Franklin Pierce School of Law
Institute for Health Policy & Practice
Health Law & Policy

Budget and Bagels

Key Health Policy Issues Impacting Budget and Health Care Costs in 2021

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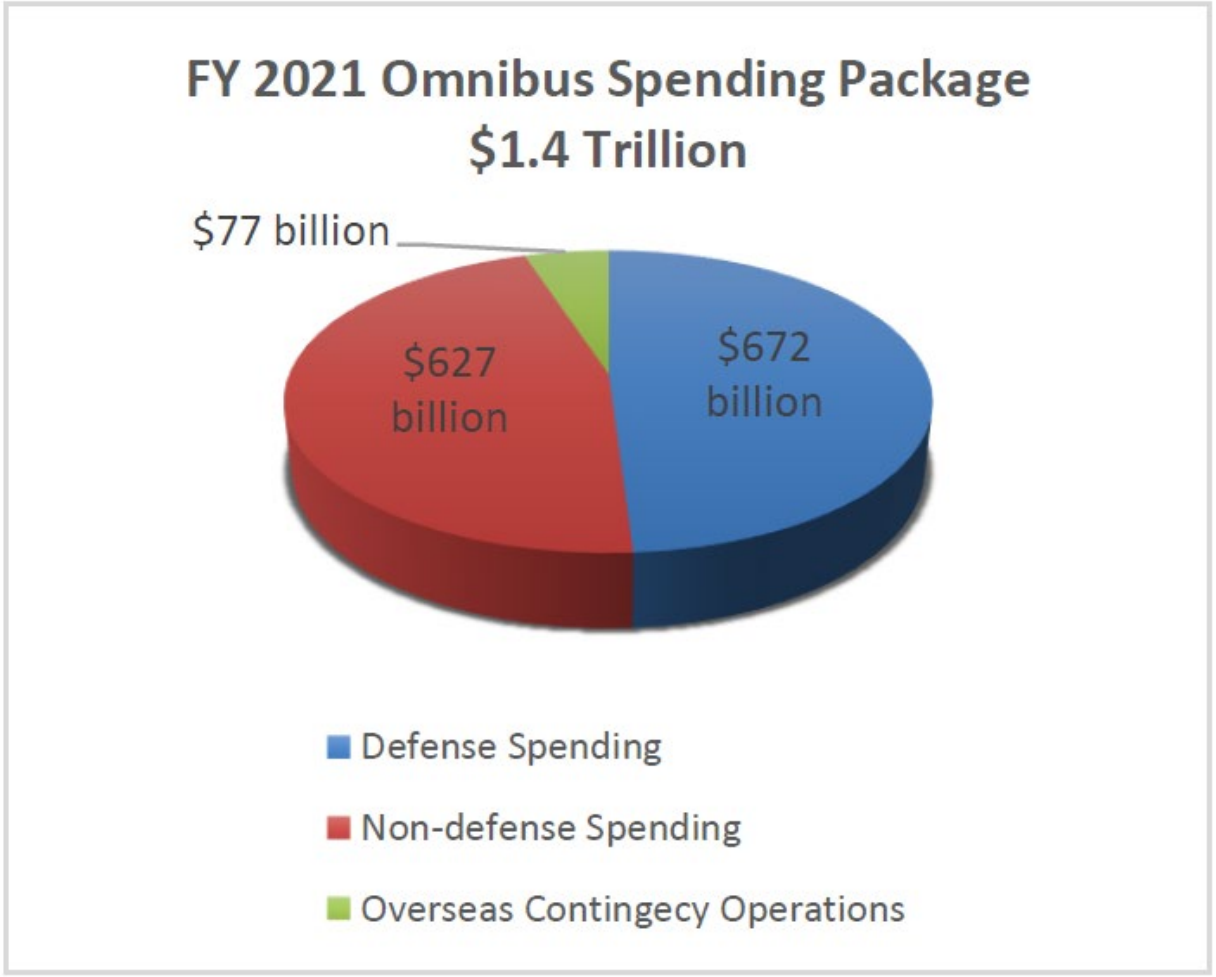
2021

Today's Agenda – NH Health Care – Budget and Beyond

Topic		*Timing*
 01	Federal COVID-Relieve and Omnibus Budget Bill	
 02	Details that Impact NH	
 03	What does this mean for NH Budget Discussions? (NH's health insurance markets)	
 04	NH Medicaid - trends	
 05	Q&A	

Relief and Budget

- $1.4 trillion omnibus spending package with funding for all 12 FY 2021 appropriations bills
- $908 billion COVID aid package (see next slide)
- Provisions to end surprise medical billing
- Research and development funding - DOE, NIH, HRSA/nursing and T7 health professionals, NASA
- Tax provisions such as permanent tax deductions for qualified tuition and related expenses for higher education
- 10 year reauthorization of PCORI
- Extension of graduate medical education and other health programs.



COVID 19 Aid Package

$9 billion for the Healthcare Provider Relief Fund

$22 billion to states for COVID testing and contact tracing

$7 billion for broadband

$5 billion for substance abuse prevention and treatment and mental health

$1.25 billion for NIH COVID-related research

No new state and local funding, but extends availability of unspent state and local funding in the Coronavirus Relief Fund through December 31, 2021

- About one-third of the aid—or $325 billion—is for small-business relief, including $284 billion for another round of Paycheck Protection Program forgivable loans.
- Another $166 billion is for another round of tax rebates for low-income households.
- No new state and local funding
- No broad liability protections from COVID-related impacts for businesses
- The bill does not extend the federal government's pause on monthly payments and interest accrual for federal student loans, which is set to expire at the end of January 2021.
- The aid package also includes $1.25 billion to support COVID-related research at the NIH but no research funding for other agencies or any funding for research relief.

Details that Impact NH

Creating the conditions for people to lead flourishing lives, and thus empowering individuals and communities, is key to reduction of health inequalities.
(The Health Gap, by Marmot)

Estimates of select funding coming to New Hampshire from federal COVID-19 spending bill

• Unemployment Insurance	$684,872,533
• Direct Payments*	$614,256,000
• Rental Assistance	$200,000,000
• Education Relief Funding	$167,131,992
• Vaccine Funding	$ 36,029,990
• COVID Testing/Tracing	$183,201,902

** Economic Impact Payments of $600 for individuals making up to $75,000 per year and $1,200 for couples making up to $150,000 per year, as well as a $600 payment for each child dependent. Mixed-status households included.*

Unemployment and Direct Payments

State-by-State Estimate for Total Unemployment Insurance Impact	
Unemployment Insurance Estimate (11-week duration)*	$684,872,533

**Estimates prepared by The Century Foundation as of December 21, 2020. "State-by-State Impacts UI Provisions – Consolidated Appropriations Act."*

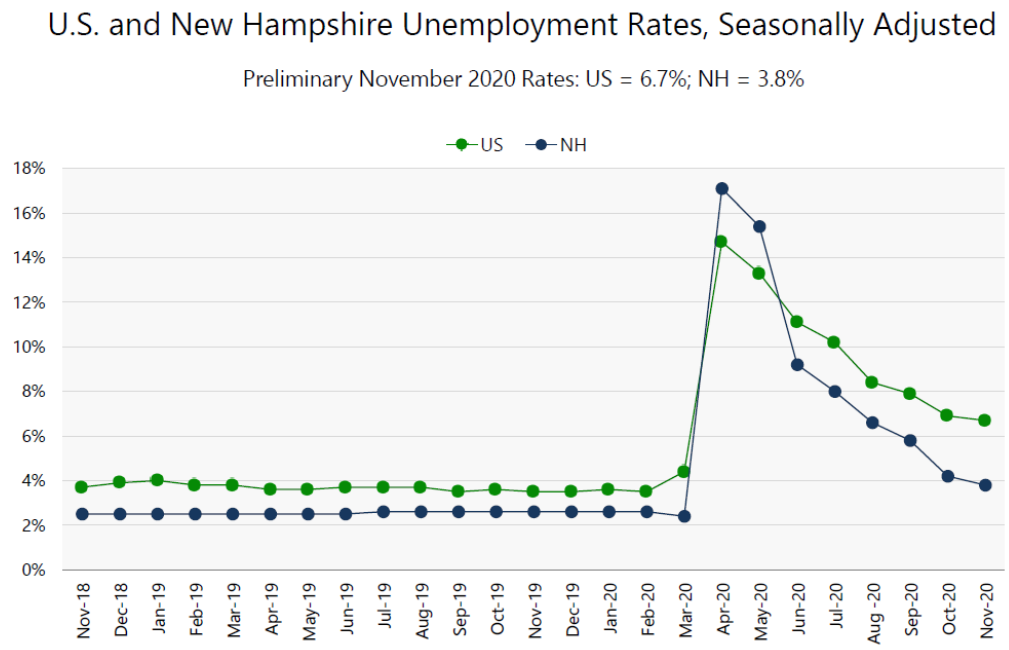
State-by-State Estimates on Average Weekly Unemployment Insurance Benefit with Federal Pandemic Unemployment Compensation (FPUC) Plus-Up	
Avg. Weekly Benefit*	$274.72
Avg. Weekly Benefit with FPUC Plus-Up (Additional $300 per week, through Mar. 14, 2021)	$574.72

** Latest data provided by the U.S. Department of Labor (as of October 31, 2020).*

State-by-State Direct Payment Estimates*	
Number of Payments	619,033
Value of Payments	$614,256,000

**Estimates provided by the Congressional Research Service.*

NH Unemployment -3.8%



Source: Economic & Labor Market Information Bureau, NHES 15-Dec-20
Next Scheduled Update: January 2021

- NH unemployment remains lower than the national average.
- Unemployment by town varies from a high of over 8% to a low of zero.

