67A

State of New Hampshire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4688 FAX: 603-271-4912 TDD ACCESS: 1-800-735-2964

New Number: 603-271-9200

NICHOLAS A. TOUMPAS
COMMISSIONER

June 12, 2013

Her Excellency, Governor Margaret Wood Hassan
And the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health & Human Services to amend existing individual agreements with the Managed Care Organizations listed below to provide Medicaid Managed Care medical and long-term care services to Medicaid clients by adjusting rates to reflect the annual actuarially certified rate structure, effective July 1, 2013, through June 30, 2014. These are zero cost amendments.

- Granite State Health Plan, d/b/a New Hampshire Healthy Families, 264 South River Road, Bedford, NH 03110
- Boston Medical Center HealthNet Plan, d/b/a Well Sense Health Plan, 2 Copley Place, Suite 600, Boston, MA 02116
- Granite Care - Meridian Health Plan of New Hampshire, 900 Elm Street, Manchester, NH 03101

EXPLANATION

The purpose of these amendments is to amend the existing agreements with the three Managed Care Organizations specifically as they relate the Centers of Medicare and Medicaid Services requirement that rates be updated annually and subject to actuarial certification. The original agreements approved by Governor and Executive Council on May 9, 2012 allow for such amendments. The original agreements were competitively bid.

These amendments reflect updated and adjusted rate information for SFY 2014 for services provided under the agreements, clarifications and adjustments to Exhibit A, and an updated Exhibit O.

The new rate structure provides supplemental capitation payment rates for Behavioral Health Services, reflecting the cost above the base rates for all covered services (not only for enhanced behavioral health services), including hospital inpatient, hospital outpatient, professional, pharmacy, and other covered services. The SFY2014 update also allows for improved reimbursement to the providers by the MCOs. The updated rate information used within the amendments was derived using the professional assistance of an actuarial firm to analyze cost details and verify actuarial certification, just as it had been done prior to the approval of the original agreements. Subsequent

to Governor and Council approval, implementation of the amended agreements is contingent upon approval by Centers for Medicare & Medicaid Services.

Changes to Exhibits A and O coordinate performance and quality measures in the agreement with the goals and requirements of the NH Quality Strategy.
Components of the Quality Strategy in Exhibit A include:

Performance Measures such as:

- Access Standards, including, but not limited to: provider network, geographic distance, timely access to services and access to special services;

Quality Performance Incentives focused on four areas:

- Timeliness of Prenatal Care,
- Follow-Up After Hospitalization for Mental Illness,
- Parental Satisfaction With Children Getting Appointments for Care and
- Satisfaction with Getting Appointments for Care; and

Claims Payment and Processing Accuracy.

Exhibit O indicates the Quality and Oversight measures/measure sets, logs and narrative reports the MCOs must provide to the Department.

Area served: Statewide.

Source of funds: Federal financial participation rates range from 50% to 75%. Average funding sources are estimated to be as follows:

State Fiscal Year 2014: 50.5% Federal Funds and 49.5% General Funds; and
State Fiscal Year 2015: 50.2% Federal Funds, 37.7% General Funds and 12.1% Other Funds (County).

In the event that Federal or other funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Nicholas A. Toumpas
Commissioner

Managed Care State Fiscal Year JULY 1, 2013 – JUNE 30, 2014
Capitation Payment Rate Structure

Eligibility Category	**Capitation Rates**
Low Income Children and Adults -Age 2-11 Months	$ 213.18
Low Income Children and Adults -Age 1-5 Years	$ 103.75
Low Income Children and Adults -Age 6-13 Years	$ 112.09
Low Income Children and Adults -Female Age 14-18 Years	$ 156.92
Low Income Children and Adults -Male Age 14-18 Years	$ 140.40
Low Income Children and Adults -Female Age 19-44 Years	$ 365.52
Low Income Children and Adults -Male Age 19-44 Years	$ 288.85
Low Income Children and Adults -Age 45+ Years	$ 505.95
Foster Care / Adoption	$ 322.39
Breast and Cervical Cancer Program	$ 1,443.22
Severely Disabled Children	$ 1,157.63
Disabled Adults -Female Age 19-44 Years, Medicaid Only	$ 761.28
Disabled Adults -Male Age 19-44 Years, Medicaid Only	$ 721.52
Disabled Adults -Age 45+ Years, Medicaid Only	$ 1,048.15
Old Age Assistance Program -Medicaid Only – Non-Nursing Home Residents	$ 761.68
Nursing Home Residents -Medicaid Only	$ 1,318.59
Nursing Home Residents -Dual Eligibles	$ 79.93
Dual Eligibles -Age 0-44	$ 249.41
Dual Eligibles -Age 45-64	$ 306.33
Dual Eligibles -Age 65+	$ 212.55
Newborn Kick Payment	$ 2,847.86
Maternity Kick Payment	$ 3,094.77

Supplemental Behavioral Health Rate Cell	**Supplemental Rate**
Severe/Persistent Mental Illness: Low Income Children and Adults & Foster Care	$ 1,518.59
Severe/Persistent Mental Illness: All Other	$ 1,047.13
Severe Mental Illness: Low Income Children and Adults & Foster Care	$ 950.70
Severe Mental Illness: All Other	$ 573.17
Low Utilizer	$ 470.66
Serious Emotionally Disturbed Child: TANF and Foster Care	$ 785.06
Serious Emotionally Disturbed Child: All Other	$ 1,071.72

State of New Hampshire

Tabled

DEPARTMENT OF HEALTH AND HUMAN SERVICES
129 PLEASANT STREET, CONCORD, NH 03301-3857
~~603-271-4688~~ XXXXXXXX FAX: 603-271-4912 TDD ACCESS: 1-800-735-2964
New Number: 603-271-9200

NICHOLAS A. TOUMPAS
COMMISSIONER

March 21, 2012

APPROVED BY _____
DATE 3/28/12 4/18/12
PAGE 7 5/9/12
ITEM # 54A

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health & Human Services to enter into individual agreements with the Managed Care Organizations listed below to provide Medicaid Managed Care medical and long-term care services to Medicaid clients at an estimated cost, based on clients' choices of enrollment into a single Managed Care Organization following program implementation, not to exceed $2,226,923,030.00 in the aggregate between all vendors effective July 1, 2012, or date of Governor and Council approval, whichever is later, through June 30, 2015.

- Granite State Health Plan, Inc., c/o Centene Corp. 7700 Forsyth Blvd., St. Louis, MO 63105, Vendor # TBD
- Boston Medical Center Health Plan, Inc., 2 Copley Place, Suite 600, Boston, MA 02116, Vendor # TBD
- Granite Care – Meridian Health Plan of New Hampshire, 777 Woodward Ave., Suite 600, Detroit, MI 48226, Vendor # TBD

Funds are available in the following accounts in State Fiscal Year 2013 and are anticipated to be available in State Fiscal Years 2014 and 2015 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts if needed and justified between State Fiscal Years and encumbrance amounts between vendors through the Budget Office as necessary.

Fund Name and Account Number	SFY 2013	SFY 2014	SFY 2015	Total
Health and Social Services, Dept of Health and Human Services,				
HHS: Commissioner, Off of Medicaid Business & Policy, Provider Payments	$381,923,030	$401,000,000	$421,000,000	$1,203,923,030
05-95-95-956010-61470000-101-500729				
HHS: Developmental Serv-Div of Developmental Svcs, Developmental Services	$0.00	$238,000,000	$250,000,000	$488,000,000
05-95-93-930010-71000000-101-500729 Or To Be Determined				
HHS: Elderly-Adult Services, Nursing Services County Participation	$0.00	$261,000,000	$274,000,000	$535,000,000
05-95-48-480015-59420000-101-500729 Or To Be Determined				
Total	**$381,923,030**	**$900,000,000**	**$945,000,000**	**$2,226,923,030**

The table below shows the amount to be encumbered for each vendor. A detailed worksheet with accounting details for amounts to be encumbered by each vendor is attached for use by the Department of Administrative Services, Bureau of Accounting.

	MCO #1	MCO #2	MCO #3	Total
SFY 2013	$190,961,515	$95,480,758	$95,480,758	$381,923,030
SFY 2014	$450,000,000	$225,000,000	$225,000,000	$900,000,000
SFY 2015	$472,500,000	$236,250,000	$236,250,000	$945,000,000
Total	$1,113,461,515	$556,730,758	$556,730,758	$2,226,923,030

EXPLANATION

The purpose of these agreements is to provide improved and cost efficient medical and long-term care services to New Hampshire Medicaid clients through the implementation of a Managed Care Program beginning July 1, 2012, through June 30, 2015. These agreements provide for a one two-year extension pending the successful performance of the vendor and approval by Governor and Council.

Total spending for all three agreements in State Fiscal Year 2013 will not exceed $381,923,030 and contracts are executed with this not-to-exceed amount. As rates are negotiated for State Fiscal Years 2014 and 2015, contracts will be renegotiated increasing the not-to-exceed amounts, but the total spending for all three agreements from July 1, 2012, through June 30, 2015, will not exceed $2,226,923,030 as requested. The reason these amounts are stated as "not to exceed" is that the Managed Care Program permits clients to self-select the vendor of their choice, which in turn will determine the amount expended on any one contract. Clients' selections will not be known until after implementation of the Program. In any event, actual spending on all approved contracts will not exceed $2,226,923,030 in the aggregate over the three-year term of the agreements. For purposes of encumbering funds by Managed Care Organizations, the allocation described in the Request For Proposals for auto-enrollment was used. If a client fails to select a Managed Care Organization, the process for auto-assignment if the client's provider is under contract with more than one Managed Care Organization or no usual source of primary care can be determined, will be that the Managed Care Organization with the highest technical score will be assigned 50% of the auto-assigned members and the other two Managed Care Organizations receiving 25% of the remaining auto-assignments. Costs for State Fiscal Years 2014 and 2015 were derived by adjusting previous years estimates upward by five percent to account for inflation.

Pursuant to Chapter 125, Laws of 2011 (Senate Bill 147), the Department is required to develop a managed care model for administering the Medicaid program to provide medical and long-term care services for all Medicaid populations throughout New Hampshire consistent with the provisions of Federal Regulation 42 U.S.C. 1396u-2. It also requires the Department to submit final contracts to Governor and Council no later than March 15, 2012, unless the date is extended by the Fiscal Committee. On March 9, 2012, FIS12-094, Fiscal Committee extended the date to March 28, 2012. The law also requires that the capitated rates set by the Department be approved by the Fiscal Committee. The Fiscal Committee approved the rates on March 9, 2012, FIS12-094 as amended. The Department's State Fiscal Years 2012-2013 budget approved in June 2011 includes anticipated savings in the Medicaid Program of thirty million dollars following the implementation of a Managed Care Program.

