OPEN MINDS

# New Hampshire Health & Human Services System Market Profile



# Health & Human Services System Market Profile Overview



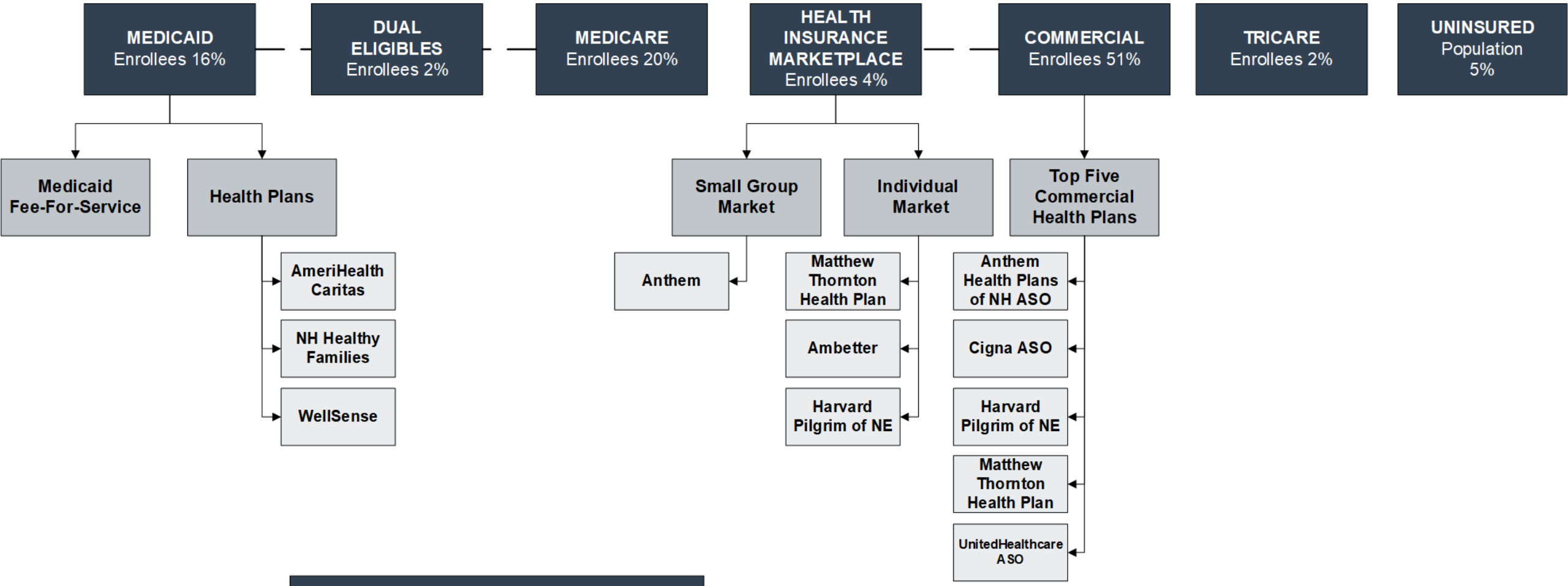

 

# A. Executive Summary

# A.1. New Hampshire Physical Health Care Coverage by Payer

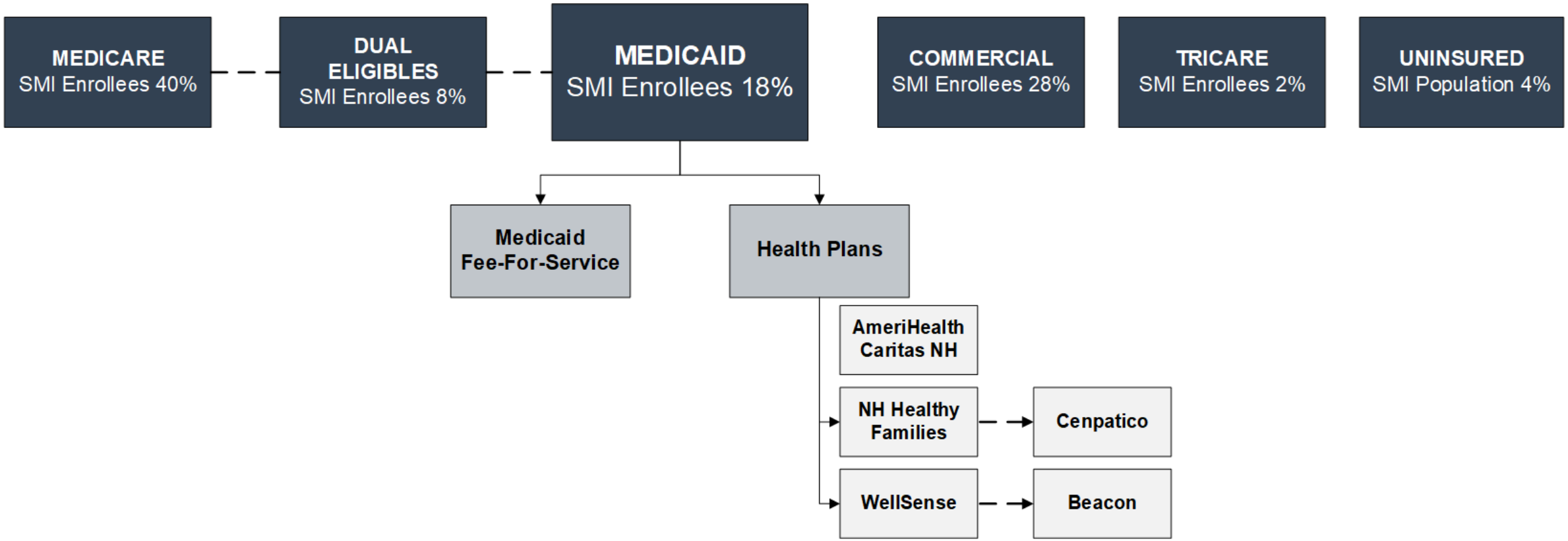
Total New Hampshire Population- 1,388,992
Estimated SMI Population- 103,932




"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

# A.1. New Hampshire Behavioral Health Care Coverage by Payer




- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- ← — – Denotes a behavioral health subcontractor

# A.2. Medicaid Care Coordination Initiatives

| Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI) | | |
|---|---|---|
| **Care Coordination Entity** | **Active Program** | **Description** |
| Managed Care Health Plan | ✓ | Health plans are responsible for care coordination. |
| Primary Care Case Management (PCCM) | | None |
| Accountable Care Organization (ACO) Program | | None |
| Affordable Care Act (ACA) Model Health Home | | The state is considering adding health homes for mental health and addiction treatment services. |
| Patient-Centered Medical Home (PCMH) | | None |
| Dual Eligible Demonstration | | None |
| Managed Long-Term Services and Supports (MLTSS) | | The state was considering adding MLTSS to their managed care procurement but did not include it in the contract. |
| Certified Community Behavioral Health Clinics (CCBHC) Grant | ✓ | In 2023, the state received a one-year planning grant to expand their CCBHC program. And two planning, development, and implementation grants were awarded for 2022. |

# A.3. Health Care Safety-Net Delivery System

## State Agencies Responsible For Uninsured Citizens & Delivery System Model

### Physical Health Services

- The Bureau of Community Health Services within the Department of Health and Human Services provides physical health services to the uninsured population.

### Mental Health Services

- The Division for Behavioral Health within the Department of Health and Human Services contracts with 10 private, non-profit community mental health centers that provide mental health services on a regional basis.

### Addiction Treatment Services

- The Division for Behavioral Health within the Department of Health and Human Services provides addiction treatment services to the safety-net population through a network of provider organizations.

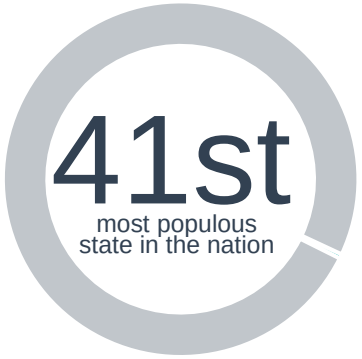

 

