

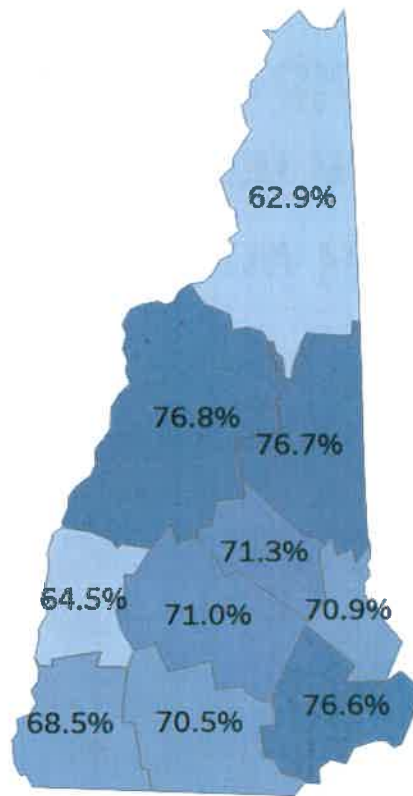


State of New Hampshire
Department of Health and Human Services
Division of Medicaid Services
Henry Lipman, Medicaid Director
May 10, 2022



Granite Advantage Health Care Program Enrollment Since March 16, 2020

Percent Change in GAHCP Enrollment by County Since the Start of COVID-19 Pandemic



Granite Advantage Health Care Program

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SFY21/22 increase costs are due to the 71.9% increase of the Granite Advantage caseload resulting from the federal public health emergency (PHE) and the maintenance of effort requirements by CMS to provide continuous enrollment during the federally declared PHE for states to receive enhanced federal medical assistance percentage.

Enrollment has increased since March 16, 2020 through May 2, 2022 to 88,322 members, an increase of an additional **36,957 or 71.9%**.

Net growth is due to the Federal Families First Coronavirus Response Act which requires states, as a condition of receiving an enhanced federal match for Medicaid (except for adult expansion) to suspend termination of eligibility for Medicaid except for members who die, move out of state, request ending Medicaid coverage; are convicted of Medicaid fraud or were incorrectly opened in Medicaid, this requirement to retain members who would otherwise have left the program leads to steady growth.

Current PHE monthly enrollment costs an additional \$10M Total Funds / \$1M non-federal funds compared to pre-PHE monthly costs



Granite Advantage Health Care Program

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Fixed revenue sources:

As provided in statute, no State general funds are used to fund the non-federal share of the program.

RSA 126:AA changed the funding of the non-federal share to include profits from the Liquor Commission through the Alcohol, Prevention & Treatment Fund and limited the N.H. Health Plan Assessment to no more than the funding needed to cover the Remainder Amount not to exceed the monies from Insurance Premium Tax Revenue and Alcohol, Prevention & Treatment Fund as well as Other Funds Returnable.



Granite Advantage Health Care Program Fixed Revenue

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- a) Revenue transferred from the alcohol abuse prevention and treatment fund pursuant to RSA 176-A:1, IV;
- b) Federal Medicaid reimbursement for program costs and administrative costs attributable to the program;
- c) Surplus funds generated as a result of the MCOs managing the cost of their services below the medical loss ratio established by the commissioner for the managed care program beginning on July 1, 2019;
- d) Taxes attributable to premiums written for medical and other medical related services for the newly eligible Medicaid population as provided under this chapter, consistent with RSA 400-A:32, III(b);
- e) Funds received from the assessment under RSA 404-G;
- f) Revenue from the Medicaid Enhancement tax moneys necessary to pay for the portion of provider rate increases pursuant to RSA 167:64, I(a)(2)(C) that is attributable to services provided under this chapter; and
- g) Funds recovered or returnable to the fund that were originally spent on the cost of coverage of the granite advantage health care program.



Granite Advantage Health Care Program

Liquor Commission; Five percent of the previous fiscal year gross profits derived by the commission from the sale of liquor:

5% of previous year gross profits	Recvd FY18 FY16 issued 12.30.16	Recvd FY19 FY17 issued 12.22.17	Recvd FY20 FY18 issued 12.27.18	Recvd FY21 FY19 issued 12.20.19	Recvd FY22 FY20 issued 12.22.20	To be Recvd FY23 FY21 issued 12.22.21
CAFR:						
Gross Sales Revenue	\$665,701,000	\$684,833,000	\$691,854,000	\$706,077,000	\$739,591,000	\$786,397,000
less Cost of Sales	<u>\$470,704,000</u>	<u>\$484,835,000</u>	<u>\$491,098,000</u>	<u>\$505,591,000</u>	<u>\$533,027,000</u>	<u>\$555,592,000</u>
Gross Profits	\$194,997,000	\$199,998,000	\$200,756,000	\$200,486,000	\$206,564,000	\$230,805,000
5% of previous fiscal yr gross profits	<u>\$9,749,850</u>	<u>\$9,999,900</u>	<u>\$10,037,800</u>	<u>\$10,024,300</u>	<u>\$10,328,200</u>	<u>\$11,540,250</u>
			SFY 21 add'l liquor funding	\$8,499,999		
			SFY 22 add'l liquor funding as of February 2022		\$8,736,916	

Pursuant to Section 351 of Chapter 346 of the Laws of 2019, the Commissioner of the Department of Health and Human Services is responsible for determining quarterly whether there is sufficient non-federal funding in the Granite Advantage Fund to cover projected program costs for the following 6-month period. ***If at any time the Commissioner determines that a projected shortfall exists, then the sum necessary to cover such shortfall shall be transferred to this fund from the Liquor Commission Fund established in RSA 176:16.***

Add'l liquor funding of \$8.5m was transferred in SFY 2021 and \$8.7M was transferred in SFY 2022.

