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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 20-0022

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 20-0022

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 24, 2020. This plan amendment updates the allowance for a 3.1% increase to the hospice and freestanding birth 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

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

1. TRANSMITTAL NUMBER
20-0022

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
1905(o), 1905(a)(28), 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
FFY 2020: unable to determine (hospice) \$0(birth centers) FFY 2021 (same)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Attachment 4.19B, Page 6
Attachment 4.19B, Page 7**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Attachment 4.19B, Page 6, (TN 10-007)
Attachment 4.19B, Page 7 (TN 12-002)**


10. SUBJECT OF AMENDMENT
Hospice and Freestanding Birth Center 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 **03/24/2020**

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

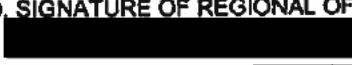
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED **03/24/2020**

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

25. Hospice Services: Payment for hospice services is made at a per diem rate in accordance with Medicare regulations at 42 CFR 418, Subpart G. Hospice payments for inpatient care are limited and paid in accordance with Medicare regulations at 42 CFR 418.302(f). Acquired Immunodeficiency Syndrome (AIDS) cases are included in the limitation calculation. The state does not apply the optional cap limitation on payments. The agency's rates were set on 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. The fee schedule, which is applicable to all public and private providers of hospice services, follows the Medicare fee schedule and is updated concurrent with Medicare updates. Effective January 1, 2020, the Medicare rates were increased 3.1% to arrive at the Medicaid rates. The Medicare fee schedule can be accessed on the Medicare hospice website at:

<https://www.medicaid.gov/medicaid/benefits/hospice-benefits/hospice-payments/index.html>

Note: When it is stated that "rates were set as of," this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

TN No: 20/0022
Supersedes
TN No: 10/007

Approval Date 04/21/20

Effective Date: 01/01/2020

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

28. Freestanding birth centers: - Freestanding birth centers are paid a facility fee for a delivery performed at the center. Payment 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 under “documentation,” and are applicable to all public and private providers.

Note: When it is stated that "rates were set as of," this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

TN No: 20-0022
Supersedes
TN No: 12-002

Approval Date 04/21/20

Effective Date: 01/01/2020