

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: NH-22-0044**

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



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**Financial Management Group**

June 2, 2023

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

RE: New Hampshire State Plan Amendment 22-0044

Dear Commissioner Weaver:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 22-0044. Effective July 1, 2022, this amendment renews and updates the state's critical access hospital inpatient supplemental payments for the state fiscal year ending June 30, 2023.

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 22-0044 is approved effective July 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](mailto:mark.wong@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

Enclosures

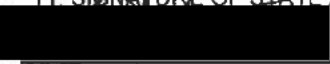
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 - 0 0 4 4</u>	2. STATE <u>NH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2022</p>	
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> \$ <del>2,322,317</del> <u>2,797,992</u> b. FFY <u>2023</u> \$ <del>6,966,950</del> <u>8,393,977</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Page 5e	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A, Page 5e (21-0038)	

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

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

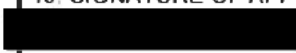
OTHER, AS SPECIFIED:

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>9-29-22</u>	

**FOR CMS USE ONLY**

16. DATE RECEIVED September 29, 2022	17. DATE APPROVED June 2, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 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  
Comments, if any, will follow.

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

**Critical Access Hospital Supplemental Payment, Inpatient**

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 inpatient Critical Access Hospital Supplemental Access payments shall be made annually no earlier than the fourth quarter of State Fiscal Year 2023, consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated, in the following amounts:

<b>Hospital</b>	<b>Supplemental Payment</b>
Alice Peck Day Memorial Hospital	\$1,930,050
Androscoggin Valley Hospital	\$1,930,050
Cottage Hospital	\$1,930,050
Concord Hospital - Franklin	\$0
Huggins Hospital	\$1,930,050
Littleton Regional Hospital	\$1,930,050
Memorial Hospital	\$1,930,050
Monadnock Community Hospital	\$1,432,159
New London Hospital	\$1,894,168
Speare Memorial Hospital	\$736,184
Upper Connecticut Valley Hospital	\$1,930,050
Valley Regional Hospital	\$1,930,047
Weeks Medical Center	\$846,127
<b>Total</b>	<b>\$20,349,035</b>

TN No: 22-0044  
Supersedes  
TN No: 21-0038

Approval Date: June 2, 2023

Effective Date: 07/01/2022