WEBINAR

WHAT GRANITE STATE FAMILIES NEED TO KNOW ABOUT CHANGES TO MEDICAID

Medicaid MATTERS
NH NEEDS MEDICAID

TODAY'S WEBINAR

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

SPEAKERS

- **Sue Durkin**, Lamprey Health Care
- **Deb Fournier**, Institute for Health Policy and Practice, UNH
- **Karen Blake**, Community Crossroads & Advocate

  Carrie Martin Duran, Lakes Region Community Services & Advocate
- **Mariana Poore**, Health Insurance Navigation, Foundation for Healthy Communities
- **Alicia Buono**, New Futures

POLICY CHANGES COMING TO MEDICAID AND ACA COVERAGE LIKELY TO INCREASE UNCOMPENSATED CARE

MEDICAID MATTERS

FEBRUARY 18, 2026

DEBORAH H. FOURNIER, JD
INSTITUTE FOR HEALTH POLICY & PRACTICE, UNH

Agenda

Two Policy Shifts Likely To Drive Loss of Coverage

- OBBBA
- Expiration of Enhanced Advanced Premium Tax Credits

- What is Medicaid?
- How OBBBA Changes Medicaid

- Healthcare.gov enrollments in NH

- What Coverage Losses Mean for Uncompensated Care and Everyone in the Healthcare Ecosystem

- What Do You Need To Know?

Two Policy Shifts Likely To Drive Loss of Coverage

OBBBA and Expiration of Enhanced Advanced Premium Tax Credits

OBBBA

- Reduces federal Medicaid spending by $990B

Enhanced Advanced Premium Tax Credits

Created under ARPA and extended under the Inflation Reduction Act in 2022, enhanced APTCs, available only on healthcare.gov did two things:

- expanded eligibility for lower health insurance premiums to more income range groups and
- and the provided deeper financial help to lower premiums for all eligible income levels

These enhancements lasted through December 31, 2025.

https://nhfpi.org/resource/new-federal-reconciliation-law-reduces-taxes-health-access-and-food-assistance-supports-for-granite-staters/

What Is Medicaid?

Big Picture for Health Access: WHAT IS MEDICAID?

Medicaid is a 60-year old, public, jointly-funded health insurance program for low-income people.

It is elective for a state to have a Medicaid program. Currently every state in the Union has elected to have one.

Participating states must cover select groups of people and cover select groups of services that are known as mandatory.

Participating states can elect coverage for additional services and populations that are known as optional.

In return for following the federal requirements, the federal government always pays a fixed percentage of the cost.

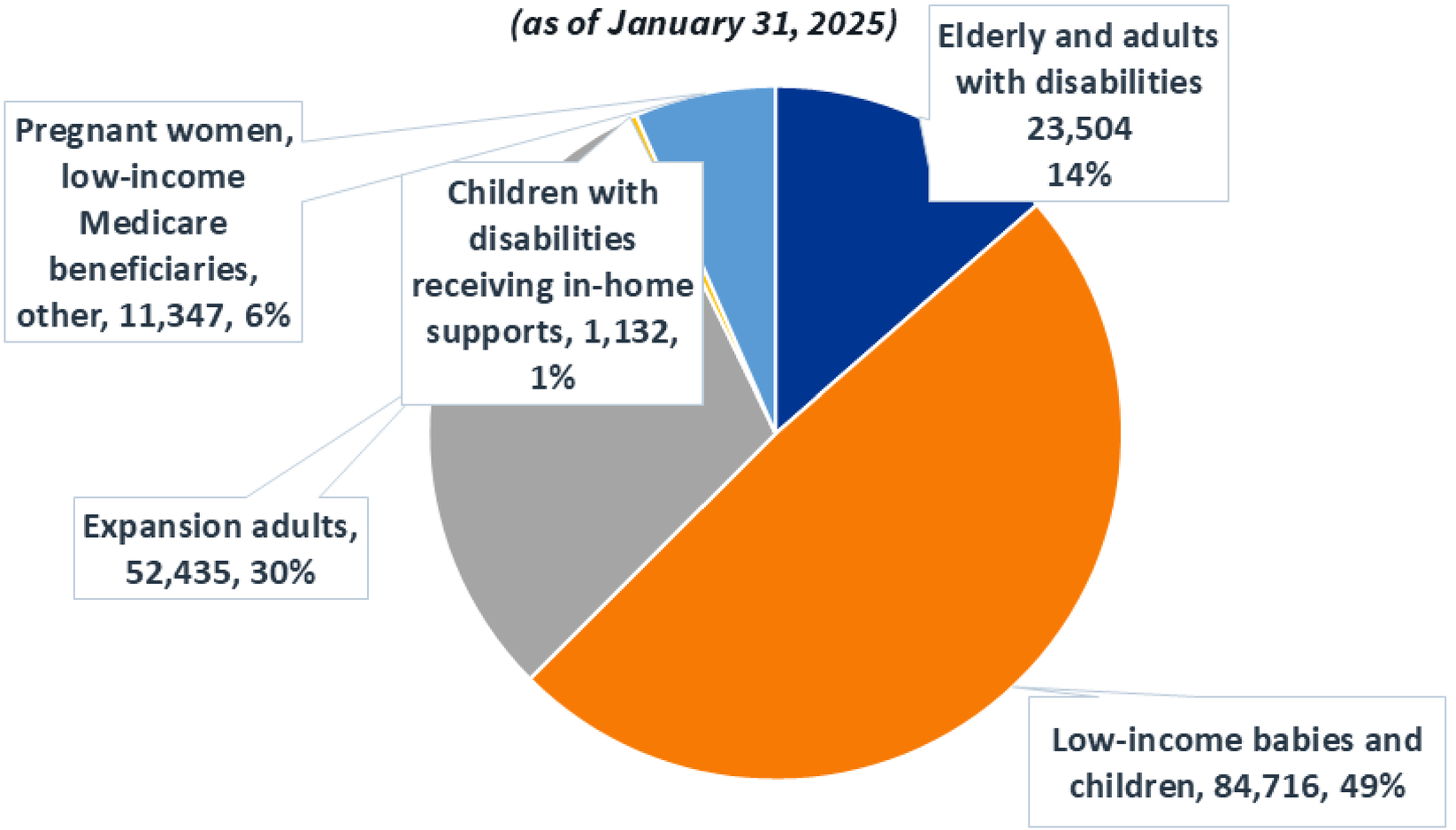
This is referred to as FMAP (Federal Medical Assistance Percentage) or FFP (Federal Financial Participation).

The FMAP is never less than 50%.

Institute for Health Policy and Practice

NH Medicaid's single largest eligibility category is children

NH Medicaid Total Enrollment: 173,134
(as of January 31, 2025)

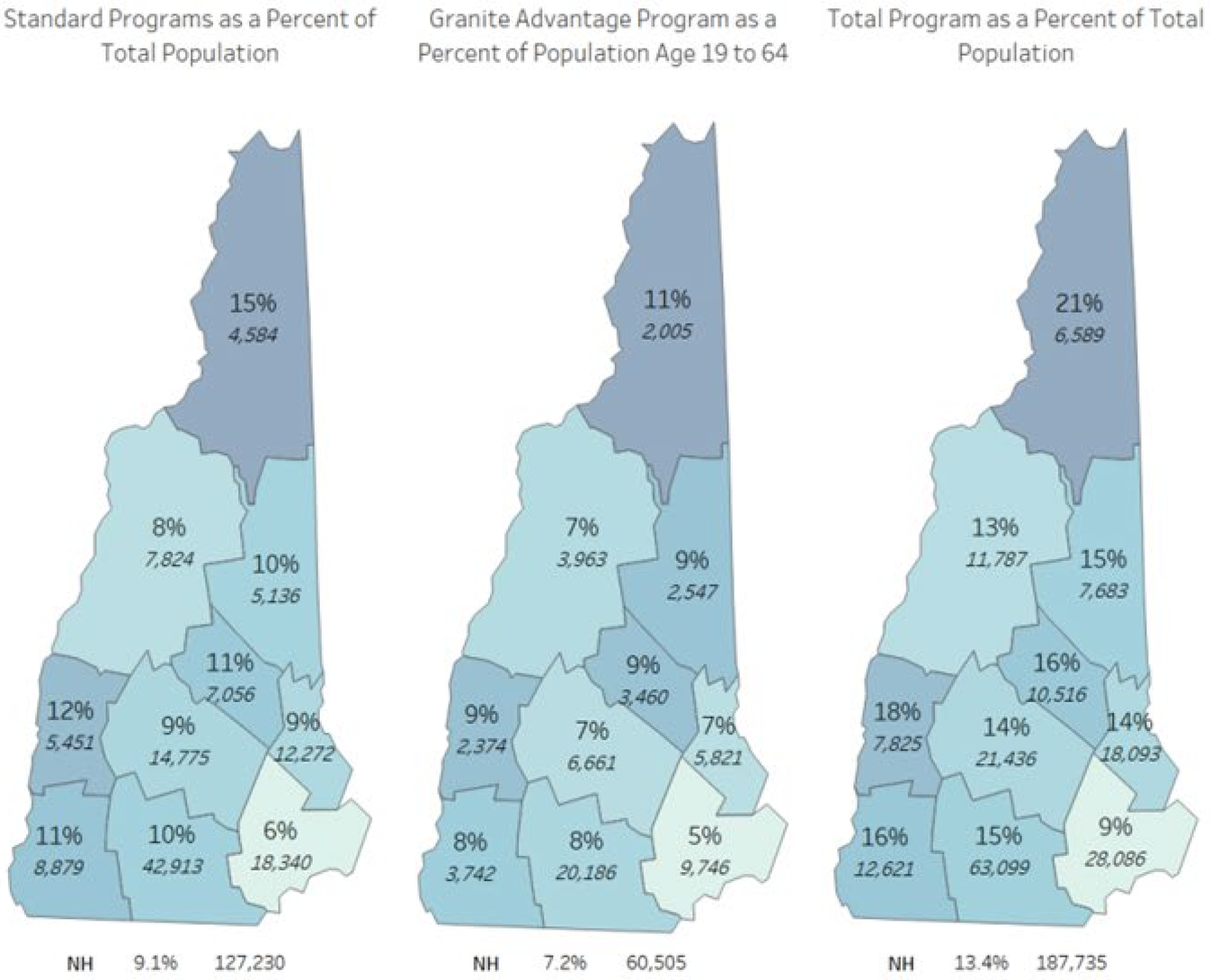


Source of monthly enrollment data: https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bpq-da-medicaid-enrollment.pdf