# B. New Hampshire Health Financing System Overview

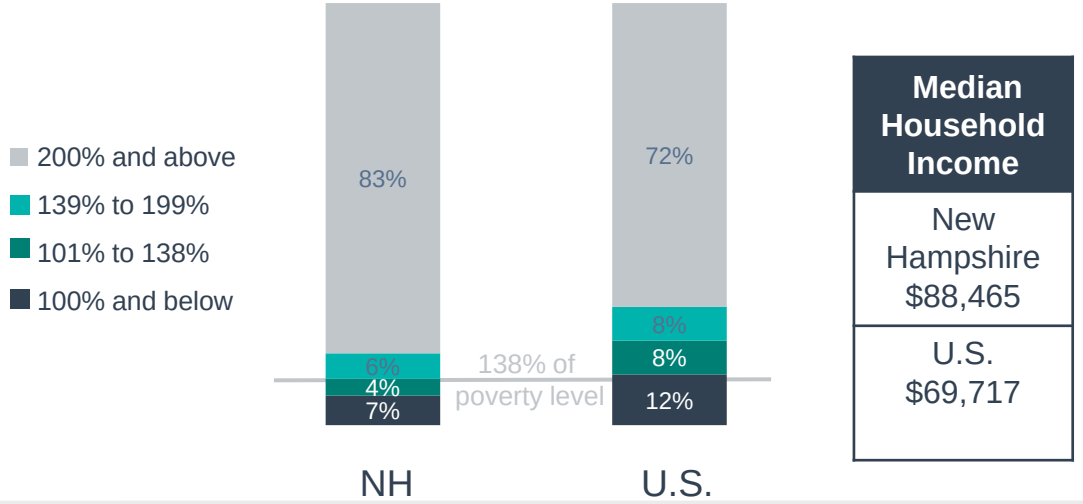
# B.1. Population Demographics

Total New Hampshire Population- 1,388,992
Estimated SMI Population- 103,932



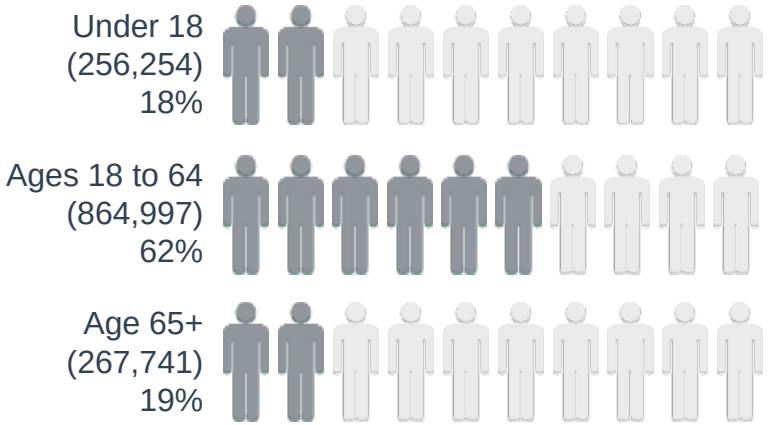

<1% of the
U.S. population

## Population Distribution By Income To Poverty Threshold Ratio

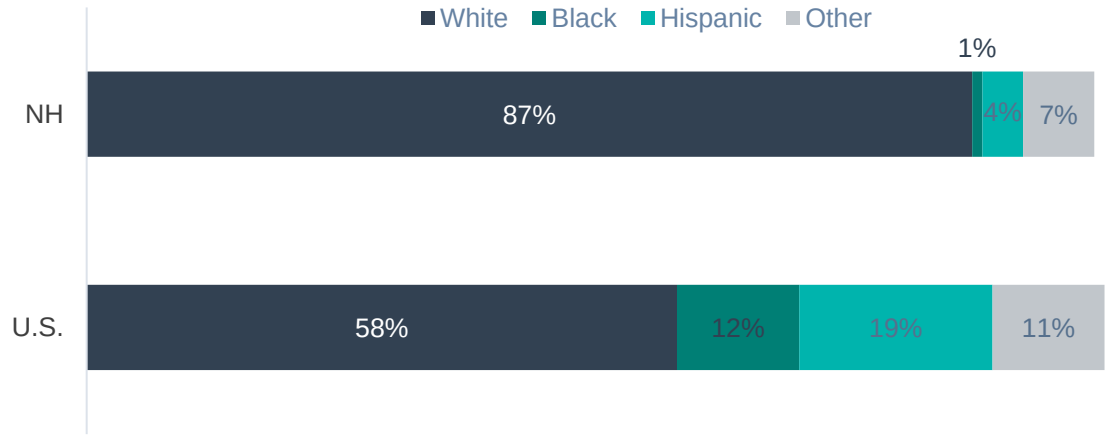



| Median Household Income | |
|---|---|
| New Hampshire | $88,465 |
| U.S. | $69,717 |

## Population Distribution By Age




## New Hampshire & U.S. Racial Composition

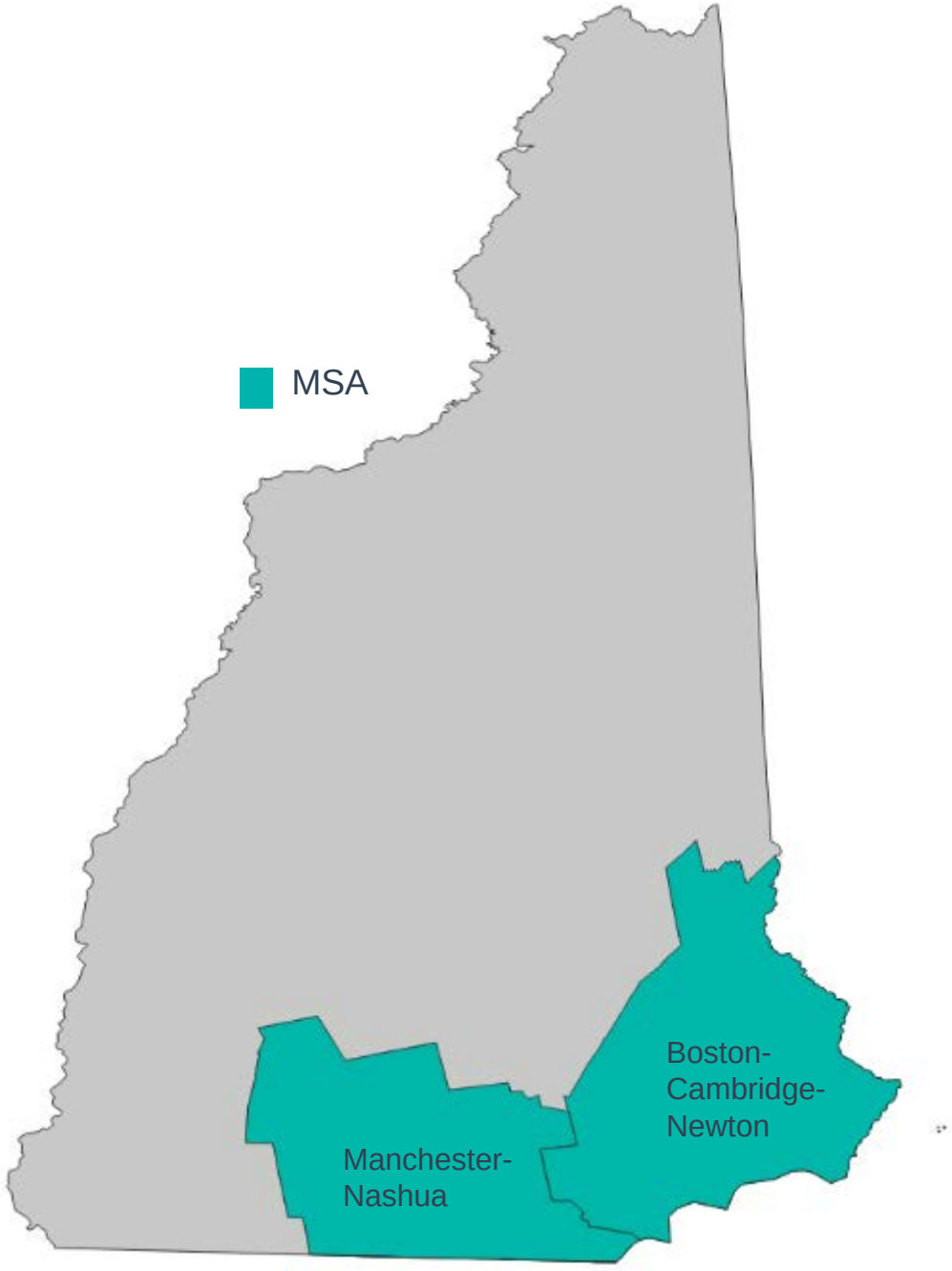




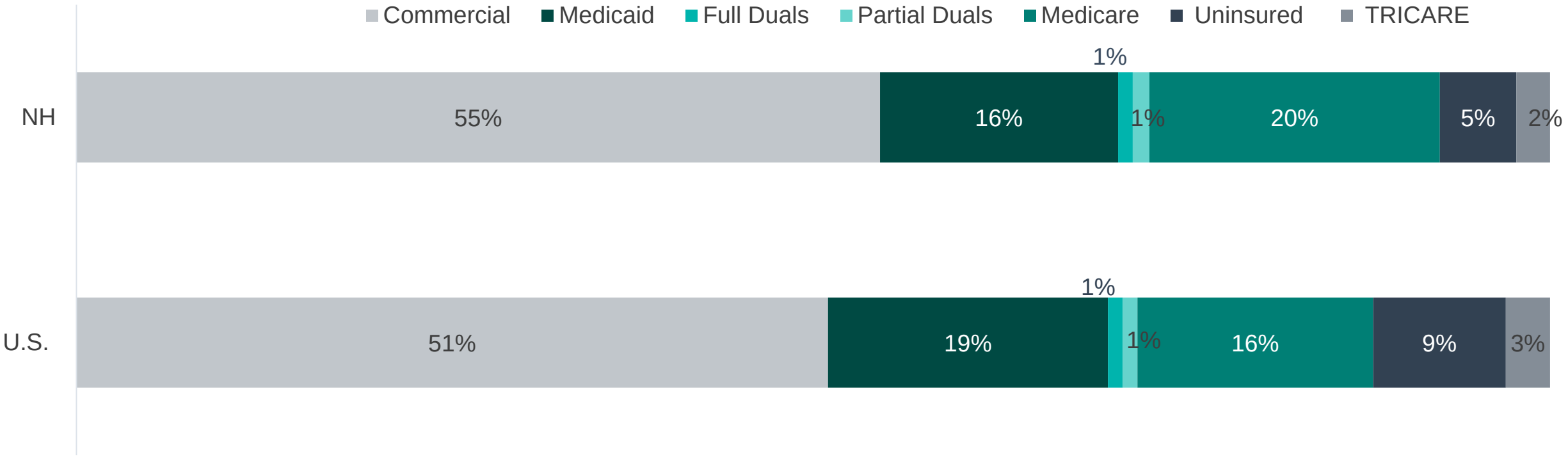
 

# B.2. Population Centers

| Metropolitan Statistical Areas (MSAs) | | |
|---|---|---|
| **MSA** | **New Hampshire MSA Residents** | **Percent of MSA** |
| **Total MSA Population** | **5,327,144** | **N/A** |
| Boston-Cambridge-Newton, MA-NH | 4,900,550 | N/A |
| Manchester-Nashua, NH | 426,594 | 31% |