Rental Assistance and Education Relief

State-by-State Rental Assistance Funding Estimates	
Rental Assistance Funding*	$200,000,000

** Estimates provided by the Congressional Research Service.*

State-by-State Education Relief Funding Estimates	
Gov's EER State allocation estimate*	$10,974,000
Elem and Secondary SER State allocation estimate*	$156,066,000
Higher Ed ERF State allocation estimate*	$91,992,000

**Estimates calculated using data from the U.S. Census and Department of Education.*

Testing/Tracing

State-by-State Vaccine and Testing, Tracing, and Covid Mitigation Programs Funding Estimates	
Vaccine Funding*	$36,029,990
Testing, Tracing, and Covid Mitigation Funding*	$183,201,902

**Estimates are based on total allocations made through the Public Health Emergency Preparedness (PHEP) cooperate agreement in FY2020. This data was provided by the Centers for Disease Control and Prevention.*

State-by-State CCDBG Cares Act Allotments and Estimated CCDBG Allotments from a $10 Billion Supplemental Appropriation – Child Care Assistance	
CARES Act	$6,999,268
$10 Billion Supplemental*	$19,923,050

**Estimates using data provided by the Congressional Research Service.*

Transit
Highways
Airports
FEMA
Relief

State-by-State Urban Transit Funding Estimates		
Final Supplemental Allocation* (5307 and 5337)	Boston, MA-NH-RI	$293,144,156.00

**Estimates using data provided by staff of the U.S. Senate Committee on Appropriations.*

State-by-State Estimated Rural Transit Funding Allotments from a $648 Million Supplemental Appropriations and Rural Transit CARES Act Allotments	
Supplemental to be Apportioned (5311)*	-
CARES + Supplemental	$13,773,396

**Estimates using data provided by staff of the U.S. Senate Committee on Appropriations.*

State-by-State Highway Funding Estimates	
Portion of $10 Billion*	$41,041,878

**Estimates using data provided by the Federal Highway Administration.*
***Amounts do not reflect an application of the administrative take down. However, the Department of Transportation has not determined how this takedown, if enacted, would be applied; thus, the amounts are subject to change.*

State-by-State Estimated Airport Improvement Program Funding Allotments	
AIP Supplemental Funding	$6,849,756

*Estimates using data provided by the staff of the U.S. Senate Committee on Appropriations.

State-by-State FEMA Funeral Benefit Estimates	
Est. Total Deaths Through 12/31*	713
Est. Funeral Benefit**	$4,994,000

**Estimates using data provided by the Centers for Disease Control.*
***Estimated using average funeral cost of $7,000 and assuming utilization of program for each death.*

Other Federal Relief -Health Care Provisions

Three-month extension of the moratorium on 2% Medicare sequester cuts;
One time, one year increase in the Medicare physician fee schedule of 3.75% to support physicians adapting to sequestration; Lifts the cap on Medicare-funded physician residency positions in teaching hospitals by 1,000, effective in FY 2023

6 Billion to SAMHSA (an increase of $133 million over the FY 2020)
$4.25 billion in emergency funding for substance use disorder and mental health programs

Delay cuts to Medicaid Disproportionate Share Hospital (DSH) payments for fiscal years 2022 and 2023; Establishes a new Rural Emergency Hospital Medicare designation.

Expands access to telehealth services in Medicare to allow beneficiaries to receive mental health services via telehealth. Appropriates funding for telehealth and broadband grant programs.

SUD and Mental Health

An appropriation of $4.25 billion for mental health and substance use programs, whose funding are beyond the regular FY 2021 spending.

- $1.65 billion for the Substance Abuse Prevention and Treatment Block Grant.
- $1.65 billion for the Community Mental Health Services Block Grant, with no less than 50% of funds directed to behavioral health providers.
- $600 million for Certified Community Behavioral Health Clinic (CCBHC) Expansion Grants to be allocated by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- $50 million for suicide prevention programs.
- $50 million for Project AWARE.
- $240 million in emergency grants to states.
- $125 million of these allocations should be in funding to tribes.

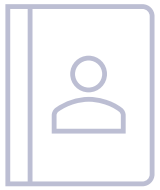
Grants for SDOH

"The $3 million pilot program based on my Social Determinants Accelerator Act will help local governments do just that by empowering them to create plans to tackle these issues head on in our communities,"

Congresswoman Cheri Bustos, one of the House bill's original co-sponsors

- The Social Determinants of Health Pilot Program will endow the Centers for Disease Control & Prevention with $3 million to operate the program.
- CDC will allocate funding to state, local, territorial, or tribal leaders to help fund social determinants of health work.
- Grantees must describe SDOH interventions and outcomes.
- Grantees must identify its target populations for certain social services interventions and the non-governmental entities or community health partners who will be essential for the program.
- These pilot projects will serve as a learning opportunity for the rest of the healthcare community
- CDC has 120 days to determine how it will roll out this programming.

Transparency Provisions



Consumer Protections: Starting 1/1/22, health plans will have to offer price comparison tool, better disclose cost-sharing requirements, number to call for network status and more accurate provider network directories. Consumers will have a right to receive advanced EOBs when scheduled for service.

APCDs: All Payor Data Base: grants to establish (NH already has one); allow HHS to prioritize multi-state applications for APCDs or new reporting format for self-funded group plans to support voluntary reporting in light of *Gobeille* decision..

NO Gag Clauses: prohibits agreements between insurers and providers that limit insurers from making price or quality information available to patients or other third parties.

Pharmacy and Health Cost Reporting: All health plans must report pharmacy costs to federal agencies including plan's 50 most costly drugs, 50 drugs with greatest increase in plan expenditures, total spending on health care services, average premiums, rebates, fees paid to drug manufacturers, etc. .

Surprise Medical Billing – Summary 2021

QUESTION	ASSUMPTION	REMINDERS
Patient Cost-Sharing Protections	Patients will not be responsible for cost sharing associated with out-of-network providers for more than in-network and providers can't bill them for higher amounts	*These protections apply to patients in emergency and nonemergency settings. Consumers can receive an Advanced Explanation of Benefits before a health care services is delivered which must provide a good-faith estimate of costs and cost-sharing and identify network status. Insurers will have to offer price comparison info by phone, develop a web price comparison tool and maintain up-to-date provider directories.*
Emergency and non-emergency	Protections apply to emergency services and non-emergency services.	*Emergency protections apply to air ambulances but NOT ground ambulances; applies from point of evaluation and treatment until stabilized. A patient may consent to an out-of-network service for non-emergency services under limited circumstances.*
Payment Disputes	Payment disputes between OON providers and insurers by voluntary negotiations backed by arbitration.	*Timelines include 30 days to participate in voluntary negotiations, then 4 days to request independent dispute resolution. If no settlement or request for arbitration, provider will accept the amount paid by the insurer. In arbitration (described as baseball style rules) losing party pays admin costs and suffers 90 day lock out.*
State Law	State payment standards are no preempted or displaced by the No Surprises Act	*NH law prohibits surprise billing but only applies to fully-insured plans. Act also provides states support for APCDs; supports continued payment of care for patients; dispute resolution for uninsured (RSA 329:31-b)*
Jurisdiction	Broad application to health plans	*Individual, small group, large group, fully-insured and ERISA plans, grandfathered plans and insurers that offer coverage through the Federal Employees Health Benefits Program.*

Mental Health Parity

Parity in Mental Health and SUD Benefits

- Federal law expands reporting
- Requires certain group health plans and health insurance issuers offering group or individual health insurance coverage to perform and document comparative analyses of nonquantitative treatment limitations (NQTL) on mental health or substance use disorder benefits.
- Info must be made available to state and federal regulators on request (within 45 days of enactment)

NHID – Market Conduct Exams 2018-2020

- NHID parity findings 2020:
- NHID is receiving compliance assurance plan submissions from the carriers as required under the two-year monitoring period.
- The submissions include a great deal of documentation and data to demonstrate that the carriers under review "are in compliance with parity requirements"
- E.g., https://www.nh.gov/insurance/consumers/documents/anthem-parity-exam-final-report.pdf

Other Federal Developments

New Rules and Approvals

- On Thursday, November 12, the Departments of Health and Human Services, Treasury, and Labor issued the final rule requiring health insurers and self-insured health plans to share details on pricing and cost-sharing
- New HIPAA rules proposed to allow for better communication around care coordination
- 1/1/21: hospital public reporting of health care service prices required
- Federal emergency order continues (thru April 21)
- CMS approved TN modified Medicaid block grant waiver last week.
- Medicaid managed care rules
- Interoperability rules – more transparency!

What Continues in 2021?

- Plans are scrambling to publish ongoing COVID-19 emergency provisions regarding waiver of cost sharing status for telehealth, COVID testing, vaccines and other COVID related provisions triggered by federal emergency relief.
- Implementation of new budget relief provisions
- Debate over health insurance reform – really? Transparency/Rx drug prices
- Transition to post-COVID world

What does this mean for NH Budget Discussions?

Our access to health care is impacted by many regulatory authorities during the COVID-19 Emergency?

Reimbursement	• Changed Reimbursement rules • Facilitated codes and site of service options • Covered telephone visits
Medicaid	• Changed rules to allow coverage of telehealth • 1335 Waiver approval for NH • COVID coverage for uninsured • Increased FMAP
Relaxed Compliance	• Offered Guidance relaxing Anti-Kickback and Stark prohibitions against various financial arrangements including supports for telehealth
Privacy	• HHS relaxed HIPAA privacy rules regarding private health information • SAMHSA offered guidance about COVID meeting emergency exception under Part 2 SUD treatment records confidentiality rules
Health Insurance	• Allow for health insurance coverage during COVID19 emergency (but still gaps in ERISA plans) • Options for no cost-sharing
Helped Providers	• Made Funds available through CARES Act • Protected professionals – immunity • Allowed for telehealth

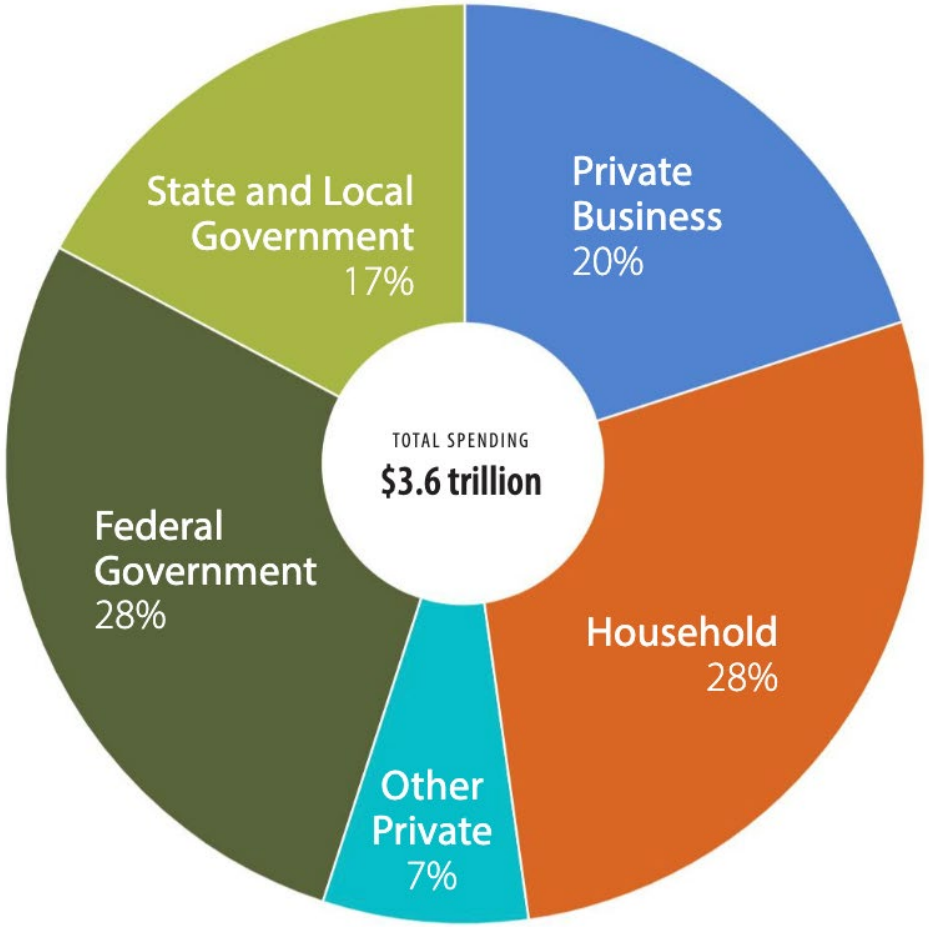
How Do We Pay for Healthcare?

