

Exhibit I

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

June 23, 2015

Nicholas A. Toumpas
Commissioner
Department of Health and Human Services
Brown Building
129 Pleasant Street
Concord, NH 03301

Dear Mr. Toumpas:

The Centers for Medicare and Medicaid Services (CMS) is issuing technical corrections to New Hampshire's Medicaid section 1115 demonstration, entitled "New Hampshire Health Protection Program (NHHPP) Premium Assistance Demonstration" (Project Number 11-W-00298/1) under authority of section 1115(a) of the Social Security Act (the Act), to ensure that the special terms and conditions (STC) reflect how the state is currently operating its demonstration.

The technical corrections include the following clarifications:

- The state may begin enrollment activities for the demonstration before November 1, 2015;
- Individuals who are determined to be eligible for (as well as enrolled in) the state's mandatory Health Insurance Premium Payment (HIPP) program will be excluded from the demonstration; and
- NHHPP beneficiaries will receive a Medicaid card from the state to ensure that they are able to access wrap benefits.

To reflect upon the agreed terms between the state and CMS, we have incorporated the technical changes into the latest version of the STCs. Please find enclosed the updated STCs.

If you have any questions, please do not hesitate to contact your project officer, Ms. Megan Lepore. Ms. Lepore can be reached at (410) 786-4113, or at megan.lepore@cms.hhs.gov.

We look forward to continuing to work with you and your staff.

Sincerely,

/s/

Angela D. Garner
Acting Director
Division of State Demonstrations and Waivers

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Enclosure

cc: Richard McGreal, Associate Regional Administrator, CMS Boston Regional Office



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administrator

Washington, DC 20201

March 4, 2015

Nicholas A. Toumpas
Commissioner, Department of Health and Human Services
Brown Building,
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Toumpas:

The Centers for Medicare & Medicaid Services (CMS) is approving New Hampshire's application for a one-year Medicaid demonstration project entitled, "New Hampshire Health Protection Program (NHPPP) Premium Assistance" (Project Number 11-W-00298/1). The demonstration is approved on March 4, 2015 in accordance with section 1115(a) of the Social Security Act (the Act). The demonstration is effective on January 1, 2016 and is approved through December 31, 2018, assuming the state fulfills the requirements outlined within the Special Terms and Conditions (STCs) to continue the demonstration beyond December 31, 2016 and contingent upon the reauthorization of the program by the New Hampshire legislature. Enrollment for the demonstration will begin on November 1, 2015, with eligibility effective on January 1, 2016.

The demonstration will affect non-medically frail individuals aged 19-64 in the new adult coverage group. The approved demonstration provides authority to New Hampshire to provide premium assistance to such individuals in the new adult group to enable them to enroll in qualified health plans (QHPs) offered in the Marketplace. Beginning November 1, 2015, non-medically frail individuals enrolled in the state's current delivery system for the new adult group (the managed care program called "The Bridge Program"), as well as new non-medically frail applicants, will be able to select a QHP for enrollment effective January 1, 2016.

For such individuals, most benefits would be accessed through the QHP network, and the QHP payment rate would be payment in full for such benefits, subject to cost sharing consistent with New Hampshire's approved state plan. Such individuals would receive the benefits described in New Hampshire's Alternative Benefit Plan (ABP) under its state plan. Beneficiaries under age 21 will be eligible for early and periodic screening and diagnostic treatment (EPSDT) services and all beneficiaries in the demonstration shall be able to access out-of-network family planning, non-emergency transportation, adult vision and limited adult dental benefits through the state Medicaid agency in coordination with the QHPs. Cost sharing will be consistent with New Hampshire's state plan. The demonstration includes a conditional waiver of retroactive coverage, with implementation of the waiver conditioned upon receipt of data demonstrating that the state's coverage system provides a seamless eligibility determination experience for the beneficiary that ensures that the beneficiary will not have periods of uninsurance.

