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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 16-0003

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

June 10, 2016

Jeffrey Meyers, Commissioner
Department of Health and 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) 16-0003, received March 25, 2016 and entitled "*Non-Emergency Medical Transportation (NEMT) Broker*" that transmitted a proposed amendment to New Hampshire's (NH) approved Title XIX State Plan to utilize a transportation broker to arrange for non-emergency medical transportation for the NH Health Protection Program Premium Assistance Program (PAP) participants and the Medicaid fee for service recipients.

Transmittal # 16-0003

-- Non-Emergency Medical Transportation
-- Effective January 28, 2016

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:
16-003

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
January 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 440.170

7. FEDERAL BUDGET IMPACT:
FFY 2016: 0
FFY 2017: 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Atch 3.1-A, pages 9-a and 9-b
Atch 3.1-B, pages 8-a and 8-b
Atch 3.1-D, page 1
Atch 4.19-B, page 4-a
Addendum 1, pages 1-4 both Atch 3.1-A and Atch 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Atch 3.1-A, pages 9-a and 9-b, TN 02-006
Atch. 3.1-B, pages 8-a and 8-b, TN 02-006
Atch 3.1-D, page 1, TN 02-006
Atch 4.19-B, page 4-a, TN 02-007
new pages

10. SUBJECT OF AMENDMENT:

Non-Emergency Medical Transportation Broker

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-

13. TYPED NAME: Jeffrey A. Meyers

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 25, 2016

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 25, 2016

18. DATE APPROVED:
June 10, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 28, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:
-s-

21. TYPED NAME:
Richard R. McGreal

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

23. REMARKS:

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

Title XIX-NH
Attachment 3.1-A
Page 9-a

24. Transportation

Transportation to obtain necessary medical care is provided to both the categorically needy and the medically needy. Emergency medical transportation is described below. Non-emergency medical transportation (NEMT) is provided via a broker and is described at the end of Attachment 3.1-A as Addendum 1.

Payment will not be made to a medical service provider transporting recipients to his/her location of service, unless otherwise noted herein.

Hospital-based ambulance service providers may be reimbursed as providers of ambulance services when the operating costs of the ambulance service are not incorporated into the reimbursement rates for the hospital.

Emergency Ambulance and Air Ambulance Transportation:

Emergency ambulance transportation is covered in the case of an emergency medical condition for transportation to the nearest acute care hospital with appropriate treatment facilities. Air ambulance for emergency medical conditions is covered if the recipient's condition is such that s/he cannot be safely transported on a timely basis via an ALS ground transportation with appropriate staff and the recipient is at imminent risk of losing life or limb if the fastest means of transport is not utilized to move the recipient to the nearest facility capable of treating the recipient.

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

Title XIX-NH
Attachment 3.1-A
Page 9-b

RESERVED

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

Title XIX-NH
Attachment 3.1-B
Page 8-a

23a. Transportation

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

Title XIX-NH
Attachment 3.1-B
Page 8-b

RESERVED

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ASSURANCE OF MEDICAL TRANSPORTATION

Necessary transportation of recipients to and from Medicaid providers of Medicaid covered services is assured by payment for transportation and transportation related services as follows:

1. The Department contracts with a transportation broker for the management of non-emergency transportation services. This broker is responsible for (a) maintaining an adequate transportation network via broker subcontracts, (b) assisting recipients in accessing appropriate and cost effective transportation to Medicaid covered medical, pharmacy, and dental services, and (c) processing the payment of claims for transportation to these services. The broker approves and arranges all non-emergency transport including by private individual (friends and family), taxi, bus, wheelchair van, and non-emergency (scheduled and routine) ambulance.
2. Ambulance and air ambulance services for emergency medical conditions are covered as a state plan service.
3. Requests for transportation related services are referred to the Department's medical, clinical services unit who confirms the necessity of the transportation and the transportation related services and prior authorizes such services.

