

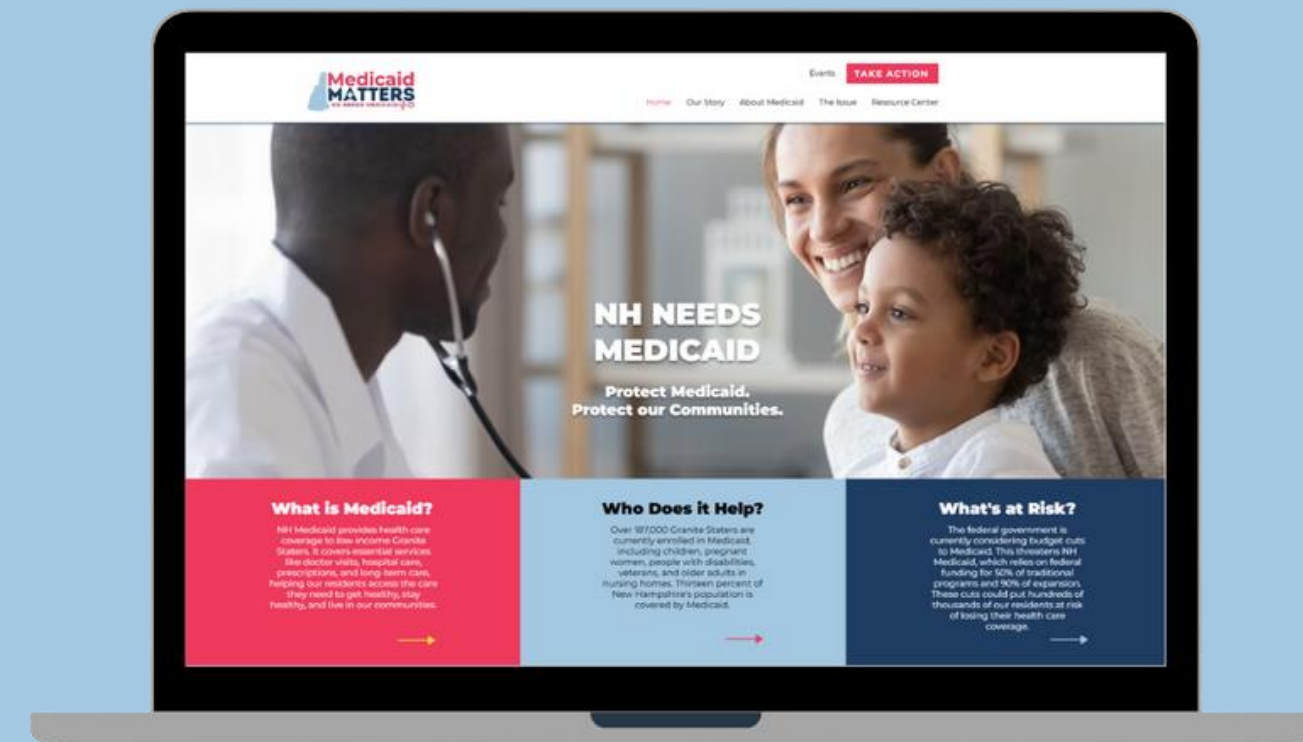


LEARN MORE: WHAT'S AT STAKE AND WHY MEDICAID MATTERS



Scan the QR code or visit

NHNeedsMedicaid.com





today's webinar

- Recorded and link sent afterward
- Ask questions with the Q&A feature throughout
- Questions will be answered at the end



Institute for Health
Policy and Practice

MEDICAID IN NEW HAMPSHIRE



Deborah Fournier, JD
*UNH Institute for Health
Policy and Practice*




Medicaid in New Hampshire

MARCH 26, 2025

MEDICAID MATTERS

Agenda

- 
- Big Picture: Medicaid is Health Insurance
 - Who is Covered?
 - What is Provided?
 - How is this Financed?

BIG PICTURE: Medicaid is Health Insurance



Medicaid is publicly-funded health insurance for low-income people.

It is elective for a state to have a Medicaid program.

A Medicaid program must meet minimum federal requirements: covering mandatory services and populations.

The federal government always pays a fixed percentage of the cost. This fixed percentage is referred to as FMAP (Federal Medical Assistance Percentage).

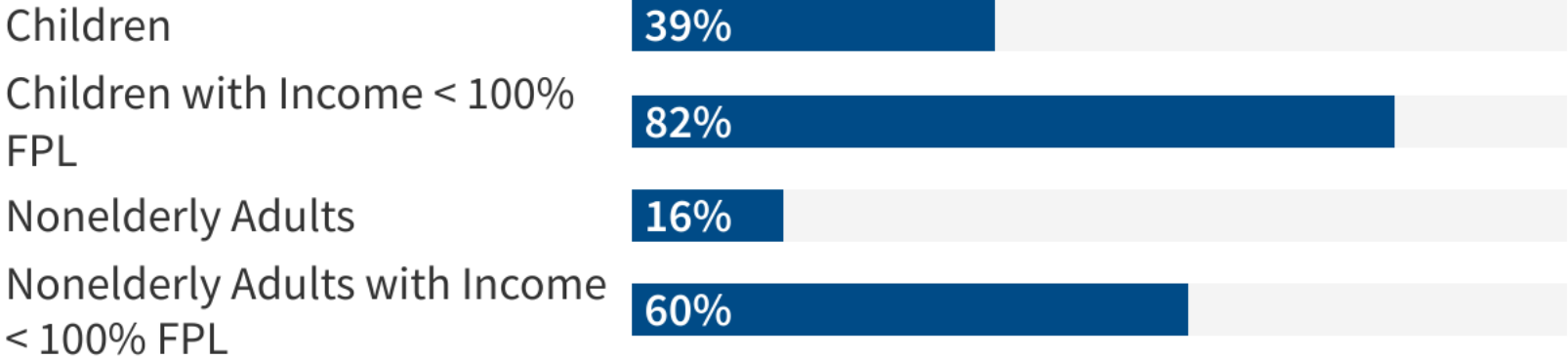
The FMAP is never less than 50%. Sometimes it is more. (WAY more!)

Medicaid Is the Dominant Source of Insurance for Low-income Children and Significant Source of Benefits for People with Disabilities

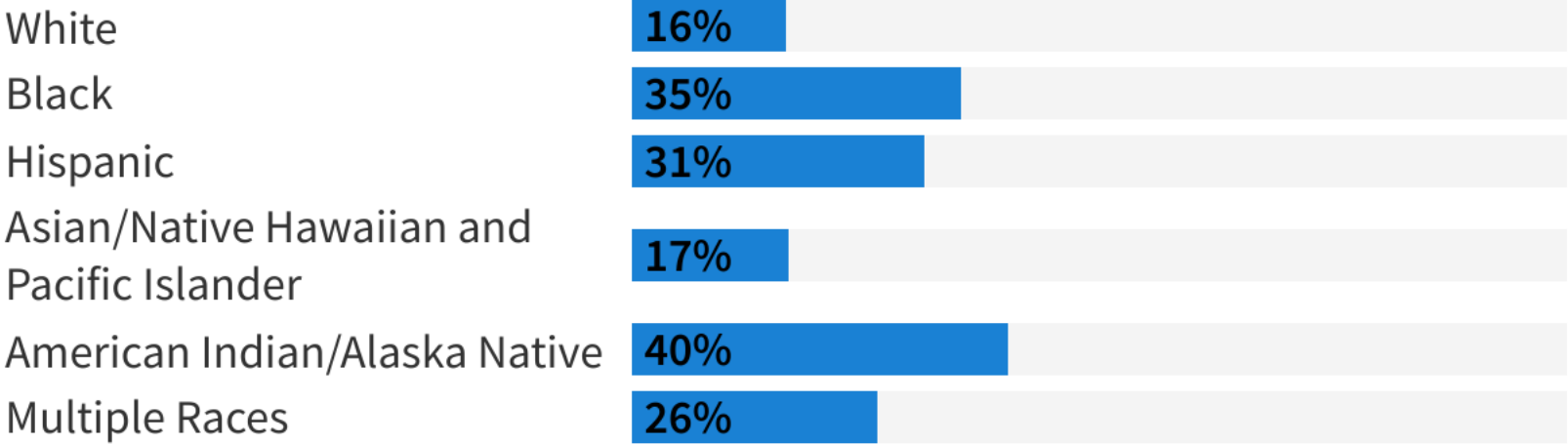
Medicaid is Particularly Important for Certain Populations

Percentage of people within a group who have Medicaid

Adults and Children



Race/Ethnicity



Disability Status



Note: FPL = federal poverty level. Estimates include the civilian, non-institutionalized population. Children includes people ages 0-18, nonelderly adults includes people ages 19-64, nonelderly people includes people 0-64. Disability is defined as having one or more difficulty related to hearing, vision, cognition, ambulation, self-care, or independent living.

