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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 22-0053

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 20, 2023

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

Re: New Hampshire State Plan Amendment (SPA) 22-0053

Dear Interim Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0053. This amendment proposes to include cost sharing for New Hampshire's comprehensive adult dental benefit for all Medicaid eligible adults age 21 and older beginning on April 1, 2023.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 447.50-57. This letter is to inform you that New Hampshire's Medicaid SPA Transmittal Number 22-0053 was approved on March 17, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director
Dawn Tierney, Medicaid Business and Policy

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: New Hampshire

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NH-22-0053

Proposed Effective Date

04/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1916 and 1916A of the SSA; 42 CFR 447.50-57

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	23	\$ -218176.00
Second Year	24	\$ -436352.00

Subject of Amendment

Cost Sharing including Adult Dental Benefit

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Comments, if any, will follow.

Signature of State Agency Official

Submitted By:

Janine Corbett

Last Revision Date:

Mar 6, 2023

Submit Date:

Dec 28, 2022



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0053

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="Yes"/>
<p>The state assures that it administers cost sharing in accordance with sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50 through 447.57.</p>	
<p>General Provisions</p>	
<p>The cost sharing amounts established by the state for services are always less than the amount the agency pays for the service.</p>	
<p>No provider may deny services to an eligible individual on account of the individual's inability to pay cost sharing, except as elected by the state in accordance with 42 CFR 447.52(e)(1).</p>	
<p>The process used by the state to inform providers whether cost sharing for a specific item or service may be imposed on a beneficiary and whether the provider may require the beneficiary to pay the cost sharing charge, as a condition for receiving the item or service, is (check all that apply):</p>	
<p style="padding-left: 40px;"><input type="checkbox"/> The state includes an indicator in the Medicaid Management Information System (MMIS)</p>	
<p style="padding-left: 40px;"><input type="checkbox"/> The state includes an indicator in the Eligibility and Enrollment System</p>	
<p style="padding-left: 40px;"><input type="checkbox"/> The state includes an indicator in the Eligibility Verification System</p>	
<p style="padding-left: 40px;"><input type="checkbox"/> The state includes an indicator on the Medicaid card, which the beneficiary presents to the provider</p>	
<p style="padding-left: 40px;"><input type="checkbox"/> Other process</p>	
<p>Contracts with managed care organizations (MCOs) provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the cost sharing specified in the state plan and the requirements set forth in 42 CFR 447.50 through 447.57.</p>	
<p>Cost Sharing for Non-Emergency Services Provided in a Hospital Emergency Department</p>	
The state imposes cost sharing for non-emergency services provided in a hospital emergency department.	<input type="text" value="No"/>
<p>Cost Sharing for Drugs</p>	
The state charges cost sharing for drugs.	<input type="text" value="Yes"/>
The state has established differential cost sharing for preferred and non-preferred drugs.	<input type="text" value="Yes"/>
<p style="padding-left: 40px;">The state identifies which drugs are considered to be non-preferred.</p>	



Medicaid Premiums and Cost Sharing

The state assures that it has a timely process in place to limit cost sharing to the amount imposed for a preferred drug in the case of a non-preferred drug within a therapeutically equivalent or similar class of drugs, if the individual's prescribing provider determines that a preferred drug for treatment of the same condition either will be less effective for the individual, will have adverse effects for the individual, or both. In such cases, reimbursement to the pharmacy is based on the appropriate cost sharing amount.

Beneficiary and Public Notice Requirements

Consistent with 42 CFR 447.57, the state makes available a public schedule describing current cost sharing requirements in a manner that ensures that affected applicants, beneficiaries and providers are likely to have access to the notice. Prior to submitting a SPA which establishes or substantially modifies existing cost sharing amounts or policies, the state provides the public with advance notice of the SPA, specifying the amount of cost sharing and who is subject to the charges, and provides reasonable opportunity for stakeholder comment. Documentation demonstrating that the notice requirements have been met are submitted with the SPA. The state also provides opportunity for additional public notice if cost sharing is substantially modified during the SPA approval process.

