
Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 19-0017

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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Boston Regional Operations Group

October 30, 2019

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) No 19-0017 entitled, "*Managed Care – Discontinue carve out of Hepatitis C drugs,*" which transmitted language to amend the NH Title XIX State plan to discontinue the carve-out of prescribed drugs for Hepatitis C from the managed care organizations.

This state plan amendment was submitted in the quarter ending December 31, 2019, for an effective date of September 1, 2019.

If there are questions, please contact Joyce Butterworth at (857) 338-0554 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough
Director
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: Henry Lipman, State Medicaid Director
Diane Peterson, Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
19-0017

2. STATE
NH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 1, 2019

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 USC §1396u-2

7. FEDERAL BUDGET IMPACT
a Remainder of FFY 2019: \$0
b FFY 2020: \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-F, page 19

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)
Attachment 3.1-F, page 19, TN 18-0009

10. SUBJECT OF AMENDMENT

Managed Care - Discontinue carve out of Hepatitis C drugs

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

13. TYPED NAME */s/*
Jeffrey A. Meyers

14. TITLE **Commissioner**

15. DATE SUBMITTED
8/28/2019

16. RETURN TO

**Dawn Landry
Division of Medicaid Services/Brown Building
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
08/28/2019

18. DATE APPROVED
10/30/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
September 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME
Francis T. McCullough

22. TITLE
**Director
Division of Medicaid Field Operations East (Boston)**

23. REMARKS

State: New Hampshire

Citation

Condition or Requirement

State Plan-Approved Service Delivered by the MCO	Medicaid State Plan Citation		
	Attachment #	Page #	Item #
Other Practitioner: Clinical Psychologist (psychotherapy)	3.1A	3, 3-b	6d
	3.1B	3, 3-a	6d
Other Practitioner: Pastoral Counselor (psychotherapy)	3.1A	3, 3-b	6d
	3.1B	3, 3-b	6d
Other Practitioner: MLADC, LADC	3.1A	3, 3-b	6d
	3.1B	3, 3-b	6d
Other Practitioner: APRN	3.1A	3, 3-b	6d
	3.1B	3, 3-b	6d
Other Practitioner: Certified Midwives	3.1A	3, 3-b	6d
	3.1B	3, 3-b	6d
Home Health	3.1A	3, 3-b.1	7
	3.1B	3, 3-b.1	7
Durable Medical Equipment (DME)	3.1A	3, 3-c	7c
	3.1B	3, 3-b.1	7c
Audiology	3.1A	3a, 3c	7d
	3.1A	4, 4a	11c
	3.1B	3, 3-b.1	7d
	3.1B	4, 4b	11c
Medical Services Clinic (e.g., methadone)	3.1A	4, 4a	9
	3.1B	4, 4a	9
PT, ST, OT	3.1A	4, 4a	11
	3.1B	4, 4b	11
Prescribed Drugs except for Carbaglu and Ravicti, and drugs used for the treatment of Hemophilia, all of which are covered under the Medicaid fee for service program.	3.1A	5, 5a, 5a(1)-5a(5)	12a
	3.1B	4, 4b-4g	12a
Prosthetics, Orthotics (includes hearing aids)	3.1A	5, 5-b	12c
	3.1B	5, 5-a	12c
Eyeglasses	3.1A	5, 5-b	12d
	3.1B	5, 5-a	12d
Other Diagnostic, Screening, Preventive, Rehab Community Mental Health Services Adult Medical Day Care Home Visiting	3.1A	5, 6, 6-a	13
	3.1B	5, 5-b	13
Inpatient psychiatric facility services for under age 21, under 22 if admitted prior to age 21; and over age 65	3.1A	7, 7-a	15a
		6, 6c	14a, c
	3.1B	6, 6a	15a
		5, 5d, 6, 6a	14 a, c
Nurse midwife	3.1A	7, 7-a	17
	3.1B	6, 6b	17
Hospice	3.1A	7, 7-b	18
	3.1B	6, 6-c	18

TN No: 19-0017

Supersedes

TN No: 18-0009

Approval Date 10/30/2019

Effective Date: 09/01/2019