



New Hampshire Health & Human Services System Market Profile: 2024



Health & Human Services System Market Profile Overview

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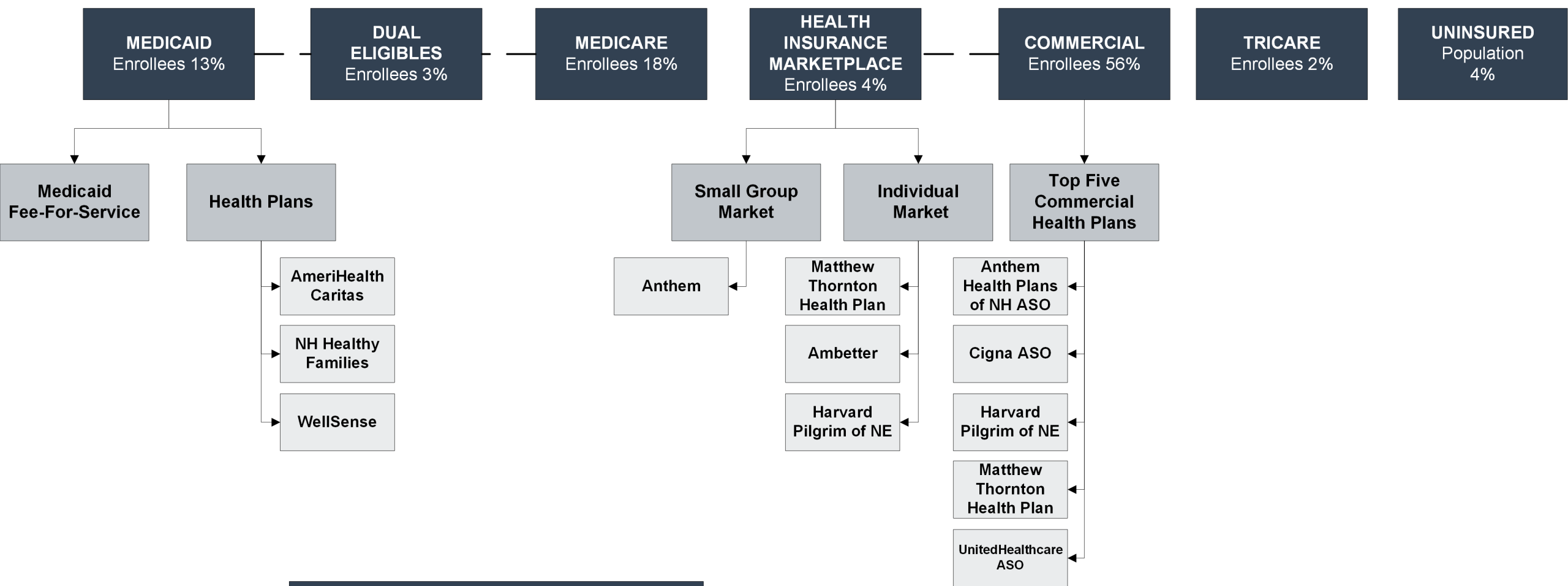
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A. Executive Summary

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

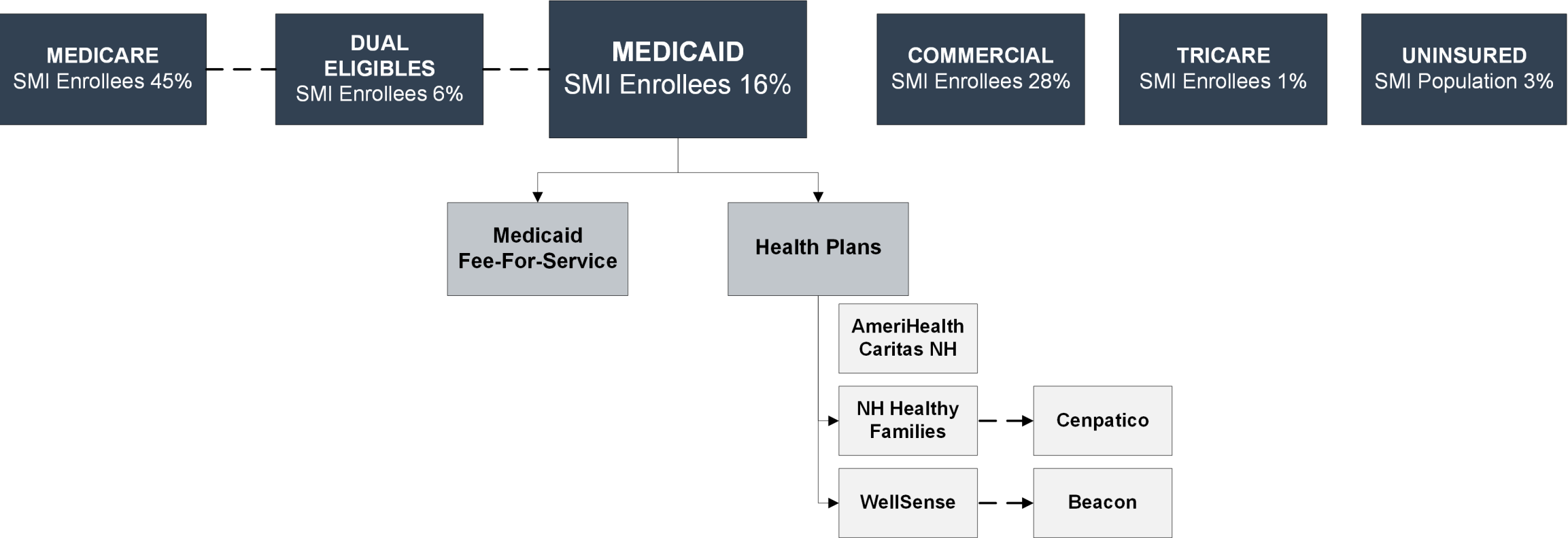
Total New Hampshire Population- 1,395,231

Estimated SMI Population- 111,618



"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

Totals may not equal 100% due to rounding.

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		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		The state is undergoing a study on the feasibility of launching PACE and/ or D-SNP programs.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates three CCBHCs.

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.

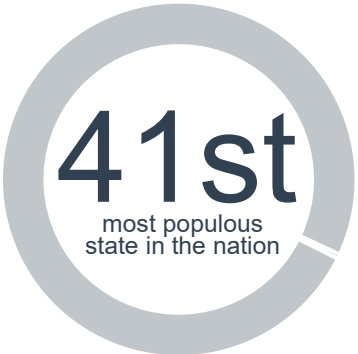
Addiction Treatment Services

- 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.

