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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-22-0017

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

August 16, 2022

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

RE: New Hampshire State Plan Amendment Transmittal Number 22-0017

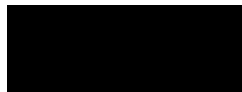
Dear Commissioner Shibinette:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 22-0017. Effective May 25, 2022, this amendment updates the state's disproportionate share hospital (DSH) payments for the DSH state plan rate year ending 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 22-0017 is approved effective May 25, 2022. 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 <u>2 2 - 0 0 1 7</u>	2. STATE <u>NH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 25, 2022	
5. FEDERAL STATUTE/REGULATION CITATION SSA 1923 and 42 CFR Part 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2022</u> \$ 17,968,524 <u>110,779,674</u> b FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Page 5b Pages 5b(cont) and 5b(cont 2)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 4.19-A, Page 5b (21-0028) 5b(cont)	

9. SUBJECT OF AMENDMENT
Disproportionate Share Hospital (DSH) Payment Adjustments

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 	15. RETURN TO Janine Corbett Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301
12. TYPED NAME Ann H. Landry	
13. TITLE Associate Commissioner	
14. DATE SUBMITTED <u>6-23-22</u>	

FOR CMS USE ONLY

16. DATE RECEIVED June 23, 2022	17. DATE APPROVED August 16, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL May 25, 2022	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 changes made to Boxes 6, 7, and 8 by CMS with state concurrence.

(E) For State Fiscal and State Plan Year 2021, each such hospital shall be paid the sum in the table below to maintain hospital stability and access to care and consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated, for a total estimated DSH distribution of \$165,144,396.

In addition, Concord Hospital – Laconia, the facility to be operated in the Lakes Region General Hospital facility following bankruptcy proceedings and change of ownership, shall be paid up to 100% of its uncompensated care costs based on best available data for a five month period, to maintain hospital stability and access to care and consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated.

These payments will be reconciled and amended based on the results of the state’s annual DSH audit for SFY21. Concord Hospital – Laconia will first receive DSH payment at 100% of its five-month uncompensated care costs resulting from the audit. Then the remaining total amount available will be reallocated proportionately to each remaining hospital based on its uncompensated care costs resulting from the audit. No hospital will receive an allocation in excess of its uncompensated care costs from the audit.

Hospital Name	Payment
The Cheshire Medical Center	\$8,096,913
Catholic Medical Center	\$19,022,177
Concord Hospital, Inc.	\$19,162,455
Elliot Hospital	\$17,424,672
Exeter Hospital	\$5,424,661
Frisbie Memorial Hospital	\$5,612,664
Concord Hospital – Laconia (formerly Lakes Region General Hospital)	\$5,021,209
Mary Hitchcock Memorial Hospital	\$48,845,952
Parkland Medical Center	\$3,349,487
Portsmouth Regional Hospital	\$6,827,536
Southern New Hampshire Medical Center	\$10,813,610
St. Joseph Hospital	\$4,771,007
Wentworth-Douglass Hospital	\$10,772,053

(F) For State Fiscal and State Plan Year 2022, each such hospital shall be paid the sum in the table below to maintain hospital stability and access to care and consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated, for a total interim DSH distribution of \$197,116,859.

These payments will be reconciled and amended based on the results of the state’s annual DSH audit for SFY22. The total amount available will be reallocated proportionately to each hospital based on its uncompensated care costs resulting from the audit. No hospital will receive an allocation in excess of its uncompensated care costs from the audit.

Hospital Name	Payment
Catholic Medical Center	\$21,532,522
The Cheshire Medical Center	\$7,442,243
Concord Hospital, Inc.	\$20,854,732
Elliot Hospital	\$22,786,890
Exeter Hospital	\$6,282,996
FMH Health Services (Frisbie Memorial Hospital)	\$5,661,343
Concord Hospital – Laconia	\$7,417,925
Mary Hitchcock Memorial Hospital	\$59,029,985
Parkland Medical Center	\$4,041,103
Portsmouth Regional Hospital	\$8,673,237
Southern New Hampshire Medical Center	\$13,340,922
St. Joseph Hospital	\$5,412,046
Wentworth-Douglass Hospital	\$14,640,914

3. Notwithstanding the provisions of paragraphs 1 or 2 above:

(A) if in Fiscal Year 2016 or 2017, qualifying hospitals' total aggregate uncompensated care costs, as reported to the NH Department of Health and Human Services, is less than \$350 million, the State shall pay such hospitals not less than \$175 million in DSH payments, shared among such hospitals in proportion to the amount of uncompensated care costs incurred by each such hospital relative to the total; provided that New Hampshire hospitals with a critical access designation shall continue to receive reimbursements of no less than 75% of each such hospital's uncompensated care costs; and

(B) total statewide DSH payments to hospitals qualifying under this second type of DSH payment adjustment shall not exceed \$207,184,916 in Fiscal Year 2016, \$217,271,699 in Fiscal Year 2017, \$223,829,358 in Fiscal Year 2018, \$215,083,692 in Fiscal Year 2019, \$217,498,464 in Fiscal Year 2020, \$165,144,396 in Fiscal Year 2021, and \$197,116,859 in Fiscal Year 2022. The cap amount excludes deemed DSH payments made pursuant to paragraph 1(A).