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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-24-0023

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

March 21, 2024

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

RE: New Hampshire State Plan Amendment 24-0023

Dear Commissioner Weaver:

We have reviewed the proposed amendment to Attachments 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 24-0023. Effective January 1, 2024, this amendment provides for description of reimbursement of single case agreements for inpatient hospital services, where a Medicaid member needs emergency care at a non-enrolled out-of-state hospital, or where a Medicaid member needs care at an enrolled or non-enrolled out-of-state hospital with a specific clinical expertise that is not available in New Hampshire.

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 Subparts C and F. This is to inform you that Medicaid State plan amendment TN 24-0023 is approved effective January 1, 2024. 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

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 3

2. STATE

NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act and 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0

b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A page 4a.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-A, page 4a.1 (TN 22-0028)

9. SUBJECT OF AMENDMENT

Rate methodology for single case agreements, inpatient out of state hospital services.

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

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

March 14, 2024

15. RETURN TO

Jody Farwell

Division of Medicaid Services/Brown Building

Department of Health and Human Service

129 Pleasant Street

Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED

March 14, 2024

17. DATE APPROVED

March 21, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Rory Howe

21. TITLE OF APPROVING OFFICIAL

Director, Financial Management Group

22. REMARKS

PAYMENT FOR OUT-OF-STATE INPATIENT HOSPITAL SERVICES
IN ACCORDANCE WITH SINGLE CASE AGREEMENTS

A single case agreement is a one-time contract between the Department and an out-of-state provider to provide NH Medicaid-covered inpatient hospital services if necessary to meet beneficiary needs.

A New Hampshire Medicaid recipient may receive out-of-state inpatient hospital services in accordance with single case agreements under the following circumstances:

- 1) There is a lack of providers with a specific clinical expertise in New Hampshire able to provide the necessary services and the out-of-state provider is licensed, certified, or otherwise credentialed by a recognized body as a center of excellence in providing the necessary services;
or
- 2) An out-of-state non-enrolled NH Medicaid provider provides emergency inpatient hospital services.

The reimbursement rate for out-of-state inpatient hospital services in accordance with single case agreements will be negotiated between the New Hampshire Department of Health and Human Services (the Department) and the out-of-state facility providing the services. When negotiating the rate, the Department will take into consideration the following:

- 1) The actual costs of the facility;
- 2) The Medicare rate for the same or similar services, if any;
- 3) The Medicaid rate for the same or similar services in the state where the facility is located; and
- 4) The New Hampshire Medicaid rate for the same or similar services.

The reimbursement rate for out-of-state inpatient hospital services in accordance with single case agreements may not exceed the usual and customary charges of the facility for such services.