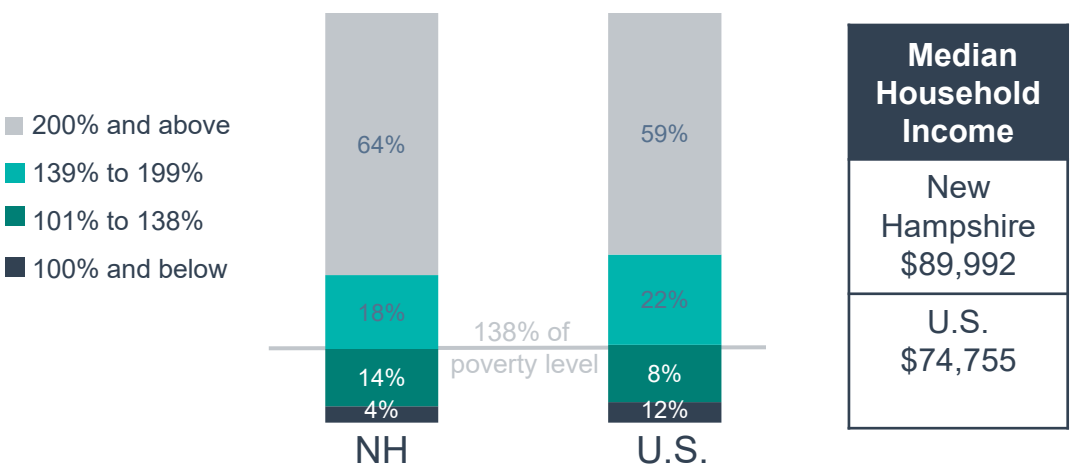
B. New Hampshire Health Financing System Overview

B.1. Population Demographics

Total New Hampshire Population- 1,395,231
Estimated SMI Population- 111,618



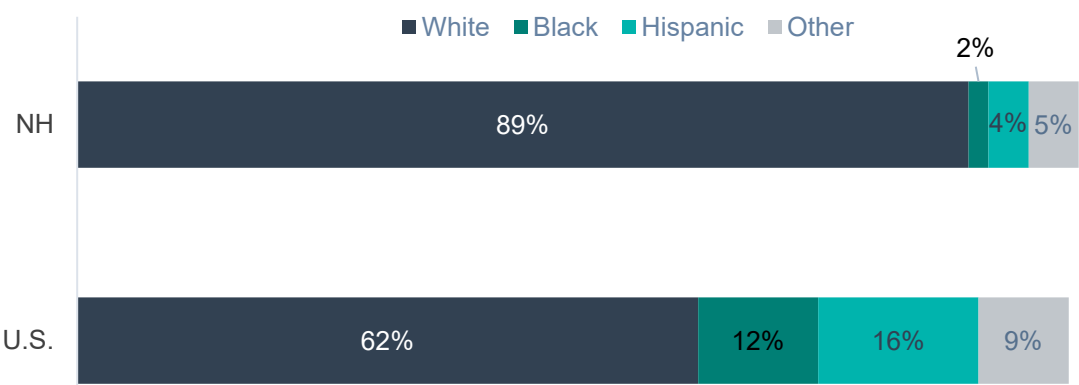
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



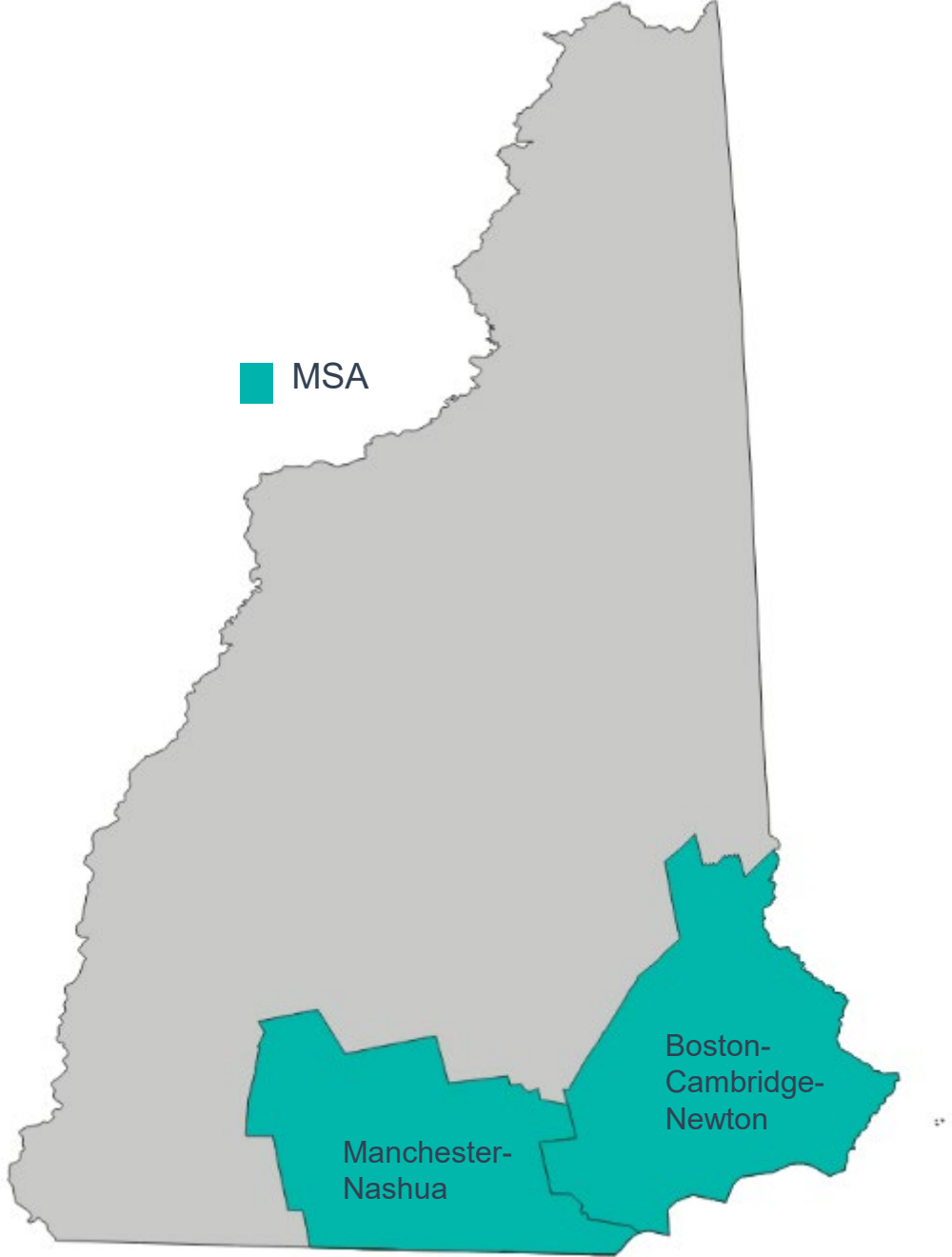
New Hampshire & U.S. Racial Composition



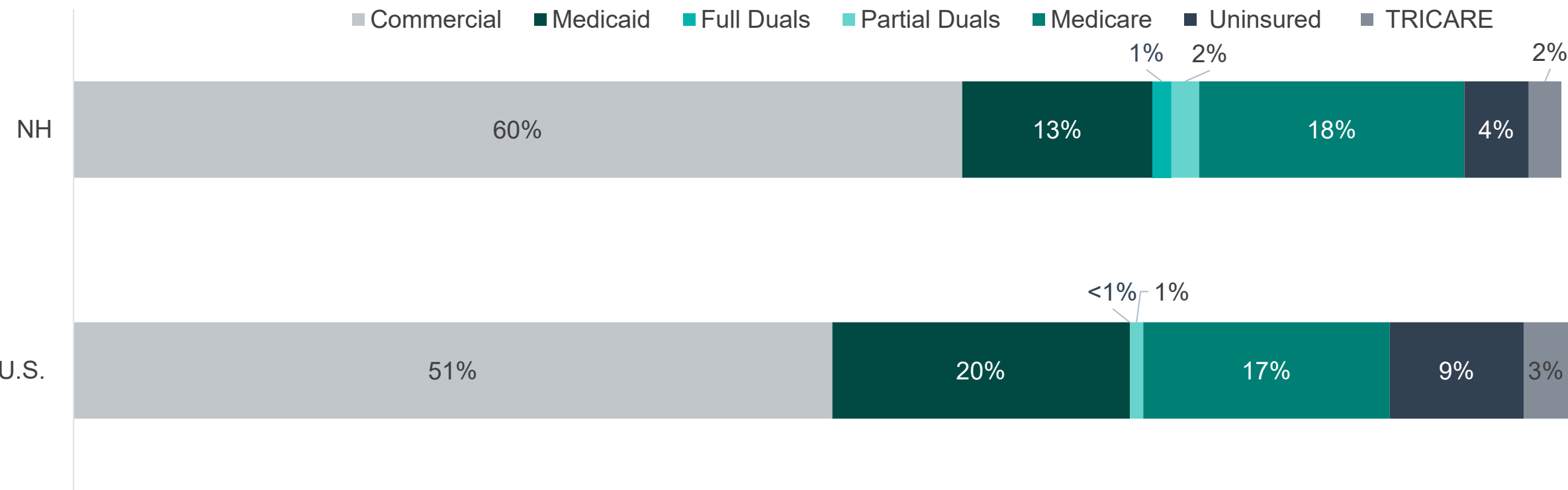
Totals may not equal 100% due to rounding.

