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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 14-0016

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

February 19, 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 14-0016

Dear Commissioner Toumpas,

We are pleased to enclose a copy of approved New Hampshire State Plan Amendment (SPA) No. 14-0016 with an effective date of October 1, 2014. This SPA transmitted a proposed amendment to your approved Title XIX State plan to comply with tobacco cessation coverage services as required by the Patient Protection and Affordable Care Act (P.L. 111-148).

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-016	2. STATE NH
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE October 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 440.230(d), 210(a)(3), 1905(bb)(2), 1905(a)(4),	7. FEDERAL BUDGET IMPACT: FFY 2015: \$39,029 \$86,712 FFY 2016: \$86,712
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Atch 3.1-A, page 2, 2-a, 2-a(cont) Atch 3.1-B, page 2-b, 2-c Atch 4.19-B, page 1-b (added for this new entry)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Atch 3.1-A, page 2 TN 13-008; 2-a, TN 13-015 Atch. 3.1-B, page 2-b, TN 97-09; 2-c, TN 13-015 Atch 4.19-B, none (new page)
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10. SUBJECT OF AMENDMENT:
Tobacco Cessation Counseling for Pregnant Women

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: -S-	16. RETURN TO: Dawn Landry Office of Medicaid Business and Policy/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
13. TYPED NAME: Nicholas A. Loumpas	
14. TITLE: Commissioner	
15. DATE SUBMITTED: December 26, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 26, 2014	18. DATE APPROVED: 2/19/15
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: -S-
21. TYPED NAME: Richard R. McGreal	22. TITLE: Regional Administrator Division of Medicaid & Children's Health Operations Boston Regional Office

23. REMARKS:
NH requested a pen & ink change to:

- Box 7 on 1/6/15, taking into account more smokers and more counseling sessions that were utilized for the original fiscal impact. (jb)
- Box 7 on 1/23/15, adding FI for FFY 2016 in the same amount as FFY 2015 (jb)

OFFICIAL

Revision:

Attachment 3.1-A
Page 2
OMB No.

State/Territory: New Hampshire

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: No limitations With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c.(i) Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Attachment 2.2-A, B, if this eligibility option is elected by the State.*
Provided: No limitations With limitations
- 4.c.(ii) Family planning-related services provided under the above State Eligibility Option.*
Provided: No limitations With limitations
- 4.d. Tobacco Cessation Counseling Services for Pregnant Women.*
Provided: No limitations With limitations
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: No limitations With limitations*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
Provided: No limitations With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 14-016
Supersedes
TN No. 13-008

Approval Date 02/19/2015

Effective Date 10/01/14

OFFICIAL

4a. Nursing Facility Services

Payment for nursing facility care is available to both categorically and medically needy recipients in need of such care. Payment is made for a non-private room unless a private room is medically necessary. Determination of need for nursing facility care and authorization of payment for nursing facility care is made by the Bureau of Elderly and Adult Services.

4b. Early and Periodic Screening, Diagnosis, and Treatment

Limited to federal requirements for the categorically needy. Any limits to services provided in Attachment 3.1-A do not apply to individuals under EPSDT as long as medical necessity criteria as determined by the Office of Medicaid Business and Policy have been met.

4c. Family Planning Services

4c. (i) Family planning services include those services described in Section 1905(a)(4)(C).

4c. (ii) Family planning–related services provided under the state eligibility option at Attachment 2.2-A, B, are those medical diagnosis and treatment services provided in a family planning setting as part of, or as follow-up to, a family planning visit pursuant to Section 1902(a)(10)(G)(XVI). Family planning-related services that are covered in NH include: (1) services to treat adverse reactions to, or medical complications of, family planning procedures, services, treatment, or therapies (e.g., treatment of perforated uterus due to intrauterine device insertion, treatment of severe menstrual bleeding caused by Depo-Provera injection); (2) drugs (as well as follow-up visits and re-screens based on CDC guidelines) for the treatment of STD's, except for HIV/AIDS and hepatitis, when the STD is identified or diagnosed during a routine or periodic family planning visit; (3) drugs and other treatment (as well as follow-up visit) for lower genital tract and genital skin infections/disorders, and urinary tract infections, when identified/diagnosed during a routine/periodic family planning visit; and (4) vaccinations to prevent cervical cancer routinely provided pursuant to a family planning service in a family planning setting.

4d. Tobacco Cessation Counseling Services for Pregnant Women

Face-to-Face Tobacco Cessation Counseling Services Provided:

- (a) By or under the supervision of a physician; and
- (b) By any other health care professional who is legally authorized to furnish such services under state law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*
- (c) By any other health care professional legally authorized to provide tobacco cessation services under state law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

NH allows eight (8) counseling sessions per each of two quit attempts. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.



