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**State/Territory Name: New Hampshire**

**State Plan Amendment (SPA) #:18-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Superseding Pages Notice
- 4) 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 1, 2018

Jeffrey A. 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) 18-0003, received on March 27, 2018 and entitled, "*NHHPP PAP 1115 Demo Comparability Waiver Cost Sharing Updates*," which proposed changes to copayment amount for NH Premium Assistance Program (PAP) participants above 100% FPL in order to meet 94% actuarial value requirements in accordance with Section 1302 of the Affordable Care Act (ACA).

Transmittal # 18-0003-- NHHPP PAP 1115 Demo Comparability Waiver Cost Sharing Updates  
--Effective January 1, 2018

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: Henry Lipman, 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-18-0003

Proposed Effective Date

01/01/2018 (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	2018	\$0.00
Second Year	2019	\$0.00

Subject of Amendment

Cost Sharing Updates for NHHPP PAP Medicaid Recipients

Governor's Office Review

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

Describe:

- 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, 2018**  
Submit Date: **Mar 27, 2018**

Date Received: 03/27/2018

Plan Approved - One Copy Attached

Date Approved: 06/01/2018  
Signature of Regional Official

Effective Date of Approved Material: 01/01/2018

/s/

Typed Name: Richard R. McGreal

Division of Medicaid & Children's Health Operations  
Boston, MA

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

18-0003

Approved 06-01-2018 Effective 01/01/2018

**STATE:**

New Hampshire Medicaid Premiums Cost Share SPAs

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

G2c – Cost Sharing Amounts – Targeted – Pages G2c-1 to 2

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

G2c – Cost Sharing Amounts – Targeted – Pages G2c-1 to 2, TN  
17-0002



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NH - 18 - 0003

**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.

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	5.00	\$	Visit	average cost/service \$99.93	X
+	Specialty Physician Visit	8.00		Visit	average cost/service \$116.55	X
+	Inpatient Hospital Services	125.00		Entire Stay	average cost/service \$10,052.59	X
+	Mental Health Inpatient Services	125.00		Entire Stay	average cost/service \$7,068.14	X
+	Substance Use Disorder Inpatient Services	125.00		Entire Stay	average cost/service \$5,692.48	X
+	Mental Health Outpatient Services	5.00		Visit	average cost/service \$92.12	X
+	Substance Use Disorder Outpatient Services	5.00		Visit	average cost/service \$80.37	X
+	High Cost Imaging (CT/PET Scans, MRI)	50.00		Procedure	average cost/service \$1,338.62	X
+	Rehabilitative Speech Therapy	8.00		Visit	average cost/service \$107.89	X
+	Rehabilitative Occupational Therapy	8.00		Visit	average cost/service \$107.89	X
+	Rehabilitative Physical Therapy	8.00		Visit	average cost/service \$107.89	X
+	Preferred Drugs	4.00		Prescription	average cost/service \$86.11	X
+	Non-Preferred Drugs	8.00		Prescription	average cost/service \$86.11	X
+	Chiropractic Care	5.00		Visit	average cost/service \$63.95	X
+	Other Medical Professional Office Visit (Nurse, PA)	5.00		Visit	average cost/service \$93.44	X
+	Laboratory Outpatient Services	5.00		Visit	average cost/service \$57.69	X



## Medicaid Premiums and Cost Sharing

<p>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.</p>	<input type="checkbox"/> No
<p><b>Cost Sharing for Non-preferred Drugs Charged to Otherwise <u>Exempt</u> Individuals</b></p> <p>If the state targets cost sharing for non-preferred drugs to specific groups of individuals (entered above), answer the following question:</p>	
<p>The state charges cost sharing for non-preferred drugs to otherwise <u>exempt</u> individuals.</p>	<input type="checkbox"/> No
<p><b>Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise <u>Exempt</u> Individuals</b></p> <p>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:</p>	
<p>The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise <u>exempt</u> individuals.</p>	<input type="checkbox"/> No
<input type="button" value="Remove Population"/>	
<input type="button" value="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.20160722