B.2. Population Centers

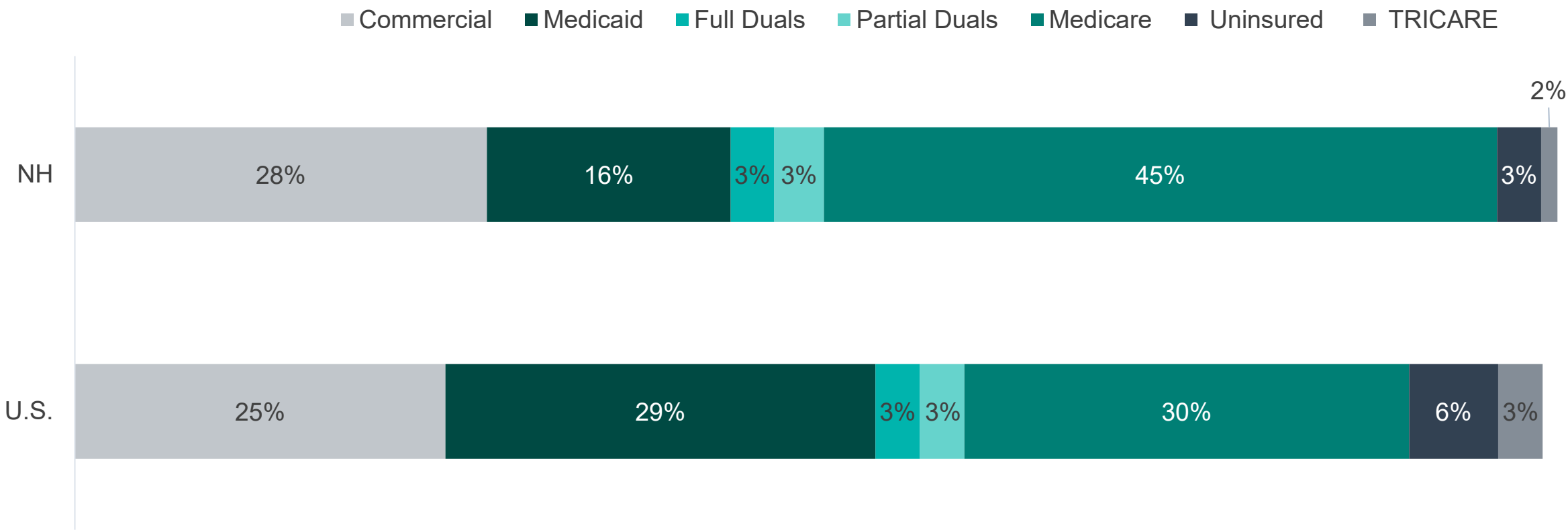
Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent of MSA
Total MSA Population	5,346,533	N/A
Boston-Cambridge-Newton, MA-NH	4,919,179	N/A
Manchester-Nashua, NH	427,354	31%



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



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



Totals may not equal 100% due to rounding.

B.4. Largest New Hampshire Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Medicare fee-for-service (FFS)	Medicare	223,316
Anthem Health Plans of New Hampshire	Commercial administrative services organization (ASO)	188,195
Matthew Thornton Health Plan	Commercial ASO	158,805
WellSense	Medicaid managed care	95,412
New Hampshire Healthy Families	Medicaid managed care	93,234
Cigna ASO	Commercial ASO	81,011
Harvard Pilgrim Health Care of New England	Commercial	74,804
Harvard Pilgrim Health Care Insurance Company	Commercial	69,887
UnitedHealthcare ASO	Commercial ASO	57,185
AmeriHealth Caritas	Medicaid managed care	56,532

*Medicaid enrollment as of November 2023; TRICARE as of December 2023; Commercial as of December 2023; Medicare enrollment as of June 2023

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

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	223,316	50,693
WellSense	Medicaid managed care	95,412	11,068
New Hampshire Healthy Families	Medicaid managed care	93,234	10,815
Anthem Health Plans of New Hampshire	Commercial	188,195	7,904
Matthew Thornton Health Plan	Commercial	158,805	6,670
AmeriHealth Caritas	Medicaid managed care	56,532	6,558
Care Improvement Plus South Central Insurance Company	Medicare Advantage	19,145	4,346
Cigna ASO	Commercial ASO	81,011	3,402
Anthem MediBlue	Medicare Advantage	14,360	3,260
HumanaChoice	Medicare Advantage	13,987	3,175

*Medicaid enrollment as of November 2023; TRICARE as of December 2023; Commercial as of December 2023; Medicare enrollment as of June 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

2024 Individual Market Health Plans
1. Ambetter
2. Harvard Pilgrim Health Care of NE
3. Matthew Thornton Health Plan (Anthem BCBS)

