

NEW HAMPSHIRE TITLE XXI STATE PLAN FACT SHEET

Name of Plan:	Healthy Kids Gold (Title XIX expansion) Healthy Kids Silver (Title XXI separate child health program)
Date Plan Submitted:	May 21, 1998
Date Plan Approved:	September 15, 1998
Effective Date:	May 1, 1998 (Title XIX expansion) January 1, 1999 (Title XXI)
Date Amendment #1 Submitted:	December 28, 1998
Date Amendment #1 Approved:	March 25, 1999
Date Amendment #1 Effective:	January 1, 1999
Date Amendment #2 Submitted:	November 26, 2002
Date Amendment #2 Approved:	February 20, 2003
Date Amendment #3 Submitted:	February 24, 2003
Date Amendment #3 Approved:	May 15, 2003
Date Amendment #3 Effective:	January 1, 2003

Background

- New Hampshire submitted a title XXI State plan to: 1) Healthy Kids Gold - expand Medicaid to infants to age 1 with family income greater than 185 percent up to including 300 percent of the Federal poverty level (FPL); and 2) Healthy Kids Silver - implement a separate health insurance program to cover children ages 1 to 19 with family income greater than 185 percent up to including 300 percent of the FPL.

Amendments

- On December 28, 1998, New Hampshire submitted a State plan amendment to modify the benefit package. Effective January 1, 1999, New Hampshire modified the prescription drug benefit, mental health and substance abuse benefit, and the dental benefit.
- On November 26, 2002, New Hampshire submitted a State plan amendment to indicate the State's compliance with the final SCHIP regulations and to update program descriptions. Additionally, this amendment assures that American Indian/Alaska Native children are exempt from cost-sharing requirements. This amendment also adds good-cause exceptions to the 6-month period of uninsurance prior to enrolling in Healthy Kids Silver and eliminates the 6-month period of uninsurance prior to enrollment in Healthy Kids Gold.

- *On February 24, 2003, New Hampshire submitted a State plan amendment to increase cost sharing in Healthy Kids Silver. The State increased monthly premiums from \$20 to \$25 per child for families with incomes between 185 and 250 percent of the FPL. The State increased monthly premiums from \$40 to \$45 per child for families with incomes above 250 percent of the FPL. The family monthly premium cap increased from \$100 to \$135 for families with incomes above 250 percent of the FPL. Co-payments increased from \$5 to \$10 per office visit, and from \$25 to \$50 per emergency room visit.*

Children Covered Under the Program

- The State reported that 6,575 children were enrolled in Healthy Kids Silver as of March 31, 2003 and 174 children were enrolled in Healthy Kids Gold expansion as of March 31, 2003.

Administration

- New Hampshire's Department of Health and Human Services administers the SCHIP program.

Health Care Delivery System

- The State purchases a managed care product with a focus on preventative and well-child care through the New Hampshire Healthy Kids Corporation (NHHKC).

Benefit Package

- Benchmark-equivalent coverage is provided. An actuarial analysis comparing the benefit package to the Federal Employees Health Benefit Program was conducted.
- Effective January 1, 1999, a State plan amendment modified the prescription benefit, mental health and substance abuse benefit, and dental benefit. An actuarial analysis submitted to CMS demonstrated that health benefit coverage under the amended Title XXI plan remains benchmark-equivalent.

Cost Sharing

- There is no cost sharing in Healthy Kids Gold.
- Healthy Kids Silver cost sharing consists of both premiums and co-pays.
 - *\$25 monthly premium per child for families with incomes between 185 and 250 percent of the FPL. There is a monthly premium cap of \$100 for families with multiple children.*
 - *\$45 monthly premium per child for families with incomes above 250 percent of the FPL. There is a \$135 monthly premium cap for families with multiple children.*

- \$10 co-payment for office visits, \$5 co-payment for generic prescription drugs, \$10 co-payment for brand name prescription drugs \$10, and a \$50 co-payment for emergency room visits unless the patient is admitted to the hospital. The office co-pay does not apply to well-child or preventive health visits, and any covered dental service.

Coordination between Separate Child Health Program and Medicaid

- The same unit determines eligibility for both Healthy Kids Silver and Healthy Kids Gold (Medicaid) that maximizes the coordination of eligibility for both programs. The State will first determine whether or not a child is eligible for Healthy Kids Gold. If the child is eligible, he or she will be enrolled. Only if the child is not eligible for Healthy Kids Gold will he or she be screened and enrolled in Healthy Kids Silver via NHHKC.

Crowd-Out Strategy

- The joint application requests information about current and prior insurance coverage for the most recent 6-month period. If applicants have lost coverage for reasons related to the availability of SCHIP, eligibility for the separate child health program will be denied. The Department can determine that good cause exists for dropping the employer-based coverage.

Outreach Activities

- Outreach materials include a variety of brochures, posters, flyers, and enrollment package materials. The outreach effort takes advantage of seasonal and geographic differences and events, such as the start of the school year. The outreach plan includes distribution of postcards to schools; distribution of information through child care centers, Head Start centers, WIC sites, and other health care providers; use of retail bag stuffers; use of public speaking engagements, news releases, and radio and television public service announcements; a special web site; and direct mail campaigns.

Financial Information

Total FFY 2003 SCHIP Allotment: \$8,903,739
FFY 2003 Enhanced Federal Matching Rate: 65.00%

Updated: CMS, CMSO, FCHPG, DSCHI, July 8, 2003