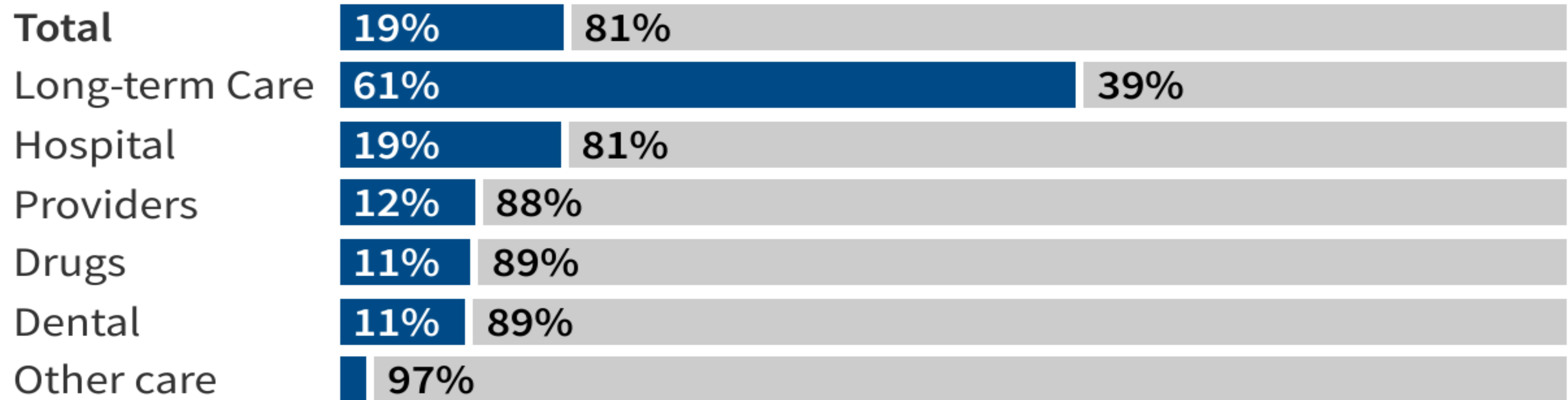
Source: KFF estimates based on the 2022 American Community Survey, 1-Year Estimates

KFF

<https://www.kff.org/health-policy-101-medicaid/?entry=table-of-contents-who-is-covered-by-medicaid>

Medicaid Accounts for One Fifth of All Health Care Spending, and Over Half of Spending on Long-term Care.

■ Medicaid ■ Other Payers

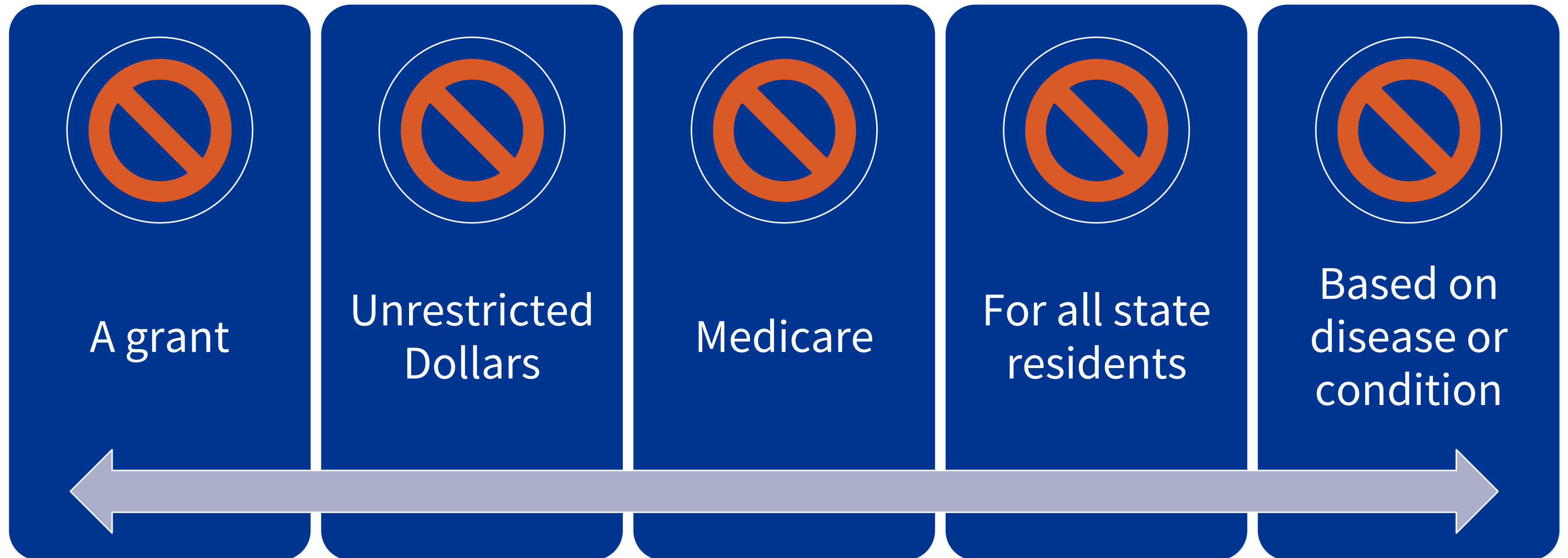


Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, 2023

KFF

<https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid/>

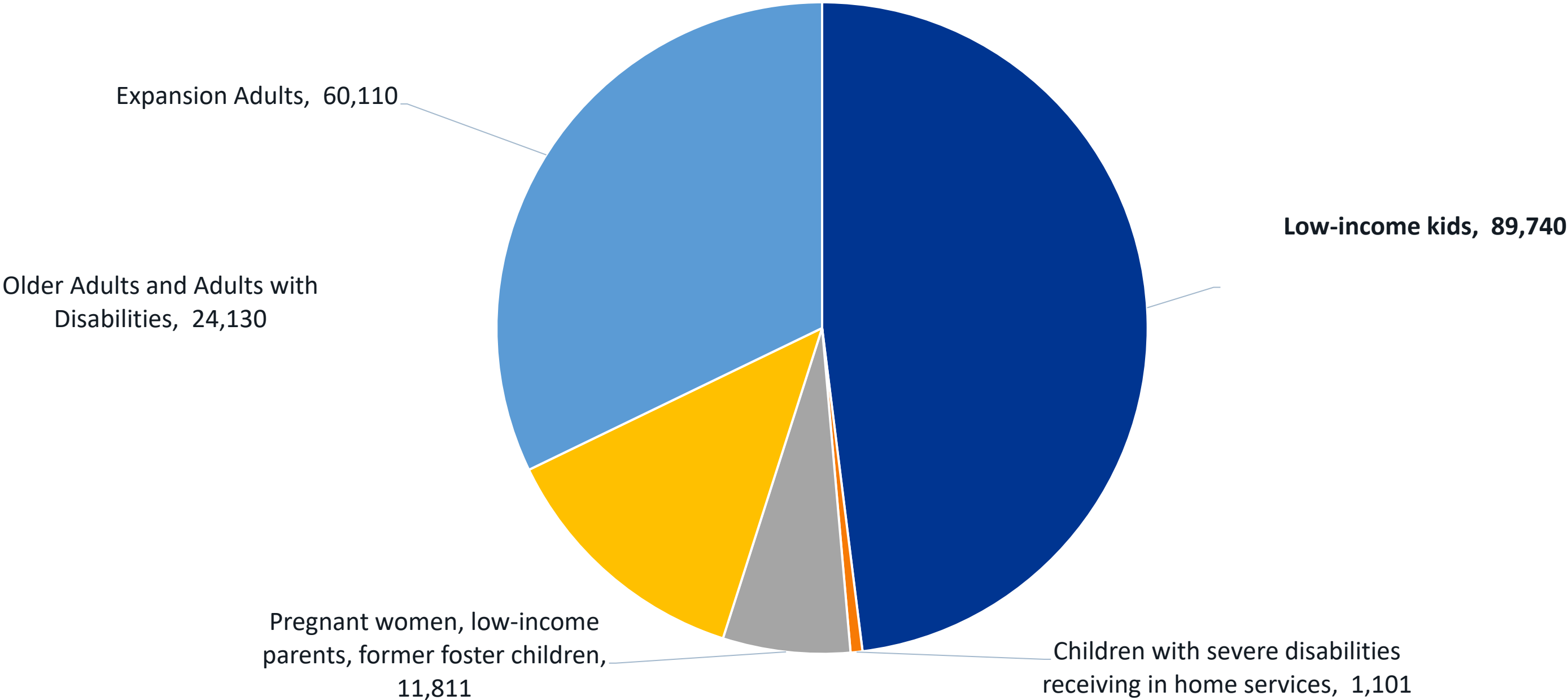
Big Picture - What Medicaid Is Not



Who is Covered?

