

# FINAL

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## **Approach: Wrap Benefit Administration New Hampshire Premium Assistance Program**

The following is the approach to the administration of the wrap benefits that will be used by NH DHHS to provide them to Premium Assistance enrollees.

### **Background to Wrap Benefits**

- Carriers will cover all Essential Health Benefits as defined by the New Hampshire Insurance Department with the same service levels and within the same categories for the PAP enrollees, just as they cover them for other Marketplace enrollees.
- In the event that Medicaid covers additional categories of benefits beyond what the carrier covers, Medicaid will cover those additional categories of benefits through fee-for-service Medicaid.
- The fact that Medicaid is covering some categories of benefits outside the QHP benefit package does not affect the scope of services covered within the QHP benefit package.

### **Access to Wrap Benefits**

- DHHS will send notices to all PAP enrollees explaining their rights to wrapped benefits.
- The notice will inform enrollees that they have the right to obtain certain additional services directly from DHHS.
- PAP enrollees will receive a Medicaid card from DHHS that gives them access to Wrapped Benefits from Medicaid-enrolled providers.
- The notice will direct enrollees to call client services at DHHS at 1-844-ASK-DHHS or (844) 275-3447 if they have questions about how to access these benefits.
- DHHS will also post information provided to enrollees about how to access wrapped benefits to a webpage specific to the Premium Assistance Program.

### **Specific Wrap Benefits Provided by DHHS**

The following benefits will be provided directly by the Department of Health and Human Services:

1. Non – emergency medical transportation to approved medical appointments
2. Early, Periodic, Screening, Diagnostic and Testing (EPSDT) services for 19 & 20 year olds. This is a category of service that offers periodic screening services for Medicaid enrollees under 21 and Medicaid covered services that are medically necessary to correct or ameliorate a diagnosed physical or mental condition. It encompasses diagnostic, screening, preventive and

## FINAL

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rehabilitative services, including any medical or remedial services prescribed by a licensed health care practitioner, for the maximum reduction of physical or mental disability and restoration of an individual to the best functional level. EPSDT includes dental benefits for 19 and 20 year olds.

3. Family Planning services from any Medicaid enrolled Provider outside of the QHP network
4. Emergency dental extractions
5. Eyeglasses

### Scenarios of Wrap Benefits

- 20 year old Premium Assistance enrollee has used physical therapy benefits available through her PAP QHP. Provider prescribes that enrollee continue with additional PT visits in order to regain functional level previously enjoyed, but enrollee has exhausted all 20 PT visits.
  - This individual is **not** eligible for additional PT benefits through the QHP.
  - This individual **is** eligible for additional PT benefits through DHHS under EPSDT if medically necessary.
  - Enrollee and/or provider will call (844) 275-3447 to request additional services.
  - DHHS will cover additional PT benefits provided through a Medicaid-enrolled provider.
    - If the prescribing provider is a Medicaid-enrolled provider, that provider can continue to bill for the additional PT services through the DHHS fee-for-service program, using the enrollee's identification number found on their Medicaid card.
    - If the prescribing provider is not a Medicaid-enrolled provider, he or she can take steps to become enrolled with Medicaid or refer the enrollee to a Medicaid-enrolled provider.
    - If the provider is not a Medicaid-enrolled provider and provides the requested services, DHHS will not pay the provider and the enrollee will be financially liable.
  - DHHS can direct the enrollee or provider to a Medicaid-enrolled provider who can provide this service or provide the recommending provider with direction about how to become a Medicaid-enrolled provider.
- 25 year old Premium Assistance enrollee has an appointment with an in-network mental health provider, but needs a way to get to the appointment.
  - DHHS will provide access to transportation services directly to enrollee and will cover the cost of the transport provided
    - Individuals will have to notify DHHS of the need for transportation
    - Individuals will call (844) 275-3447 to request transportation services