

New Hampshire Waiver: Granite Advantage Health Care Program

Overview

New Hampshire received federal approval from the Centers for Medicare & Medicaid Services (CMS) for its Section 1115 Medicaid demonstration, the New Hampshire Granite Advantage Health Care Program, on November 30, 2018. The waiver was effective through December 31, 2023. This waiver replaced a previous version, the New Hampshire Health Protection Program (NHHPP), a mandatory exchange plan premium assistance program for individuals in the new adult group, originally approved in March 2015. The new waiver program included a shift to a Medicaid managed care delivery system and added a work and community engagement requirement as a condition of eligibility for this population, beginning in 2019.^{1, 2}

The information in this fact sheet is current as of August 2019, and describes features of the demonstration as initially approved. However, CMS's approval of the waiver was vacated by the U.S. District Court for the District of Columbia and remanded to CMS for further review in July 2019.³ As a result, the state was unable to enforce community engagement requirements or the waiver of retroactive eligibility. Additionally, the Biden Administration has since withdrawn New Hampshire's authority to implement work and community engagement requirements, and notified the state that other elements of the demonstration are under review (CMS 2021).

Demonstration Goals

Under the most recently approved waiver, the state is seeking to accomplish several goals. The demonstration goals will inform the hypotheses in the state's evaluation design plan and include—but are not limited to—determining whether the demonstration aided in:

- streamlining administration of beneficiary services, benefits, and cost sharing requirements across different populations, thus reducing administrative costs;
- incentivizing healthy behaviors and cost effectiveness policies for managed care organizations (MCOs) and individuals;
- increasing continuity of care by reducing gaps in coverage when beneficiaries churn on and off of Medicaid or sign up for Medicaid only when sick, with the ultimate objective of improving beneficiary health; and
- achieving improved health outcomes and greater independence through improved health and wellness.

Populations Included

Adults age 19–64 with incomes at or below 138 percent FPL are included in the demonstration.

Eligibility and Enrollment

New Hampshire's waiver program includes changes to traditional Medicaid eligibility and enrollment requirements including a waiver of the Medicaid requirement to provide enrollees with three months of retroactive eligibility and a work and community engagement requirement.



Effective date of coverage

The demonstration includes a waiver of retroactive coverage, allowing the state to begin coverage on the day of application. The waiver does not apply to pregnant women (including women in their 60-day post-partum period), children, parents and caretaker relatives, or individuals eligible in aged, blind, or disabled eligibility categories. State legislation passed in July 2019 requires the state to reverse this policy.^{4,5} Regardless, the court's ruling in July 2019 vacated the state's authority to eliminate retroactive eligibility.

Work and community engagement requirement

Effective June 1, 2019, New Hampshire implemented a work and community engagement requirement for members after a 75-day grace period. Under the new requirements beneficiaries must either meet an exemption or complete at least 100 hours of qualifying activities during any given month. Beneficiaries will not be able to carry additional hours of participation forward to a subsequent month to satisfy the requirement. Those without an exemption must report their participation in qualifying activities, and be able to provide supporting documentation when requested.⁶ The initial reporting deadline was July 7, 2019. However, New Hampshire's governor extended the deadline to September 30, 2019, citing a large number of beneficiaries who had yet to report (Bookman 2019). The state was not planning to impose the penalties described below until after this date, however, and due to the court's ruling in July 2019, it is indefinitely prohibited from doing so.

TABLE 1. Work and Community Engagement Requirement Exemptions and Qualifying Activities

Exempt populations	Non-exempt populations
<p>Beneficiaries who are:</p> <ul style="list-style-type: none"> temporarily unable to participate due to illness or incapacity as documented by a licensed provider or identified as medically frail participating in a state-certified drug court program parents or caretakers of a dependent child under age six or child of any age with a disability (one parent in the case of a two-parent household) parents or caretakers of a dependent individual whose care is considered necessary by a licensed provider pregnant or 60 days or fewer post-partum disabled or residing with an immediate family member with a disability as defined by ADA Section 504 or ACA Section 1557 who are unable to comply with the requirement due to reasons related to that disability experiencing a hospitalization or serious illness, or are residing with a family member who experiences a hospitalization or serious illness exempt from SNAP or TANF work requirements or enrolled in New Hampshire's voluntary Health Insurance Premium Program 	<p>Required participation in 100 hours per month of some combination of the following:</p> <ul style="list-style-type: none"> unsubsidized or subsidized employment on-the-job or skills training related to employment enrollment at an accredited community college, college, or university that is counted on a credit hour basis job search and readiness assistance (e.g., activities required to receive unemployment benefits, services offered by the Department of Employment Security) vocational educational training (up to 12 months) education directly related to employment (for individuals who have not graduated high school) attendance in secondary school or in a course of study leading to certificate of high school equivalency participation in SUD treatment community and public service caregiving services for a non-dependent relative or other person with a disabling health, mental health, or developmental condition or compliance with SNAP or TANF work requirements

Notes: ACA is Patient Protection and Affordable Care Act (P.L. 111-148, as amended). ADA is the Americans with Disabilities Act (P.L. 101-336). SNAP is Supplemental Nutrition Assistance Program. TANF is Temporary Assistance for Needy Families. SUD is substance use disorder. In two-parent families, only one parent may qualify for the exemption for parents and caretakers of dependent children under age six.