5a. Physician Services

Coverage for physician services is unlimited except for those physician services affiliated with outpatient hospital visits, which are limited (in combination with ARNP, clinical psychologist, and pastoral counselor services – 6d) to 12 per recipient per state fiscal year, except for emergency department (ED) and urgent care visits, which are not limited. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity. Laboratory tests and diagnostic x-rays are not counted against the outpatient physician visit limit.

Except for kidney and tissue transplants, to include corneas, bone grafts, and skin transplants, which are covered without prior authorization, prior authorization is required for the coverage of physician services for organ transplants which include bone marrow, liver, heart, lung, heart-lung, pancreas, and pancreas-kidney. (See Attachment 3.1-E for specific details.) Certain surgical procedures to include bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty and rhinoplasty also require prior authorization.

Non-covered organ transplantation and procurement services include physician services for the surgery, inpatient hospital services for the surgical admission(s), and organ procurement related to the following types of transplants: any type of organ or tissue transplant not specified above (including hairplasty) or more than two transplants of the same type of organ per recipient per lifetime.

In accordance with federal law, coverage for induced abortions is provided when the physician certifies that the pregnancy was the result of rape or incest or the woman suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would place the woman in danger of death unless an abortion is performed.

TN No: 14-016
Supersedes
TN No: 13-015

Approval Date 02/19/2015

Effective Date: 10/01/14

State/Territory: New Hampshire

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(s): _____

4.d Tobacco Cessation Counseling Services for Pregnant Women.*

Provided: No limitations With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 14-016
Supersedes
TN No. 97-09

Approval Date 02/19/2015

Effective Date 10/01/14

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

OFFICIAL

Title XIX – NH
Attachment 3.1-B
Page 2-c

4d. Tobacco Cessation Counseling Services for Pregnant Women

Face-to-Face Tobacco Cessation Counseling Services Provided:

- (a) By or under the supervision of a physician; and
- (b) By any other health care professional who is legally authorized to furnish such services under state law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*
- (c) By any other health care professional legally authorized to provide tobacco cessation services under state law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services

*any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

NH allows either (8) counseling sessions per each of two quit attempts. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

5a. Physician Services

Coverage for physician services is unlimited except for those physician services affiliated with outpatient hospital visits, which are limited (in combination with ARNP, clinical psychologist, and pastoral counselor services – 6d) to 12 per recipient per state fiscal year, except for emergency department (ED) and urgent care visits, which are not limited. Limits may be exceeded if prior authorization is granted by the Department based on medical necessity. Laboratory tests and diagnostic x-rays are not counted against the outpatient physician visit limit.

Except for kidney and tissue transplants, to include corneas, bone grafts, and skin transplants, which are covered without prior authorization, prior authorization is required for the coverage of physician services for organ transplants which include bone marrow, liver, heart, lung, heart-lung, pancreas, and pancreas-kidney. (See Attachment 3.1-E for specific details.) Certain surgical procedures to include bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty and rhinoplasty also require prior authorization.

Non-covered organ transplantation and procurement services include physician services for the surgery, inpatient hospital services for the surgical admission(s), and organ procurement related to the following types of transplants: any type of organ or tissue transplant not specified above (including hairplasty) or more than two transplants of the same type of organ per recipient per lifetime.

In accordance with federal law, coverage for induced abortions is provided when the physician certifies that the pregnancy was the result of rape or incest or the woman suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would place the woman in danger of death unless an abortion is performed.

Physician laboratory and diagnostic radiology services are subject to the limit described under the Other Laboratory and X-ray service heading.

Services provided by licensed psychiatrists and ophthalmologists are included in the physician limits. Payment for refraction is limited to one (1) per recipient per state fiscal year, whether the provider is an optometrist or ophthalmologist.

5b. Medical and Dental Services

Services provided by a doctor of dental surgery or dental medicine which would otherwise be physician services are treated in the same manner as physicians in accordance with 5a.

TN No: 14-016
Supersedes
TN No: 13-015

Approval Date 02/19/2015

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PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT
HOSPITAL, SKILLED NURSING, OR INTERMEDIATE NURSING CARE SERVICES

4.d Tobacco Cessation Counseling Services for Pregnant Women – Payment for these services is provided in accordance with the same principles of reimbursement developed for the specific types of practitioners described elsewhere in the state plan, i.e., physicians and other licensed practitioners. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

TN No: 14-016
Supersedes
TN No: new page

Approval Date 02/19/2015

Effective Date: 10/01/14