

## New Hampshire

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## 1. MANAGED CARE OPPORTUNITY ASSESSMENT (UPDATED 8-8-24)

New Hampshire awarded new Medicaid Care Management (MCM) contracts to incumbents AmeriHealth Caritas, Boston Medical Center/WellSense, and Centene/New Hampshire Health Families in January 2024. The new contracts take effect September 1, 2024, and extend through August 31, 2029. The MCM program provides full-risk, fully capitated Medicaid managed care services to approximately 190,000 beneficiaries, including approximately 62,000 Medicaid expansion members who transitioned from the state Exchange to the MCM program in January 2019. This was the second re-procurement of the MCM program since its inception in December 2013.

New Hampshire's Section 1115 demonstration program, effective through June 30, 2029, allows the state to cover medical assistance for individuals with substance use disorder (SUD), serious mental illness (SMI), and serious emotional disturbance (SED) who are short-term residents in facilities that meet the definition of an institution for mental diseases (IMD); provide dentures to eligible individuals age 21 and older residing in nursing facilities based on medical necessity; and provide targeted pre-release services to eligible individuals.

HMA Managed Medicaid Opportunity Assessment for New Hampshire	
Positive Metrics	Strong Indicators
<ul style="list-style-type: none"><li>• 97.4% of New Hampshire's Medicaid population is in managed care.</li></ul>	<ul style="list-style-type: none"><li>• The state's transition to Medicaid managed care began in December 2013 and enrollment was approximately 190,000 as of 2023.</li><li>• New Hampshire is an expansion state.</li></ul>
Negative Metrics	Weak Indicators
<ul style="list-style-type: none"><li>• Average medical loss ratio among New Hampshire plans was 88.5% in 2022.</li></ul>	<ul style="list-style-type: none"><li>• The cancellation of the Request for Applications in 2015 indicates difficulties in attracting and maintaining health plan participation.</li></ul>
Source: HMA	

## 2. MANAGED MEDICAID PLAN FINANCIALS

Average medical loss ratio among three New Hampshire plans was 88.5% in 2022. Per member per month premiums among the three plans averaged \$455.

(Note: Financial metrics and comparisons presented in this overview are based on health plan NAIC filings in the state. Measures like per member per month premiums and medical loss ratios may vary greatly by plan and by state depending on the mix of business (e.g., TANF, ABD, etc.), scope of the state's Medicaid benefit package, geographic variations in the cost of care, and other factors.)

### New Hampshire Medicaid Plan Financials, 2022

Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR <sup>(1)</sup>
Boston Med Center HealthNet Plan	N	98,402	1,146,809	\$452.88	\$519,365	\$456,737	87.9% <sup>(2)</sup>
Centene/Granite State Health Plan	Y	90,880	1,055,488	\$456.22	\$481,530	\$421,705	87.6%
AmeriHealth Caritas NH	N	54,837	642,092	\$412.93	\$265,139	\$241,432	91.1%
<b>Total, NH plans</b>		<b>244,119</b>	<b>2,844,389</b>	<b>\$445.10</b>	<b>\$1,266,035</b>	<b>\$1,119,874</b>	<b>88.5%</b>

(1) After reinsurance recoveries. (2) Before reinsurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

### New Hampshire Medicaid Plan Financials, 2021

Plan	Publicly Traded	Enrollment	Member Months	PMPM	Premiums Earned (000)	Medical Costs (000)	MLR <sup>(1)</sup>
Boston Med Center HealthNet Plan	N	93,646	1,106,490	\$469.81	\$519,846	\$453,099	87.2%
Centene/Granite State Health Plan	Y	85,984	991,565	\$453.48	\$449,656	\$391,530	87.1%
AmeriHealth Caritas NH	N	50,696	528,429	\$445.62	\$235,480	\$196,037	83.3%
<b>Total, NH plans</b>		<b>230,326</b>	<b>2,626,484</b>	<b>\$458.78</b>	<b>\$1,204,981</b>	<b>\$1,040,665</b>	<b>86.4%</b>

(1) After reinsurance recoveries. (2) Before reinsurance recoveries.

Source: S&P Global Market Intelligence, NAIC, HMA

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### 3. RFP DEVELOPMENTS AND ANALYSIS

New Hampshire awarded new Medicaid managed care program, Medicaid Care Management (MCM), contracts to incumbents AmeriHealth Caritas, Boston Medical Center/WellSense, and Centene/New Hampshire Health Families in January 2024. This was the second time that DHHS had re-procured the MCM program since it began in December 2013. The new contracts take effect September 1, 2024, and run through August 31, 2029.

The MCM program provides full-risk, fully capitated Medicaid managed care services to approximately 190,000 beneficiaries. This includes approximately 62,000 Medicaid expansion members, a population that transitioned from the state Exchange to the MCM program in January 2019. The program provides physical health, behavioral health, and pharmacy services for all members, along with working to address health-related social needs.