Private spending makes up 55% of our health spending;

Federal government makes up 28%

Health Spending Distribution, by Sponsor

United States, 2018

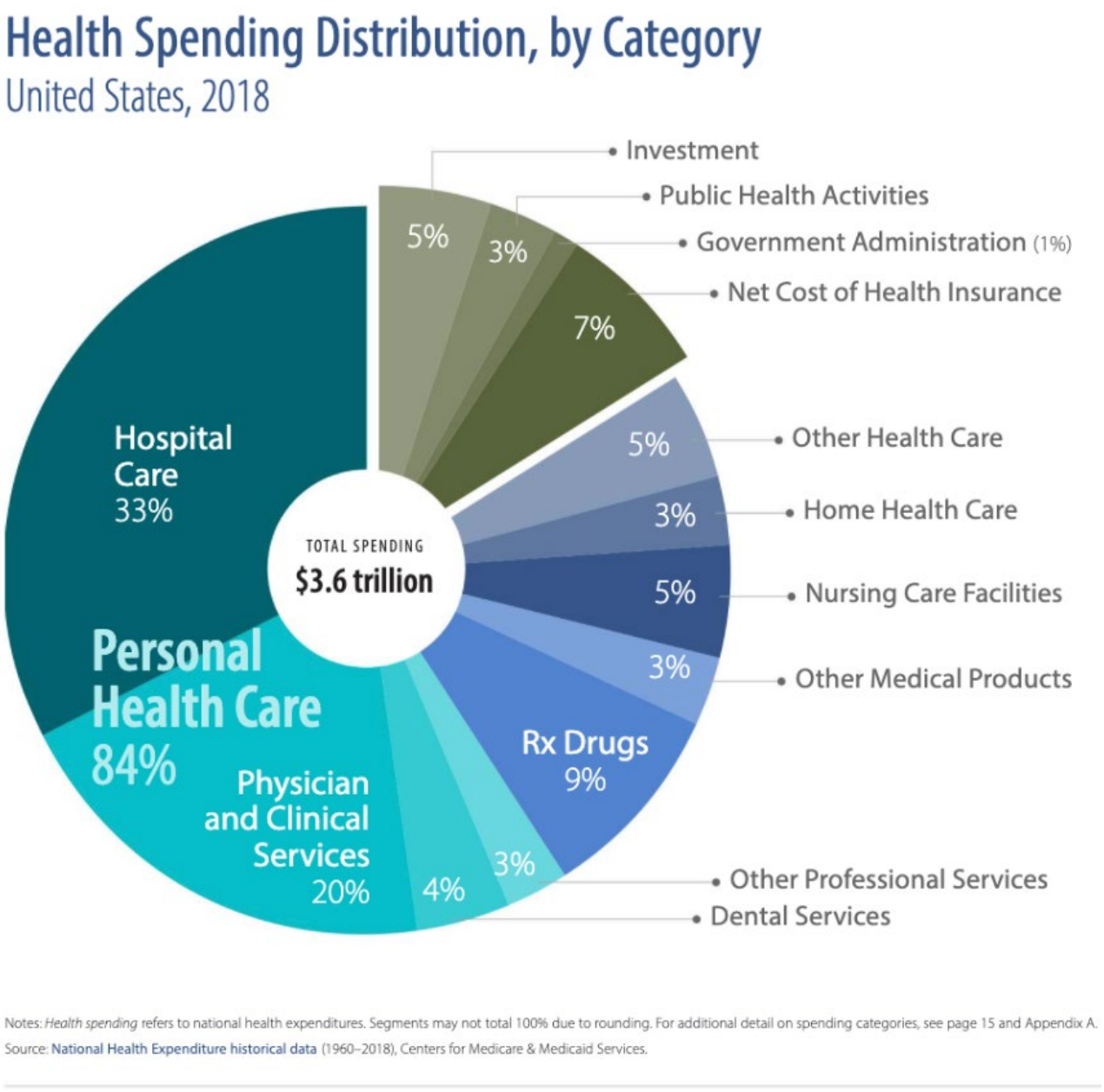


"Household"

Notes: *Health spending* refers to national health expenditures. *Sponsors* are the entities that are ultimately responsible for financing the health care bill. See page 18 for trend data.
Source: National Health Expenditure historical data (1960–2018), Centers for Medicare & Medicaid Services.

CALIFORNIA HEALTH CARE FOUNDATION

What do we spend our healthcare dollars on?



What do we spend our insurance claims on?

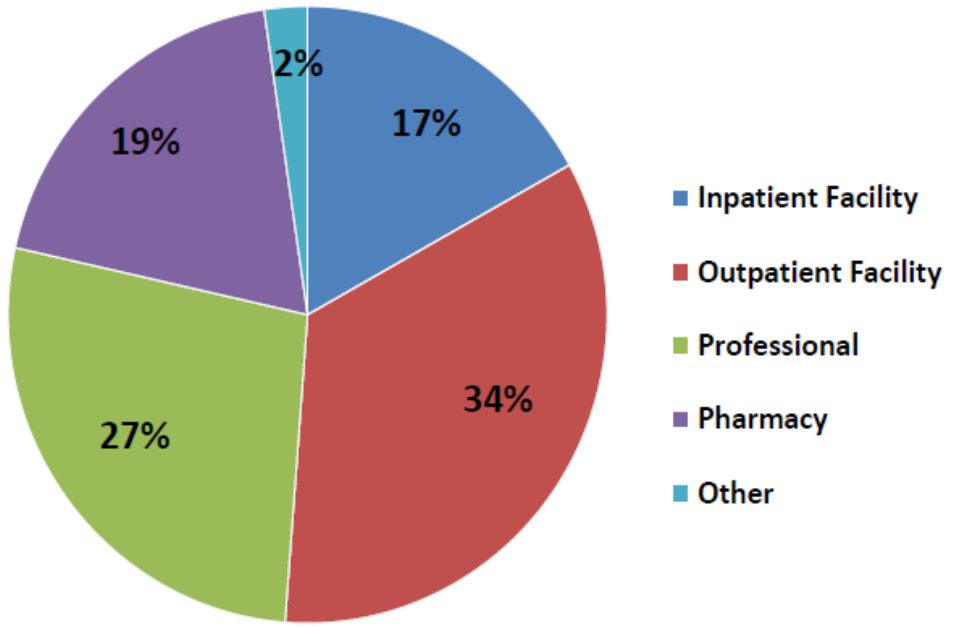
51% of claims are for inpatient and outpatient facility services

27% professional services

19% pharmacy

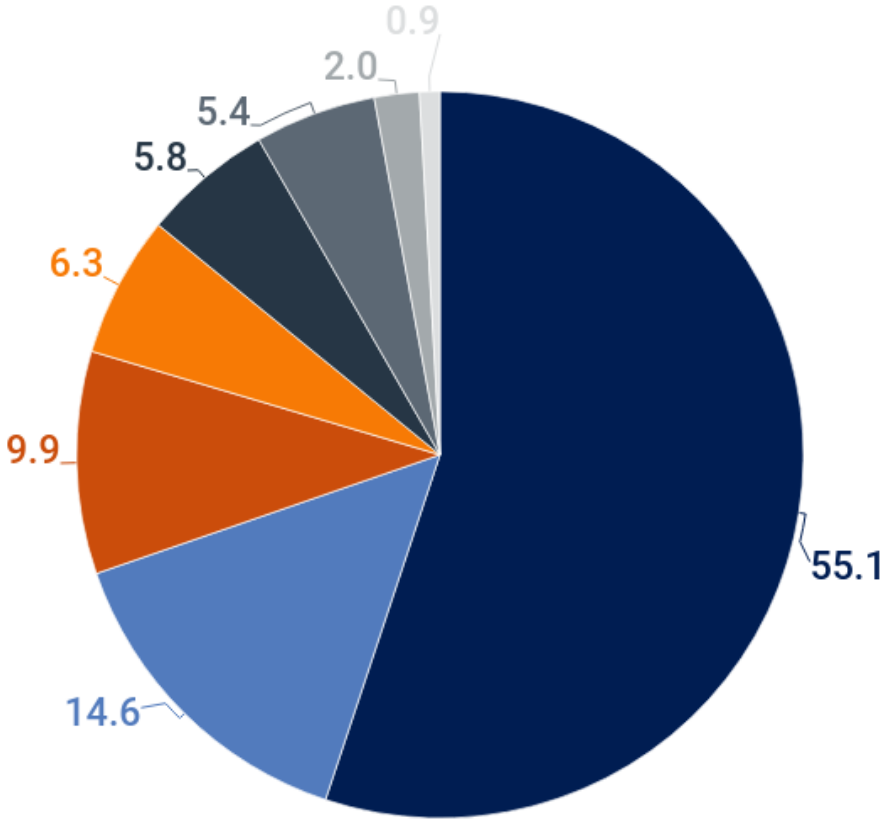
APPENDIX

2019 Allowed Claims by Type of Service - Fully Insured Markets



Source: NHID Annual Hearing data 2020. Includes Individual, Small Group and Large Group Markets. FFS claims only.

