

An Overview of the New Hampshire Health Protection Program

On Friday, November 8, Senators Chuck Morse, Jeb Bradley, and Bob Odell introduced legislation (SS SB 1) to create the New Hampshire Health Protection Program. The following provides a brief overview of the measure.

Main Provisions of SS SB 1

The bill would create the New Hampshire Health Protection Program, which would strive to extend health insurance to low-income Granite Staters in three stages:

- the *Health Insurance Premium Program*, which would help eligible workers pay for employer-sponsored insurance through calendar year 2016;
- the *Bridge to Marketplace Premium Assistance*, which would offer coverage to eligible individuals through either private managed care organizations or Qualified Health Plans in the New Hampshire Marketplace in calendar year 2014 only, and;
- the *Marketplace Premium Assistance Program*, which would provide coverage through Qualified Health Plans on the New Hampshire insurance Marketplace in 2015 and 2016 for eligible adults.

In general, childless adults aged 19 through 64 with household incomes up to 133 percent of the federal poverty level (FPL) and parents with income from 53 to 133 percent of the FPL would be eligible for one or more of these stages of access to health insurance coverage. Any coverage provided would be paid for with the federal funds available to states under the Affordable Care Act (ACA).

The Health Insurance Premium Program (HIPP)

Under the bill, childless adults or parents with qualifying income with direct or indirect access to employer-sponsored insurance (ESI) would be required to take part in the Health Insurance Premium Program (HIPP), provided that the Centers for Medicare and Medicaid Services (CMS) determine it is cost-effective. Coverage would begin January 1, 2014 or as soon as possible thereafter and would end by December 31, 2016. Any costs for this population would be covered by federal funding.

The bill would mandate that the Department of Health and Human Services (DHHS) obtain a waiver or any needed authority from CMS to implement HIPP. In fact, the program would not begin until such approval from CMS had been received and the Joint Fiscal Committee accepts written confirmation from CMS that New Hampshire may make this Medicaid eligibility change without financial penalty.

Bridge to Marketplace Premium Assistance

The bill specifies that childless adults ages 19 through 64 with incomes up to 133 percent FPL and parents with incomes from 53 percent to 133 percent FPL who are ineligible for HIPP would have a choice. They could select coverage either from one of the private managed care organizations (MCOs) contracted to provide benefits as

part of New Hampshire's Medicaid program or through a Qualified Health Plan offered in the New Hampshire insurance Marketplace. The bill also stipulates that the alternative benefit plans (ostensibly offered by the MCOs) reimburse providers at rates sufficiently high to ensure improved access to, and quality of, care for enrollees. As with the HIPP program described above, the bill would mandate that DHHS obtain a waiver or any needed authority from CMS to implement the Bridge program and would prohibit the program from starting until such approval from CMS had been received and until the Joint Fiscal Committee accepts written confirmation from CMS that New Hampshire may make this Medicaid eligibility change without financial penalty.

Coverage for newly eligible adults via the Bridge would begin January 1, 2014 or as soon as possible thereafter and would be paid for by federal funding. The Bridge program would end on December 31, 2014.

Marketplace Premium Assistance

Following the termination of the Bridge, childless adults ages 19 to 64 with incomes up to 133 percent FPL and parents with incomes from 53 percent to 133 percent FPL who are ineligible for HIPP would be required to purchase insurance via the Marketplace. Just as it did with HIPP and the Bridge Program, the bill would use federal funds to provide the premium assistance necessary to purchase such plans.

However, SS SB1 makes this premium assistance stage contingent upon the receipt of a different type of waiver, known as a Section 1115 research and demonstration waiver, from CMS. In particular, the bill would create a new Health Care Reform Commission to craft some and potentially all of that waiver, which would have to be submitted by DHHS before May 1, 2014 and approved by CMS by October 1, 2014. Moreover, the bill specifies that the waiver must contain a request for federal matching funds for Designated State Health Programs (DSHP).

Again, the bill would prohibit premium assistance from beginning until such approval from CMS has been received and until the Joint Fiscal Committee accepts written confirmation from CMS that New Hampshire may make this Medicaid eligibility change without financial penalty.

That said, under the bill, the Marketplace Premium Assistance program would begin January 1, 2015 or as soon as possible thereafter. It would end on December 31, 2016.

Additional Provisions

Termination

As written, the bill would repeal all three stages of the Health Protection Program by December 2016. However, should federal assistance for the program drop below the levels stipulated in the ACA, it would be terminated immediately. In addition, the bill would immediately terminate the current Commission to Study the Expansion of Medicaid Eligibility.

New Hampshire Health Protection Trust and Trust Fund

The bill would establish a special trust to receive and expend the federal funds that will pay for the coverage provided through the New Hampshire Health Protection Program. The Trust will have its own Board of Trustees with obligations consistent with accepting and expending the federal funds in question.

Personal Responsibility

Any individual eligible for the Health Protection Program who is unemployed would be referred to the Department of Employment Security for the purposes of finding suitable employment.

Managed Care Companies

The bill directs DHHS to amend its existing contracts with one or more managed care organizations (MCOs) to provide insurance through the Bridge program in 2014. The department is also directed to work with any willing MCO or Accountable Care Organization (ACO) to create private insurance that will qualify for the Marketplace Premium Assistance program in 2015 and 2016.

Appropriations

The bill would appropriate any unspent balance of the appropriation made to the Commission to Study Expanded Medicaid Eligibility to the Health Care Reform Commission.

Suspension of the Breast and Cervical Cancer Program

As introduced, the bill would suspend the existing breast and cervical cancer program for new enrollees, but would continue it for anyone currently covered by it.