Pursuant to the language of Chapter 125, Laws of 2011 (Senate Bill 147), the Department developed a three-phased approach to implementing a Managed Care Program:

- Step 1 includes the July 1, 2012, implementation of a program for all Medicaid State Plan medical, pharmacy and mental health services for most populations.
- Step 2 includes the July 1, 2013, implementation of a program for specialty services for the long-term care populations, including nursing home services and services for the developmentally disabled. It includes the State's option to manage financing for specialty services for those dually eligible for Medicaid and Medicare.
- Step 3 includes the January 2014 Medicaid expansion population under the Affordable Care Act.

The "public process" used for development and procurement of a managed care model included the following process:

- The Department of Health and Human Services conducted a Request For Information released July 28, 2010, report published January 14, 2011;
- Public legislative process regarding SB 147 (2011);
- Regional stakeholder forums and focus groups conducted by Louis Karno & Associates and Pontifax; Stakeholder forums were held: 9/13/11 in Keene, NH; 9/14 in Nashua, NH; 9/21 in Littleton, NH with remote sites from Lebanon and Berlin participating; 9/22 in Somersworth, NH; 9/23 in Manchester, NH; 9/29 in Concord, NH.
- Focus groups were held in the fall of 2011 in Littleton, Berlin, Dover, Concord, Claremont, Somersworth, Portsmouth, Salem and Nashua, NH. Participants in the focus groups included consumers with physical disabilities, severe mental health issues, substance abuse issues, developmental disabilities, elderly needing long-term care assistance, low-income who receive public assistance and consumers with limited English proficiency or other cultural barriers to health access;
- Monthly updates of Medical Care Advisory Committee commencing in 2011;
- Newspaper public notices February 3, 2012; and
- Public engagement of long-term care populations will continue by Louis Karno throughout the development of Step II.

These agreements were competitively bid. A Request For Proposals was posted on the Department of Health and Human Services website on October 17, 2011, through December 16, 2011. Eighteen vendors submitted Letters of Intent. A Bidders' Technical Proposal Conference was held on November 3, 2011, and a Cost Proposal Conference on November 17, 2011. Six vendors submitted proposals by the December 14, 2011, deadline specified in the Request For Proposals. The Requests for Proposals stated that members shall have a choice between two or three Managed Care Organizations operating in the State.

Eight high-level Department of Health and Human Services staff and one from the New Hampshire Department of Justice were assigned to the Technical Evaluation Team. Team members reviewed the proposals individually and then met as a group to collectively score the proposals, using a consensus model. The technical merits of each proposal were reviewed and scored consistent with the criteria for evaluation of Technical Proposals as specified in the Request For Proposals. Technical Proposals were evaluated in each of the following areas: Services and Populations; Pharmacy Management; Member Enrollment; Member Services and Cultural Considerations; Access and Network Management; Payment Reform; Behavioral Health; Care Management; Quality Management; Early Periodic Screening, Diagnosis, and Treatment (EPSDT); Utilization Management; and Administrative Functions. Technical Proposals were awarded a maximum of 70 points out of a possible total evaluation score of 100.

The Cost Evaluation Team consisted of four high-level Department of Health and Human Services staff. Following professional assistance of an actuarial firm to analyze cost details and verify actuarial certification, the Team scored the cost proposals by consensus consistent with the criteria for evaluation as specified in the Request For Proposals. Cost Proposals were awarded a maximum of 30 points out of a possible total evaluation score of 100. Attached is a bid summary including the bidders' scores and participants on the evaluation teams.

The contract negotiation process was started with the three bidders receiving the highest evaluation scores. Contract negotiations were conducted by the Contract Negotiation Team, consisting of four high ranking Department of Health and Human Services employees and two Department of Justice employees, individually with each of the bidders so that the terms and conditions in each of the agreements for which approval is requested are identical. Rate structure was negotiated by the Department and approved by the Fiscal Committee on March 9, 2012, FIS12-094 as amended. The Department of Information Technology has approved that the Department of Health and Human Services enter into these agreements. Their approval is attached. As a result of this process the Department requests Governor and Council approval to enter into agreements with the Medicaid Managed Care Organizations named in the Requested Action. Subsequent to Governor and Council approval, implementation of the agreements is contingent upon approval by Centers for Medicare & Medicaid Services.

Should Governor and Council determine to not approve this request New Hampshire citizens will not benefit from improved and cost efficient medical care available to them under the Managed Care Program. They will face uncertainty over which Medicaid services are available due to the likelihood of the elimination or reduction to services that will be necessitated by the reduced State Fiscal Years 2012-2013 appropriated budget amounts that anticipate savings resulting from the implementation of the Managed Care Program. Additionally, the Department will be in violation of Senate Bill 147 that mandates implementation of a Managed Care Program.

The following Performance Measures, including but not limited to the following, will be used to evaluate these agreements.

- Access Standards, including, but not limited to: provider network, geographic distance, timely access to services and access to special services;
- Quality Performance Incentives focused on four areas: Adolescent Well Care visits, Re-admissions to New Hampshire Hospital, Getting Needed Care Composite (member satisfaction) and Maternal Smoking Cessation; and
- Claims Payment and Processing Accuracy.

Area served: Statewide.

Source of funds: Federal financial participation rates range from 50% to 75%. Average funding sources are estimated to be as follows:

- State Fiscal Year 2013: 50.5% Federal Funds and 49.5% General Funds; and
- State Fiscal Years 2014 and 2015: 50.2% Federal Funds, 38.4% General Funds and 11.4% Other Funds (County).

In the event that Federal or other funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Nicholas A. Toumpas
Commissioner

BID SUMMARY

Medicaid Managed Care Organization Proposals

	Technical Proposal	Cost Proposal	Total Score
Maximum Possible Score	**70**	**30**	**100**
Vendor			
Granite State Health Plan, Inc.	69.9	27.7	97.6
Boston Medical Center Health Plan, Inc.	70.0	25.9	95.9
Granite Care – Meridian Health Plan of New Hampshire	63.3	30.0	93.3
Anthem Health Plans of New Hampshire Inc.- Matthew Thornton Health Plan, Inc.	60.2	27.0	87.2
Network Health, LLC	47.3	25.8	73.1
Aetna Better Health Inc.	40.4	25.3	65.7

Technical Proposal Evaluation Team

- Andrew Chalsma, Administrator, Bureau of Healthcare Analytics and Data Systems, Office of Medicaid Business & Policy, DHHS
- Matthew Ertas, Director, Bureau of Development Services, Division of Community Based Care Services, DHHS
- Doris Lotz, Medicaid Medical Director, DHHS
- Stephen Mosher, Chief Financial Officer, DHHS
- Joyce St. Onge, Administrator, Program Operations, Division of Family Assistance, DHHS
- Erik Riera, Director, Bureau of Behavioral Health, Division of Community Based Care Services, DHHS
- Nancy Rollins, Associate Commissioner, Director of Division of Community Based Care Services, DHHS
- Lisabritt Solsky, Deputy Director, Office of Medicaid Business & Policy, DHHS.
- Rebecca Woodard, Assistant Attorney General, Civil Bureau, NH Department of Justice

Cost Proposal Evaluation Team

- Walter Faasen, Contracts and Procurement Director, Office of Business Operations, DHHS
- Marilee Nihan, Finance Director, Office of Medicaid Business & Policy, DHHS
- Sheri Rockburn, Finance Director, Division of Community Based Care Services, DHHS
- Christine Shannon, Bureau Chief, Planning & Research, Office of Medicaid Business & Policy, DHHS

Contract Negotiation Team

- Kathleen Dunn-Medicaid Director, DHHS
- Walter Faasen, Contracts and Procurement Director, Office of Business Operations, DHHS
- Marilee Nihan, Finance Director, Office of Medicaid Business & Policy, DHHS
- John Wallace, Associate Commissioner, DHHS
- Michael Brown, Senior Assistant Attorney General, Civil Bureau, NH Department of Justice
- Jeanne Herrick, Civil Bureau, NH Department of Justice

Accounting Details For Contract Encumbrance
Medicaid Managed Care
SFY 2013 - SFY 2015

	Boston Medical Center	Granite State	Granite Care – Meridian	Total
SFY2013				
05-95-95-956010-61470000-5000729				
101 Medical Payments to Providers	$190,961,515	$95,480,758	$95,480,758	$381,923,030
05-95-93-930010-71000000-101-500729 (Or To Be Determined)				
Payments to Providers-Disabled				$0
05-95-48-480015-59420000-101-500729 Or To Be Determined				
Payments to Providers-Elderly				$0
	$190,961,515	$95,480,758	$95,480,758	$381,923,030
SFY2014				
05-95-95-956010-61470000				
101 Medical Payments to Providers	$200,500,000	$100,250,000	$100,250,000	$401,000,000
05-95-93-930010-71000000-101-500729 (Or To Be Determined)				
Payments to Providers-Disabled	$119,000,000	$59,500,000	$59,500,000	$238,000,000
05-95-48-480015-59420000-101-500729 Or To Be Determined				
Payments to Providers-Elderly	$130,500,000	$65,250,000	$65,250,000	$261,000,000
	$450,000,000	$225,000,000	$225,000,000	$900,000,000
SFY2015				
05-95-95-956010-61470000				
101 Medical Payments to Providers	$210,500,000	$105,250,000	$105,250,000	$421,000,000
05-95-93-930010-71000000-101-500729 (Or To Be Determined)				
Payments to Providers-Disabled	$125,000,000	$62,500,000	$62,500,000	$250,000,000
05-95-48-480015-59420000-101-500729 Or To Be Determined				
Payments to Providers-Elderly	$137,000,000	$68,500,000	$68,500,000	$274,000,000
	$472,500,000	$236,250,000	$236,250,000	$945,000,000
Total	**$1,113,461,515**	**$556,730,758**	**$556,730,758**	**$2,226,923,030**

Class 101 does not exist today but needs to be established/budgeted for SFY 2014 & 2015

Print Form

Subject: New Hampshire Medicaid Care Management Services

FORM NUMBER P-37 (version 1/09)

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services	1.2 State Agency Address 129 Pleasant Street, Concord, NH 03301
1.3 Contractor Name Granite State Health Plan, Inc.	1.4 Contractor Address c/o Centene Corp., 7700 Forsyth Blvd., St Louis, MO 63105
1.5 Contractor Phone Number 3214-725-4477	1.6 Account Number 05-95-95-956010-61470000
1.7 Completion Date June 30, 2015	1.8 Price Limitation $381,923,030
1.9 Contracting Officer for State Agency Nicholas A. Toumpas, Commissioner	1.10 State Agency Telephone Number 603-271-5000
1.11 Contractor Signature	1.12 Name and Title of Contractor Signatory Keith Williamson, Secretary

