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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH 20-0049

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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

October 28, 2020

Lori Shibinette RN, MBA, NHA
Commissioner
Department of Health and Human Services
129 Pleasant St.
Concord, NH 03301

Dear Commissioner Shibinette:

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) No 20-0049 entitled, "*NEMT Change in Reimbursement Methodology*," which contains language to amend the NH Title XIX State plan to enter into a contract with a new broker for non-emergency medical transportation. This amendment is being submitted to specify the state is changing the reimbursement methodology from a capped administrative per member per month (PMPM) rate and a fee for service for direct transportation costs to a per member per month (PMPM) risk capitated rate which includes the cost of transportation and administration.

This state plan amendment was submitted in the quarter ending September 30, 2020 for an effective date of October 1, 2020. Approval Date is October 19, 2020. If you have any further questions, please contact Joyce Butterworth at (857) 338-0554 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Henry Lipman, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

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

1. TRANSMITTAL NUMBER
20-0049

2. STATE
NH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2020

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170

7. FEDERAL BUDGET IMPACT
FFY 2020: N/A
FFY 2021: (\$40,452)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Addendum 1, Page 3
Attachment 3.1-B, Addendum 1, Page 3
Attachment 3.1-D, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Addendum 1, Page 3, TN 20-0049 0031
Attachment 3.1-B, Addendum 1, Page 3, TN 20-0049 0031
Attachment 3.1-D, Page 1, TN 20-00049 0031

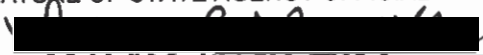
10. SUBJECT OF AMENDMENT

NEMT Change in Reimbursement Methodology

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
comments, if any, will follow
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME Lori A. Weaver

14. TITLE Deputy Commissioner

15. DATE SUBMITTED 9/30/2020

16. RETURN TO

Dawn Landry
Division of Medicaid Services/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 09/30/2020

18. DATE APPROVED 10/19/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2020

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME
James G. Scott, Director

22. TITLE Division of Program Operations

23. REMARKS

Pen & Ink change to correct superseded plan pages from 20-0049 to 20-0031.

24. Transportation - Non-emergency (continued)

X (5) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The broker will be paid a per member per month (pmpm) capitated risk rate to include the cost of transportation and administration.

(B) Please describe how the transportation provider will be paid:

The commercial transportation providers will be paid based on the contracted rate agreed to with the broker. Friends and family will be paid a mileage rate by the broker and/or for receipts submitted for bus and rail travel.

X (C) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

X (D) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

____ (E) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants. (not applicable; law has expired)

X (6) The broker is a non-governmental entity:

X The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

____ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

____ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

23. Transportation - Non-emergency (continued)

X (5) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The broker will be paid a per member per month (pmpm) capitated risk rate to include the cost of transportation and administration.

(B) Please describe how the transportation provider will be paid:

The commercial transportation providers will be paid based on the contracted rate agreed to with the broker. Friends and family will be paid a mileage rate by the broker and/or for receipts submitted for bus and rail travel.

X (C) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

X (D) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

_____ (E) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants. (not applicable; law has expired)

X (6) The broker is a non-governmental entity:

X The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

_____ The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

_____ Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

ASSURANCE OF MEDICAL TRANSPORTATION

Necessary transportation of recipients to and from Medicaid providers of Medicaid covered services is assured by payment for transportation and transportation related services as follows:

1. The Department contracts with a transportation broker for the management of non-emergency transportation services. This broker is responsible for (a) maintaining an adequate transportation network via broker subcontracts, (b) assisting recipients in accessing appropriate and cost effective transportation to Medicaid covered medical, pharmacy, and dental services, and (c) processing the payment of claims for transportation to these services. The broker approves and arranges all non-emergency transport including by private individual (friends and family), taxi, bus, wheelchair van, and non-emergency (scheduled and routine) ambulance.
2. Ambulance and air ambulance services for emergency medical conditions are covered as a state plan service.
3. Requests for transportation related services are referred to the Department's medical, clinical services unit who confirms the necessity of the transportation and the transportation related services and prior authorizes such services.

The local district office eligibility worker or social worker, or the state office customer service unit, informs Medicaid recipients of the availability of necessary medical transportation coverage and also refers recipients to the transportation broker as appropriate. The eligibility worker, social worker, or customer service unit also provides any help that recipients may need regarding the availability of necessary medical transportation that is not required to be arranged through the broker. However, the primary contact point for non-emergency transportation services is the broker. Recipients also receive notification of the availability of transportation services on various Medicaid publications, websites, and on the Medicaid card insert.

Other than payment for ambulance or air ambulance for emergency conditions, payment for medical transportation is as specified in the broker contract and is based on a negotiated per member per month (pmpm) capitated risk to include the cost of transportation and administration and which takes into account the following considerations:

- The transportation shall be to obtain necessary medical services that are Medicaid coverable categories of services as listed in the Social Security Act, Section 1905(a);
- The transportation to the medical service shall not otherwise be available free of charge or payable by any other agency;
- The pmpm, in concert with contract provisions, encourages an adequate transportation network within proximity to the nearest, available provider of the necessary medical service;
- Transportation out of area (states other than NH, MA, ME, VT) requires prior authorization