Key program objectives of the new contracts include: further developing patient-centric provider relationships; increased focus on priority populations such as infants, children and youth engaged with the Division for Children Youth and Families, infants with Neonatal Abstinence Syndrome, among other populations; enhanced efforts to ensure safe and effective use of medications; strengthened alignment of Community Mental Health Center funding with existing State behavioral health investments; improved reliability and safety of Medicaid non-emergency medical transportation; and strengthening the full potential of program integrity functions to ensure appropriate use of Medicaid dollars.

New Hampshire began its transition to full-risk Medicaid managed care in 2013 through a three-step approach.—Implementation of the Care Management Program was rocky. Three health plans participated in the beginning: Boston Medical Center HealthNet Plan/Well Sense, Centene/New Hampshire Healthy Families, and Caiden/Granite Care/Meridian. However, Meridian has since exited the market. In April 2015, the state issued an RFA seeking at least one more plan to replace Meridian; however, that RFA was canceled.

#### New Hampshire Medicaid RFP Calendar

Contract	Key Dates	# of Beneficiaries
Medicaid Care Management	RFP Release: September 8, 2023 Proposals Due: October 30, 2023 Awards Announced: January 10, 2024 Contract Start: September 1, 2024	190,000

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*Source: NH Medicaid Care Management (MCM) program*

## 4. MANAGED CARE ENROLLMENT UPDATE

Medicaid managed care enrollment in New Hampshire decreased by 25.6% to approximately 180,000 through 2023 after a 5.3% increase in 2022, an 11.3% increase in 2021, a 20.6% increase in 2020, a 32.3% increase in 2019, and a 0.9% decrease in 2018. The increase in 2019 was related to the approximately 51,000 Medicaid expansion members that transitioned from the state Exchange to the Medicaid managed care program, effective January 1, 2019.

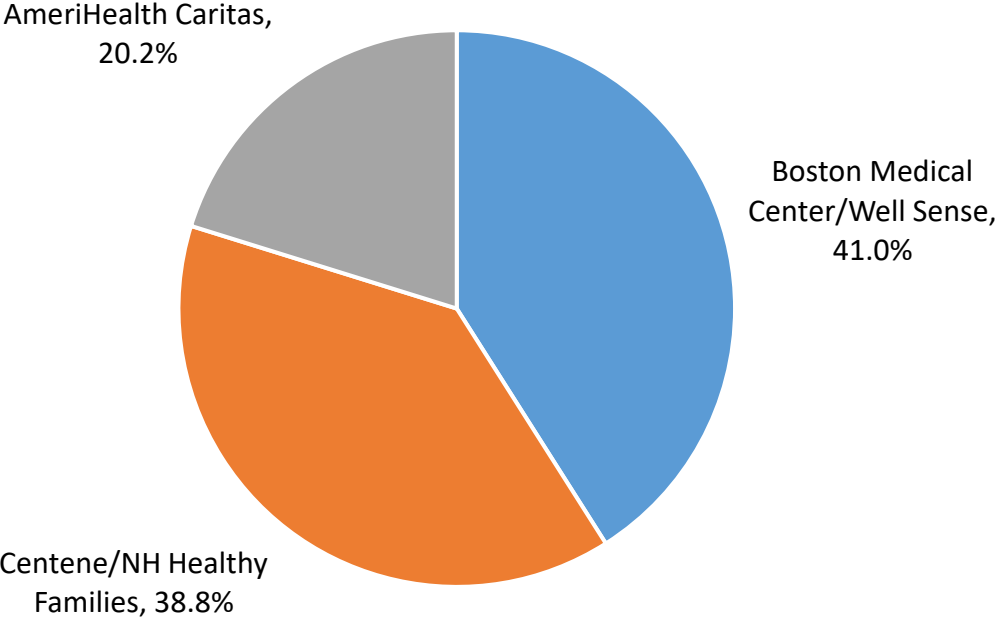
### Enrollment in New Hampshire Managed Medicaid by Plan, 2018-23