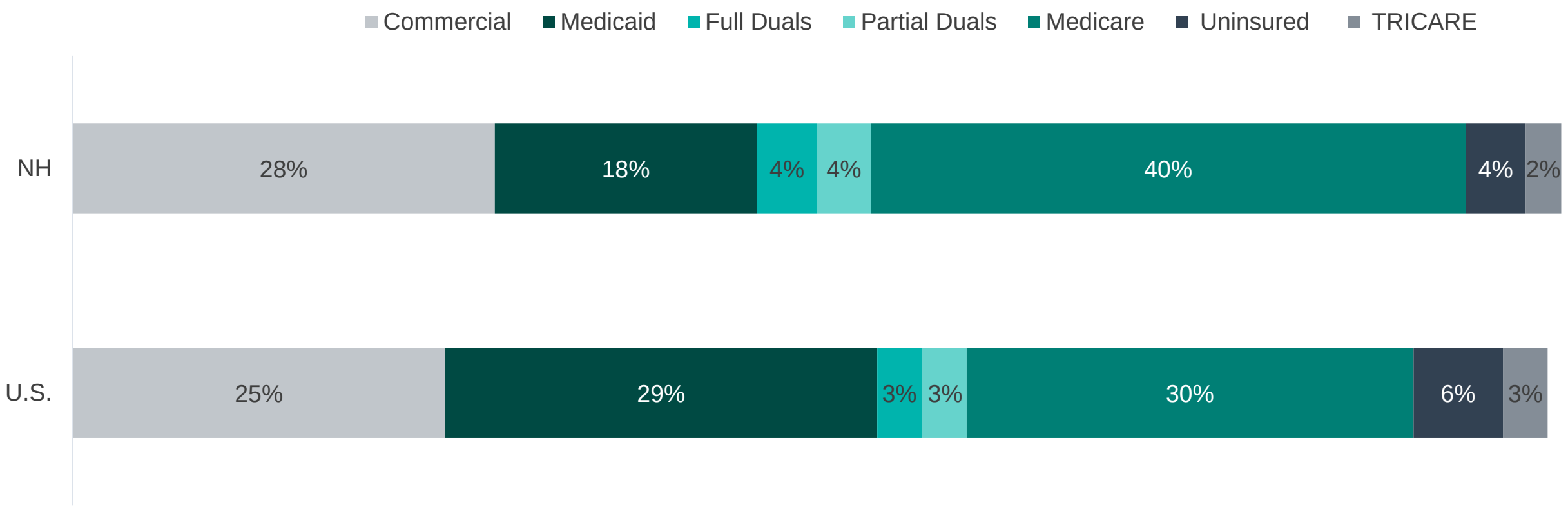
# B.3. Population Distribution By Payer: National vs. State





# B.3. SMI Population Distribution By Payer: National vs. State





# B.4. Largest New Hampshire Health Plans By Enrollment

| Plan Name | Plan Type | Enrollment* |
|---|---|---|
| Medicare fee-for-service (FFS) | Medicare | 234,713 |
| Anthem Health Plans of New Hampshire | Commercial administrative services organization (ASO) | 180,995 |
| Matthew Thornton Health Plan | Commercial ASO | 154,205 |
| WellSense | Medicaid managed care | 98,402 |
| New Hampshire Healthy Families | Medicaid managed care | 90,880 |
| Cigna ASO | Commercial ASO | 82,311 |
| Harvard Pilgrim Health Care of New England | Commercial | 70,204 |
| Harvard Pilgrim Health Care Insurance Company | Commercial | 64,487 |
| UnitedHealthcare ASO | Commercial ASO | 55,785 |
| AmeriHealth Caristas | Medicaid managed care | 54,837 |

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

# B.4. Largest New Hampshire Health Plans By Estimated SMI Enrollment

| Plan Name | Plan Type | Enrollment* | Estimated SMI Enrollment |
|---|---|---|---|
| Medicare fee-for-service (FFS) | Medicare | 234,713 | 37,554 |
| WellSense | Medicaid managed care | 98,402 | 8,463 |
| New Hampshire Healthy Families | Medicaid managed care | 90,880 | 7,816 |
| Anthem Health Plans of New Hampshire | Commercial | 180,995 | 7,421 |
| Matthew Thornton Health Plan | Commercial | 154,205 | 6,322 |
| AmeriHealth Caritas | Medicaid managed care | 54,837 | 4,716 |
| Cigna ASO | Commercial ASO | 82,311 | 3,375 |
| Harvard Pilgrim Health Care of New England | Commercial | 70,204 | 2,878 |
| Harvard Pilgrim Health Care Insurance Company | Commercial | 64,487 | 2,644 |
| TRICARE | Other public | 31,270 | 2,595 |

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

# B.5. Health Insurance Marketplace

| Health Insurance Marketplace | |
|---|---|
| Health Plan Marketplace Percentage | 4% |
| Type of Marketplace | State & Federally run |
| Individual Enrollment Contact | https://www.healthcare.gov/ |
| | 1-800-318-2596 |
| Small Business Enrollment Contact | https://www.healthcare.gov/small-businesses/ |
| | 1-800-706-7893 |

| 2023 Individual Market Health Plans |
|---|
| 1. Ambetter<br>2. Harvard Pilgrim Health Care of NE<br>3. Matthew Thornton Health Plan (Anthem BCBS) |

| 2023 Small Group Market Health Plans |
|---|
| 1. Matthew Thornton Health Plan (Anthem BCBS) |

# B.6. Accountable Care Organizations (ACOs)

| Medicare Shared Savings Model ACOs |
|---|
| 1. Beth Israel Deaconess Care Organization |
| 2. Circle Health Alliance, LLC |
| 3. Lahey Clinical Performance ACO, LLC |
| 4. LTC ACO, LLC |
| 5. MaineHealth Accountable Care Organization, LLC |
| 6. NH Value Care ACO LLC |
| 7. NH-Cares ACO, LLC |
| 8. Partners HealthCare Accountable Care Organization LLC |
| 9. SolutionHealth ACO LLC |
| 10. Steward National Care Network, Inc |

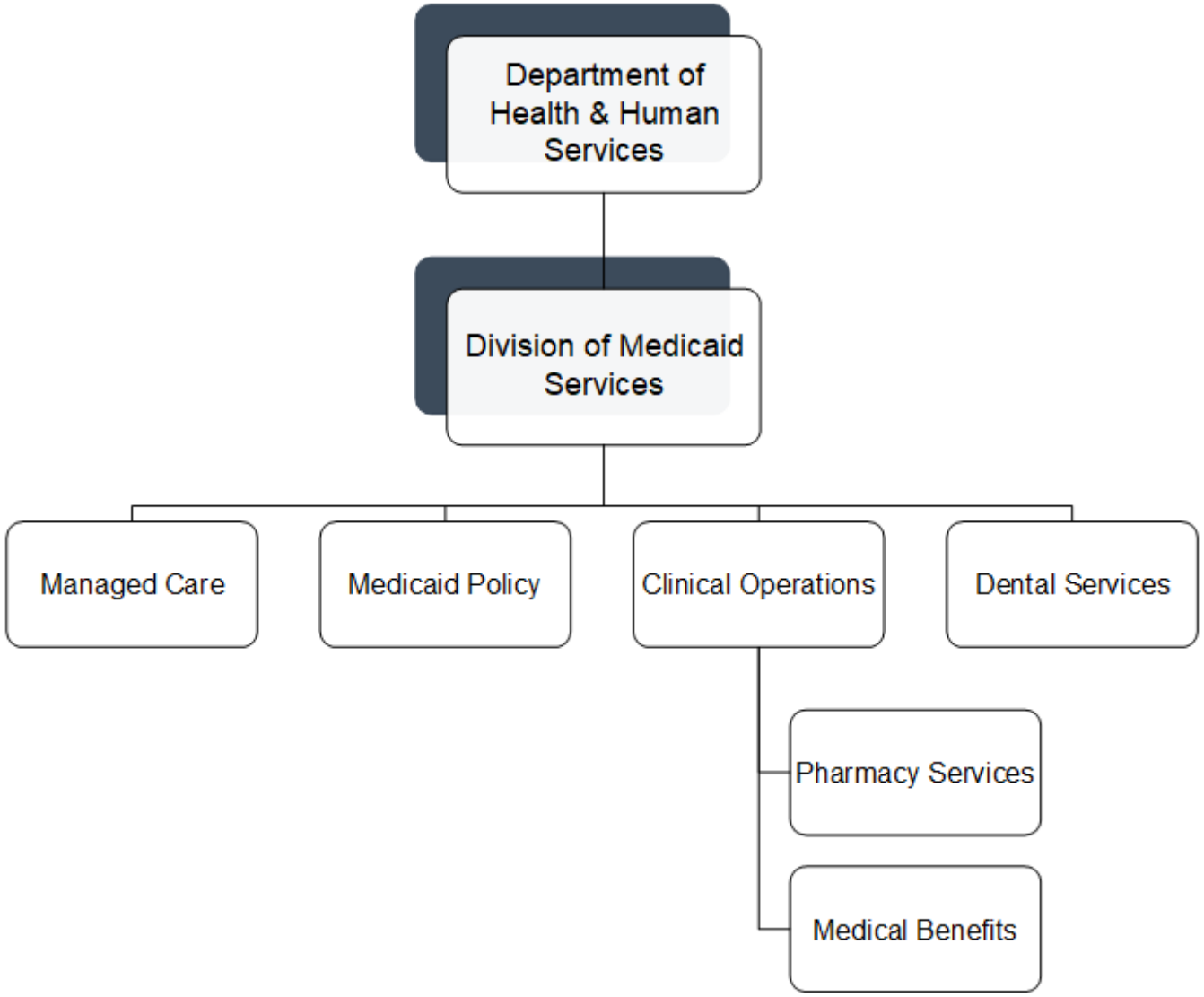
| Next Generation ACOs |
|---|
| 1. NEQCA Accountable Care, Inc |

| Commercial ACOs | |
|---|---|
| **ACO** | **Commercial Insurer** |
| Core Physicians | Cigna |
| Derry Medical Center | Cigna |
| Granite Healthcare Collaborative Accountable Care | Cigna, UnitedHealthcare |
| Martin's Point Health Care | Aetna, Cigna |

