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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 23-0063

This file contains the following documents in the order listed:

- 1) Approval Letter**
- 2) CMS-179 Summary Form**
- 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

February 22, 2024

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

Re: New Hampshire State Plan Amendment (SPA) TN 23-0063

Dear Commissioner Weaver:

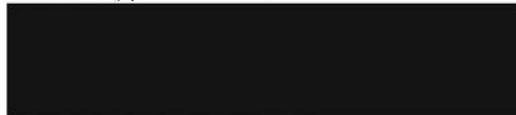
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0063. This amendment proposes coverage for all approved vaccines recommended by the Advisory Committee on Immunization Practices and vaccine administration when furnished by a qualified provider.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and Section 11405 of the Inflation Reduction Act. This letter is to inform you that New Hampshire's Medicaid SPA TN 23-0063 was approved on February 22, 2024, with an effective date of October 1, 2023.

Enclosed are copies of the CMS-179 Summary Form and approved SPA pages to be incorporated into the New Hampshire State Plan.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>6</u> <u>3</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;">October 1, 2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(13)(B) of the Social Security Act Section 11405 of the Inflation Reduction Act		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>0</u> b FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 66c Attachment 4.19-B, Page 3a Attachment 3.1-A, Page 6-b.3 NEW Attachment 3.1-B, Page 5-c.3 NEW		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Page 66c; (TN 23-007) Attachment 4.19-B, Page 3a, (TN 23-0037)	
9. SUBJECT OF AMENDMENT Vaccine Coverage			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="radio"/> OTHER, AS SPECIFIED <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF AGENCY OFFICIAL 		15. RETURN TO Jody Farwell Division of Medicaid Services/Brown Building Department of Health and Human Service 129 Pleasant Street Concord, NH 03301	
12. TYPED NAME Ann H. Landry		14. DATE SUBMITTED 12/15/2023	
13. TITLE Associate Commissioner			
FOR CMS USE ONLY			
16. DATE RECEIVED 12/15/2023		17. DATE APPROVED 02/22/2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2023		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS 02/05/2024: The State authorized the following pen & ink changes: Box 5: Add federal regulation – Section 11405 of the Inflation Reduction Act. Box 6b: Add the year 2025 and dollar amount 0. Box 7: Add new SPA pages – Attachment 3.1-A, Page 6-b.3 and Attachment 3.1-B, Page 5-c.3. Boxes 7 and 8: Delete the incorrect SPA page – Page 66c. Box 14: Add the state's missing date - 12/15/2023.			

AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services

13c. Preventative Services (continued)

New Hampshire Medicaid covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing. Changes to USPSTF preventive services and ACIP recommendations are incorporated into coverage and billing codes as necessary.

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PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT HOSPITAL, SKILLED NURSING, OR INTERMEDIATE NURSING CARE SERVICES

15. Other Diagnostic, Screening, Preventative, and Rehabilitation Services – Payment is made as detailed below for the various services that fall under this state plan section.

Payment for adult medical day care services provided in a licensed facility is made on a per diem basis in accordance with a fee schedule established by the department. Rates were set as of July 1, 2023, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for preventive services provided by a registered nurse (RN) to a newborn and his/her mother at their home is made in accordance with a fee schedule established by the Department. Rates were set as of July 1, 2023, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for nicotine cessation counseling services is provided in accordance with the same principles of reimbursement developed for physician services, other licensed practitioners (4.19-B page 1-a). No provider shall bill or charge the department more than the provider's usual and customary charge.

Payment for lactation consultation services provided by a physician or other licensed practitioner to provide lactation education and support services to eligible breastfeeding (or lactating) members, is paid in accordance with the same principles of reimbursement developed for physician services, other licensed practitioners (4.19-B page 1-a). Payment for lactation consultation services provided by an RN, is paid in accordance with the same principles of reimbursement developed for RN to a newborn in their home as described above (4.19-B page 3 a). No provider shall bill or charge the department more than the provider's usual and customary charge.

Payment for vaccines are set and updated annually to the wholesale acquisition cost (WAC). No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Note: When it is stated that "rates were set as of," this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.