1.13 Acknowledgement: State of Missouri, County of St Louis

On March 16, 2012, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal]

ROSEMARIE BAYES
Notary Public-Notary Seal
State of Missouri, St Louis County
Commission # 08567879
My Commission Expires Jun 3, 2012

1.13.2 Name and Title of Notary or Justice of the Peace

Rosemarie Bayes, Notary Public

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Nicholas A. Toumpas, Commissioner DHHS

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Jeanne P. Herrick, Attorney On: 19 March 2012

1.18 Approval by the Governor and Executive Council

By: On:

Print Form

Subject: New Hampshire Medicaid Care Management Services

FORM NUMBER P-37 (version 1/09)

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services	1.2 State Agency Address 129 Pleasant Street, Concord, NH 03301
1.3 Contractor Name Boston Medical Center Health Plan, Inc.	1.4 Contractor Address 2 Copley Place, Suite 600, Boston, MA 02116
1.5 Contractor Phone Number 617-748-6341	1.6 Account Number 05-95-95-956010-61470000
1.7 Completion Date June 30, 2015	1.8 Price Limitation $381,923,030
1.9 Contracting Officer for State Agency Nicholas A. Toumpas, Commissioner	1.10 State Agency Telephone Number 603-271-5000
1.11 Contractor Signature Scott F. O'Gorman	1.12 Name and Title of Contractor Signatory Scott F. O'Gorman, President

1.13 Acknowledgement: State of MA, County of Suffolk

On March 15, 2012, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Thuy N. Wagner

1.13.2 Name and Title of Notary or Justice of the Peace

Thuy Wagner, Labor and Employment Counsel

1.14 State Agency Signature D. Toumpas	1.15 Name and Title of State Agency Signatory Nicholas A. Toumpas, Commissioner DHHS

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Jeanne P. Herrick, Attorney On: 19 March 2012

1.18 Approval by the Governor and Executive Council

By: On:

Subject: New Hampshire Medicaid Care Management Services

FORM NUMBER P-37 (version 1/09)

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services	1.2 State Agency Address 129 Pleasant Street, Concord, NH 03301
1.3 Contractor Name Granite Care-Meridian Health Plan of New Hampshire, Inc.	1.4 Contractor Address 777 Woodward Ave., Suite 600 Detroit, MI 48226
1.5 Contractor Phone Number (313) 324-3707	1.6 Account Number 05-95-95-956010-61470000
1.7 Completion Date June 30, 2015	1.8 Price Limitation $381,923,030
1.9 Contracting Officer for State Agency Nicholas A. Toumpas, Commissioner	1.10 State Agency Telephone Number 603-271-5000
1.11 Contractor Signature	1.12 Name and Title of Contractor Signatory Sean P. Cotton, Chief Legal Officer

1.13 Acknowledgement: State of Michigan, County of Wayne

03/16/2012, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Notary

1.13.2 Name and Title of Notary or Justice of the Peace

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Nicholas A. Toumpas, Commissioner DHHS

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Jeanne P. Herrick, Attorney On: 19 March 2012

1.18 Approval by the Governor and Executive Council

By: On:

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

This first Amendment to the Medicaid Care Management contract (hereinafter referred to as "Amendment #1") dated this June 6th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Granite State Health Plan, Inc. (hereinafter referred to as "the Contractor"), a New Hampshire Corporation with a place of business at 264 South River Road, Bedford, NH 03110.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on May 9th, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the Agreement may be amended by the parties after approval by the Governor and Executive Council, and Exhibit A Section 20.6.1 DHHS may select Performance Incentives each Agreement year;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

Amendment and modification of P-37 "Agreement";
1) **Change** Price Limitation in Block 1.8 of the P-37 to read $ 814,043,392.00

Changes to Exhibit A:

Delete from 2.1:
Action

Add the following terms to 2.1:
Administrative Review Committee
Applies appropriate risk management principles to ensure due diligence and oversight to protect the patient, community and hospital in treating high risk or high profile patients.

Adequate Network of Providers
A network sufficient in numbers, types and geographic location of providers, as defined in NH Rule INS 2701, to ensure that covered persons will have access to health care services without unreasonable delay.

Agreement Period
Dates indicated in the P-37 of this Agreement.

Agreement Year
NH State Fiscal Year.

Execution Date
Date Agreement approved by Governor and Executive Council.

Implementation Period
Period of time between Readiness Review # 1 and Program Start Date.

Program Start Date
Date when MCO is responsible for coverage of services to its members.

Start Date of the Program
Date initial member enrollment begins.

Start of Program
Date initial member enrollment begins.

Step 1
Medicaid Services as indicated in Section 8.2 Covered Service Matrix as Step 1 (Medical Services).

Step 2
Waivered Services, and Medicare Duals, rehab option services, and nursing facilities services as indicated in Section 8.2 Covered Service Matrix as Step 2.

Step 3
Medicaid Expansion Services as per The Patient Protection and Affordable Care Act (PPACA) (Medicaid Expansion).

Substantial Provider Network
A network sufficient in numbers, types and geographic location of providers, as defined in NH Rule INS 2701, with temporarily reduced standards for geographic accessibility from 90% of the enrolled population within each county (INS 2701.06(b)(1), INS 2701.06(c)(2), INS 2701.06(d)(1), to 80% of the enrolled population within each county.

Delete:

5.3.1.4 The MCO shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule established by DHHS, consistent with industry standards and State MCO laws and regulations.

Replace with:

5.3.1.4 The MCO shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule established by DHHS, consistent with industry standards and State & Federal laws and regulations.

Delete:

6.1.12 The MCO shall, within thirty (30) calendar days of signing this Agreement Deliver to DHHS a Staffing Contingency Plan including but not limited to:

Replace with:

6.1.12 The MCO shall deliver to DHHS a Staffing Contingency Plan within thirty (30) calendar days of signing this Agreement and after any substantive changes to the Staffing Contingency Plan. The Plan shall include, but is not limited to:

Delete:

7.6.3.1 DHHS intends to conduct two (2) readiness reviews of the MCO during the implementation phase prior to the program start date. The first review shall take place thirty (30) days after contract effective date or ninety(90) calendar days prior to the program start date, whichever comes later, and the second review shall take place thirty (30) calendar days prior to the program start date. The MCO shall fully cooperate with DHHS during these readiness reviews. During the readiness reviews, DHHS shall assess the MCO's progress towards a successful program implementation. The review shall include validation of readiness in multiple areas, including but not limited to:

Replace with:

7.6.3.1 DHHS intends to conduct two (2) readiness reviews of the MCO during the implementation phase prior to the Program Start Date. The first review shall take place thirty (30) days after contract effective date or scheduled after DHHS has verified that at least two MCOs have satisfied the DHHS Substantial Provider Network reporting requirements, whichever comes later, and will take place ninety(90) calendar days prior to the Program Start Date. The second review shall take place thirty (30) calendar days prior to the Program Start Date. The MCO shall fully cooperate with DHHS during these readiness reviews. During the readiness reviews, DHHS shall assess the MCO's progress towards a successful program implementation. The review shall include validation of readiness in multiple areas, including but not limited to:

Delete:

7.6.3.3 During the first one hundred and eighty (180) days following the Execution Date of this Agreement, DHHS may give tentative approval of the MCO's required policies and procedures.

Replace with:

7.6.3.3 During the first one hundred and eighty (180) days following the effective date of this Agreement or within ninety (90) days prior to the Program Start Date, whichever comes later, DHHS may give tentative approval of the MCO's required policies and procedures.

Delete:

7.7.1 The MCO shall cooperate with, and support DHHS during Year 1 of the Agreement to establish the model for the Step 2 Program, which would include program design, rate development and implementation strategy, which shall be incorporated as an amendment to this Agreement.

Replace with:

7.7.1 The MCO shall participate with DHHS to establish the model for the Step 2 Program through the State Implementation Model (SIM) design process. The model for Step 2 shall include service delivery, rate development and implementation strategy and shall be submitted to CMS by September 30, 2013, for approval.

Delete:

7.7.2 The start date of Step 2 is July 1st, 2013, contingent upon the successful completion of requirements described in 7.7.1.

Replace with:

7.7.2 The program start date of Step 2 shall commence within 12 months from the Program Start Date of Step 1, contingent upon the successful completion of the requirements described in 7.7.1 and all required approvals by CMS.

Add:

7.7.4.1 Detailed requirements to follow structure of 7.6.1.1 – requirements to be developed as part of Step 2 Program design.

Add:

8.1 Native Americans & Native Alaskans w/ member opt out
Step 1
Footnote 2: Per 42 USC §1396u-2(a)(2)(c); however, NH has no recognized tribes.

Delete:

9.1.1 The MCO shall submit, thirty (30) days from the contract effective date or ninety (90) days prior to the start of each Agreement year, whichever is later, its plan to engage its provider network in health care delivery and payment reform activities, subject to review and approval by DHHS. These activities may include, but are not limited to, pay for performance programs, innovative

provider reimbursement methodologies, risk sharing arrangements and subcapitation agreements.

Replace with:

9.1.1 The MCO shall submit one hundred and eighty days (180) days from the Program Start Date, and ninety (90) days prior to the start of each Agreement year its plan to engage its provider network in health care delivery and payment reform activities, subject to review and approval by DHHS. These activities may include, but are not limited to, pay for performance programs, innovative provider reimbursement methodologies, risk sharing arrangements and subcapitation agreements.

Delete:

9.1.3 DHHS will withhold one percent (1%) of MCO capitation payments in each year of the Agreement under the Payment Reform Plan. The MCO will earn a pay-out of that withheld amount if it meets the implementation milestones described in the Payment Reform Plan. The pay-out will be pro-rated to the number of milestones achieved by the MCO at the end of the year.

Replace with:

9.1.3 Beginning July 1, 2014, DHHS will withhold one percent (1%) of MCO capitation payments in each year of the Agreement under the Payment Reform Plan. The MCO will earn a pay-out of that withheld amount if it meets the implementation milestones described in the Payment Reform Plan. The pay-out will be pro-rated to the number of milestones achieved by the MCO at the end of the year.

Delete:

9.1.5.1 FQHCs and RHCs will be paid the encounter rate paid by DHHS as of July 1, 2011

Replace with:

9.1.5.1 FQHCs and RHCs will be paid at minimum the encounter rate paid by DHHS at the time of service.

Add:

9.1.5.10 Primary Care reimbursement to follow DHHS policy and to comply with 42 CFR 438, 42 CFR 441 and 42 CFR 447 II.A.5

- 9.1.5.10.1 MCO shall pass on the full benefit of the payment increase to eligible providers; and
- 9.1.5.10.2 MCO shall adhere to the definitions and requirements for eligible providers and services as specified in Section 1902(a)(13)(C), as amended by the Affordable Care Act of 2010 (ACA) and federal regulations; and
- 9.1.5.10.3 MCO shall submit sufficient documentation, as per DHHS policy, to DHHS to validate that enhanced rates were made to eligible providers.

