

## **Table of Contents**

**State Territory Name: NEW HAMPSHIRE**

**State Plan Amendment (SPA) #: 23-0040**

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  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

October 16, 2023

Lori A. Weaver  
Interim Commissioner  
Department of Health and Human Services  
129 Pleasant St.  
Concord, NH 03301

**RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 23-0040**

Dear Interim Commissioner Weaver:


We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-23-0040, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 21, 2023. This plan updates rates and methodology for Durable Medical Equipment (DME), including Adult Medical Care and Newborn Preventative Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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,

  
Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

|  |   |                       |
|--|---|-----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b><br><br><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br><u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>4</u> <u>0</u>  | 2. STATE<br><u>NH</u> |
|  | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT<br><input checked="" type="radio"/> XIX <input type="radio"/> XXI   |                       |
| TO: CENTER DIRECTOR<br>CENTERS FOR MEDICAID & CHIP SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                               | 4. PROPOSED EFFECTIVE DATE<br><p style="text-align: center;">July 1, 2023</p>   |                       |
| 5. FEDERAL STATUTE/REGULATION CITATION<br>42 CFR 440.130, 42 CFR Part 447  | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a. FFY <u>2023</u> \$ <u>141</u><br>b. FFY <u>2024</u> \$ <u>567</u>   |                       |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br>Attachment 4.19-B page 3<br>Attachment 4.19-B page 3a (renumbered)               | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br>Attachment 4.19-B page 3, TN 22-0050<br>Attachment 4.19-B page 3 (duplicate), TN 21-0015 |                       |

9. SUBJECT OF AMENDMENT  
DME, Adult Medical Day Care & Newborn Preventive Services - NH 2023 Budget Rate Increase

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|  |   |
|--|---|
| 11. SIGNATURE OF STATE AGENCY OFFICIAL<br> | 15. RETURN TO<br>Jody Farwell<br>Division of Medicaid Services/Brown Building<br>Department of Health and Human Service<br>129 Pleasant Street<br>Concord, NH 03301 |
| 12. TYPED NAME<br>Ann H Landry             |   |
| 13. TITLE<br>Associate Commissioner        |   |
| 14. DATE SUBMITTED<br>September 21, 2023   |   |

**FOR CMS USE ONLY**

|   |  |
|---|--|
| 16. DATE RECEIVED    September 21, 2023 | 17. DATE APPROVED<br><b>October 16, 2023</b> |
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**PLAN APPROVED - ONE COPY ATTACHED**

|   |   |
|---|---|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br>July 1, 2023 | 19. SIGNATURE OF APPROVING OFFICIAL<br>                                       |
| 20. TYPED NAME OF APPROVING OFFICIAL<br>Todd McMillion  | 21. TITLE OF APPROVING OFFICIAL<br>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

13. 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, 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](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers. 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.
14. 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](http://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: 23-0040

Supersedes TN

No: 22-0050

Approval Date October 16, 2023

Effective Date: 07/01/2023

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

15. Other Diagnostic, Screening, Preventative, and Rehabilitation Services – Payment is made as detailed below for the various services that fall under this state plan section.

Payment for adult medical day care services provided in a licensed facility is made on a per diem basis 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. 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](http://www.nhmmis.nh.gov), under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for preventive services provided by a registered nurse (RN) to a newborn and his/her mother at their home 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. 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](http://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: 23-0040

Supersedes

TN No: 21-0015

Approval Date: October 16, 2023 Effective Date: 07/01/2023