## **LEGAL NOTICE NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

## Notice is hereby given that the New Hampshire Department of Health and Human Services ("the Department") is proposing to make several amendments to the Title XIX State Plan in response to recent legislation

as follows: (1) The Department will amend the Title XIX State Plan to respond to HB 4, Chapter 348, Laws of 2019, whereby the NH Legislature appropriated funds for a 3.1% increase for most Medicaid provider rates effective January 1, 2021. (2) The Department of Health and Human Services (DHHS) hereby gives notice of a proposed amendment to the NH Title XIX State Plan affecting Medicaid nursing facility reimbursement.

The proposed rate increases outlined below in section (1) were mandated by the Legislature and will allow Medicaid recipients' continued access to necessary health care services as well as provide

further incentives for providers to remain in the Medicaid program. (1) The aggregate fiscal impact to the Medicaid fee for service program as a result of the 3.1% rate increase to provider rates is estimated to be an increase in expenditures of \$11,566,802 for the remainder of FFY

2021 which is made up of \$6,234,441 in federal funds and \$5,332,361 in non-federal funds, and \$15,422,404 for FFY 2022 which is made up of \$8,312,588 federal funds and \$7,109,816 in non-federal funds. Of these estimated totals, the expenditures are further broken down into institutional inpatient hospital payments, non-institutional services, and institutional nursing facility payments. Of the aggregate increase in expenditures, a total of \$422,675 attributed to the increase in inpatient hospital payments remaining in

FFY 2021, which is made up of \$291,734 in federal funds and \$130,941 in non-federal funds, and \$563,565 in FFY 2022, which is made up of \$388,978 in federal funds and \$174,587 in non-federal funds.

The federal fiscal impact for each of the non-institutional services is estimated to be as follows and is presented as the remainder of FFY 2021 and FFY 2022 Federal: Outpatient hospital \$221,826/\$295,768;

1915(i) \$54,009/\$72,012; lab services \$3,546/\$4,728; X-ray \$427/\$569; physician \$130,128/\$173,504; podiatrist \$413/\$551; optometrist/eyeglasses \$1,113/\$1,484; psychotherapy (includes psychologists, pastoral counselors, etc.) \$6,683/\$8,911; APRN/nurse midwife \$16,706/\$22,275; certified midwies \$41/\$55; MLADC/LADC private of physical, speech, DME, supplies \$2,237/\$2,983; home health \$21,461/\$28,615; private duty nursing \$39,529/\$52,705; dental \$378,890/\$505,187; occupational therapy \$267,443/\$356,591; prosthetics, DME, \$15,175/\$20,233; community mental health center \$313,737/\$418,316; private non-medical institution \$388,573/\$518,097; DCY services \$305,221/\$406,959; SUD services \$14,196/\$18,928; ; targeted case management \$177,614/\$236,819; ambulance & other emergency transportation \$8,084/\$10,779; FQHC/RHC \$18,717/\$24,956; personal care \$3,419/\$4,559; hospice \$2,234/\$2,979; freestanding birth centers

\$9/\$12. The remainder of the expenditures can be attributed to extended services to pregnant women for which the breakout is indeterminable at

The non-federal fiscal impact for each of the non-institutional services is estimated to be as follows and is presented as the remainder of FFY 2021 and FFY 2022 non-federal: Outpatient hospital \$148,693/\$198,257;

this time.

at this time.

\$54,009/\$72,012; lab services \$1,487/\$1,983; X-ray 1915(i) \$295/\$393; physician \$82,198/\$109,597; podiatrist \$356/\$475; optometrist/eyeglasses \$1,030/\$1,373; psychotherapy (includes psychologists, pastoral counselors, etc.) \$3,214/\$4,285; APRN/nurse midwife \$11,558/\$15,410; certified midwives \$40/\$53; MLADC/LADC \$14,562/\$19,416; community mental health center \$287,889/\$383,852; private non-medical institution \$386,223/\$514,964; DCY services \$298,809/\$398,413; SUD services \$5,039/\$6,719; targeted case management \$164.806/\$219.742; ambulance other emergency ambulance other emergency management \$164,806/\$219,742; transportation \$4,897/\$6,529; FQHC/RHC \$12,407/\$16,543; personal care \$3,419/\$4,559; hospice \$2,234/\$2,979; freestanding birth centers

\$9/\$12. The remainder of the expenditures can be attributed to extended services to pregnant women for which the breakout is indeterminable

Of the aggregate increase in expenditures, a total of 6,890,550 for the remainder of FFY 2021 is attributed to the increase in nursing facility payments, which is made up of \$3,551,276 in federal funds and

\$3,339,274 in non-federal funds, and \$9,187,401 for FFY 2022, which is made up of \$4,735,035 in federal funds and \$4,452,366 in non-federal (2) Effective January 1, 2021, DHHS is applying a budget adjustment factor (BAF) of 28.76%, rather than 26.82%, to the nursing facility per

diem rate in order to arrive at rates within budget for providing nursing facility services in the Title XIX Program. The fiscal impact as a result of the change in the nursing facility BAF is expected to result in a decrease in expenditures of \$4M for the

remainder of federal fiscal year 2021, which is made up of \$2M in state dollars and \$2M in federal dollars (the application of the new BAF in conjunction with a legislative approved rate increase on 01/01/2021 will result in total nursing facilities funding increasing).

Copies of the draft state plan pages describing these proposed

reimbursement changes will be available prior to March 31, 2021. Please contact Dawn Landry at (603) 271-9315, or via e-mail at Dawn.l.Landry@dhhs.nh.gov to request copies once they are available. or via e-mail at The draft state plan pages may undergo further revisions before and after submittal to CMS based upon public comment or CMS feedback.

Comments should be submitted by January 29, 2021. They can be e-mailed to Dawn.I.Landry@dhhs.nh.gov or sent to the Department of Health and Human Services, Division of Medicaid Services, 129 Pleasant Street-Brown Building, Concord, NH 03301-3857, ATTN: Dawn Landry.