

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

1. TRANSMITTAL NUMBER:
12-009

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
October 8, 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 405.2446, 42 CFR 440.20, Sec 1902(a)(2)(B) and (C), and Sec
702 of BIPA 2000

7. FEDERAL BUDGET IMPACT:
\$89,955 – FFY 2013
\$91,754 - FFY 2014

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, page 1-b
Attachment 3.1-B, page 2-a
Attachment 4.19B, page 5
Attachment 4.19B, pages 5a – 5f 5g
Attachment 3.1-B page 1
Attachment 3.1-A, page 1-a
Attachment 3.1-B, page 2-a+
Attachment 3,1-A, page 1
Attachment 3,1-B, page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable): None-new page
Attachment 4.19B, page 5, TN 01-004 same, TN 06-008
None – new pages None - new page
Attachment 3.1-B page 1, TN 94-24 same, TN 94-24
Attachment 3.1-A, page 1-a, TN 06-008 same; TN 91-23

10. SUBJECT OF AMENDMENT:
FQHC/RHC Alternative Payment Methodology

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:

13. TYPED NAME: Nicholas A. Toumpas

14. TITLE: Commissioner

15. DATE SUBMITTED:
December 20, 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:
December 20, 2012

18. DATE APPROVED:
August 12, 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 8, 2012

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 requested the following pen & ink changes:

1. Add FFY 2014 impact of \$91,754
2. Box 8 change pages "5a-5f" to pages "5a-5g"
3. Box 8 and 9 indicate inclusion of:
 - a. Attachment 3.1-B page 1, supersedes TN 94-24
 - b. Attachment 3.1-A, page 1-a, supersedes TN 06-008

- c. Attachment 3.1-A, page 1-b, supersedes None-new page
- d. Attachment 3.1-B, page 2-a, supersedes TN 06-008
- e. Attachment 3.1-B, page 2-a+, supersedes None-new page
- f. Attachment 3.1-A, page 1, supersedes TN 94-24
- g. Attachment 3.1-B, page 2, supersedes TN 91-23