



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF COMMUNITY & PUBLIC HEALTH

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Donald L. Shumway  
Commissioner

Dianne Luby  
Director

February 22, 1999

Ms. Diona Kristian  
Health Care Financing Administration  
7500 Security Boulevard, S2-01-16  
Baltimore, Maryland 21244-1850

Dear Ms. Kristian:

The State of New Hampshire is submitting a response to the questions and comments on our proposed Title XXI CHIP State Plan Amendment outlined in your **fax** dated February 8, 1999.

1. Please verify that the effective date of this amendment is January 1, 1999.  
*The State of New Hampshire is verifying that the effective date of this amendment is January 1, 1999.*
2. Prior public notice is required whenever States wish to eliminate or restrict eligibility or benefits in accordance with Section **2106(b)(3)(B)(I)** of the Social Security Act (the Act). Please describe the public notice procedure used by the State to provide notice of the proposed restrictions in benefits.  
*The State held a formal public hearing on October 9, 1998 where proposed changes were outlined and public input was requested. In addition the Department did a presentation to the NH Department of Health and Human Services' Outreach Workgroup on October 1, 1998 and to the Consumer Policy Advisory Board on October 15, 1998. Feedback received on the proposed changes was very positive. The only criticism we received **was** that we are not able to cover underinsured children under the Title XXI program.*
3. Section **2103(c)(4)** of the Act requires an actuarial analysis for benchmark equivalent benefits packages. Since the amendment would change the amount and type of benefits covered under the plan, please provide the actuarial analysis to show actuarial equivalence between this new benefits package and the benchmark plan. With respect to the mental health and substance abuse coverage, please explain how adding a service, but maintaining the same number of visits, is actuarially equivalent to the existing mental health coverage.  
*Please see the enclosed letter and chart from Mr. Tom Carlson of William M. Mercer, Inc..*

Ms. Diona Kristian  
February 16, 1999  
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4. The State is proposing to modify the prescription drug benefit to “prescription drugs including all **FDA** approved oral contraceptives and Depoprovera.” If no other prescription contraceptive drugs will be included in this benefit, please revise the template replacement page to indicate that prescription contraceptive drugs are limited to oral contraceptives and Depoprovera.

*Please see the enclosed revised Section 6. The requested change has been completed.*

5. Please clarify what dental services will be covered under the amendment. Is emergency treatment now covered at **100%** as indicated in the letter from Mercer? Does diagnostic and preventive services include services such as stainless steel crowns, space maintainers, routine extractions, replacement of anterior teeth in older children and/or bottle mouth caries?

*Emergency Treatment is covered at 100% under the contract with Blue Cross Blue Shield of New Hampshire as long as treatment is sought within 24 hours of an accident or injury.*

*Stainless steel crowns, extractions, replacement of anterior teeth in older children are not covered unless covered under emergency treatment.*

*Space maintainers are part of preventive services.*

*Bottle mouth caries (Early Childhood Caries) traditionally have two options for treatment: filling the tooth or extracting the tooth, (or teeth as the case may be). Fillings are covered under the dental benefit at 100%. Extractions are not covered,*

Thank you for your continued support in facilitating the approval of these plan modifications. Please contact me directly at 603-271-5249 or email: kdunn@dhhs.state.nh.us, should you require further information.

Sincerely,

Katie Dunn, MPH  
Administrator

cc Dianne Luby, Director  
Kathleen Sgambati, Deputy Commissioner  
Karen Hicks, Office of the Governor  
Ronald Preston, Region 1 HCFA