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

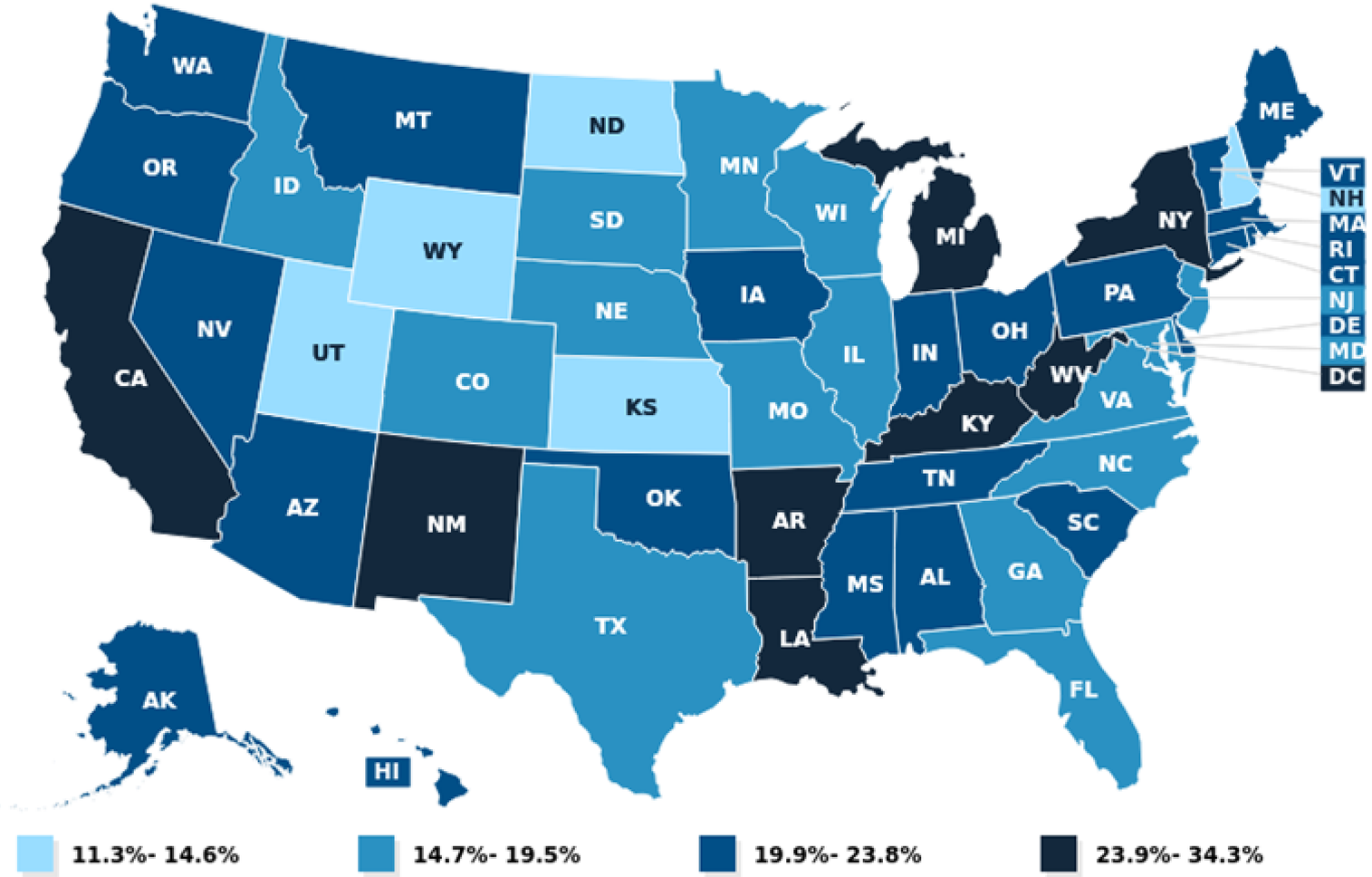
Rockingham County has 9% of its population in Medicaid.

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



Institute for Health Policy and Practice

Health Insurance Coverage of the Total Population: Medicaid, 2023



SOURCE: KFF's State Health Facts.

New Hampshire Medicaid covers 13% of the state population

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

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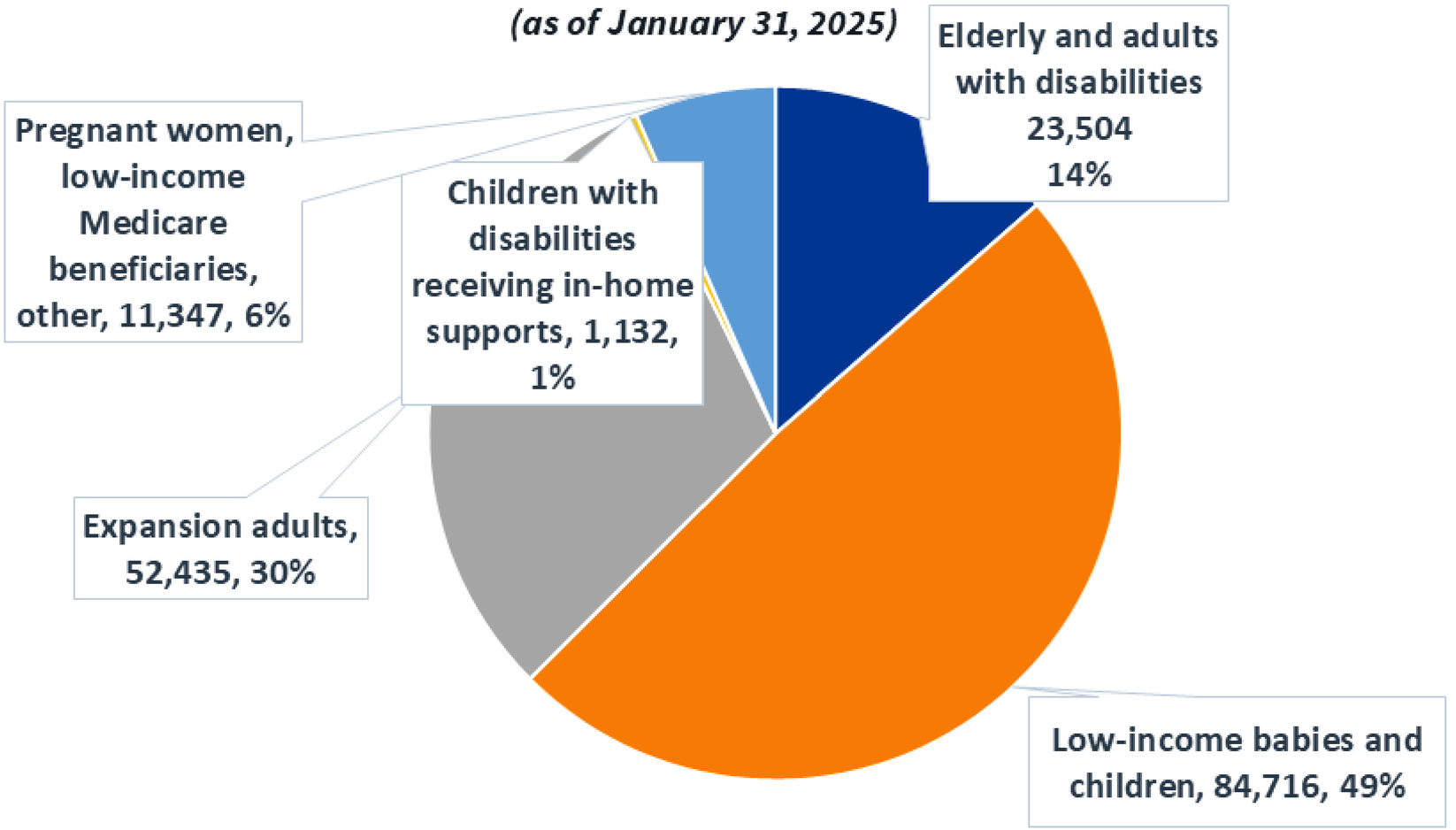

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Most Mandatory Services are Acute-Care Services