New Hampshire Insurance Coverage, 2019



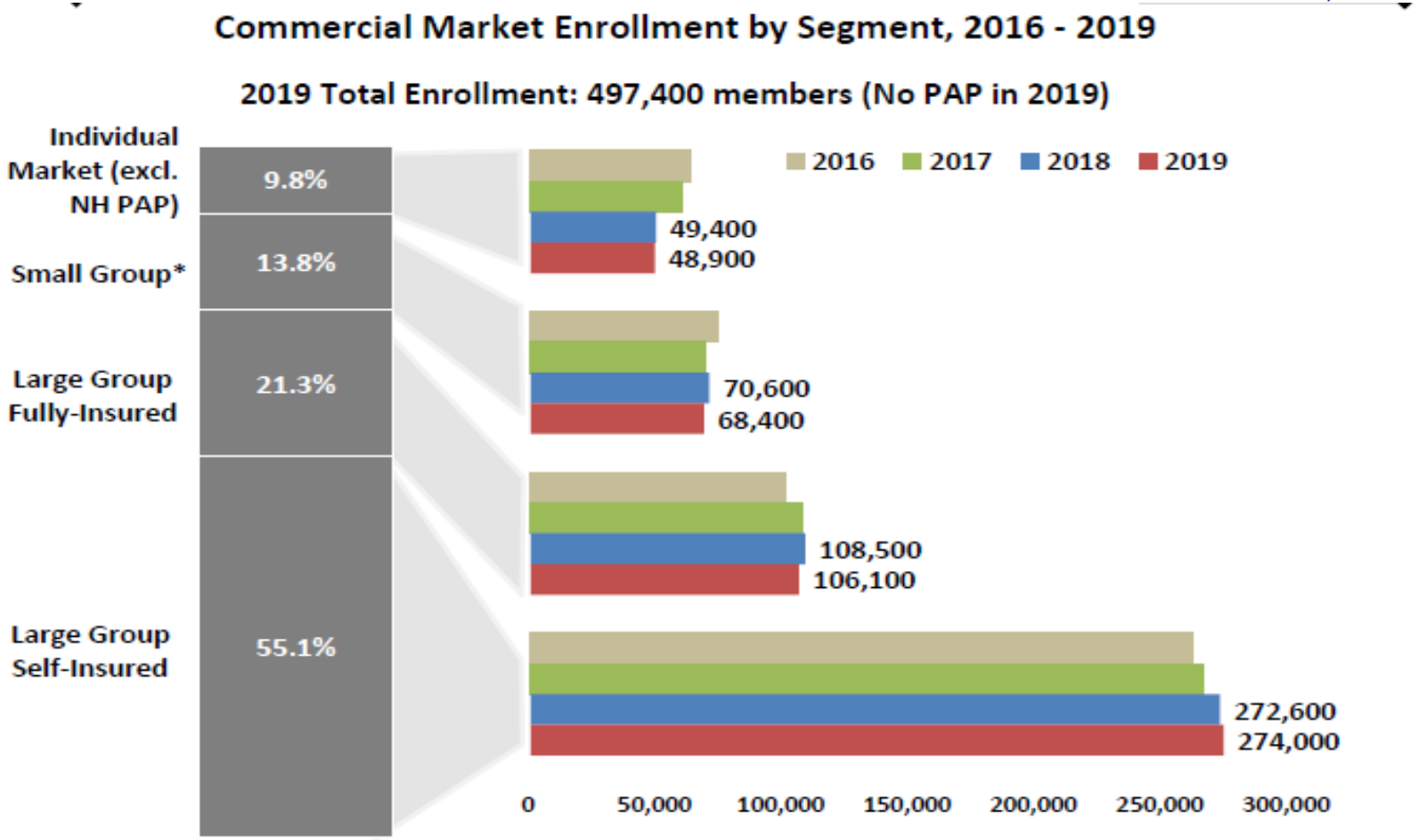
- **55.1%** Employer Coverage Only
- **14.6%** Medicare Coverage
- **9.9%** Medicaid Coverage Only
- **6.3%** Uninsured
- **5.8%** Individual Coverage Only
- **5.4%** Other Coverage Combinations
- **2.0%** Dual Medicare & Medicaid Coverage
- **0.9%** Tricare & VA Coverage

Source: https://scholars.unh.edu/ihpp/53/

What is our commercial enrollment?

Only 68,400 had insurance through an employer small group in 2019.

About 380,000 individuals had insurance as part of employer large groups. Most of those are in self-funded groups.

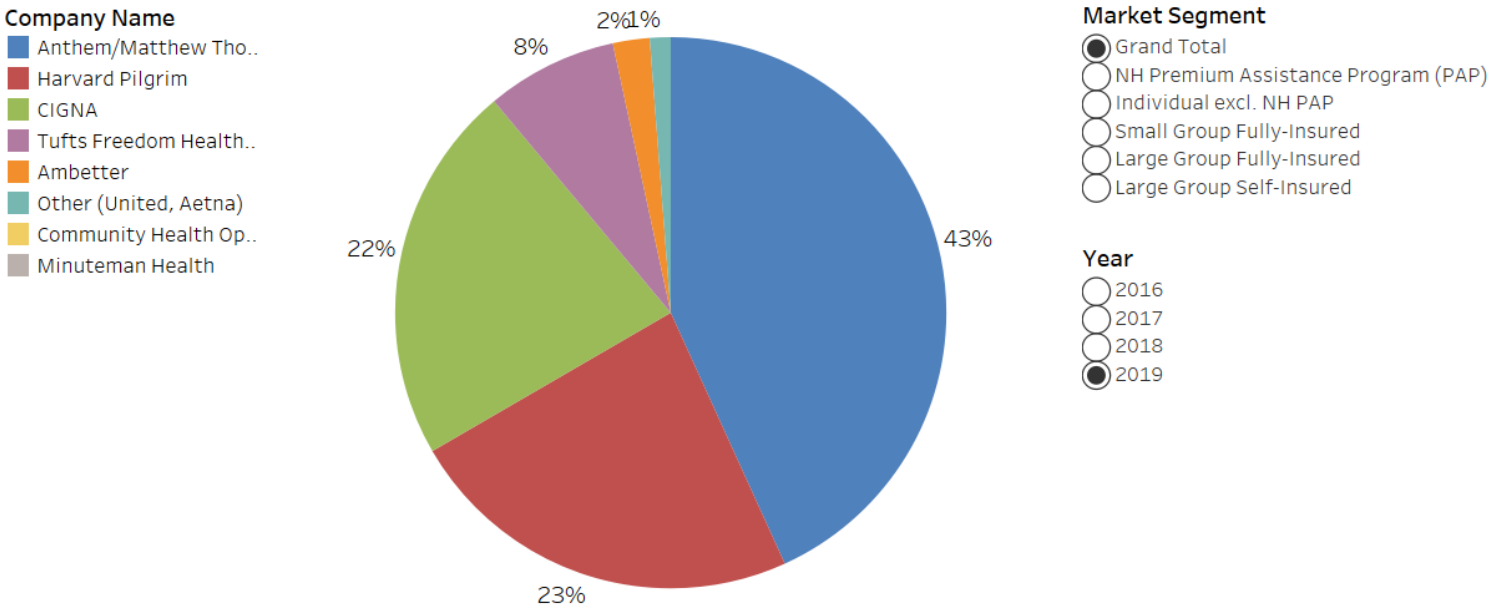


Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes FEHBP population. Membership in each year is estimated based on calendar year member months divided by 12. Note that percentage values may not add to 100% due to rounding.
*The Small Group Market has approximately 500 self-insured members (0.8% of the Small Group Market), and are included in this chart.

Source: 2019 Final Report of Health Care Premium and Claim Cost Drivers- New Hampshire Insurance Department- November 2020

Coverage Shifts

In the Individual Market, Anthem/Matthew Thornton and Harvard Pilgrim have decreased market share from 2017 to 2019 while Ambetter has increased their market share. The NH Premium Assistance Program (PAP) ended on 12/31/2018 and these members were transitioned from Qualified Health Plans (QHP) to Medicaid Care Management (MCM) plans. Small Group Market membership has decreased by about 6% from 2016 to 2019, although it has fluctuated year to year. Tufts Health Freedom Plan greatly increased market share from 5% in 2017 to 21% in 2019 while Harvard Pilgrim and Anthem/Matthew Thornton lost market share. From 2017 to 2019, Harvard Pilgrim's Large Group fully-insured market share decreased four percentage points and enrollment decreased by approximately 5,000 members (about 10%). The Self-Insured Large Group Market membership increased by approximately 7,900 members from 2017 to 2019. Membership numbers have been rounded for simplicity

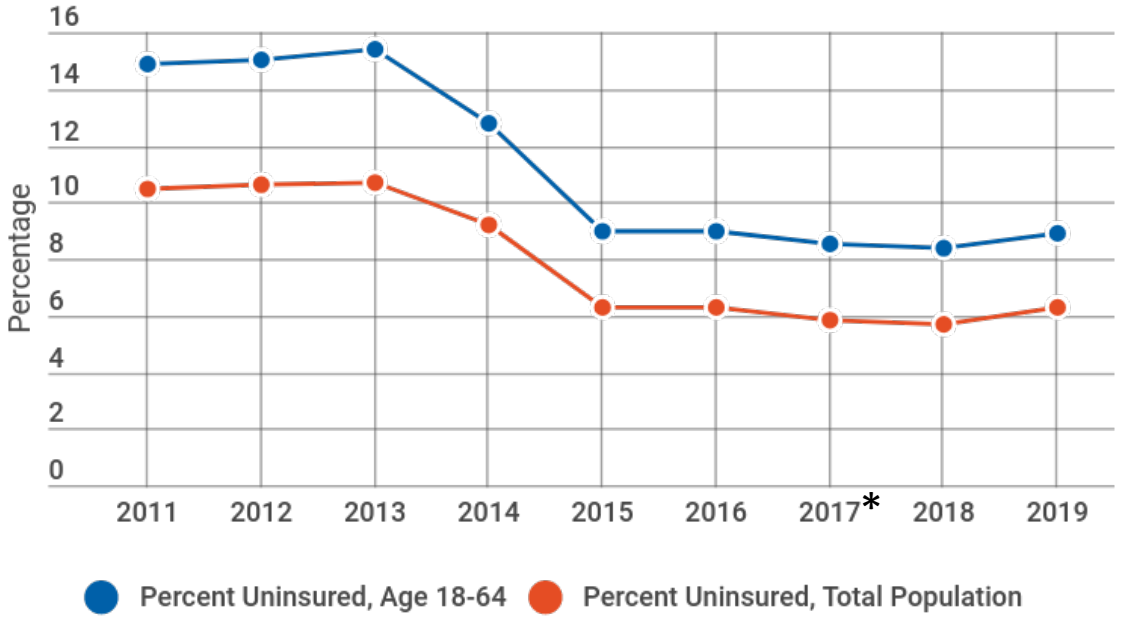


Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes FEHBP population. Membership is estimated based on calendar year member months divided by 12. Large Group Self Insured includes a very small population of Small Group Self-Insured. CY17 Minuteman data is estimated. Insurers may appear as 0% due to rounding.

