Table of Contents

State/Territory Name: NH

State Plan Amendment (SPA) #: 21-0053

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 9, 2022

Lori Shbinette, Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 21-0053

Dear Commissioner Shbinette:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0053, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 21st, 2021. This plan clarifies the language regarding hospice services rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1st, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

Please note that 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. CMS may still have questions on the funding structure in determining it's consistent with sections 1902(a)(2), 1903(a), and 1903(w) of the Act as implemented by 42 CFR §433.54. 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. On April 2, 2021, CMS issued a letter on the New Hampshire Granite Advantage Health Care Trust Fund, in companion to the approval of New Hampshire's Medicaid managed care state directed payment preprints. The letter requested additional information to allow CMS to further review the state's sources of non-federal share financing of the Medicaid adult expansion population. The result of that review may also be applicable to the expenditures related to the payments authorized in this SPA.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

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

<table>
<thead>
<tr>
<th>1. Transmittal Number</th>
<th>2. State</th>
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<tr>
<td>21-0053</td>
<td>NH</td>
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<tr>
<th>3. Program Identification: Title of the Social Security Act</th>
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<tbody>
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<td>XIX</td>
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<tr>
<th>4. Proposed Effective Date</th>
<th>5. Federal Statute/Regulation Citation</th>
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<tbody>
<tr>
<td>October 1, 2021</td>
<td>1905(o), 1905(a)(28), 42 CFR Part 447</td>
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<th>6. Federal Budget Impact (Amounts in Whole Dollars)</th>
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<tbody>
<tr>
<td>a. FFY 2021 $0</td>
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<tr>
<td>b. FFY 2022 $0</td>
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<tr>
<th>7. Page Number of the Plan Section or Attachment</th>
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<tbody>
<tr>
<td>Attachment 4.19B, Page 6 (TN 21-0053)</td>
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<tr>
<th>8. Page Number of the Superseded Plan Section or Attachment (If Applicable)</th>
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<tbody>
<tr>
<td>Attachment 4.19B, Page 6 (TN 21-0022)</td>
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<th>9. Subject of Amendment</th>
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<tr>
<td>Hospice Services Rate Clarification</td>
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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
   - Other, as specified:

11. Signature of State Agency Official

12. Typed Name
   Ann H. Landry

13. Title
   Associate Commissioner

14. Date Submitted
   12/21/21

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
   12/21/21

17. Date Approved
   3/9/2022

18. Effective Date of Approved Material
   10/01/21

19. Signature of Approving Official

20. Typed Name of Approving Official
   Todd McMillion

21. Title of Approving Official
   Director, Division of Reimbursement Review

22. Remarks

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Instructions on Back
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, 2021 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, 2021, the Medicare rates were increased 3.1% to arrive at the Medicaid rates. The rate in effect beginning January 1, 2021, will remain in place until the Medicare rate surpasses it, or, there are further legislative changes regarding Medicaid Rates. The Medicare fee schedule can be accessed on the Medicare hospice website at:


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.