# C. Medicaid Administration, Governance & Operations

# C.1. Medicaid Governance: Organization Chart



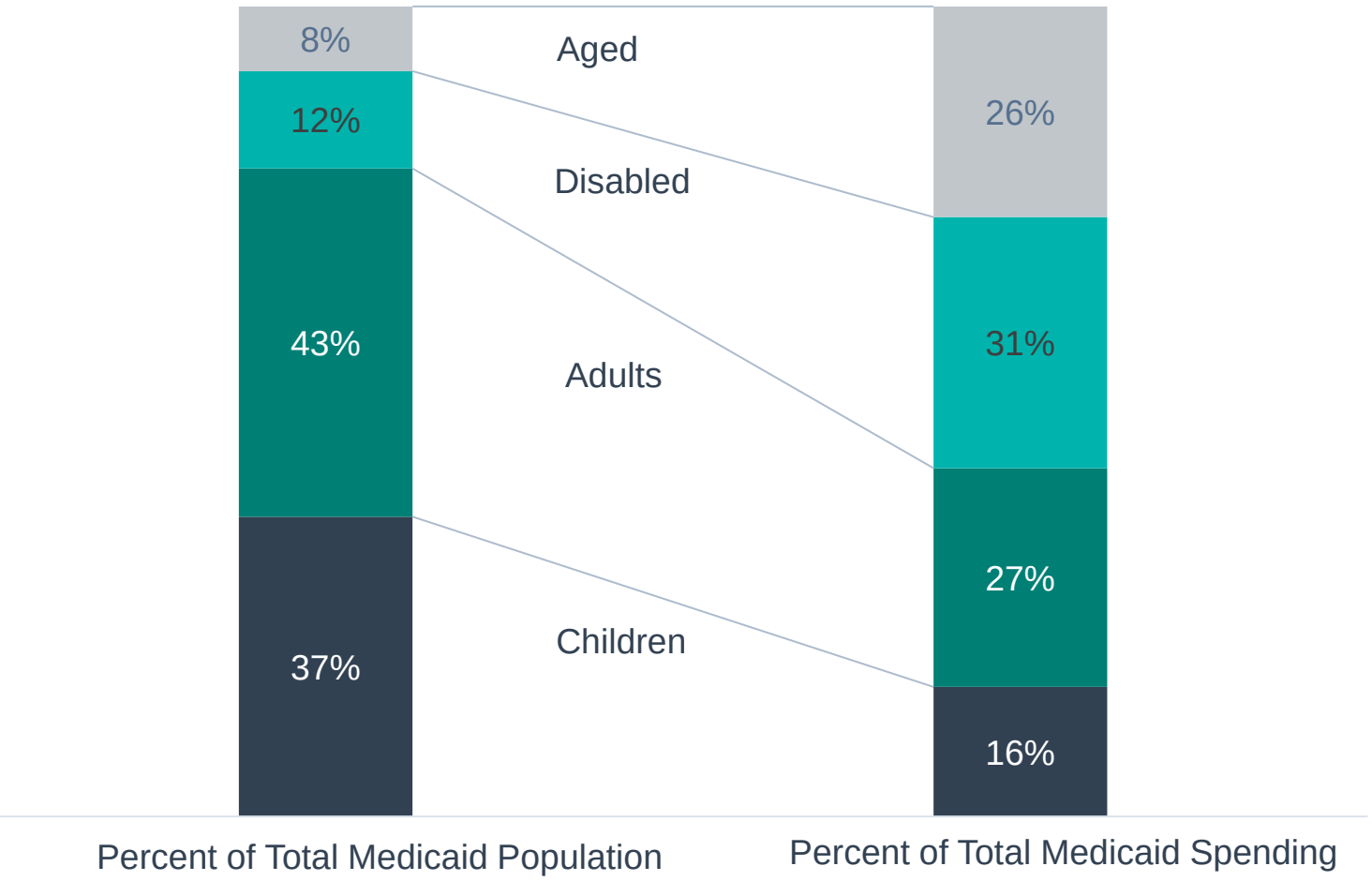


# C.1. Medicaid Governance: Key Leadership

| Name | Position | Department | Email |
|---|---|---|---|
| Lori Weaver | Interim Commissioner | Department of Health and Human Services (DHHS) | lori.weaver@dhhs.nh.gov |
| Henry Lipman | Director | DHHS, Division of Medicaid Services | henry.lipman@dhhs.nh.gov |
| Vacant | Deputy Medicaid Director | DHHS, Division of Medicaid Services | N/A |

# C.2. Medicaid Program Spending By Eligibility Group




| Medicaid Spending Per Enrollee, FY 2020 | | |
|---|---|---|
| | U.S. | NH |
| All populations | $8,718 | $10,197 |
| Children | $3,495 | $4,168 |
| Adults | $5,461 | $6,443 |
| Expansion adults | $7,227 | $7,262 |
| Blind and disabled | $23,123 | $23,545 |
| Aged | $18,552 | $31,801 |

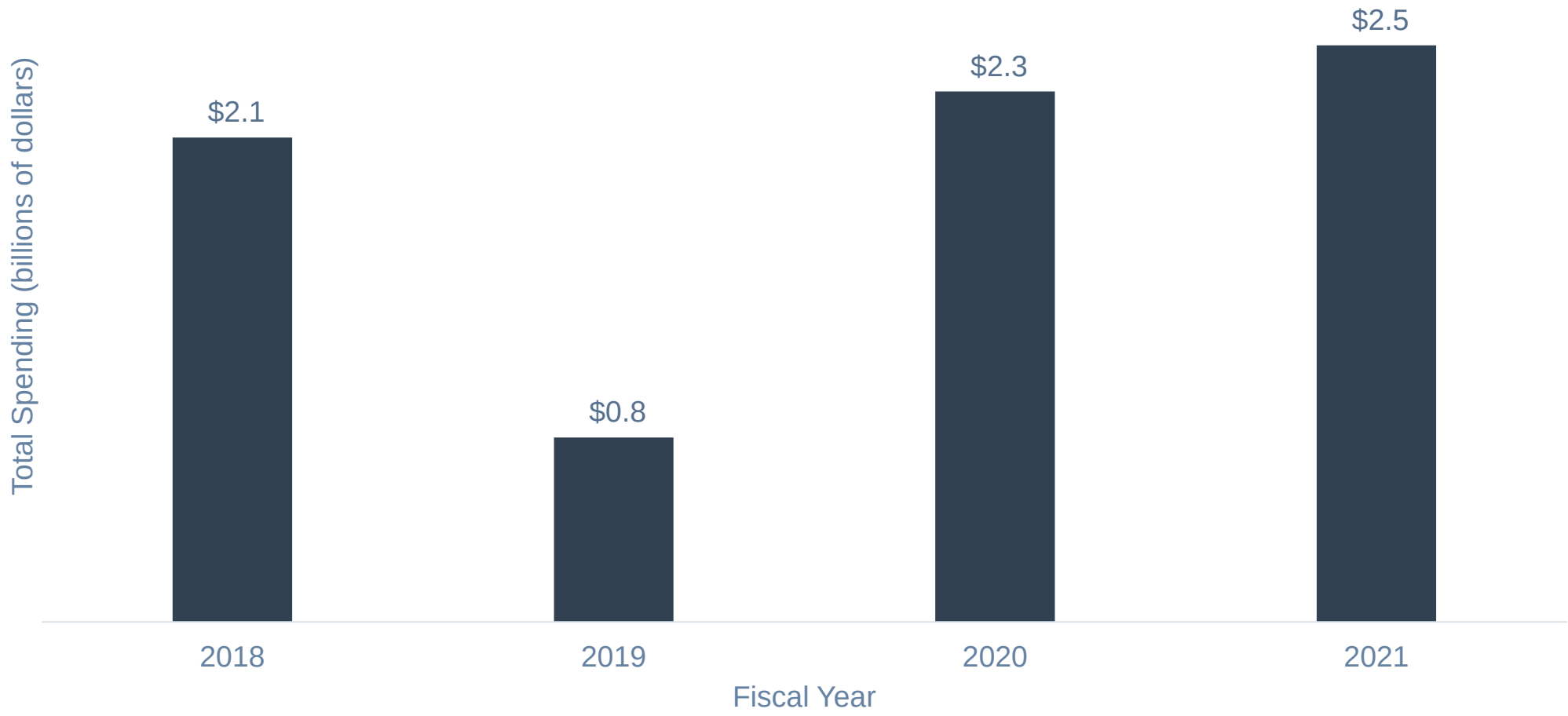
Based on FY 2020 data

# C.2. Medicaid Program Spending: Budget

| Budget Item | SFY21 Est. Spending | Percent Of Budget |
|---|---|---|
| Managed care and premium assistance | $1,153,000,000 | 47% |
| Institutional LTSS | $449,000,000 | 18% |
| Home- and community-based LTSS | $400,000,000 | 16% |
| Hospital | $216,000,000 | 9% |
| Other acute | $157,000,000 | 6% |
| Medicare premiums and coinsurance | $44,000,000 | 2% |
| Dental | $22,000,000 | 1% |
| Physician | $4,000,000 | <1% |
| Clinic and health center | $4,000,000 | <1% |
| Other practitioner | $1,000,000 | <1% |
| **Budget Total: $2,450,000,000** | | |

| Federal & County Financial Participation | |
|---|---|
| FY 2023 Federal Medical Assistance Percentage (FMAP) | 56.2% |
| CY 2023 Newly Eligible FMAP (expansion population) | 88% |
| Counties contribute to state Medicaid share | No |

