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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #:14-0006

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



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

July 1, 2014

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

Re: New Hampshire SPA TN 14-0006

Dear Commissioner Toumpas,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) 14-0006 entitled "*Medicaid Premiums and Cost Sharing*," which was submitted to CMS on May 23, 2014. SPA 14-0006 transmits assurances that NH administers cost sharing in accordance with sections 1916 and 1916A of the Social Security Act and 42 CFR §447.50 through 42 CFR §447.57. The approved effective date is July 1, 2014.

Transmittal # 14-0006

--Medicaid Premiums and Cost Sharing

--Effective July 1, 2014

Enclosed is a copy of the new State Plan pages to be incorporated within a separate section at the back of NH's approved State Plan:

- G1, Pages G-1 to G-2
- G2a, Page G2a-1
- G2b, Page G2b-1
- G2c, Pages G2c-1 to G2c-2
- G3, Pages G3-1 to G3-5

In addition, the following current state plan pages have been superseded by SPA 14-0006-MM and reserved in the State Plan:

- Page 54
- Page 55
- Page 56
- Page 56a

- Page 56c
- Page 56d
- Page 56e
- Page 56f

The state has indicated that they are in the process of making systems changes necessary to implement targeted cost sharing for individuals with income above 100 percent of the federal poverty level. The state anticipates having these systems changes in place by November 1, 2014 and will implement the targeted cost sharing at that time. The state has agreed to cease all cost sharing previously imposed under the state plan, in accordance with this approved SPA, effective July 1, 2014. In addition, the state will provide notice to beneficiaries and providers that current cost sharing is no longer in effect and that the new cost sharing approved under the SPA will not go into effect until November 1, 2014.

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. 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: Kathleen Dunn, State Medicaid Director
Diane Peterson, Medicaid Business and Policy
Dawn Landry, Division of Family Assistance

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: New Hampshire

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NH-14-0006

Proposed Effective Date

07/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1916 and 1916A of SSA, 42 CFR 447

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 5500.00
Second Year	2015	\$ 22000.00

Subject of Amendment

Medicaid Premiums and Cost Sharing

PAGE # OF PLAN SECTION/ATTACHMENT:

G1-Cost Sharing Requirements

G2a-Cost Sharing Amounts-Cat Needy

G2b-Cost Sharing Amounts-Med Needy

G2c-Cost Sharing Amounts-Targeted

G3-Cost Sharing Limitations

Section 4 - Pages 54,55,56,56a, reserved, TN 14-0006

Section 5 - Pages 56c,56d,56e,56f, reserved, TN 14-0006

PAGE # OF SUPERSEDED PLAN SECTION/ATTACHMENT:

Attachment 4.18-A, Pages 1-3, TN 04-002, 85-12, 85-12

Attachment 4.19-C, Pages 1-3, TN 04-002, 85-12, 85-12

Section 4 - Pages 54-56a, TN 91-23

Section 4 - Pages 56c-56f, TN 91-23

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Comments, if any, will follow.

Date Received: 05/23/2014

Plan Approved - One Copy Attached

Date Approved: 07/01/2014

Signature of Regional Official

/s/

Effective Date of Approved Material: 07/01/2014

Typed Name: Richard R. McGreal

Division of Medicaid & Children's Health Operations
Boston Regional Office



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NH - 14 - 0006

Expiration date: 10/31/2014

Cost Sharing Requirements	G1
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1916
1916A
42 CFR 447.50 through 447.57 (excluding 447.55)

The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.

- The state assures that it administers cost sharing in accordance with sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50 through 447.57.

General Provisions

- The cost sharing amounts established by the state for services are always less than the amount the agency pays for the service.
- No provider may deny services to an eligible individual on account of the individual's inability to pay cost sharing, except as elected by the state in accordance with 42 CFR 447.52(e)(1).
- The process used by the state to inform providers whether cost sharing for a specific item or service may be imposed on a beneficiary and whether the provider may require the beneficiary to pay the cost sharing charge, as a condition for receiving the item or service, is (check all that apply):
 - The state includes an indicator in the Medicaid Management Information System (MMIS)
 - The state includes an indicator in the Eligibility and Enrollment System
 - The state includes an indicator in the Eligibility Verification System
 - The state includes an indicator on the Medicaid card, which the beneficiary presents to the provider
 - Other process
- Contracts with managed care organizations (MCOs) provide that any cost-sharing charges the MCO imposes on Medicaid enrollees are in accordance with the cost sharing specified in the state plan and the requirements set forth in 42 CFR 447.50 through 447.57.

Cost Sharing for Non-Emergency Services Provided in a Hospital Emergency Department

The state imposes cost sharing for non-emergency services provided in a hospital emergency department.