NH Medicaid’s Single Largest Eligibility Group is Children

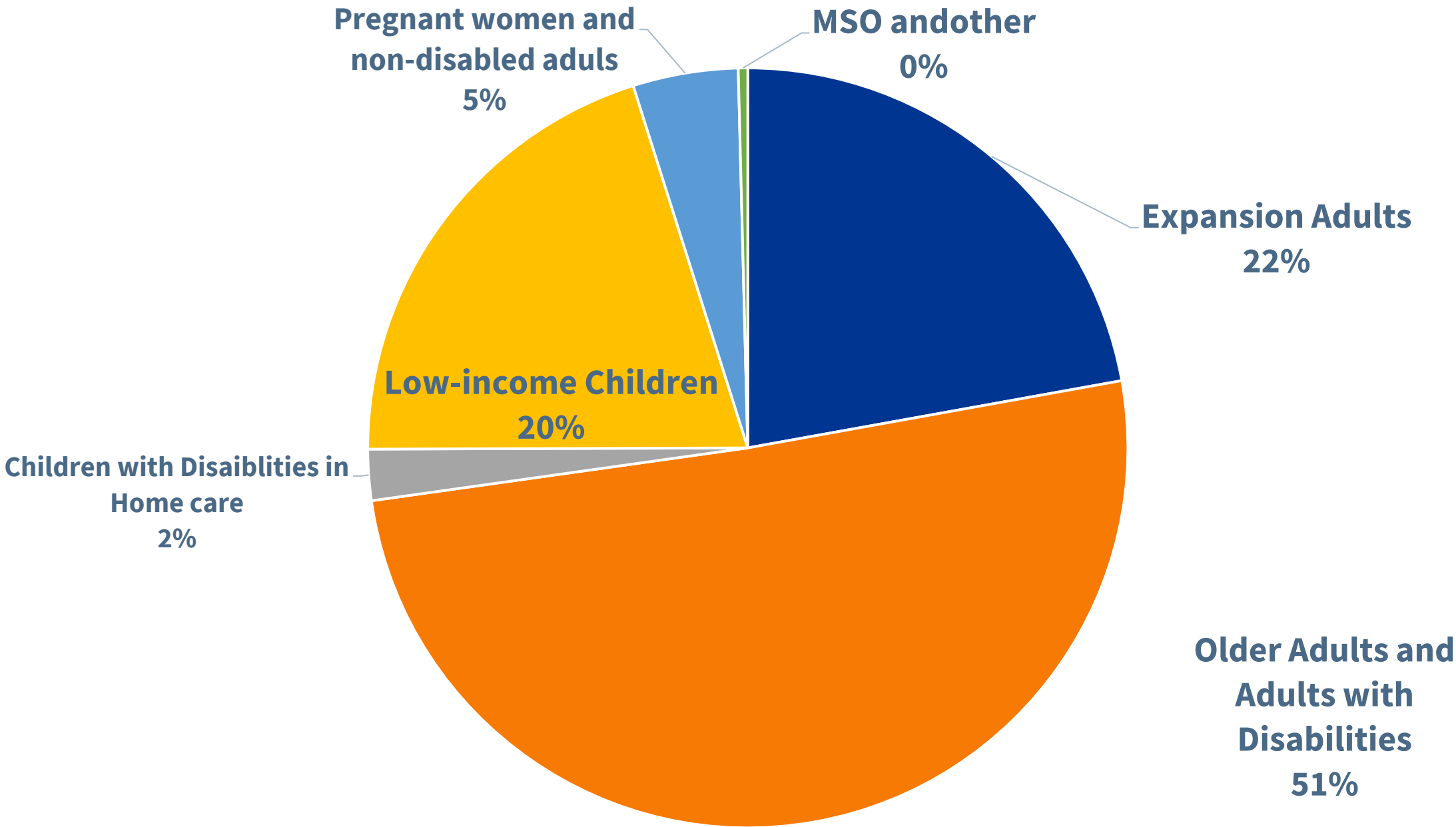
NH Medicaid Total Enrollment: 186,892 (as of February 28, 2025)




Source of monthly enrolment data: <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bpq-da-medicaid-enrollment.pdf>

NH Medicaid's Costs are Disproportionate to Enrollment and Concentrated Among Older Adults and People with Disabilities

EBI source data (as of March 25, 2025)



Only North Dakota and Utah cover smaller percentages of their overall population with Medicaid than New Hampshire.

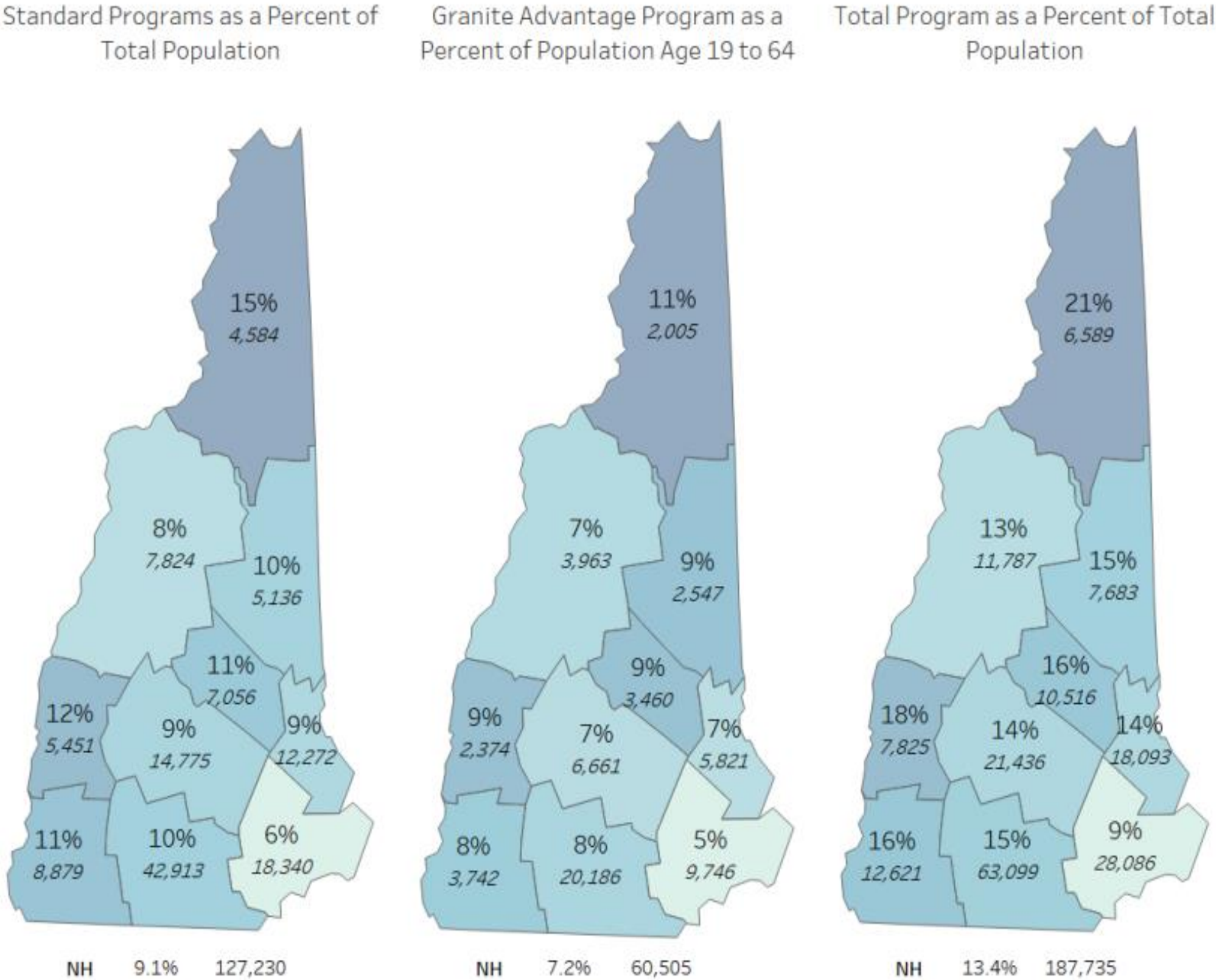


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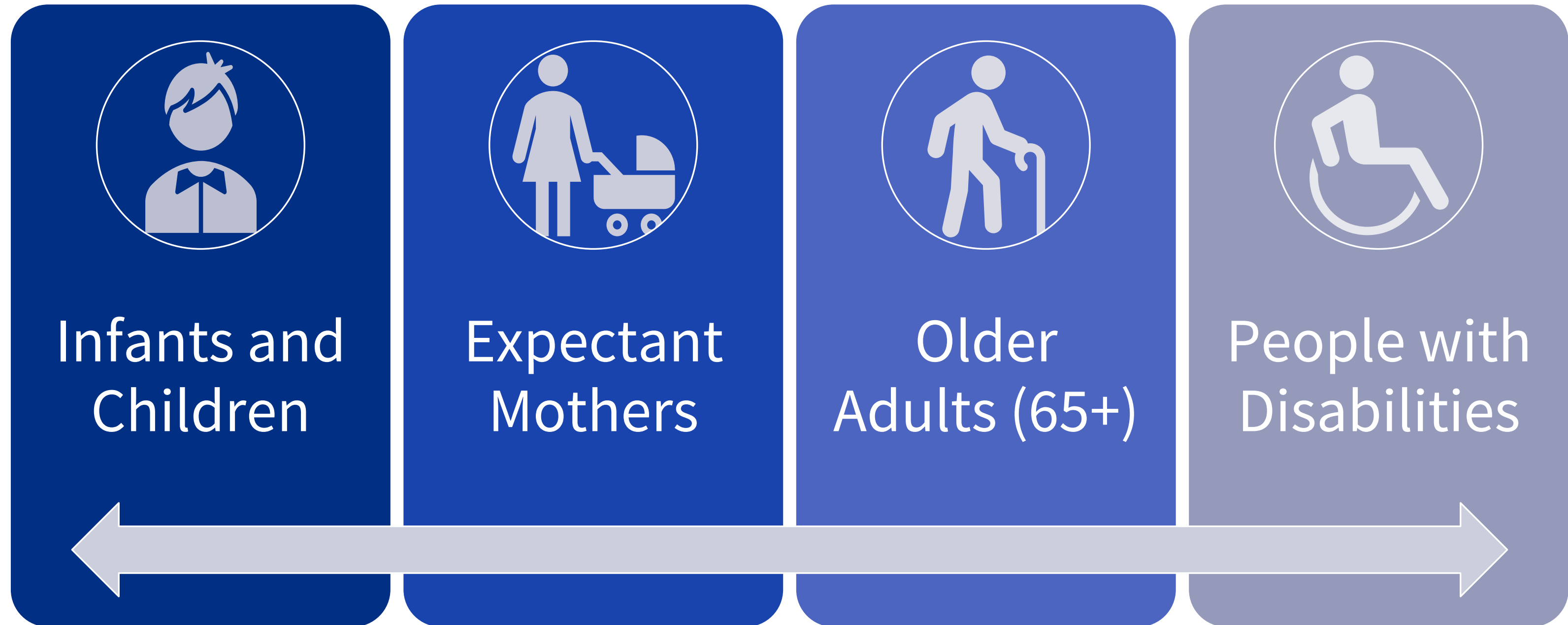
In all but one county, Medicaid members are **MORE THAN 10%** of the population.