	Acute Care Benefits	Long-Term Care Benefits
Mandatory	• 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	• Nursing facility • Home health services

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

Most Optional Services Are Not Optional For Those Who Need Them

Optional services will be the services that can be discontinued and still maintain a federally compliant Medicaid program

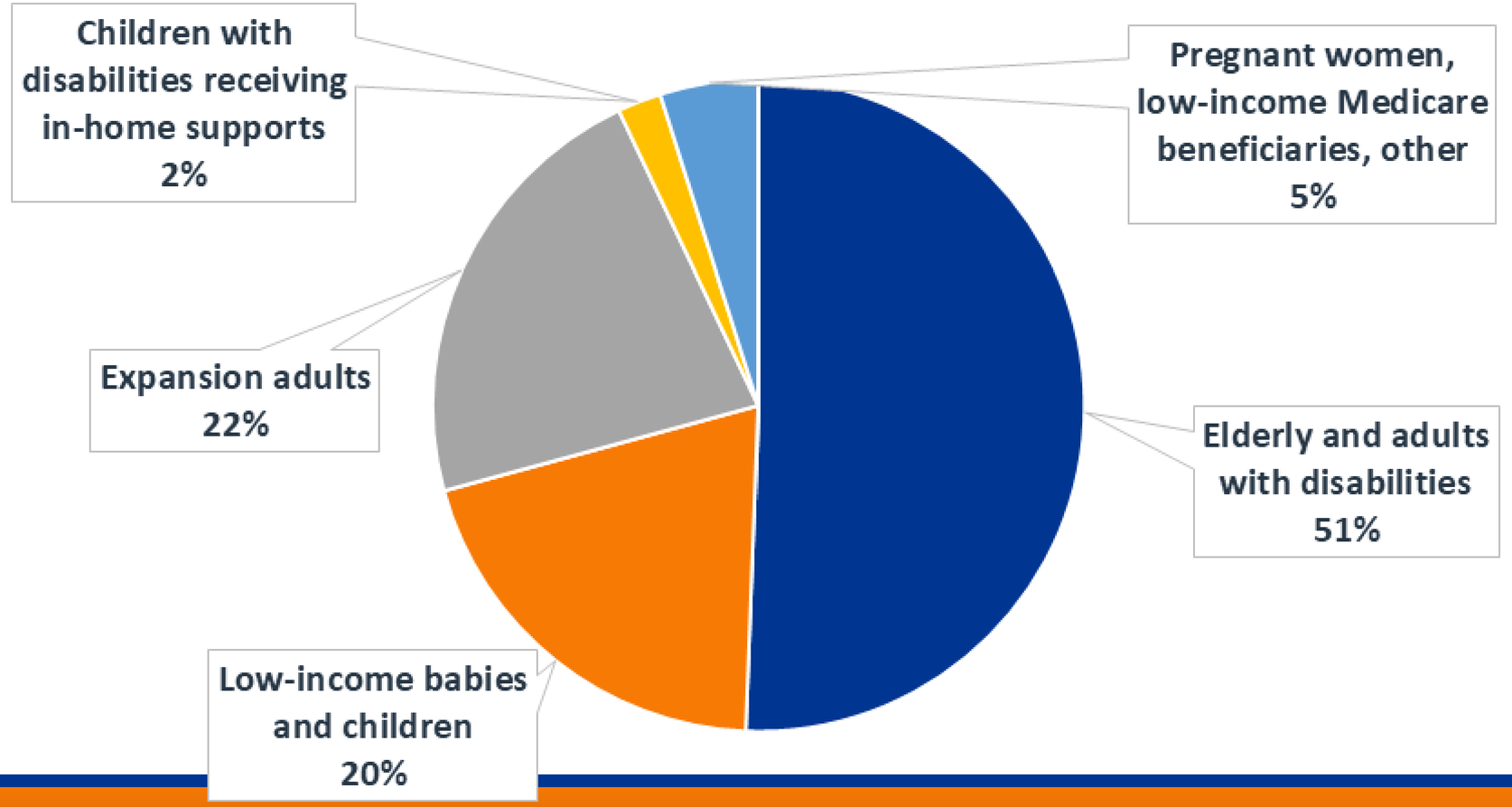
Optional	• Prescription drugs • Clinic services • Physical therapy • Occupational therapy • Speech, hearing, and language disorder services • Respiratory care services • Other diagnostic, screening, preventative, and rehabilitative services • Podiatry services • Optometry services • Dental services and dentures • Prosthetics • Eyeglasses • Chripractic 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

But Provider Payments 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)*



Key Medicaid Services in New Hampshire

Mandatory Services:

- Inpatient Hospital Services
- Rural Health Clinic Services
- Intermediate Care Facility Nursing Home Dental Service (Children)
- Home Health Services
- **Skilled Nursing Facility Nursing Home**
- Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Services for Persons < Age 21
- Outpatient Hospital Services
- Physicians Services
- I/P Hospital Swing Beds, SNF
- I/P Hospital Swing Beds, ICF
- Family Planning Services
- X-Ray Services
- Laboratory (Pathology)
- Advanced RN Practitioner
- Medication Assisted Treatment

Optional Services:

- **Prescribed Drugs**
- **Mental Health & SUD Services**
- Ambulance Services
- Podiatrist Services
- **Private Duty Nursing**
- **Home Based Therapy**
- Outpatient Hospital, Mental Health & SUD
- **Durable medical equipment and supplies**
- **Optometric Services Eyeglasses**
- **Wheelchair Van Services**
- Crisis Intervention Services
- Psychology Services
- **Speech Therapy**
- Hospice
- **Inpatient Psychiatric Facility Services Under Age 22**
- **Nursing Facility Services for Children w/Severe disabilities**
- **Adult Medical Day Care**
- **Day Habilitation Center**
- **Physical Therapy**
- **Audiology Services**
- **Occupational Therapy**
- **Personal Care Services**
- **Adult Dental**

Home & Community Based Care Waivers:

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

In other words, older adults and people with disabilities significantly rely on optional services and programs

How OBBBA Changes Medicaid

OBBBA changes Medicaid in two significant ways - frustrates enrollment and limits state resources to fund the program

- Reduces federal spending by frustrating enrollment for expansion adults via
  - Work requirements
  - More frequent eligibility checks
  - Increased cost sharing

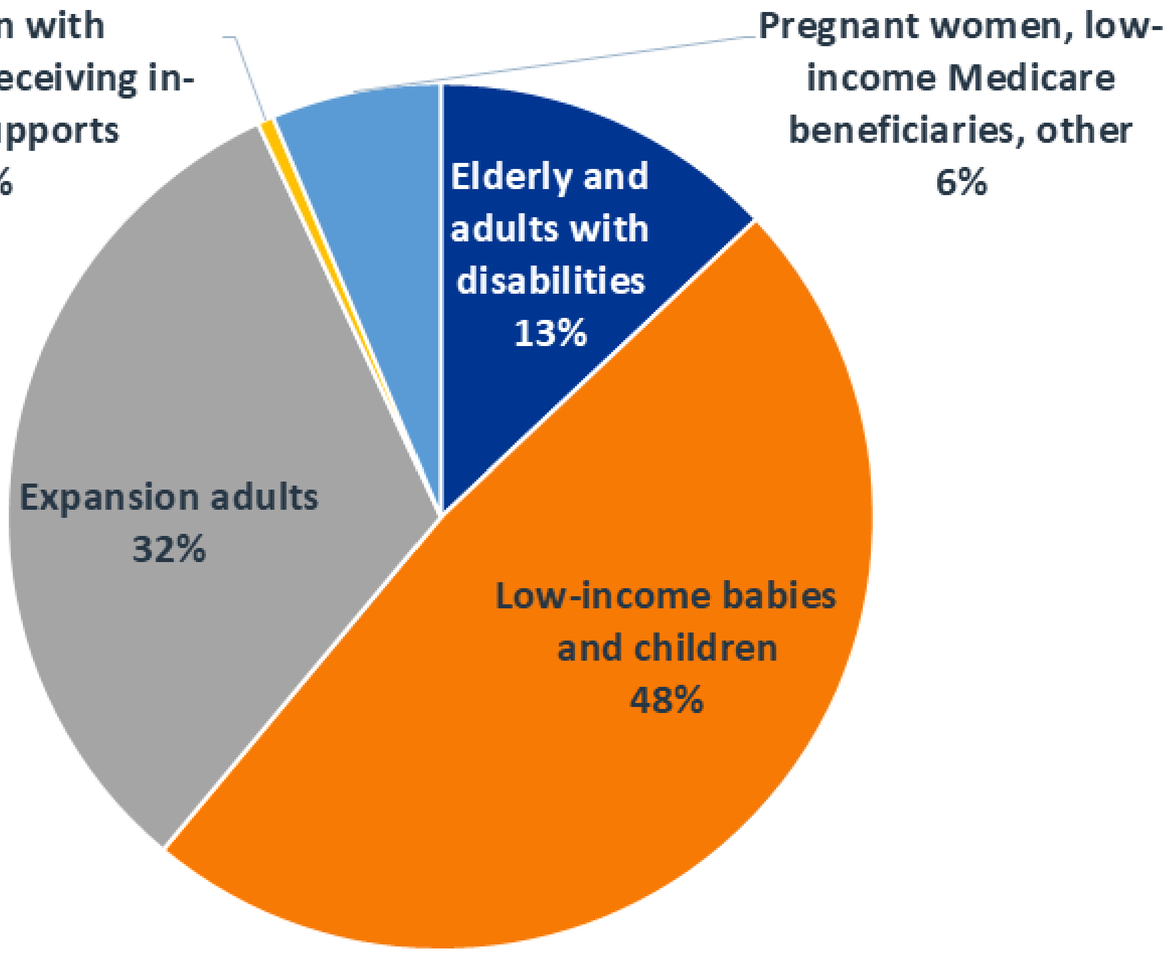
Limits state financing options and provider payments