Plan	2018	2019 <sup>(2)</sup>	2020	2021	2022	2023
<b>Boston Medical Center/Well Sense</b>	<b>69,768</b>	<b>86,534</b>	<b>91,743</b>	<b>93,646</b>	<b>97,118</b>	<b>73,955</b>
<i>+/- between reporting periods</i>	<i>(1,268)</i>	<i>16,766</i>	<i>5,209</i>	<i>1,903</i>	<i>3,472</i>	<i>(23,163)</i>
<i>% between reporting periods</i>	<i>-1.8%</i>	<i>24.0%</i>	<i>6.0%</i>	<i>2.1%</i>	<i>3.7%</i>	<i>-23.9%</i>
<i>% of total</i>	<i>53.8%</i>	<i>50.5%</i>	<i>44.3%</i>	<i>40.7%</i>	<i>40.1%</i>	<i>41.0%</i>
<b>Centene/NH Healthy Families</b>	<b>59,894</b>	<b>76,656</b>	<b>82,016</b>	<b>85,984</b>	<b>90,561</b>	<b>70,048</b>
<i>+/- between reporting periods</i>	<i>38</i>	<i>16,762</i>	<i>5,360</i>	<i>3,968</i>	<i>4,577</i>	<i>(20,513)</i>
<i>% between reporting periods</i>	<i>0.1%</i>	<i>28.0%</i>	<i>7.0%</i>	<i>4.8%</i>	<i>5.3%</i>	<i>-22.7%</i>
<i>% of total</i>	<i>46.2%</i>	<i>44.7%</i>	<i>39.6%</i>	<i>37.3%</i>	<i>37.4%</i>	<i>38.8%</i>
<b>AmeriHealth Caritas</b>		<b>8,330</b>	<b>33,118</b>	<b>50,696</b>	<b>54,784</b>	<b>36,392</b>
<i>+/- between reporting periods</i>		<i>NM</i>	<i>24,788</i>	<i>17,578</i>	<i>4,088</i>	<i>(18,392)</i>
<i>% between reporting periods</i>		<i>NM</i>	<i>297.6%</i>	<i>53.1%</i>	<i>8.1%</i>	<i>-33.6%</i>
<i>% of total</i>		<i>4.9%</i>	<i>16.0%</i>	<i>22.0%</i>	<i>22.6%</i>	<i>20.2%</i>
<b>Total, 3 NH plans</b>	<b>129,662</b>	<b>171,520</b>	<b>206,877</b>	<b>230,326</b>	<b>242,463</b>	<b>180,395</b>
<i>+/- between reporting periods</i>	<i>(1,230)</i>	<i>41,858</i>	<i>35,357</i>	<i>23,449</i>	<i>12,137</i>	<i>(62,068)</i>
<i>% between reporting periods</i>	<i>-0.9%</i>	<i>32.3%</i>	<i>20.6%</i>	<i>11.3%</i>	<i>5.3%</i>	<i>-25.6%</i>

(1) The state's Medicaid expansion population transitioned from the state's Exchange to Medicaid managed care on July 1, 2019. The state also reprocured the Medicaid managed care contracts in 2019. Boston Medical Center and Centene won their rebids, and AmeriHealth Caritas entered the market.

Source: 2018-21 enrollment obtained from SNL; 2022-23 enrollment obtained from the NH Department of Health and Human Services.

# New Hampshire Medicaid Managed Care Market Share by Enrollment, 2023



Source: SNL Financial, NAIC, HMA

## 5. MEDICAID FEE FOR SERVICE VS. MANAGED CARE PENETRATION

Total Medicaid enrollment in New Hampshire was approximately 180,000 in 2023. In 2023, about 97.4% of Medicaid beneficiaries were enrolled in a managed care plan. The remainder are in fee-for-service Medicaid. Total Medicaid expenditures were \$2.4 billion in 2023, with about 48.2% through managed care and the rest through fee-for-service.

New Hampshire Expenditures and Enrollment for Total Medicaid vs. Medicaid Managed Care, 2014-23

Year	Total Medicaid Expenditures	Medicaid Managed Care Expenditures <sup>(1)</sup>	Medicaid Managed Care Expenditures as % of Total	Total Medicaid/CHIP Enrollment	Medicaid MCO Enrollment	Medicaid MCO Enrollment as % of Total
2023	\$2,444,300,232	\$1,178,905,058	48.2%	185,127	180,395	97.4%
2022	\$2,460,870,676	\$1,208,572,583	49.1%	249,906	230,326	92.2%
2021	\$2,381,983,996	\$1,211,715,080	50.9%	236,195	230,326	97.5%
2020	\$2,252,876,680	\$1,030,166,975	45.7%	213,815	171,520	80.2%
2019 <sup>(2)</sup>	\$1,985,132,112	\$783,427,242	39.5%	178,310	129,662	72.7%
2018	\$2,150,375,296	\$908,136,030	42.2%	180,324	129,662	71.9%
2017	\$2,055,479,922	\$880,683,600	42.8%	189,811	130,892	69.0%
2016	\$1,948,727,991	\$801,919,923	41.2%	189,871	135,479	71.4%
2015	\$1,716,225,884	\$747,092,649	43.5%	182,233	161,387	88.6%
2014	\$1,322,700,772	\$242,817,913	18.4%	169,747	137,509	81.0%

(1) Includes evaluation and management, vaccine codes, Community First Choice, and preventive services Grade A or B, ACIP vaccines and their administration, Prepaid Ambulatory Health Plans, and Prepaid Inpatient Health Plans.

(2) MCO enrollment as of December 2018.

Sources: CMS64 for expenditures. CMS for total Medicaid/CHIP enrollment. States, NAIC for Medicaid managed care enrollment.

## 6. SNPs AND DUAL ELIGIBLES

New Hampshire has no Medicare Special Needs Plans.