

Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #:16-0016

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

November 1, 2016

Jeffrey Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Meyers,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) 16-0016, received on September 30, 2016 and entitled "*Managed Care – Carve Out of Certain Drugs*," which indicated that prescribed drugs for the treatment of Hepatitis C and Hemophilia, as well as the high-cost prescribed drugs Carbaglu and Ravicti, have been carved out of the managed care program and will be covered for managed care beneficiaries through the Medicaid fee for service program.

Transmittal # 16-0016

--Managed Care – Carve Out of Certain Drugs
--Effective July 1, 2016

If there are questions, please contact Joyce Butterworth at (617) 565-1220 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Deborah Fournier, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
16-0016

2. STATE
NH

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2016

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 USC § 1396u-2

7. FEDERAL BUDGET IMPACT:

FFY 2016: ~~(\$2,062,500)~~ \$2,062,500
FFY 2017: ~~(\$8,250,000)~~ \$8,250,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F, page 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-F, page 14, TN 16-007

10. SUBJECT OF AMENDMENT:

Managed Care – Carve Out of Certain Drugs

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:

[Redacted Signature]

16. RETURN TO:

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

13. TYPED NAME: Jeffrey A. Meyers

14. TITLE: Commissioner

15. DATE SUBMITTED:

September 30, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 30, 2016

18. DATE APPROVED:

November 1, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

-s-

21. TYPED NAME:

Richard R. McGreal

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children's Health Operations, Boston, MA

23. REMARKS:

NH requests a pen & ink change to reflect the estimated fiscal impact of moving the prescribed drugs to the Medicaid fee for service program is an increase of \$4,125,000 for the remainder of federal fiscal year 2016 which is made up of \$2,062,500 in state funds and \$2,062,500 in federal funds and an increase of \$16,500,000 in federal fiscal year 2017 which is made up of \$8,250,000 in state funds and \$8,250,000 in federal funds. Please note that the increase in the FFS fiscal impact is offset by an identical decrease in the fiscal impact to the MCO program.

State: New Hampshire

Citation

Condition or Requirement

4. Describe the state's process for notifying the Medicaid Beneficiaries of their right to disenroll without cause during the first 90 days of their enrollment. (*Examples: state generated correspondence, HMO enrollment packets etc.*)

A State generated Selection Confirmation Letter will specify the specific MCO the beneficiary has been assigned to (as well as the fact that they have 90 days to select a different plan). This letter will be sent to the beneficiary no later than fifteen days following their default assignment. This correspondence will be followed by outreach from the assigned MCO including but not limited to welcome call, member benefit and welcome packet with plan details.

5. Describe any additional circumstances of "cause" for disenrollment (if any).

Members may disenroll if they move out of state, need related services simultaneously that are not available in the plan's network and bifurcation of the care creates risk, if the member wants to enroll in the same plan as a family member, or for other reasons such as lack of access to covered services, violation of member rights, or lack of network providers experienced in the member's unique health care needs.

An MCO may disenroll a member who is threatening or abusive such that the health or safety of other members, MCO staff or providers is jeopardized.

H. Information Requirements for Beneficiaries

1932(a)(5)(c)
42 CFR 438.50
42 CFR 438.10

The state assures that its state plan program is in compliance with 42 CFR 438.10(e) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.

1932(a)(5)(D)(b)
1903(m)
1905(t)(3)

I. List all benefits for which the MCO is responsible.

NHHPP recipients who are not allowed to participate in the Premium Assistance Program (i.e., medically frail) will receive services through the MCO's ABP or standard Medicaid plan, as selected by the recipient.

IP and OP hospital, including OP facility and ancillary services for dental procedures

Maternity and newborn kick payments

IP psychiatric facility services under age 21, under 22 if admitted prior to age 21

Physician and APRN services

Rural health clinic and FQHC services

Prescribed drugs except for Carbaglu and Ravicti, and drugs used for the treatment of Hepatitis C and Hemophilia, all of which are covered under the Medicaid fee for service program

Community MH services, MH CM, and Rehab MH services including care coordination and administrative services only

Psychology

Ambulatory surgical center services

Laboratory/pathology and X-Ray

TN No: 16-0016
Supersedes
TN No: 16-007

Approval Date: 11/01/2016

Effective Date: 07/01/16