- Limits provider taxes – which help to fund the state share
- Limits retroactive coverage payments to providers
- Limits state directed payments to providers

https://nhfpi.org/resource/new-federal-reconciliation-law-reduces-taxes-health-access-and-food-assistance-supports-for-granite-staters/

NH Medicaid's single largest eligibility category is children

***NH Medicaid Total Enrollment: 186,319** (March 2025)*



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Provider Payments are Disproportionate to Enrollment and Concentrated Among Older Adults and People with Disabilities

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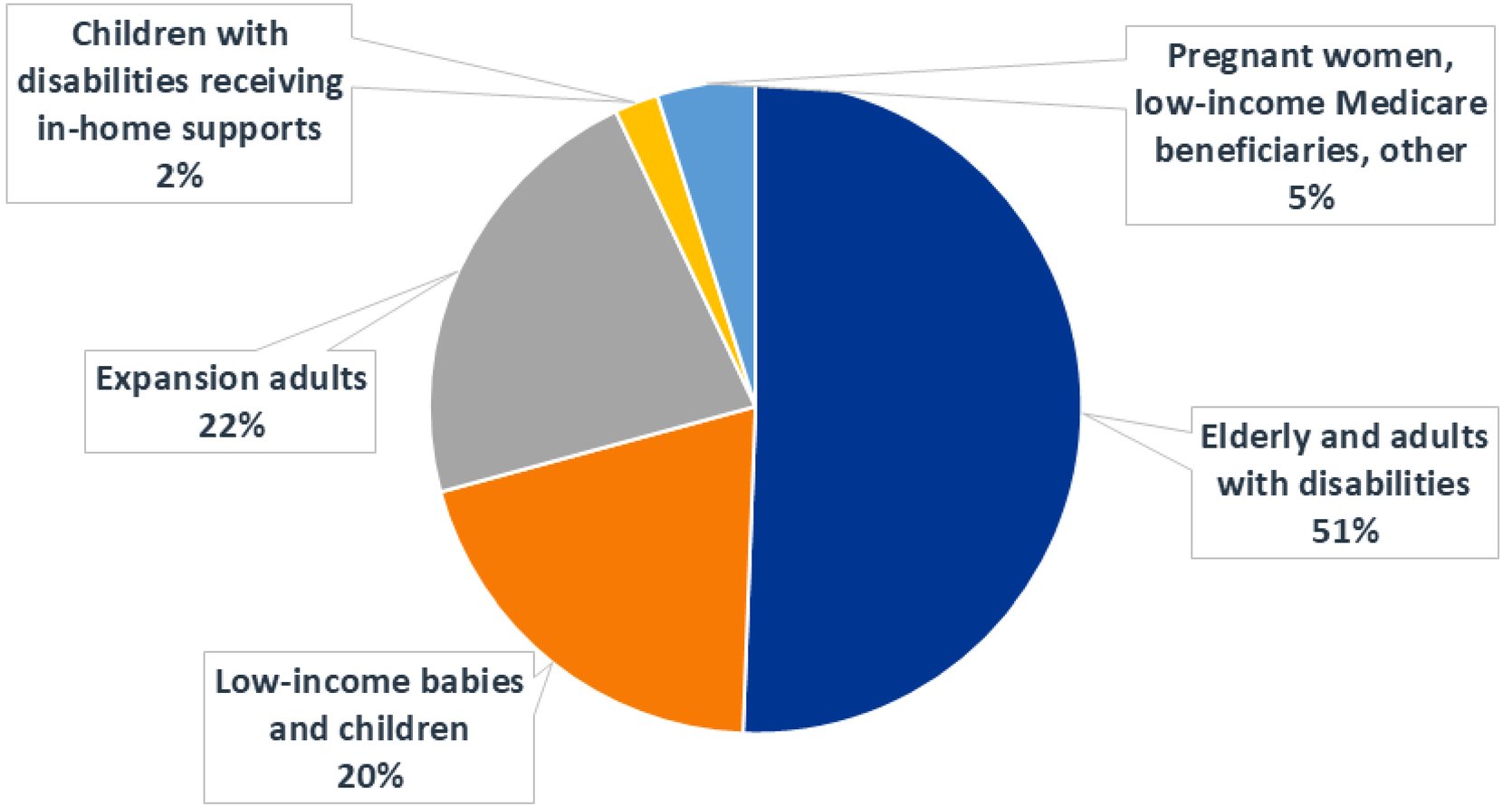
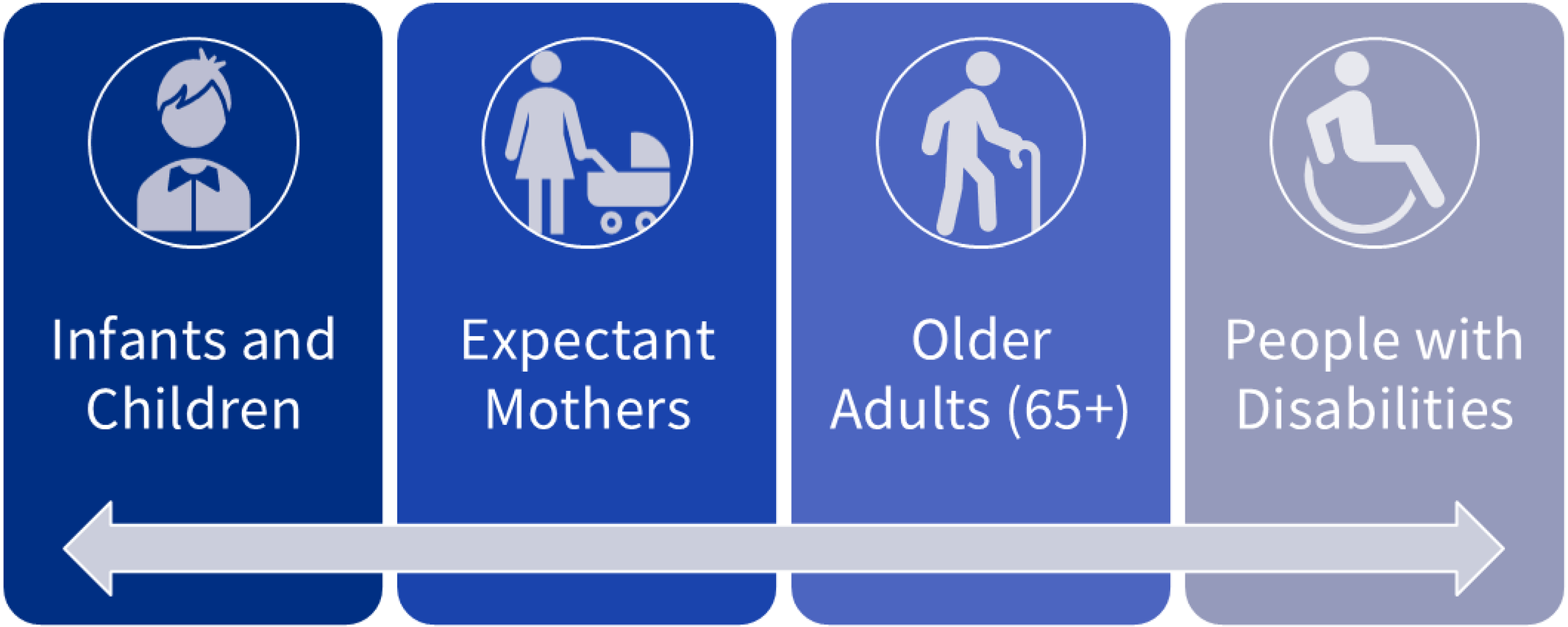
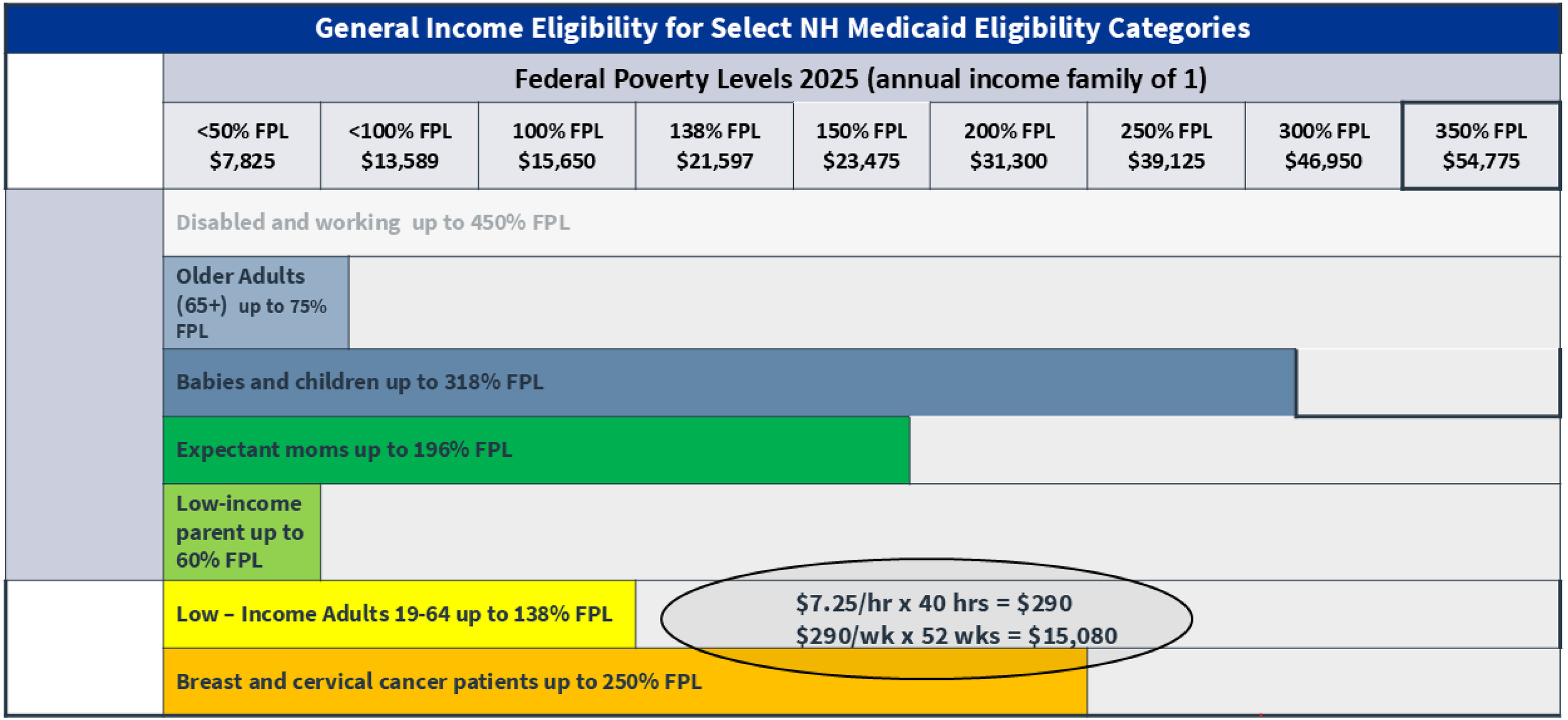