2024 Small Group Market Health Plans
1. Matthew Thornton Health Plan (Anthem BCBS)

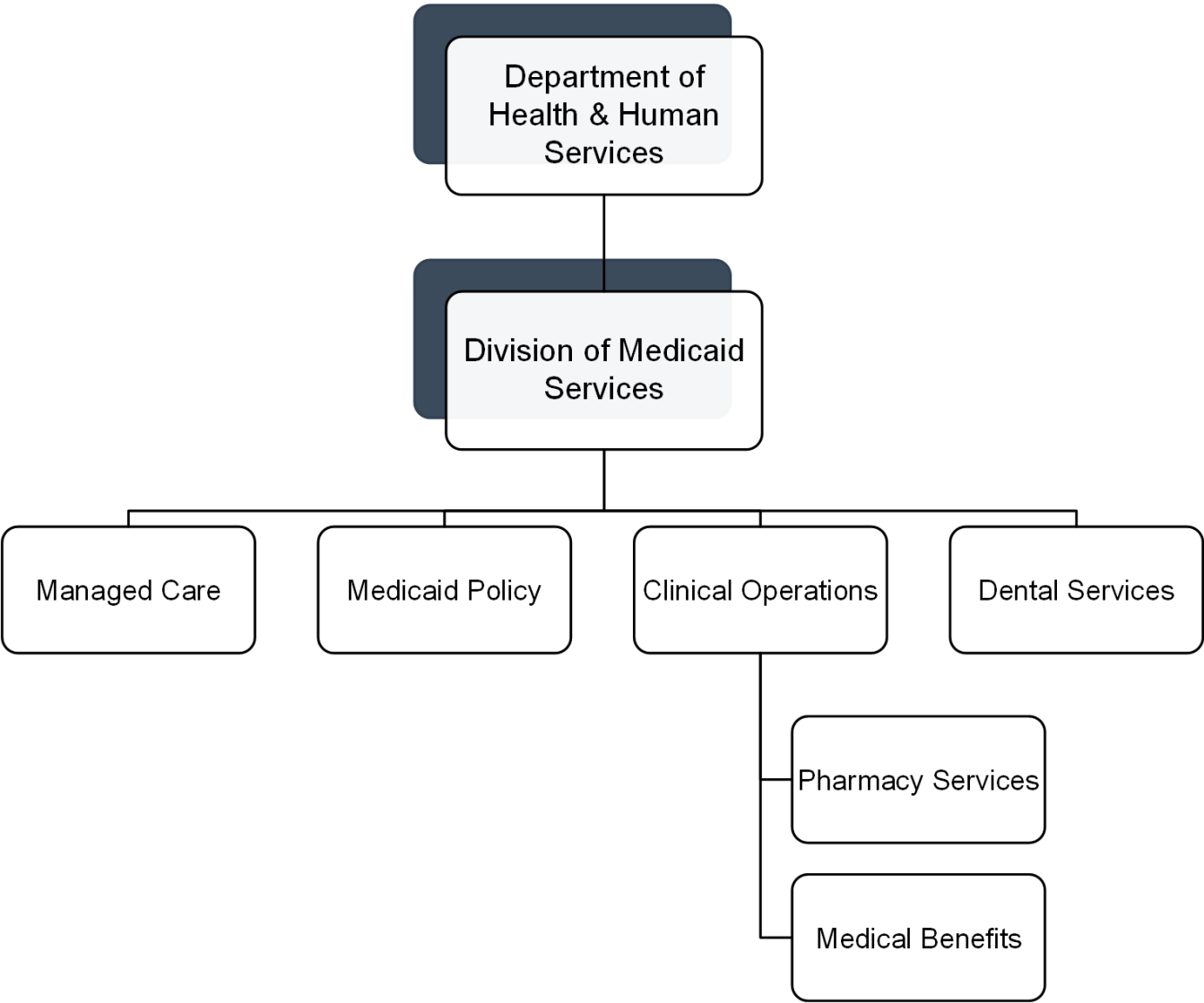
B.6. Accountable Care Organizations (ACOs)

Medicare Shared Savings Model ACOs
1. Caravan Health ACO 50 LLC
2. Stellar Health ACO
3. National MSSP
4. Steward National Care Network, Inc
5. Vytalize Health ACO
6. Gather Health
7. Aledade New Englas MSSP
8. Northeastern/Midwest Region MSSP
9. LTC ACO
10. Beth Israel Deaconess Care Organization
11. Lahey Clinical Performance ACO
12. Mass General Brigham ACO
13. SolutionHealth ACO LLC
14. Wellforce ACO, LLC
15. NH-Cares ACO LLC
16. MaineHealth Accountable Care Organization
17. Concord Hospital ACO, LLC
18. Dartmouth Health Performance Network, LLC

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

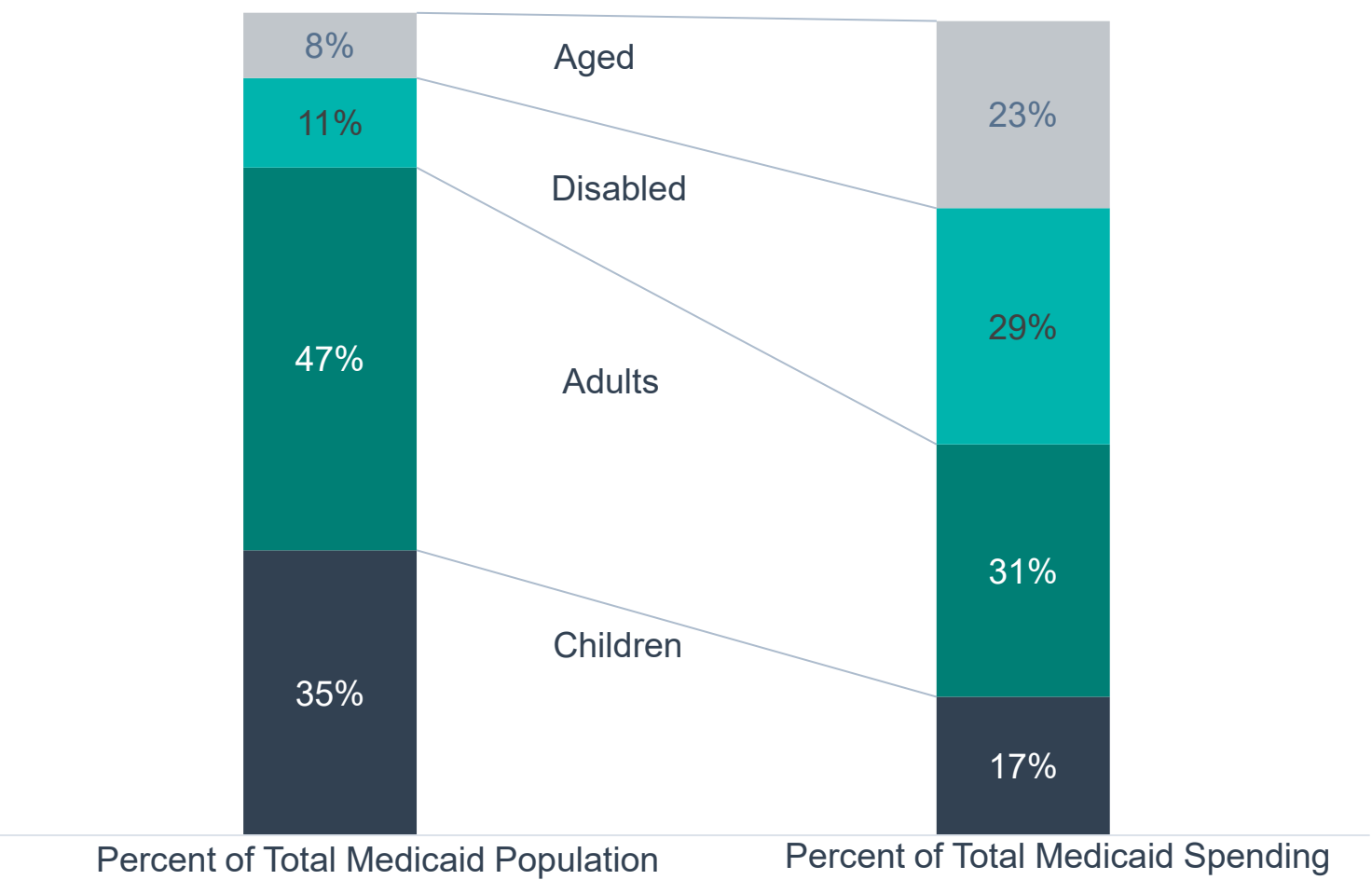
C.1. Medicaid Governance: Organization Chart



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
Morissa Henn	Deputy Commissioner	DHHS	morissa.s.henn@dhhs.nh.gov
Henry Lipman	Director	DHHS, Division of Medicaid Services	henry.lipman@dhhs.nh.gov
David Chorney	Deputy Medicaid Director	DHHS, Division of Medicaid Services	david.a.chorney@dhhs.nh.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	NH
All populations	\$8,651	\$9,563
Children	\$3,584	\$4,494
Adults	\$5,462	\$4,659
Expansion adults	\$7,486	\$7,182
Blind and disabled	\$23,935	\$24,151
Aged	\$18,514	\$29,107

