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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-22-0022

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
Dear Commissioner Shibinette:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 22-0022. Effective April 1, 2022, this amendment revises the quarterly nursing home supplemental payment, also known as MQIP, for dates of service in the quarter 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) 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 22-0022 is approved effective April 1, 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
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

1. TRANSMITTAL NUMBER
   2022-0022

2. STATE
   NH

3. PROGRAM IDENTIFICATION / TITLE OF THE SOCIAL SECURITY ACT
   XIX  XXI

4. PROPOSED EFFECTIVE DATE
   April 1, 2022

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)
   a. FFY 2022 $11,590,294
   b. FFY 2023 $11,798,610

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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 22-0022 - 22-0004

9. SUBJECT OF AMENDMENT
   Nursing Facility MQIP second calendar quarter 2022 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
    [Redacted]

12. TYPED NAME
    Ann H. Landry

13. TITLE
    Associate Commissioner

14. DATE SUBMITTED
    June 30, 2022

15. RETURN TO
    Janine Corbett
    Division of Medicaid Services - Brown Building
    129 Pleasant Street
    Concord, NH 03301

16. DATE RECEIVED
    June 30, 2022

17. DATE APPROVED
    August 23, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
    April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
    [Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
    Rory Howe

21. TITLE OF APPROVING OFFICIAL
    Director, Financial Management Group

22. REMARKS
    Pen-and-ink changes to Boxes 6 and 8 made by CMS with state concurrence.

Instructions on Back
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 April to June 2022 payment is $23,597,220. 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 April to June 2022 payment is 326,017. 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.