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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 25-0015

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 8, 2026

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

Re: New Hampshire State Plan Amendment (SPA) - 25-0015

Dear Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0015. This amendment proposes to add doula service coverage and payment methodology to the New Hampshire Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.130(c). This letter informs you that New Hampshire's Medicaid SPA TN 25-0015 was approved on July 8, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the New Hampshire State Plan.

If you have any questions, please contact Joyce Butterworth at (617) 531-7573 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

[redacted]

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director
Dawn Tierney, Medicaid Business and Policy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0015

2. STATE: NH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

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

4. PROPOSED EFFECTIVE DATE
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(13) of the Act and 42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 34,000
b. FFY 2027 $ 68,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, page 6-b.3
Attachment 3.1-B, page 5-c.3
Attachment 4.19-B, page 3a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, page 6-b.3 (TN-23-0063)
Attachment 3.1-B, page 5-c.3 (TN-23-0063)
Attachment 4.19-B, page 3a (~~TN-23-0063~~) (TN 24-0015)

9. SUBJECT OF AMENDMENT
Doula Service Coverage

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. Signed by: [redacted] CY OFFICIAL

12. [redacted]
Christine Santaniello

13. TITLE
Associate Commissioner

14. DATE SUBMITTED
December 30, 2025

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

FOR CMS USE ONLY

16. DATE RECEIVED
December 30, 2025

17. DATE APPROVED
July 8, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2025

19. [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

01/05/2026: The State authorized the following pen & ink changes:

Box 8: Correct SS SPA number

Instructions on Back

AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services

13c. Preventative Services (continued)

Doula Services
Doulas are certified professionals under the State Office of Professional Licensure, who provide emotional, physical, and informational support and guidance during the perinatal period with the goal of improving health outcomes for pregnant and postpartum individuals and their infants.

Service Description:
Doula services may include labor support, emotional support, evidence-supported educational materials and guidance, and assistance with health care and community-based resources. Services may include pre-natal visits, labor and delivery, postpartum visits, and other perinatal related visits.

Doula services must be recommended by a physician or other licenses practitioner of the healing arts acting within the scope of authorized practice under State law.

Service Limits:
Beneficiaries may receive up to 8 visits per pregnancy which may include a combination of prenatal or postpartum visits.

These limits may be exceeded if prior authorization is granted by the Department based on medical necessity.

Provider Qualifications:
Prior to reimbursement of services, Doulas must be certified by the Office of Professional Licensure and Certification of the State of New Hampshire in accordance with rules they have promulgated.

Vaccine Coverage
New Hampshire Medicaid covers and reimburses all United States Preventive Services Task Force (USPSTF) grade A and B preventive services and approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, without cost-sharing. Changes to USPSTF preventive services and ACIP recommendations are incorporated into coverage and billing codes as necessary.

AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13 a. b. c. d. Other Diagnostic, Screening, Preventative and Rehabilitative Services

13c. Preventative Services (continued)

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Beneficiaries may receive up to 8 visits per pregnancy which may include a combination of prenatal or postpartum visits.

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Prior to reimbursement of services, Doulas must be certified by the Office of Professional Licensure and Certification of the State of New Hampshire in accordance with that Agencies rules.

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

15. Other Diagnostic, Screening, Preventative, and Rehabilitation Services – Payment is made as detailed below for the various services that fall under this state plan section.

Payment for adult medical day care services provided in a licensed facility is made on a per diem basis in accordance with a fee schedule established by the department. 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, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for preventive services provided by a registered nurse (RN) to a newborn and his/her mother at their home 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. 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, under the "documents and forms" tab under "documentation," and are applicable to all public and private providers.

Payment for nicotine cessation counseling services is provided in accordance with the same principles of reimbursement developed for physician services, other licensed practitioners (4.19-B page 1-a). No provider shall bill or charge the department more than the provider's usual and customary charge.

Payment for lactation consultation services provided by a physician or other licensed practitioner to provide lactation education and support services to eligible breastfeeding (or lactating) members, is paid in accordance with the same principles of reimbursement developed for physician services, other licensed practitioners (4.19-B page 1-a). Payment for lactation consultation services provided by an RN, is paid in accordance with the same principles of reimbursement developed for RN to a newborn in their home as described above (4.19-B page 3 a). No provider shall bill or charge the department more than the provider's usual and customary charge.

Payment for doula services - Doulas services may only be billed once per pregnancy. Multiple births (i.e twins, triplets) are not eligible for additional reimbursement. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of doula services. The agency's fee schedule rate was set as of October 1, 2025, and is effective for services provided on or after that date. All fee schedules are accessible at www.nhmmis.nh.gov, under the "documents and forms" tab under "documentation,"

Payment for vaccines are set and updated annually to the wholesale acquisition cost (WAC). 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, 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.