10.2.1 Delete "formerly" replace with "formally"

Delete:

12.1.10.5 The MCO shall submit an annual report no later than ninety (90) calendar days following the close of the fiscal year with a summary of the trainings provided, a list of attendees from each community mental health program, and the proposed training for the next fiscal year.

Replace with:

12.1.10.5 The MCO shall submit an annual report no later than ninety (90) calendar days following the close of each Agreement Year with a summary of the trainings provided, a list of attendees from each community mental health program, and the proposed training for the next Agreement Year.

Delete:

14.3.1.3 If the member requests to be assigned to the same plan in which another family member is currently enrolled.

Replace with:

14.3.1.3 If the member requests to be assigned to the same plan in which another family member is currently enrolled; or

14.3.1.4 Who have disenrolled with another MCO at the time described in 14.5.3.1.

Delete:

14.4.1 DHHS will use the following auto-assignment methodology in the first year of the program.

Replace with:

14.4.1 DHHS will use the following auto-assignment methodology for the enrollment period prior to Program Start Date.

Delete:

14.5.3.1. During the ninety (90) days following the date of the member's initial enrollment with the MCO or the date that DHHS (or its agent) sends the member notice of the enrollment, whichever is later

Replace with:

14.5.3.1. During the ninety (90) days following the date of the member's enrollment with an MCO or the date that DHHS (or its agent) sends the member notice of the enrollment, whichever is later

Delete:

15.1.3.1 Confirm the member's Primary Care Physician (PCP) selection

Replace with:

15.1.3.1 Assist member to select a Primary Care Provider (PCP) or confirm selection of a PCP

Delete:

15.1.5.3 The member's Medicaid program number;

Replace with:

15.1.5.3 The member's Medicaid ID # assigned by DHHS at the time of eligibility determination;

Delete:

15.1.5.4 The effective date of the PCP assignment

15.3.1.4 Delete "restrain" replace with "restraint"

Delete:

18.1.2 The MCO shall submit documentation to DHHS to demonstrate that it maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)]

18.1.3 At the time it enters into an Agreement with DHHS

18.1.3.1 At the second readiness review prior to the Program start date

18.1.3.2 Thirty (30) days prior to the beginning of each new Agreement year

18.1.3.3 At any time there has been a significant change (as defined by DHHS) in the entity's operations that would affect adequate capacity and services, including but not limited to:

18.1.3.3.1 Changes in services, benefits, geographic service area, or payments

18.1.3.3.2 Enrollment of a new population in the MCO [42 CFR 438.207(c)]

Replace with:

18.1.2 The MCO shall submit documentation to DHHS to demonstrate that it maintains a substantial provider network sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)] prior to the first readiness review.

18.1.3 The MCO shall submit documentation to DHHS to demonstrate that it maintains an adequate network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)]

18.1.3.1 At the second readiness review prior to the Program start date

18.1.3.2 Thirty (30) days prior to the beginning of each new Agreement year

18.1.3.3 At any time there has been a significant change (as defined by DHHS) in the entity's operations that would affect adequate capacity and services, including but not limited to:

18.1.3.3.1 Changes in services, benefits, geographic service area, or payments

18.1.3.3.2 Enrollment of a new population in the MCO [42 CFR 438.207(c)]

Add:

18.1.5 For Step 1 Implementation, the anticipated number of members in Sections 18.1.1 and 18.1.2 shall be based on the "NH Medicaid Care Management Fifty Percent Population Estimate by Zipcode" report provided by DHHS.

Delete:

19.2.3 All providers in the MCO's network shall be enrolled as a New Hampshire Medicaid provider. DHHS will continue to be responsible for enrolling providers; however, the MCO shall assist providers with this process.

Replace with:

19.2.3 All providers in the MCO's network are required, to be enrolled as New Hampshire Medicaid providers. DHHS may waive this requirement for good cause on a case-by-case basis.

Delete:

19.3.9 The MCO shall ensure that providers within their network meet Medicare certification prior to the start of the second Agreement year.

Replace with:

19.3.9 The MCO shall ensure that providers whose Medicare certification is a precondition of participation in the Medicaid program obtain certification within one year of enrollment in MCO's provider network.

Delete:

19.4.2 The MCO shall conduct a provider satisfaction survey, approved by DHHS and administered by a third party, on a statistically valid sample of each major provider type; PCP, specialists, hospitals, pharmacies, DME and Home Health providers. DHHS shall have input to the development of the survey. The survey shall be conducted semi-annually the first Agreement year and at least once an Agreement year thereafter to gain a broader perspective of provider opinions. The results of these surveys shall be made available to DHHS and measured against criteria established by DHHS, and published on the MCO's website.

Replace with:

19.4.2 The MCO shall conduct a provider satisfaction survey, approved by DHHS and administered by a third party, on a statistically valid sample of each major provider type; PCP, specialists, hospitals, pharmacies, DME and Home Health providers. DHHS shall have input to the development of the survey. The survey shall be conducted semi-annually the first year after the program start date and at least once an Agreement year thereafter to gain a broader perspective of provider opinions. The results of these surveys shall be made available to DHHS and measured against criteria established by DHHS, and published on the MCO's website.

Delete:

20.5.3 In addition MCO shall report annually other quality measures specified by DHHS in Exhibit O

Replace with:

20.5.3 In addition MCO shall submit other quality measures as specified by DHHS in Exhibit O in a format to be specified by DHHS.

Delete 20.6 Performance Incentives in its entirety

Replace with:

20.6 Performance Incentives

20.6.1 Each Agreement year DHHS will select four (4) measures to be included in the Quality Incentive Program (QIP). DHHS shall notify the MCO of the four (4) measures to be included in the QIP no later than three (3) months prior to the start of the period for which data will be collected to evaluate each measure.

20.6.2 For each measure selected by DHHS for the QIP, the MCO will be eligible to receive up to one-quarter of the one percent (0.25%) of the withheld amount pertaining to performance incentives as set forth in Section 29.2.9. The MCO will be eligible for a partial incentive payment for substantial improved performance on that measure that does not fully meet the improvement goal.

20.6.3 If the MCO's performance on a measure chosen for the QIP declines below the indicated level the MCO will forfeit the one-quarter of the one percent (0.25%) of the withheld amount pertaining to performance incentives as set forth in Section 29.2.9.

20.6.4 Beginning October 1, 2014, or nine (9) months after the Program Start Date, whichever is later, if the MCO's performance on a measure chosen for the QIP declines below the indicated level, separate from 20.6.3, the MCO will receive a further reduction of up to one quarter of one percent (0.25%) of the total capitation payment received by the MCO in the year for which the measure was selected. The reduction is in addition to the withheld amount set forth in Section 29.2.9, and shall be withheld from any next payment due to the MCO.

20.6.5 For state fiscal year 2014 the following measures have been selected:

20.6.5.1 Timeliness of Prenatal Care (HEDIS Measure). Prenatal and Postpartum Care (PPC) Timeliness of Prenatal Care component: The percentage of deliveries that received a prenatal care visit as a member of the MCO in the first trimester or within 42 days of enrollment in the organization for women who were continuously enrolled in the MCO at least 43 days prior to delivery. The MCO may use a process of physician abstraction with an MCO audit to measure this incentive.

20.6.5.1.1 The measurement will be calculated from the Program Start Date of Step 1 of the program through June 30, 2014. . DHHS shall categorize MCO Program Start Date performance as follows:

20.6.5.1.2 The measure meets or exceeds the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.1.3 The measure is less than the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.1.4 The measure is less than or equal to the 25th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2 Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge, beneficiaries age six and older at the time of discharge including hospitalizations in New Hampshire Hospital (HEDIS Measure).

20.6.5.2.1 The measurement will be calculated from the Program Start Date of Step 1 of the program through June 30, 2014. DHHS shall categorize MCO performance as follows:

20.6.5.2.2 The measure meets or exceeds the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2.3 The measure is less than the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2.4 The measure is less than or equal to the 25th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3 Parental Satisfaction With Children Getting Appointments for Care (CAHPS measure). CAHPS Child Survey – General Population: Response of either "Usually" or "Always" to the question: Not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?"

20.6.5.3.1 The measurement will be calculated based on a CAHPS survey to. DHHS shall conduct the survey for SFY 2014. DHHS shall categorize MCO performance as follows:

20.6.5.3.2 The measure meets or exceeds the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3.3 The measure is less than the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3.4 The measure is less than or equal to the 50th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4 Satisfaction with Getting Appointments for Care (CAHPS measure). CAHPS Adult Survey – Survey Item: "Not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?"

20.6.5.4.1 The measurement will be calculated based on a CAHPS survey. DHHS shall conduct the survey for SFY 2014. DHHS shall categorize MCO performance as follows:

20.6.5.4.2 The measure meets or exceeds the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4.3 The measure is less than the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4.4 The measure is less than or equal to the 50th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.6. In the event of changes to the Medicaid Care Management program or material circumstances beyond DHHS or the MCOs' control, which DHHS determines would unduly limit all MCOs' ability to reasonably perform and achieve the withhold return threshold, DHHS will evaluate the impact of the circumstances and make such changes as required, at the discretion of DHHS.

Delete:

21.1.3 The MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval as part of the first readiness review. Each year thereafter, the MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval each year on or before April 1st.

Replace with:

21.1.3 The MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval as part of the first readiness review. Thereafter the MCO shall submit its written utilization management policies, procedures, and criteria that have changed and an attestation listing those that have not changed since the prior year's submission to DHHS for approval ninety (90) days prior to the end of the Agreement Year.

Delete:

26.1.3.9 42 CFR 435; XX-YY, Chapter ZZ DHHS Eligibility Manual, NH Laws (RSAs), Regulations, State Plan?

Delete:

29.2.2 DHHS will make a monthly payment to the MCO for each member enrolled in the MCO's plan. The rates for the first year will be valid from the Program start date through June 30, 2013. After the first Agreement year, the capitation rates will be valid for 12 months, July 1st through June 30th. The capitation rates will be risk adjusted as follows:

Replace with:

29.2.2 DHHS will make a monthly payment to the MCO for each member enrolled in the MCO's plan. The capitation rates, as set forth in Exhibit B, will be risk adjusted as follows:

Delete:

29.2.3 The capitation payment will be made retrospectively with a two (2) month delay. For example, a payment will be made within five (5) business days of the first day in October 2012 for services provided in July 2012.

