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## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: 19-0002**

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 S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

March 15, 2019

Mr. Jeffrey A. Meyers  
Commissioner  
State of New Hampshire  
Department of Health and Human Services  
125 Pleasant Street  
Concord, NH 03301-3857

Dear Mr. Meyers:

We have reviewed New Hampshire's State Plan Amendment (SPA) 19-0002, Prescribed Drugs, received in the Boston Regional Operations Group on January 14, 2019. This SPA proposes to allow for the coverage of up to a 12-month supply of oral contraceptives.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0002 is approved with an effective date of January 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into New Hampshire's state plan will be forwarded by the Boston Regional Operations Group.

If you have any questions regarding this amendment, please contact Lisa Shochet at (410) 786-5445 or [lisa.shochet@cms.hhs.gov](mailto:lisa.shochet@cms.hhs.gov).

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.  
Director, Division of Pharmacy

cc: Dawn Landry, New Hampshire, Division of Medicaid Services  
Francis T. McCullough, Director, Division of Medicaid Field Operations East (Boston),  
Regional Operations Group  
Joyce Butterworth, Boston Regional Operations Group

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>19-0002</b>	2. STATE <b>NH</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2019</b>
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION <b>42 USC 1396r-8(d)(6), and 1396o</b>	7. FEDERAL BUDGET IMPACT a. Remainder of FFY 2019: \$0 b. FFY 2020: \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A, page 5a Attachment 3.1-B, page 4b (No changes to reimbursement pages)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 3.1-A, page 5a, TN 04-002 Attachment 3.1-B, page 4b, TN 04-002</b>
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10. SUBJECT OF AMENDMENT


**Prescribed Drugs - Allow 12 Month Supply for Oral Contraceptives**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
comments, if any, will follow

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL  (s)	18. RETURN TO <b>Dawn Landry Division of Medicaid Services/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301</b>
13. TYPED NAME <b>Jeffrey A. Meyers</b>	
14. TITLE <b>Commissioner</b>	
15. DATE SUBMITTED <b>01/14/2019</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>01/14/2019</b>	18. DATE APPROVED <b>03/15/2019</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>01/01/2019</b>	20. SIGNATURE OF REGIONAL OFFICIAL <b>(s)</b>
21. TYPED NAME <b>Francis T. McCullough</b>	22. TITLE <b>Director Division of Medicaid Field Operations East (Boston)</b>

23. REMARKS

12a. Prescribed Drugs

Co-payments for prescribed drugs are described in Section G, “Medicaid Premiums and Cost Sharing,” of the state plan.

Maintenance medication, which is defined as legend or non-legend medication to be used for routine, continuous therapy for at least 120 days, shall be dispensed as follows:

- Solid oral drugs shall be dispensed as a minimum supply of 30 days and a maximum supply of 90 days with the exception of oral contraceptives as described below; and
- Solid oral contraceptive drugs shall be dispensed as a minimum supply of 28 days and a maximum supply of 12 months.

Prior authorization is required for certain drugs appearing on a list maintained by the New Hampshire Department of Health and Human Services and updated as necessary.

Per Section 1927(d)(5) of the Act, the prior authorization program provides a response by telephone or other telecommunication device within 24 hours of a request. In an emergency situation, the prior authorization program provides for the dispensing of at least a 72-hour supply of a covered drug.

11. Physical Therapy and Related Services

When provided by a home health agency, visiting nurse association, or independent therapist, these services are limited to eighty (80) 15-minute units per recipient per state fiscal year. The eighty (80) units may be used for one type of therapy or in any combination of therapies in an outpatient setting. Prior authorization from the Medicaid Administration Bureau is required when therapy services are prescribed over the service limit.

Services provided by a rehabilitation center are limited to twelve (12) visits per recipient per fiscal year for all types of services except therapies which are subject to the above limits.

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TN No: 19-0002

Supersedes

TN No: 04-002

Approval Date 03/15/2019

Effective Date: 01/01/2019