Source: Annual Hearing 2020 Dashboards https://www.nh.gov/insurance/dashboard/2020-annual-hearing-supplemental.htm

Uninsured Rate Among New Hampshire Population, 2011-2019

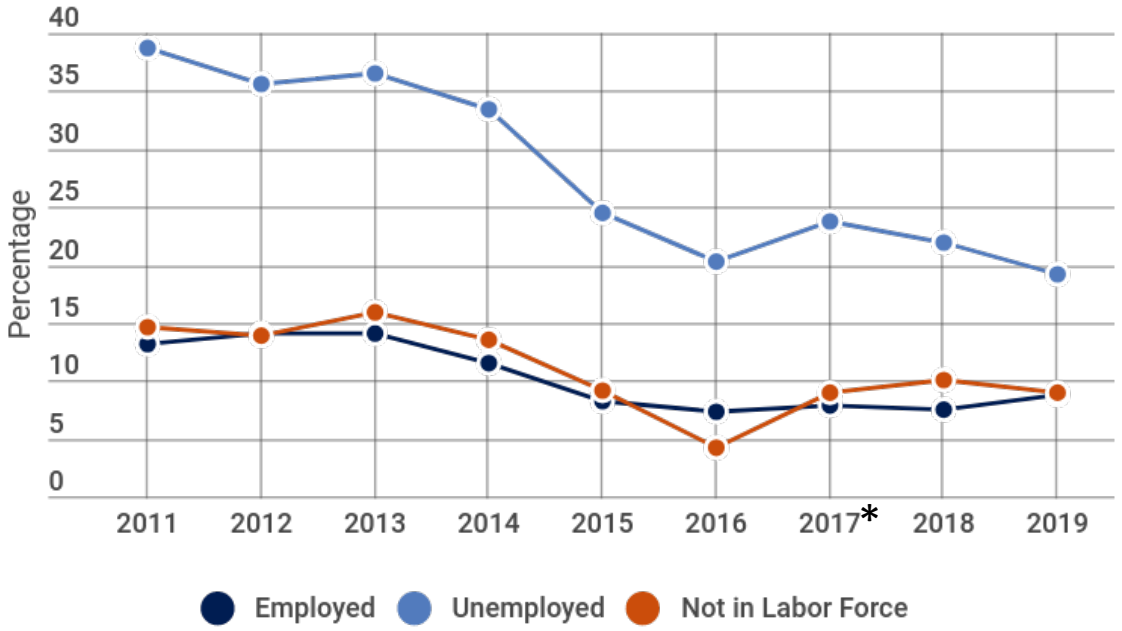
* 2011-2016: Age Group is 18-64; 2017-2019: Age Group is 19-64



Source: https://scholars.unh.edu/ihpp/53/

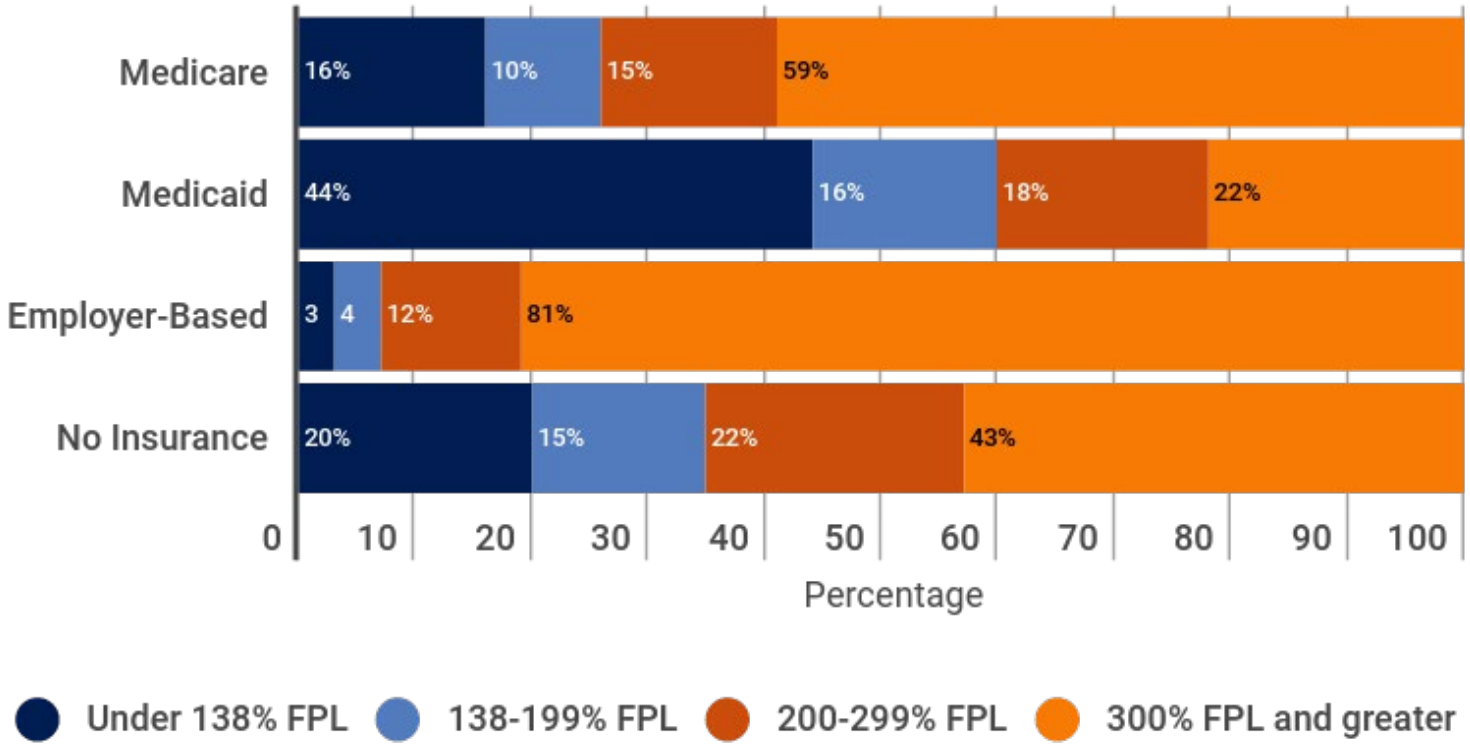
Uninsured Rate Among New Hampshire Non-elderly Population, by Employment Category, 2011-2019

* 2011-2016: Age Group is 18-64; 2017-2019: Age Group is 19-64



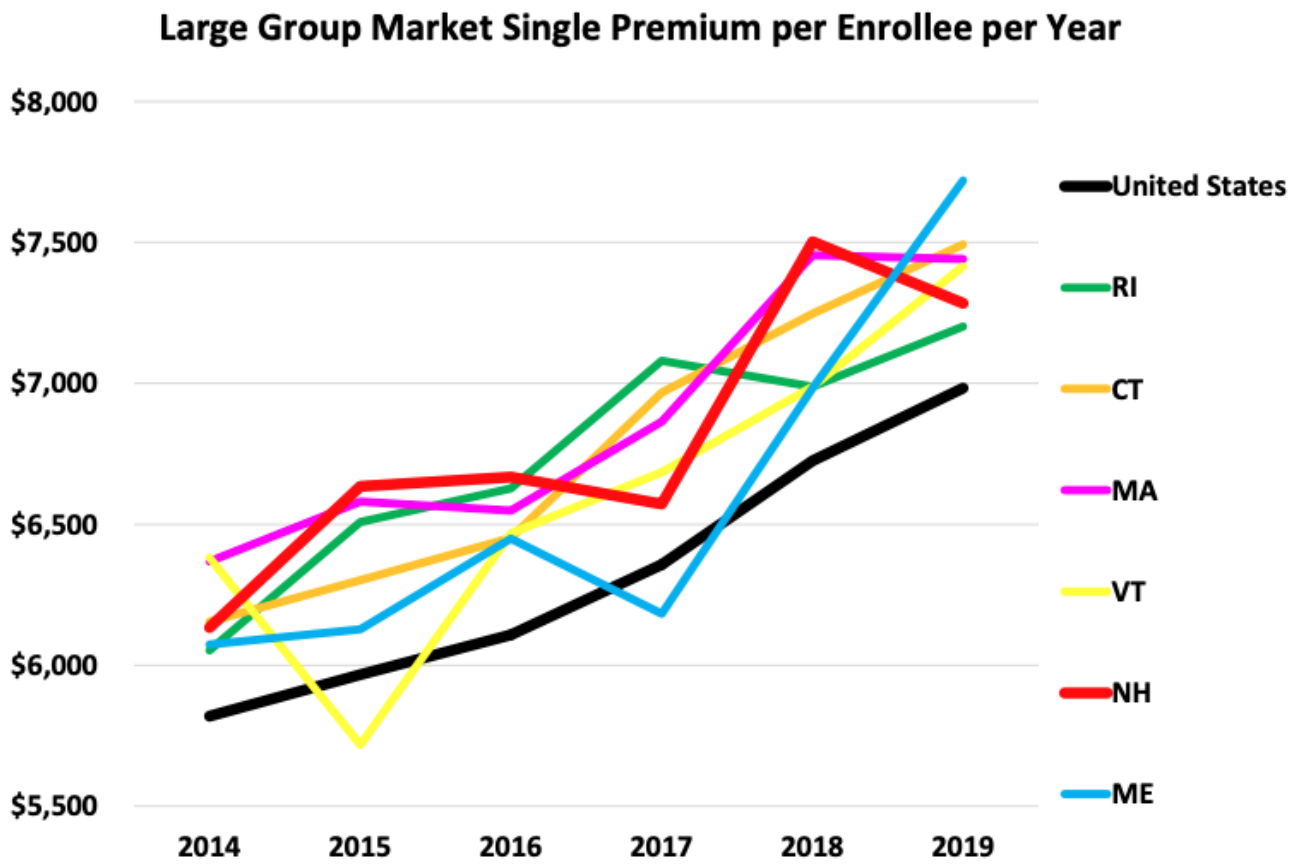
Source: https://scholars.unh.edu/ihpp/53/

Coverage by Income, 2019



Source: https://scholars.unh.edu/ihpp/53/

In the Large Group Market, New Hampshire's relative position compared to the other New England states has fluctuated over time, but New Hampshire consistently had higher average premiums than the United States average.



