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## **Table of Contents**

**State/Territory Name: NH**

**State Plan Amendment (SPA) #: NH 17-0002**

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 & 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**

May 26, 2017

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) 17-0002, received on March 27, 2017 and entitled "*NHHPP PAP 1115 Demo Comparability Waiver Lab Cost Sharing*" transmitted the addition of a laboratory outpatient services co-payment of \$3.00 for NH Premium Assistance Program participants above 100% of the federal poverty level (FPL).

Transmittal # 17-0002

NHHPP PAP 1115 Demo Comparability Waiver Lab Cost  
Sharing. Effective January 1, 2017

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

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: New Hampshire

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NH-17-0002

Proposed Effective Date

01/01/2017 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 447.52, 42 CFR 447.56, 1915(b)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2017	\$ 0.00
Second Year	2018	\$ 0.00

Subject of Amendment

Laboratory Outpatient Services Cost Sharing for NHHPP PAP Medicaid recipients

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

Empty text box for describing comments.

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Comments, if any, will follow

Signature of State Agency Official

Submitted By: Diane Peterson  
 Last Revision Date: Mar 27, 2017  
 Submit Date: Mar 27, 2017

Date Received: 03/27/2017

Plan Approved - One Copy Attached

Effective Date of Approved Material: 01/01/2017

Date Approved: 05/26/2017  
Signature of Regional Official:

Handwritten signature in blue ink.

/s/

Typed Name: Richard R. McGreal

Division of Medicaid & Children's Health Operations  
Boston Regional Office



# Medicaid Premiums and Cost Sharing

State Name:

**OFFICIAL**

OMB Control Number: 0938-1148

Transmittal Number: NH - 17 - 0002

Expiration date: 10/31/2014

## Cost Sharing Amounts - Targeting

G2c

1916  
1916A  
42 CFR 447.52 through 54

The state targets cost sharing to a specific group or groups of individuals.

Yes

Population Name (optional):

Eligibility Group(s) Included:

Incomes Greater than  TO Incomes Less than or Equal to

	Service	Amount	Dollars or Percentage	Unit	Explanation	
+	Primary Care Provider to Treat Illness/Injury	3.00	\$	Visit	average cost/service \$75.37	X
+	Specialty Physician Visit	8.00	\$	Visit	average cost/service \$87.90	X
+	Inpatient Hospital Services	125.00	\$	Entire Stay	average cost/service \$9,777.66	X
+	Mental Health Inpatient Services	125.00	\$	Entire Stay	average cost/service \$6,874.83	X
+	Substance Use Disorder Inpatient Services	125.00	\$	Entire Stay	average cost/service \$5,536.80	X
+	Mental Health Outpatient Services	3.00	\$	Visit	average cost/service \$91.05	X
+	Substance Use Disorder Outpatient Services	3.00	\$	Visit	Average cost/service \$64.27	X
+	High cost Imaging (CT/PET Scans, MRI)	35.00	\$	Procedure	Average cost/service \$829.95	X
+	Rehabilitative Speech Therapy	8.00	\$	Visit	Average cost/service \$102.29	X
+	Rehabilitative Occupational Therapy	3.00	\$	Visit	Average cost/service \$102.29	X
+	Rehabilitative Physical Therapy	3.00	\$	Visit	Average cost/service \$102.29	X
+	Preferred Drugs	4.00	\$	Prescription	Average cost/service \$86.52	X
+	Non-Preferred Drugs	8.00	\$	Prescription	Average cost/service \$86.52	X
+	Chiropractic Care	3.00	\$	Visit	average cost per service \$42.81	X
+	Other Medical Professional Office Visit (Nurse, PA)	3.00	\$	Visit	average cost per service \$91.61	X
+	Laboratory Outpatient Services	3.00	\$	Visit	average cost/service \$56.56	X



# Medicaid Premiums and Cost Sharing

## OFFICIAL

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.

No

### 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.

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