



**NH Department of Health and Human Services
Office of Medicaid Business and Policy**

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Senate Finance

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Medicaid's Origin

- Enacted in 1965 under Title XIX of Social Security Act, established a program to purchase health and long-term care services for low-income people, elderly and disabled.
- Financed jointly by states and federal government.
- Administered by Centers for Medicare and Medicaid Services (CMS) in Baltimore with Regional Office in Boston.
- Federal matching funds to states guaranteed as long as state is in compliance with Medicaid State Plan that governs the program.
- Presently provides health and long-term care coverage for >170,000 NH residents annually.



Medicaid State Plan and Waivers

- State Plan serves as the agreement between state and CMS.
 - Outlines what State will do in order to receive federal match.
- Waivers allow state to request approval from CMS to waive certain federal mandates and/or to enter into a demonstration project that allows some degree of flexibility. All require budget neutrality.
 - 1115(b): 5 year experimental, pilot or demonstration projects likely to assist in promoting the objectives of Title XIX. Demonstrate a policy or approach not previously tested. Extensive evaluation and monitoring required.
 - 1915(b): 2 year “Freedom of Choice” waivers.
 - Mandatory enrollment in managed care (1997 BBA allows enrollment for some populations through State Plan Amendment).
 - Create “carve out” system of specialty care e.g. managed behavioral health.
 - Create programs that are not available statewide.
 - Limit the number of providers of services (e.g preferred provider network)
 - 1915(c): 3 year projects to offer home & community based care services that include some traditional medical services plus non-medical services such as respite, case management & environmental modifications.



Evolution of Medicaid Policy

- Initially designed for:
 - Low income parents and children in working and jobless families
 - Low income pregnant women
 - Blind, disabled
 - Seniors
- Purchase health care services for populations who would otherwise not be covered or for whom private insurance is inadequate due to complex health conditions.
- Has evolved to become primary source of long-term care coverage and financing.
- 1999 Children's Health Insurance Program expansion.
- Significant eligibility policy changes as a result of the Affordable Care Act.

Medicaid Benefits



- Medicaid health care benefits include services typically covered by private insurance. In addition include those not typically provided by private health insurance e.g. LTC both in the community and in institutional settings like nursing homes.
- Although publicly financed, Medicaid purchases health services primarily in the private sector – it is not a government-run care delivery system.
- States must cover “mandatory services” specified in federal law in order to receive federal matching funds and are permitted to cover other services considered “optional” under federal law.
 - In general, states must provide same benefit package to all individuals statewide and it must be comparable in “amount, duration and scope” regardless of diagnoses/condition/income.
 - Optional services are not really “optional” for <21:
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT)
 - Mandatory for <21 years.
 - Entitlement to all services authorized under federal law, & deemed medically necessary, including services considered optional for other populations and often not covered by private insurance.

New Hampshire Medicaid Covered Benefits



Federal Mandates

Inpatient Hospital Services	Outpatient Hospital Services	Family Planning
Rural Health Clinic	Physicians Services	X-Ray Services
Intermediate Care Facility Nursing Home	Dental Service (Children)	Laboratory (Pathology)
Home Health Services	I/P Hospital Swing Beds, SNF	Advanced RN Practitioner
Skilled Nursing Facility Nursing Home	I/P Hospital Swing Beds, ICF	
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for Persons < Age 21		

State Mandates

Home & Community Based Care Waivers:

Acquired Brain Disorder	Developmentally Disabled
Choices for Independence	In Home Supports

Optional Services

Prescribed Drugs	Optometric Services Eyeglasses	Adult Medical Day Care
Mental Health Center	Wheelchair Van	Day Habilitation Center
Ambulance Service	Crisis Intervention	Physical Therapy
Podiatrist Services	Psychology	Audiology Services
Private Duty Nursing	Speech Therapy	Occupational Therapy
Home Based Therapy	Hospice	Personal Care Services
Outpatient Hospital, Mental Health	Inpatient Psychiatric Facility Services Under Age 22	
Durable medical equipment and supplies	Nursing Facilities Services for Children w/Severe disabilities	

Medicaid Eligibility



Primary eligibility groups:

- Low income children
- Children with severe disabilities
- Foster care
- Low income non-disabled adults
- Low income pregnant women
- Adults with disabilities
- Elderly and elderly with disabilities

Eligibility Standards

- Financial and medical criteria
- Affordable Care Act mandated numerous changes to eligibility determination process and criteria

Medicaid Eligibility and Affordable Care Act



- Single, streamline application
- Real-time eligibility determination
- Self-attestation with verification post eligibility
- Elimination of resource test
- New category for former Foster Care Children
- Children of adults applying for the Marketplace and NHHPP must be covered before the adult can be found eligible.
- Change from calculating income using “net” income (Income minus disregards) to “gross” income based upon IRS definitions.
 - MAGI: Modified Adjusted Gross Income
 - See Frequently Asked Questions.