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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 19-0013

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

Boston Regional Operations Group

September 9, 2019

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Meyers,

Enclosed is an approved copy of New Hampshire's (NH) State Plan Amendment (SPA) No 19-0013 entitled, *"Utilization/Quality Control – In House"* which transmitted language to amend the NH Title XIX State plan to shift quality improvement work previously carried out by a vendor to NH departmental staff.

This state plan amendment was submitted in the quarter ending September 30, 2019, for an effective date of July 1, 2019.

If there are questions, please contact Joyce Butterworth at (603) 545-2941 or by e-mail at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

/s/

Francis T. McCullough
Director
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: Henry Lipman, State Medicaid Director
Diane Peterson, 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 19-0013	2. STATE NH
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2019	

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 456.2	7. FEDERAL BUDGET IMPACT a. Remainder of FFY 2019: ($19,753) b. FFY 2020: ($73,836)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4.14(a), page 46 Section 4.14(b), page 47	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)* *Section 4.14(a), page 46, TN 92-1* *Section 4.14(b), page 47, TN 86-2b*

10. SUBJECT OF AMENDMENT

Utilization/Quality Control - In-house

11. 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:
comments, if any, will follow

12. SIGNATURE OF STATE AGENCY OFFICIAL /s/	16. RETURN TO Dawn Landry Division of Medicaid Services/Brown Building Department of Health and Human Services 129 Pleasant Street Concord, NH 03301
13. TYPED NAME Jeffrey A. Meyers	
14. TITLE Commissioner	
15. DATE SUBMITTED 8/28/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 08/28/2019	18. DATE APPROVED 09/09/2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2019	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Francis T. McCullough	22. TITLE Director Division of Medicaid Field Operations East (Boston)

23. REMARKS

FORM CMS-179 (07/92)

Citation	4.14 Utilization/Quality Control
42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)	(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met: __X___ Directly ______ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO-- (1) Meets the requirements of 434.6(a); (2) Includes a monitoring and evaluation plan to ensure satisfactory performance; (3) Identifies the services and providers subject to PRO review; (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes. ______ Quality review requirements described in Section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.
1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (section 9431)	______ By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

Citation		
42 CFR 456.2 50 FR 15312	4.14 (b)	The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of waiver of the requirements of Subpart C for:

- ☐ All hospitals (other than mental hospitals).
- ☐ Those specified in the waiver.

☒ No waivers have been granted.