**Section 6. Coverage Requirements for Children's Health Insurance (Section 2103)**

6.1. The state elects to provide the following forms of coverage to children:  
(Check all that apply.)

- 6.1.1. Benchmark coverage; (Section 2103(a)(1))
- 6.1.1.1. FEHBP-equivalent coverage; (Section 2103(b)(1)) (If checked, attach copy of the plan.)
- 6.1.1.2. State employee coverage; (Section 2103(b)(2)) (If checked, identify the plan and attach a copy of the benefits description.) \_\_\_\_\_
- 6.1.1.3. HMO with largest insured commercial enrollment (Section 2103(b)(3)) (If checked, identify the plan and attach a copy of the benefits description.)
- 6.1.2.  Benchmark-equivalent coverage; (Section 2103(a)(2)) Specify the coverage, including the amount, scope and duration of each service, as well as any exclusions or limitations. Please attach signed actuarial report that meets the requirements specified in Section 2103(c)(4). See instructions.
- 6.1.3. Existing Comprehensive State-Based Coverage; (Section 2103(a)(3)) [Only applicable to New York; Florida; Pennsylvania] Please attach a description of the benefits package, administration, date of enactment. If "existing comprehensive state-based coverage" is modified, please provide an actuarial opinion documenting that the actuarial value of the modification is greater than the value as of 8/5/97 or one of the benchmark plans. Describe the fiscal year 1996 state expenditures for "existing comprehensive state-based coverage."
- 6.1.4. Secretary-Approved Coverage. (Section 2103(a)(4))

6.2. The state elects to provide the following forms of coverage to children:  
(Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations)  
(Section 2110(a))

- 6.2.1.  Inpatient services (Section 2110(a)(1))
- 6.2.2.  Outpatient services (Section 2110(a)(2))
- 6.2.3.  Physician services (Section 2110(a)(3))

*Including primary care providers such as Advanced Registered Nurse Practitioners and Physician Assistants.*

- 6.2.4.  Surgical services (Section 2110(a)(4))
- 6.2.5.  Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))

6.2.6. [X] Prescription drugs (Section 2110(a)(6))

*Prescription contraceptive drugs are limited to FDA approved oral contraceptives and Depoprovera.*

6.2.7. Over-the-counter medications (Section 2110(a)(7))

6.2.8. [X] Laboratory and radiological services (Section 2110(a)(8))

6.2.9. [X] Prenatal care and prepregnancy family services and supplies (Section 2110(a)(9))

6.2.10. [X] Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10))

*Maximum of 15 days per year*

6.2.11. [X] Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11))

*Maximum of 20 visits per year*

6.2.12. [X] Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))

*Eyeglasses and hearing aids plus other DME as determined to be medically necessary and consistent with diagnosis.*

6.2.13. [X] Disposable medical supplies (Section 2110(a)(13))

*Disposable medical supplies as medically necessary and consistent with diagnosis, are covered.*

6.2.14. [X] Home and community-based health care services (See instructions) (Section 2110(a)(14))

*20 home health visits a year.*

6.2.15. Nursing care services (Section 2110(a)(15))

6.2.16. Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))

6.2.17. [X] Dental services (Section 2110(a)(17))

*Diagnostic and preventive services including sealants and fillings are covered 100% up to a maximum \$500 per child per year.*

6.2.18.[X] Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18))

*Inpatient detoxification for medically necessary stays. No limit on the number of times a member may be admitted for inpatient detoxification.*

6.2.19.[X] Outpatient substance abuse treatment services (Section 2110(a)(19))

*Outpatient substance abuse visits wrapped into the 20 outpatient mental health benefit. Therefore a member will have a total of 20 outpatient visits for mental health and substance abuse counseling. Not 20 visits for each.*

6.2.20. Case management services (Section 2110(a)(20))

6.2.21.[X] Care coordination services (Section 2110(a)(21))

*To be provided as part of the role of the Primary Care Provider.*

6.2.22.[X] Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))

*24 visits for speech therapy; 24 visits for occupational therapy or 24 visits for physical therapy or a combination of occupational and physical therapies.*

6.2.23.[X] Hospice care (Section 2110(a)(23))

6.2.24.[X] Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))

*Chiropractic services*

6.2.25. Premiums for private health care insurance coverage (Section 2110(a)(25))

6.2.26.[X] Medical transportation (Section 2110(a)(26))

*Emergency transportation by ambulance*

6.2.27.[X] Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))

*Non-emergent transportation will be available through the State's Medicaid Administration Bureau's transportation program. Enrollees must meet the program's requirements for reimbursement of transportation related expenses.*

6.2.28. Any other health care services or items specified by the Secretary and not included under this section (Section 2110(a)(28))

*Skilled nursing and rehabilitation facility services as deemed medically necessary and pre-authorized by the healthplan.*