Gorman Actuarial, NHID, 2020

Source: https://www.nh.gov/insurance/reports/documents/nhid-annual-hearing-preliminary-report-2020.pdf

Premium Level and Trends

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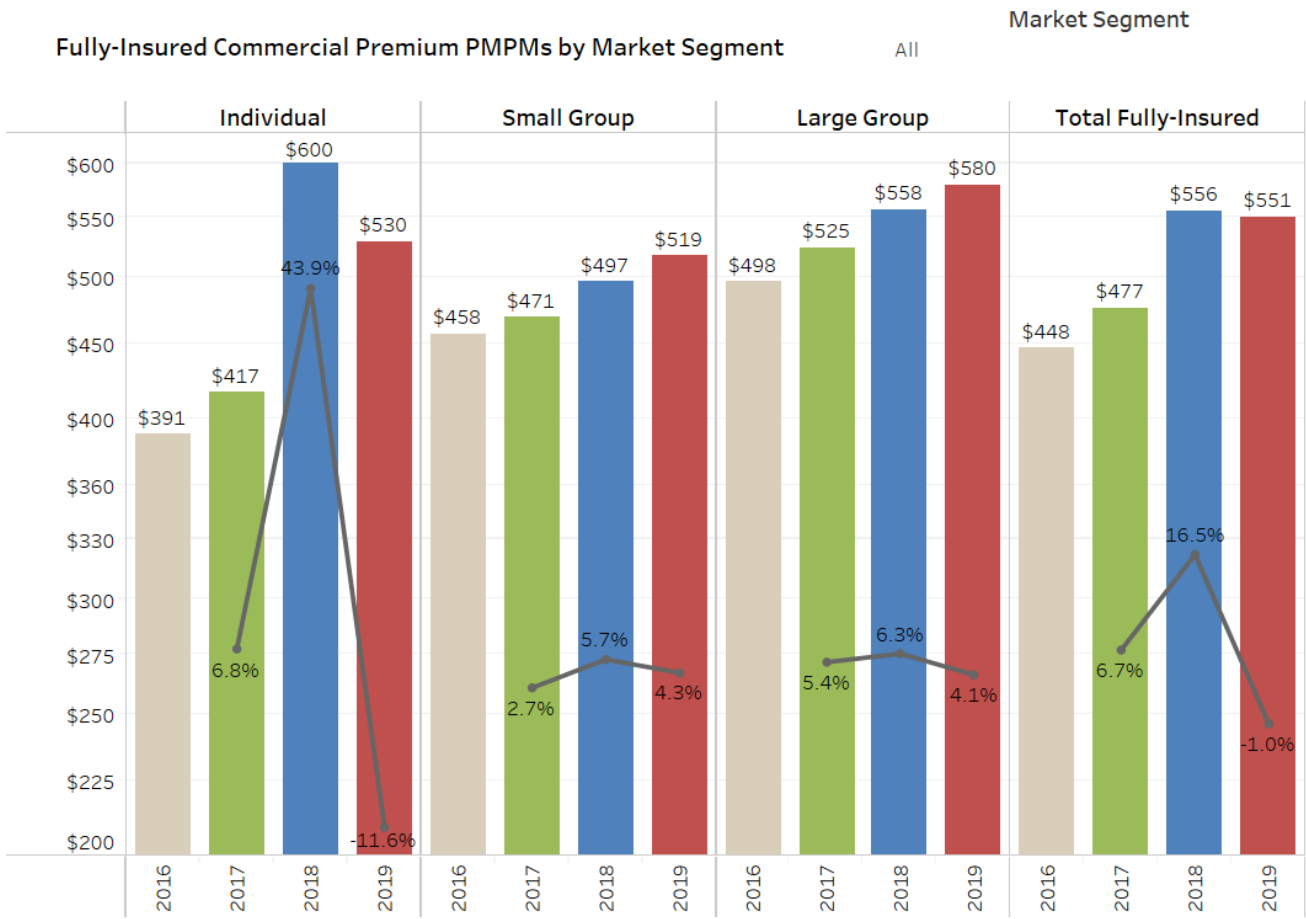
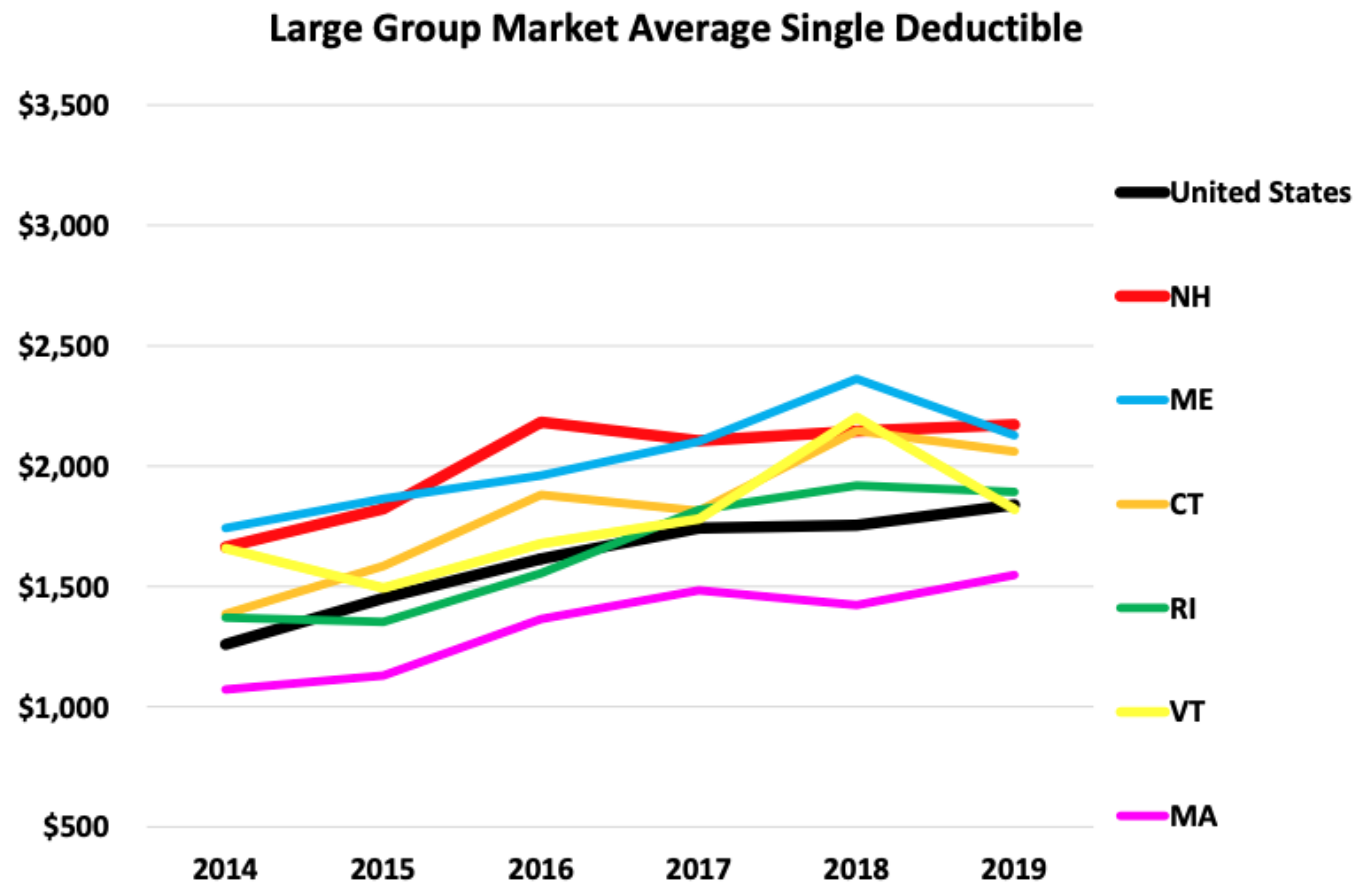
Fully-insured premiums in New Hampshire decreased 1% in 2019. The Individual Market premium decreased 11.6%, while the Group Markets saw an increase of approximately 4%.



Source: NHID Supplemental Data Request; Commercial fully-insured population including New Hampshire situs membership only. Excludes FEHBP population. Individual Market includes the NH PAP population and Minuteman data, which was estimated using premium data from federal risk adjustment reports for the non-PAP population and estimates for the NH PAP pre..

Source: Annual Hearing 2020 Dashboards https://www.nh.gov/insurance/dashboard/2020-annual-hearing-supplemental.htm

New Hampshire's Large Group Market average deductible was higher than the United States average by approximately 18% in 2019. There continues to be much less variability in the average deductible by state in the Large Group Market compared to the Small Group Market.



Source: https://www.nh.gov/insurance/reports/documents/nhid-annual-hearing-preliminary-report-2020.pdf

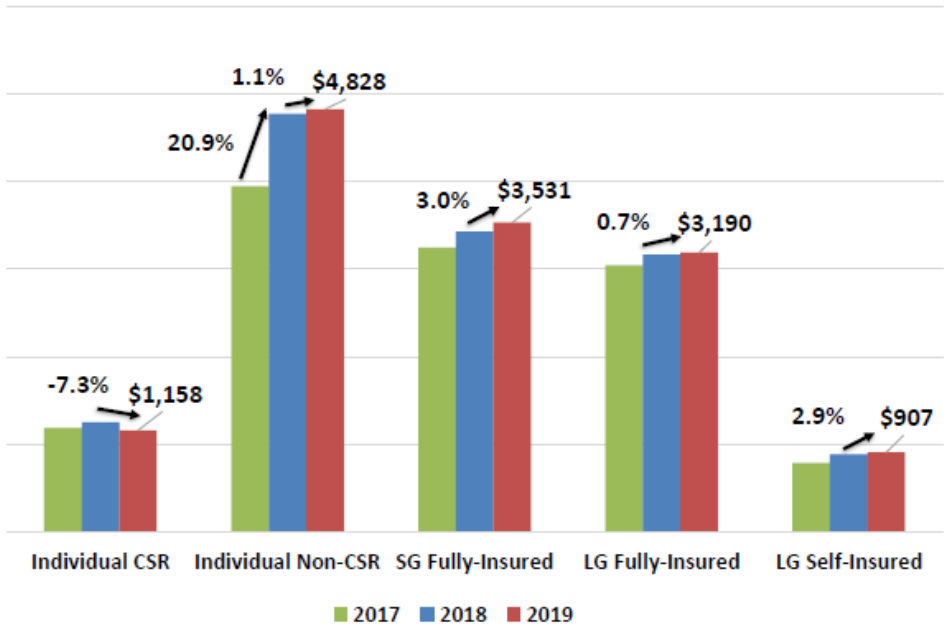
Gorman Actuarial, NHID, 2020

COST SHARING

The average deductible for the Individual Market without Cost Sharing Reduction (CSR) subsidies increased 20.9% from 2017 to 2018 but then only increased slightly from 2018 to 2019 at 1.1%. The large premium increases in the Individual Market in 2018 and then subsequent decreases in 2019 most likely led to the changes in deductibles level. In 2019, Individuals did not need to move to plans with higher deductibles given the decreases in premium. The Large Group Self-Insured Market experienced an increase of 2.9%, but continued to have a much lower average deductible, over $2,200 lower than the Large Group Fully-Insured Market. Nearly half of all Large Group Self-Insured members are in State and Municipal plans.

