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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.

Page 2 - Nicholas A. Toumpas, Commissioner

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

OFFICIAL

State/Territory name: New Hampshire	
Transmittal Numb	
of the submiss	e Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digit on year, and $0000 = a$ four digit number with leading zeros. The dashes must also be entered.
NH-14-0015	The district and the di
Proposed Effective	Date
11/01/2014	(mm/dd/yyyy)
Federal Statute/Re	gulation Citation
1916 and 1916	A of SSA, 42 CFR 447
Federal Budget Imp	pact
	Federal Fiscal Year Amount
First Year	2014 \$ 0.00
Second Year	2015 \$ 0.00
Subject of Amendm	ent
Medicard Pressures and Cost State Partition of the American State	
G2s Core Starting American Fargers	KURUN T To extravous being made to discreption of displaint princips. User a see fined steper on the a part a contravous test gainst pagent.
C	
Governor's Office F	eview r's office reported no comment
	ats of Governor's office received
Describe	
O No reply O Other, a	received within 45 days of submittal
Describe	
Signature of State A	
Submitted By Diane Peters	
Last Revision	
Mar 19, 2015	
Submit Date: Dec 30, 2014	
Dec 30, 2014	

Plan Approved - One Copy Attached Date Received: 12/30/2014

Date Aproved: 03/20/2015 Signature of Regional Officials

Effective Date of Apprroved Material: 11/01/2014

Division of Boston Regional Office

Typed Name: Richard R. McGreal

OFFICIAL



Medicaid Premiums and Cost Sharing

State Name: New Hampshire				OMB Control Number: 0	938-1	1148	
Transmittal Number: NH - 14 - 0015				Expiration date: 10	/31/2	2014	
Cost Sharing Amounts - Targeting					G	F2c	
1916							
1916A							
42 CFR 447.52 through 54							
The state targets cost sharing to a specific gro	oup or group	s of individu	uals.		Ye	es	
Population Name (optional): New Ham	pshire New	Adult Group)				
Eligibility Group(s) Included: Adult gro	oup					\neg	
Incomes Greater than	100% I	FPL TO	Incomes Less than	n or Equal to 133% FPL			
Control		Dollars or				Г	
Service Preferred Drugs	Amount 1.00	Percentage		Explanation Average Medicaid payment is \$63.29	_		
Non-Preferred Drugs	4.00		Prescription	Average Medicaid payment is \$249.58	_	X	
The interior and stage	4.00		Prescription	Average Medicaid payment is 3249.38		X	
The state permits providers to require in	dividuals to r	av cost sha	ring as a condition	for receiving items or complete subject to	_		
the conditions specified at 42 CFR 447.5	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	s Charged to	Otherwise	Exempt Individ	uals			
If the state targets cost sharing for non-p question:	referred drug	s to specific	groups of individ	duals (entered above), answer the following	,		
The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.						lo	
Cost Sharing for Non-emergency Serv Individuals	ices Provide	d in the Ho	ospital Emergenc	y Department Charged to Otherwise <u>Ex</u>	empt	<u>t</u>	
If the state charges cost sharing for non- (entered above), answer the following qu		ervices prov	ided in the hospita	al emergency department to specific individ	luals	i	
The state charges cost sharing for non-enext exempt individuals.	nergency serv	vices provid	led in the hospital	emergency department to otherwise	N	О	
				Remove Po	pulat	ion	
Population Name (optional):						\neg	
Eligibility Group(s) Included: Children	Eligible Und	er 42 CFR 4	433.118 Who are A	Age 18 or older, but under 19 years of age		\exists	
	27 (27) (27) - 1						