# C.2. Medicaid Program Spending: Change Over Time





# C.3. Medicaid Expansion Status

| Medicaid Expansion | |
|---|---|
| **Participating In Expansion** | Yes |
| **Date Of Expansion** | August 2014 |
| **Medicaid Eligibility Income Limit For Able-Bodied Adults** | 133% of the Federal Poverty Level (FPL)<br>Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility. |
| **Legislation Used To Expand Medicaid** | 1. Authorized by: Senate Bill 413, 2014 Regular Session<br>2. Reauthorized by: House Bill 1696, 2016 Regular Session |
| **Number Of Individuals Enrolled In The Expansion Group (April 2023)** | 90,597 |
| **Number Of Enrollees Newly Eligible Due To Expansion** | 90,128 |
| **Benefits Plan For Expansion Population** | The alternative benefit plan is identical to the state plan benefit package. |

# C.4. Medicaid Program Benefits

## Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

## New Hampshire's Optional Services

1. Inpatient psychiatric facility for those under age 22
2. Prescribed drugs
3. Community mental health centers
4. Psychology
5. Physical, occupational, and speech therapy
6. Audiology services
7. Podiatry services
8. Private duty nursing
9. Adult medical day care
10. Personal care services
11. Optometric services – eyeglasses
12. Furnished medical supplies and durable medical equipment
13. Home visiting services
14. Skilled nursing facility
15. Dental
16. Day habilitation center
17. Intensive home and community services
18. Private non-medical institution for children
19. Targeted case management
20. Medicaid to school – clinic services

# D. Medicaid Financing & Service Delivery System

# D.1. Medicaid Financing & Service Delivery System

| Medicaid System Characteristics | | |
|---|---|---|
| **Characteristics** | **Medicaid Fee-For-Service (FFS)** | **Medicaid Managed Care** |
| **Enrollment (June 2023)** | 2,370 | 198,894 |
| **SMI Enrollment** | • New Hampshire does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.<br>• *OPEN MINDS* estimates 1% of the SMI population in FFS, 99% in managed care | |
| **Management** | Department of Health and Human Services | Three health plans |
| **Payment Model** | FFS | Capitated rate |
| **Geographic Service Area** | Statewide | Statewide |

**Total Medicaid: 201,264 | Total Medicaid With SMI: 17,308**

# D.1. Medicaid System Overview

| Medicaid Financial Delivery System Enrollment | |
|---|---|
| Total Medicaid population distribution | As of June 2023: 1% in fee-for-service (FFS), 99% in managed care |
| SMI population inclusion in managed care | • New Hampshire does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.<br>• Estimated 1% of population in FFS, 99% in managed care |
| Dual eligible population inclusion in managed care | • Managed care is mandatory for full benefit dual eligibles.<br>• Estimated 100% of the population in managed care |

| Medicaid Financing & Risk Arrangements: Behavioral Health | | |
|---|---|---|
| **Service Type** | **FFS Population** | **Managed Care Population** |
| Traditional behavioral health | Covered FFS by the state | Included in the health plan's capitation rate |
| Specialty behavioral health | Covered FFS by the state | Included in the health plan's capitation rate |
| Pharmaceuticals | Covered FFS by the state | Included in the health plan's capitation rate |
| Long-term services and supports (LTSS) | Covered FFS by the state | Covered FFS by the state |

# D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

| Population | Mandatory FFS Enrollment | Option To Enroll In FFS Or Managed Care | Mandatory Managed Care Enrollment |
|---|---|---|---|
| Parents and caretakers | | | X |
| Children | | | X |
| Blind and disabled individuals | | | X |
| Aged individuals | | | X |
| Dual eligibles | X (partial benefit) | | X (full benefit) |
| Medicaid expansion | | | X |
| Individuals residing in nursing homes | | | X |
| Individuals in foster care | | | X |
| Other populations | • Individuals receiving Veterans Affairs benefits<br>• Individuals with presumptive eligibility<br>• Family planning-only beneficiaries<br>• Health insurance premium payment beneficiaries<br>• Medically needy individuals on spend down | | • Members of federally recognized tribes<br>• Breast and cervical cancer program enrollees<br>• Individuals in the Work Incentives program. |

# D.2. Medicaid FFS Program: Overview

- As of June 2023, FFS enrollment was 2,370.

# D.2. Medicaid FFS Program: Behavioral Health Benefits

| FFS Mental Health Benefits |
| --- |
| 1. Inpatient services |
| 2. Emergency services |
| 3. Group and individual illness management and recovery |
| 4. Individual, group, and family psychotherapy |
| 5. Assessment, testing, and evaluation |
| 6. Crisis services |
| 7. Comprehensive medication services |
| 8. Comprehensive community support services |
| 9. Supported employment |
| 10. Psychoeducation |
| 11. Case management |
| 12. Partial hospitalization |
| 13. Therapeutic behavioral services |

| FFS Addiction Treatment Benefits |
| --- |
| 1. Inpatient services |
| 2. Outpatient services |
| 3. Intensive outpatient services |
| 4. Residential treatment, including in IMDs |
| 5. Medically supervised withdrawal management |
| 6. Screening, Brief Intervention, and Referral to Treatment (SBIRT) |
| 7. Medication assisted treatment (MAT) |
| 8. Partial hospitalization |
| 9. Recovery support services |

# D.2. Medicaid FFS Program: SMI Population

- New Hampshire does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of June 2023, *OPEN MINDS* estimates that 1% of the SMI population is enrolled in FFS. Therefore, the majority of the SMI population is in managed care.

# D.2. Medicaid FFS Program: Pharmacy Benefit

| New Hampshire FFS Program Pharmacy Benefit & Utilization Restrictions | |
|---|---|
| **State Uses Pharmacy Benefit Manager** | Yes, Magellan Medicaid Administration. |
| **Responsible For Financing General Pharmacy Benefit** | Medicaid FFS |
| **Responsible For Financing Mental Health Pharmacy Benefit** | Medicaid FFS |
| **State Uses A Preferred Drug List (PDL) For General Pharmacy** | Yes |
| **State Uses A PDL For Mental Health Drugs** | Yes, antipsychotics, antidepressants, anticonvulsants, and anxiolytics are included on the pharmacy PDL. |
| **State Uses A PDL For Addiction Treatment Drugs** | Yes, addiction treatment drugs are included on the pharmacy PDL. |
| **Coverage Of Antipsychotic Injectable Medications** | Antipsychotic injectable medications are non-preferred drugs. Members must have trial and failure of one preferred drug for antipsychotic injectable medication to be covered as a pharmacy benefit. |
| **Utilization Restrictions For Mental Health Or Addiction Treatment Drugs** | • For most classes of drugs, non-preferred drugs require prior authorization.<br>• For mental health drugs, at least one preferred drug must be tried before non-preferred drugs are authorized.<br>• Restrictions vary by drug and may be subject to quantity limits, age/gender restrictions, and/or step therapy. |
| **State Has A Pharmacy Lock-In Program Or Other Restriction Program** | The state does not operate a pharmacy lock-in program. However, members suspected of drug misuse may be restricted to one pharmacy. |

# D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of June 2023 was 198,894.
- New Hampshire has two managed care programs:
  - Medicaid Care Management (MCM) – Provides physical and behavioral health and pharmacy benefits to children, parent/caretaker relatives, individuals in foster care, and the aged, blind, and disabled population.
  - Granite Advantage – Replaced the New Hampshire Health Protection Program (NHHPP) program for the Medicaid expansion population on January 1, 2019. Under the new program, the Medicaid expansion population receives coverage through the Medicaid Care Management health plans.
- In August 2018, New Hampshire released a request for proposals to re-procure the Medicaid Care Management health plans. The new contracts went into effect on September 1, 2019. Contracts were awarded to three health plans:
  - New Hampshire Healthy Families (incumbent), WellSense Health Plans (incumbent), and AmeriHealth Caritas New Hampshire (new entrant).
  - No new populations or services were moved to the health plan's capitation rate under the contract.
- The managed care contract includes a requirement for the health plans to submit a payment reform plan to the state each year detailing its plan to engage provider organizations in innovative payment models, including pay-for-performance, shared savings, shared risk, and capitation.
- The state intends to withhold 2% of the health plans capitation rate to ensure the health plans meet the baseline withhold and performance measures. During the first year of the contract, the health plans are being assessed on their proficiency using 11 measures across three categories: Care management (three measures), quality improvement (six measures), and behavioral health (two measures). These measures began being monitored on January 1, 2020.
  - The behavioral health measures assess the percentage of members using CMHC program services that receive assertive community treatment (ACT) consistent with a fidelity score of 85 or higher; and the percentage of members in an emergency department or hospital setting awaiting psychiatric placement for 24 hours or more.

# D.3. Medicaid Managed Care Program: Granite Advantage

- The Granite Advantage program was implemented on January 1, 2019 and replaced the NHHPP.
  - Under NHHPP, the Medicaid expansion population was enrolled in qualifying health plans on the health insurance marketplace.
- In June 2023, enrollment was 67,833.
- The Medicaid expansion population will have a choice of one of the three MCM health plans that operate statewide.
  - The switch adopts the Medicaid state plan copayment structure, reducing the cost-sharing requirements under the NHHPP.
  - Chiropractic benefits are no longer available under the switch.

# D.3. Medicaid Managed Care Program: Health Plan Characteristics

## New Hampshire Healthy Families

1. Profit status: For-profit
2. Parent company: Centene Corporation
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefits manager: US Scripts
5. Enrollment share: 37%

## Well Sense Health Plan

1. Profit status: Non-profit
2. Parent company: Boston Medical Center Health Plan
3. Behavioral health subcontractor: Beacon Health Options
4. Pharmacy benefits manager: EnvisionRx
5. Enrollment share: 40%

## AmeriHealth Caritas New Hampshire

1. Profit status: For-profit
2. Parent company: Independence Health Group
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: PerformRX
5. Enrollment share: 22%

# D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Behavioral health and pharmacy benefits are included in the health plan's capitation rate.
- The new contracts have provisions specific to behavioral health conditions, including:
  - Required to contract with all willing peer recovery organizations and methadone clinics;
  - Offer enhanced reimbursement and develop alternative payment models for MAT;
  - Develop performance improvement projects for behavioral health;
  - Reimburse addiction treatment provider organizations at no less than the Medicaid FFS rates; and
  - Enter into capitated agreements with the community mental health centers and addiction treatment provider organizations.