Medicaid Historically Has Provided Health Insurance Coverage For Low-Income People In These Groups

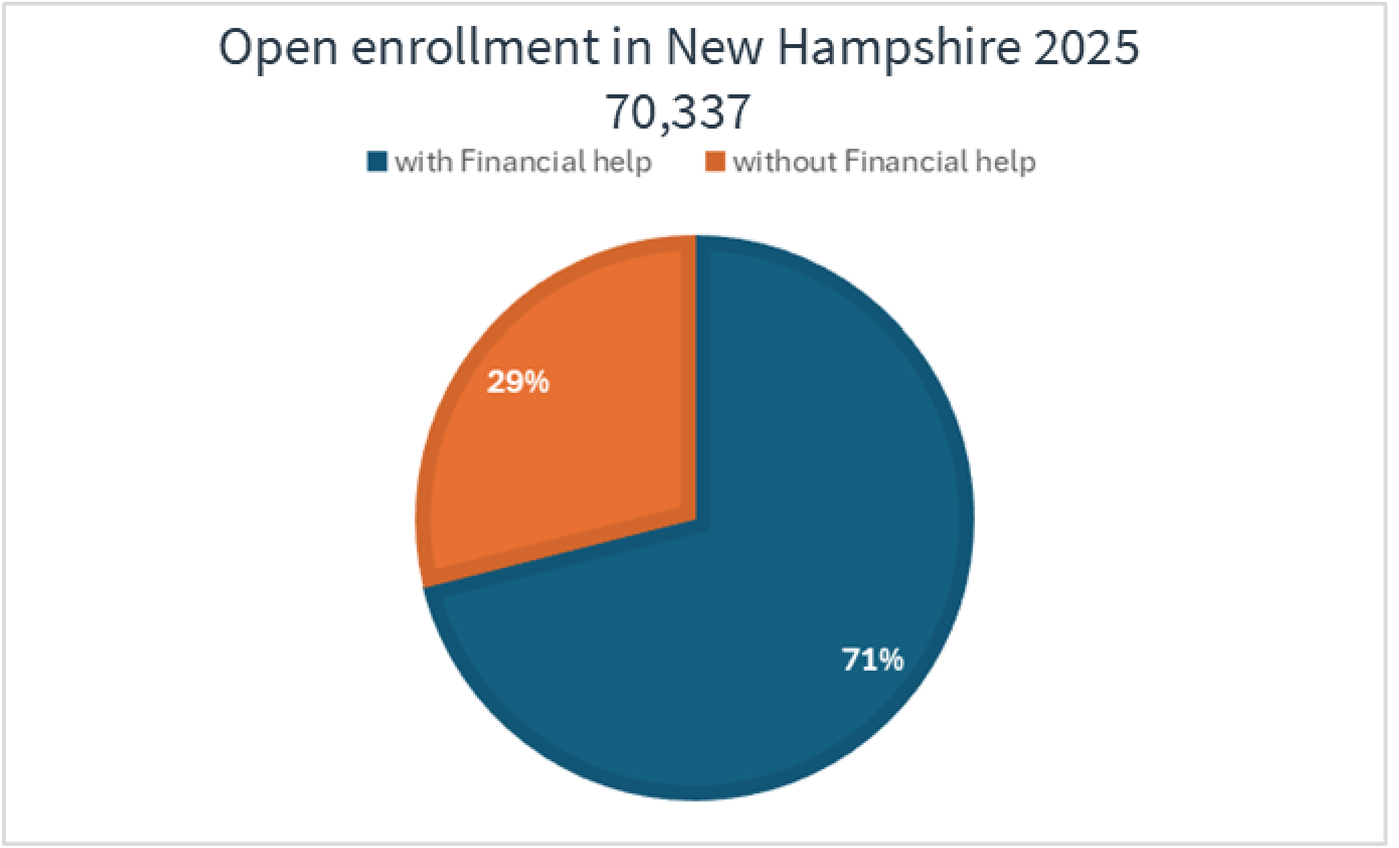


General Income Eligibility for Select NH Medicaid Eligibility Categories



Healthcare.gov Enrollments

Last year, vast majority of Granite Staters who purchased health insurance from healthcare.gov had financial help.



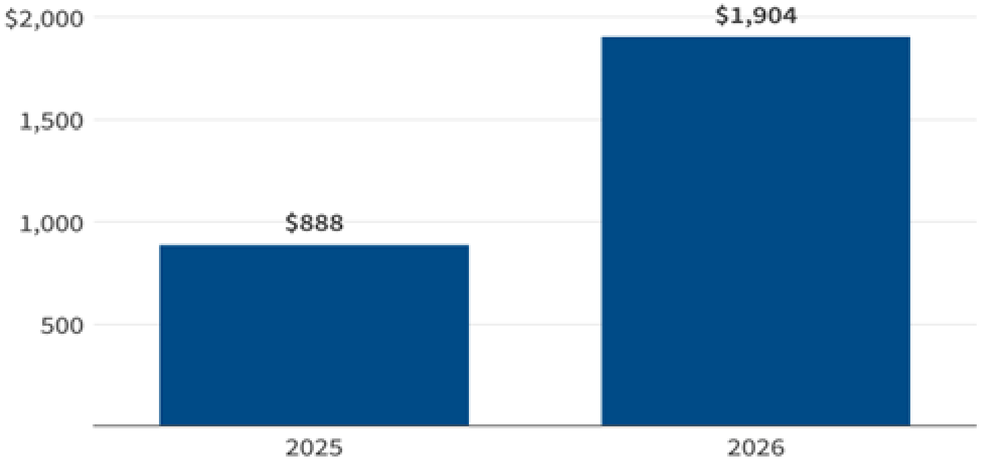
source: 2025 marketplace open enrollment public use files https://www.cms.gov/data-research/statistics-trends-reports/marketplace-products/2025-marketplace-open-enrollment-period-public-use-files

With Expiration of Enhanced Advanced Premium Tax Credits, Premiums Expected to More than Double

Figure 1

Premium Payments in 2026 Will More than Double if ACA Enhanced Premium Tax Credits Expire

Annual Out-of-Pocket Premium Payments for Affordable Care Act Marketplace Enrollees, 2025 and 2026



