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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-23-0004

This file contains the following documents in the order listed:

Approval Letter
 CMS 179 Form/Summary Form (with 179-like data)
 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

August 23, 2023 Lori A. Weaver, Interim Commissioner Department of Health and Human Services State of New Hampshire 129 Pleasant Street Concord, NH 03301

RE: New Hampshire State Plan Amendment 23-0004

Dear Commissioner Weaver:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 23-0004. Effective May 24, 2023, this amendment updates the state's disproportionate share hospital (DSH) payments for the DSH state plan rate year ending 2023.

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 23-0004 is approved effective May 24, 2023. 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 Director

Enclosures

1. TRANSMITTAL NUMBER 2. STATE 2 3 0 0 4 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE May 24, 2023
4. PROPOSED EFFECTIVE DATE May 24, 2023
May 24, 2023
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY\$ b FFY\$
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
E Attachment 4, 19-A. Page 5b(cont 2) (22-0017)
Attachment 4.19-A, Page 5b(cont 2) (22-0017)
Attachment 4.19-A, Page 5b(cont 2) (22-0017)
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a FFY_2023\$ 9,389,473 117,80 b FFY\$ 8. PAGE NUMBER OF THE SUPERSEDED PLAN SEC OR ATTACHMENT (If Applicable)

Hospital Name	Payment
Catholic Medical Center	\$21,532,522
The Cheshire Medical Center	\$7,442,243
Concord Hospital, Inc.	\$20,854,732
Elliot Hospital	\$22,786,890
Exeter Hospital	\$6,282,996
FMH Health Services (Frisbie Memorial Hospital)	\$5,661,343
Concord Hospital – Laconia	\$7,417,925
Mary Hitchcock Memorial Hospital	\$59,029,985
Parkland Medical Center	\$4,041,103
Portsmouth Regional Hospital	\$8,673,237
Southern New Hampshire Medical Center	\$13,340,922
St. Joseph Hospital	\$5,412,046
Wentworth-Douglass Hospital	\$14,640,914

(G) For State Fiscal and State Plan Year 2023, each such hospital shall be paid an interim payment in the amount indicated in the table below to maintain hospital stability and access to care and consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated, for a total interim DSH distribution of \$214,188,629.

These payments will be reconciled and amended based on the results of the state's annual DSH audit for SFY23. The total amount available will be reallocated proportionately to each hospital based on its uncompensated care costs resulting from the audit. No hospital will receive an allocation in excess of its uncompensated care costs from the audit.

TN No: <u>23-0004</u> Supersedes TN No: <u>22-0017</u>

Approval Date: <u>August 23</u>, 2023

Effective Date: <u>5/24/2023</u>

Hospital Name	Interim Payment
Catholic Medical Center	\$22,311,440
The Cheshire Medical Center	\$9,738,828
Concord Hospital, Inc.	\$23,164,852
Elliot Hospital	\$23,094,211
Exeter Hospital	\$7,275,581
FMH Health Services (Frisbie Memorial Hospital)	\$4,583,564
Concord Hospital – Laconia	\$7,037,723
Mary Hitchcock Memorial Hospital	\$65,360,087
Parkland Medical Center	\$3,875,795
Portsmouth Regional Hospital	\$9,273,929
Southern New Hampshire Medical Center	\$16,464,749
St. Joseph Hospital	\$7,227,945
Wentworth-Douglass Hospital	\$14,779,925

3. Notwithstanding the provisions of paragraphs 1 or 2 above:

(A) if in Fiscal Year 2016 or 2017, qualifying hospitals' total aggregate uncompensated care costs, as reported to the NH Department of Health and Human Services, is less than \$350 million, the State shall pay such hospitals not less than \$175 million in DSH payments, shared among such hospitals in proportion to the amount of uncompensated care costs incurred by each such hospital relative to the total; provided that New Hampshire hospitals with a critical access designation shall continue to receive reimbursements of no less than 75% of each such hospital's uncompensated care costs; and

(B) total statewide DSH payments to hospitals qualifying under this second type of DSH payment adjustment shall not exceed \$207,184,916 in Fiscal Year 2016, \$217,271,699 in Fiscal Year 2017, \$223,829,358 in Fiscal Year 2018, \$215,083,692 in Fiscal Year 2019, \$217,498,464 in Fiscal Year 2020, \$165,144,396 in Fiscal Year 2021, \$197,116,859 in Fiscal Year 2022, and \$214,188,629 in Fiscal Year 2023. The cap amount excludes deemed DSH payments made pursuant to paragraph 1(A).