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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 22-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 08, 2022

Lori Shibinette RN, MBA, NHA
Commissioner
Department of Health and Human Services
Pleasant St.
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 22-0018

Dear Commissioner Shibinette:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 22-0018. This amendment is being submitted to specify in the State Plan that effective May 1, 2022, the state changed the reimbursement methodology from a per member per month risk capitated rate, which included the cost of transportation and administration, to a flat administrative fee per month and a payment for direct transportation costs.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.170. This letter is to inform you that New Hampshire's Medicaid SPA Transmittal Number 22-0018 was approved on July 08, 2022, with an effective date of May 1, 2022.



If you have any questions, please contact Joyce Butterworth at 857-338-0554 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Henry Lipman, State Medicaid Director
Dawn Tierney, Medicaid Business and Policy

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 8</u>	2. STATE <u>NH</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.170	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>(36,765)</u> b. FFY <u>2023</u> \$ <u>(110,296)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Addendum 1, Page 3 Attachment 3.1-B, Addendum 1, Page 3 Attachment 3.1-D, Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Addendum 1, Page 3 (20-0049) Attachment 3.1-B, Addendum 1, Page 3 (20-0049) Attachment 3.1-D, Page 1 (20-0049)	
9. SUBJECT OF AMENDMENT NEMT Reimbursement Methodology Change		
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:		
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Janine Corbett Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301	
12. TYPED NAME Ann H. Landry		
13. TITLE Associate Commissioner		
14. DATE SUBMITTED <u>6-21-22</u>		
FOR CMS USE ONLY		
16. DATE RECEIVED June 21, 2022	17. DATE APPROVED July 08, 2022	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL May 1, 2022		
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS Pen & ink change to Block 5 adding Federal statute.		

23. Transportation - Non-emergency (continued)

X (5) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The broker will be paid a flat monthly administrative fee per month and a payment for direct transportation costs which was negotiated and based on fees for the services provided under the contracted fee schedule. The broker pays their transportation providers the same negotiated fee schedule rates for the direct transportation costs as they receive from the state.

(B) Please describe how the transportation provider will be paid:

The commercial transportation providers will be paid as described in (A) above. Friends and family will be paid a mileage rate by the broker and/or for receipts submitted for public transit.

X (C) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

X (D) The State assures that fees outlined in the fee schedule under this State plan amendment made to the brokers are the same fees that the transportation providers will receive and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

 (E) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants. (not applicable; law has expired)

X (6) The broker is a non-governmental entity:

X The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

 The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

 Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

23. Transportation - Non-emergency (continued)

X (5) Payment Methodology

(A) Please describe the methodology used by the State to pay the broker:

The broker will be paid a flat monthly administrative fee per month and a payment for direct transportation costs which was negotiated and based on fees for the services provided under the contracted fee schedule. The broker pays their transportation providers the same negotiated fee schedule rates for the direct transportation costs as they receive from the state.

(B) Please describe how the transportation provider will be paid:

The commercial transportation providers will be paid as described in (A) above. Friends and family will be paid a mileage rate by the broker and/or for receipts submitted for public transit.

X (C) The State assures that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a transportation broker to contract for transportation services at a lesser rate and credit any savings to the program.

X (D) The State assures that fees outlined in the fee schedule under this State plan amendment made to the brokers are the same fees that the transportation providers will receive and that the transportation provider payments are fully retained by the transportation providers and no agreement (contractual or otherwise) exists between the State or local government and the transportation provider to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly).

 (E) The State has included Federal Medicaid matching funds as State match when drawing down FTA SAFETEA-LU grants. (not applicable; law has expired)

X (6) The broker is a non-governmental entity:

X The broker is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

 The broker is itself a provider of transportation or subcontracts with or refers to an entity with which it has a prohibited financial relationship and:

 Transportation is provided in a rural area as defined at 42 CFR 412.62(f) and there is no other available Medicaid participating provider or other provider determined by the State to be qualified except the non-governmental broker.

ASSURANCE OF MEDICAL TRANSPORTATION

Necessary transportation of recipients to and from Medicaid providers of Medicaid covered services is assured by payment for transportation and transportation related services as follows:

1. The Department contracts with a transportation broker for the management of non-emergency transportation services. This broker is responsible for (a) maintaining an adequate transportation network via broker subcontracts, (b) assisting recipients in accessing appropriate and cost effective transportation to Medicaid covered medical, pharmacy, and dental services, and (c) processing the payment of claims for transportation to these services. The broker approves and arranges all non-emergency transport including by private individual (friends and family), taxi, bus, wheelchair van, and non-emergency (scheduled and routine) ambulance.
2. Ambulance and air ambulance services for emergency medical conditions are covered as a state plan service.
3. Requests for transportation related services are referred to the Department's medical, clinical services unit who confirms the necessity of the transportation and the transportation related services and prior authorizes such services.

The local district office eligibility worker or social worker, or the state office customer service unit, informs Medicaid recipients of the availability of necessary medical transportation coverage and also refers recipients to the transportation broker as appropriate. Recipients receive notification of the availability of transportation services on various Medicaid publications, websites, and on the Medicaid card insert.

Other than payment for ambulance or air ambulance for emergency conditions, payment for medical transportation is as specified in the broker contract and is based on a negotiated monthly administrative fee per month and a payment for direct transportation costs which was negotiated based on fees for the services provided and which takes into account the following considerations:

- The transportation shall be to obtain necessary medical services that are Medicaid coverable categories of services as listed in the Social Security Act, Section 1905(a);
- The transportation to the medical service shall not otherwise be available free of charge or payable by any other agency;
- The administrative fee, in concert with contract provisions, encourages an adequate transportation network within proximity to the nearest, available provider of the necessary medical service;
- Transportation out of area (states other than NH, MA, ME, VT) requires prior authorization.