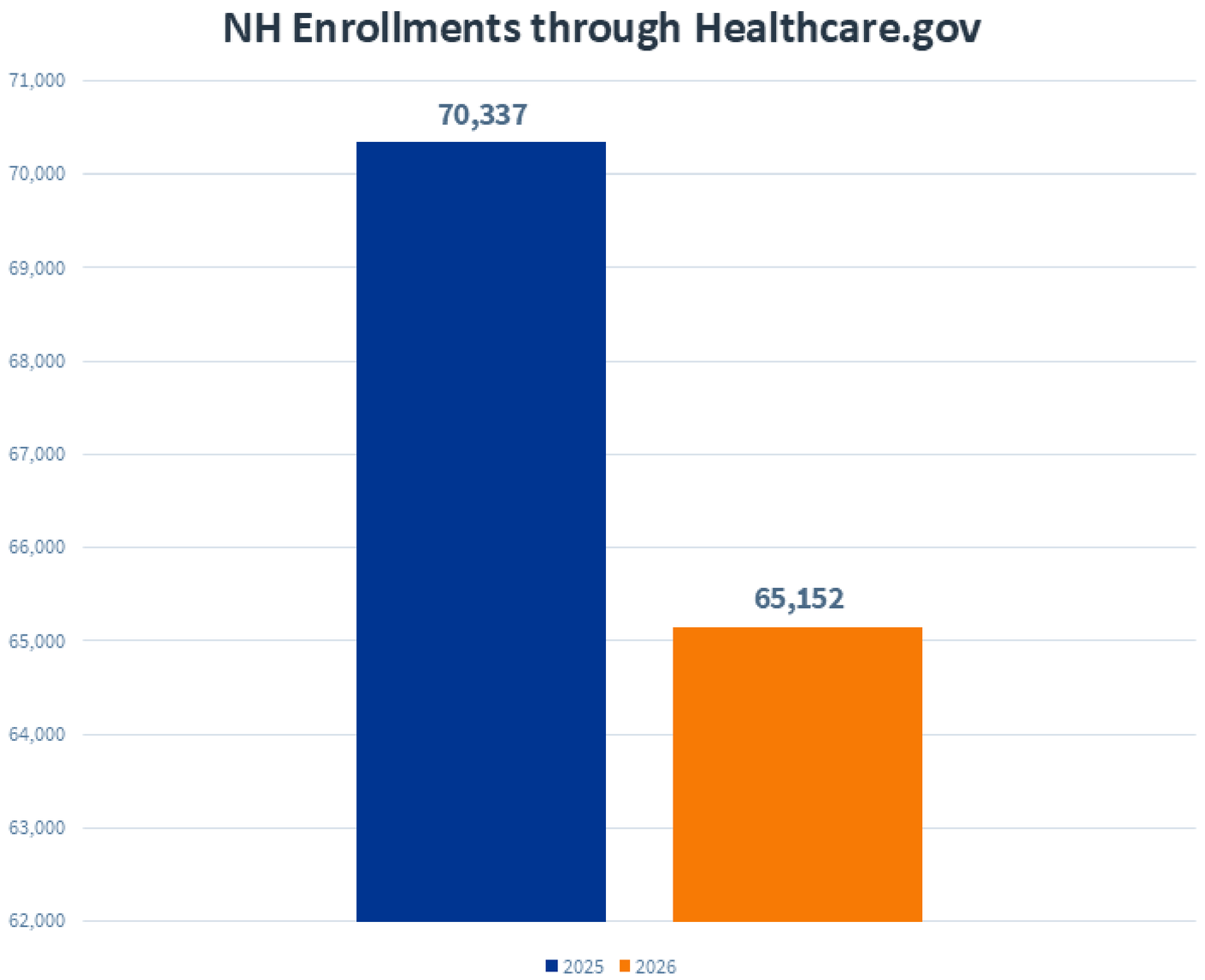
Note: The average premium payment is among people currently receiving a tax credit in 2025. The 2026 average premium payment assumes gross premiums increase of 18% for those who lose tax credit eligibility.

Source: KFF analysis of 2024 and 2025 Open Enrollment Period State-Level Public Use File and 2024 Open Enrollment Report

KFF

Preliminary 2026 open enrollment figures indicate NH enrollment in ACA plans dropped by 7.3%

https://www.cms.gov/newsroom/fact-sheets/marketplace-2026-open-enrollment-period-report-national-snapshot-0



What Coverage Losses Mean For Uncompensated Care and Everyone in the Healthcare Ecosystem

What we know about how people who are uninsured engage with healthcare

People who are uninsured wait to engage with the healthcare system until they can't wait anymore

"Uninsured adults are more likely to forgo needed care than their insured counterparts.

In 2023, nearly half (46.6%) of uninsured adults ages 18 to 64 reported not seeing a doctor or health care professional in the past 12 months compared to 15.6% with private insurance and 14.2% with public coverage.

Part of the reason for not accessing care among uninsured individuals is that many (42.8%) do not have a regular place to go when they are sick or need medical advice.

But cost also plays a role. Over one in five (22.6%) adults without coverage said that they went without needed care in the past year because of cost."

https://www.kff.org/uninsured/key-facts-about-the-uninsured-population/

When uninsured patients finally engage with the healthcare delivery system, they are sicker requiring more care

Without insurance coverage, there is no guarantee the provider will receive any payment for their services

- We know that historically, Medicaid members tend to remain uninsured when they become uninsured

"Six months after disenrolling, 17% had reenrolled in Medicaid, 34% had other insurance, and 49% were uninsured. Men, younger adults, and Hispanics were more likely to drop out; those in Medicaid managed care or with disabilities were less likely. Overall health status and diseases, such as diabetes, heart disease, and depression, had no effect on drop-out."

Journal of General Internal Medicine, 2008, Sep 23, 24 (1): 1-7 "Loss of Health Insurance among Non-Elderly Adults in Medicaid." Benjamin D. Sommers

- Changes likely mean more people will become uninsured
- Uncompensated care is a financial stressor on providers, because there is no guarantee the provider will receive any payment for services provided to someone without coverage.
- The same providers must care for Medicaid members and healthcare.gov enrollees as care for everyone else.

October 2024

New Hampshire Respondents Struggle to Afford Health Care: Selected Results from the Consumer Health Care Experience State Survey

newfutures
SOLVING PROBLEMS THROUGH POLICY CHANGE

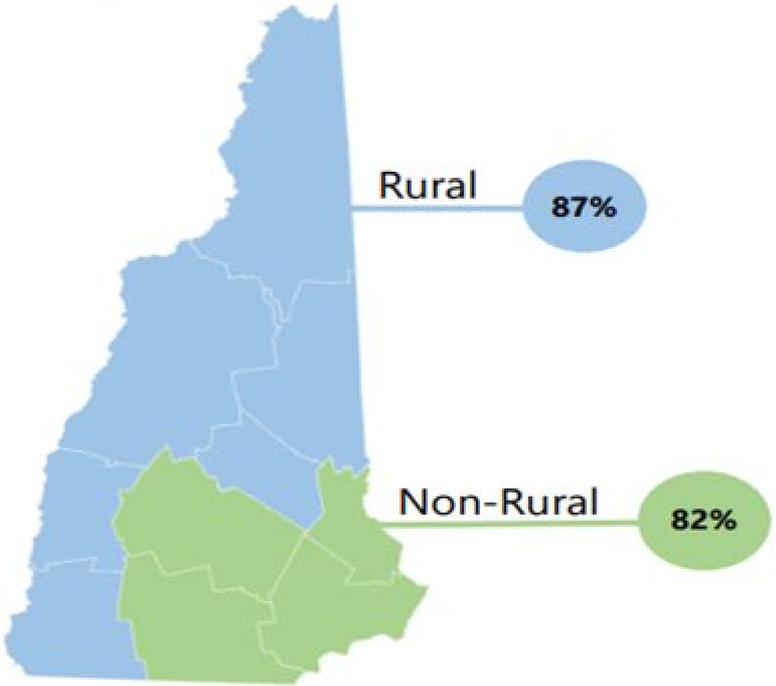
HEALTHCARE VALUE HUB

83% of respondents reported being "worried" or "very worried" about affording some aspect of health care in the future.

71% of respondents experienced at least one health care affordability burden in the past year.

69% of respondents reported delaying or going without health care due to cost in the last twelve months.

Percent who Reported Experiencing any Health Care Affordability Worry in the Past Year, by Region



2) Delaying or Going Without Health Care Due to Cost

Over two-thirds (69%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 32%—Skipped needed dental care
- 29%—Delayed going to the doctor or having a procedure done
- 29%—Skipped a recommended medical test or treatment
- 25%—Cut pills in half, skipped doses of medicine or did not fill a prescription[1]
- 20%—Avoided going to the doctor or having a procedure done altogether
- 18%—Skipped needed vision services
- 17%—Had problems getting mental health care or addiction treatment[2]
- 8%—Skipped needed hearing services
- 6%—Skipped or delayed getting a medical assistive device

