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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 14-0015

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

March 20, 2015

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 14-0015

Dear Commissioner Toumpas,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) 14-0015 entitled "*Medicaid Premiums and Cost Sharing*," which was submitted to CMS on December 30, 2014. SPA 14-0015 Page G2c-Cost Sharing Amounts-Targeting was submitted for corrections in descriptions of eligibility groups. SPA 14-0015 also 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 November 1, 2014.

Transmittal # 14-0015

--Medicaid Premiums and Cost Sharing
--Effective November 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:

- G2c, Pages G2c-1 to G2c-6

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-14-0015

Proposed Effective Date

11/01/2014 (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	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Medicaid Premiums and Cost Sharing
PAGE # OF PLAN SECTION ATTACHMENT
Use Case History: Approved Comments being made to description of eligible groups. (see use case history on the other pages)

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:

Signature of State Agency Official

Submitted By:
Diane Peterson
Last Revision Date:
Mar 19, 2015
Submit Date:
Dec 30, 2014

Date Received: 12/30/2014

Plan Approved - One Copy Attached

Effective Date of Approved Material: 11/01/2014

Typed Name: Richard R. McGreal

Date Approved: 03/20/2015

Signature of Regional Official

Division of Medicaid & Community Health Operations
Boston Regional Office



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NH - 14 - 0015

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	<input type="text"/>	Prescription	Average Medicaid payment is \$63.29	X
+	Non-Preferred Drugs	4.00	<input type="text"/>	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.

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):

Eligibility Group(s) Included:



Medicaid Premiums and Cost Sharing

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	<input type="text"/>	Prescription	Average Medicaid payment is \$63.29	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Non-preferred Drugs	2.00	<input type="text"/>	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.

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Population Name (optional):

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	<input type="text"/>	Prescription	Average Medicaid payment is \$63.29	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Non-preferred Drugs	2.00	<input type="text"/>	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.



Medicaid Premiums and Cost Sharing

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. No

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:

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Population Name (optional):

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	<input type="text"/>	Prescription	Average Medicaid payment is \$63.29	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Non-preferred Drugs	2.00	<input type="text"/>	Prescription	Average Medicaid payment is \$249.58	<input checked="" type="checkbox"/>

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The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals. No



Medicaid Premiums and Cost Sharing

Remove Population

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	<input style="width: 50px;" type="text"/>	Prescription	Average Medicaid payment is \$63.29	X
+	Non-preferred Drugs	2.00	<input style="width: 50px;" type="text"/>	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. No

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Remove Population

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	<input style="width: 50px;" type="text"/>	Prescription	Average Medicaid payment is \$63.29	X
+	Non-preferred Drugs	2.00	<input style="width: 50px;" type="text"/>	Prescription	Average Medicaid payment is \$249.58	X



Medicaid Premiums and Cost Sharing

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.

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

No

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.

No

Remove Population

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	<input type="text"/>	Prescription	Average Medicaid payment is \$63.29	X
+	Non-preferred Drugs	2.00	<input type="text"/>	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.

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

No

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



Medicaid Premiums and Cost Sharing

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 <u>exempt</u> individuals.	<input type="text" value="No"/>
<input type="button" value="Add Population"/>	<input type="button" value="Remove Population"/>

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.

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