Rockingham County has 9% of its population in Medicaid.

NH Medicaid Full Benefit Enrollment as a Percent of Estimated General Population, 12/31/24



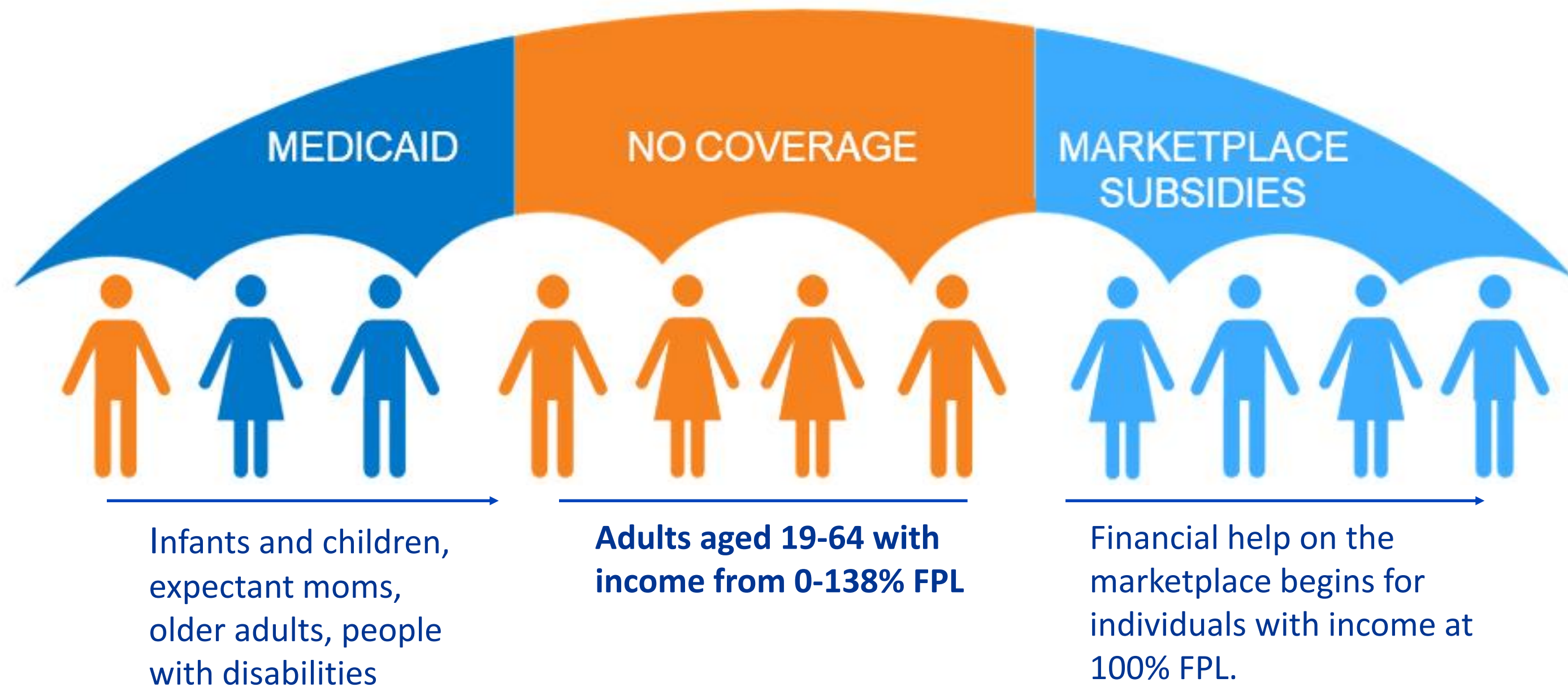
Medicaid Historically Has Provided Health Insurance Coverage For Low-Income People In These Groups



General Income Eligibility for Select NH Medicaid Eligibility Categories

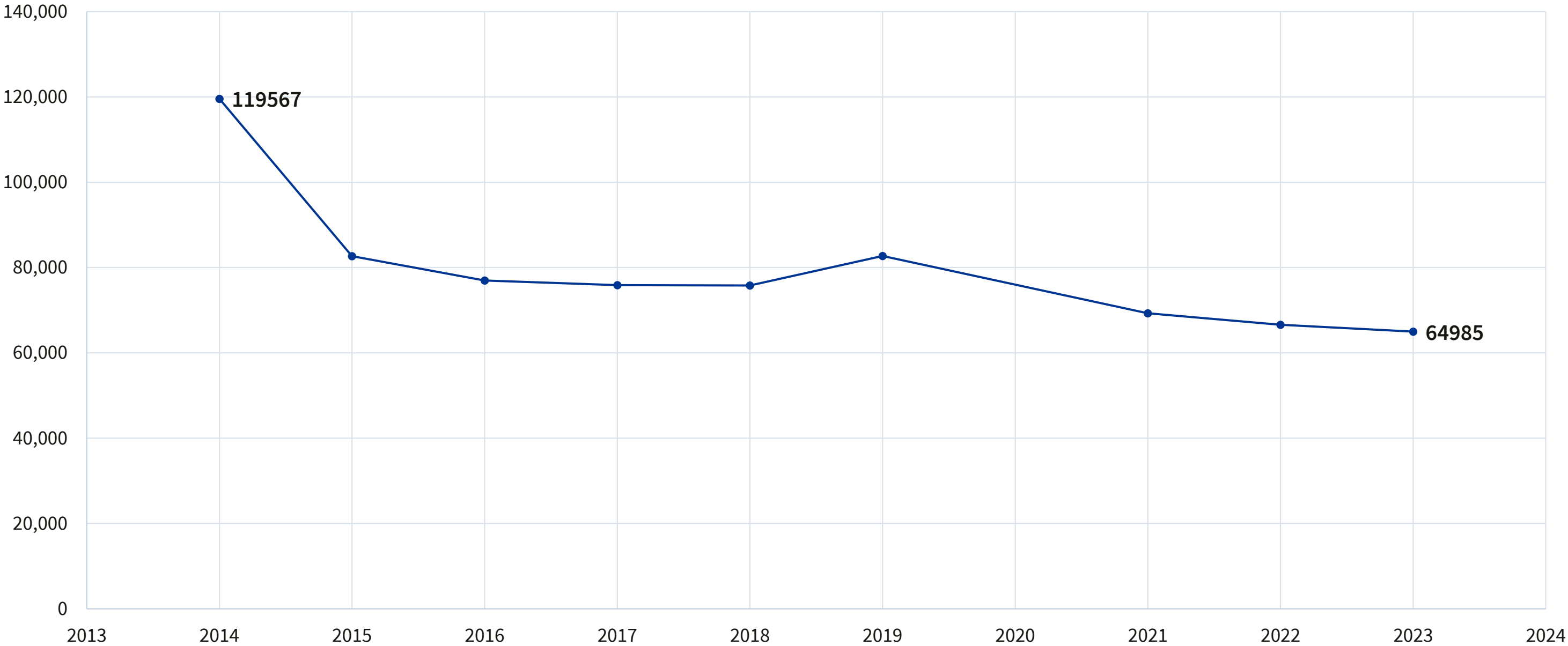
	Federal Poverty Levels 2025 (annual income family of 1)								
	<50% FPL \$7,825	<100% FPL \$13,589	100% FPL \$15,650	138% FPL \$21,597	150% FPL \$23,475	200% FPL \$31,300	250% FPL \$39,125	300% FPL \$46,950	350% FPL \$54,775
	Disabled and working up to 450% FPL								
	Older Adults (65+) up to 75% FPL								
	Babies and children up to 318% FPL								
	Expectant moms up to 196% FPL								
	Low-income parent up to 60% FPL								
	Low – Income Adults 19-64 up to 138% FPL			<div><div>\$7.25/hr x 40 hrs = \$290</div><div>\$290/wk x 52 wks = \$15,080</div></div>					
Breast and cervical cancer patients up to 250% FPL									

In NH, Medicaid Expansion Fills the Unintended Coverage Gap Created by NFIB v Sibelius (2012) to the Affordable Care Act



Source: based on image at <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

The number of people who are uninsured in New Hampshire has fallen by 45% since 2014, since ACA Coverage (Medicaid expansion and Marketplace) became available



Source: S2702 Selected Characteristics of the Uninsured, ACS 1-Year Estimates Subject Tables Years 2014-2023
<https://data.census.gov/table/ACSST1Y2023.S2702?t=Health%20Insurance&g=040XX00US33>

What Is Provided?

