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New Hampshire Medicaid Long Term Care Quick Facts: June 21, 2018

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New Hampshire Medicaid Long Term Care Quick Facts: June 21, 2018¹

Population and Enrollment

Population²: 1,342,795 (2017 Census estimate)

Number of Persons Enrolled in Medicaid³: 184,154 or 13.7% of population (April 2018)

Number of NH Persons Enrolled in Medicare: 286,980 or 21.3% of population (including 249,295 regular Medicare and 37,685 Medicare Advantage or other plans) (January 2018)⁴

Total Nursing Clients: 7,448 (April 2018)

Total CFI Home Health and Midlevel Clients: 3,437 (April 2018)

Total in Nursing Beds and Percentage in Nursing Facilities: 4,011 or 53.9% of nursing clients (April 2018)⁵

Percentage of Medicaid enrollees receiving LTSS in NH who are also eligible for Medicare (dual eligible): 90%

Number of NH Persons Enrolled in Medicare and Medicaid: 31,719 including 18,156 (fully dual eligible), 13, 643 (partial)(July 1, 2018)⁶

Provider Snapshot

72 Nursing Homes in NH

10 counties operate 11 county facilities

Approximately 183 CFI providers in NH

LTSS Waiver Program Highlights

NH provides Long Term Services and Supports in the form of nursing home care to eligible persons with limited financial resources. NH has four (4) waivers authorized and approved under 1915(c) to provide Home and Community Based Services (HCBS) to individuals in community settings as an alternative to institutional care including:

- Developmentally Disabled Waiver

- Acquired Brain Disorder Waiver

- In-Home Supports Waiver

- Choices for Independence Waiver

Choices for Independence: The Choices for Independence waiver (CFI) provides home health care, home support and personal care, case management and assisted living services to seniors and adults with disabilities who meet eligibility requirements for placement in a nursing facility. Services also include adult medical day services, home health aide, homemaker, personal care, respite, supported employment, financial management services, adult family care, adult in-home services, community

¹ Compiled by Lucy C Hodder, Director of Health Law and Policy at IHPP, Professor of Law, with support from Jo Porter, Director of IHPP, Allison Wyman, Research Associate.

² <https://www.census.gov/quickfacts/NH>

³ DHHS Operating Statistics, May 29, 2018

⁴ <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Medicare-Enrollment/Enrollment%20Dashboard.html>

⁵ DHHS Operating Statistics, May 29, 2018

⁶ NH DHHS; see also https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMSProgramStatistics/2016/Downloads/MDCR_ENROLL_AB/2016_CPS_MDCR_ENROLL_AB_45.pdf

transition services, environmental accessibility services, home-delivered meals, non-medical transportation, participant directed and managed services, a personal emergency response system, residential care facility services, skilled nursing, specialized medical equipment services, and supportive housing services

Targeted Case Management

Targeted case management services are provided by 7 entities including Area Agency of Greater Nashua, Inc dba Gateways Community Services, Brain Injury Association of NH, Community Crossroads, Inc., Crotched Mountain Community Care, Inc., Granite Case Management, LLC, Life Coping Inc., and Pilot Health LLC.⁷ Targeted Case Management Services assist members to access needed services through a patient centered approach, with monthly check-ins, including in-person check ins every 60 days. Case managers conduct an assessment and develop a comprehensive care plan (CCP) with the member.

NH's Aging and Disability Resource Center

ServiceLink is NH's ADRC providing in-person enrollment and other supports.⁸

Relative Share of Program Expenditures

Medicare-Medicaid Enrollees (dual eligible) made up 15% of the *Medicare* population in NH and 27% of total Medicare expenditures in 2011. Medicare-Medicaid Enrollees (dual eligible) made up 21% of the *Medicaid* population in NH and 46% of total Medicaid expenditures. Medicare expenditures in an inpatient hospital setting were \$223 per member per month (PMPM) for Medicare-only and \$357 PMPM for Full Duals. In a Skilled Nursing Facility setting Medicare expenditures were \$72 PMPM for Medicare-only and \$194 PMPM for Full Duals.⁹

Managed LTSS NH and US

RSA 126-A:5, XIX states that the commissioner "shall employ a managed care model for administering the Medicaid program and its enrollees to provide for managed care services for all Medicaid populations throughout New Hampshire..." To date, nursing facility and in-home care services provided under the Choices for Independence waiver have not been incorporated into managed care. Senate Bill 155 (2017 Laws Ch. 258) required DHHS to incorporate both nursing facility and in-home care services into managed care beginning July 1, 2019, however, HB 1816 (2018) states that the remaining phases of Step 2 managed care shall not be incorporated into the care management program. The total number of MLTSS programs more than doubled from 19 programs in 2012 to 41 programs in 2017.¹⁰ Twenty-four (24) states operated MLTSS programs in 2017, a 50% increase from the 16 states with these programs in 2012.

⁷ DHHS Implementation Plan for Medicaid Care Management Nursing Facility/Choices for Independence (March 2018)

⁸ <https://www.servicelink.nh.gov/>

⁹ Medicare-Medicaid Enrollee Information NH 2011 CMS/Medicare-Medicaid Coordination Office, <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/2011StateProfilesNH.pdf>

¹⁰ Lewis and Eiken, Truven, The Growth of Managed Long-Term Services and Supports Programs: 2017 Update

NH Administrative Rules

NH Administrative rules are promulgated pursuant to RSA 151-E under New Hampshire's Long Term Care statute:

He-E 801 CFI Program

He-E 802 Nursing Facility services

He-E 803 Adult Day Care Services

He-E 805 Targeted Case Management

He-E 806 Nursing Facility Reimbursement

Payments and Reimbursement

Nursing Facilities:

Nursing Facilities (NF) receive *base payments* in an amount equal to their per diem rate calculated based on cost and acuity, reduced consistent with state appropriations. NFs receive additional Medicaid Quality Incentive Payments up to their full *per diem* rate funded through NH's Nursing Facility Quality Assessment. The assessment of 5.5% of net patient services revenues is imposed on all nursing facilities on the basis of patient days in each nursing facility pursuant to RSA 84-C. County NFs also receive an additional payment to cover the difference between the full *per diem* Medicaid rate and the Medicare NF rate, funded through county based intergovernmental transfers. In FY '17 the Proshare payment to the county facilities totaled \$47 million.

CFI:

CFI providers are paid based on Medicaid fee-for-service rates.

Funding Long Term Care in NH

The total Medicaid expenditures on long term care patients (nursing facility and CFI) in FY 2017 totaled \$399,080,527. Of that, \$199,184,813 (50%) was funded by the federal government (CMS), \$138,658,969 (35%) was funded by the Counties, \$39,602,555 (10%) by the nursing facilities (NFQA) and \$20,583,618 (5%) by NH's general fund. The general fund expenditures included medical payments to providers treating long term care patients and other nursing services.

According to the Report of the NH Counties, NH's spending on HCBS represented only 15.4% of all spending on LTSS for older adults and persons with physical disabilities, which is much lower as compared to the rates of community spending in the other New England states which range from 23% in Rhode Island to 58% in Massachusetts.

PACE

Programs of All-Inclusive Care for the Elderly (PACE®) serve individuals who are age 55 or older, certified by their state to need nursing home care, able to live safely in the community at the time of enrollment, and live in a PACE service area. In 2017 there were reportedly 122 PACE programs operational in 31 states.¹¹

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¹¹ National PACE Association, <https://www.npaonline.org/pace-you>