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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: NH-24-0004

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

July 25, 2024

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

RE: New Hampshire State Plan Amendment Transmittal Number 24-0004

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Hampshire state plan amendment (SPA) to Attachment 4.19-A NH-24-0004, which was submitted to CMS on June 19, 2024. This plan amendment updates the state's disproportionate share hospital (DSH) payments for the DSH state plan rate year ending 2024.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), and 1923 of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of May 20, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Mark Wong at 415-744-3561 or via email at mark.wong@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 4

2. STATE

NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



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XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 20, 2024

5. FEDERAL STATUTE/REGULATION CITATION
SSA 1923 and 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 109,993,696

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-A, Page 5b(cont 3)
Attachment 4.19-A, Page 5b(cont 4)(New Page)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-A, Page 5b(cont 2) and Attachment 4.19-A, Page 5b(cont 3), (23-0004)

9. SUBJECT OF AMENDMENT

Disproportionate Share Hospital (DSH) Payment Adjustments

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. STATE AGENCY OFFICIAL

12. TYPED NAME

Ann H. Landry

13. TITLE

Associate Commissioner

14. DATE SUBMITTED

June 19, 2024

15. RETURN TO

Jody Farwell
Division of Medicaid Services - Brown Building
129 Pleasant Street
Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED
June 19, 2024

17. DATE APPROVED
July 25, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 20, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

Governor comments if any will follow.

Pen-and-ink change made to Box 8 by CMS with State concurrence.

Hospital Name	Interim Payment
Catholic Medical Center	\$22,311,440
The Cheshire Medical Center	\$9,738,828
Concord Hospital, Inc.	\$23,164,852
Elliot Hospital	\$23,094,211
Exeter Hospital	\$7,275,581
FMH Health Services (Frisbie Memorial Hospital)	\$4,583,564
Concord Hospital – Laconia	\$7,037,723
Mary Hitchcock Memorial Hospital	\$65,360,087
Parkland Medical Center	\$3,875,795
Portsmouth Regional Hospital	\$9,273,929
Southern New Hampshire Medical Center	\$16,464,749
St. Joseph Hospital	\$7,227,945
Wentworth-Douglass Hospital	\$14,779,925

(H) For State Fiscal and State Plan Year 2024, each such hospital shall be paid an interim payment in the amount indicated in the table below 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 interim DSH distribution of \$219,987,391.

These payments will be reconciled and amended based on the results of the state’s annual DSH audit for SFY24. The total amount available will be reallocated proportionately to each hospital based on its uncompensated care costs resulting from the audit. No hospital will receive an allocation in excess of its uncompensated care costs from the audit.

Hospital Name	Interim Payment
Catholic Medical Center	\$22,392,011
The Cheshire Medical Center	\$10,747,588
Concord Hospital, Inc.	\$23,075,372
Elliot Hospital	\$22,959,463
Exeter Hospital	\$8,300,011
FMH Health Services (Frisbie Memorial Hospital)	\$4,778,380
Concord Hospital – Laconia	\$5,404,719
Mary Hitchcock Memorial Hospital	\$72,707,156
Parkland Medical Center	\$3,111,309
Portsmouth Regional Hospital	\$7,289,279
Southern New Hampshire Medical Center	\$13,992,194
St. Joseph Hospital	\$7,987,767
Wentworth-Douglass Hospital	\$17,242,142

3. Notwithstanding the provisions of paragraphs 1 or 2 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, \$217,498,464 in Fiscal Year 2020, \$165,144,396 in Fiscal Year 2021, \$197,116,859 in Fiscal Year 2022, \$214,188,629 in Fiscal Year 2023, and \$219,987,391 in Fiscal Year 2024. The cap amount excludes deemed DSH payments made pursuant to paragraph 1(A).

TN No: 24-0004
Supersedes
TN No: N/A, new page

Effective Date: 5/20/2024
Approval Date: July 25, 2024