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Approval Date: 03/20/2015

G2c-1

Effective Date: 11/01/2014



Incomes Greater than	100% F	FPL TO I	ncomes Less than	or Equal to 318% FPL			
Service Preferred Drugs	Amount	Dollars or Percentage	Unit	Explanation			
	1.00		Prescription	Average Medicaid payment is \$63.29	X		
Non-preferred Drugs	2.00		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. Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals							
If the state targets cost sharing for non-p question:	referred drug	s to specific	groups of individ	duals (entered above), answer the following			
The state charges cost sharing for non-pr	referred drugs	to otherwis	se <u>exempt</u> individ	uals.	lo		
Cost Sharing for Non-emergency Serv Individuals	ices Provide	d in the Ho	spital Emergenc	y Department Charged to Otherwise Exempt	t		
If the state charges cost sharing for non- (entered above), answer the following qu	emergency se uestion:	rvices provi	ded in the hospita	al emergency department to specific individuals	3		
The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.							
				Remove Populat	tion		
Population Name (optional): Ticket to	Work and Wo	ork Incentive	e Program				
Eligibility Group(s) Included: Ticket to	Work Group						
Incomes Greater than 100% FPL TO Incomes Less than or Equal to 450% FPL							
Service	Amount	Dollars or Percentage	Unit	Explanation			
+ Preferred Drugs	1.00		Prescription	Augrana Madianid manusant is 6(2.20	X		
Non-preferred Drugs	2.00		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.							

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Effective Date: 11/01/2014

TN No. 14-0015 New Hampshire Supersedes TN No. 14-0006 Approval Date: 03/20/2015

G2c-2



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:								
The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.								
Remove Population								
Population Name (optional):								
Eligibility Group(s) Included: Aged, Blind and Disabled Medically Needy Who Meet Their Spenddown								
Incomes Greater than 100% FPL TO Incomes Less than or Equal to								
Service Amount Percentage Unit Explanation								
+ Preferred Drugs 1.00 Prescription Average Medicaid payment is \$63.29								
+ Non-preferred Drugs 2.00 Prescription Average Medicaid payment is \$249.58								
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. 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.								

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Effective Date: 11/01/2014

Approval Date: 03/20/2015

G2c-3



				Remove Popul	ation		
Population Name (optional):							
Eligibility Group(s) Included: Parent a	nd Caretaker	Relatives M	ledically Needy V	Vho Meet Their Spenddown			
Incomes Greater than	100%	FPL TO	Incomes Less than	n or Equal to			
Comice		Dollars or	I				
Service Preferred Drugs	Amount 1.00	Percentage	Unit	Explanation Average Medicaid payment is \$63.29	V		
Non-preferred Drugs	2.00		Prescription	Average Medicaid payment is \$249.58	X		
			- resemption	JI			
The state permits providers to require in the conditions specified at 42 CFR 447. 100% FPL.	ndividuals to p 52(e)(1). This	oay cost shares is only per	ring as a condition mitted for non-ex-	n for receiving items or services, subject to empt individuals with family income above	No		
Cost Sharing for Non-preferred Drug	gs Charged to	Otherwise	Exempt Individ	luals			
If the state targets cost sharing for non-question:	preferred drug	s to specific	groups of indivi	duals (entered above), answer the following			
The state charges cost sharing for non-p	referred drug	s to otherwi	se <u>exempt</u> individ	uals.	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- (entered above), answer the following q	emergency se uestion:	ervices prov	ided in the hospit	al emergency department to specific individua	ls		
The state charges cost sharing for non-eexempt individuals.	mergency ser	vices provid	led in the hospital	emergency department to otherwise	No		
				Remove Popula	ntion		
				Remove ropus	ition		
Population Name (optional):							
Eligibility Group(s) Included: Non-Pre	gnant Individ	uals Covere	d Under Transitio	nal Medical Assistance Who are Age 18 or Ol	der		
Incomes Greater than	10	0% TO I	ncomes Less than	or Equal to			
Service	Amount	Dollars or Percentage	Unit	Evaluation			
→ Preferred Drugs	1.00	Creentage	Prescription	Explanation Average Medicaid payment is \$63.29	X		
Non-preferred Drugs	2.00		Prescription	Average Medicaid payment is \$249.58	X		
			-				

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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 Ser Individuals	vices Provide	ed in the Ho	ospital Emergeno	cy Department Charged to Otherwise E	xempt			
If the state charges cost sharing for non (entered above), answer the following of	-emergency s juestion:	ervices prov	ided in the hospit	al emergency department to specific indiv	iduals			
The state charges cost sharing for non-exempt individuals.	The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.							
				Remove Po	pulation			
Population Name (optional):								
Eligibility Group(s) Included: Individu	als Covered U	Jnder 42 CF	R 435.121(non p	regnant) Who Are Age 18 or Older				
Incomes Greater than 100% FPL 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	х			
→ Non-preferred Drugs	2.00		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. 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								

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Approval Date: 03/20/2015



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

Add 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.

V.20140415

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Effective Date: 11/01/2014

Approval Date: 03/20/2015 G2c-6