Cost Sharing for Drugs

The state charges cost sharing for drugs.

The state has established differential cost sharing for preferred and non-preferred drugs.

- The state identifies which drugs are considered to be non-preferred.



Medicaid Premiums and Cost Sharing

- The state assures that it has a timely process in place to limit cost sharing to the amount imposed for a preferred drug in the case of a non-preferred drug within a therapeutically equivalent or similar class of drugs, if the individual's prescribing provider determines that a preferred drug for treatment of the same condition either will be less effective for the individual, will have adverse effects for the individual, or both. In such cases, reimbursement to the pharmacy is based on the appropriate cost sharing amount.

Beneficiary and Public Notice Requirements

- Consistent with 42 CFR 447.57, the state makes available a public schedule describing current cost sharing requirements in a manner that ensures that affected applicants, beneficiaries and providers are likely to have access to the notice. Prior to submitting a SPA which establishes or substantially modifies existing cost sharing amounts or policies, the state provides the public with advance notice of the SPA, specifying the amount of cost sharing and who is subject to the charges, and provides reasonable opportunity for stakeholder comment. Documentation demonstrating that the notice requirements have been met are submitted with the SPA. The state also provides opportunity for additional public notice if cost sharing is substantially modified during the SPA approval process.

Other Relevant Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140114



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NH - 14 - 0006

Expiration date: 10/31/2014

Cost Sharing Amounts - Categorically Needy Individuals	G2a
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1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to <u>all</u> categorically needy (Mandatory Coverage and Options for Coverage) individuals.	<input type="text" value="No"/>
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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140113



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NH - 14 - 0006

Expiration date: 10/31/2014

Cost Sharing Amounts - Medically Needy Individuals **G2b**

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all medically needy individuals.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140116



Medicaid Premiums and Cost Sharing

State Name:
 Transmittal Number: NH - 14 - 0006

OMB Control Number: 0938-1148
 Expiration date: 10/31/2014

Cost Sharing Amounts - Targeting **G2c**

1916
 1916A
 42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

	Service	Amount	Dollars or Percentage	Unit	Explanation	
+	Preferred Drugs	1.00	\$	Prescription	Average Medicaid payment is \$63.29	X
+	Non-Preferred Drugs	4.00	\$	Prescription	Average Medicaid payment is \$249.58	X

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.

Providers may require payment of cost sharing as a condition for receiving all items or services listed above.

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department to specific individuals (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

Population Name (optional):



Medicaid Premiums and Cost Sharing

Eligibility Group(s) Included:

Incomes Greater than TO Incomes Less than or Equal to

	Service	Amount	Dollars or Percentage	Unit	Explanation	
<input checked="" type="checkbox"/>	Preferred Drugs	1.00	\$	Prescription	Average Medicaid payment is \$63.29	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Non-preferred Drugs	2.00	\$	Prescription	Average Medicaid payment is \$249.58	<input checked="" type="checkbox"/>

The state permits providers to require individuals to pay cost sharing as a condition for receiving items or services, subject to the conditions specified at 42 CFR 447.52(e)(1). This is only permitted for non-exempt individuals with family income above 100% FPL.

Providers may require payment of cost sharing as a condition for receiving all items or services listed above.

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department to specific individuals (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140107



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NH - 14 - 0006

Expiration date: 10/31/2014

Cost Sharing Limitations

G3

42 CFR 447.56
1916
1916A

- The state administers cost sharing in accordance with the limitations described at 42 CFR 447.56, and 1916(a)(2) and (j) and 1916A(b) of the Social Security Act, as follows:

Exemptions

Groups of Individuals - Mandatory Exemptions

The state may not impose cost sharing upon the following groups of individuals:

- Individuals ages 1 and older, and under age 18 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118).
- Infants under age 1 eligible under the Infants and Children under Age 18 eligibility group (42 CFR 435.118), whose income does not exceed the higher of:
 - 133% FPL; and
 - If applicable, the percent FPL described in section 1902(l)(2)(A)(iv) of the Act, up to 185 percent.
- Disabled or blind individuals under age 18 eligible for the following eligibility groups:
 - SSI Beneficiaries (42 CFR 435.120).
 - Blind and Disabled Individuals in 209(b) States (42 CFR 435.121).
 - Individuals Receiving Mandatory State Supplements (42 CFR 435.130).
- Children for whom child welfare services are made available under Part B of title IV of the Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age.
- Disabled children eligible for Medicaid under the Family Opportunity Act (1902(a)(10)(A)(ii)(XIX) and 1902(cc) of the Act).
- Pregnant women, during pregnancy and through the postpartum period which begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends, except for cost sharing for services specified in the state plan as not pregnancy-related.
- Any individual whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs.
- An individual receiving hospice care, as defined in section 1905(o) of the Act.
- Indians who are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services.
- Individuals who are receiving Medicaid because of the state's election to extend coverage to the Certain Individuals Needing Treatment for Breast or Cervical Cancer eligibility group (42 CFR 435.213).