MANDATORY AND OPTIONAL SERVICES

Most Mandatory Services are Acute-Care Services

	Acute Care Benefits	Long-Term Care Benefits
Mandatory	<ul style="list-style-type: none">• Inpatient and outpatient hospital services• Early and periodic screening, diagnostic, and treatment services• Physician services• Rural health clinic services• Federally qualified health center services• Laboratory and X-ray services• Family planning services• Nurse midwife services• Certified pediatric and family nurse practitioner services• Freestanding birth center services• Transportation to medical care• Tobacco cessation counseling for pregnant women	<ul style="list-style-type: none">• Nursing facility• Home health services

Most Optional Services Are Not Optional For Those Who Need Them

Optional

- Prescription drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing, and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventative, and rehabilitative services
- Podiatry services
- Optometry services
- Dental services and dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Case management
- Inpatient psychiatric services for individuals under age 21
- Tuberculosis related services
- Private duty nursing services
- Personal care
- Hospice
- Services for individuals age 65 or older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with intellectual disability
- home and community based services
- Self-directed personal assistance services
- Community first choice option
- Health homes for enrollees with chronic conditions

Source: <https://www.kff.org/health-policy-101-medicaid/?entry=table-of-contents-what-benefits-are-covered-by-medicaid>

Key Medicaid Services in New Hampshire

Mandatory Services:

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none">• Inpatient Hospital Services• Rural Health Clinic Services• Intermediate Care Facility Nursing Home Dental Service (Children)• Home Health Services• Skilled Nursing Facility Nursing | <p>Home</p> <ul style="list-style-type: none">• Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Services for Persons < Age 21• Outpatient Hospital Services | <ul style="list-style-type: none">• Physicians Services• I/P Hospital Swing Beds, SNF• I/P Hospital Swing Beds, ICF• Family Planning Services• X-Ray Services | <ul style="list-style-type: none">• Laboratory (Pathology)• Advanced RN Practitioner• Medication Assisted Treatment |
|---|--|---|---|

Optional Services:

- | | | | |
|---|---|--|---|
| <ul style="list-style-type: none">• Prescribed Drugs• Mental Health & SUD Services• Ambulance Services• Podiatrist Services• Private Duty Nursing• Home Based Therapy• Outpatient Hospital, Mental Health & SUD | <ul style="list-style-type: none">• Durable medical equipment and supplies• Optometric Services Eyeglasses• Wheelchair Van Services• Crisis Intervention Services• Psychology Services• Speech Therapy• Hospice | <ul style="list-style-type: none">• Inpatient Psychiatric Facility Services Under Age 22• Nursing Facilities Services for Children w/Severe disabilities• Adult Medical Day Care• Day Habilitation Center• Physical Therapy• Audiology Services | <ul style="list-style-type: none">• Occupational Therapy• Personal Care Services• Adult Dental |
|---|---|--|---|

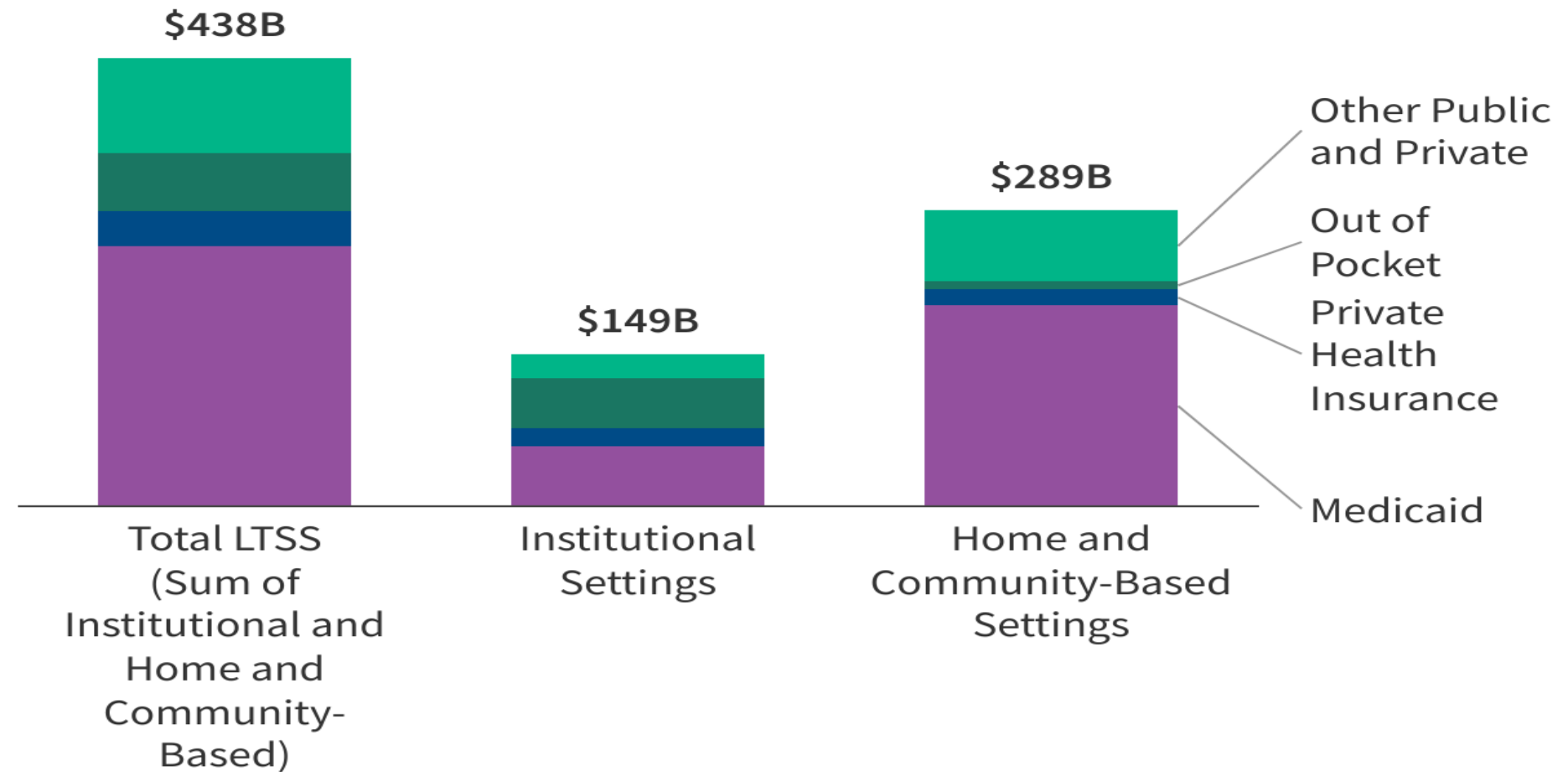
Home & Community Based Care Waivers:

Acquired Brain Disorder, Developmentally Disabled, Choices for Independence, In Home Supports

Medicaid is the Dominant Payer for Long-Term Services and Supports in the US

Medicaid Paid for Over Half of the \$438 Billion That the US Spent on LTSS in 2022, Most of Which Went to Home and Community-Based Services

Distribution of spending on long-term services and supports (LTSS) in 2022, by type of LTSS and payer



Note: Total paid LTSS expenditures include spending on residential care facilities, nursing homes, Medicaid home health services, and home and community-based waiver services but excludes Medicare post-acute care. "Other Public and Private" includes Children's Health Insurance Program, the Department of Defense, the Veterans Health Administration, worksite health care, other private revenues, Indian Health Services, workers' compensation, general assistance, maternal and child health, vocational rehabilitation, other federal programs, Substance Abuse and Mental Health Services Administration, other state and local programs, and school health.

