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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
Financial Management Group

July 7, 2022

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

RE: New Hampshire 21-0038

Dear Commissioner Shbinette:

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)

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

6. **FEDERAL STATUTE/REGULATION CITATION**
   - SSA 1923 and 42 CFR Part 447

7. **FEDERAL BUDGET IMPACT**
   - FFY 2021: $12,110,743
   - 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 **PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)**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
    - ☑️ OTHER, AS SPECIFIED:
      - will follow
    - COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
    - ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITAL

12. **SIGNATURE OF STATE AGENCY OFFICIAL**
    - [Blank]

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

14. **TITLE** Associate Commissioner

15. **DATE SUBMITTED**
    - 9-29-21

**FOR REGIONAL OFFICE USE ONLY**

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

17. **DATE RECEIVED**
    - September 29, 2021

18. **DATE APPROVED**
    - July 7, 2022

19. **EFFECTIVE DATE OF APPROVED MATERIAL**
    - July 1, 2021

20. **SIGNATURE OF REGIONAL OFFICIAL**
    - [Blank]

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:

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

TN No: 21-0038
Supersedes
TN No: 21-0028

Approval Date: July 7, 2022
Effective Date: 7/1/2021