The local district office eligibility worker or social worker, or the state office customer service unit, informs Medicaid recipients of the availability of necessary medical transportation coverage and also refers recipients to the transportation broker as appropriate. The eligibility worker, social worker, or customer service unit also provides any help that recipients may need regarding the availability of necessary medical transportation that is not required to be arranged through the broker. However, the primary contact point for non-emergency transportation services is the broker. Recipients also receive notification of the availability of transportation services on various Medicaid publications, websites, and on the Medicaid card insert.

Other than payment for ambulance or air ambulance for emergency conditions, payment for medical transportation is as specified in the broker contract and is based on a negotiated per member per month (pmpm) capitated risk basis which takes into account the following considerations:

- The transportation shall be to obtain necessary medical services that are Medicaid coverable categories of services as listed in the Social Security Act, Section 1905(a);
- The transportation to the medical service shall not otherwise be available free of charge or payable by any other agency;
- The pmpm, in concert with contract provisions, encourages an adequate transportation network within proximity to the nearest, available provider of the necessary medical service; and
- Transportation out of area (states other than NH, MA, ME, VT) requires prior authorization

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

f. Reimbursement for case management of chronically ill children is paid via a monthly rate per eligible child, established by the Department of Health and Human Services.

g. Reimbursement for case management of advance care planning and directives is based on a 15 minute unit of service at a rate established by the Division of Elderly and Adult Services of the Department of Health and Human Services.

19. Medical Transportation - Payment for emergency and air ambulance service is made in accordance with the rates established by the Department. Rates were last reviewed as of January 1, 2016, with such review resulting in no changes to the rates, 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, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Transportation - Non-emergency

This addendum contains the narrative for 24a with the exception of air and emergency ambulance transport which is described following the 24a preprint page.

24. Any other medical care, and any other type of remedial care recognized under state law, specified by the Secretary in accordance with Section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

Non-emergency transportation is provided in accordance with 42 CFR 431.53 as an administrative service.

Without limitations

With limitations (describe limitations in a Supplement to 3.1A or in Attachment 3.1D)

STOP HERE IF ANY OF THE ABOVE BOXES HAVE BEEN CHECKED

Non-emergency transportation is provided without a broker in accordance with 42 CFR 440.170 as an optional medical service, excluding “school-based” transportation.

Without limitations

With limitations (describe limitations in a Supplement to 3.1A or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, the state should describe in Attachment 3.1D how the transportation program operates including types of transportation and transportation related service provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other agencies or programs.)

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

The State assures it has established a non-emergency medical transportation program in accordance with 1902(a)(70) of the Social Security Act in order to more cost effectively provide transportation and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(i).

24. Transportation - Non-emergency (continued)

X (1) The State will operate the broker program without regard to the requirements of the following paragraphs of Section 1902(a):

 (1) State-wideness (Please indicate the areas of the State that are covered by the broker. If the State chooses to contract with more than one broker, the State must provide a separate preprint for each broker.)

 (10)(B) Comparability

 X (23) Freedom of Choice

X (2) Transportation services provided will include:

 X Wheelchair van

 X Taxi

 X Stretcher Car

 Bus Passes

 Tickets

 X Secured Transportation

 X Other Transportation (if checked, describe below other types of transportation provided)

Transportation is also provided for scheduled and routine non-emergency ambulance; rail (e.g. Amtrak), private auto, and bus (via post-trip reimbursement).

- X (3) The State assures that transportation services will be provided under a contract with a broker who:
- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
 - (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transportation is timely and that transport personnel are licensed, qualified, competent, and courteous;
 - (iii) is subject to regular auditing and oversight by the State in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services;
 - (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physical referrals under Section 1877 and such other prohibitions and requirements as the Secretary determined to be appropriate.)

X (4) The broker contract will provide transportation to the categorically needy. See the eligibility sections of the NH Title XIX State Plan in order to find descriptions of the eligibility categories.

