

NH Health Protection Program (NHHPP) & NH HPP - Medically Frail (NHHPP-M)

ESI - Employee Sponsored Insurance

HIPP - Health Insurance Premium Payment

ABP - Alternate Benefits Program. ABP covers the 10 essential health benefits and offers additional benefits of Chiropractic Services and Substance Use Disorder (**SUD**) Services.

MCO - Managed Care Option

How to Apply:

Online: Visit www.nheasy.nh.gov

Hours: 6:00AM - 12:00AM (Midnight) 7 days a week

Phone: Call the Medicaid Service Center at 1-888-901-4999 to learn more and receive personalized assistance

Hours: 8:00AM to 4:00PM Monday – Friday

Paper Application: Visit a DHHS district office or download an application at www.dhhs.nh.gov

ACA Marketplace: Go online and sign up at www.healthcare.gov

Eligibility Criteria

- Age 19-65
- Net income below 133% of FPL
- Cannot be Pregnant-if she becomes pregnant while in NHHPP, she stays in the program. Complete the Pregnancy Screen.
- Medicare recipients are not eligible (refusal for Medicare - not eligible)
- Not eligible if enrolled in any form of Medicaid. Can be NHHPP if pending Medicaid (APTD).

Exception: APTD/ANB/TANF In & Out or over resources are potentially eligible.

- No resource test.



- HH Comp and income based on IRS rules (same as MAGI).
- Parents living with their dependent child – the child must be receiving either Medicaid or have health insurance.

Program Features

If individual's meet all of the above criteria under NHHPP or NHHPP-M, they will be placed in one of two programs:

1. **Health Insurance Premium Payment (HIPP)**
For those who have access to coverage through an employer. The program will pay client's share of insurance costs.
2. **Bridge Program**
For those who do not have coverage available through an employer or do not qualify for the HIPP Program.

Cost

Effectiveness: *The HIPP Unit will determine if the cost of ESI is the same as if that person was insured under Medicaid. Once a plan is found cost effective, that individual will have an auto deduction from his/her paycheck and be reimbursed for costs associated with that ESI.*

Wrap Around

Benefits: *Coverage for non-emergency medical transportation and early periodic screening, diagnostic and treatment for ages birth to 21. (These are not covered by standard Medicaid.) If an employer's health plan does not cover all of the Essential Health Benefits, HIPP Medicaid will "wrap-around" those benefits.*

Health Insurance Premium Payment (HIPP)

- If an individual has health insurance available to them through their ESI, they MUST enroll in the HIPP option.
- As long as it is cost effective, HIPP will pay the client's share of insurance costs, premiums, co-pays and deductibles.
- If a medical provider is NOT enrolled as a NH Medicaid Provider, the client will have to pay for the services and submit proof of co pays and deductibles paid to the DHHS TPL Unit for reimbursement.
- While the cost effectiveness is being determined, the individual will be in fee for service (Standard Medicaid).
- Once enrolled, client must report any changes in ESI within 10 days to the HIPP Unit and the D.O.

HIPP Process

This process is taken care of by the HIPP Unit.

- Person is opened in NHHPP with ESI that is provided through his employer
- Person is enrolled in the ABP (exempt from managed care)

NOTE: If medically frail, will get letter to opt into Standard Medicaid.

- Individual's potential HIPP information is sent to DHHS HIPP Unit
- HIPP Unit sends New HEIGHTS a decision
- If HIPP, New HEIGHTS leaves person in Fee For Service for "wrap around benefits"
- If **not** HIPP, New HEIGHTS sends out MCO selection letter to transition person to managed care

Terminating NHHPP

New Heights will automatically close the case or individual for the following reasons:

- *Fails or refuses to provide within 30 days of DHHS' or the HIPP Units request without good cause to provide:*
 - information to determine ESI (even if the individual has access to it either directly as an employee or indirectly through another individual who is eligible for it); or
 - proof of good cause for not providing information
- *Fails or refuses to:*
 - enroll in ESI within 15 days of notice; or
 - provide verification of enrollment
 - *Dis-enrolls from ESI, after it was determined to be cost effective.*
 - *Fails or refuses to enroll in the Marketplace Premium Assistance Program (when available in 1/2016).*
 - *FSS workers do not need to determine cost-effectiveness or compliance with ESI requirements.*
 - *Failure to comply without good cause results in termination.*

Exception: MA will not be terminated for a child or a spouse who cannot enroll in ESI independent of the household member with access to ESI due to that individual's failure to cooperate with NHHPP program requirements. The employed person would be terminated and the rest of the family would go into the Bridge Program.

Bridge Program

- For those without access to ESI or it was determined to not be cost-effective.
- Benefit package will be the ABP under one of the MCO's.
- Mandatory for managed care unless the individual receives VA benefits or has ESI that is determined cost effective to have the premium paid under HIPP, when the individual is either already enrolled in ESI or can potentially be covered by ESI.
- Client chooses MCO within 60 days from elig. determination. If not, it will be auto assigned.
- Client has 90 days to change MCO.

