



MAR - 4 2015

Administrator
Washington, DC 20201

The Honorable Nicholas A. Toumpas
Commissioner, Department of Health and Human Services
Brown Building
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Toumpas:

The Centers for Medicare & Medicaid Services (CMS) is approving New Hampshire's application for a one-year Medicaid demonstration project entitled, "New Hampshire Health Protection Program (NHPPP) Premium Assistance" (Project Number 11-W-00298/1). The demonstration is approved on March 4, 2015 in accordance with section 1115(a) of the Social Security Act (the Act). The demonstration is effective on January 1, 2016 and is approved through December 31, 2018, assuming the state fulfills the requirements outlined within the Special Terms and Conditions (STCs) to continue the demonstration beyond December 31, 2016, and contingent upon the reauthorization of the program by the New Hampshire legislature. Enrollment for the demonstration will begin on November 1, 2015, with eligibility effective on January 1, 2016.

The demonstration will affect non-medically frail individuals aged 19-64 in the new adult coverage group. The approved demonstration provides authority to New Hampshire to provide premium assistance to such individuals in the new adult group to enable them to enroll in qualified health plans (QHPs) offered in the Marketplace. Beginning November 1, 2015, non-medically frail individuals enrolled in the state's current delivery system for the new adult group (the managed care program called "The Bridge Program"), as well as new non-medically frail applicants, will be able to select a QHP for enrollment effective January 1, 2016.

For such individuals, most benefits would be accessed through the QHP network, and the QHP payment rate would be payment in full for such benefits, subject to cost-sharing consistent with New Hampshire's approved state plan. Such individuals would receive the benefits described in New Hampshire's Alternative Benefit Plan under its state plan. Beneficiaries under age 21 will be eligible for early and periodic screening and diagnostic treatment services, and all beneficiaries in the demonstration shall be able to access out-of-network family planning, non-emergency transportation, adult vision, and limited adult dental benefits through the state Medicaid agency in coordination with the QHPs. Cost-sharing will be consistent with New Hampshire's state plan. The demonstration includes a conditional waiver of retroactive coverage, with implementation of the waiver conditioned upon receipt of data demonstrating that the state's coverage system provides a seamless eligibility determination experience for the beneficiary that ensures that the beneficiary will not have periods of uninsurance.

The authority to deviate from Medicaid requirements is limited to the specific waivers and expenditure authorities described in the enclosed lists, and to the purposes indicated for each of those waivers and expenditure authorities. The enclosed STCs further define the nature, character, and extent of anticipated federal involvement in the project, and the state's implementation of the waivers and expenditure authorities, and the state's responsibilities to CMS during the demonstration period. Our approval of the demonstration is conditioned upon the state's compliance with these STCs. Our approval is further subject to CMS receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter.

Your project officer for these demonstrations is Ms. Megan Lepore. She is available to answer any questions concerning your section 1115 demonstration Ms. Lepore's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-4113
E-mail: Megan.Lepore@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Lepore and to Mr. Richard McGreal, Associate Regional Administrator for the Division of Medicaid and Children's Health Operations in our Boston Regional Office. Mr. McGreal's contact information is as follows:

Centers for Medicare & Medicaid Services
JFK Federal Building
Room 2275
Boston, MA 02203-0003
Telephone: (617) 565-1299
E-mail: Richard.McGreal@cms.hhs.gov

If you have questions regarding this approval, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at (410) 786-5647.

Thank you for all your work with us, as well as stakeholders in New Hampshire, over the past several months on developing this important demonstration. Congratulations on this approval.

Sincerely,



Andrew M. Slavitt
Acting Administrator

Enclosures

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cc: Richard McGreal, ARA, Region I