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State/Territory Name: NH

State Plan Amendment (SPA) #: 12-003

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

MAY 12 2016

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

RE: New Hampshire SPA 12-003

Dear Mr. Meyers:

We have reviewed the proposed amendment to Attachments 4.19-A and 4.19-B of your Medicaid state plan submitted under transmittal number (TN) 12-003. This amendment proposes to implement Section 2702 of the Affordable Care Act of 2010 (ACA) and the implementing final rule at 42 CFR 447, Subpart A. Specifically it, imposes non-payment of identified provider-preventable conditions (PPCs).

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. We are pleased to inform you that Medicaid State plan amendment 12-003 is approved effective March 1, 2012. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,



Kristin Fan
Director

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

1. TRANSMITTAL NUMBER:
12-003

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
March 1, 2012

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 447, 434, 438; 1902(a)(4), 1902(a)(6), 1903

7. FEDERAL BUDGET IMPACT:
(\$2,500) – FFY 2012
(\$5,000) – FFY 2013

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, pages 4b and 4c

Attachment 4.19-B, pages 7.1 and 7.2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

New pages

New pages

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED: comments, if any,
will follow

10. COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

Handwritten: No reply received within 5 days of submission

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Handwritten: Provider Readability Condition

13. TYPED NAME: Nicholas A. Toumpas

14. TITLE: Commissioner

15. DATE SUBMITTED:

March 28, 2012

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

MAY 12 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MAR 01 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Handwritten: Kristin Fan

22. TITLE:

Handwritten: Director, FMC

23. REMARKS:

Pen and ink changes in boxes 8 and 9 per state request.

State of New Hampshire
Payment for All Types of Services
Other than Inpatient Hospital and Nursing Facility

Attachment 4.19-B
Page 7.1

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19(A)

 X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19 (B)

 X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

 Additional Other Provider-Preventable Conditions identified below (please indicate the section(s) of the plan and specific service type and provider type to which the provisions will be applied. For example – 4.19(d) nursing facility services, 4.19(b) physician services) of the plan:

In accordance with 42 CFR 447.26(c), the Department assures that:

- (a) No reduction in payment for a provider preventable condition (PPC) will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider;
- (b) Reductions in provider payment may be limited to the extent that the following apply: (i) the identified PPC would otherwise result in an increase in payment, and (ii) the State can reasonably isolate for non-payment the portion of the payment directly related to treatment for, and related to, the PPC; and
- (c) Non-payment for PPC's does not prevent access to services for Medicaid beneficiaries

State of New Hampshire
Payment for All Types of Services
Other than Inpatient Hospital and Nursing Facility

Attachment 4.19-B
Page 7.2

Health Care-Acquired Conditions and Other PPC (cont.)

Payment Method:

In order to determine the payment amount for services paid under Attachment 4.19-B of this State Plan, the Department of Health and Human Services (the Department) will utilize diagnosis codes and CPT/HCPCS modifiers that are self-reported by providers on claims that indicate if an other provider preventable condition (OPPC) occurred. When such codes appear on the claim, the claim will be reviewed and denied if appropriate.

TN No: 12-003
Supersedes
TN No: New Page

Approval Date **MAY 12 2016**

Effective Date: 03/01/2012

State of New Hampshire
Payment for Inpatient Hospital Services

Attachment 4.19-A
Page 4b

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19(A)

 X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19 (A)

 X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

 Additional Other Provider-Preventable Conditions identified below (please indicate the section(s) of the plan and specific service type and provider type to which the provisions will be applied. For example – 4.19(d) nursing facility services, 4.19(b) physician services) of the plan:

In accordance with 42 CFR 447.26(c), the Department assures that:

- (a) No reduction in payment for a provider preventable condition (PPC) will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider;
- (b) Reductions in provider payment may be limited to the extent that the following apply: (i) the identified PPC would otherwise result in an increase in payment, and (ii) the State can reasonably isolate for non-payment the portion of the payment directly related to treatment for, and related to, the PPC; and
- (c) Non-payment for PPC's does not prevent access to services for Medicaid beneficiaries

State of New Hampshire
Payment for Inpatient Hospital Services

Attachment 4.19-A
Page 4c

Health Care-Acquired Conditions and Other PPC (cont.)

Payment Method:

In order to determine the payment amount for inpatient hospital services under Attachment 4.19-A of this State Plan, the Department of Health and Human Services (the Department) will utilize the diagnoses and present on admission (POA) indicator submitted by providers on claims. The Department utilizes the MS-DRG grouper in its methodology to pay for inpatient hospital services. As such, the MS-DRG grouper will not consider hospital acquired diagnoses in the determination of the DRG payment amount.

TN No: 12-003
Supersedes
TN No: New Page

Approval Date **MAY 12 2016**

Effective Date: 03/01/2012