# D.3. Medicaid Managed Care Program: Behavioral Health Benefits

| Managed Care Mental Health Benefits |
| --- |
| 1. Inpatient services |
| 2. Emergency services |
| 3. Group and individual illness management and recovery |
| 4. Individual, group, and family psychotherapy |
| 5. Assessment, testing, and evaluation |
| 6. Crisis services |
| 7. Comprehensive medication services |
| 8. Comprehensive community support services |
| 9. Supported employment |
| 10. Psychoeducation |
| 11. Case management |
| 12. Partial hospitalization |
| 13. Therapeutic behavioral services |

| Managed Care Addiction Treatment Benefits |
| --- |
| 1. Inpatient services |
| 2. Outpatient services |
| 3. Intensive outpatient services |
| 4. Residential treatment, including in IMDs |
| 5. Medically supervised withdrawal management |
| 6. Screening, Brief Intervention, and Referral to Treatment (SBIRT) |
| 7. Medication assisted treatment (MAT) |
| 8. Partial hospitalization |
| 9. Recovery support services |

# D.3. Medicaid Managed Care Program: SMI Population

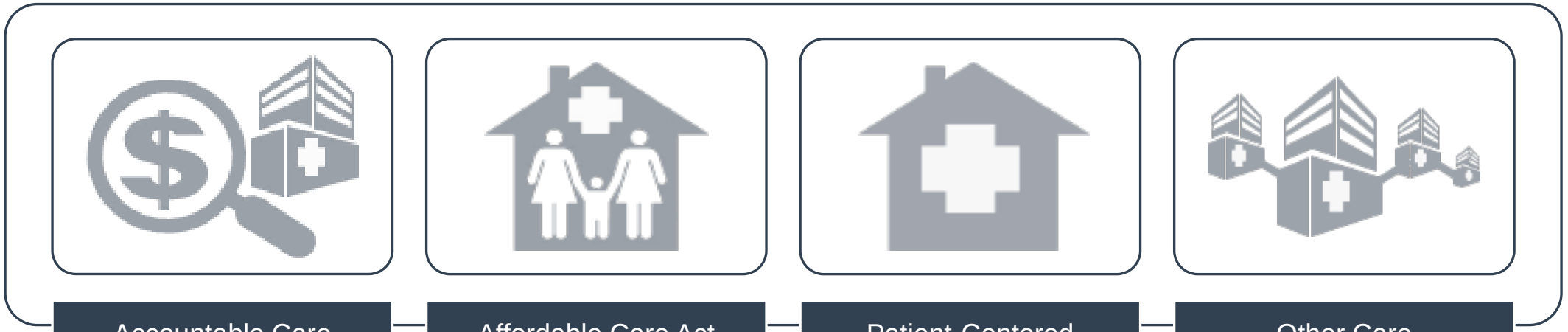
- New Hampshire does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of June 2023, *OPEN MINDS* estimates that 99% of the SMI population is enrolled in managed care.

# D.3. Medicaid Managed Care Program: Pharmacy Benefit

All managed care plan are required to adhere to the state's FFS PDL.

| New Hampshire Managed Care Program Pharmacy Benefit | |
|---|---|
| **Responsible For Financing General Pharmacy Benefit** | Health plan |
| **Responsible For Financing Mental Health Pharmacy Benefit** | Health plan |
| **Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy**<br>**Health Plan Uses A PDL For Mental Health Drugs**<br>**Health Plan Uses A PDL For Addiction Treatment Drugs** | • Yes, the health plans are required to follow the FFS PDL. The managed care plans are able to set their own requirements for therapeutic classes not currently managed by the FFS PDL.<br>• As of September 1, 2019, the state no longer requires Hepatitis C prescriptions to be covered solely FFS and can instead be offered by the Managed Care Organizations. |
| **Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs** | The health plans are required to follow the state PDL, managed care plans are able to set their own requirements for therapeutic classes not currently managed by the FFS PDL.<br>Coverage of the prescription drug Zolgensma is covered solely FFS. |
| **Health Plan Allowed To Implement Pharmacy Lock-In Program** | Each health plan may design their own lock-in program, which is subject to approval by the state. |

# D.4. Medicaid Program: Care Coordination Initiatives



| Accountable Care Organization (ACO) Program | Affordable Care Act Health Home | Patient-Centered Medical Home | Other Care Coordination Initiatives |
|---|---|---|---|
| None | The state is considering adding health homes for mental health and addiction treatment services. | None | None |

# D.5. Medicaid Program: Demonstration & Care Management Waivers

| Waiver Title | Waiver Description | Waiver Type | Enrollment Cap | Effective Date | Expiration Date |
|---|---|---|---|---|---|
| New Hampshire Granite Advantage Health Care Program | • Authorizes the state to enroll the Medicaid expansion population in the Medicaid health plans and adds community engagement requirements as a condition of eligibility.<br>• On July 29, 2019, the U.S. District Court vacated the community engagement requirements. The waiver still provides coverage to the expansion population. | 1115 | None | 01/01/2016 | 12/31/2023 |
| New Hampshire Substance Use Disorder Serious Mental Illness and Serious Emotional Disturbance Treatment Recovery and Access | Authorizes the state to provide addiction treatment services, including residential services, in an IMD. | 1115 | None | 07/10/2018 | 06/30/2024 |
| Mandatory Managed Care for State Plan Services for Currently Voluntary Populations (NH-01) | Mandate enrollment in a managed care delivery system for those enrollees identified at 42 CFR 438.50(d)(1-3). | 1915 (b) | None | 10/01/2022 | 09/30/2024 |
| New Hampshire Medicaid Care Management Dental Services (NH-02) | Planning for an adult dental benefit that includes diagnostic, preventive, limited periodontal, restorative, and oral surgery services for all Medicaid eligible adults age 21 and older. | 1915 (b) | None | 04/01/2023 | 03/31/2025 |

# D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

| Waiver Title | Target Population | 2023 Enrollment Cap | Operating Unit | Concurrent Management Authority |
|---|---|---|---|---|
| NH Developmental Disabilities Waiver (0053.R07.00) | Individuals with autism or I/DD of any age. | 5,024 | The Bureau of Developmental Services | No |
| NH Choices for Independence (0060.R08.00) | Individuals who are physically disabled or disabled in other ways ages 18 to 64. Individuals ages 65 and older. | 5,185 | DHHS Office of Medicaid Services | No |
| NH In Home Supports for Children w/DD (0397.R04.00) | Individuals with autism or I/DD ages 0 to 21. | 502 | The Bureau of Developmental Services | No |
| NH BDS Acquired Brain Disorder Services (4177.R06.00) | Individuals with brain injury ages 22 and older. | 297 | The Bureau of Developmental Services | No |

# D.6. Medicaid Program: New Initiatives

- New Hampshire does not have any new pending Medicaid initiatives.

# E. Dual Eligible Financing & Service Delivery System

# E.1. Dual Eligible Medicaid Financing & Service Delivery System

| Dual Eligible* Medicaid System Characteristics | |
|---|---|
| **Characteristics** | **Medicaid Managed Care** |
| **Enrollment (June 2022)** | 25,730 |
| **Estimated SMI Enrollment** | 8,233 |
| **Management** | Three health plans |
| **Payment Model** | Capitated rate |
| **Geographic Service Area** | Statewide |

**Total Dual Eligible Enrollment: 25,730 | Total Dual Eligible Enrollment With SMI: 8,233**

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

# E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

- New Hampshire does not operate a PACE program or have dual eligible Medicare Advantage Special Needs Plans.
- Dual Eligible enrollees are enrolled in either AmeriHealth Caritas, NH Healthy Families, or WellSense health plans.

# E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of June 2022, dual eligible enrollment was 25,730.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Full benefit dual eligibles are required to enroll in Medicaid managed care to receive Medicaid services.
  - Partial benefit dual eligibles are exempt from the waiver demonstration and must enroll in FFS to receive services.

# E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- New Hampshire currently does not have a financial alignment initiative with the Centers for Medicare & Medicaid Services.

# F. Long-Term Services & Supports Financing & Service Delivery System

# F.1. LTSS Financing & Service Delivery System

New Hampshire does not operate a MLTSS program

| LTSS Medicaid System Characteristics | |
|---|---|
| **Characteristics** | **Medicaid Managed Care** |
| **Enrollment (December 2022)** | N/A |
| **Estimated SMI Enrollment** | N/A |
| **Management** | N/A |
| **Payment Model** | N/A |
| **Geographic Service Area** | N/A |

**Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A**

# F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

| Population | Mandatory FFS Enrollment | Option To Enroll In FFS Or Managed Care | Mandatory Managed Care Enrollment |
|---|---|---|---|
| Disabled adults | | | X |
| Disabled children | | | X |
| Blind individuals | | | X |
| Aged individuals | | | X |
| Dual eligibles | X (Partial Duals) | | X (Full Benefit) |
| Individuals with I/DD | | | X |
| Individuals residing in nursing homes | | | X |
| Individuals residing in ICF/IDD | | | X |
| Other HCBS Recipients | | | X |
| Other populations | • Individuals receiving Veterans Affairs benefits<br>• Individuals with presumptive eligibility<br>• Family planning-only beneficiaries<br>• Health insurance premium payment beneficiaries<br>• Medically needy individuals on spend down | | • Members of federally recognized tribes<br>• Breast and cervical cancer program enrollees<br>• Individuals in the Work Incentives program. |

# F.2. LTSS Medicaid Financing & Delivery System: Overview

- New Hampshire does not offer MLTSS services and instead all individuals receive care through the Managed Care system.