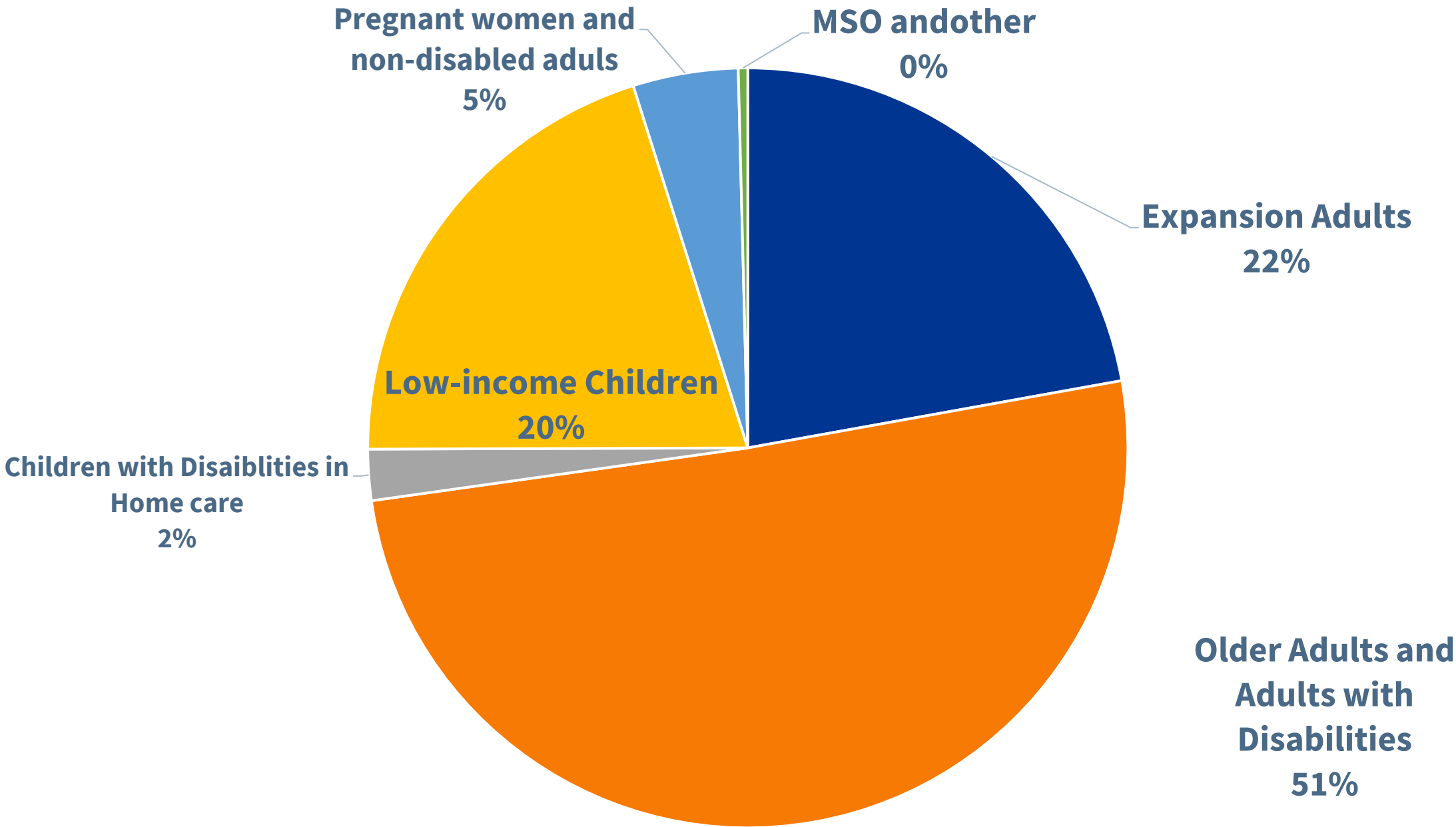
Source: KFF estimates based on 2022 National Health Expenditure Accounts data from CMS, Office of the Actuary

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<https://www.kff.org/health-policy-101-medicaid/?entry=table-of-contents-what-long-term-services-and-supports-ltss-are-covered-by-medicaid>

NH Medicaid's Costs are Disproportionate to Enrollment and Concentrated Among Older Adults and People with Disabilities

EBI source data (as of March 25, 2025)



Medicaid Provides Key Mental Health and Substance Use Disorder Services

In SFY 2024, NH Medicaid provided more than \$264M in mental health services.

In SFY 2024, NH Medicaid provided more than \$100M in substance use disorder services.

Source: EBI as of 3/25/2025

How is this Financed?

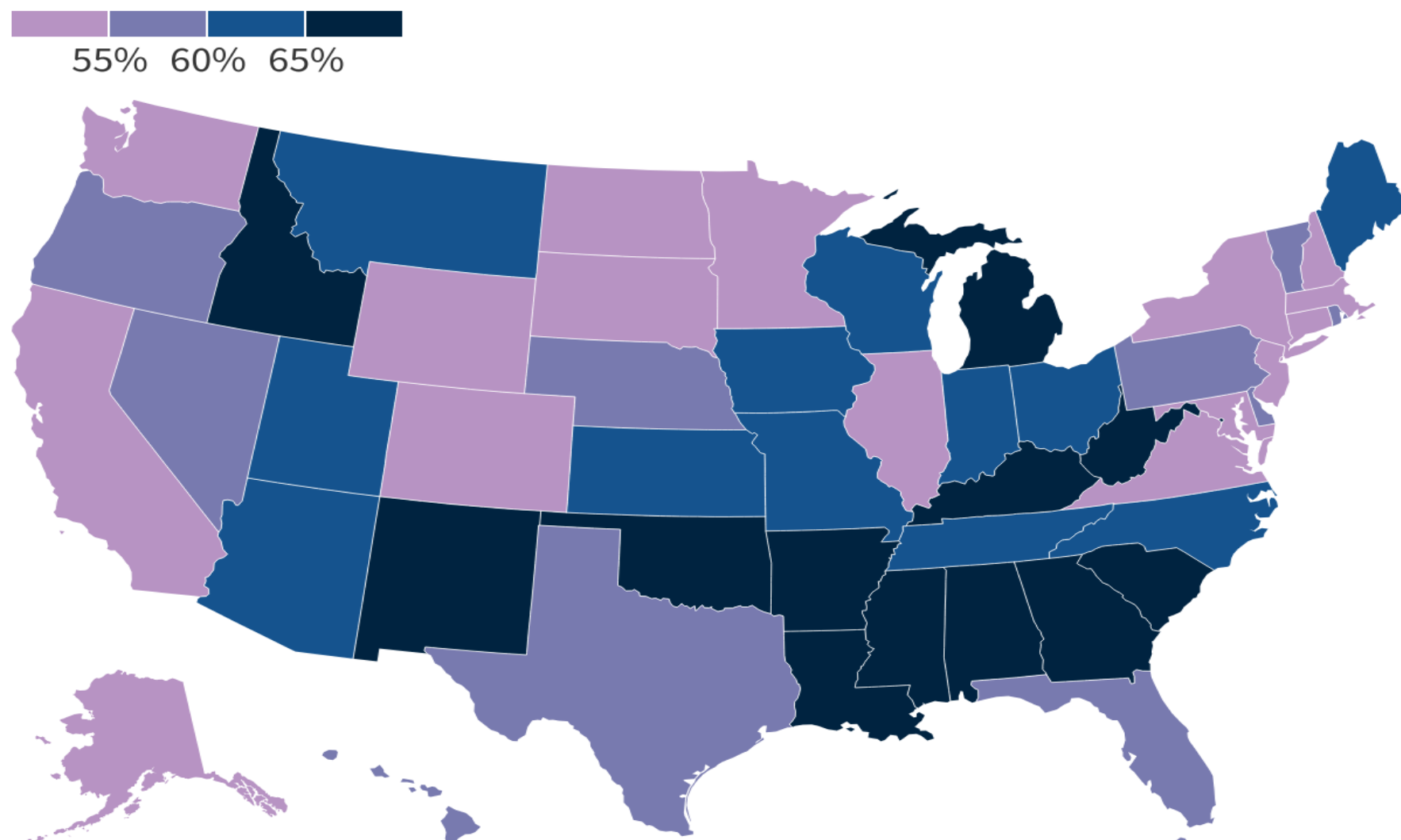
Financing

In return for following the rules of the program, the federal government always pays a fixed percentage of the cost, **known as FMAP (Federal Medical Assistance Percentage)**.

- The FMAP **varies** by state and population/service.
- The FMAP is **never less than 50 percent**. The lower the per capita wealth, the higher the state FMAP.*

Medicaid is Jointly Financed by the Federal Government and States.

Federal Medicaid Assistance Percentages (FMAPs) for Traditional Medicaid Spending Effective for FFY 2026



Note: FFY = federal fiscal year. These rates are in effect October 1, 2025 - September 30, 2026. These FMAPs are determined by a formula set in statute and are for services used by people eligible through traditional Medicaid, which includes individuals who are eligible as children, low-income parents, because of disability, or because of age (65+). The formula is designed so that the federal government pays a larger share of program costs in states with lower average per capita income.

Source: Federal Register, November 29, 2024 (Vol 89, No. 220), pp 94742-94745

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States with higher FMAP spend less to purchase covered services or pay plans/providers the same amount compared to lower FMAP states.

States with higher FMAP require deeper cuts to reduce state general fund spending than lower FMAP states.

