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April 30, 2020

Lori Shibinette RN, MBA, NHA  
Commissioner, Department of Health and Human Services  
State of New Hampshire  
129 Pleasant Street  
Concord, NH 03301

Dear Ms. Shibinette:

In accordance with 42 CFR 438.6(c), the Centers for Medicare & Medicaid Services (CMS) has reviewed and is approving New Hampshire's submission of a proposal for delivery system and provider payment initiatives under Medicaid managed care plan contracts. The proposal was received by CMS on April 16, 2020.

Specifically, the following proposal for delivery system and provider payment initiatives is approved:

- A uniform percent increase to defined safety net provider classes for the rating period covering September 1, 2019 through June 30, 2020.

This approval letter does not constitute approval of any Medicaid managed care plan contracts or rate certifications for the aforementioned rating period, or any specific Medicaid financing mechanism used to support the provider payment arrangement. All other federal laws and regulations apply. This approval letter only satisfies the regulatory requirement pursuant to 42 CFR 438.6(c)(2) for written approval prior to implementation of any payment arrangement described in 42 CFR 438.6(c)(1). Approval of the corresponding Medicaid managed care plan contracts and rate certifications is still required.

Note that this payment arrangement must be addressed in the applicable rate certifications. CMS is happy to provide technical assistance to states and their actuaries.

CMS understands that the state is requiring their plans to implement this payment arrangement to address access concerns in light of the COVID-19 pandemic. If the state requires their plans to implement this payment arrangement in future rating periods, the state will need to provide the following additional information as part of future preprint submissions:

1. A more detailed evaluation plan for determining if the payment arrangement furthers the goal and/or objective identified by the state in its Quality Strategy. This more detailed evaluation plan must include:
  - a. Additional measures to demonstrate improved performance due to the measure identified in this proposal's evaluation plan having a baseline of 100% network adequacy.

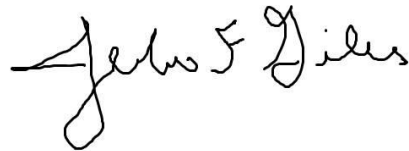
Lori Shibinette

Page 2

2. An analysis of the impact of the payment arrangement will have on the reimbursement level for the provider class included to demonstrate that the payment arrangement is reasonable, appropriate and attainable. This analysis should provide an estimate of the average base amount the plan(s) pay and then the effect of the payment arrangement on total reimbursement for the provider class identified as a percent of Medicare or some other standardized measure (e.g. Medicaid fee-for-service rates).

If you have questions concerning this letter, please contact Laura Snyder, Division of Managed Care Policy, at (410) 786-3198.

Sincerely,

A handwritten signature in black ink that reads "John F. Giles". The signature is written in a cursive style with a large, looped initial "J".

John Giles  
Division of Managed Care Policy  
Center for Medicaid and CHIP Services

cc: Laura Snyder, DMCP