# F.3. Medicaid LTSS Program: Health Benefits

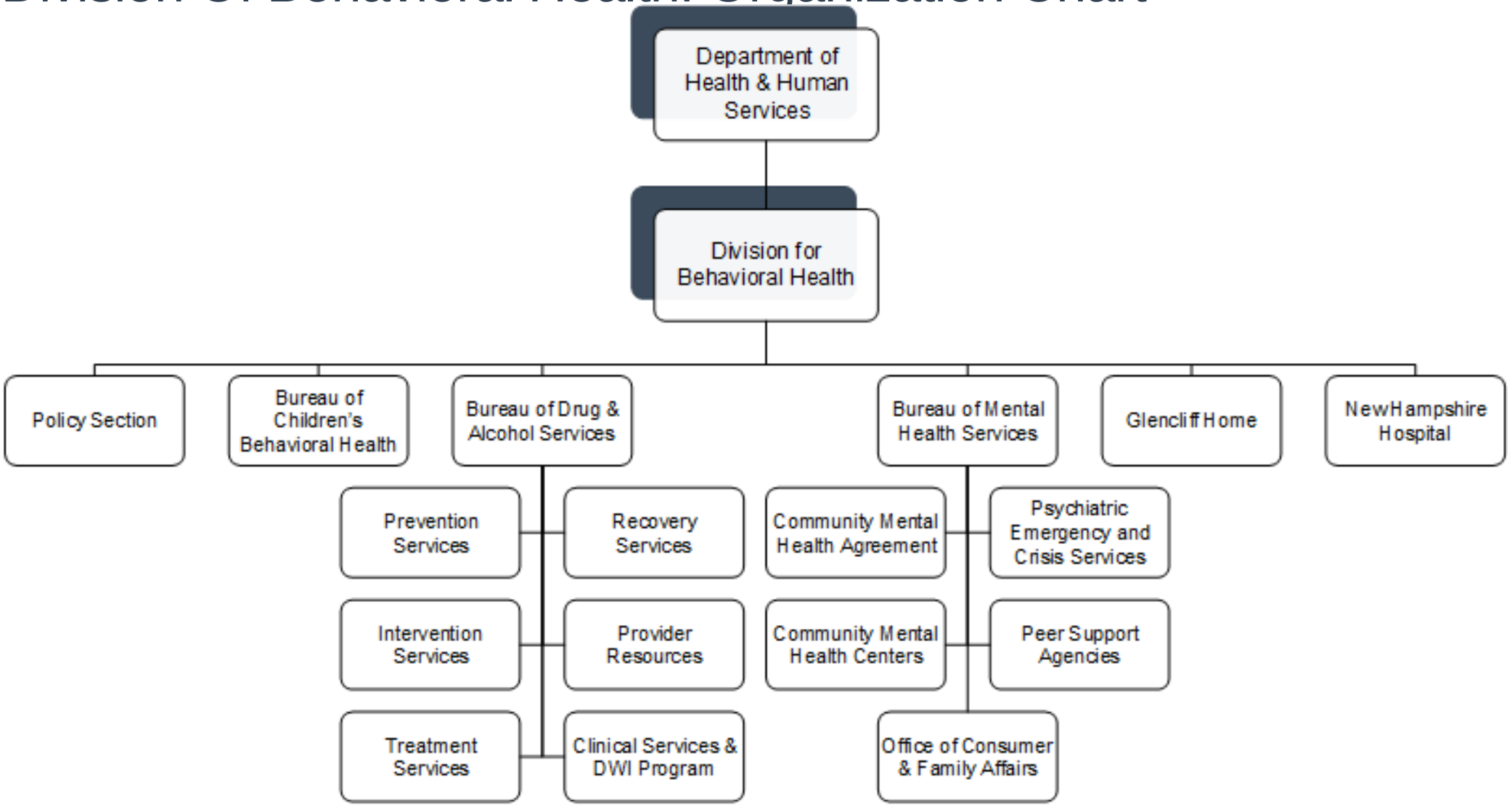
- New Hampshire does not offer MLTSS services and instead all services are the same as the Managed Care program.

# F.4. LTSS Medicaid Financing & Delivery System: New Initiatives

- New Hampshire has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

# G. State Behavioral Health Administration & Finance System

# G.1. Division Of Behavioral Health: Organization Chart





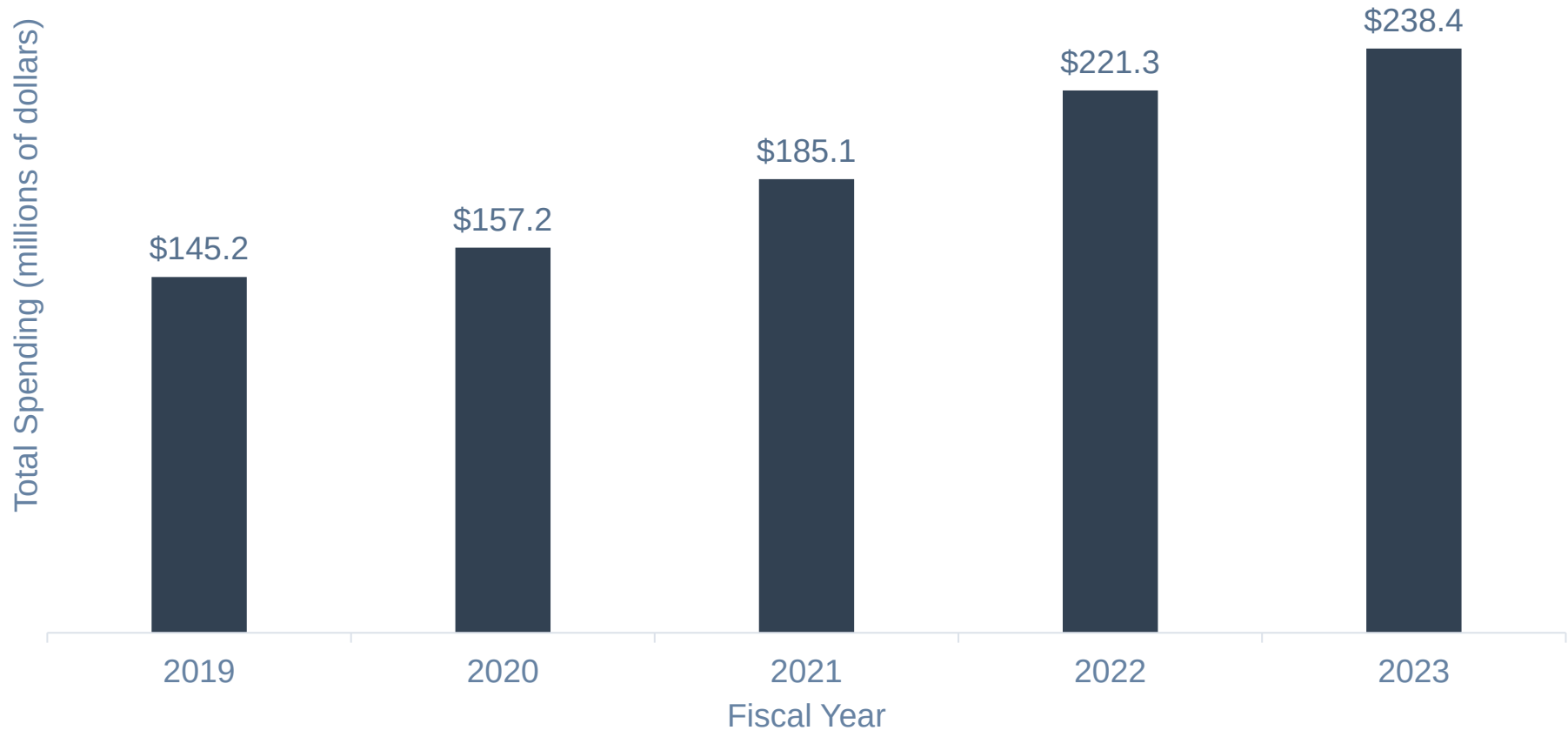
# G.1. Division Of Behavioral Health: Key Leadership

| Name | Position | Department | Email |
|---|---|---|---|
| Lori Weaver | Interim Commissioner | Department of Health and Human Services (DHHS) | lori.weaver@dhhs.nh.gov |
| Katja Fox | Director | DHHS, Division for Behavioral Health | katja.fox@dhhs.nh.gov |
| Michele Harlan | Bureau of Mental Health Services Director | DHHS, Division for Behavioral Health | michele.a.harlan@dhhs.state.nh.us |
| Rebecca Ross | Bureau of Children's Behavioral Health Director | DHHS, Division for Behavioral Health | rebecca.ross@dhhs.nh.gov |
| Joe Harding | Bureau of Drug and Alcohol Services Director | DHHS, Division for Behavioral Health | joseph.harding@dhhs.nh.gov |

# G.2. Department Of Behavioral Health: Spending

| Budget Item | SFY 2023 Budget Estimate | Percent Of Budget |
|---|---|---|
| New Hampshire Hospital | $106,601,052 | 45% |
| Bureau of Drug and Alcohol Services | $50,758,224 | 21% |
| Bureau of Mental Health Services | $49,319,718 | 21% |
| Glencliff Home | $17,646,693 | 7% |
| Bureau of Children’s Behavioral Health | $14,081,350 | 6% |
| **Budget Total: $238,407,037** | | |

