Table of Contents

State/Territory Name:  New Hampshire

State Plan Amendment (SPA) #:  21-0048

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
November 17, 2021

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

RE: New Hampshire 21-0048

Dear Commissioner Shabinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0048. Effective July 1, 2021, this amendment revises the quarterly nursing home supplemental payment, also known as MQIP, for dates of service in the quarter ending September 30, 2021.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) 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 21-0048 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
Acting Director

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

1. TRANSMITTAL NUMBER
   21-0048

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)
   I [ ] NEW STATE PLAN  [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN  [X] AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION
   Section 1902(a)(13) of the Social Security Act and 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
   FFY 2021: $10,130,527
   FFY 2022: $9,469,386

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 4.19-D, Page 31(d.8)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Attachment 4.19-D, Page 31(d.8), TN 21-0034

10. SUBJECT OF AMENDMENT
    Nursing Facility MQIP third calendar quarter 2021 payment

11. GOVERNOR'S REVIEW (Check One)
    [X] OTHER, AS
    Comments, if any,

12. SIGNATURE OF STATE AGENCY OFFICIAL
    [REDACTED]

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
    November 17, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL
    July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL
    [REDACTED]

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.
f(1). Supplemental Medicaid Nursing Home Payment

Licensed CMS nursing facilities, both private and county operated, which provide Medicaid nursing home services shall be eligible to receive a supplemental nursing home payment. Payments are made quarterly in the quarter following the service quarter. Payments are based on the applicable Medicaid dates of service paid in the prior quarter. The purpose of the supplemental payment is to eliminate or reduce to the maximum extent possible the difference between the facility’s allowable Medicaid costs and the per diem payments made to such facility which are derived from the nursing facility Medicaid acuity rate setting system multiplied by the budget adjustment factor in Section 9999.8, page 29(f), item 8b.

The quarterly payment methodology is as follows:

1. The Department will allocate the supplemental pool quarterly among the eligible licensed nursing facilities. The pool for service quarter of July to September 2021 payment is $18,938,772.64. On a quarterly basis, the Department shall furnish to the facilities, before supplemental payments are processed, a calculation exhibit which identifies each facility’s calculated rate and supplemental payment for that quarter.

2. The supplemental pool shall be distributed based on each nursing facility’s relative share of total Medicaid paid nursing home days as calculated by the NH Medicaid Management Information System (MMIS). The total paid Medicaid nursing home days for the service quarter of July to September 2021 payment is 322,380. Relative share shall equal each facility’s total paid Medicaid nursing home days per the MMIS divided by the total of all nursing home paid Medicaid days (per the MMIS) for all facilities.

(Facility total paid Medicaid nursing home days divided by total Medicaid nursing home paid days = relative share) x (supplemental pool $$) = supplemental payment.