## **Table of Contents**

**State/Territory Name: New Hampshire** 

State Plan Amendment (SPA) #: NH-23-0033

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**

May 23, 2024

Lori A. Weaver, 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 23-0033

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Hampshire state plan amendment (SPA) to Attachment 4.19-A NH-23-0033, which was submitted to CMS on September 12, 2023. This plan amendment authorizes the critical access hospital inpatient supplemental payments for the state fiscal year ending June 30, 2024.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), and 1923 of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Mark Wong at 415-744-3561 or via email at mark.wong@cms.hhs.gov.

Sincerely,

Rory Howe Director

**Enclosures** 

|   | 1 TRANSMITTAL NUMBER 2 STATE   |  |
|---|--|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF   | 2 3 _ 0 0 3 3 NH   |  |
| STATE PLAN MATERIAL   | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL   |  |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES   | SECURITY ACT ( ) XIX ( ) XXI   |  |
|   | 4. PROPOSED EFFECTIVE DATE   |  |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES  | July 1, 2023   |  |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  |  |
| 5. FEDERAL STATUTE/REGULATION CITATION  | 6 FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 2,349,215 \$2,564,591     |  |
| Title XIX of the Social Security Act, 42 CFR 447  | b. FFY 2024 \$ <del>9,396,862</del> \$7,693,774  |  |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  |  |
| Attachment 4.19-A, page 5e  | OR ATTACHMENT (If Applicable)  |  |
|   | Attachment 4.19-A, page 5e ( <del>TN 21-0038)</del> (TN 22-0044)                           |  |
|   |  |  |
|   |  |  |
|   |  |  |
| 9. SUBJECT OF AMENDMENT   |  |  |
| Critical Access Hospital Supplemental Access Payments, Inpatient.   |  |  |
|   |  |  |
| A CONTROL OF THE WAY OF THE CONTROL |  |  |
| 10. GOVERNOR'S REVIEW (Check One)   |  |  |
| GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:   |  |  |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL   |  |  |
|   | C DETURN TO  |  |
| 11. SIGNATORE OF A PAGE TO THE  | 5. RETURN TO<br>lody Farwell   |  |
|   | Division of Medicaid Services - Brown Building<br>129 Pleasant Street<br>Concord, NH 03301 |  |
| A 11 1 1 1  |  |  |
| 13. TITLE   |  |  |
| Associate Commissioner  |  |  |
| 14. DATE SUBMITTED  |  |  |
| September 12, 2023  FOR CMS USE ONLY  |  |  |
| 16. DATE RECEIVED   | 7. DATE APPROVED   |  |
| September 12, 2023  | May 23, 2024   |  |
| PLAN APPROVED - ONE COPY ATTACHED  18 FEFECTIVE DATE OF APPROVED MATERIAL  19. SIGNATURE OF APPROVING OFFICIAL  |  |  |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL  July 1, 2023   | S. SIGNATURE OF AFFROVING OFFICIAL   |  |
|   | 1. TITLE OF APPROVING OFFICIAL   |  |
| 20. THE BIANTE OF ALL THOUSAND  | Director, Financial Management Group   |  |
| Rory Howe   |  |  |
| 22. REMARKS   |  |  |
| Pen-and-ink change made to Boxes 6 and 8 by CMS with state concurrence.   |  |  |
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| 80  |  |  |
| FORM CMS-179 (09/24) Instructions   | on Back  |  |

## 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 2024, consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated, in the following amounts:

| Hospital                          | Supplemental<br>Payment |
|-----------------------------------|-------------------------|
| Alice Peck Day Memorial Hospital  | \$2,177,714             |
| Androscoggin Valley Hospital      | \$2,177,714             |
| Cottage Hospital                  | \$2,177,714             |
| Concord Hospital - Franklin       | \$353,380               |
| Huggins Hospital                  | \$1,346,825             |
| Littleton Regional Hospital       | \$1,887,784             |
| Memorial Hospital                 | \$2,177,714             |
| Monadnock Community Hospital      | \$749,574               |
| New London Hospital               | \$995,188               |
| Speare Memorial Hospital          | \$0                     |
| Upper Connecticut Valley Hospital | \$2,177,714             |
| Valley Regional Hospital          | \$2,177,718             |
| Weeks Medical Center              | \$2,117,692             |
| Total                             | \$20,516,731            |

TN No: <u>23-0033</u> Effective Date: <u>07/01/2023</u>

Supersedes

TN No: <u>22-0044</u> Approval Date: <u>May 23, 20</u>24