

## **Table of Contents**

**State/Territory Name: NH**

**State Plan Amendment (SPA) #: 22-0039**

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 Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

September 19, 2022

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

**RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 22-0039**

Dear Commissioner Shabinette:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-22-0039, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 24<sup>th</sup>, 2022. This plan provides actual amounts for supplemental payments for Critical Access Hospitals (CAH).

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1<sup>st</sup>, 2022. 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](mailto:jerica.bennett@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

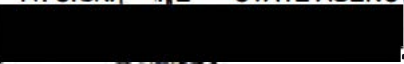
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 - 0 0 3 9</u>	2. STATE <u>NH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>July 1, 2021</u> <u>April 1, 2022</u>	
5. FEDERAL STATUTE/REGULATION CITATION SSA 1923 and 42 CFR Part 447	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2021</u> \$ <u>1,919,425</u> b. FFY <u>2022</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B, Page 7a</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B, Page 7a (21-0044)</u>	

9. SUBJECT OF AMENDMENT  
Critical Access Hospital Supplemental Access Payments, Outpatient

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

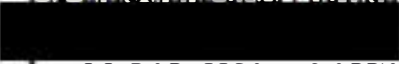
OTHER, AS SPECIFIED:

11. SIGNATURE STATE AGENCY OFFICIAL 	15. RETURN TO Janine Corbett Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301
12. TYPED NAME <u>Ann H. Landry</u>	
13. TITLE <u>Associate Commissioner</u>	
14. DATE SUBMITTED <u>6-24-22</u>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <u>06/24/22</u>	17. DATE APPROVED <u>September 19, 2022</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>April 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

22. REMARKS

**Pen and Ink Change Made By CMS-09/06/22-updated the Federal Budget Impact in Box 6 to reflect \$0 for FFY 2022-J. Bennett**  
**Pen and Ink Change Made By CMS-09/15/22-updated Proposed Effective Date to reflect 04/01/22-J. Bennett**

### **Critical Access Hospital Supplemental Payment, Outpatient**

The NH Department of Health and Human Services will make a Critical Access Hospital Supplemental Access payment to certain NH hospitals with critical access designation by the Centers for Medicare and Medicaid Services.

To further provide support and ensure timely access to care, these Critical Access Hospital Supplemental Access payments shall be made in State Fiscal Year 2022.

<b>Hospital</b>	<b>Supplemental Payment</b>
Androscoggin Valley Hospital	\$594,082
Upper Connecticut Valley Hospital	\$332,919
Valley Regional Hospital	\$346,030
Concord Hospital- Franklin	\$2,632
Speare Memorial Hospital	\$0
Littleton Regional Hospital	\$134,578
Cottage Hospital	\$341,025
Weeks Medical Center	\$149,015
New London Hospital	\$193,767
Monadnock Community Hospital	\$578,510
Huggins Hospital	\$153,648
The Memorial Hospital	\$438,429
Alice Peck Day Memorial Hospital	\$574,215
<b>Total</b>	<b>\$3,838,850</b>

TN No: 22-0039

Approval Date: September 19, 2022

Effective Date: 4/1/2022

Supersedes

TN No: 21-0044