Based on FY 2021 data

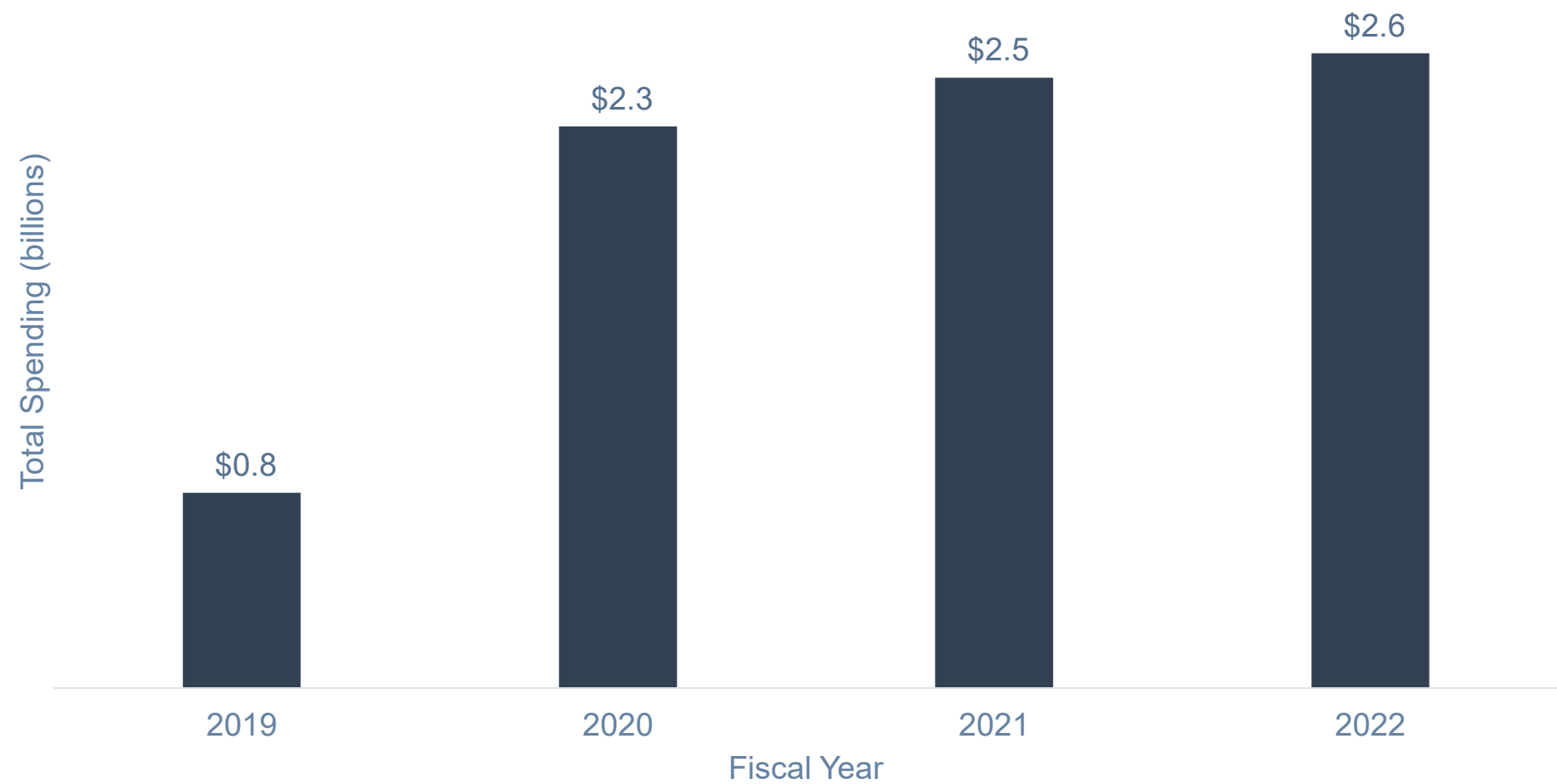
Totals may not equal 100% due to rounding.

C.2. Medicaid Program Spending: Budget

Budget Item	SFY22 Est. Spending	Percent Of Budget
Managed care and premium assistance	\$1,135,000,000	44%
Home- and community-based LTSS	\$494,000,000	19%
Institutional LTSS	\$433,000,000	17%
Hospital	\$248,000,000	10%
Other acute	\$164,000,000	6%
Medicare premiums and coinsurance	\$55,000,000	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: \$2,560,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	56.2%
CY 2024 Newly Eligible FMAP (expansion population)	88.0%
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) 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 2. Reauthorized by: House Bill 1696, 2016 Regular Session
Number Of Individuals Enrolled In The Expansion Group (September 2023)	61,067
Number Of Enrollees Newly Eligible Due To Expansion	60,642
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 2024)	2,674	183,774
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. <i>OPEN MINDS</i> 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: 186,448 | Total Medicaid With SMI: 21,627

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of June 2024: 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, most of the SMI population is enrolled in managed care. • 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. • 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 • Individuals with presumptive eligibility • Family planning-only beneficiaries • Health insurance premium payment beneficiaries • Medically needy individuals on spend down		• Members of federally recognized tribes • Breast and cervical cancer program enrollees • Individuals in the Work Incentives program.

D.2. Medicaid FFS Program: Overview

- As of June 2024, FFS enrollment was 2,674.

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 2024, *OPEN MINDS* estimates that 1% of the SMI population is enrolled in FFS. Therefore, most 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. • For mental health drugs, at least one preferred drug must be tried before non-preferred drugs are authorized. • 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 2024 was 183,774.
- 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 –Under Granite Advantage, the Medicaid expansion population receives coverage through the Medicaid Care Management health plans.
- 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 program withholds 2% of the health plans capitation rate to ensure the health plans meet performance measures.
- The MCO's performance will be assessed in three performance categories: Quality Improvement, Care Management, and Behavioral Health.
 - DHHS will annually select performance measures, performance categories, and performance standards.
 - 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: 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: Centene Pharmacy Services
5. Enrollment share: 38%

WellSense Health Plan

1. Profit status: Non-profit
2. Parent company: Boston Medical Center Health Plan
3. Behavioral health subcontractor: Carelon
4. Pharmacy benefits manager: Express Scripts
5. Enrollment share: 39%

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: 23%

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 2024, *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	• Yes, the health plans are required to follow the FFS PDL. The managed care plans can set their own requirements for therapeutic classes not currently managed by the FFS PDL. • The state does not require Hepatitis C prescriptions to be covered solely FFS and can instead be offered by the managed care organizations.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
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 can set their own requirements for therapeutic classes not currently managed by the FFS PDL. 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	None	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. - 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	12/31/2023	12/31/2027
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	07/16/2024	06/30/2029
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 ages 21 and older.	1915 (b)	None	04/01/2023	03/31/2025

*This waiver is still listed as approved on the CMS site. No additional information is available.

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

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
NH Developmental Disabilities Waiver (0053.R07.00)	Individuals with autism or I/DD of any age.	5,164	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.	5,429	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.	514	The Bureau of Developmental Services	No
NH BDS Acquired Brain Disorder Services (4177.R06.00)	Individuals with brain injury ages 22 and older.	302	The Bureau of Developmental Services	No

D.6. Medicaid Program: New Initiatives - Expansion Coverage

- In August 2024, the CMS granted a 5-year extension of the New Hampshire's Section 1115(a) Demonstration, "Substance Use Disorder, Serious Mental Illness and Serious Emotional Disturbance, Treatment Recovery and Access."
 - This federal authority will enable DHHS to use innovative approaches to deliver services covered by Medicaid and allow greater access to substance use disorder (SUD) and mental health services, reduce overdose deaths and emergency department boarding, and increase care coordination for people in residential treatment facilities returning to their home communities.
- With this funding, DHHS is working with the New Hampshire Department of Corrections to implement a Community Re-Entry program within the State correctional system.
 - Program goals include supporting health needs as individuals transition back to home communities; reducing recidivism; supporting long-term stability, wellness, and recovery; and reducing overdose deaths.
 - The program will be implemented at correctional facilities starting January 1, 2025.
 - New Hampshire plans to expand the program to county correction departments.