Other Relevant Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

V.20160722



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0053

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add			<input type="text"/>	<input type="text"/>		Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		10.00	%	Visit	restorative, oral surgery, and limited periodontic services	Remove

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		1.00	\$	Prescription	Preferred prescription fills	Remove

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	100% FPL		2.00	\$	Prescription	Non-preferred prescription fills	Remove

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:



Medicaid Premiums and Cost Sharing

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

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V.20181119



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0053

Cost Sharing Amounts - Medically Needy Individuals	G2b
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> medically needy individuals.	<input type="text" value="No"/>

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

V.20181119



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0053

Cost Sharing Amounts - Targeting G2c

1916
1916A
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

Add	Service	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Adult Dental Services	10.00	%	Visit	restorative, oral surgery, and limited periodontic services	Remove

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.

Providers may require payment of cost sharing as a condition for receiving all items or services listed above.

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department to specific individuals (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.



Medicaid Premiums and Cost Sharing

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

V.20181119



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0053

Cost Sharing Limitations	G3
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42 CFR 447.56
1916
1916A

The state administers cost sharing in accordance with the limitations described at 42 CFR 447.56, and 1916(a)(2) and (j) and 1916A(b) of the Social Security Act, as follows:

Exemptions

Groups of Individuals - Mandatory Exemptions

The state may not impose cost sharing upon the following groups of individuals:

Individuals ages 1 and older, and under age 18 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118).

Infants under age 1 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118), whose income does not exceed the higher of:

133% FPL; and

If applicable, the percent FPL described in section 1902(l)(2)(A)(iv) of the Act, up to 185 percent.

Disabled or blind individuals under age 18 eligible for the following eligibility groups:

SSI Beneficiaries (42 CFR 435.120).

Blind and Disabled Individuals in 209(b) States (42 CFR 435.121).

Individuals Receiving Mandatory State Supplements (42 CFR 435.130).

Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age.

Disabled children eligible for Medicaid under the Family Opportunity Act (1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act).

Pregnant women, during pregnancy and through the postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends, except for cost sharing for services specified in the state plan as not pregnancy-related.

Any individual whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs.

An individual receiving hospice care, as defined in section 1905(o) of the Act.

Indians who are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services.

Individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group (42 CFR 435.213).

Groups of Individuals - Optional Exemptions

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Medicaid Premiums and Cost Sharing

The state may elect to exempt the following groups of individuals from cost sharing:

The state elects to exempt individuals under age 19, 20 or 21, or any reasonable category of individuals 18 years of age or over.

No

The state elects to exempt individuals whose medical assistance for services furnished in a home and community-based setting is reduced by amounts reflecting available income other than required for personal needs.

Yes

Services - Mandatory Exemptions

The state may not impose cost sharing for the following services:

Emergency services as defined at section 1932(b)(2) of the Act and 42 CFR 438.114(a).

Family planning services and supplies described in section 1905(a)(4)(C) of the Act, including contraceptives and pharmaceuticals for which the state claims or could claim federal match at the enhanced rate under section 1903(a)(5) of the Act for family planning services and supplies.

Preventive services, at a minimum the services specified at 42 CFR 457.520, provided to children under 18 years of age regardless of family income, which reflect the well-baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics.

Pregnancy-related services, including those defined at 42 CFR 440.210(a)(2) and 440.250(p), and counseling and drugs for cessation of tobacco use. All services provided to pregnant women will be considered pregnancy-related, except those services specifically identified in the state plan as not being related to pregnancy.

Provider-preventable services as defined in 42 CFR 447.26(b).

Enforceability of Exemptions

The procedures for implementing and enforcing the exemptions from cost sharing contained in 42 CFR 447.56 are (check all that apply):

To identify that American Indians/Alaskan Natives (AI/AN) are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services in accordance with 42 CFR 447.56(a)(1)(x), the state uses the following procedures:

The state accepts self-attestation

The state runs periodic claims reviews

The state obtains an Active or Previous User Letter or other Indian Health Services (IHS) document

The Eligibility and Enrollment and MMIS systems flag exempt recipients

Other procedure

Additional description of procedures used is provided below (optional):

The state will rely on the following question in the single streamlined application: "Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian Health Program, or through a referral from one of these programs?" Any individual who answers "yes" will be exempt from cost-sharing.