Replace with:

29.2.3 The capitation payment will be made retrospectively with a two (2) month delay. For example, a payment will be made within five (5) business days of the first day in October 2012 for services provided in July 2012. DHHS will consider reducing the delay in payment from a two (2) to a one (1) month retrospective delay in a future State Fiscal Year.

Delete:

29.2.9 One percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS' quality performance benchmark incentive program. Incentives will be measured annually (first measurement period July 2012 – June 2013) and incentive payments will be distributed by the end of the following Agreement year. Further details of the Performance Incentive program are described in Section [20.6].

Replace with:

29.2.9 Beginning October 1, 2014, or nine (9) months after the Program Start Date, whichever is later, one percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS' quality performance benchmark incentive program. Incentives will be measured annually and incentive payments will be distributed by the end of the following Agreement year. Further details of the Performance Incentive program are described in Section 20.6.

Delete:

29.2.10 One percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS's payment reform incentive program. Details of the Incentive Program are described in Section 9.

Replace with:

29.2.10 Beginning July 1, 2014, one percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS's payment reform incentive program. Details of the Incentive Program are described in Section 9.

Add:

29.2.12. In the event an enrolled Medicaid member was previously admitted as a hospital inpatient and is receiving continued inpatient hospital services on the first day of coverage with the MCO, the MCO shall receive full capitation payment for that member. The entity responsible for coverage of the member at the time of admission as an inpatient, i.e. either DHHS or another MCO, shall be fully responsible for all inpatient care services and all related services

authorized while the member was an inpatient until the day of discharge from the hospital.

Delete:

30.4.2 DHHS may terminate this Agreement after written notice thereof to the MCO in the event the MCO fails to accept the actuarially sound capitation rates established by DHHS for Year 2 or later of the program. In the event of such termination, the MCO shall accept the lesser of the most recently agreed to capitation rates or the new annual capitation rate for each rating category as payment in full for Covered Services and all other services required under this Agreement delivered to Members until all Members have been disenrolled from the MCO's plan consistent with any mutually agreed upon transition plans to protect Members.

Replace with:

30.4.2 In the event the MCO gives written notice that it does not accept the actuarially sound capitation rates established by DHHS for Year 2 or later of the program, the MCO and DHHS will have 30 days from the date of such notice or 30 days from the expiration of the rates indicated in Exhibit B, whichever comes later, to attempt to resolve the matter without terminating the agreement. If no resolution is reached in the above 30 day period, then the contract will terminate 90 days thereafter, or at the time that all members have been disenrolled from the MCO's plan, whichever date is earlier. In the event of such termination, the MCO shall accept the lesser of the most recently agreed to capitation rates or the new annual capitation rate for each rating category as payment in full for Covered Services and all other services required under this agreement delivered to Members until all Members have been disenrolled from the MCO's plan consistent with any mutually agreed upon transition plans to protect Members

Delete Exhibit B.
Replace with attached Exhibit B amendment #1.

Delete Exhibit O.
Replace with attached Exhibit O amendment #1.

New Hampshire Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12 Jun. 2013
Date

Nicholas A. Toumpas
Commissioner

Granite State Health Plan, Inc

6/10/13
Date

Name:
Title:

Acknowledgement:
State of Missouri, County of St. Louis on June 10, 2013, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Rosemarie Bayes
Name and Title of Notary or Justice of the Peace

ROSEMARIE BAYES
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: June 3, 2016
Commission # 12567879

New Hampshire Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12 June 2013
Date

Name: Joanne P. Hevrich
Title: Attorney

I hereby certify that the foregoing contract was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

This Agreement is reimbursed on a per member per month capitation rate for the Agreement term, subject to all conditions contained within Exhibit A. Accordingly, no maximum or minimum product volume is guaranteed. Any quantities set forth in this contract are estimates only. The contractor agrees to serve all members in each category of eligibility who enroll with this contractor for covered services. Capitation payment rates are as follows:

SFY13 - FISCAL YEAR JULY 1, 2012 – JUNE 30, 2013

Eligibility Category	Capitation Rates
Low Income Children and Adults -Age 2-11 Months	$ 176.03
Low Income Children and Adults -Age 1-5 Years	$ 101.68
Low Income Children and Adults -Age 6-13 Years	$ 148.09
Low Income Children and Adults -Female Age 14-18 Years	$ 184.03
Low Income Children and Adults -Male Age 14-18 Years	$ 166.97
Low Income Children and Adults -Female Age 19-44 Years	$ 344.91
Low Income Children and Adults -Male Age 19-44 Years	$ 263.72
Low Income Children and Adults -Age 45+ Years	$ 445.68
Foster Care / Adoption	$ 400.08
Breast and Cervical Cancer Program	$ 1,149.27
Severely Disabled Children	$ 1,187.31
Disabled Adults -Female Age 19-44 Years, Medicaid Only	$ 864.59
Disabled Adults -Male Age 19-44 Years, Medicaid Only	$ 854.85
Disabled Adults -Age 45+ Years, Medicaid Only	$ 1,164.74
Old Age Assistance Program -Medicaid Only – Non-Nursing Home Residents	$ 724.42
Nursing Home Residents -Medicaid Only	$ 1,528.78
Nursing Home Residents -Dual Eligibles	$ 77.55
Dual Eligibles -Age 0-44	$ 395.25
Dual Eligibles -Age 45-64	$ 519.63
Dual Eligibles -Age 65+	$ 241.77
Newborn Kick Payment	$ 1,923.73
Maternity Kick Payment	$ 2,746.77

Price Limitation. This Agreement is one of multiple contracts that will serve the New Hampshire Medicaid Care Management Program. The estimated member months, for State Fiscal Year 2013, to be served among all contracts is 1,385,347. Accordingly, the price limitation for SFY 13 among all contracts, for State Fiscal Year 2013, based on the projected members per month is $381,923,030.

SFY14 - FISCAL YEAR JULY 1, 2013 – JUNE 30, 2014
Capitation Payment

Eligibility Category	Capitation Rates
Low Income Children and Adults -Age 2-11 Months	$ 213.18
Low Income Children and Adults -Age 1-5 Years	$ 103.75
Low Income Children and Adults -Age 6-13 Years	$ 112.09
Low Income Children and Adults -Female Age 14-18 Years	$ 156.92
Low Income Children and Adults -Male Age 14-18 Years	$ 140.40
Low Income Children and Adults -Female Age 19-44 Years	$ 365.52
Low Income Children and Adults -Male Age 19-44 Years	$ 288.85
Low Income Children and Adults -Age 45+ Years	$ 505.95
Foster Care / Adoption	$ 322.39
Breast and Cervical Cancer Program	$ 1,443.22
Severely Disabled Children	$ 1,157.63
Disabled Adults -Female Age 19-44 Years, Medicaid Only	$ 761.28
Disabled Adults -Male Age 19-44 Years, Medicaid Only	$ 721.52
Disabled Adults -Age 45+ Years, Medicaid Only	$ 1,048.15
Old Age Assistance Program -Medicaid Only – Non-Nursing Home Residents	$ 761.68
Nursing Home Residents -Medicaid Only	$ 1,318.59
Nursing Home Residents -Dual Eligibles	$ 79.93
Dual Eligibles -Age 0-44	$ 249.41
Dual Eligibles -Age 45-64	$ 306.33
Dual Eligibles -Age 65+	$ 212.55
Newborn Kick Payment	$ 2,847.86
Maternity Kick Payment	$ 3,094.77

Supplemental Behavioral Health Rate Cell	**Supplemental Rate**
Severe/Persistent Mental Illness: Low Income Children and Adults & Foster Care	$ 1,518.59
Severe/Persistent Mental Illness: All Other	$ 1,047.13
Severe Mental Illness: Low Income Children and Adults & Foster Care	$ 950.70
Severe Mental Illness: All Other	$ 573.17
Low Utilizer	$ 470.66
Serious Emotionally Disturbed Child: TANF and Foster Care	$ 785.06
Serious Emotionally Disturbed Child: All Other	$ 1,071.72

Price Limitation. This Agreement is one of multiple contracts that will serve the New Hampshire Medicaid Care Management Program. The estimated member months, for State Fiscal Year 2014, to be served among all contracts is 1,476,070. Accordingly, the price limitation for SFY14 among all contracts, for State Fiscal Year 2014, based on the projected members per month is $432,120,362.

Invoicing. Invoices shall be submitted and will be paid based on the terms outlined in Exhibit A. Invoices for services shall be sent to the following address. The MCO shall be notified in writing should this information change during the course of the contract:

Attn: Medicaid Finance Director
New Hampshire Medicaid Managed Care Program
129 Pleasant Street
Concord, NH 03304

The Exhibit O measures/measure sets, logs, and narrative reports shall be submitted according to the specified schedule in the standard HEDIS submission format for HEDIS measures and a format as specified by NH DHHS for other measures and data tables.

