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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-21-0038

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

July 7, 2022

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

RE: New Hampshire 21-0038

Dear Commissioner Shibinette:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0038. Effective July 1, 2021, this amendment renews and updates the state's critical access hospital inpatient supplemental payments for the state fiscal year ending June 30, 2022.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 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 21-0038 is approved effective July 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.

Sincerely,



Rory Howe
Director

Enclosures

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

1. TRANSMITTAL NUMBER
21-0038

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
July 1, 2021

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
SSA 1923 and 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
FFY 2021: \$ 12,110,743 3,211,345
FFY 2022: \$9,634,035

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, page 5e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (if Applicable)
Attachment 4.19-A, page 5e TN 21-0028

10. SUBJECT OF AMENDMENT

Critical Access Hospital Supplemental Access Payments, Inpatient

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
SPECIFIED:
will follow

☒ OTHER, AS
comments, if any.

☐ 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 9-29-21

16. RETURN TO

Janine Corbett
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
September 29, 2021

18. DATE APPROVED
July 7, 2022

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Rory Howe

22. TITLE
Director, Financial Management Group

23. REMARKS Pen-and-ink change made to Box 7 by CMS with state concurrence.

Critical Access Hospital Supplemental Payment, Inpatient

The NH Department of Health and Human Services will make a Critical Access Hospital Supplemental Access payment to certain NH hospitals with critical access designation by the Centers for Medicare and Medicaid Services.

To further provide support and ensure timely access to care, these Critical Access Hospital Supplemental Access payments, inpatient, shall be made annually no earlier than the fourth quarter of State Fiscal Year 2022 consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated in the following amounts:

Hospital	Supplemental Payment
Androscoggin Valley Hospital	\$3,975,776
Upper Connecticut Valley Hospital	\$2,227,993
Valley Regional Hospital	\$2,315,739
Concord Hospital Franklin	\$17,614
Speare Memorial Hospital	\$0
Littleton Regional Hospital	\$900,634
Cottage Hospital	\$2,282,244
Weeks Medical Center	\$997,256
New London Hospital	\$1,296,748
Monadnock Community Hospital	\$3,871,570
Huggins Hospital	\$1,028,256
The Memorial Hospital	\$2,934,105
Alice Peck Day Memorial Hospital	\$3,842,824
Total	\$25,690,759

TN No: 21-0038Approval Date: July 7, 2022Effective Date: 7/1/2021

Supersedes

TN No: 21-0028