

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #: NH-24-0012**

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**

October 15, 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 24-0012

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-24-0012, which was submitted to CMS on September 25, 2024. This plan amendment authorizes the critical access hospital inpatient supplemental payments for the state fiscal year ending June 30, 2025.

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, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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](mailto:mark.wong@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 2

2. STATE

NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Title XIX of the Social Security Act, 42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 510,000 --- 562,500

b. FFY 2025 \$ 2,040,000 - 2,250,000

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 (TN 23-0033)

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

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

September 25, 2024

15. RETURN TO

Jody Farwell

Division of Medicaid Services - Brown Building

129 Pleasant Street

Concord, NH 03301

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 25, 2024

17. DATE APPROVED

October 15, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

Governor comments, if any, will follow

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

### Qualifying Critical Access Hospital Supplemental Payment, Inpatient

The New Hampshire Department of Health and Human Services will make a Critical Access Hospital Supplemental Access payment to New Hampshire hospitals with critical access designation by the Centers for Medicare and Medicaid Services. New Hampshire hospitals with a critical access hospital designation will be eligible for a supplemental payment if they have uncompensated care costs as described below.

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 each State Fiscal Year, consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated and federal law.

Each hospital's uncompensated care costs are calculated by adding total costs associated with Medicaid patients (including dual eligible patients) and total costs associated with uninsured patients, then subtracting total Medicaid payments and payments for uninsured patients received by the hospital. The calculation includes costs and revenues associated with both Medicaid fee-for-service and managed care patients, and it includes costs and revenues associated with both inpatient and outpatient care. Each hospital's cost and revenue data are taken from the hospital's fiscal year that ends 2 calendar years prior to the start of the state fiscal year for which the payment is made.

For each state fiscal year, each critical access hospital's supplemental payment amount shall first be set at its uncompensated care costs. However, no critical access hospital shall receive total Medicaid payments, including these supplemental payments, above its usual customary charges for such services. Furthermore, if the aggregate of these supplemental payments is greater than the total pool amount as specified in the next paragraph or results in total Medicaid fee-for-service private inpatient hospital payments in excess of the private inpatient hospital upper payment limit (UPL), then each critical access hospital's supplemental payment amount will be applied a pro rata reduction of the excess, based on its percentage of uncompensated care costs to the total of all eligible critical access hospitals' uncompensated care costs.

The total inpatient supplemental payment pool amount is \$4.5 million, for state fiscal year beginning July 1, 2024, and after, until updated by a subsequent state plan amendment. The aggregate inpatient supplemental payment amount each year shall be the lower of this pool amount or the private inpatient hospital UPL gap available after accounting for all other Medicaid fee-for-service private inpatient hospital payments.