NHHPP Medically Frail (NHHPP-M)

- Same basic eligibility criteria and the individual is Medically Frail. (Can be HIPP or Bridge.)
- Individual can self-attest at any time to being medically frail. (APTD/ANB approvals are considered medically frail as long as there is no receipt/refusal of Medicare.)
- Potentially eligible if an individual has an APTD/ANB approval AND failed income or resources.
- APTD/ANB/TANF In & Out under 133% can become eligible for MA. Can run and confirm case at any time.
- Can choose ABP or standard Medicaid and can change plans at any time thru NH Easy, Medical Frailty Letter, verbally or written (eff. the following day).
- Mandatory for managed care unless receiving VA benefits or has ESI that is determined cost effective to have the premium paid under HIPP, when the individual is either already enrolled in ESI or can be potentially covered by ESI.

NOTE: ABP does not offer access to LTC or every day tasks. Standard Medicaid does. Standard Medicaid does not offer services to stop using drugs or alcohol and limits the number of visits for some services. ABP does.

ABP Benefits Overview:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehab and habilitative services (chiropractic care) and devices
- Lab services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care
- NF-SNF (non-medicare) limited to 100 days.

NHHPP Process

NHHPP: Confirmed open; NOD issued; MCO selection letter to pick MCO in 60 days and explanation of ABP; auto assigned on 60th day if no MCO picked.

NHHPP/VA: Confirmed open; NOD issued; MCO letter informing Fee for Service under ABP.

NHHPP-M/VA: Confirmed open; NOD issued; MCO letter informs they are Fee for Service; Medically Frail letter informs they are auto enrolled in ABP but can opt for standard Medicaid plan.

NHHPP-M: Confirmed open; NOD issued; MCO

letter to pick MCO in 60 days; Medically Frail letter informs they are auto enrolled in ABP but can opt for standard Medicaid plan.

Note: If case closes and reopens within 60 days, will reopen into the plan they were closed in.

Bridge Additional "Wrap" Benefits:

- Non-emergency Medical Transportation
- Early Periodic Screening Disagnotic Treatment ages birth to 21 years

VERIFICATION REQUEST

NHHPP applicants 55 and older must be given a 770, Recoveries and Reimbursement Agreement. You can still open the case but you need to trigger a verification checklist requesting the form be returned. Note in CASE COMMENTS that one was given or mailed to the applicant. Once returned, it should be scanned. If not returned, DO NOT close the case.

ON THE FORM 770

Must write-in NHHPP next to the other programs.

CHILD SUPPORT FORMS

725's are NOT needed for NHHPP.

725's MUST be provided for Parent Caretaker.

New HEIGHTS

- **Non-Fin, Case Characteristics and Medically Frail Screen:** New questions regarding being Medically Frail.
- **Employment and TPL Screens:** Must be completed accurately. Used by the HIPP Unit.
- **Employee Sponsored Health Coverage Screen:** If the question is answered as Yes, you must also complete the TPL screen.
- **Statement of Understanding:** A new statement is added requiring individuals to contact NHES for assistance in finding employment. There are no verification or follow-up requirements by FSSs.
- **Redeterminations:** 12 Month Online or Paper
- **Retro MA:** Can never go back before August 15, 2014
- **BCCP:** No changes at this time.
- **Health Plan Enrollment Screen:** Will show the individual as Exempt from Care Management with a reason of Potential HIPP.
- **Benefit Plan Screen:** Shows current and historical plan info for NHHPP and NHHPP-M recipient.
- **Document Inbox & Medicaid Client Services:** New document type of "Medicaid Benefit Plan" for the Medically Frail Letter. For Medicaid Client Services, MCO Coordinator Inbox only.
- **New HEIGHTS Cascade:** If MAGI Only Switch is on, anyone 19-64, system will look at Pregnant Women, Parent Caretaker, Former Foster Care, NHHPP/NHHPP-M and then Family Planning. If the MAGI switch is off, system will look at APTD/ANB, if financially eligible, APTD/ANB will pend and open person for NHHPP/NHHPP-M while waiting for a DDU decision.
- **Client Notices:** New Medically Frail Letter. Explains the difference between ABP and standard Medicaid. Client can complete and return to SCU to opt-out in or out.

NHHPP Income Limits

If a household is over 133%, disregard 5% and compare the limits below.

HH Size	NHHP Monthly Income Limit (133%)
1	\$1,294
2	\$1,744
3	\$2,194
4	\$2,644
5	\$3,094
6	\$3,544

Coverage begins 8/15 but enrollment is effective 9/1 for HIPP and MCO. Individuals will be Fee for Service from 8/15 – 8/31.