



NEW HAMPSHIRE LEGAL ASSISTANCE

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October 8, 2014

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Jeffrey A. Meyers, Director
Intergovernmental Affairs
New Hampshire Department of Health and Human Services
129 Pleasant Street – Thayer Building
Concord, NH 03301-3857

Via Hand Delivery

RE: New Hampshire Health Protection Program
Premium Assistance Section 1115 Research and Demonstration Waiver

Dear Mr. Meyers:

New Hampshire Legal Assistance looks forward to reviewing the response of the Department of Health and Human Services (“the Department”) to the following questions regarding the proposed Section 1115 waiver:¹

1. Appeals. Can you confirm the following:
 - a. That the ordinary Medicaid appeals process, including fair hearings, will be available to “new adult” applicants for eligibility determinations, e.g. whether the applicant meets age, income, and other requirements and whether the applicant is exempt from mandatory participation in the qualified health plan (“QHP”) premium assistance program (“PAP”) because of medically frail status, dual eligibility, or pregnancy;
 - b. That the ordinary Medicaid appeals process, including fair hearings, will be available to new adults who are exempt from mandatory participation in the QHP PAP for benefits denials;

¹ NHLA submits these questions without prejudice to our law firm’s right to submit additional questions and/or comments in advance of the October 31, 2014 public comment deadline, and without prejudice to the right of our law firm and/or our current or future clients to make any claims in any current or future litigation.

- c. That the ordinary Medicaid appeals process, including fair hearings, will be available to all new adults for denials of wrapped benefits; and
 - d. That the ordinary Medicaid appeals process will not be available to QHP PAP enrollees for benefits denials and that such enrollees will instead be limited to the QHP's internal appeal review process and the Qualified Independent Review Organization external review process. Specifically, can you confirm that QHP PAP enrollees will not be entitled to fair hearings for benefits denials?
2. Cost-sharing.
- a. Can you confirm that QHP PAP enrollees' cost-sharing obligation is limited to payment of co-pays, in other words, that enrollees will not be responsible for deductible or coinsurance payments?
 - b. Can you confirm that QHP PAP enrollees' cost-sharing obligation will be capped at 5 percent of projected quarterly household income within each quarter, in other words, that once an enrollee has made co-pays totaling 5 percent of projected quarterly household income in a particular quarter, he or she will have no further co-pay obligation until the next quarter?
 - c. Can you confirm that a QHP PAP enrollee's projected quarterly household income will be adjusted on a pro rata basis for the remainder of a quarter if he or she reports a change in household income?
 - d. Can you confirm that a QHP PAP enrollee's cost-sharing obligation will cease immediately if he or she reports a change in income which would cause him or her to drop below 100 percent of the Federal Poverty Line?
 - e. Could you describe how the Department intends to track co-payments so that QHP PAP enrollees are not asked for co-payments at the point of care after meeting their quarterly maximum?
3. Could you estimate the number of new adults who will enroll on or after January 1, 2016 and therefore not be eligible for 90 days of retroactive coverage?

Thank you for your consideration of these questions. If you need clarification, please call me at 206-2214.

Very truly yours,



Sarah Mattson Dustin, Esq.
Policy Director