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The authority to deviate from Medicaid requirements is limited to the specific waivers and expenditure authorities described in the enclosed lists, and to the purposes indicated for each of those waivers and expenditure authorities. The enclosed STCs further define the nature, character, and extent of anticipated federal involvement in the project, and the state's implementation of the waivers and expenditure authorities, and the state's responsibilities to CMS during the demonstration period. Our approval of the demonstration is conditioned upon the state's compliance with these STCs. Our approval is further subject to CMS receiving your written acknowledgement of the award and acceptance of these STCs within 30 days of the date of this letter.

Your project officer for these demonstrations is Ms. Megan Lepore. She is available to answer any questions concerning your section 1115 demonstration Ms. Lepore's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-4113
E-mail: Megan.Lepore@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Lepore and to Mr. Richard McGreal, Associate Regional Administrator for the Division of Medicaid and Children's Health Operations in our Boston Regional Office. Mr. McGreal's contact information is as follows:

Centers for Medicare & Medicaid Services
JFK Federal Building
Room 2275
Boston, MA 02203-0003
Telephone: (617) 565-1299
E-mail: Richard.McGreal@cms.hhs.gov

If you have questions regarding this approval, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Center for Medicaid & CHIP Services, at (410) 786-5647.

Thank you for all your work with us, as well as stakeholders in New Hampshire, over the past several months on developing this important demonstration. Congratulations on this approval.

Sincerely,

/s/
Andy Slavitt
Acting Administrator

Enclosures

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cc: Richard McGreal, ARA, Region I

**CENTERS FOR MEDICARE AND MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00298/1

TITLE: New Hampshire Health Protection Program Premium Assistance

AWARDEE: New Hampshire Department of Health and Human Services

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the state for the items identified below, which are not otherwise included as expenditures under section 1903, shall for the period of this demonstration extension be regarded as expenditures under the state's Title XIX plan but are further limited by the Special Terms and Conditions (STCs) for the New Hampshire Health Protection Program Premium Assistance section 1115 demonstration.

1. **Premium Assistance and Cost Sharing Reduction Payments.** Expenditures for part or all of the cost of private insurance premiums, and for payments to reduce cost sharing, for individuals affected by the demonstration.

Requirements Not Applicable:

1. **Cost Effectiveness**

**Section 1902(a)(4)
42 CFR 435.1015(a)(4)**

To the extent necessary to permit the state to offer premium assistance and cost sharing reduction payments that are determined to be cost effective using state developed tests of cost effectiveness that differ from otherwise permissible tests for cost effectiveness.

CENTERS FOR MEDICARE & MEDICAID SERVICES

WAIVER LIST

NUMBER: 11-W-00298/1

TITLE: New Hampshire Health Protection Program Premium Assistance

AWARDEE: New Hampshire Department of Health and Human Services

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived or identified as not applicable in accompanying expenditure authorities, shall apply to the demonstration project effective from March 31, 2015 through December 31, 2018. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of state plan requirements contained in section 1902 of the Act are granted subject to the STCs.

1. Freedom of Choice **Section 1902(a)(23)(A)**

To enable New Hampshire to require that beneficiaries enroll in a QHP to obtain a source of third party coverage, and to limit beneficiary choice of providers to those participating in the network of the beneficiary's QHP.

2. Prior Authorization **Section 1902(a)(54) insofar as it incorporates Section 1927(d)(5)**

To permit New Hampshire to require that requests for prior authorization for drugs be addressed within 72 hours, rather than 24 hours. A 72-hour supply of the requested medication will be provided in the event of an emergency.

3. Payment to Providers **Section 1902(a)(13)**
Section 1902(a)(30)

To the extent necessary to permit New Hampshire to provide payment to providers equal to the market-based rates determined by the QHP providing primary coverage for services.

4. Retroactivity **Section 1902(a)(34)**

Contingent on a satisfactory submission pursuant to STC 21, to the extent necessary to enable New Hampshire not to provide medical coverage to NHHPP members in the NHHPP Premium Assistance demonstration for any time prior to the first day of the month in which an individual applies.