

from 2011 draft template

State/Territory: New Hampshire

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

28. (i) Licensed or otherwise state-approved freestanding birth centers

Provided: No limitations With limitations* None licensed or approved

28. (ii). Licensed or otherwise state-recognized covered professionals providing services in the freestanding birth center

Provided: No limitations With limitations*

Not Applicable (there are no licensed or state approved freestanding birth centers)

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). **

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).**

****For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:**

(b) See Item 6(d), "Advanced Registered Nurse Practitioners" and "Certified Midwives"

*Description provided on attachment.

TN No. 12-002
Supersedes
TN No. ~~XXXX~~ NEW

Approval Date 5/30/2012

Effective Date 01/04/2012

from 2011 draft template

State/Territory: New Hampshire

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

28. (i) Licensed or otherwise state-approved freestanding birth centers

Provided: No limitations With limitations* None licensed or approved

28. (ii). Licensed or otherwise state-recognized covered professionals providing services in the freestanding birth center

Provided: No limitations With limitations*

Not Applicable (there are no licensed or state approved freestanding birth centers)

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

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(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).**

****For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:**

(b) See Item 6(d), "Advanced Registered Nurse Practitioners" and "Certified Midwives"

*Description provided on attachment.

TN No. 12-002
Supersedes
TN No. ~~XXXX~~ NEW

Approval Date 5/30/2012

Effective Date 01/04/2012

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

28. **Freestanding birth centers** – Freestanding birth centers are paid a facility fee for a delivery performed at the center. Payment is in accordance with a fee schedule established by the Department pursuant to NH RSA 161:4, VI. The department's rates are reviewed biennially in accordance with RSA 126-A:18-b. The rate was set effective January 4, 2012 and is effective for services provided on or after that date. In accordance with NH RSA 126-A:3, III, no provider shall bill or charge the department more than the provider's usual and customary charge. All fee schedules can be accessed at www.nhmedicaid.com/Downloads/procedurecodes.html, and are applicable to all public and private providers.

TN No: 12-002

Supersedes

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