

Table of Contents

State/Territory Name: NH

State Plan Amendment (SPA) #: 14-0002

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

SEP 18 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 14-002

Dear Mr. Toumpas:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 14-002. Specifically, this amendment establishes a supplemental access payment for Upper Connecticut Valley Hospital to assure the provider's financial viability.


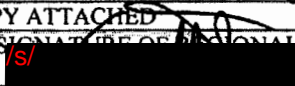
We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 14-002 is approved effective February 14, 2014. 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,

A black rectangular redaction box covering the signature of Timothy Hill. A small red mark is visible in the top left corner of the redaction.

Timothy Hill
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-002	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 February 14, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: SSA 1923 and 42 CFR Part 447		7. FEDERAL BUDGET IMPACT: FFY 2014: \$250,219 FFY 2015: \$250,219	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19A, page 5c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): none - new page	
10. SUBJECT OF AMENDMENT: IP Hospital Supplemental Access Payment			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: comments, if any, will follow <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Dawn Landry Division of Family Assistance/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301	
13. TYPED NAME: Nicholas A. Toumpas			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 2/21/2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 18 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: FEB 14 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Timothy Hill		22. TITLE: Director, Financial Management Group, CMCS	
23. REMARKS:			

Supplemental Access Payment

The NH Department of Health and Human Services will make a Supplemental Access payment once in each state fiscal year to the hospital that meets the following criteria:

- a. is designated as a critical access hospital (CAH) in accordance with criteria established by the Centers for Medicare and Medicaid Services;
- b. is the smallest CAH located in Coos County in NH, as measured by net inpatient service revenue;
- c. has the highest ratio of Medicaid and uninsured charges to total charges in the state for state fiscal year 2012, as determined by the Department; and
- d. has the highest ratio of uncompensated care costs to total operating costs in Coos County for state fiscal years 2011 and 2012, as determined by the Department.

The Supplemental Access payment shall equal 25% of the qualifying hospital's uncompensated care costs, as estimated by the State, using best available data at the time of payment. Subsequent adjustments based on potential changes in estimates shall not be made.

This Medicaid supplemental access payment will be included in the determination of total Medicaid payments made to the eligible hospital for purposes of determining the qualifying uncompensated care costs of such hospital under the NH State Plan provisions. The qualifying hospital will have all of its Medicaid shortfall costs and uninsured costs compensated, in effect, but only about 75% will be paid as a DSH payment; the other 25% of these costs will be reimbursed through this Medicaid supplemental payment. The State of New Hampshire can ensure that the qualifying hospital will not be paid *more than* its hospital – specific DSH limit (as defined by 42 USC 1396r-4(g); Section 1923(g) of the Social Security Act) because it calculates a hospital-specific DSH limit for every hospital that receives a DSH payment and includes, as federal rules require, all Medicaid payments, enhanced and supplemental payments. Also, the NH state plan provisions governing DSH payments *explicitly* provide that in no event will any hospital receive more in DSH payments than its hospital-specific DSH limit, as relevant federal law requires; i.e., all patient care costs associated with Medicaid patients and uninsured patients are determined and then all payments received from Medicaid, including any supplemental payments like this one, and other third party payers for the costs of such patient care are deducted to determine the remaining unreimbursed portion

TN No: 14-002
Supersedes
TN No: new page

Approval Date: **SEP 18 2014**

Effective Date: 02/14/2014