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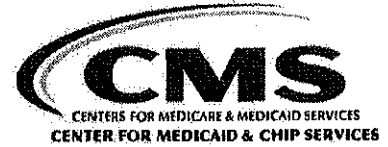
**State/Territory Name: NH**

**State Plan Amendment (SPA) #: 18-0017**

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 AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

Jeffery A. Meyers, Commissioner  
Department of Health and Human Services  
State of New Hampshire  
129 Pleasant Street  
Concord, NH 03301

**NOV 01 2018**

RE: New Hampshire SPA 18-0017

November 1, 2018

Dear Commissioner Meyers:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 18-0017. This amendment revises the reimbursement methodology for nursing facility services. Specifically, it continues supplemental payments under the Medicaid Quality Incentive Program (MQIP) funded by the state Nursing Facility Quality Assessment Tax (NFQA) for services effective August 1, 2018 through September 30, 2018.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 18-0017 is approved effective August 1, 2018. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,



Kristin Fan  
Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-0017	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 August 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: SSA 1902(a)(13) and 42 CFR Part 447		7. FEDERAL BUDGET IMPACT: FFY 2018: \$281,959	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19D, page 31(d.8)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19D, page 31(d.8) TN 18-0013 (pending)	
10. SUBJECT OF AMENDMENT: Nursing Facility MQIP October payment			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: comments, if any, will follow			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input checked="" type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. [REDACTED]	16. RETURN TO: Dawn Landry Division of Medicaid Services/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301		
13. TYPED NAME: Jeffrey A. Meyers			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 09/25/2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:	18. DATE APPROVED: NOV 01 2018		
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: AUG 01 2018	20. SIGNATURE OF REGIONAL OFFICIAL: [REDACTED]		
21. TYPED NAME: Krishn Pan	22. TITLE: Director, RMG		
23. REMARKS:  Pen and ink change to fiscal impact, Box 7, per NH.			

Attachment 4.19D		ITEM B	PAGE 31(d.8)
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY REIMBURSEMENT		DATE SR

Policy  
(Continued)  
9999.8

f(1). Supplemental Medicaid Nursing Home Payment

Licensed CMS nursing facilities, both private and county operated, which provide Medicaid nursing home services shall be eligible to receive a supplemental nursing home payment. Payments are made quarterly in the month following the quarter. Payments are made in July, October, January, and April, and are based on the prior three months of Medicaid paid dates of service applicable for that quarter with the exception of the October 2018 payment (see below) which will be based on the prior two months of Medicaid paid dates of service. The purpose of the supplemental payment is to eliminate or reduce to the maximum extent possible the difference between the facility's allowable Medicaid costs and the per diem payments made to such facility which are derived from the nursing facility Medicaid acuity rate setting system multiplied by the budget adjustment factor in Section 9999.8, page 29(f), item 8 b.

The quarterly payment methodology is as follows:

1. The Department will allocate the supplemental pool quarterly among the eligible licensed nursing facilities. The pool for the October 2018 quarterly payment is \$19,124,688. On a quarterly basis, the Department shall furnish to the facilities, before supplemental payments are processed, a calculation exhibit which identifies each facility's calculated rate and supplemental payment for that quarter.
2. The supplemental pool shall be distributed based on each nursing facility's relative share of total Medicaid paid nursing home days as calculated by the NH Medicaid Management Information System (MMIS). The total paid Medicaid nursing home days for the October 2018 quarterly payment is 119,888. Relative share shall equal each facility's total paid Medicaid nursing home days per the MMIS divided by the total of all nursing home paid Medicaid days (per the MMIS) for all facilities. (Facility total paid Medicaid nursing home days divided by total Medicaid nursing home paid days = relative share) x (supplemental pool \$\$) = supplemental payment.

TN No: 18-0017  
Supersedes  
TN No: 18-0013

Approval Date: NOV 01 2018

Effective Date: 08/01/2018