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24. Transportation - Non-emergency (continued)

X (5) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The broker will be paid a per member per month risk capitated rate to include the cost of transportation and administration.

(B) Please describe how the transportation provider will be paid:

The commercial transportation providers will be paid based on the contracted rate agreed to between the transportation provider and the broker. Friends and family will be paid a mileage rate determined by the broker and/or for receipts submitted for bus and rail travel.

(C) What is the source of the non-Federal share of the transportation payments?

Describe below the source of the non-Federal share of the transportation payments proposed under the state plan amendment. If more than one source exists to fund the non-Federal share of the transportation payment, please separately identify each source of non-Federal share funding.

State general funds.

X (D) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

X (E) The State assures that payments proposed under this State plan amendment will be made directly to transportation providers and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

 (F) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants. (not applicable; law has expired)

X (6) The broker is a non-governmental entity:

X The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

 The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

 Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

24. Transportation - Non-emergency (continued)

_____ Transportation is so specialized that there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

_____ The availability of other non-governmental Medicaid participating providers or other providers determined by the State to be qualified is insufficient to meet the need for transportation.

_____(7) The broker is a governmental entity and provides transportation itself or refers to or subcontracts with another governmental entity for transportation. The governmental broker will:

_____ Maintain an accounting system such that all funds allocated to the Medicaid brokerage program and all costs charged to the Medicaid brokerage will be completely separate from any other program.

_____ Document that with respect to each individual beneficiary's specific transportation needs, the government provider is the most appropriate and lowest cost alternative.

_____ Document that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public para-transit services than the amount charged to other human services agencies for the same service..

_____(8) Please provide a complete description of how the NEMT brokerage program operates. Include all services provided by the broker (call center, oversight of providers, etc.). If applicable, describe any transportation services that will not be provided by the broker and how these services will be provided.

Scheduling: Recipients call the broker's call center to request a ride to Medicaid covered services. The call center follows a script to determine the most available, cost-effective, and medically appropriate transportation for the recipient. The medical appointment is confirmed via a call to the Medicaid provider. The recipient is given the approval for "friends and family" transportation or a commercial subcontractor is notified by the transportation broker of a pending appointment and given the opportunity to accept or reject the booking.

Oversight, Management, and Informing: The broker is responsible for following the CFR oversight requirements which will also be monitored by the Department's Program Integrity Unit. The broker is also responsible for maintaining appropriate documentation to support services rendered or denied and for providing timely payment to providers. Broker is also responsible for maintaining a grievance and appeals process and informing recipients of such process.

Coordination with Department: Weekly calls are held between the Department's Client Services Unit, Policy Unit, and the transportation broker to discuss any unresolved issues or questions and to work on policies and forms related to the day to day implementation of the program. Other communications occur as needed.

Services: The broker does not arrange emergency transportation; these are state plan services.

Transportation - Non-emergency

This addendum contains the narrative for 23a with the exception of air and emergency ambulance transport which is described following the 23a preprint page.

23. Any other medical care, and any other type of remedial care recognized under state law, specified by the Secretary in accordance with Section 1905(a)(28) of the Social Security Act and 42 CFR 440.170.

Non-emergency transportation is provided in accordance with 42 CFR 431.53 as an administrative service.

Without limitations

With limitations (describe limitations in a Supplement to 3.1B or in Attachment 3.1D)

STOP HERE IF ANY OF THE ABOVE BOXES HAVE BEEN CHECKED

Non-emergency transportation is provided without a broker in accordance with 42 CFR 440.170 as an optional medical service, excluding “school-based” transportation.

Without limitations

With limitations (describe limitations in a Supplement to 3.1B or in Attachment 3.1D)

(If non-emergency transportation is provided without a broker as an optional medical service or as an administrative service, the state should describe in Attachment 3.1D how the transportation program operates including types of transportation and transportation related service provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other agencies or programs.)

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