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State/Territory Name: NH

State Plan Amendment (SPA) #: 21-0044

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 20, 2021

Lori Shibinette, Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 21-0044

Dear Commissioner Shibinette:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0044, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29th, 2021. This plan implements payments to hospitals that qualify for Supplemental Access Payments under the provisions governing outpatient hospital services payments.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1st, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

Please note that our approval relates only to the requested change in payment methodology and that the resultant rates and related expenditures are consistent with section 1902(a)(30)(A) of the Act. CMS may still have questions on the funding structure in determining it's consistent with sections 1902(a)(2), 1903(a), and 1903(w) of the Act as implemented by 42 CFR §433.54. Approval of the subject SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal funding are consistent with all applicable requirements. On April 2, 2021, CMS issued a letter on the New Hampshire Granite Advantage Health Care Trust Fund, in companion to the approval of New Hampshire's Medicaid managed care state directed payment preprints. The letter requested additional information to allow CMS to further review the state's sources of non-federal share financing of the Medicaid adult expansion population. The result of that review may also be applicable to the expenditures related to the payments authorized in this SPA.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER 21-0044	2. STATE NH
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2021	

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

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 2021: \$1,625,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, page 7a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New page

10. SUBJECT OF AMENDMENT

Critical Access Hospital Supplemental Access Payments, Outpatient

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT SPECIFIED:
will follow
- OTHER, AS comments, if any,
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Janine Corbett Division of Medicaid Services/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
13. TYPED NAME \ Ann H. Landry	
14. TITLE Associate Commissioner	
15. DATE SUBMITTED 9-29-21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 21, 2021	18. DATE APPROVED December 20, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

Critical Access Hospital Supplemental Payment, Outpatient

The NH Department of Health and Human Services will make a Critical Access Hospital Supplemental Access payment to certain NH hospitals with critical access designation by the Centers for Medicare and Medicaid Services.

To further provide support and ensure timely access to care, these Critical Access Hospital Supplemental Access payments shall be made in State Fiscal Year 2022.

Hospital	Supplemental Payment
Androscoggin Valley Hospital	\$250,000
Upper Connecticut Valley Hospital	\$250,000
Valley Regional Hospital	\$250,000
Concord Hospital- Franklin	\$250,000
Speare Memorial Hospital	\$250,000
Littleton Regional Hospital	\$250,000
Cottage Hospital	\$250,000
Weeks Medical Center	\$250,000
New London Hospital	\$250,000
Monadnock Community Hospital	\$250,000
Huggins Hospital	\$250,000
The Memorial Hospital	\$250,000
Alice Peck Day Memorial Hospital	\$250,000
Total	\$3,250,000

TN No: 21-0044

Approval Date: 12/20/2021

Effective Date: 7/1/2021

Supersedes TN No: new page