D.6. Medicaid System: New Initiatives- Maternal Opioid Misuse Model

- The MOM Model is a patient-centered service delivery model that aims to improve the quality of care for pregnant and postpartum Medicaid patients with opioid use disorder (OUD) and their infants.
- The goals of the MOM Model are to:
 - Improve quality of care and reduce costs for pregnant and postpartum women with OUD as well as their infants
 - Expand access, service-delivery capacity, and infrastructure based on state-specific needs
 - Create sustainable coverage and payment strategies that support ongoing coordination and integration of care
- These goals are achieved through a variety of approaches, including:
 - Fostering coordinated and integrated care delivery: Supporting delivery of coordinated and integrated physical health care, behavioral health care, and critical wrap-around services.
 - Utilizing Innovation Center authorities and state flexibility: Leveraging existing Medicaid flexibility to pay for sustainable care for the model population.
 - Strengthening capacity and infrastructure: Investing in institutional and organizational capacity to address key challenges in the provision of coordinated and integrated care.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (August 2023)	223,316	110,893
SMI Enrollment	• <i>OPEN MINDS</i> estimates 33% of the population in Medicare Advantage, 67% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 334,209 | Total Medicare With SMI: 52,946

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of August 2023: 33% Medicare Advantage, 67% in traditional Medicare.
SMI population inclusion in managed care	Estimated 33% of population in Medicare Advantage, 67% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	There are no C-SNP plans in New Hampshire.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	There are no I-SNP plans in New Hampshire.

E.2. Medicare System: Overview

- Medicare enrollment as of August 2023 was 334,209.
- It is estimated around 18% of the state's total population is enrolled in Medicare, compared with about 19.5% of the U.S. population enrolled in Medicare.
 - *OPEN MINDS* estimates approximately 45% of the state's Medicare population has an SMI.
- Nationwide, nearly 49% of Medicare beneficiaries have Medicare Advantage plans. New Hampshire has 33% of the Medicare population with a Medicare Advantage plan.
 - Medicare Advantage plan availability varies by county, but residents in New Hampshire all have at least 32 plans from which to choose from, and in several counties, there are 38 plans available.
- There were 19 insurers in New Hampshire approved to offer Medigap plans in 2023. All Medigap insurers offer Plans A, G, and N; availability for the other plan options varies.
- In New Hampshire in 2023, there were 151,180 people with stand-alone Part D prescription drug coverage, amounting to about 68% of the state's total Original Medicare population.
 - Another 91,085 beneficiaries of Medicare in New Hampshire had Medicare Part D prescription coverage as part of their Medicare Advantage plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings Model ACOs

1. Caravan Health ACO 50 LLC
2. Stellar Health ACO
3. National MSSP
4. Steward National Care Network, Inc
5. Vytalize Health ACO
6. Gather Health
7. Aledade New Englas MSSP
8. Northeastern/Midwest Region MSSP
9. LTC ACO
10. Beth Israel Deaconess Care Organization
11. Lahey Clinical Performance ACO
12. Mass General Brigham ACO
13. SolutionHealth ACO LLC
14. Wellforce ACO, LLC
15. NH-Cares ACO LLC
16. MaineHealth Accountable Care Organization
17. Concord Hospital ACO, LLC
18. Dartmouth Health Performance Network, LLC

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (June 2023)	16,653
Estimated SMI Enrollment	3,497
Management	Three health plans
Payment Model	Capitated rate
Geographic Service Area	Statewide

Total Dual Eligible Enrollment: 16,653 | Total Dual Eligible Enrollment With SMI: 3,497

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

F.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.

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of June 2023, dual eligible enrollment was 16,653.
- 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.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives- Dual Eligible Study

- DHHS was conducting a feasibility study in 2024 to evaluate New Hampshire's capacity to develop a PACE and/or a D-SNP program that promotes independence and community living for dual-eligible individuals.
- DHHS partnered with ATI Advisory, a research and advisory services firm, to conduct mixed methods analyses on the feasibility of launching PACE and/or D-SNP programs in New Hampshire.
- As a part of the project, DHHS solicited input from stakeholders including dual-eligible individuals, advocacy organizations, community organizations and providers who work closely with these populations to understand barriers and facilitators to developing a program that will promote independence and community living for dual-eligible individuals.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

New Hampshire does not operate a MLTSS program

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2023)	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

G.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 - Individuals with presumptive eligibility - Family planning-only beneficiaries - Health insurance premium payment beneficiaries - Medically needy individuals on spend down		- Members of federally recognized tribes - Breast and cervical cancer program enrollees - Individuals in the Work Incentives program.

G.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.

G.3. Medicaid LTSS Program: Health Benefits

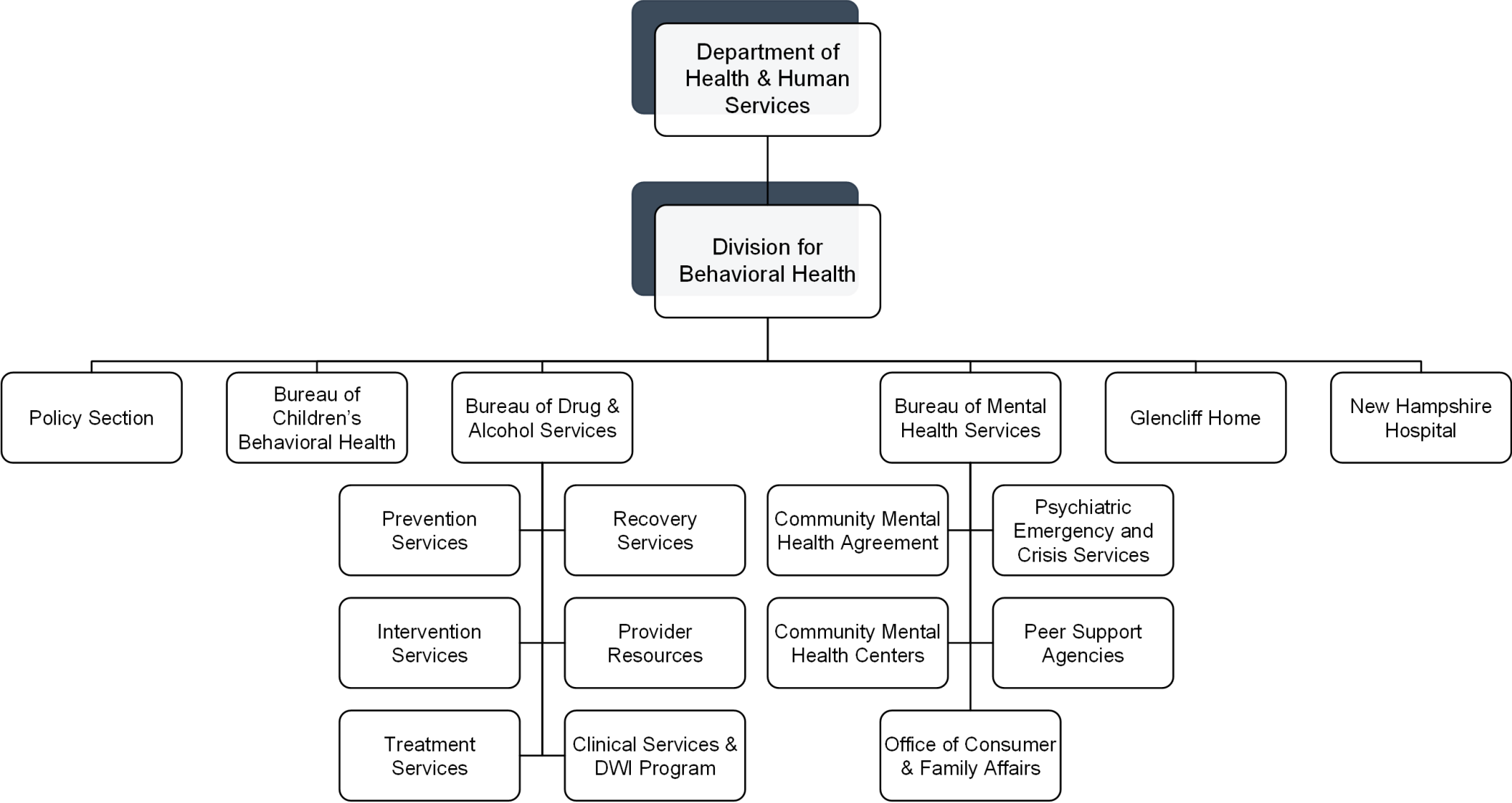
- New Hampshire does not offer MLTSS services and instead all services are the same as the Managed Care program.