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
101	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by preferred Spoken language	NH 101	All	July	3 months after start of program	September 30th
102	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by preferred written language	NH 102	All	July	3 months after start of program	September 30th
103	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by Ethnicity	NH 103	All	July	3 months after start of program	September 30th
104	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by Race	NH 104	All	July	3 months after start of program	September 30th
200	-	CAHPS 5.0H Core Survey - Adults	CAHPS Adult - CORE	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC09	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually;Always;Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC10	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC11	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get the special therapy you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC12	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks. In the last 6 months, did you need someone to come into your home to give you home health care or assistance? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC13	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get home health care or assistance through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC14	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Behavioral Health - In the last 6 months, did you need any treatment or counseling for a personal or family problem? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - MH2	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Behavioral Health - In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - MH3	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers? (OHP3, Screening Question) Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q14 - OPH3	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - In the last 6 months, who helped to coordinate your care? Summary for each of the following: Someone from your health plan; Someone from your doctor's office or clinic; Someone from another organization; A friend or family member; You	CAHPS 4.0 Adult - SUPP - Q14 - OPH4	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - How satisfied are you with the help you received to coordinate your care in the last 6 months? Summary for each of the following: Very dissatisfied; Dissatisfied; Neither dissatisfied nor satisfied; Satisfied; Very satisfied; Satisfied + Very satisfied	CAHPS 4.0 Adult - SUPP - Q14 - OPH5	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Customer Service - Were any of the following a reason you did not get the information or help you needed from your health plan's customer service? Summary for each of the following: a) You had to call several times before you could speak with someone (Yes/No) b) The information customer service gave you was not correct (Yes/No) c) Customer service did not have the information you needed (Yes/No) d) You waited too long for someone to call you back (Yes/No) e) No one called you back (Yes/No) f) Some other reason (Yes/No) Please specify:	CAHPS 4.0 Adult - SUPP - Q23 - CS1	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Transportation - Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q27 - T1	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Transportation - In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q27 - T2	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: HEDIS Set - Have you had a flu shot since September 1, of last year? Summary for each of the following: Yes; No; Don't know	CAHPS 4.0 Adult - SUPP - Q28 - H16	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 5.0H Core and Children with Chronic Conditions Survey - Children	Children - CORE W CCC	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q17 - OHP1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Children - SUPP - Q17 - OHP2	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q17 - OHP3	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, who helped to coordinate your child's care? Summary for each of the following: Someone from your child's health plan; Someone from your child's doctor's office or clinic; Someone from another organization; A friend or family member; You	CAHPS 4.0 Children - SUPP - Q17 - OHP4	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - How satisfied are you with the help you got to coordinate your child's care in the last 6 months? Summary for each of the following: Very dissatisfied; Dissatisfied; Neither dissatisfied nor satisfied; Satisfied; Very satisfied; Satisfied + Very satisfied	CAHPS 4.0 Children - SUPP - Q17 - OHP5	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Customer Service - Were any of the following a reason you did not get the information or help you needed from customer service at your child's health plan? Summary for each of the following: a) You had to call several times before you could speak with someone (Yes/No) b) The information customer service gave you was not correct (Yes/No) c) Customer service did not have the information you needed (Yes/No) d) You waited too long for someone to call you back (Yes/No) e) No one called you back (Yes/No) f) Some other reason (Yes/No) Please specify:_____	CAHPS 4.0 Children - SUPP - Q26 - CS1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Transportation - Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q30 - T1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Transportation - In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Children - SUPP - Q30 - T2	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
202	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Adult Survey - Flu Shots for Adults Ages 50-64 (analytic breakout)	CMS Adult 1	50-64	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
210	-	Appropriate Testing for Children With Pharyngitis	HEDIS: CWP	2-18	July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.	6/30/2015	June 30th
211	-	Appropriate Treatment for Children With Upper Respiratory Infection	HEDIS: URI	3 months-18 years old	July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.	6/30/2015	June 30th
212	-	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	HEDIS: AAB	18-64	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
215	A-C	Antidepressant Medication Management - Effective Acute Phase Treatment - Adults	HEDIS: AMM	18-64, >=65, Total	May 1 of the year prior to the measurement year to Oct 31 of the measurement year.	6/30/2016	June 30th
216	A-C	Antidepressant Medication Management - Effective Continuation Phase Treatment - Adults	HEDIS: AMM	18-64, >=65, Total	May 1 of the year prior to the measurement year to Oct 31 of the measurement year.	6/30/2016	June 30th
217	A	Adherence to Antipsychotics for Individuals with Schizophrenia - Adults Age 19-64	HEDIS: SAA	19-64	CY	6/30/2015	June 30th
218	-	Follow up appointment within 7 calendar days of discharge from New Hampshire Hospital	NH 340	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter
219	A-C	Follow Up After Hospitalization For Mental Illness - 7 days	HEDIS: FUH	6-20, >=21, Total	January 1 through December 1 of the measurement year	6/30/2015	June 30th
220	A-C	Follow Up After Hospitalization For Mental Illness - 30 days	HEDIS: FUH	6-20, >=21, Total	January 1 through December 1 of the measurement year	6/30/2015	June 30th
221	-	Follow Up Care for Children Prescribed ADHD Medication - Initiation	HEDIS: ADD	6-12	A year starting March-April 1 of the year prior to the measurement year and ending February 28 of the measurement year.	6/30/2015	June 30th
222	-	Follow Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	HEDIS: ADD	6-12	A year starting March-April 1 of the year prior to the measurement year and ending February 28 of the measurement year.	6/30/2015	June 30th
223	A-D	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation	HEDIS: IET	13-17, 18-66, >=65, Total	CY	6/30/2015	June 30th
224	A-D	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement	HEDIS: IET	13-17, 18-66, >=65, Total	CY	6/30/2015	June 30th
225	-	Percent of Beneficiary receipt of discharge plan upon discharge from New Hampshire Hospital	NH 225	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
226	-	Percent of contact with the Beneficiary within 3 calendar days of Beneficiary discharge from New Hampshire Hospital	NH 226	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter
227	A	Percent of continuously enrolled children using behavioral health medications who received a psychiatric consultation for behavioral health medications - children	NH 227	0-18	CY	6/30/2015	June 30th
227	B	Percent of continuously enrolled children using behavioral health medications who received a psychiatric consultation for behavioral health medications - children receiving foster care services	NH 227	0-18	CY	6/30/2015	June 30th
228	A-C	Screening for Clinical Depression and Follow-up Plan	CMS Adult 6	18-64, >=65, Total	CY	6/30/2015	June 30th
229	-	Homelessness Hospital discharges: Number of discharges to homeless shelters and homelessness.	NH 229	All	Agreement year	9/30/2014	Within 90 days of the end of an agreement year
230	-	Readmission to NH Hospital at 30 days	NH 230	All	June 1 of the prior SFY to June 30 of the measurement year. A 13 month period.	9/30/2014	September 30th
231	-	Readmission to NH Hospital at 180 days	NH 231	All	January 1 of the of the prior SFY to June 30 of the measurement year. An 18 month period	9/30/2015	September 30th
233	A-C	Annual HIV/AIDS Medical Visits, Two With a Minimum of 180 Days Between Each Visit - Adults	CMS Adult 16	18-64, >=65, Total	CY	6/30/2015	June 30th
235	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - ACE or ARB	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
236	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Anticonvulsants	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
237	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Digoxin	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
238	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Diuretics	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
239	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Total Rate	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
240	A-C	Annual HIV/AIDS Medical Visits, Two With a Minimum of 90 Days Between Each Visit - Adults	CMS Adult 16	18-64, >=65, Total	CY	6/30/2015	June 30th
241	-	Rate of Maintenance Medication Gaps Greater Than 20 Days Between Refills by Age Group	NH 241	0-5, 6-18, 19-64	Quarterly	2/28/2014	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
245	-	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	HEDIS: CMC	18-75	CY	6/30/2015	June 30th
246	A-C	Controlling High Blood Pressure	HEDIS: CBP	18-64, 65-85, Total	CY	6/30/2015	June 30th
250	A-C	Comprehensive Diabetes Care - HbA1c Testing	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	E-G	Comprehensive Diabetes Care - HbA1c Testing - Disabled Sub-population	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	H-J	Comprehensive Diabetes Care - HbA1c Testing - Metropolitan Counties	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	K-M	Comprehensive Diabetes Care - HbA1c Testing - Non-Metropolitan Counties	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
251	-	Comprehensive Diabetes Care - HbA1c Control (>9%)	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
252	A-C	Comprehensive Diabetes Care - LDL-C Screening	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
253	-	Comprehensive Diabetes Care - Eye Exam	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
254	-	Comprehensive Diabetes Care - Medical Attention for Nephropathy	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
255	-	Annual Pediatric hemoglobin A1C Testing - Children Age 5 to 17 With Type I or II Diabetes	CMS Child 22	5-17	CY	6/30/2015	June 30th
259	A-C	Diabetes Short-Term Complications Admission Rate per 100,000 - Adults	CMS Adult 8	18-64, >=65, Total	CY	6/30/2015	June 30th
260	A-D	Use of Appropriate Medications for People with Asthma - Age 5 to 64	HEDIS: ASM	5-11, 12-18, 19-50, 51-64, Total	CY	6/30/2015	June 30th
261	-	Medication Management for People with Asthma - At Least 50% of Treatment Period - Age 5 to 18	HEDIS: MMA	5-18	CY	6/30/2015	June 30th
262	-	Medication Management for People with Asthma - At Least 75% of Treatment Period - Age 5 to 18	HEDIS: MMA	5-18	CY	6/30/2015	June 30th
263	-	Annual Percent of Asthma Patients With One or More Asthma-Related Emergency Room Visits - Age 2 to 20	CMS Child 20	2-20	CY	6/30/2015	June 30th
264	A-C	Asthma Admission Rate per 100,000 - Adults	CMS Adult 11	18-64, >=65, Total	CY	6/30/2015	June 30th
267	-	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	HEDIS: SPR	>=40	CY	6/30/2015	June 30th
268	A-C	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate per 100,000 - Adults	CMS Adult 9	18-64, >=65, Total	CY	6/30/2015	June 30th
270	A-C	Congestive Heart Failure Admission Rate per 100,000 - Adults	CMS Adult 10	18-64, >=65, Total	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
271	A-D	Inpatient Hospital Utilization for Ambulatory Care Sensitive Conditions Overall PQI Composite per 100,000 beneficiaries - Adults	PQI 90	18-44, 45-64, >=65, Total	Quarterly	Four months after the completion of the first full quarter after start of program	4 months after the end of the quarter
271	E-H	Inpatient Hospital Utilization for Ambulatory Care Sensitive Conditions Overall PQI Composite per 100,000 beneficiaries - Adults	PQI 90	18-44, 45-64, >=65, Total	CY	6/30/2015	June 30th
280	A-C	Care Transition - Transition Record Transmitted to Health Care Professional - Adults	CMS Adult 24	18-64, >=65, Total	CY	6/30/2015	June 30th
300	A	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Standard appeals - within 30 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	B	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Extended appeals - within 44 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	C	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Expedited appeals- within 3 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	D	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Maximum - within 45 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	A	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Member abandoned appeal	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	B	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal upheld	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	C	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal Reversed	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	D	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal elevated to State Fair Hearing	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
302	A	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Denial or limited authorization	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	B	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Reduction, suspension, or termination of previously authorized service	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	C	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Denial of payment	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	D	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Failure to provide timely service	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	E	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Untimely service authorization	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	F	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Failure of MCO to act within NH DHHS contract timeframes (17.4.1.6)	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	A	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Payment - delivered on date of action	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	B	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Service Authorization - 14 calendar days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	C	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Service Authorization under permissible extensions - 28 calendar days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	D	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for circumstances that warrant expedited notices - 3 business days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
304	-	Percent of grievance dispositions made within 45 calendar days	NH 304	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
330	A	Frequency of Ongoing Prenatal Care (<21% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	B	Frequency of Ongoing Prenatal Care (21-40% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	C	Frequency of Ongoing Prenatal Care (41-60% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	D	Frequency of Ongoing Prenatal Care (61-80% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	E	Frequency of Ongoing Prenatal Care (>= 81% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
331	-	Prenatal and Postpartum Care - Timeliness of Prenatal Care	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	A	Prenatal and Postpartum Care - Postpartum Care – Total	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	B	Prenatal and Postpartum Care - Postpartum Care – Metropolitan Counties	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	C	Prenatal and Postpartum Care - Postpartum Care – Non-metropolitan Counties	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	D	Prenatal and Postpartum Care - Postpartum Care – Ethnicity: Hispanic	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	E	Prenatal and Postpartum Care - Postpartum Care – Ethnicity: Non-Hispanic	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	F	Prenatal and Postpartum Care - Postpartum Care – Race: White	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	G	Prenatal and Postpartum Care - Postpartum Care – Race: Black	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	H	Prenatal and Postpartum Care - Postpartum Care – Race: Other	HEDIS: PPC	All	CY	6/30/2015	June 30th
333	-	Behavioral Health Risk Assessment for Pregnant Women	CMS TBD	All	Agreement year	12/31/2015	December 31st
336	-	Appropriate Use of Antenatal Steroids	CMS Adult 15	All	CY	6/30/2015	June 30th
340	A-C	Breast Cancer Screening - Age 42-69	HEDIS: BCS	42-64, 65-69, Total	2 CY	6/30/2016	June 30th
341	A	Cervical Cancer Screening - Age 24-64	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	C	Cervical Cancer Screening - Age 24-64 - Disabled Sub-population	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	D	Cervical Cancer Screening - Age 24-64 -Metropolitan Counties	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	E	Cervical Cancer Screening - Age 24-64 –Non-metropolitan Counties	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
342	A-C	Chlamydia Screening in Women - Age 16 to 24	HEDIS: CHL	16-20, 21-24, Total	CY	6/30/2015	June 30th
343	A-C	Adult BMI Assessment	HEDIS: BAA	18-64, 64-74, Total	CY	6/30/2015	June 30th
344	-	Developmental Screening in the First Three Years of Life	CMS Child 8	1, 2, 3, Total	Birthday - 12 months	6/30/2016	June 30th
345	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile documentation	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
346	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
347	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
350	A	Well-Child Visits in the first 15 Months of Life (0 visit)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	B	Well-Child Visits in the first 15 Months of Life (1 visit)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	C	Well-Child Visits in the first 15 Months of Life (2 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	D	Well-Child Visits in the first 15 Months of Life (3 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	E	Well-Child Visits in the first 15 Months of Life (4 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	F	Well-Child Visits in the first 15 Months of Life (5 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	G	Well-Child Visits in the first 15 Months of Life (6 or more visits) – Total Population	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	H	Well-Child Visits in the first 15 Months of Life (6 or more visits) - Metropolitan Counties	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	I	Well-Child Visits in the first 15 Months of Life (6 or more visits) - Non-Metropolitan Counties	HEDIS: W15	15 months	CY	6/30/2015	June 30th
351	A	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life – Total Population	HEDIS: W34	3-6	CY	6/30/2015	June 30th
351	B	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life - Metropolitan Counties	HEDIS: W34	3-6	CY	6/30/2015	June 30th
351	C	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life - Non-Metropolitan Counties	HEDIS: W34	3-6	CY	6/30/2015	June 30th
