1. **Return to Regular Eligibility Redeterminations (Tighten Eligibility):**
    - Nationwide, there was continuous eligibility for individuals covered by Medicaid during the Federal Public Health Emergency. Prior the Federal Public Health Emergency, eligibility need to be redetermined annually.

    - The continuous eligibility started March 2020, and the unwinding thereof started March 31, 2023. As a result, enrollment in NH Medicaid reached record levels, growing almost 42% above March 2020 levels.

    - Redeterminations of eligibility needed to be accomplished for more than 200,000 persons, so the federal government allowed states to adopt temporary flexibilities, so they could rebalance their eligibility workloads and cushion coverage losses for those most vulnerable.

    - The budget reflects the ending of those temporary eligibility flexibilities now that the monthly caseload eligibility distribution has been normalized, and individuals have more clarity on when their next redetermination is due.

    - Individuals will have the redetermination timeframes and requirements that existed prior to March 2020. (Children through age 18 and pregnant woman have 12 months of continuous coverage)

2. **Premiums for Children's Coverage to Sustain one of the Nation's Best Eligibility Levels for Higher Income Families:**
    - NH Medicaid generally has eligibility levels at about the US median, except for Children, which are much higher than the national average. In fact, NH has the 5th highest eligibility limits for children in the US, thereby allowing more children to have Medicaid coverage. This budget retains the current eligibility levels.

    - To sustain that level of eligibility, cost sharing in the form of a sliding scale premium will be re-introduced at the higher income eligibility levels starting at 255% (the highest starting level in the US) of the federal poverty level; cost sharing can be no more than 5% of family income.

    - Premiums and cost sharing were in place prior to 2012 (eligibility back then only went up to 300% of the federal poverty level, today it goes up to 323%). Eighteen, states currently have premiums for children (source: Premiums and Enrollment Fees for Children | KFF)

3. **Acquisition of Prescription at the Lowest Net Cost to the State Medicaid Program:**
    - NH currently has a statute that requires the Medicaid program to always use generics first. There are times when the cost of a brand name drug and the corresponding rebate leads to a lower net cost to the Program then a generic drug.

- This budget proposes to allow the Medicaid Program to utilize the drugs that have the lowest net cost to the program.

4. **Pharmacy Cost Sharing Increase:**
   - Pharmacy cost sharing under NH Medicaid is nominal to assure individuals can access needed medications. The current cost sharing levels have been in place for more than a decade.

   - We are adjusting the cost sharing from $1 or $2 to $4 per prescription reflecting both inflation and the higher costs of prescription drugs,

   - Cost sharing of any form is limited to 5% of family income, with protection exceptions for persons at very low-income levels and the especially vulnerable.

5. **Granite Advantage Health Care Program (GAHCP) Premiums:**
   - The GAHCP under state statute cannot fund the state share of the Program with General Funds.

   - The availability of other funds supporting the GAHCP is not unlimited.

   - In order to sustain the GAHC, DHHS will seek a waiver to allow a sliding scale premium structure for those with income between 100% and 138% of the federal poverty levels. Cost sharing of any form is limited to 5% of income.