G.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.

H. State Behavioral Health Administration & Finance System

H.1. Division Of Behavioral Health: Organization Chart



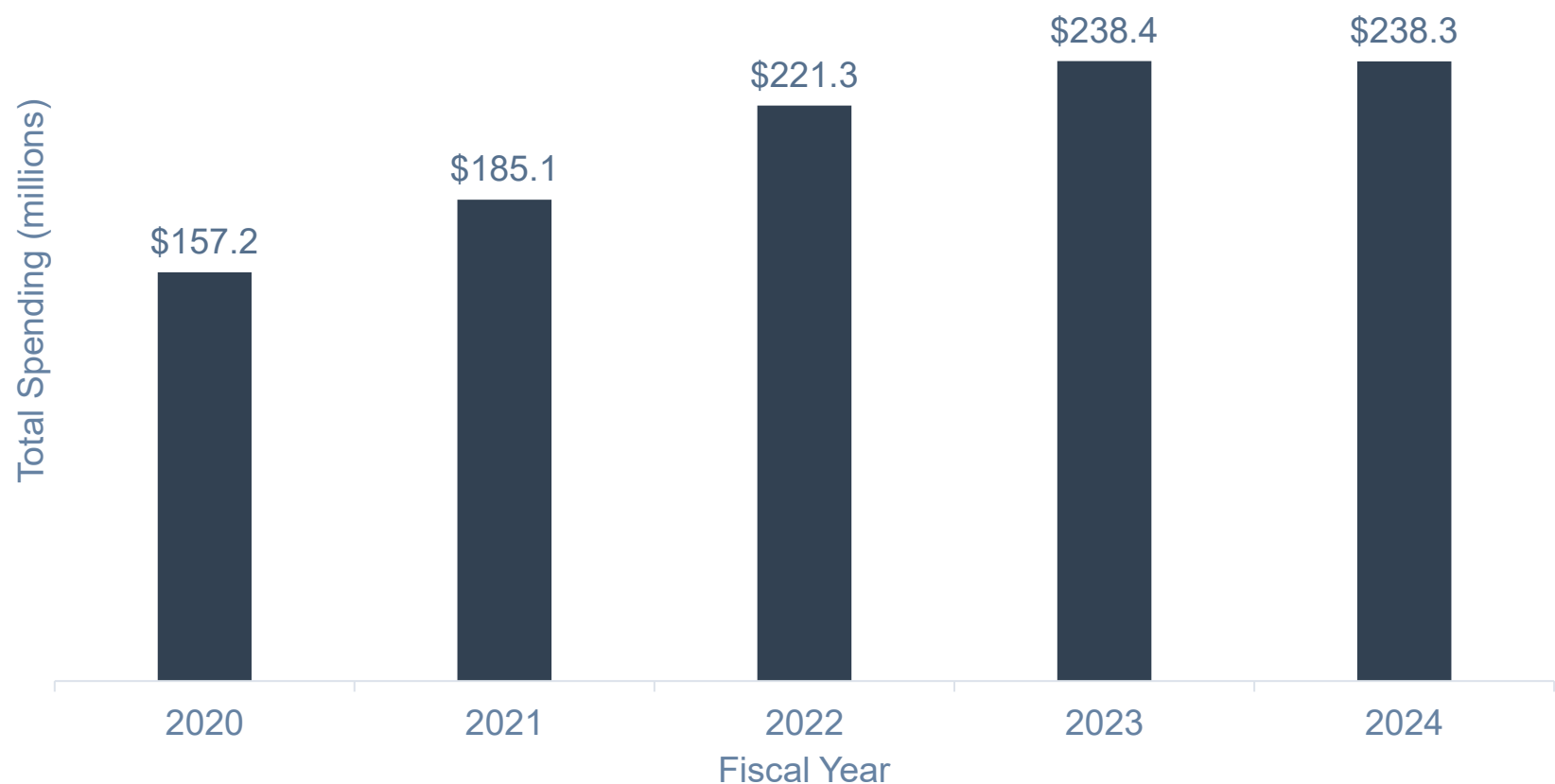
H.1. Division Of Behavioral Health: Key Leadership

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
Ellen Lapointe	CEO	New Hampshire Hospital	ellen.lapointe@dhhs.nhs.gov
Todd Bickford	CEO	Glenclyff Home	louis.t.bickford@dhhs.nh.gov

H.2. Department Of Behavioral Health: Spending

Budget Item	SFY 2024 Budget Estimate	Percent Of Budget
New Hampshire Hospital	\$101,047,039	42%
Bureau of Mental Health Services	\$49,382,389	21%
Bureau of Drug and Alcohol Services	\$49,227,002	21%
Bureau of Children’s Behavioral Health	\$21,070,847	9%
Glenclyff Home	\$17,555,113	7%
Budget Total: \$238,282,390		