352	A	Adolescent Well Care Visits	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
352	B	Adolescent Well Care Visits - Metropolitan Counties	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
352	C	Adolescent Well Care Visits - Non-Metropolitan Counties	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
353	A	Access to (use of) Preventive/Ambulatory Health Services - Adults	HEDIS: AAP	20-44, 45-64, >=65, Total	CY	6/30/2015	June 30th
353	B	Access to (use of) Preventive/Ambulatory Health Services - Adult Total: Metropolitan Counties	NH DHHS 353 / HEDIS AAP	>=20	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
353	C	Access to (use of) Preventive/Ambulatory Health Services - Adult Total: Non-Metropolitan Counties	NH DHHS 353 / HEDIS AAP	>=20	CY	6/30/2015	June 30th
354	A-E	Children and Adolescents' Access To PCP - Age 12 Months - 19 Years	HEDIS: CAP	12-24 months, 25 months-6 years, 7-11, 12-19, Total	CY	6/30/2015	June 30th
355	A	Childhood Immunization Status - Combo 2	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	B	Childhood Immunization Status - Combo 3	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	C	Childhood Immunization Status - Combo 4	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	D	Childhood Immunization Status - Combo 5	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	E	Childhood Immunization Status - Combo 6	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	F	Childhood Immunization Status - Combo 7	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	G	Childhood Immunization Status - Combo 8	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	H	Childhood Immunization Status - Combo 9	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	I	Childhood Immunization Status - Combo 10	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	J	Childhood Immunization Status - DTaP	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	K	Childhood Immunization Status - IPV	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	L	Childhood Immunization Status - MMR	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	M	Childhood Immunization Status - HiB	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	N	Childhood Immunization Status - Hepatitis B	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	O	Childhood Immunization Status - VZV	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	P	Childhood Immunization Status - Pneumococcal Conjugate	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	Q	Childhood Immunization Status - Hepatitis A	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	R	Childhood Immunization Status - Rotavirus	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	S	Childhood Immunization Status - Influenza	HEDIS: CIS	2	CY	6/30/2015	June 30th
356	A	Immunizations for Adolescents - Combination 1	HEDIS: IMA	13	CY	6/30/2015	June 30th
356	B	Immunizations for Adolescents - Meningococcal	HEDIS: IMA	13	CY	6/30/2015	June 30th
356	C	Immunizations for Adolescent - Tdap/Td	HEDIS: IMA	13	CY	6/30/2015	June 30th
357	-	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NQF 1407	13	CY	6/30/2015	June 30th
416	-	EPSDT performance via Form-CMS 416 – All Non-Dental Lines	416	Total <21, <0, 1-2, 3-5, 6-9, 10-14, 15-18, 19-20	Federal FY	3/18/2015	March 18th of the next Federal FY(April 1 is the due date for CMS)
420	A	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Total Population	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
420	B	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Metropolitan Counties	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
420	C	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Non-metropolitan Counties	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	A	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Non-metropolitan Counties	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	B	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Metropolitan Counties	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	C	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Total Population	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	A	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Metropolitan Counties	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	B	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Non-metropolitan Counties	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	C	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Total Population	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
425	A	Beneficiary to provider ratio - MCO Designated Primary Care providers - Statewide	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
425	B	Beneficiary to provider ratio - MCO Designated Primary care providers - Metropolitan Counties	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
425	C	Beneficiary to provider ratio - MCO Designated Primary Care providers - Non-Metropolitan Counties	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	A	Child to Pediatrician Provider Ratio - Total	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	B	Child to Pediatrician Provider Ratio - Metropolitan Counties	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	C	Child to Pediatrician Provider Ratio - Non-Metropolitan Counties	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	A	Female Age 19 to 64 to OB/GYN Provider Ratio - Total	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	B	Female Age 19 to 64 to OB/GYN Provider Ratio - Metropolitan Counties	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	C	Female Age 19 to 64 to OB/GYN Provider Ratio - Non-Metropolitan Counties	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
430	A	Access to (use of) Preventive/Ambulatory Health Services - Total Population	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
430	B	Access to (use of) Preventive/Ambulatory Health Services - Metropolitan Areas	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
430	C	Access to (use of) Preventive/Ambulatory Health Services - Non-Metropolitan Areas	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
431	A	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Total Population	NH 431 / AAP & CAP	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
431	B	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Metropolitan Areas	NH 431 / AAP & CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	4 months after the end of the quarter
431	C	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Non-Metropolitan Areas	NH 431 / AAP & CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	D	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Children and Families Aid Categories	NH 431 /CAP	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	E	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Blind and Disabled Aid Categories	NH 431 /CAP	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	F	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Foster Care Aid Categories	NH 431 /CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	G	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, families and Children Aid Categories	NH 431 / AAP	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	H	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, Blind and Disabled Aid Categories	NH 431 / AAP	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	I	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, Aged Aid Category	NH 431 / AAP	>=65	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	A	Ambulatory Care: Emergency Dept. Visits/1000 - Total Population	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	B	Ambulatory Care: Emergency Dept. Visits/1000 by Metropolitan Counties	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
432	C	Ambulatory Care: Emergency Dept. Visits/1000 by Non-Metropolitan Counties	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	D	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Children and Families Aid Categories	NH 432	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	E	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Blind and Disabled Aid Categories	NH 432	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	F	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Foster Care Aid Categories	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	G	Ambulatory Care: Emergency Dept. Visits/1000 - Adults, Children and Families Aid Categories	NH 432	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	H	Ambulatory Care: Emergency Dept. Visits/1000 - Adults, Blind and Disabled Aid Categories	NH 432	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	I	Ambulatory Care: Emergency Dept. Visits/1000 Beneficiary Months - Adults, Aged Aid Categories	NH 432	>=65	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	A	ED Utilization for Primary Care - Total Population	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	B	ED Utilization for Primary Care - Metropolitan Areas	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	C	ED Utilization for Primary Care - Non-Metropolitan Areas	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
433	D	ED Utilization for Primary Care - Children, Child/Families Aid Categories	NH 433	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	G	ED Utilization for Primary Care - Adults, Child/Family Aid Categories	NH 433	>=19	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	H	ED Utilization for Primary Care - Adults, Blind/Disabled Aid Categories	NH 433	>=19	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
450	-	Board Certification - Percent of Family Medicine Physicians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
451	-	Board Certification - Percent of Geriatricians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
452	-	Board Certification - Percent of Internal Medicine Physicians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
453	-	Board Certification - Percent of OB/GYNs	HEDIS: BCR	NA	CY	6/30/2015	June 30th
454	-	Board Certification - Percent of Other Physician Specialists	HEDIS: BCR	NA	CY	6/30/2015	June 30th
455	-	Board Certification - Percent of Pediatricians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
500	A-I	Emergency Dept. Visits/1000 Member Months - Total Population	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
501	A-I	Emergency Dept. Visits/1000 Member Months - Medicaid/Medicare Dual-Eligibles	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
502	A-I	Emergency Dept. Visits/1000 Member Months - Disabled	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
503	A-I	Emergency Dept. Visits/1000 Member Months - Other Low Income	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
505	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Total Medicaid	NH 505 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
506	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid/Medicare Dual-Eligibles	NH 506 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
507	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid Disabled Eligibility Group	NH 507 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
508	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid Other Low-Income Eligibility Group	NH 508 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
509	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Total Medicaid	NH 509 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
510	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid/Medicare Dual-Eligibles	NH 510 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
511	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid Disabled Eligibility Group	NH 511 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
512	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid Other Low-Income Eligibility Group	NH 512 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
513	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Total Medicaid	NH 513 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
514	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid/Medicare Dual-Eligibles	NH 514 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
515	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid Disabled Eligibility Group	NH 515 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
516	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid Other Low-Income Eligibility Group	NH 516 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
517	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Total Medicaid	NH 517 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
518	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid/Medicare Dual-Eligibles	NH 518 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
519	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid Disabled Eligibility Group	NH 519 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
520	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid Other Low-Income Eligibility Group	NH 520 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
525	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Total Medicaid	NH 525 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
526	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid/Medicare Dual-Eligibles	NH 526 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
527	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid Disabled Eligibility Group	NH 527 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
528	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid Other Low-Income Eligibility Group	NH 528 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
529	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Total Medicaid	NH 529 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
530	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid/Medicare Dual-Eligibles	NH 530 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
531	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid Disabled Eligibility Group	NH 531 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
532	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid Other Low-Income Eligibility Group	NH 532 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
533	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Total Medicaid	NH 533 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
534	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid/Medicare Dual-Eligibles	NH 534 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
535	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid Disabled Eligibility Group	NH 535 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
536	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid Other Low-Income Eligibility Group	NH 536 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
537	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Total Medicaid	NH 537 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
538	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid/Medicare Dual-Eligibles	NH 538 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
539	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid Disabled Eligibility Group	NH 539 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
540	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid Other Low-Income Eligibility Group	NH 540 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
541	A-C	Plan All-Cause Rate of Readmissions Within 30 Days - Adults	CMS Adult 7	18-64, >=65, Total	CY	6/30/2015	June 30th
545	-	Use of Imaging Studies for Low Back Pain	HEDIS LBP	All	CY	6/30/2015	June 30th
550	A-G	Mean pharmacy payments per Beneficiary per month by Age Group	NH 550	<=5, 6-13, 14-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	A	Mean pharmacy payments per Beneficiary per month - Low income children	NH 551	<=18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
551	B	Mean pharmacy payments per Beneficiary per month - Children with Disabilities in Home Care	NH 551	<=18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	C	Mean pharmacy payments per Beneficiary per month - Children in Foster Care	NH 551	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	D	Mean pharmacy payments per Beneficiary per month - Low Income Adult	NH 551	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	E	Mean pharmacy payments per Beneficiary per month - Adults with Disabilities - Non-Duals	NH 551	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	F	Mean pharmacy payments per Beneficiary per month - Elderly - Non-Duals	NH 551	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	G	Mean pharmacy payments per Beneficiary per month - Medicare Duals	NH 551	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
552	A-G	Median Beneficiary pharmacy cost by age group	NH 552	<=5, 6-13, 14-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	A	Median Beneficiary pharmacy cost - Low income children	NH 553	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	B	Median Beneficiary pharmacy cost - Children with Disabilities in Home Care	NH 553	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	C	Median Beneficiary pharmacy cost - Children in Foster Care	NH 553	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
553	D	Median Beneficiary pharmacy cost - Low Income Adult	NH 553	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	E	Median Beneficiary pharmacy cost - Adults with Disabilities - Non-Duals	NH 553	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	F	Median Beneficiary pharmacy cost - Elderly - Non-Duals	NH 553	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	G	Median Beneficiary pharmacy cost - Medicare Duals	NH 553	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
554	A-G	Pharmacy prescriptions filled per Beneficiary per month by age group	NH 554	0-5, 6-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	A	Pharmacy prescriptions filled per Beneficiary per month - Low income children	NH 555	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	B	Pharmacy prescriptions filled per Beneficiary per month - Children with Disabilities in Home Care	NH 555	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	C	Pharmacy prescriptions filled per Beneficiary per month - Children in Foster Care	NH 555	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	D	Pharmacy prescriptions filled per Beneficiary per month - Low Income Adult	NH 555	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	E	Pharmacy prescriptions filled per Beneficiary per month - Adults with Disabilities - Non-Duals	NH 555	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
555	F	Pharmacy prescriptions filled per Beneficiary per month - Elderly - Non-Duals	NH 555	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	G	Pharmacy prescriptions filled per Beneficiary per month - Medicare Duals	NH 555	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
560	-	Utilization Controls - Adherence to State PDL	NH 560	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
561	-	Utilization Controls - generic utilization adjusted for preferred PDL brands	NH 561	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
562	-	Utilization Controls - generic substitution -The percent of generic claims among claims where generics were available (defined as generics plus multi-source claims).	NH 562	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
563	-	Utilization Controls - generic utilization -The percent of generic claims among all claims	NH 563	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
600	-	Percent of clean professional and facility claims paid or denied within thirty (30) days of receipt	NH 600	All	Calculated Daily Reported Monthly	45 days after start of program	15 calendar days after end of month
601	-	Percent of days per month that clean professional and facility claim payments met 30 day standard	NH 601	All	Monthly	45 days after start of program	15 calendar days after end of month
602	-	Percent of clean professional and facility claims paid within sixty (60) days of receipt	NH 602	All	Calculated Daily Reported Monthly	105 days after start of program	75 calendar days after end of month
603	-	Percent of days per month that clean professional and facility claim payments met 60 day standard	NH 603	All	Monthly	45 days after start of program	15 calendar days after end of month
604	-	Percent of pharmacy electronic systems transactions that are processed in less than one (1) second (standard is 95% or more)	NH 604	All	Monthly	45 days after start of program	15 calendar days after end of month
605	-	Claims Processing Accuracy: Percentage of professional and facility claims that are accurately processed in their entirety (see definition 27.5.1).	NH 605	All	Monthly	45 days after start of program	15 calendar days after end of month
606	-	Claims Payment Accuracy: Percentage of professional and facility claims paid or denied correctly (see definition 27.4.1).	NH 606	All	Monthly	45 days after start of program	15 calendar days after end of month

