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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 19-0022

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

November 5, 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 19-0022 entitled, "*Managed care - Carve Out of Zolgensma*," which transmitted language to the NH Title XIX State plan to carve the prescription drug Zolgensma out of the managed care program with coverage being provided under the Medicaid fee for service program.

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 <u>19-0022</u>	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
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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: \$1,606,500
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-F, page 19	9. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-F, page 19, TN 19-0017(pending)
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10. SUBJECT OF AMENDMENT

Managed Care - Carve Out of Zolgensma

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/	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 9/27/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 09/27/2019	18. DATE APPROVED 11/05/2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 09/01/2019	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
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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, Zolgensma, 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: 19-0022
Supersedes
TN No: 19-0017

Approval Date: 11/05/2019

Effective Date: 09/01/2019