The average deductible increased slightly in all markets except the Individual Market with CSR. The large premium decreases in the Individual Market in 2019 most likely led to little change in the average deductibles in the segment with no CSR subsidies.

Comparison of Average Single Deductible by Market Segment



Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes NH PAP and FEHBP population. Data shown is for single, in-network coverage and includes zero dollar deductibles.
Minuteman data is excluded, however an analysis of 2015 and 2016 data shows that average Minuteman deductibles are similar to the rest of the market. Individual Market data accounts for the lower cost sharing for members that receive Cost Sharing Reduction (CSR) discounts.

Distribution of Deductible - LG

How much do employees in large groups carry as a deductible?

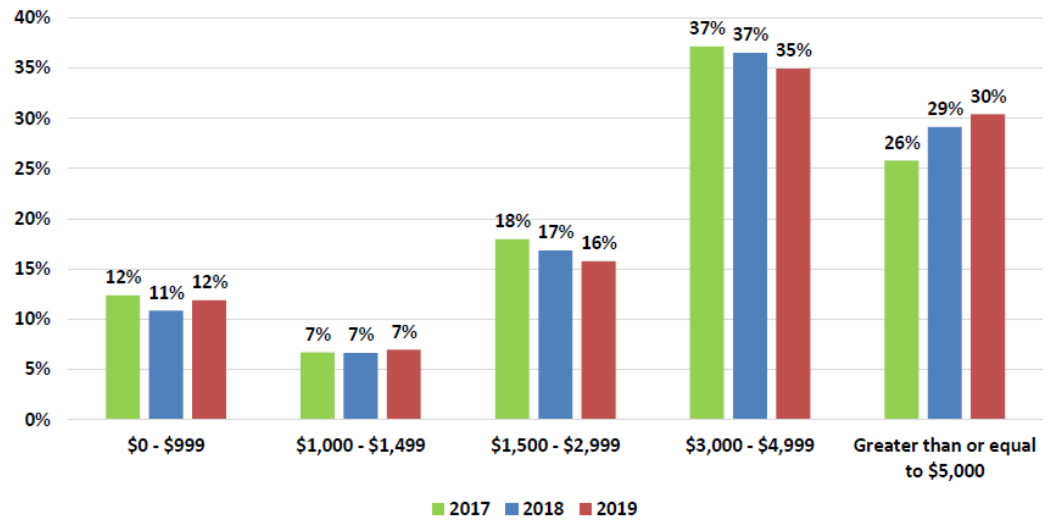
- 30% at $5,000 or more
- 35% at $3,000-$4,999
- 16% at $1,500-$2,999
- 19% below $1,500

For employees in small groups, only 4% carry a deductible less than $1,500

2019 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - November 2020

APPENDIX

Distribution by Deductible Level - Large Group Market

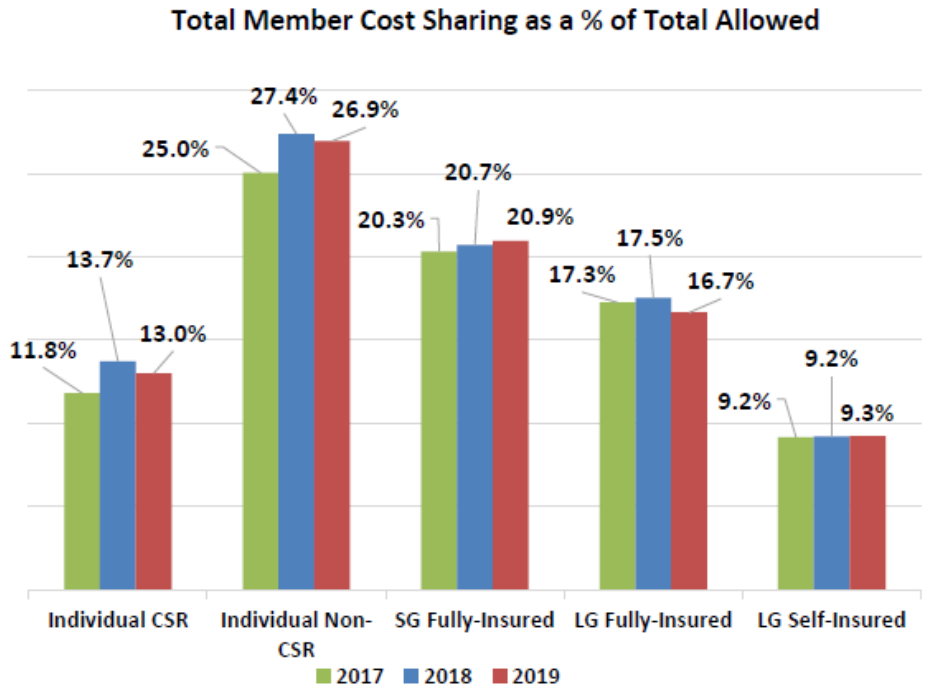


Source: NHID Supplemental Report data 2017, 2018, 2019. Fully-Insured Only. Excludes FEHBP population.

How much do patient's pay out of pocket?

2019 Final Report of Health Care Premium and Claim Cost Drivers- New Hampshire Insurance Department- November 2020

- Members in Large Group Self Insured plans paid 9.3% of the total costs of care while they pay 16.7% in Large Group Fully Insured plans.
- Members in Small Groups plans paid 21% of the costs of care, while they paid 26.9% in the individual (non-subsidized) group.



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Minuteman data is excluded from 2017 data, however an analysis of 2015 and 2016 data shows that average Minuteman cost sharing is similar to the rest of the market. Individual Market data accounts for the lower cost sharing for members that receive Cost Sharing Reduction (CSR) discounts.

Source: 2019 Final Report of Health Care Premium and Claim Cost Drivers- New Hampshire Insurance Department- November 2020

What does this mean?

2019 Final Report of Health Care Premium and Claim Cost Drivers - New Hampshire Insurance Department - November 2020

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Membership Distribution by Single Policy In-Network Deductible of New Hampshire Situs and Fully-Insured and Self-Insured 2019

CY 2019

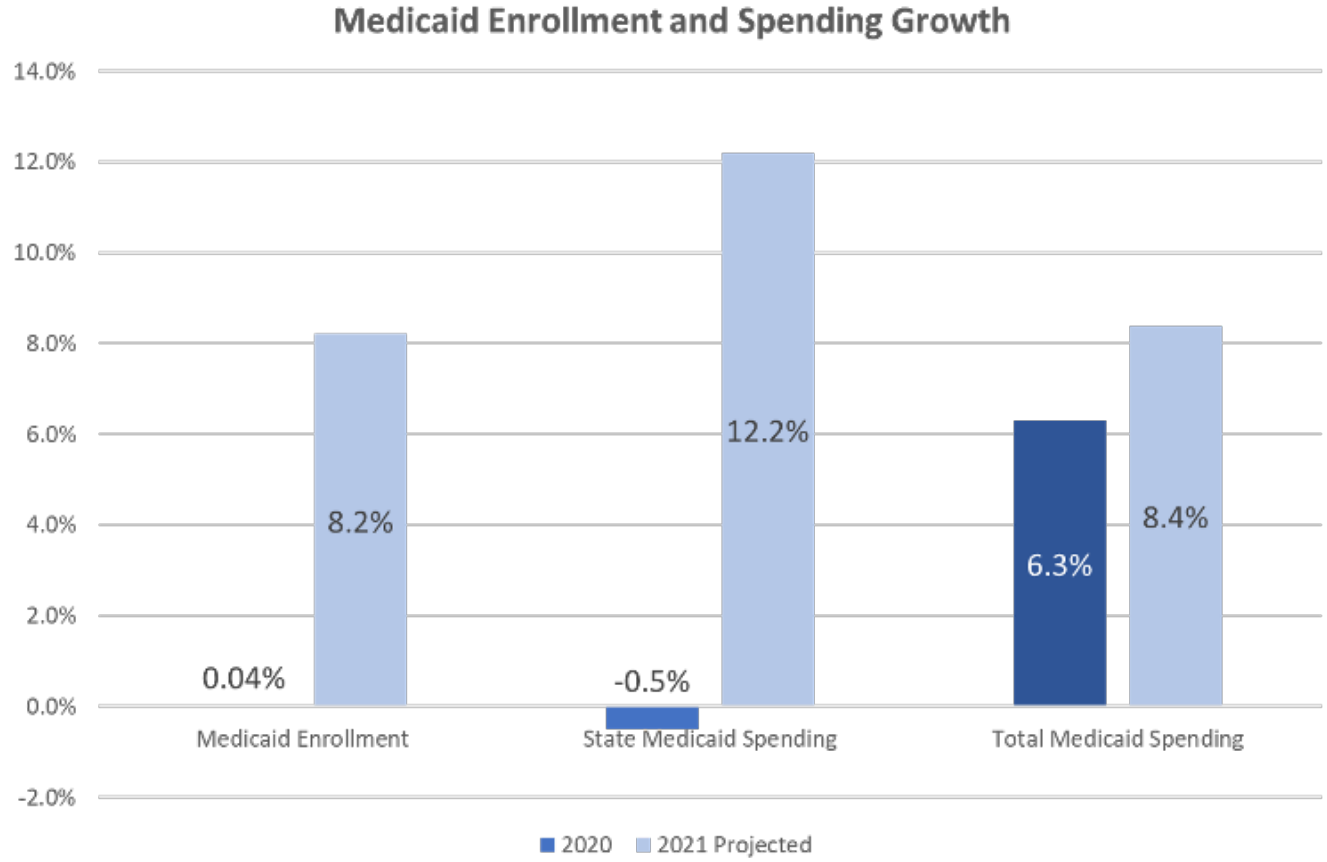
Single Policy In-Network Deductible	Fully Insured - Individual Market	Fully Insured - Small Group Market	Fully Insured - Large Group Market	Fully Insured - Total	Self-Insured - Total	Fully Insured and Self-Insured Total
$0	8.4%	0.6%	1.9%	2.9%	31.7%	18.8%
$1 - $249	2.9%	0.0%	5.7%	3.3%	5.5%	4.5%
$250 - $499	1.9%	0.0%	0.0%	0.4%	0.7%	0.6%
$500 - $749	5.8%	0.1%	4.3%	3.4%	23.5%	14.5%
$750 - $999	0.9%	0.0%	0.0%	0.2%	0.2%	0.2%
$1,000 - $1,499	8.3%	2.6%	7.0%	5.9%	15.4%	11.1%
$1,500 - $2,999	12.3%	25.0%	15.8%	17.8%	16.6%	17.1%
$3,000 - $4,999	14.5%	40.6%	35.0%	32.2%	3.8%	16.5%
$5,000 - $7,499	40.8%	31.2%	30.4%	32.9%	2.6%	16.2%
$7,500 - $9,999	4.0%	0.0%	0.0%	0.9%	0.1%	0.4%
$10,000 +	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Grand Total	100%	100%	100%	100%	100%	100%
Average Deductible	$ 3,699	$ 3,531	$ 3,190	$ 3,405	$ 909	$ 2,027

Source: NHID Supplemental Data Request; Commercial population including New Hampshire situs membership only. Excludes NH PAP and FEHBP population.