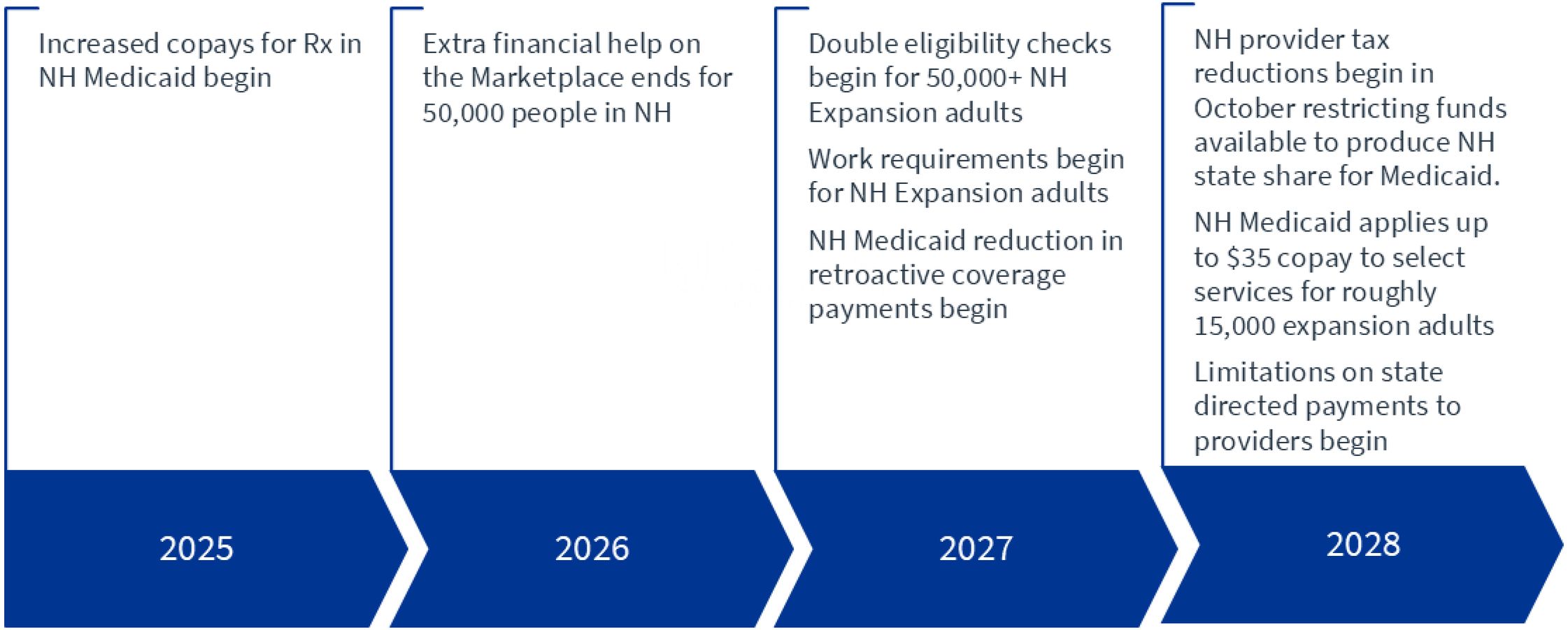
Moreover, respondents most frequently cited cost as the reason for them or their family members not getting care in the last year (25%), followed by not being able to get an appointment (23%), exceeding a host of other barriers such as getting time off work, transportation, or childcare.

3) Struggling to Pay Medical Bills

Other times, respondents got the care they needed but experienced a cost burden due to the resulting medical bill(s). Over two in five (41% of) respondents reported experiencing one or more of these struggles to pay their medical bills:

- 17%—Were contacted by a collection agency
- 14%—Used up all or most of their savings
- 13%—Were unable to pay for basic necessities like food, heat, or housing
- 13%—Racked up large amounts of credit card debt
- 10%—Borrowed money, got a loan, or another mortgage on their home
- 10%—Were placed on a long-term payment plan
- 2%—Asked for donations/crowdfunding (e.g., GoFundMe campaigns)

NH Uncompensated Care



What Do You Need To Know?

How do you know you have NH Medicaid?

Your insurance card is from one of these three companies

New Hampshire Healthy Families

Wellsense Health Plan

Amerihealth Caritas New Hampshire

Carriers on New Hampshire's Healthcare.gov

- Wellsense Health Plan
- Harvard Pilgrim
- Anthem BlueCross Blue Shield
- Ambetter

Staying Enrolled in Coverage Will Be Harder

- Pay attention to notices from your insurance plan
- Ask questions
- Seek assistance

Thank you

Deborah.Fournier@unh.edu

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CARRIE'S STORY

Carrie Martin Duran
Disability Advocate

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KAREN: AN ADVOCATE'S PERSPECTIVE

Karen Blake
Community Advocate
Director of Community Partnerships, Community Crossroads

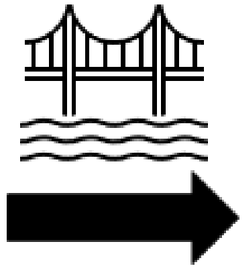
Meet Mariana Poore: Coordinator, Health Insurance Navigation

Foundation *for* Healthy Communities

Consumer Stories

- Tom, an individual in recovery, reentering the community
- Bella, an inspiring nursing student in Southern New Hampshire
- Grace, a year into her job search, is uninsured

Medicaid



Medicaid is the bridge to care—through any transition. And healthier people make healthier communities

How do we move forward?

COMMUNICATION

COMMUNITY

CARE

“At the end of the day, my work is grounded in communication, community, and connection — because when we build strong bridges for people, we build a healthier New Hampshire”

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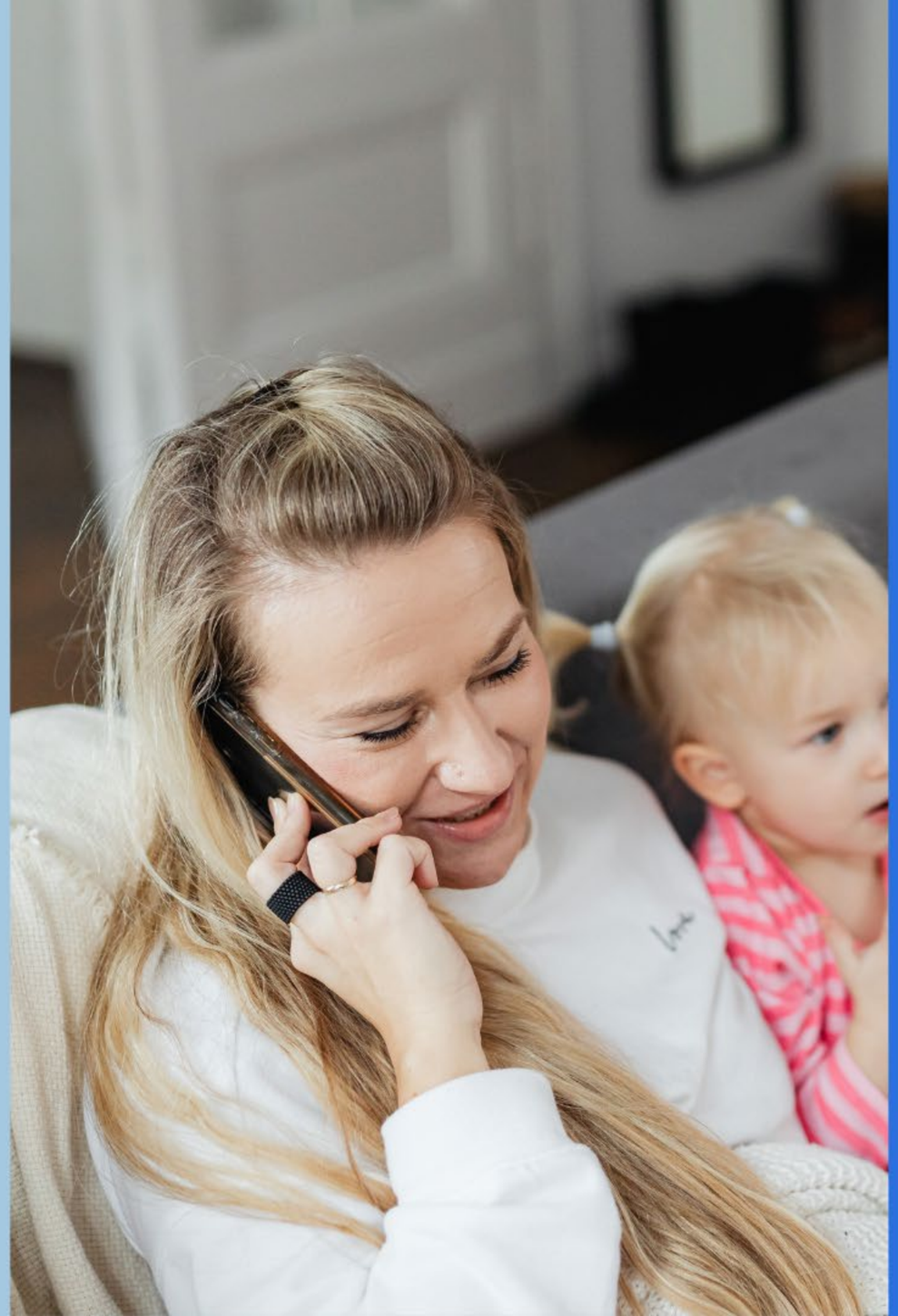
ADVOCATING FOR MEDICAID

Alicia Buono
Communications Coordinator,
New Futures



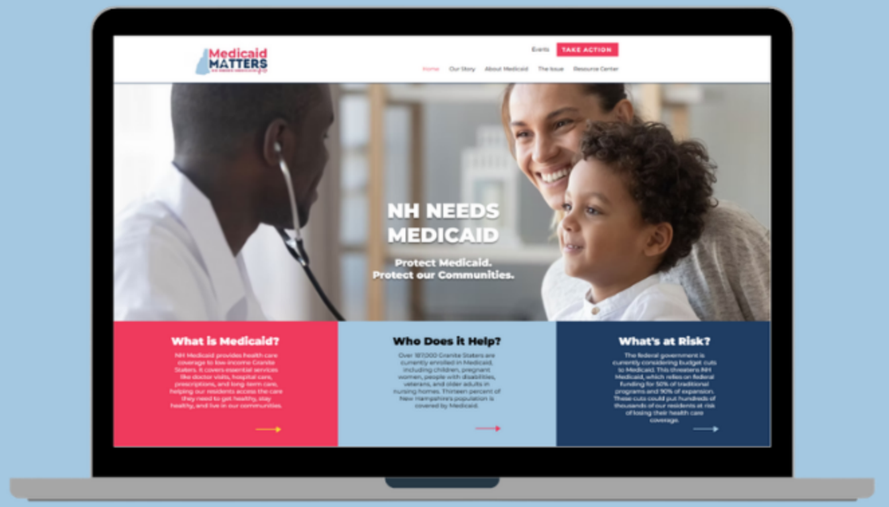
STAY UP-TO-DATE

MEDICAID MATTERS WEBSITE

LEARN MORE: RESOURCES, EVENT INFO, IMPACT TIMELINES

Scan the QR code or visit

NHNeedsMedicaid.com



STAY UP-TO-DATE

SOCIAL MEDIA

+ Follow

- Follow us on NH Medicaid Matters Facebook & Instagram pages.
- Become “ambassadors” for important Medicaid-related data and impact by sharing milestones, events and stories with your community.
- These changes will impact everyone in NH.