To identify all other individuals exempt from cost sharing, the state uses the following procedures (check all that apply):

The MMIS system flags recipients who are exempt



Medicaid Premiums and Cost Sharing

- The Eligibility and Enrollment System flags recipients who are exempt
- The Medicaid card indicates if beneficiary is exempt
- The Eligibility Verification System notifies providers when a beneficiary is exempt
- Other procedure

Additional description of procedures used is provided below (optional):

Members that have cost sharing are flagged with an indicator which includes the date span to which the cost sharing applies. It is possible for a member to have multiple cost sharing spans with different dates due to the tracking of cost sharing, which occurs quarterly. This indicator and date spans are sent from the New HEIGHTS eligibility system to the MMIS. The MMIS stores this information and sends it to our managed care organizations, the dental prepaid ambulatory health plan (PAHP), and our PBM for use in claims payment. Through EVS (electronic verification), providers are able to identify if the member has a cost sharing responsibility.

Payments to Providers

The state reduces the payment it makes to a provider by the amount of a beneficiary's cost sharing obligation, regardless of whether the provider has collected the payment or waived the cost sharing, except as provided under 42 CFR 447.56(c).

Payments to Managed Care Organizations

The state contracts with one or more managed care organizations to deliver services under Medicaid.

Yes

The state calculates its payments to managed care organizations to include cost sharing established under the state plan for beneficiaries not exempt from cost sharing, regardless of whether the organization imposes the cost sharing on its recipient members or the cost sharing is collected.

Aggregate Limits

Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household do not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis.

The percentage of family income used for the aggregate limit is:

5%

4%

3%

2%

1%

Other: %

The state calculates family income for the purpose of the aggregate limit on the following basis:

Quarterly

Monthly



Medicaid Premiums and Cost Sharing

The state has a process to track each family's incurred premiums and cost sharing through a mechanism that does not rely on beneficiary documentation.

Yes

Describe the mechanism by which the state tracks each family's incurred premiums and cost sharing (check all that apply):

As claims are submitted for dates of services within the family's current monthly or quarterly cap period, the state applies the incurred cost sharing for that service to the family's aggregate limit. Once the family reaches the aggregate limit, based on incurred cost sharing and any applicable premiums, the state notifies the family and providers that the family has reached their aggregate limit for the current monthly or quarterly cap period, and are no longer subject to premiums or cost sharing.

Managed care organization(s) track each family's incurred cost sharing, as follows:

Managed care organizations and/or the PAHP will provide data to state systems that will allow the Medicaid agency to track the incurred cost-sharing across all services for beneficiaries who are copay eligible.

Other process:

Describe how the state informs beneficiaries and providers of the beneficiaries' aggregate family limit and notifies beneficiaries and providers when a beneficiary has incurred premiums and cost sharing up to the aggregate family limit and individual family members are no longer subject to premiums or cost sharing for the remainder of the family's current monthly or quarterly cap period:

Beneficiaries who are identified by the Medicaid agency as having met their quarterly cap will be updated in the state eligibility system as no longer copay eligible for the remainder of the quarter and this update will be reflected in the eligibility files sent to managed care organizations and/or the PAHP. This update will also generate a letter to the beneficiary to notify them that they are no longer copay eligible and specify when their copay eligibility will restart. Providers who may collect copays under the Medicaid program will be able to use provider-facing portals to identify a beneficiary as copay eligible or not.

The state has a documented appeals process for families that believe they have incurred premiums or cost sharing over the aggregate limit for the current monthly or quarterly cap period.

Yes

Describe the appeals process used:

Beneficiaries may submit information to indicate they have incurred cost sharing over the aggregate limit. This will be validated against state systems and beneficiary will be reimbursed if the limit is exceeded.

Describe the process used to reimburse beneficiaries and/or providers if the family is identified as paying over the aggregate limit for the month/quarter:

Beneficiaries will be made aware in cost-sharing notifications that they may notify the Medicaid agency if they have identified themselves as paying over the aggregate limit. The Medicaid agency will also track aggregate cost-sharing to identify over-payments and reimburse those over-payments.

Describe the process for beneficiaries to request a reassessment of their family aggregate limit if they have a change in circumstances or if they are being terminated for failure to pay a premium:

At any time, enrollees may notify the Medicaid agency of a change in income or other circumstances that might change, their aggregate cost-sharing limit. Once a beneficiary notifies the Medicaid agency of such a change, the Medicaid agency will review the updated information and change the aggregate limits, if necessary.



Medicaid Premiums and Cost Sharing

The state imposes additional aggregate limits, consistent with 42 CFR 447.56(f)(5).

No

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V.20160722