

Table of Contents

State Territory Name: NEW HAMPSHIRE

State Plan Amendment (SPA) #: 24-0029

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
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, IL 60604-1505



Financial Management Group

October 29, 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 24-0029

Dear Commissioner Lipman:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-24-0029 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 17, 2024. This plan updates the rates for Prosthetic and Orthotic Devices.

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 2nd, 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.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 9

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

42 CFR 440.169, 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 18,640
b. FFY 2025 \$ 74,559

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 3 (TN 23-0038)

9. SUBJECT OF AMENDMENT

Rate Increase - Prosthetic and Orthotic Devices

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:

STATE AGENCY OFFICIAL

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

September 17, 2024

15. RETURN TO

Jody Farwell

Division of Medicaid Services/Brown Building

Department of Health and Human Service

129 Pleasant Street

Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED

September 17, 2024

17. DATE APPROVED

October 29, 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

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

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

Prosthetic Devices and Durable Medical Equipment and Supplies – Payment for some prosthetic devices and durable medical equipment (DME) and supplies is made in accordance with a fee schedule established by the Department. Rates were set as of July 1, 2024 and are effective for services provided on or after that date. 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. Quarterly updates to the Healthcare Common Procedure Coding System are incorporated into the fee schedule at 60% of the Medicare rate.

Payment for donor human breast milk shall be \$16.35 per bottle plus delivery fees. For DME that is prior authorized, the approved reimbursement amount, which is based upon the provider’s acquisition and retail costs and other individualized circumstances of the request, such as rental/trial periods, accessories, etc., is provided on the prior authorization approval notice that is sent to the provider. For prosthetic devices that are manually priced, reimbursement is made at 85% of the amount billed. For medical supplies that are manually priced, reimbursement is made at 25% over invoice for enterals and specialty foods and at 40% over invoice for other medical supplies.

No provider shall bill or charge the Department more than the provider’s usual and customary charge.

13. Eyeglasses – Payment for eyeglasses 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. Quarterly updates to the Healthcare Common Procedure Coding System are incorporated into the fee schedule at 60% of the Medicare rate. 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.

TN No: 24-0029

Supersedes

TN No: 23-0038

Effective Date: 07/01/2024

Approval Date: October 29, 2024