) 7 days a week

2. **Phone:** Call the Medicaid Service Center at **1-888-901-4999** to learn more and receive personalized assistance
   Hours: 8:00AM to 4:00PM Monday – Friday

3. **Paper Application:** Visit a DHHS district office or download an application at [www.dhhs.nh.gov](http://www.dhhs.nh.gov)

4. **ACA Marketplace:** Go online and sign up at [www.healthcare.gov](http://www.healthcare.gov)
NH Health Protection Program Summary

The Health Insurance Premium Program (HIPP)

The Bridge Program

For Adults age 19 to 65

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Questions?

NEW HAMPSHIRE
HEALTH PROTECTION PROGRAM
Program Options May Change

- NH legislative intent is that people eventually transition to the Health Insurance Marketplace or employer-sponsored insurance, if possible.

- Some program details will change depending on Federal Govt. (CMS) granting waivers:
  - HIPP details firm through June 30, 2015
  - Bridge details firm through December 31, 2015

- Intent is to keep people covered. Changes will be announced when known.
The Bridge program may transition to the Premium Assistance Program (PAP) if CMS approves waiver.

If approved, enrollment would begin October 15, 2015, with coverage beginning January 1, 2016.

Details will be announced well in advance.
Partners Assisting Clients

- **Be consistent with DHHS**
  - Terminology
  - Timelines
  - Resources for information (DHHS website, Medicaid Service Center, you)

- **Be knowledgeable**
  - NH Easy training
  - Information sessions for stakeholders and the public
  - Provider enrollment for substance abuse disorder

- **Be connected**
  - Help with getting the word out
  - Share your plans with us
### DO

| Call it the **New Hampshire Health Protection Program** or **expanded health coverage** |
| Make sure potential beneficiaries know that the **law has changed** and there are **new options** available at **little to no cost to them** |
| Prominently display the **household and income chart for eligibility** |
| It’s easy to learn more by visiting the **DHHS website** |
Outreach and Education Campaign

New Hampshire Health and Human Services will mount an aggressive outreach and education campaign to:

- Identify likely eligibles
- Run a multi-channel communications program, including:
  - Targeted direct mail to likely SNAP and Marketplace eligibles
  - Earned and social media
  - Digital advertising
  - Outreach events throughout the state
- Engage stakeholders
Questions?

NEW HAMPSHIRE
HEALTH PROTECTION PROGRAM