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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 20-0024

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

September 11, 2020

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

RE: New Hampshire 20-0024

Dear Commissioner Shabinette:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0024. Effective May 28, 2020, this amendment revises FY 2020 reimbursement to Disproportionate Share Hospitals (DSH) and hospitals with critical access designation by the Centers for Medicare and Medicaid Services. Specifically, the total statewide FY 2020 DSH and Supplemental Access Payments have increased by approximately \$16M over FY 2019.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment TN 20-0024 is approved effective May 28, 2020. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Rory Howe
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER
20-0024

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
May 28, 2019 2020

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
SSA 1923 and 42 CFR Part 447

7. FEDERAL BUDGET IMPACT
FFY 2020: \$8,987,480

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19A, page 5b and 5b(cont)
Attachment 4.19A, page 5c
Attachment 4.19A, page 5d
Attachment 4.19A, page 5e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Attachment 4.19A, page 5b and 5b(cont), TN 19-0010
Attachment 4.19A, page 5c, TN 19-0010
Attachment 4.19A, page 5d, TN 19-0010
N/A - New Page

10. SUBJECT OF AMENDMENT

DSH Payment Adjustments and Supplemental Access Payments

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

13. TYPED NAME Ann H. Landry

14. TITLE Associate Commissioner

15. DATE SUBMITTED June 22, 2020

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

18. DATE APPROVED 9/11/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
May 28, 2020

20. SIG [Redacted] For

21. TYPED NAME Rory Howe

22. TITLE Acting Director

23. REMARKS

Pen and ink change in box #4 per state request on 8/27/2020.

Disproportionate Share - Payment Adjustment

(continued)

2. Critical Access Hospitals: Each Critical Access Hospital (CAH) that is not a specialty hospital for rehabilitation or psychiatry, or a recipient of a Supplemental Access Payment under page 5c or 5d of Attachment 4.19-A, and that participates in the provider network of the NH Medicaid Care Management program shall receive a DSH payment equal to 100% of the hospital's uncompensated care costs, except as further adjusted where applicable under the provisions of paragraph 4 below. "Uncompensated care costs" are calculated in accordance with the federal requirements of 42 U.S.C. 1396r-4(g) and any federal regulations promulgated by the federal oversight agency, the Centers for Medicare and Medicaid Services (CMS), further defining or interpreting such federal statutory requirements; and shall take into account any Supplemental Access or enhanced Medicaid rate payments received under Attachment 4.19-A. This payment amount is reconciled in a subsequent year to account for variances identified between projected uncompensated care costs and actual uncompensated care costs as determined by the independent certified audit performed pursuant to 42 CFR, Part 455, Subpart D.

3. Other DSH Qualifying, Non-Public Hospitals: Each DSH qualifying hospital that is not a critical access hospital or a specialty hospital for rehabilitation or psychiatry, but which does participate in the provider network of the NH Medicaid Care Management program shall receive a DSH payment adjustment in an amount proportional to, but not greater than, each such hospital's total allowable uncompensated care costs. For each hospital that meets the eligibility criteria under this paragraph 3, the funding and payment amounts shall be as follows, except as further adjusted pursuant to paragraph 4 below:

(A) Funding for State Fiscal and State Plan Year 2015 shall be \$34,355,739; each qualifying hospital under paragraph 3 shall receive a pro rata share of this funding in proportion to its total allowable uncompensated care costs.

(B) For State Fiscal and State Plan Years 2016 and 2017, each such hospital shall be paid 50% of its uncompensated care costs.

(C) For State Fiscal and State Plan Year 2018 and 2019, each such hospital shall be paid a pro rata share of the difference between (i) the maximum amount of DSH payments permitted for all qualifying hospitals for fiscal year 2018 and 2019, as specified in paragraph 4(B), and (ii) the total payments made in fiscal year 2018 and 2019, respectively, to critical access hospitals under paragraph 2; where each hospital's share is proportional to its relative share of total uncompensated care costs incurred by all hospitals qualifying under this paragraph 3.

TN No: 20-0024

Supersedes

TN No: 19-0010Approval Date: 9/11/20Effective Date: 5/28/2020

Disproportionate Share - Payment Adjustment

(continued)

(D) For State Fiscal and State Plan Year 2020, each such hospital shall be paid the sum in the table below: up to 75.58 % of its uncompensated care costs, to maintain hospital stability and access to care and consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotated, for a total distribution of \$177,822,825.