Gross Spend	FMAP	State Spend	Federal Match
\$200	50%	\$100	\$100
\$200	70%	\$60	\$140

Financing – THERE IS NO FREE LUNCH

State Share is Required

- Must be “public” dollars
- At least 40% of state share must be from state general revenue
- Remainder can be from other government contributions including county dollars and health care related taxes

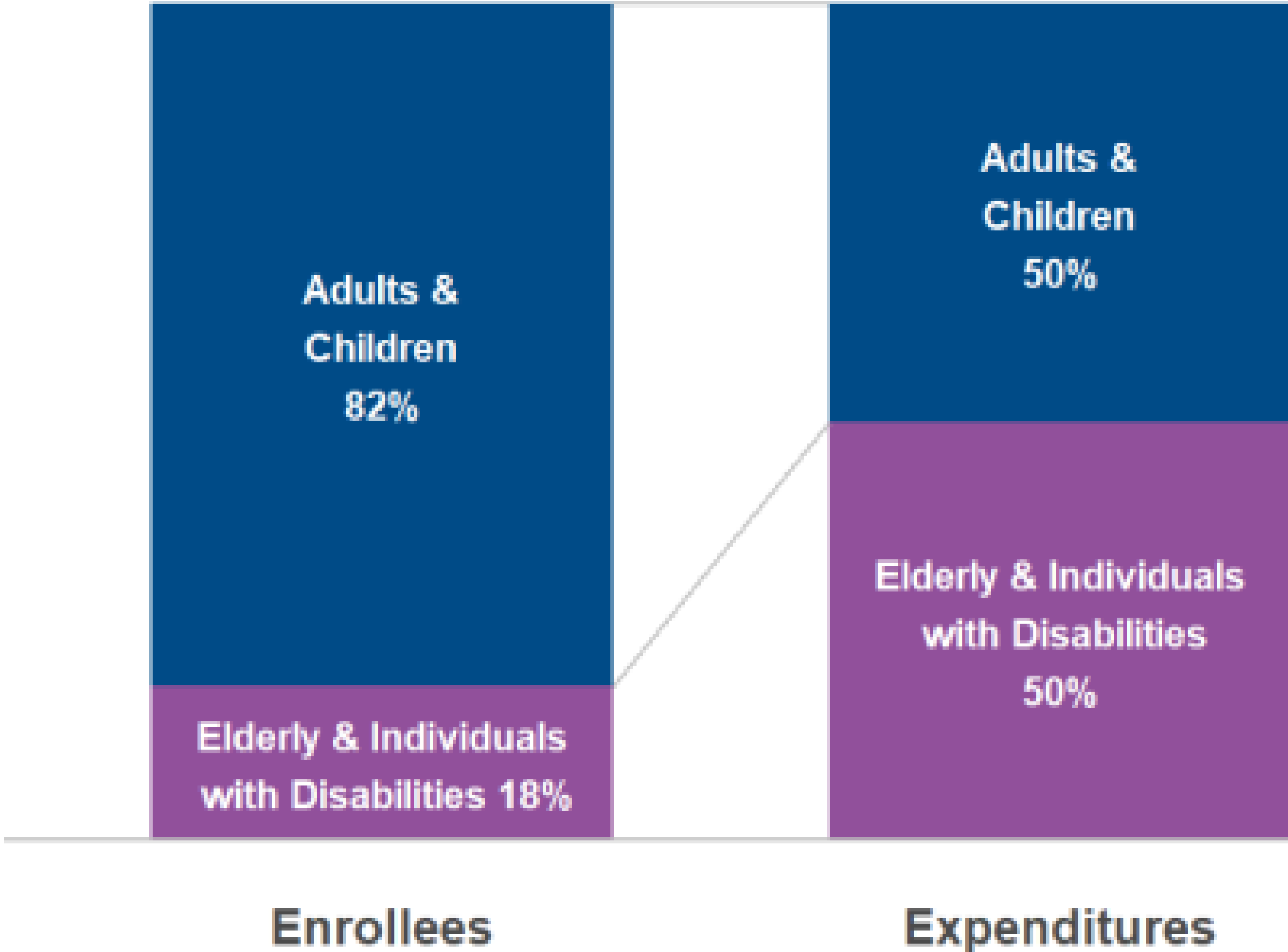
Granite Advantage Federal Funding

- The FMAP for Expansion adults is 90% federal, 10% state.
- NH has received \$3.2B in federal dollars in total since 2015 due to expansion.
 - \$1.4B in federal revenue have come into New Hampshire since SFY2020 through expansion;

Source: http://www.gencourt.state.nh.us/lba/Budget/FiscalItems/2022-11-18_Agenda_Items/FIS_22-375.pdf
<https://nhfpi.org/resource/the-effects-of-medicaid-expansion-in-new-hampshire/>

Medicaid Enrollees & Expenditures in NH

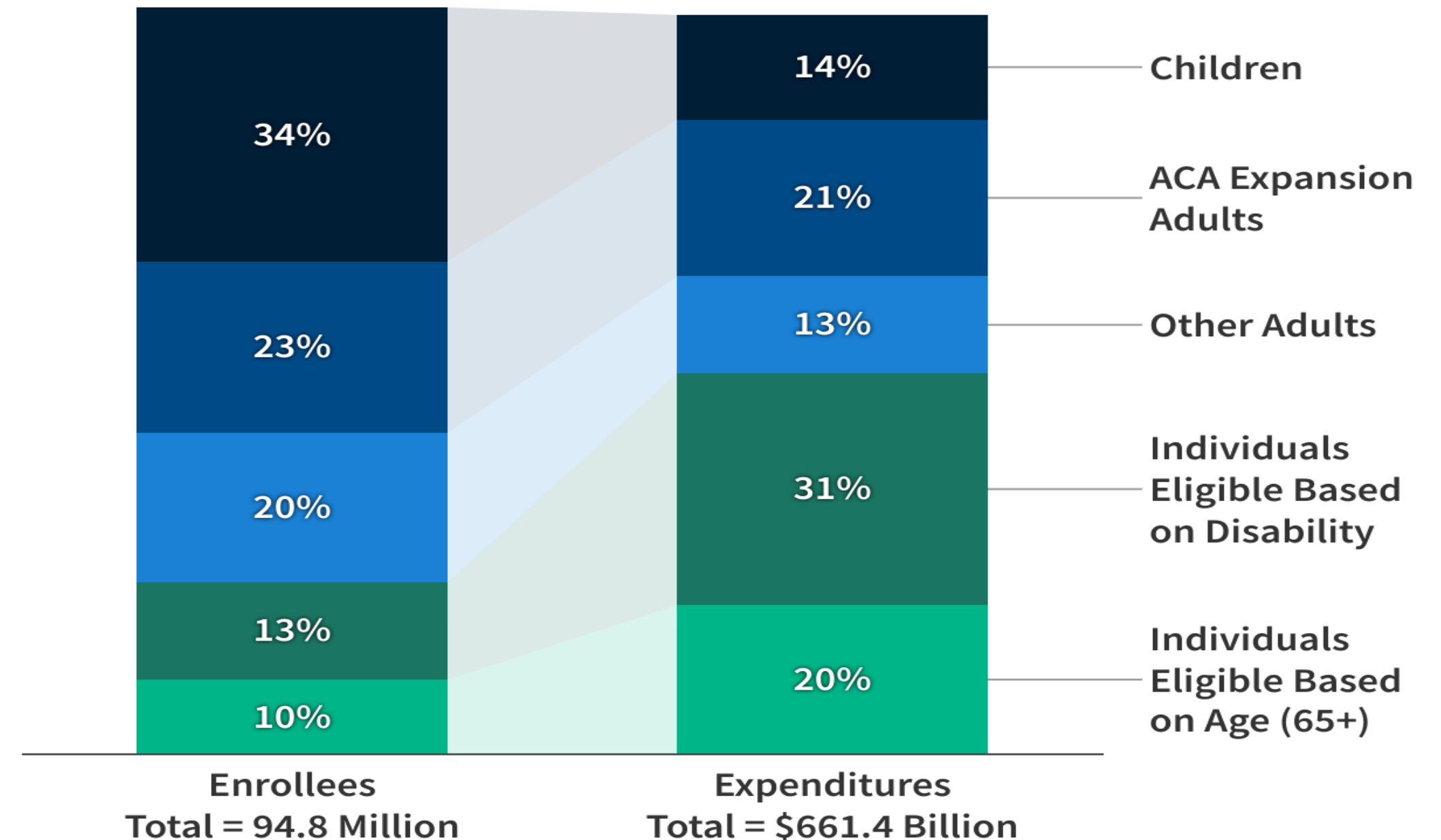
Costs are
Disproportionate
to Enrollment
Group Sizes



Children are the Single largest Enrollment Group and One of the Least Costly To Cover

Older Adults and People living with Disabilities tend to have concentrated costs despite their relatively smaller enrollment in the program

People Eligible for Medicaid Based on Disability or Age (65+) Accounted for 1 in 4 Enrollees but Over Half of All Spending in 2021



Note: Includes full and partial benefit enrollees enrolled in at least one month of Medicaid during 2021. Total may not sum to 100% due to rounding.

