

## **Table of Contents**

**State/Territory Name: NH**

**State Plan Amendment (SPA): NH-25-0003**

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  
John C. Kluczynski Federal Building  
230 S. Dearborn Street, Suite 330F  
Chicago, IL 60604-1505



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**Financial Management Group**

June 4, 2025

Henry Lipman, Commissioner  
Department of Health and Human Services  
129 Pleasant St.  
Concord, NH 03301

**RE: New Hampshire State Plan Amendment (SPA) Transmittal Number 25-0003**

Dear Commissioner Lipman:

We have reviewed the proposed New Hampshire State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-25-0003 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2025. This plan updates the rates and clarifies methodology language for laboratory services, radiology services, and durable medical equipment (DME).

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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<sup>nd</sup>, 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 410-786-1167 or [Jerica.Bennett@cms.hhs.gov](mailto:Jerica.Bennett@cms.hhs.gov).

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</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 <b>January 1, 2025</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR Part 447</b> <b>1905(a)(3), (5)(A), (6), (7), (12)</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>19,522</u> b. FFY <u>2026</u> \$ <u>26,028</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B pages 1-1, 1-a, 2, and 3</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B pages 1-1 (TN-23-0050), 1-a (TN-24-0018), 2 (TN-24-0016), and 3 (TN-24-0029)</b>	
9. SUBJECT OF AMENDMENT <b>Laboratory, Radiology and Durable Medical Equipment Rate Methodology Adjustment</b>			
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:			
Signed by: <b>IF STATE AGENCY OFFICIAL</b> <div><b>Ann H. Landry</b></div>		15. RETURN TO Jody Farwell Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301	
13. TITLE Associate Commissioner			
14. DATE SUBMITTED    March 28,2025			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED 03/28/2025		17. DATE APPROVED <b>June 4, 2025</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2025		19. SIGNATURE OF APPROVING OFFICIAL <div></div>	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillon		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS <b>Governor's comments, if any, will follow.</b>  <b>Pen and Ink Change to update Box 5 to include 1905(a) benefits-JJB</b>			

PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT HOSPITAL, SKILLED NURSING, OR INTERMEDIATE NURSING CARE SERVICES

2. A) Freestanding Laboratory Services: Payment is made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2025, and are effective for services provided on or after that date. Quarterly updates to the Healthcare Common Procedure Coding System are incorporated into the fee schedule at 80% of the Medicare rate. Manually priced laboratory codes are reimbursed at 25% of the submitted charge. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.
- B) Freestanding X-Ray Services: Payment is made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2025, and are effective for services provided on or after that date. Quarterly updates to the Healthcare Common Procedure Coding System are incorporated into the fee schedule at 80% of the Medicare rate. Manually priced laboratory codes are reimbursed at 25% of the submitted charge. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.
3. Early and Periodic Screening, Diagnosis and Treatment: Payment is made in accordance with the methodology and time frames established for the particular service being rendered as described elsewhere in this attachment. For example, a laboratory service provided to an EPSDT recipient would be reimbursed as per the above. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.

Note: When it is stated that "rates were set as of," this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT  
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4. Family Planning Services – Payment for these services is provided in accordance with the same principles of reimbursement developed for the specific types of practitioners and/or services described elsewhere in the state plan that are considered to qualify as family planning services. For example, those types of individual practitioner’s services that qualify as family planning services are paid in accordance with #5 and #6 below. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.
5. Physician Services – Payment is made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2025, and are effective for services provided on or after that date. Quarterly updates to the Healthcare Common Procedure Coding System are incorporated into the fee schedule at 60% of the Medicare rate. Manually priced codes are reimbursed at 25% of the submitted charges. No provider shall bill or charge the Department more than the provider’s usual and customary charge. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.
6. Services of Other Licensed Practitioners – Payment for all types of other licensed practitioners is made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2025, and are effective for services provided on or after that date. Quarterly updates to the Healthcare Common Procedure Coding System are incorporated into the fee schedule at 60% of the Medicare rate. Manually priced codes are reimbursed at 25% of the submitted charges. No provider shall bill or charge the Department more than the provider’s usual and customary charge. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.