Medicaid Premiums and Cost Sharing

Groups of Individuals - Optional Exemptions

The state may elect to exempt the following groups of individuals from cost sharing:

The state elects to exempt individuals under age 19, 20 or 21, or any reasonable category of individuals 18 years of age or over.

No

The state elects to exempt individuals whose medical assistance for services furnished in a home and community-based setting is reduced by amounts reflecting available income other than required for personal needs.

Yes

Services - Mandatory Exemptions

The state may not impose cost sharing for the following services:

- Emergency services as defined at section 1932(b)(2) of the Act and 42 CFR 438.114(a).
- Family planning services and supplies described in section 1905(a)(4)(C) of the Act, including contraceptives and pharmaceuticals for which the state claims or could claim federal match at the enhanced rate under section 1903(a)(5) of the Act for family planning services and supplies.
- Preventive services, at a minimum the services specified at 42 CFR 457.520, provided to children under 18 years of age regardless of family income, which reflect the well-baby and well child care and immunizations in the Bright Futures guidelines issued by the American Academy of Pediatrics.
- Pregnancy-related services, including those defined at 42 CFR 440.210(a)(2) and 440.250(p), and counseling and drugs for cessation of tobacco use. All services provided to pregnant women will be considered pregnancy-related, except those services specifically identified in the state plan as not being related to pregnancy.
- Provider-preventable services as defined in 42 CFR 447.26(b).

Enforceability of Exemptions

The procedures for implementing and enforcing the exemptions from cost sharing contained in 42 CFR 447.56 are (check all that apply):

- To identify that American Indians/Alaskan Natives (AI/AN) are currently receiving or have ever received an item or service furnished by an Indian health care provider or through referral under contract health services in accordance with 42 CFR 447.56(a)(1)(x), the state uses the following procedures:
 - The state accepts self-attestation
 - The state runs periodic claims reviews
 - The state obtains an Active or Previous User Letter or other Indian Health Services (IHS) document
 - The Eligibility and Enrollment and MMIS systems flag exempt recipients
 - Other procedure

Additional description of procedures used is provided below (optional):

The State will rely on the following question in the single streamlined application: "Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?." Any individual who answers "yes" will be exempt from cost-sharing.

- To identify all other individuals exempt from cost sharing, the state uses the following procedures (check all that apply):



Medicaid Premiums and Cost Sharing

- The MMIS system flags recipients who are exempt
- The Eligibility and Enrollment System flags recipients who are exempt
- The Medicaid card indicates if beneficiary is exempt
- The Eligibility Verification System notifies providers when a beneficiary is exempt
- Other procedure

Additional description of procedures used is provided below (optional):

Payments to Providers

- The state reduces the payment it makes to a provider by the amount of a beneficiary's cost sharing obligation, regardless of whether the provider has collected the payment or waived the cost sharing, except as provided under 42 CFR 447.56(c).

Payments to Managed Care Organizations

The state contracts with one or more managed care organizations to deliver services under Medicaid.

Yes

- The state calculates its payments to managed care organizations to include cost sharing established under the state plan for beneficiaries not exempt from cost sharing, regardless of whether the organization imposes the cost sharing on its recipient members or the cost sharing is collected.

Aggregate Limits

- Medicaid premiums and cost sharing incurred by all individuals in the Medicaid household do not exceed an aggregate limit of 5 percent of the family's income applied on a quarterly or monthly basis.

The percentage of family income used for the aggregate limit is:

- 5%
- 4%
- 3%
- 2%
- 1%
- Other: %

The state calculates family income for the purpose of the aggregate limit on the following basis:

- Quarterly
- Monthly



Medicaid Premiums and Cost Sharing

The state has a process to track each family's incurred premiums and cost sharing through a mechanism that does not rely on beneficiary documentation.

No

Explain why the state's premium and cost sharing rules do not place beneficiaries at risk of reaching the aggregate family limit:

For individuals in the new adult group with incomes greater than 100% of the FPL, cost-sharing is limited to \$1 for preferred drugs and \$4 for non-preferred drugs. For individuals in current eligibility groups with incomes greater than 100% of the FPL who are not otherwise exempt from cost-sharing, cost-sharing is limited to \$1 for preferred drugs and \$2 for non-preferred drugs. Given the low amount of cost-sharing, it is very unlikely that any beneficiary with an income of at least 100% FPL would exceed 5% of his or her income in a given quarter. The State submitted an analysis to CMS indicating that over 99.9% of beneficiaries would have cost-sharing of less than 5% of 100% of the FPL each year, and 99.7% of beneficiaries would have total annual cost-sharing of less than \$300 per year.