Source: CMS 2018.



Penalties for non-compliance. Beneficiaries who fail to meet the work and community engagement requirement in any given month can cure their non-compliance in the following month (i.e., avoid a suspension of eligibility) by making up deficient hours, demonstrating that they qualify for an exemption, or requesting a good cause exemption.⁷ Otherwise, eligibility is suspended after the second consecutive month of non-compliance. Following suspension, beneficiaries can reactivate their eligibility at any time by completing 100 hours of work or community engagement activities in a single calendar month, becoming eligible through a different pathway, or satisfying one of the same criteria used to avoid suspension. If eligibility is in suspended status on the redetermination date, eligibility will be terminated and the beneficiary will need to reapply for Medicaid.⁸

State assurances. Prior to implementing these requirements, New Hampshire is required to make a number of assurances. These include:

- setting up and maintaining system capability to implement and conduct key administrative functions, such as suspending eligibility and lifting those suspensions and suspending and reactivating capitation payments to managed care plans;
- seeking data from other sources such as the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families and in cases where the state cannot locate data, allowing beneficiaries to attest to compliance.

New Hampshire is also required to make assurances aimed at beneficiary protection, including that it will:

- ensure timely and adequate beneficiary notices and outreach;
- provide appeal and due process mechanisms;
- make good faith efforts to connect beneficiaries to existing community supports (e.g., non-Medicaid transportation assistance, child care, or language services);
- assess areas within the state where beneficiaries have limited employment or educational opportunities to determine whether further exemptions are necessary; and
- provide reasonable modifications for individuals with disabilities.

Additionally, New Hampshire must submit an implementation plan to CMS within 90 calendar days and a monitoring protocol to CMS within 150 calendar days of the waiver amendment approval. The implementation plan must include the state's timeline and approach to implementation. The monitoring protocol must describe the quantitative and qualitative elements that the state will report on through quarterly and annual monitoring reports.

Benefits

Beneficiaries will receive the alternative benefit plan (ABP). Benefits provided through the ABP will not differ from those provided under the Medicaid state plan.

Premiums and Cost Sharing

New Hampshire does not charge premiums, but imposes co-payments for some prescription drugs. Consistent with Medicaid cost-sharing rules, aggregate cost sharing is capped at 5 percent of household income.



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Premium Assistance

New Hampshire terminated its Medicaid-funded exchange plan premium assistance program effective January 1, 2019. However, enrollees can still participate in the state’s voluntary employer-sponsored insurance premium assistance program, which is administered through a separate state program.

Delivery System

Services will be delivered under Medicaid managed care effective January 1, 2019.

For more on the details of section 1115 demonstration waivers used to test new approaches to coverage, please see [Testing New Program Features through Section 1115 Waivers](#).

Endnotes

¹ New Hampshire’s request to add a work and community engagement requirements was granted in May 2018.

² For information on other states with approved or pending requests to implement work requirements, see [Medicaid Work and Community Engagement Requirements](#).

³ *Philbreck v. Azar* 19-773-JEB (D.D.C. 2019).

⁴ S.B. 290, 2019 Leg., 166th Sess. (N.H. 2019)

⁵ To make this change, New Hampshire may have to apply for and receive a waiver amendment. As of July, the state had not yet submitted this request to CMS.

⁶ New Hampshire must allow beneficiaries to submit documentation in accordance with process requirements for verifying eligibility criteria at 42 CFR 435.916(c) requiring states to provide multiple means of submission (e.g., online, mail, or electronic means).

⁷ Good cause exemptions must include, at a minimum, circumstances that occur in the month in which the beneficiary failed to meet the requirements such as, the beneficiary or an immediate family member has a disability or is hospitalized for a serious illness, the birth or death of a family member, severe inclement weather or a natural disaster, or a family emergency or life changing event (e.g., divorce or domestic violence).

⁸ Beneficiaries whose eligibility is terminated at renewal for this reason will have to submit a new Medicaid application, but their previous non-compliance will not be factored into the new eligibility determination. ReferencesCenters for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2021. Letter from Elizabeth Richter to Lori Shihinette regarding “CMS letter to state.” March 17, 2021. Baltimore, MD: CMS. <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nh-granite-advantage-health-care-program-ca2.pdf>.



References

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