Note: When it is stated that “rates were set as of,” this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

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7. Home Health Care Services – Payment rates for nursing and home health aide services are established by the department. A unit means a 15 minute unit. Skilled nursing services are reimbursed a flat rate per visit. Home health aide visits composed of fewer than 8 units of direct care time are reimbursed a flat rate per visit. Home health aide visits composed of eight or more units of direct care time are reimbursed a flat rate per unit of direct care time. The agency's rates were set as of January 1, 2024, and are effective for services provided on or after that date. Physical, occupational, and speech therapy/audiology services are reimbursed a per unit rate set by the department and in accordance with # 11 on Attachment 4.19-B page 2a. No provider shall bill or charge the department more than the provider's usual and customary charge. The fee schedule, which is applicable to all public and private providers of home health care services, can be accessed at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation.” For those supplies, equipment and appliances which are not individually priced based on prior authorizations, rates were set by the department and in accordance with Attachment 4.19-B page 3.
8. Private Duty Nursing Services – Payment is made at a fee per hour in accordance with a fee schedule established by the department, with such fee schedule assigning fees based on day/evening hours, or night and weekend hours, or a more intensive level of care. Rates were set as of January 1, 2024, and are effective for services provided on or after that date. No provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.
9. Clinic Services – The individual practitioners who practice in the clinics are reimbursed according to the methodologies described in various entries in the state plan for the various types of practitioners providing the service. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.

Note: When it is stated that “rates were set as of,” this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.

TN No: 25-0003  
Supersedes  
TN No: 24-0016

Effective Date: 01/01/2025  
Approval Date: June 4, 2025

PAYMENT RATES FOR ALL TYPES OF CARE OTHER THAN INPATIENT HOSPITAL, SKILLED NURSING, OR  
INTERMEDIATE NURSING CARE SERVICES

Prosthetic Devices and Durable Medical Equipment and Supplies – Payment for some prosthetic devices and durable medical equipment (DME) and supplies is made in accordance with a fee schedule established by the Department. Rates were set as of January 1, 2025, and are effective for services provided on or after that date. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers. Quarterly updates to the Healthcare Common Procedure Coding System are incorporated into the fee schedule at 80% of the Medicare rate.

Payment for donor human breast milk shall be \$16.35 per bottle plus delivery fees. For DME that is prior authorized, the approved reimbursement amount, which is based upon the provider’s acquisition and retail costs and other individualized circumstances of the request, such as rental/trial periods, accessories, etc., is provided on the prior authorization approval notice that is sent to the provider.

Manually priced prosthetic devices, DME, and supplies that do not have a Medicare fee schedule rate are reimbursed as follows:

<b><u>Prosthetic Devices</u></b>	<b><u>85% of the Customary Charge</u></b>
Enteral and Specialty Foods, Medical Supplies, Wheelchair cushions	Lower of 25% over Invoice, excluding delivery fees and surcharges or the provider customary charge
Wheelchairs	Lower of Manufacturer Suggested Retail Price -18% or provider customary charge
Incontinence Supplies	Lower of Invoice + 40% or provider customary charge
DME	Lower of Acquisition + 30% or provider customary charge

No provider shall bill or charge the Department more than the provider’s usual and customary charge.

13. Eyeglasses – Payment for eyeglasses is made in accordance with a fee schedule established by the Department. Rates were set as of July 1, 2023 and are effective for services provided on or after that date. Quarterly updates to the Healthcare Common Procedure Coding System are incorporated into the fee schedule at 60% of the Medicare rate. No provider shall bill or charge the Department more than the provider’s usual and customary charge. All fee schedules are accessible at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov), under the “documents and forms ”tab under “documentation,” and are applicable to all public and private providers.

Note: When it is stated that “rates were set as of,” this indicates the most recent date rates were changed on one or more codes for the type of service/practitioner in question. It is not meant to imply that all of the codes pertaining to the type of service/practitioner in question were changed or reviewed.