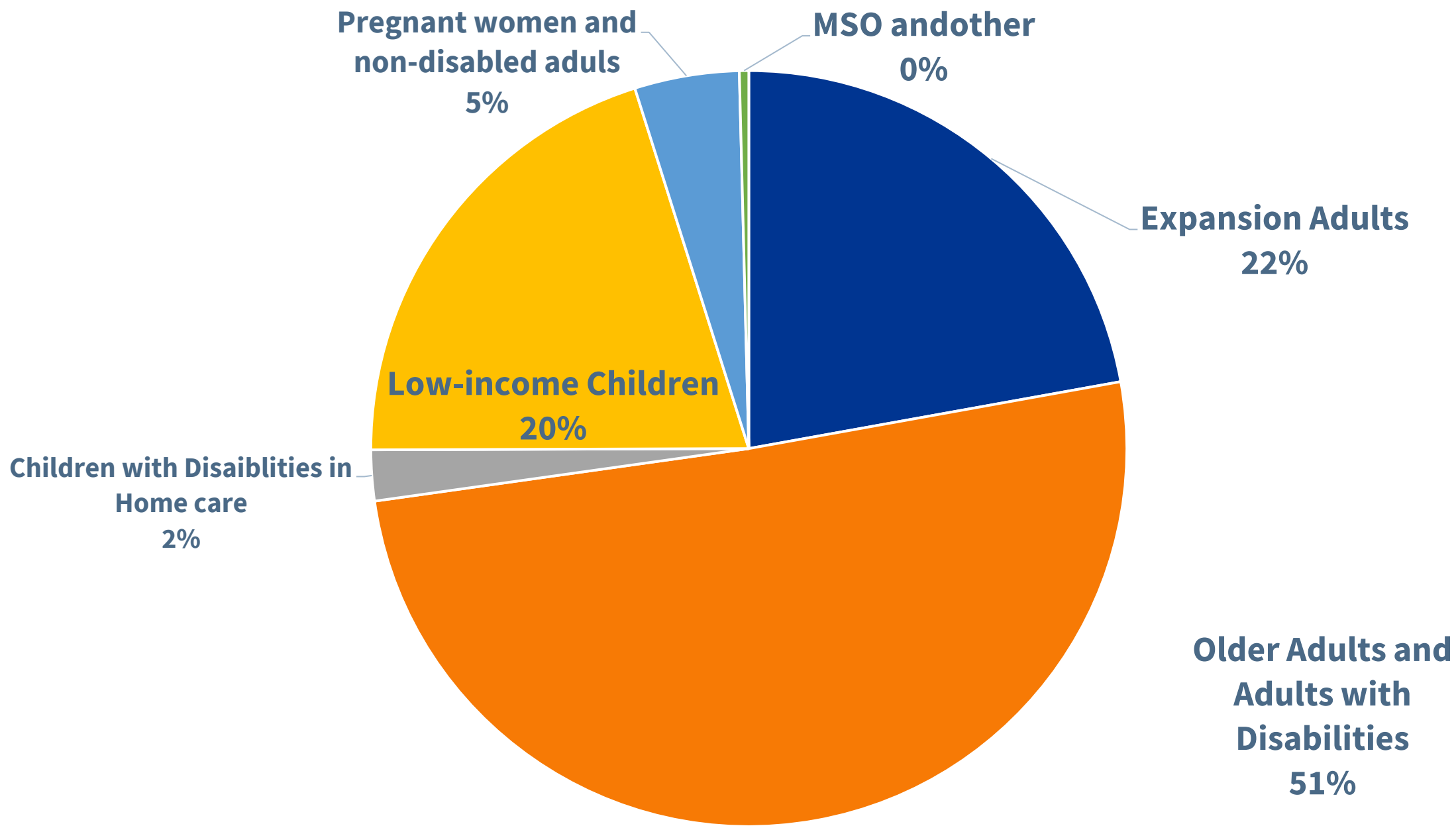
Source: KFF analysis of the T-MSIS Research Identifiable Files, CY 2021

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NH Medicaid's Costs are Disproportionate to Enrollment and Concentrated Among Older Adults and People with Disabilities

NH Medicaid Claim and Encounter Based Provider Payments/FFS Equivalent Payments, SFY2024
EBI source data (as of March 25, 2025)



So What?

Take Aways

- Responsive Financing: Feds pay a fixed percentage of the cost. This allows financing to respond to need (HIV/AIDS/Recessions/COVID). Changes to this framework puts the state at risk of paying more general fund dollars and having a less responsive financing partnership with the federal government.
- Dominant Payer for Long-Term Care Services: Medicaid provides home and community-based services to 24,000+ Granite Staters who are older and/or are people living with disabilities. These services provide many with an alternative to living in an institution.
- Dominant Source of Coverage for Low-income Children: Medicaid provides health care coverage to 89,000+ low-income Granite State children.
- NH Medicaid is a significant source of behavioral health care in NH.

Thank You

Deborah.Fournier@unh.edu



FEDERAL UPDATES ON MEDICAID

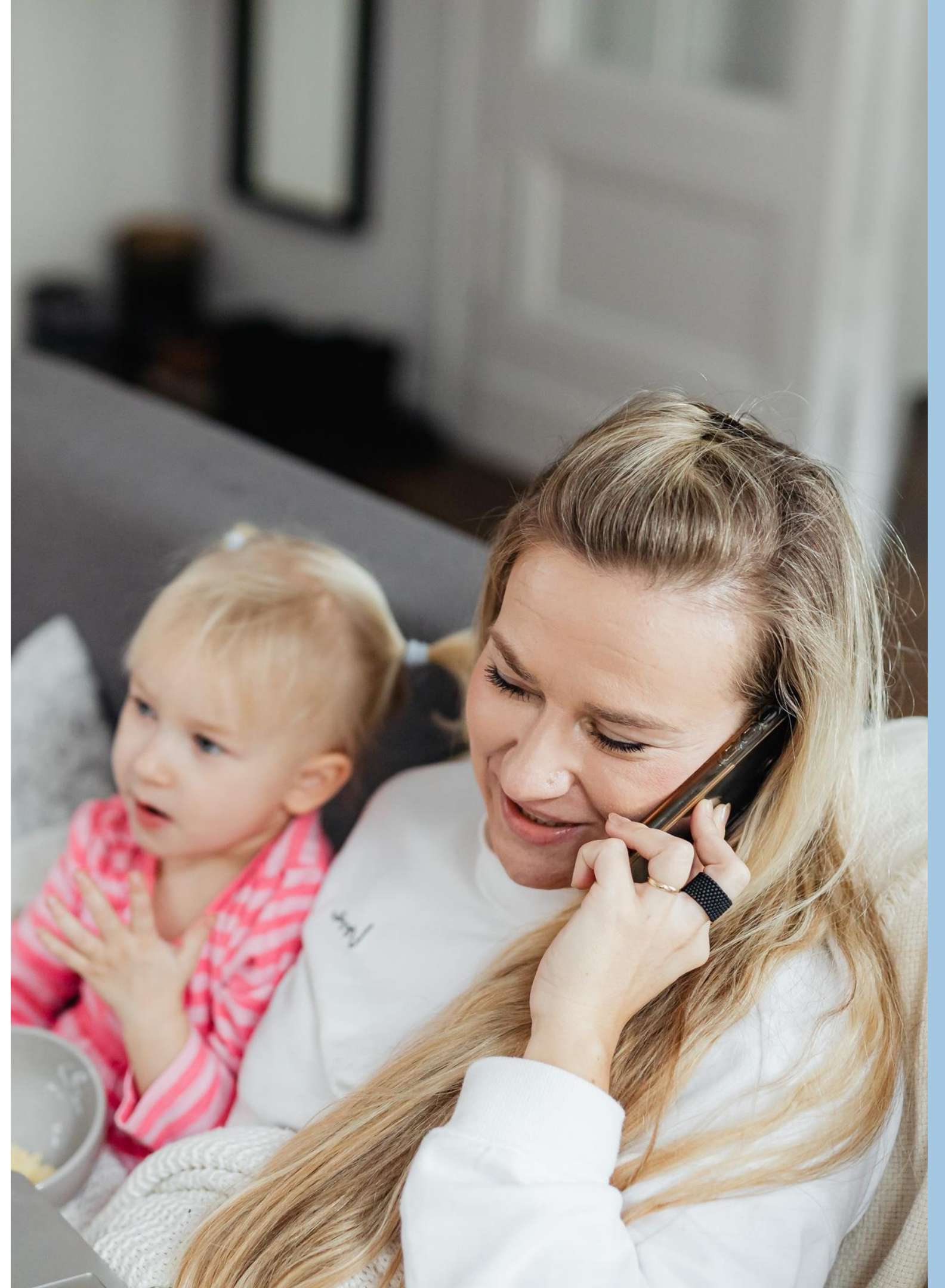


Glen Fewkes
AARP



ADVOCATING FOR MEDICAID

 Jess Wojenski
New Futures



we need
YOU to talk
about
Medicaid



If the federal government makes cuts to Medicaid, New Hampshire will need to take action to protect our Medicaid programs at the state level



State lawmakers are there to serve *you*, so it's important that you tell them how important Medicaid is to New Hampshire residents



www.nhneedsmedicaid.com/contact-legislators

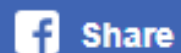
Find Your Elected Officials

Enter your home address information to find and contact your elected officials in New Hampshire.

Street Address

Postal Code

Find Your Officials





www.nhneedsmedicaid.com/story

Tell us why Medicaid is important to you or a loved one, people in your communities, or your work. NH Medicaid Matters will share stories like yours with lawmakers to show them how critical Medicaid is in our state, and that they should stop cuts to Medicaid.

Whether you're a Medicaid recipient, caregiver, health care professional, community advocate, business owner whose employees depend on this coverage, or have other experience, your voice can make a difference.

A woman with glasses and a black top is standing and speaking into a microphone. She is holding a baby in her arms. In the foreground, the back of a woman's head and shoulders are visible, looking towards the speaker. Other people are seated in the background, listening. The scene is indoors, likely a conference or meeting room, with large windows in the background.

stories
humanize
policy >>>

Stories are proven
to be more:

- >>> memorable
- >>> relatable
- >>> repeatable
- >>> effective at
changing minds

than data alone

newfutures >>>

ways to advocate



Call your elected officials



Email your elected officials



Get coffee with your elected officials



Submit a Letter to the Editor or Op-Ed



Post a “call to action” on social media



Q&A

Any Questions?





A MEDICAID STORY



Linda Quintanilha
Bennington Resident