H.2. Department Of Behavioral Health: Spending Over Time



H.3. State Psychiatric Institutions

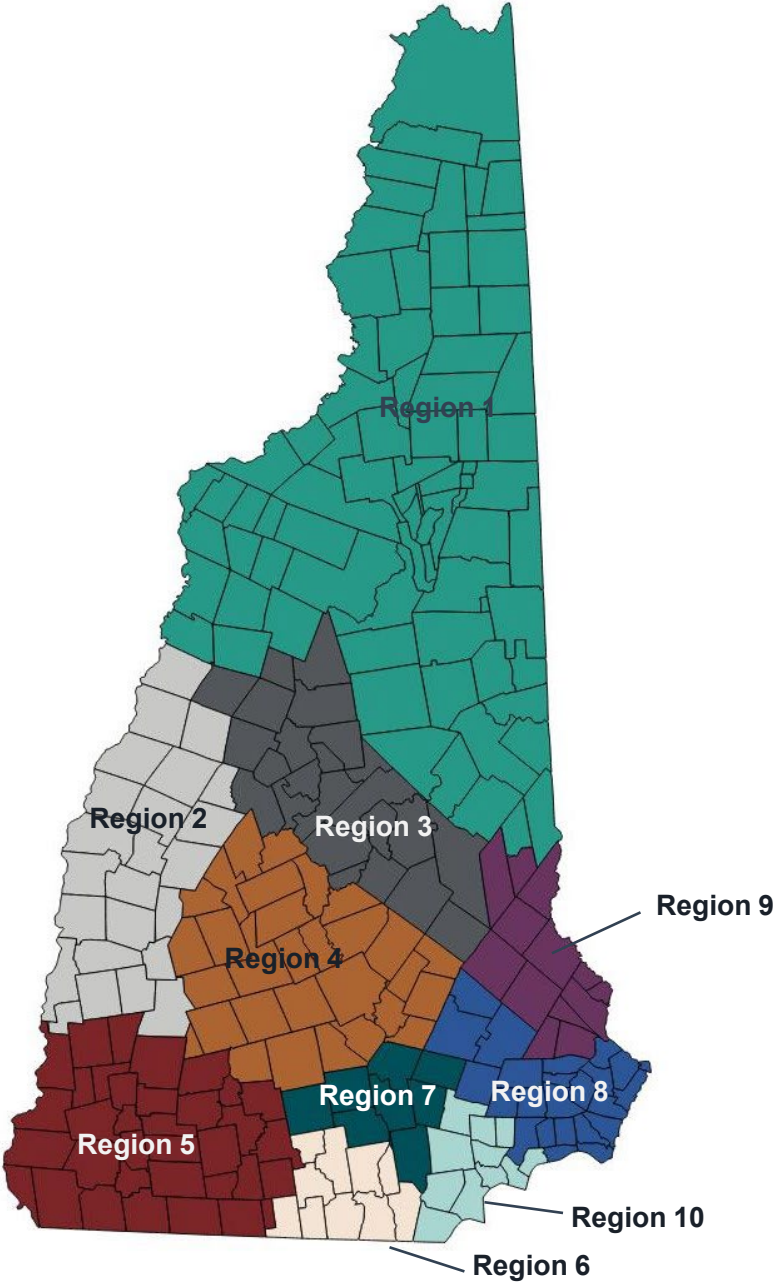
State Psychiatric Institutions		
Institution	Location	Beds
New Hampshire Hospital	Concord	185
Hampstead Hospital	Hampstead	71

H.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 (CMHCs), 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.
- 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.

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

Region & Agency	
	Region 1: Northern Human Services
	Region 2: West Central Behavioral Health
	Region 3: Lakes Region Mental Health Center
	Region 4: Riverbend Community Mental Health Center
	Region 5: Monadnock Family Services
	Region 6: Greater Nashua Mental Health Center at Community Council
	Region 7: Mental Health Center of Greater Manchester
	Region 8: Seacoast Mental Health Center, Inc.
	Region 9: Community Partners
	Region 10: Center for Life Management



H.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas (cont.)

Region	Location	Counties
Region I	Conway	Albany, Bartlett, Bath, Benton, Berlin, Bethlehem, Brookfield, Carroll, Chatham, Clarksville, Colebrook, Columbia, Conway, Dalton, Dixville, Dummer, Easton, Effingham, Errol, Franconia, Gorham, Groveton, Hart's Location, Haverhill, Jackson, Jefferson, Lancaster, Landaff, Lincoln, Lisbon, Littleton, Livermore, Lyman, Madison, Milan, Millsfield, Monroe, Moultonboro, Northumberland, Ossipee, Piermont, Pittsburg, Randolph, Sanbornville, Sandwich, Shelburne, Stark, Stewartstown, Stratford, Sugar Hill, Warren, Tamworth, Tuftonboro, Union, Wakefield, Waterville Valley, Wentworth Location, Whitefield, Wolfeboro, Woodstock
Region I	Lebanon	Acworth, Canaan, Charlestown, Claremont, Cornish, Croydon, Dorchester, Enfield, Goshen, Grafton, Grantham, Hanover, Langdon, Lebanon, Lempster, Lyme, Newport, Orange, Orford, Plainfield, Springfield, Sunapee, Unity, Washington
Region III	Laconia	Alexandria, Alton, Ashland, Barnstead, Belmont, Bridgewater, Bristol, Campton, Center Harbor, Ellsworth, Gilford, Gilmanton, Groton, Hebron, Holderness, Laconia, Meredith, New Hampton, Plymouth, Rumney, Sanbornton, Thornton, Tilton, Wentworth
Region IV	Concord	Allenstown, Andover, Boscawen, Bradford, Bow, Canterbury, Chichester, Concord, Danbury, Deering, Dunbarton, Epsom, Franklin, Henniker, Hill, Hillsboro, Hopkinton, Loudon, Newbury, New London, Northfield, Pembroke, Pittsfield, Salisbury, Sutton, Warner, Weare, Webster, Wilmot, Windsor
Region V	Keene	Alstead, Antrim, Bennington, Chesterfield, Dublin, Fitzwilliam, Francestown, Gilsum, Greenfield, Greenville, Hancock, Harrisville, Hindsdale, Jaffrey, Keene, Lyndeborough, Marlborough, Marlow, Nelson, New Ipswich, Peterborough, Richmond, Rindge, Roxbury, Sharon, Stoddard, Sullivan, Surry, Swanzey, Temple, Troy, Walpole, Westmoreland, Winchester
Region VI	Nashua	Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua, Wilton.
Region VII	Manchester	Auburn, Bedford, Candia, Goffstown, Hooksett, Londonderry, Manchester, New Boston
Region VIII	Portsmouth	Brentwood, Deerfield, East Kingston, Epping, Exeter, Fremont, Greenland, Hampton, Hampton Falls, Kensington, Kingston, New Castle, Newfields, Newington, Newmarket, North Hampton, Northwood, Nottingham, Portsmouth, Raymond, Rye, Seabrook, South Hampton, Stratham
Region IX	Dover	Barrington, Dover, Durham, Farmington, Lee, Madbury, Middleton, Milton, New Durham, Rochester, Rollinsford, Somersworth, Strafford
Region X	Derry	Atkinson, Chester, Danville, Derry, Hampstead, Newton, Pelham, Plaistow, Salem, Sandown, Windham

H.5. Behavioral Health System: New Initiatives - Mission Zero

- In fall 2023, New Hampshire began Mission Zero, a collaborative effort to eliminate hospital emergency department psychiatric boarding.
- The project is part of the state's 10-year mental health plan
- The Mission Zero plan will address key drivers of the state's ED boarding challenge:
 - Front door issues - People in crisis go to the ED because they have been unable to receive timely services in the community to address their psychosocial needs and/or immediate psychological crisis;
 - Inpatient supply & coordination Issues – People with acute psychiatric needs are unable to be transferred to an appropriate inpatient bed due to a shortage or system fragmentation of such beds; and
 - Back door issues - People are exceeding medically necessary stays in inpatient psychiatric facilities due to a lack of the right levels of support they need to discharge safely.
- Among the strategies DHHS will pursue to address these drivers is a focus on expanding funding for community mental health centers (CMHCs) in the next state budget, which will allow for better workforce recruitment and greater financial security for CMHCs to make upstream investments in areas such as housing.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2024 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.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	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

I.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.

I.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)(l) 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 2024, the FPL is \$14,580 for an individual and \$30, 000 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.

I.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.

I.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.

I.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.

I.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.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

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4. Kaiser Family Foundation. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved August 2024 from <https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05>

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