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State/Territory Name: NH

State Plan Amendment (SPA): NH-25-0011

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

September 25, 2025

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

RE: TN 25-0011

Dear Commissioner Lipman:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New Hampshire state plan amendment (SPA) to Attachment 4.19-B of NH-25-0011, which was submitted to CMS on June 30, 2025. This plan amendment proposes to add reimbursement for ambulatory non-transport services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 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), 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 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 2nd, 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 via email at jerica.bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>1</u> <u>1</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, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 431.53 and 440.170		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>2,243</u> b. FFY <u>2026</u> \$ <u>5,382</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 4a		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 4a (TN 23-0005)	
9. SUBJECT OF AMENDMENT Ambulance Non-transport Services			
10. GOVERNOR'S REVIEW (Check One) <div><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div> <div><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor's comments if any will follow.</div>			
11. Signed by: [Redacted] Ann H. Landry		15. RETURN TO Jody Farwell Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301	
13. TITLE Associate Commissioner			
14. DATE SUBMITTED 06/30/2025			
FOR CMS USE ONLY			
16. DATE RECEIVED 06/30/2025		17. DATE APPROVED September 25, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 05/01/2025		19. SIGNATURE OF APPROVING OFFICIAL [Redacted]	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS			

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

18a. Medical Transportation - Payment for emergency and air ambulance service is made in accordance with the rates established by the Department. Rates were set as of October 1, 2023 and are effective for services provided on or after that date.

18b. Ambulance Response and Treat-no-transport Services – Ambulance providers will be reimbursed for appropriate and medically necessary medical care when an ambulance is dispatched, and treatment is provided to the patient without the patient being transported to another site in accordance with the state of New Hampshire EMS patient care protocols. Reimbursement for treatment-no-transport will be made for Healthcare Common Procedure Coding System (HCPCS) code A0998 at the New Hampshire Medicaid Transportation fee schedule rate. No additional mileage rate will be paid. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ambulance response and treat no transport services. The agency’s fee schedule rate was set on May 1, 2025, and is effective for dates of service on or after that date.

All fee schedules are accessible at www.nhmmis.nh.gov, under the “documents and forms” tab under “documentation,” and are applicable to all public and private providers.

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

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: 25-0011
Supersedes
TN No: 23-0057

Effective Date: 05/01/2025
Approval Date: 09/25/2025