Example of Number of Services Required Each Quarter to Reach Cap at 100% FPL

Preferred drugs (36 prescriptions) - \$36
 Non-preferred drugs (27 prescriptions) \$108
 Total for the quarter - \$144
 Aggregate limit = \$145.88

Estimated Annual Total

Co-pay	Members
\$1-99	91.80%
\$100-199	6.80%
\$200-299	1.13%
\$300-399	0.20%
\$400-582	0.05%
\$583+	0.02%

The state has a documented appeals process for families that believe they have incurred premiums or cost sharing over the aggregate limit for the current monthly or quarterly cap period.

No

- Describe the process used to reimburse beneficiaries and/or providers if the family is identified as paying over the aggregate limit for the month/quarter:

The beneficiaries may bring receipts to the Medicaid agency to demonstrate that they have paid cost-sharing in excess of the aggregate limit for the quarter. The Medicaid agency will review the receipts and reimburse beneficiaries for any amount above the aggregate limit.

- Describe the process for beneficiaries to request a reassessment of their family aggregate limit if they have a change in circumstances or if they are being terminated for failure to pay a premium:

At any time, beneficiaries may notify the Medicaid agency of a change in their income or other circumstance that might change their aggregate cost-sharing limit. Once a beneficiary notifies the Medicaid agency of such change, the Medicaid agency will review the updated information and change the aggregate limits, if necessary.

The state imposes additional aggregate limits, consistent with 42 CFR 447.56(f)(5).

No



Medicaid Premiums and Cost Sharing

PRA Disclosure Statement

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V.20140116

OFFICIAL

54

State/Territory: New Hampshire

(Reserved)

TN No. 14-0006
Supersedes
TN No. 91-23

Approval Date 07/01/2014

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OFFICIAL

55

State/Territory: New Hampshire

(Reserved)

TN No. 14-0006
Supersedes
TN No. 91-23

Approval Date 07/01/2014

Effective Date 07/01/14

OFFICIAL

56

State/Territory: New Hampshire

(Reserved)

TN No. 14-0006
Supersedes
TN No. 91-23

Approval Date 07/01/2014

Effective Date 07/01/14

OFFICIAL

56a

State/Territory: New Hampshire

(Reserved)

TN No. 14-0006
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56c

State/Territory: New Hampshire

(Reserved)

TN No. 14-0006
Supersedes
TN No. 91-23

Approval Date 07/01/2014

Effective Date 07/01/14

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56d

State/Territory: New Hampshire

(Reserved)

TN No. 14-0006
Supersedes
TN No. 91-23

Approval Date 07/01/2014

Effective Date 07/01/14

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56e

State/Territory: New Hampshire

(Reserved)

TN No. 14-0006
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TN No. 91-23

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56f

State/Territory: New Hampshire

(Reserved)

TN No. 14-0006
Supersedes
TN No. 91-23

Approval Date 07/01/2014

Effective Date 07/01/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New Hampshire

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through

Service	Type of Charge			Amount and Basis
	Deductible	Coinsurance	Copayment	

Attachment 4.18-A, Page 1- to be removed from state plan, supersedes 04-002

TN No. 14-0006
Supersedes
TN No. 04-002

Approval Date 07/01/2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

Attachment 4.18-A, Page 2 - to be
removed from state plan, supersedes 85-12

TN No. 14-0006
Supersedes
TN No. 85-12

Approval Date 07/01/2014

Effective Date 07/01/14

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

Attachment 4.18-A, Page 3 - to be removed from
state plan, supersedes 85-12

TN No. 14-0006
Supersedes
TN No. 85-12

Approval Date 07/01/2014

Effective Date 07/01/14

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: New Hampshire

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through

Service	Type of Charge			Amount and Basis
	Deductible	Coinsurance	Copayment	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Attachment 4.18-C, Page 1 - to be removed from state plan, supersedes 04-002 </div>				

TN No. 14-0006
 Supersedes
 TN No. 04-002

Approval Date 07/01/2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

Attachment 4.18-C, Page 2 - to be removed
from state plan, supersedes 85-12

TN No. 14-0006
Supersedes
TN No. 85-12

Approval Date 07/01/2014

Effective Date 07/01/14

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New Hampshire

Attachment 4.18-C, Page 3 - to be removed from state plan,
supersedes 85-12

TN No. 14-0006
Supersedes
TN No. 85-12

Approval Date 07/01/2014

Effective Date 07/01/14

HCFA ID: 0053C/0061E