Hospital Name	Payment
The Cheshire Medical Center	\$6,934,614
Catholic Medical Center	\$18,321,803
Concord Hospital	\$17,942,584
Elliot Hospital	\$19,904,386
Exeter Hospital	\$6,314,518
Frisbie Memorial Hospital	\$6,856,837
Lakes Region General Hospital	\$8,065,113
Mary Hitchcock Memorial Hospital	\$53,695,268
Parkland Medical Center	\$4,048,387
Portsmouth Regional Hospital	\$6,857,566
Southern New Hampshire Medical Center	\$11,998,144
St. Joseph Hospital	\$6,186,857
Wentworth-Douglass Hospital	\$10,696,748

4. Notwithstanding the provisions of paragraphs 1, 2, or 3 above:

(A) if in Fiscal Year 2016 or 2017, qualifying hospitals' total aggregate uncompensated care costs, as reported to the NH Department of Health and Human Services, is less than \$350 million, the State shall pay such hospitals not less than \$175 million in DSH payments, shared among such hospitals in proportion to the amount of uncompensated care costs incurred by each such hospital relative to the total; provided that New Hampshire hospitals with a critical access designation shall continue to receive reimbursements of no less than 75% of each such hospital's uncompensated care costs; and

(B) total statewide DSH payments to hospitals qualifying under this second type of DSH payment adjustment shall not exceed \$207,184,916 in Fiscal Year 2016, \$217,271,699 in Fiscal Year 2017, \$223,829,358 in Fiscal Year 2018, \$215,083,692 in Fiscal Year 2019 and \$217,498,464 in Fiscal Year 2020.

Supplemental Access Payment

The NH Department of Health and Human Services will make a Supplemental Access payment annually to those hospitals with critical access designation by the Centers for Medicare and Medicaid Services that also meet the “qualifying criteria” of this section as a Type I or Type II Access Hospital. Such access payments shall be made in addition to any other non-DSH Medicaid rate payments available to such qualifying hospitals under the provisions of Attachment 4.19-A of the NH State Plan. Hospitals receiving a Supplemental Access Payment under this section in any fiscal year shall not be qualified to receive a Disproportionate Share Hospital (DSH) payment in the same fiscal year unless such hospital meets the criteria for a Deemed DSH payment under page 5a, paragraph 1.(a) of this Attachment 4.19-A and said payment would not result in payments in excess of the hospital-specific DSH limit under 42 USC 1396r-4(g).

I. Type I - Essential Critical Access Hospital

A. Qualifying criteria for the Essential Critical Access Hospital, Type I:

- 1) The hospital is designated as a critical access hospital (CAH) in accordance with criteria established by the Centers for Medicare and Medicaid Services;
- 2) The hospital is the smallest CAH located in Coos County, as measured by net inpatient service revenue in fiscal year 2012;
- 3) The hospital has the highest ratio of Medicaid and uninsured charges to total charges in the state for state fiscal year 2012, as determined by the Department; and
- 4) The hospital has the highest ratio of uncompensated care costs to total operating costs in Coos County for state fiscal year 2012, as determined by the Department.

B. The Type I Supplemental Critical Access payment shall be made during the last fiscal quarter of each state fiscal year and shall reimburse 100% of the qualifying hospital’s estimated uncompensated care costs incurred in each state fiscal year, as determined by the state using the best available data at the time of the payment. For State Fiscal Year 2020, the amount of the Type I payment shall be \$2,626,222.

Supplemental Access Payment
(continued)

II. Type II - Essential Maternity Access Hospital

A. Qualifying criteria for the Essential Maternity Access Hospital, Type II:

- 1) The hospital qualifies for the enhanced payments for maternity-related labor and delivery services payment under paragraph 3.a(5) at page 2 of Attachment 4.19-A in a fiscal year; and
- 2) The hospital has critical access designation by the Centers for Medicare and Medicaid Services.

B. The Type II Supplemental Access Payment shall be made once annually during the last fiscal quarter of each state fiscal year. For State Fiscal Year 2020, the amount of the Type II payment shall be \$5,637,680.

All Type I and Type II Supplemental Access Payments made under this section shall be included in the determination of total Medicaid payments made to the eligible hospital for purposes of determining the hospital's DSH limit, as defined by federal law at 42 USC 1396r-4(g). The State of New Hampshire will ensure that no hospital participating in the Medicaid program shall receive any DSH payment in excess of such federal limit.

TN No: 20-0024
Supersedes
TN No: 19-0010

Approval Date: 9/11/20

Effective Date: 5/28/2020

Critical Access Hospital Supplemental Payment

The NH Department of Health and Human Services will make a Critical Access Hospital Supplemental Access payment to all NH hospitals with critical access designation by the Centers for Medicare and Medicaid Services. Such supplemental payment shall be made in addition to any other Medicaid payments available to such qualifying hospitals under the provisions of Attachment 4.19-A of the NH State Plan.

To further provide support and ensure timely access to care, these Critical Access Hospitals supplemental payments shall be made in State Fiscal Year 2020 consistent with the requirements of Section 167:64 of the New Hampshire Revised Statutes Annotate in the following amounts:

Hospital	Supplemental Payment
Androscoggin Valley Hospital	\$2,373,437
Upper Connecticut Valley Hospital	\$546,326
Valley Regional Hospital	\$2,176,719
Franklin Regional Hospital	\$2,062,205
Littleton Regional Hospital	\$2,060,365
Cottage Hospital	\$1,672,817
Weeks Medical Center	\$1,340,255
New London Hospital	\$955,263
Monadnock Community Hospital	\$726,670
Huggins Hospital	\$666,962
The Memorial Hospital	\$721,865
Speare Memorial Hospital	\$337,028
Alice Peck Day Memorial Hospital	\$286,634
Total	\$15,926,544

TN No: 20-0024

Supersedes

TN No: new pageApproval Date: 9/11/20Effective Date: 5/28/2020