

Table Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 20-0019

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

Center for Medicaid & CHIP Services

233 North Michigan Ave., Suite 600

Chicago, Illinois 60601



Financial Management Group

April 21, 2020

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

RE: TN 20-0019

Dear Commissioner Shibinette:

We have reviewed the proposed New Hampshire (NH) State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 23, 2020. This plan amendment updates the allowance for a 3.1% increase in extended services to pregnant women and personal care reimbursement rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

Please note that our approval relates only to the requested change in payment methodology and CMS may still have questions on the funding structure in determining its consistent with section 1902(a)(2) and 1903(a) of the Act as implemented by 42 CFR § 433.54. Therefore, our approval relates only to the requested change in payment methodology and that the resultant rates and related expenditures are consistent with section 1902(a)(30)(A) of the Act. Approval of the subject SPA does not relieve the State of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

cc: Henry Lipman, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
20-0019

2. STATE
NH

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
January 1, 2020

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
42 CFR 440.167, 42 CFR 435.170, 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
FFY 2020: \$3,601 (pers care) unknown (PW)
FFY 2021: \$4,801 (pers care) unknown (PW)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 5, TN 15-003

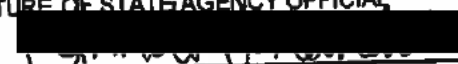
10. SUBJECT OF AMENDMENT
Extended Services to Pregnant Women and Personal Care Services - NH 2020 Budget Increase

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


13. TYPED NAME **Ann H. Landry**

14. TITLE **Associate Commissioner**

15. DATE SUBMITTED **03/23/2020**

16. RETURN TO
**Dawn Landry
Division of Medicaid Services/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301**


FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED **03/23/2020**

18. DATE APPROVED **04/21/2020**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME **Todd McMillion**

22. TITLE **Director, Division of Reimbursement Review**

23. REMARKS

PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT
HOSPITAL, SKILLED NURSING, OR INTERMEDIATE NURSING CARE SERVICES

- 20. Extended Services to Pregnant Women –Payment for extended services to pregnant women provided by agencies under contract with the Division of Public Health, e.g., "Home Visiting NH and Child/Family Health Care Support" and "Extended Services to Pregnant Women," is made in accordance with a fee schedule established by the department For agencies under contract, rates were set as of January 1, 2020, and are effective for services provided on or after that date. For all other providers, payment is made pursuant to the methodologies described in Attachment 4.19-B for the specific covered service or practitioner. No provider shall bill or charge the department more than the provider’s usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov under the "documents and forms" tab, and are applicable to all public and private providers.
- 21. a) Rural Health Clinics (RHC’s)-Non Hospital Based – Payment for non-hospital based RHC’s is made according to the same methodology used for Federally Qualified Health Centers (FQHC) and FQHC Look-A-Likes (LAL’s) as described on page 5a through 5f.**

b) Rural Health Clinics (RHC’s) – Hospital Based – Payment for hospital based RHC’s is made according to the methodology described on page 5g.**
- 22. Personal Care Services – Payment for personal care services is made in accordance with a fee schedule established by the department. Rates were set as of January 1, 2020, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider’s usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov under the “documents and forms” tab, and are applicable to all public and private providers.
- 23. Federally Qualified Health Centers (FQHC’s) and FQHC Look-A-Likes (LAL’s) – Payment for FQHC’s and FQHC LAL’s is made according to the methodology described on page 5a. **

**Addendum to 21a and 23 above, RHC’s and FQHC/FQHC-LAL’s:

- X The payment methodology for RHC’s/FQHC’s/FQHC-LAL’s will conform to section 702 of the Benefits Improvement and Protection Act (BIPA) of 2000.
- The payment methodology for RHC’s/FQHC’s/FQHC-LAL’s will conform to the BIPA 2000 requirements for a prospective payment system (PPS).
- X The payment methodology for RHC’s/FQHC’s/FQHC-LAL’s will conform to the BIPA 2000 requirements for an alternative payment methodology. The payment amount determined under this methodology:
 - (1) is agreed to by the state and the center or clinic; and
 - (2) results in payment to the center or clinic of an amount which is at least equal to the PPS payment rate.

(Addendum continued on next page)