Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-21-0049

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

March 15, 2022

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

RE: New Hampshire 21-0049

Dear Commissioner Shbinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0049. Effective October 1, 2021, this amendment revises the quarterly nursing home supplemental payment, also known as MQIP, for dates of service in the quarter ending December 31, 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 21-0049 is approved effective October 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**

**TO: CENTER DIRECTOR**
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**4. PROPOSED EFFECTIVE DATE**
October 1, 2021

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

**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Impact</th>
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<tbody>
<tr>
<td>2022</td>
<td>$39,312,859</td>
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<tr>
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<td>$9,073,468</td>
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**7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**
Attachment 4.19-D, Page 31(d.8)

**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**
Attachment 4.19-D, Page 31(d.8), TN 21-0048

**9. SUBJECT OF AMENDMENT**
Nursing Facility MQIP fourth calendar quarter 2021 payment

**10. GOVERNOR’S REVIEW (Check One)**
- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

**11. SIGNATURE OF STATE AGENCY OFFICIAL**

**12. TYPED NAME**
Ann H. Landry

**13. TITLE**
Associate Commissioner

**14. DATE SUBMITTED**
12-21-2021

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

**16. DATE RECEIVED**
December 21, 2021

**17. DATE APPROVED**
March 15, 2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**
October 1, 2021

**19. SIGNATURE OF APPROVING OFFICIAL**

**20. TYPED NAME OF APPROVING OFFICIAL**
Rory Howe

**21. TITLE OF APPROVING OFFICIAL**
Director, Financial Management Group

**22. REMARKS**
Pen-and-ink change made to Box 6 by CMS with state concurrence.

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*Instructions on Back*
(Continued) 9999.8

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 8 b.

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 October to December 2021 payment is $18,146,935.12. 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 October to December 2021 payment is 308,233. 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. 