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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-22-0009

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

October 25, 2022

Lori A. Shibinette, 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 22-0009

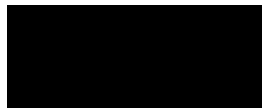
Dear Commissioner Shibinette:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 22-0009. Effective July 1, 2022, this amendment adds cost reconciliation language to the state plan for inpatient governmental psychiatric hospital services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 22-0009 is approved effective July 1, 2022. The CMS-179 and the amended plan page(s) are attached.

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

Sincerely,



Rory Howe
Acting Director

Enclosures

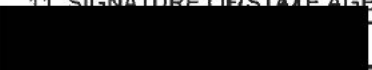
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2 - 0 0 0 9</u>	2. STATE <u>NH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION Title 19 of the Social Security Act and 42 CFR 447 Payment for Services	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2022</u> \$ <u>33,419 (4,025)</u> b FFY <u>2023</u> \$ <u>133,676 (16,101)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Page 4a	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A, Page 4a (10004)	

9. SUBJECT OF AMENDMENT
Inpatient governmental psychiatric hospital services methodology change

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

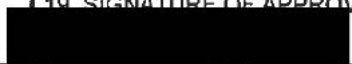
OTHER, AS SPECIFIED

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Janine Corbett Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301
12. TYPED NAME Ann H. Landry	
13. TITLE Associate Commissioner	
14. DATE SUBMITTED 9-29-22	

FOR CMS USE ONLY

16. DATE RECEIVED September 29, 2022	17. DATE APPROVED October 25, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Roy Howe	21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group

22. REMARKS
Comments, if any, will follow.

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

PAYMENT FOR INPATIENT GOVERNMENTAL PSYCHIATRIC HOSPITAL SERVICES

The New Hampshire Department of Health and Human Services (the Department) shall make payment for governmental psychiatric hospital services as follows:

Governmental psychiatric hospitals shall be paid interim daily board and care rates for inpatient acute psychiatric services. The interim daily rate is established before the start of each state fiscal year to be effective for the upcoming state fiscal year.

The interim daily rate shall be determined from the most recent as submitted Medicare cost report, represented as the adjusted general inpatient routine service cost per diem (CMS-2552, Worksheet D-1, line 38). The interim daily rate cost calculation may be adjusted as needed based on planned or known future increases in expenditures that are not accounted for in the most recent submitted Medicare cost report.

The reconciliation process of the interim rate shall be based on Medicare-audited costs from the Medicare cost report applied to the Medicaid Fee-for-Service (FFS) population. The adjusted general inpatient routine service cost per diem (CMS-2552, Worksheet D-1, line 38) is applied to the Medicaid FFS days for the cost report year.

Medicaid claim days and payments for FFS days with dates of service in the cost report year are taken from the Medicaid Management Information System (MMIS). The allowable adjusted general inpatient routine service cost per diem is multiplied by the total MMIS Medicaid claim days, resulting in the total allowable costs for the cost report year. The total payments made from the inpatient claims data, and any other payments made towards the applicable Medicaid service, including third party payments and patient cost sharing, is deducted from the total audited allowable Medicaid FFS costs for the cost report year to identify unreconciled inpatient costs.

If the governmental psychiatric hospital provides ancillary services to its inpatients, interim payments are made at the physician fee schedule in accordance with Attachment 4.19-B for the applicable ancillary service claim. For the reconciliation process, ancillary charge and payment information from MMIS claims are collected from MMIS. The audited cost-to-charge ratio for each ancillary service cost center (Worksheet C, Part I, Column 9) is applied to the claim charge for each ancillary service cost center to identify the total allowable cost. The total payments made from the ancillary claims data, and any other payments made towards the applicable Medicaid service, including third party payments and patient cost sharing, are deducted from the total audited allowable Medicaid FFS ancillary service costs for the cost report year to identify unreconciled ancillary costs.

Overpayments as a result of a lower audited cost compared to payments received shall be recouped from the provider as a financial transaction in MMIS. Underpayments shall be paid as a financial transaction in MMIS to the provider. Reconciliations of costs are performed within 90 days of Department receipt of the fully Medicare-audited cost report.