# G.2. Department Of Behavioral Health: Spending Over Time





# G.3. State Psychiatric Institutions

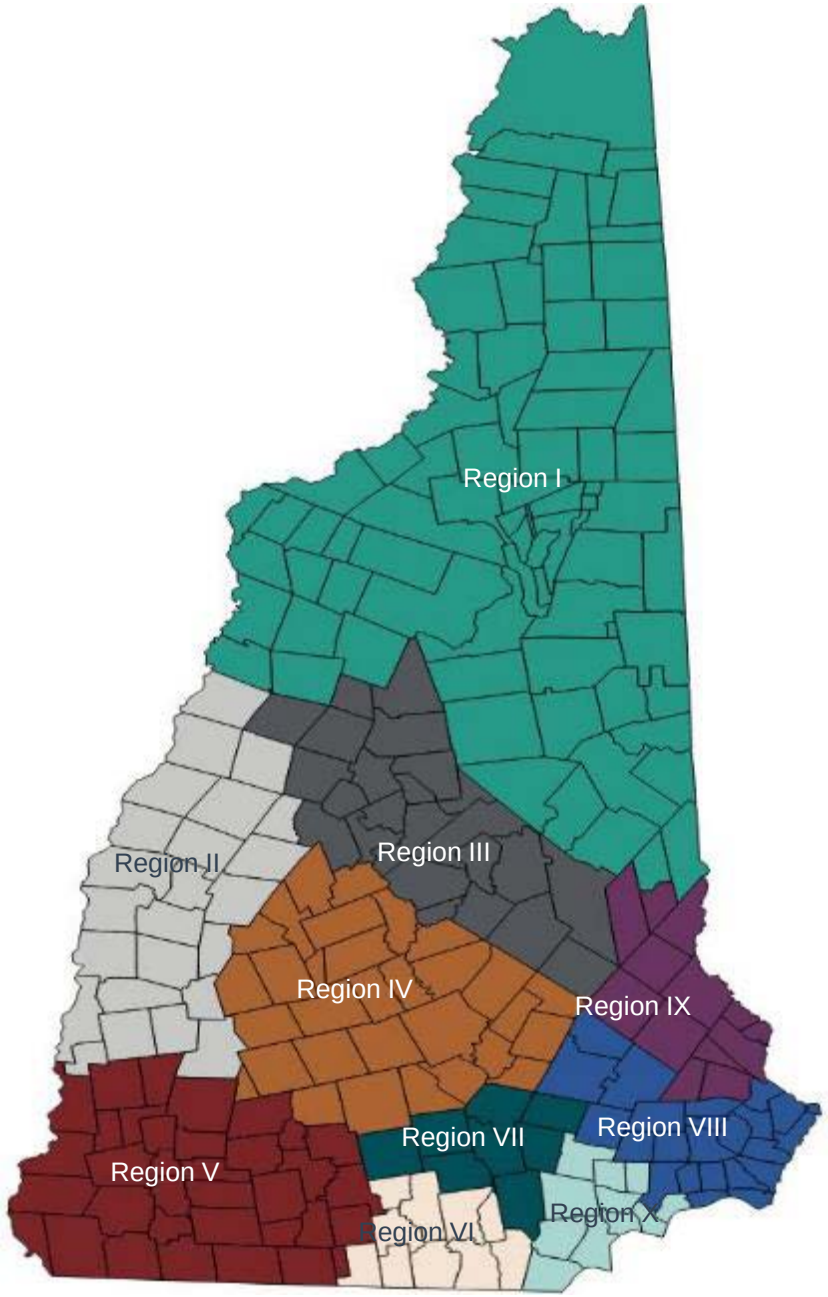
| State Psychiatric Institutions | | |
|---|---|---|
| **Institution** | **Location** | **Beds** |
| New Hampshire Hospital | Concord | 168 |

# G.4. Behavioral Health Safety-Net Delivery System

- The Division of Behavioral Health contracts with 10 private, non-profit agencies that act as community mental health centers, providing safety-net mental health services on a regional basis.
- CMHC services may be financed through a combination of state, federal, and third-party funds. The CMHCs serve Medicaid beneficiaries in addition to the uninsured population. In 2020, approximately 44,860 adults and children were served by CMHCs.
- CMHC services include:
  - Emergency services
  - Assessment and evaluation
  - Individual and group therapy
  - Case management
  - Community-based rehabilitation services
  - Psychiatric services
  - Community disaster mental health support
- The Division of Behavioral Health does not have an organized system for addiction disorder treatment. It provides funding to provider organizations to help individuals access addiction treatment services.

# G.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas

| Region & Agency | Location | Service Area |
|---|---|---|
| Region I: Northern Human Services | Conway | North Country Region |
| Region II: West Central Behavioral Health | Lebanon | Upper Valley Region |
| Region III: Lakes Region Mental Health Center | Laconia | Lakes Region |
| Region IV: Riverbend Community Mental Health Center | Concord | Central Region |
| Region V: Monadnock Family Services | Keene | Monadnock Region |
| Region VI: Greater Nashua Mental Health Center at Community Council | Nashua | Nashua and surrounding towns |
| Region VII: Mental Health Center of Greater Manchester | Manchester | Manchester and surrounding towns |
| Region VIII: Seacoast Mental Health Center, Inc. | Portsmouth | Seacoast Region |
| Region IX: Community Partners | Dover | Strafford County |
| Region X: Center for Life Management | Derry | Southern Region |





# H. Appendices

# H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

| Enrollment Category | Serious Mental Illness (SMI) Prevalence Estimate | Source |
|---|---|---|
| **Commercial** | 4.1% of the commercially insured population over age 18 | Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip |
| **Medicaid** | 8.6% of individuals enrolled in traditional Medicaid | Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip |
| **Medicare** | 16% of persons in the Medicare population, not dually eligible for Medicaid | Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved January 2023from https://www.cms.gov/files/document/mmco-report-congress.pdf |

# H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

| Enrollment Category | Serious Mental Illness (SMI) Prevalence Estimate | Source |
|---|---|---|
| **Medicare-Medicaid Dual Eligibility** | 25% of persons in the Medicare population dually eligible for partial Medicaid benefits | Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf |
| | 32% of persons in the Medicare population dually eligible for full Medicaid benefits | U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report |
| **Other Public** | 5.6% of persons served by the Veterans Administration health care system or the TRICARE military health system | Military Health Systems. (2020, August). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update |
| **No Health Care Insurance** | 6.2% of uninsured persons over age 18 | Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Alternative Benefit Plan** | ABP | State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP. |
| **Accountable Care Organizations** | ACO | ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial). |
| **Administrative Services Organization** | ASO | An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk. |
| **Capitation** | | A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services. |
| **Carve-out** | | A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis. |
| **Certified Community Behavioral Health Clinic** | CCBHC | Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Community Mental Health Center** | CMHC | An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services. |
| **Dual Eligible** | | An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs). |
| **Federal Poverty Level** | FPL | The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is $13,590 for an individual and $27,750 for a family of four. |
| **Fee-For-Service** | FFS | A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test. |
| **Health Home** | | A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Health Insurance Marketplace** | HIM | Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL. |
| **Home- & Community-Based Services** | HCBS | Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care. |
| **Institutions For Mental Disease** | IMD | A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs. |
| **Long-Term Services & Supports** | LTSS | Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age. |
| **Managed Care** | | A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Medicare Advantage Special Needs Plan** | SNP | A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination. |
| **Medicare Part A** | | Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term. |
| **Medicare Part B** | | Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level. |
| **Medicare Part C** | | Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference. |
| **Medicare Part D** | | Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income. |
| **Metropolitan Statistical Area** | MSA | An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties. |
| **Patient-Centered Medical Home** | PCMH | See Medical Home. |
| **Patient Protection & Affordable Care Act** | PPACA or ACA | U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Medicaid** | | Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states. |
| **Medicaid Waiver** | | Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage. |
| **Medicaid Waiver Section 1115** | 1115 waiver | Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP. |
| **Medicaid Waiver Section 1915(b)** | 1915(b) waiver | States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization. |
| **Medicaid Waiver Section 1915(c)** | 1915(c) waiver | States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings. |
| **Medical Home** | | A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers. |
| **Medicare** | | Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services. |
| **Medicare Advantage** | MA | Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference. |

# H.2. Glossary Of Terms

| Word | Abbreviation | Definition |
|---|---|---|
| **Primary Care Case Management** | PCCM | A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided. |
| **Program Of All Inclusive Care For The Elderly** | PACE | PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states. |
| **Serious Mental Illness** | SMI | A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder. |
| **Supported Employment** | | Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment. |
| **Supported Housing** | | Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible. |
| **Value-Based Reimbursement** | VBR | Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments. |

# H.3. Sources

**A. Executive Summary**

1. Information compiled from sources provided throughout the profile.

**B.1. Population Demographics**

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved July 2023 from https://data.census.gov/cedsci/table?q=S0101
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved July 2023 from https://data.census.gov/cedsci/table?q=S1701
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved July 2023 from https://data.census.gov/cedsci/table?q=S1901
4. Kaiser Family Foundation. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved July 2023 from https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05

**B.2. Population Centers**

1. Federal Reserve Bank of St Louis. (2022, March) US Regional Data, MSAs. Retrieved January 2023 from https://fred.stlouisfed.org
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved July 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved July 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=Core+Based+Statistical+Areas
4. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved July 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29
5. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved July 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html

**B.3. Population Distribution By Payer: National vs. State**

1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2022 Beneficiaries. Retrieved December 2021. https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (September 2022). Retrieved July 2023. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved July 2023. https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

# H.3. Sources


**B.3. SMI Population Distribution By Payer: National vs. State**

1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.

**B.4. Largest State Health Plans By Enrollment**

1. *OPEN MINDS.* (2023, March). Health Plans Database.
2. TRICARE. (2022, December). Beneficiaries by Location. Retrieved July 2023 from https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2023). Subscription Database. Available from http://www.markfarrah.com/

**B.4. Largest State Health Plans By Estimated SMI Enrollment**

1. *OPEN MINDS.* (2023, March). Health Plans Database.
2. TRICARE. (2022, December). Beneficiaries by Location. Retrieved July 2023 from https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
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