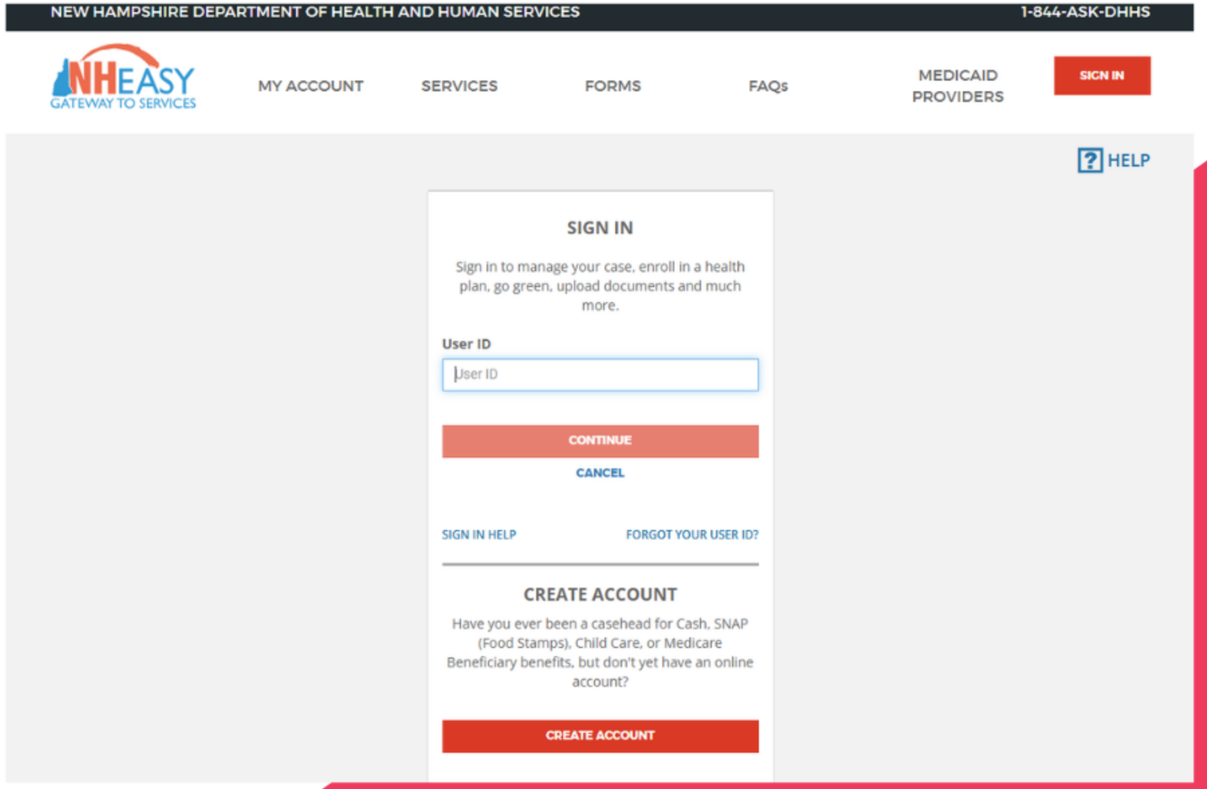
@nhneedsmedicaid

@nhmedicaidmatters

STAY ORGANIZED

UPDATE YOUR INFORMATION

- Current recipients can login to NH Easy to confirm their information and/or set-up an account.
- Not sure if you're covered by Medicaid? Visit **nhneedsmedicaid.com/qualify** to learn more.

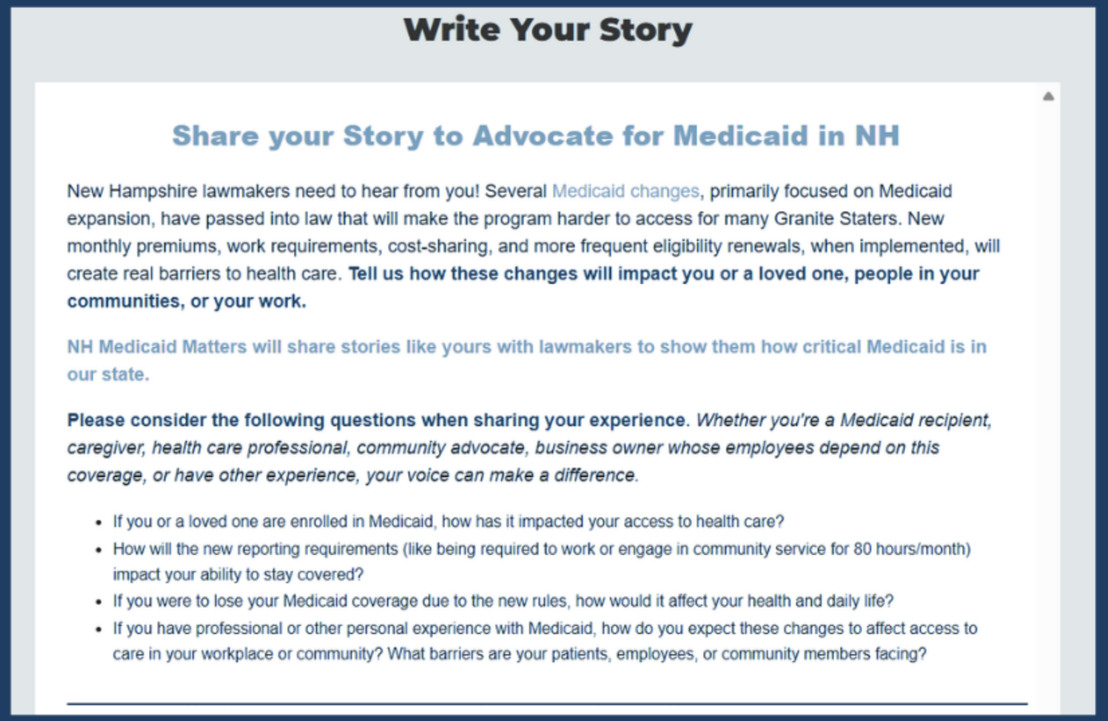


WHAT DOES MEDICAID MEAN TO YOU?

STORY COLLECTION

- Record a short video or write your story directly in the Medicaid Matters collection form, with prompts to make sharing easy.
- How do we use the stories? Testimony, Op-Eds, Social Media, Storybooks

Stories are proven to humanize policy.



LOOKING FORWARD

LOCAL ROUNDTABLES

- Broaden the reach of key messages with data-driven updates.
- Understand both direct and indirect impacts at the local level across the state.
- Communicate ways community members can take action and how to stay informed.
- March: Coming to Derry, NH
- Additional locations coming soon.

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Q&A

Any Questions?

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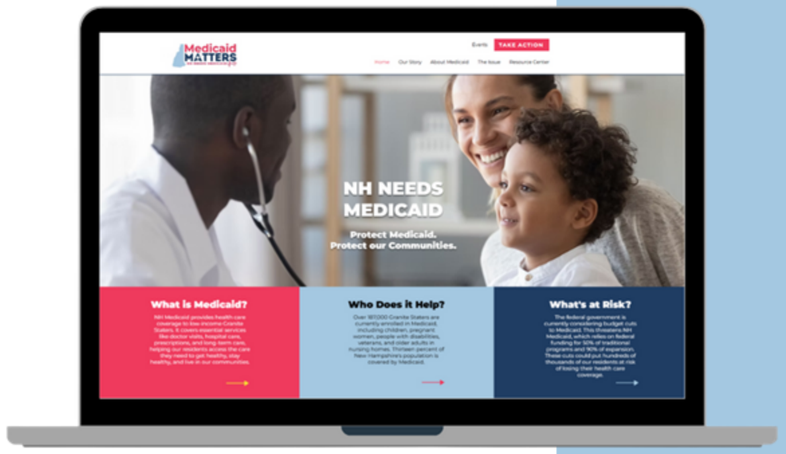
THANK YOU FOR JOINING US!



Learn More: What's at Stake and Why Medicaid Matters

Scan the QR code or visit

NHNeedsMedicaid.com