

## **Table of Contents**

**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #:16-0013**

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**

April 4, 2017

Jeffrey Meyers, Commissioner  
Department of Health & Human Services  
State of New Hampshire  
129 Pleasant Street  
Concord, NH 03301

Dear Commissioner Meyers,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) 16-0013, received September 30, 2016, entitled, "*Vision Care Rate Updates Based on Methodology Analysis*," which proposed rate updates for vision care services based on an analysis of the rate setting methodology and comparisons to rates of other insurers in NH.

Transmittal # 16-0013

Vision Care Rate Updates Based on Methodology  
Analysis. Effective July 1, 2016

If there are questions, please contact Joyce Butterworth at (617) 565-1220 or by e-mail at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure/s

cc: Deborah Fournier, State Medicaid Director  
Diane Peterson, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
16-0013

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  
July 1, 2016

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 447.252, 42 CFR 440.60

7. FEDERAL BUDGET IMPACT:  
Remainder of FFY 2016: (\$479)  
FFY 2017: (\$1,916)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Atch 4.19-B, page 1a  
(no changes are being made to services)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Atch 4.19-B, page 1a, TN 16-0012 pending

10. SUBJECT OF AMENDMENT:  
Vision Care Rate Updates Based on Methodology Analysis

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:

16. RETURN TO:

13. TYPED NAME: Jeffrey A. Meyers

Dawn Landry  
Office of Medicaid Business and Policy/Brown Building  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

14. TITLE: Commissioner

15. DATE SUBMITTED:  
September 30, 2016

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30, 2016

18. DATE APPROVED:  
April 4, 2017

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations,  
Boston, MA

23. REMARKS:

NH analyzed requests from one Medicaid provider for rate increases related to vision services. NH Medicaid rates were compared to the rates of other NE states, Medicare and commercial insurance. NH recommend that one code remain unchanged, two codes be decreased to be in line with other states and insurers and four codes be increased to around the average rate.

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

4. **Family Planning Services** – Payment for these services is provided in accordance with the same principles of reimbursement developed for the specific types of practitioners and/or services described elsewhere in the state plan which are considered to qualify as family planning services. For example, those types of individual practitioner's services which qualify as family planning services are paid in accordance with #5 and #6 below. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.
5. **Physician Services** – Payment is made in accordance with a fee schedule established by the department. Rates were set as of July 1, 2016, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.
6. **Services of Other Licensed Practitioners** – Payment for all types of other licensed practitioners is made in accordance with a fee schedule established by the department. Rates were set as of July 1, 2016, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Note: When it is stated that "rates were set as of," this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

TN No: 16-0013

Supersedes

TN No: 16-012(PENDING)

Approval Date 04/04/2017

Effective Date: 07/01/16