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**State Territory Name: NEW HAMPSHIRE**

**State Plan Amendment (SPA) #: 24-0013**

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  
John C. Kluczynski Federal Building  
230 S Dearborn Street, Suite 330F  
Chicago, IL 60604-1505



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**Financial Management Group**

December 19, 2024

Henry Lipman, Commissioner  
Department of Health and Human Services  
129 Pleasant St.  
Concord, NH 03301

**RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 24-0013**

Dear Commissioner Lipman:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-24-0013 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2024. This plan updates the rates for Critical Access Hospital Supplemental payments.

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.

Please note that our approval relates only to the requested change in payment methodology and that the resultant rates and related expenditures are consistent with section 1902(a)(30)(A) of the Act. CMS may still have questions on the funding structure in determining it's consistent with sections 1902(a)(2), 1903(a), and 1903(w) of the Act as implemented by 42 CFR §433.54. Approval of the subject SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements. On April 2<sup>nd</sup>, 2021, CMS issued a letter on the New Hampshire Granite Advantage Health Care Trust Fund, in companion to the approval of New Hampshire's Medicaid managed care state directed payment preprints. The letter requested additional information to allow CMS to further review the state's sources of non-federal share financing of the Medicaid adult expansion population. The result of that review may also be applicable to the expenditures related to the payments authorized in this SPA.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-312-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</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 <u>July 1, 2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>Title XIX of the Social Security Act, 42 CFR 447</u>		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 <u>Attachment 4.19-B, page 7a</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B, page 7a (TN 23-0033)</u>	
9. SUBJECT OF AMENDMENT <u>Critical Access Hospital Supplemental Access Payments, Outpatient.</u>			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
Signed by: <u>STATE AGENCY OFFICIAL</u> <div></div> <u>Ann H. Landry</u>		15. RETURN TO <u>Jody Farwell</u> <u>Division of Medicaid Services - Brown Building</u> <u>129 Pleasant Street</u> <u>Concord, NH 03301</u>	
13. TITLE <u>Associate Commissioner</u>			
14. DATE SUBMITTED <u>September 25, 2024</u>			
FOR CMS USE ONLY			
16. DATE RECEIVED <u>September 25, 2024</u>		17. DATE APPROVED <u>December 19, 2024</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2024</u>		19. SIGNATURE OF APPROVING OFFICIAL <div></div>	
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>	
22. REMARKS			

**Qualifying Critical Access Hospital Supplemental Payment, Outpatient**

To the extent, there are additional funds in the Critical Access Hospital Inpatient Supplemental Access payment pool, after distribution to New Hampshire hospitals with a critical access hospital designation by the Centers for Medicare and Medicaid Services, 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 outpatient 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 in 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 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 outpatient supplemental payment pool amount shall be an amount up to the amount of funds remaining in the inpatient supplemental payment pool, after distribution to qualifying critical access hospitals. The aggregate outpatient supplemental payment amount each year shall be the lower of this pool amount or the private hospital UPL gap available after accounting for all other Medicaid fee-for-service private inpatient hospital payments.