

NEW HAMPSHIRE
VOICES
FOR HEALTH

October 20, 2014

Via E-Mail & Hand-Delivery

Jeffrey A. Meyers, Esq.
Director of Intergovernmental Affairs
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3587
E-Mail: PAP1115Waiver@dhhs.state.nh.us

Re: NH Health Protection Program – Questions Concerning Draft Premium Assistance Section 1115 Demonstration Waiver Application

Dear Mr. Meyers:

NH Voices for Health (VOICES) looks forward to and will be submitting written comments concerning New Hampshire's draft Premium Assistance Program (PAP) Demonstration Waiver application.

However, at this juncture and for clarity of public understanding, we are respectfully requesting that the NH Department of Health and Human Services (Department) provide written response to the following questions concerning the draft Section 1115 Waiver application.

1. *Proposed Waiver of 90-Day Retroactive Coverage Requirement.* The draft Waiver application proposes that PAP coverage begin on the enrollee's date of application (or on January 1, 2016, whichever is later). Please answer the following:
 - a. How does the Department define 'date of application' in this context?
2. *Proposed Waiver of 24-Hour Prior Authorization Requirement for Prescription Drugs.* For PAP enrollees, the draft Waiver application proposes to replace Medicaid's 24-hour prior authorization requirement for prescription drugs with a 72-hour prior authorization standard. The draft application also indicates that 'a 72-hour supply of the requested medication will be provided in the event of an emergency'. Please answer the following:
 - a. How does the Department define 'emergency' in this context?
3. *Cost Sharing Plan.* Can you please confirm the following:
 - a. That there is no cost-sharing proposed for PAP enrollees with incomes at less than 100% of the federal poverty level (FPL);
 - b. That for PAP enrollees with incomes at 100% of FPL and above:
 - i. There is no premium or deductible or coinsurance payable by enrollees;
 - ii. Enrollee cost-sharing is limited to copays, with an out of pocket maximum; and
 - iii. An enrollee's out of pocket maximum for aggregate quarterly copays is equal to 5% of the enrollee's applicable quarterly income?

4. *Cost Sharing Plan.* Please answer the following:
 - a. Will persons who identify as 'medically frail' be subject to the same cost-sharing as PAP enrollees?
 - b. Please identify the 'Other Medical Professionals' that are listed in the Cost Sharing Plan as requiring an \$8 copay?
 - c. Is the listed 'Imaging' copay of \$25 limited to CT and PET scans and MRIs; and
 - i. If not, please specify additional 'Imaging' that you expect to be subject to this \$25 copay?

5. *Auto-Assignment.* Can you please confirm the following:
 - a. That when a person is determined to be PAP eligible and is either not a Bridge Program enrollee, or is a Bridge Program enrollee whose Medicaid managed care organization (MCO) is not offering a certified QHP (qualified health plan), he or she will have sixty (60) days to select a qualified health plan before being subject to QHP auto-assignment; and
 - b. That if, in that circumstance, the PAP enrollee fails to select a plan within sixty (60) days, he or she will be auto-assigned to a QHP with health care provider network access in his or her geographic area?

6. *Auto-Assignment.* Please answer the following:
 - a. In the context of New Hampshire's anticipated auto-assignment methodology, what does the Department mean by taking 'family affiliation' into account?
 - b. For Medicaid Bridge Program enrollees who are auto-assigned to the QHP offered by their MCO, what, if any, existing or proposed requirement is there that the MCO-offered qualified health plan have a health care provider network serving the PAP Medicaid enrollee's geographic area?

7. *PAP QHP Health Care Provider Network Adequacy.* Please answer the following:
 - a. How will New Hampshire ensure that certified QHPs provide PAP enrollees with access to care that is comparable to the access available to the general population in the enrollee's geographic area, as required by federal Medicaid law?

8. *Consumer Assistance.* Please answer the following:
 - a. How does the Department propose to assist those who are determined to be PAP eligible with understanding their available qualified health plan enrollment options and the QHP selection process?

VOICES is grateful for the opportunity to submit these questions as part of the public process for New Hampshire's proposed Premium Assistance Program Section 1115 Demonstration Waiver. We look forward to submitting formal written comments.

Sincerely,



Thomas G. Bunnell, Esq.
Policy Consultant