

CHAPTER 309
HB 1816-FN - FINAL VERSION

21Mar2018... 0864h
05/03/2018 1770s
23May2018... 2089-EBA

2018 SESSION

18-2646
01/03

HOUSE BILL ***1816-FN***

AN ACT relative to Medicaid managed care.

SPONSORS: Rep. Kurk, Hills. 2

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill declares that the remaining unimplemented phases of step 2 of the program shall not be incorporated into the department of health and human services' care management program for delivery by a managed care organization. This bill also requires the commissioner of the department of health and human services to implement enhanced eligibility screening.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~[in brackets and struck through.]~~
 Matter which is either (a) all new or (b) repealed and reenacted appears in
regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eighteen

AN ACT relative to Medicaid managed care.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 309:1 New Subparagraphs; Medicaid Managed Care Program; Waiver; Eligibility;
2 Medical Loss Ratio. Amend RSA 126-A:5, XIX by inserting after subparagraph (g) the
3 following new subparagraphs:

4 (h) The commissioner shall develop and implement enhanced eligibility
5 screening to stop per member/per month payments to managed care organizations in a
6 timely manner for services for persons who are no longer eligible.

7 (i) Notwithstanding RSA 126-A:5, XIX(a) and 2017, 258:1, long-term supports
8 and services, including, specifically nursing facility services and services provided
9 under the choices for independence waiver, the developmental disabilities waiver, the
10 in-home supports waiver, and the acquired brain disorder waiver, as those waivers are
11 issued by the Centers for Medicare and Medicaid Services under 42 U.S.C. section
12 1396(c), shall not be incorporated into the department's care management program for
13 delivery by a managed care organization, as defined in RSA 126-A:5, XIX(c)(3), under
14 contract with the state. The department may develop a plan to offer on a voluntary
15 basis only county or other locally-based Programs of the All Inclusive Care for the
16 Elderly (PACE) or similar accountable care organization (ACO) models to provide on a
17 non-fee-for-service basis nursing facility and choices for independence home care
18 services for beneficiaries who voluntarily elect to participate. Any such plan for
19 voluntary PACE and/or ACO models shall be approved by the oversight committee on
20 health and human services, established in RSA 126-A:13, and the fiscal committee of the
21 general court prior to implementation.

22 309:2 Effective Date.

23 I. RSA 126-A:5, XIX(i) as inserted by section 1 of this act shall take effect upon its
24 passage.

25 II. The remainder of this act shall take effect 60 days after its passage.

Approved: June 25, 2018

Effective Date:

I. RSA 126-A:5, XIX(i) as inserted by section 1 shall take effect June 25, 2018.

II. Remainder shall take effect August 24, 2018.

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