# **Table of Contents**

# State/Territory Name: New Hampshire

# State Plan Amendment (SPA) #: 21-0034

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

### **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



### Financial Management Group

September 10, 2021

Lori A. Shibinette, Commissioner Department of Health and Human Services State of New Hampshire 129 Pleasant Street Concord, NH 03301

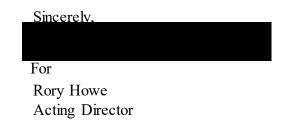
RE: New Hampshire 21-0034

Dear Commissioner Shibinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0034. Effective April 1, 2021, this amendment revises the quarterly nursing home supplemental payment, also known as MQIP, for dates of service in the quarter ending June 30, 2021.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 21-0034 is approved effective April 1,2021. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Mark Wong at (415) 744-3561 or mark.wong@cms.hhs.gov.



Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL C STATE PLAN MATERIAL	<b>F</b> <u>21-0034</u>	NH		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE	S 3. PROGRAM IDENTIFIC SECURITY ACT (ME	ATION: TITLE XIX OF THE SOCIAL DICAID)		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFEC January 1, 2021 A			
5. TYPE OF PLAN MATERIAL (Check One)				
I INEW STATE PLAN AMENDMENT TO BE C	ONSIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)				
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET			
Section 1902(a)(13) and 42 CFR Part 447	a FFY 2021: \$1-1	<del>,880,068</del> 11,458,488.58		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Attachment 4.19-D, page 31 (d.8)	Attachment 4.19-D, page 31 (d.8) TN 21-0034 21-0020			
10. SUBJECT OF AMENDMENT:	•			
Nursing Facility MQIP second quarter 2021 Payment				
11. GOVERNOR'S REVIEW (Check One)				
<ul> <li>         GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED: will follow         </li> </ul>	⊠OTHER, AS comments, if an	у.		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	-			
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO			
13. TYPED NAME Ann H. Landry	Dawn I. Landry Division of Medianid Services	Prove Duilding		
	Division of Medicaid Services/Brown Building Department of Health and Human Services			
14. TITLE Associate Commissioner	129 Pleasant Street Concord, NH 03301			
15. DATE SUBMITTED ムレント				
	FFICE USE ONLY			
17. DATE RECEIVED June 21, 2021	18. DATE APPROVED Se	ptember 10, 2021		
	ED - ONE COPY			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2021	20. SIGNATURE OF REGIO	For		
21. TYPED NAME Rory Howe	22. TITLE Acting Director, Financ	ial Management Group		
23. REMARKS				
Pen-and-ink changes made to Boxes 4, 7 and 9 by CMS	, with state concurrence.			

Attachment 4.	19D	ITEM B	PAGE 31(d.8)
	SUBJECT		DATE
MEDICAL ASSISTANCE	NURSING FACILITY REIMBURSEMENT		SR

Policy (Continued) 9999.8

#### f(1). Supplemental Medicaid Nursing Home Payment

Licensed CMS nursing facilities, both private and county operated, which provide Medicaid nursing home services shall be eligible to receive a supplemental nursing home payment. Payments are made quarterly in the quarter following the service quarter. Payments are based on the applicable Medicaid dates of service paid in the prior quarter. The purpose of the supplemental payment is to eliminate or reduce to the maximum extent possible the difference between the facility's allowable Medicaid costs and the per diem payments made to such facility which are derived from the nursing facility Medicaid acuity rate setting system multiplied by the budget adjustment factor in Section 9999.8, page 29(f), item 8 b.

The quarterly payment methodology is as follows:

1. The Department will allocate the supplemental pool quarterly among the eligible licensed nursing facilities. The pool for service quarter of April to June 2021 payment is \$22,916,977.15. On a quarterly basis, the Department shall furnish to the facilities, before supplemental payments are processed, a calculation exhibit which identifies each facility's calculated rate and supplemental payment for that quarter.

2. The supplemental pool shall be distributed based on each nursing facility's relative share of total Medicaid paid nursing home days as calculated by the NH Medicaid Management Information System (MMIS). The total paid Medicaid nursing home days for the service quarter of April to June 2021 payment is 314,234. Relative share shall equal each facility's total paid Medicaid nursing home days per the MMIS divided by the total of all nursing home paid Medicaid days (per the MMIS) for all facilities. (Facility total paid Medicaid nursing home days divided by total Medicaid nursing home paid days = relative share) x (supplemental pool \$\$) = supplemental payment.

TN No: <u>21-0034</u> Supersedes TN No: <u>21-0020</u>

Approval Date: 09/10/2021 Effective Date: 04/01/2021