Impact on NH Medicaid

Medicaid Enrollment and Spending Growth, FY 2020 and FY 2021 (Projected) - National

- Increasing enrollment
- High mental health needs and acuity
- Shift in federal policy
- Stresses on state regulators



Source: Kaiser HMA 50 State Medicaid Director Survey- https://www.healthmanagement.com/blog/highlights-from-kaiser-hma-50-state-medicaid-director-survey-2/

Other Issues Impacting DHHS and Health Care Delivery

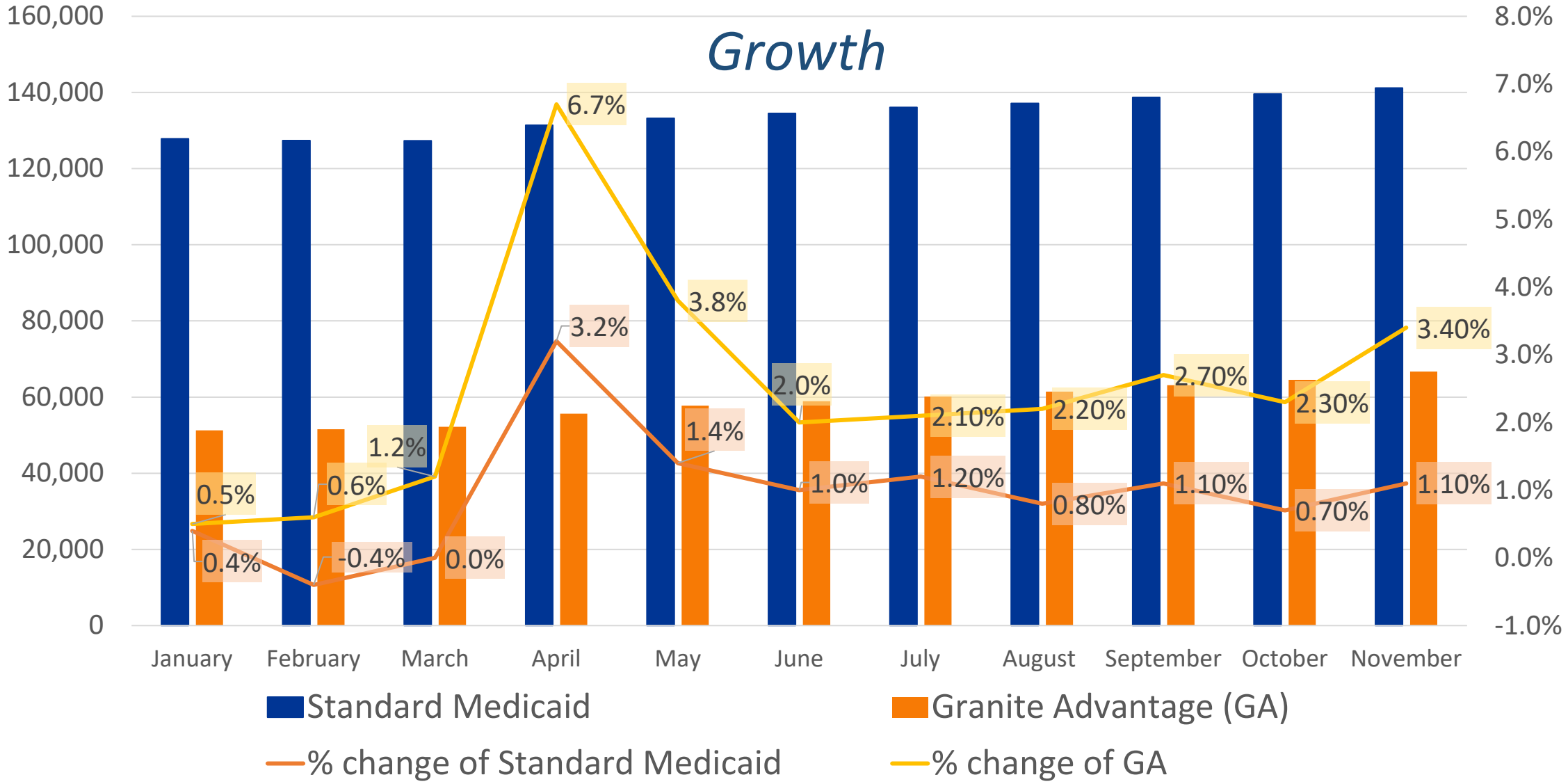
- COVID exhaustion- providers, regulators, people
- Impact on vulnerable populations
- Testing roll-out
- Vaccine roll-out
- Crisis response roll-out
- System wide strain:
  - Legal suits - defending: ER Boarding/access to community based foster care/work requirements/access to CFI waiver services
  - Legal actions – prosecuting: opioid litigation, generic drugs, antitrust
- Uncertainty re. funding sources (DSH)
- Health system consolidation, realignment, patterns of care

New Hampshire Medicaid Revenues

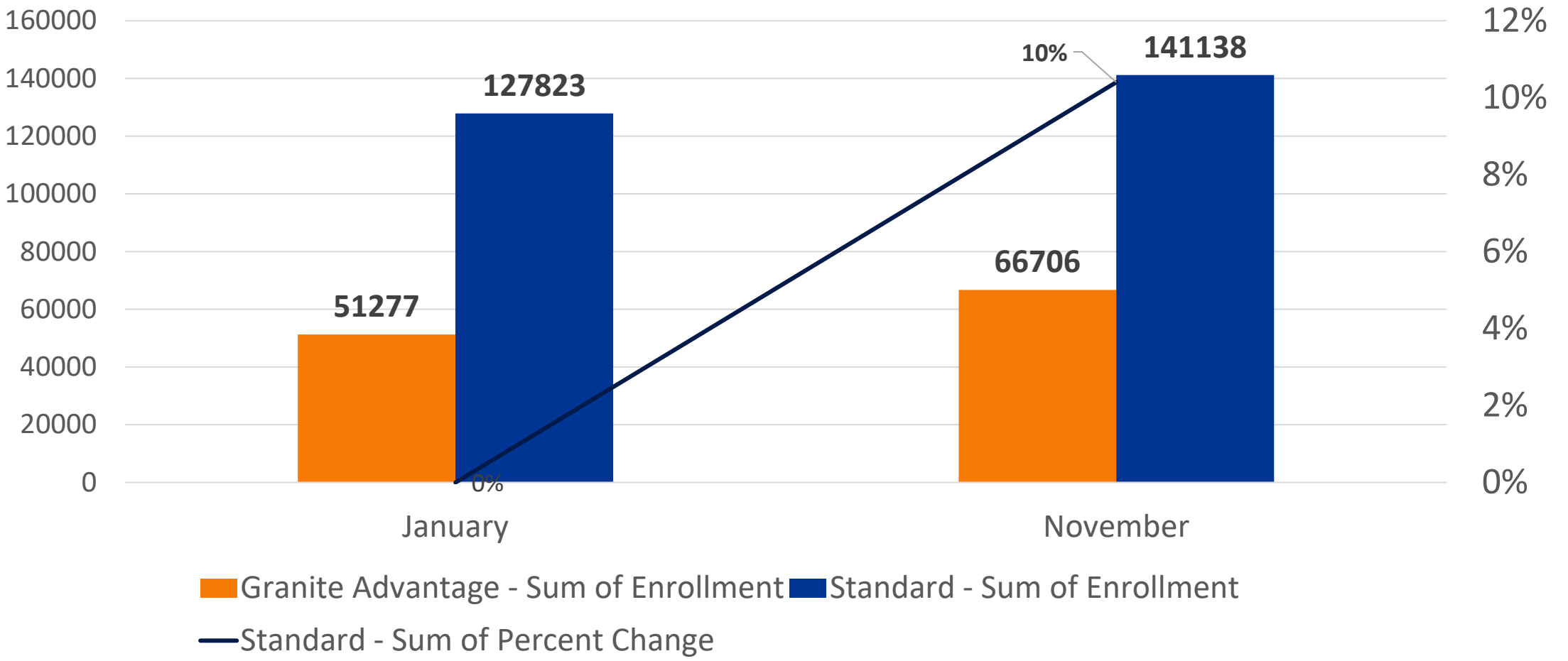
- FMAP refresher
  - federal government always pays at least 50% of the cost
- New Hampshire is responsible for the 50% non-federal share
- Two main sources of revenue for the non-federal share:
  - MET generates approximately $240M non-federal funds each year
  - Quality Assessment generates approximately $40M each year
- There is enhanced FMAP from federal relief funds tied to the PHE

  may have generated an additional $13M in GF offset, but remember the context - a budget of $1.14B TF.

2020 Month to Month NH Medicaid Enrollment Growth



2020 NH Medicaid Enrollment Growth Snapshot



New Hampshire Medicaid Growth and Budget

- Total Fund Budget: approximately $1.14B
- Expansion eligibility group has experienced the largest growth rate this year (30%) as an enrollment group, but it is the best financed from a non-federal share perspective
- The 10% growth in standard Medicaid reflects the eligibility groups with the highest actual costs, which may push MMC rates.
- Medicaid is implementing a 3.1% provider rate increase across the board in 2021.
- Planning to expand Medicaid buy-in coverage for working people with disabilities to include those ages 65 and older with incomes up to 250 percent FPL.
- New Hampshire is maintaining changes made to LTSS provider enrollment and training processes including simplification, modified qualifications, and recruitment techniques
- New Hampshire Medicaid implemented telehealth parity in coverage and reimbursement and sought authority from CMS to permit telehealth into HCBS

Thank you!

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