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
607	-	Claims Financial accuracy: Inaccuracy of dollars paid to providers on professional and facility claims (see definition 27.3.1).	NH 607	All	Monthly	45 days after start of program	15 calendar days after end of month
608	-	Interest paid on professional and facility claims paid > 30 days of receipt	NH 608	All	Monthly	45 days after start of program	15 calendar days after end of month
620	-	Medical service, equipment, and supply prior authorization determination timeframe: urgent within 72 hours for a new request	NH 620	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
621	-	Medical service, equipment, and supply prior authorization determination timeframe: routine within 15 calendar days for a new request	NH 621	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
622	-	Medical service, equipment, and supply prior authorization determination timeframe: urgent within 24 hours for a continuation request	NH 622	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
623	-	Pharmacy prior authorization response timeframe: within 24 hours	NH 623	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1002	-	Behavioral Health Satisfaction Survey: The MCO shall conduct and submit to DHHS an analytic narrative report that interprets the results from the SAMHSA consumer satisfaction survey for members with behavioral health conditions	NH 1002	All	Fielded for 70 days beginning 7 months after start of program; normal NCQA schedule thereafter	First year under contract. 6/30/2015 from the MCOs	June 30th
1043	-	Provider Engagement: The MCO shall provide a narrative report on provider engagement through the Provider Advisory Board (PAB) meetings including, but not limited to, PAB Beneficiary composition, meeting times and locations, agendas, MCO program impact attributable to the PAB.	NH 1043	NA	Agreement Year	9/30/2014	September 30th
1046	-	Provider Satisfaction Survey: The MCO shall conduct and submit to DHHS an analytic narrative report that interprets the results from an annual provider satisfaction survey, approved by DHHS and administered by a third party.	NH 1046	All	Semi-annually	9/30/2014	September 30th
1049	-	Provider Training: The MCO shall provide a narrative report on provider training, including date and location, subject of the training, number in attendance, training evaluation, and include in this report presentation the Behavioral Health: Mental Health Service Providers Training Reporting,	NH 1049	NA	Agreement Year	9/30/2014	September 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1051	-	Comprehensive FWA log including all audits, in progress and complete	NH 1051	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1052	-	Comprehensive FWA log including all FWA related to providers, including all communications regarding FWA, number of records requested, providers audited	NH 1052	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1053	-	Comprehensive FWA log including amounts recovered/owed, provider training or corrective action to mitigate future FWA.	NH 1053	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1054	-	Comprehensive FWA log including appeals, hearings related to FWA.	NH 1054	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1055	-	Comprehensive FWA log including claims targeted for review and recovery, including claims analysis.	NH 1055	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1056	-	Comprehensive FWA log including number of complaints of FWA warranting investigation including, but not limited to provider name and specialty, NPI, complaint source and nature, dollar amount	NH 1056	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1057	-	Comprehensive Annual FWA Summary Narrative Report including MCO internal recommendations as applicable based on summary analysis to mitigate FWA	NH 1057	All	Agreement Year	9/30/2014	September 30th
1058	-	Provide results of review of a statistically valid sample of paid and denied claims determined with a ninety-five percent (95%) confidence level, +/- three percent (3%), assuming an error rate of three percent (3%) in the population of managed care claims. Describe in detail any corrective action plans needed to address claims payment accuracy issues.	NH 1058	All	Monthly	45 days after start of program	15 calendar days after end of month
1063	-	Service Utilization and Controls: Annual narrative report which shall include, but not be limited to, an assessment of the impact of utilization controls on Beneficiary, provide and program quality and costs; any unintended consequences; an assessment of any under-utilization and/or over-utilization; opportunities for improvement; impact of Beneficiary and/or providers on changes to utilization controls	NH 1063	All	Agreement Year	9/30/2014	September 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1064	-	Accident and Trauma - Provide DHHS with a log including but not limited to: Detailed information contained on medical/pharmacy claims for any cases identified as possible accident and trauma per contract section 25.1.4	NH 1064	All	Monthly & data as needed on demand	45 days after start of program	15 calendar days after end of month
1065	A	Cost Avoidance - Monthly accumulation of claims cost avoided for other insurance per contract section 25.1.2	NH 1065	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
106S	B	Cost Recovery- Monthly claim specific log of number of claims cost billed, amount not collected and the amount denied per contract section 25.1.5	NH 1065	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1070	-	Average claims/service payment per Beneficiary per month by rate cell	NH 1070	All	Agreement Year	12/31/2014	December 31st
1100	-	Tabular Summary of MCO appeals resolutions - Resolution Type by Category of Service	NH 1100	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1102	-	Provider Termination Log	NH 1102	All	As terminations occur and quarterly summary including report of no terminations in quarter	Upon first provider termination or within 15 calendar days after the end of the first quarter of program operations	Within 15 Calendar Days of Notice of Termination
1200	-	Lock-in to Pharmacy Log	NH 1200	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1201	-	Lock-in to Prescriber Log	NH 1201	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1202	-	Lock-in Beneficiary Disenrollment Summary	NH 1202	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1203	-	Lock-in Beneficiary Enrollment Summary	NH 1203	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1204	-	Lock-in Beneficiary Activity Summary	NH 1204	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1300	-	Narrative Report on Beneficiary Engagement through the Consumer Advisory Board (CAB) and Regional Beneficiary meetings	NH 1300	NA	Agreement year	9/30/2014	September 30th
1420	-	Beneficiary Communications - Beneficiary calls warm transferred to NH DHHS queue by NH DHHS program	NH 1420	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1421	-	Beneficiary Communications - New Beneficiary welcome calls	NH 1421	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1422	-	Beneficiary Communications - Returned calls by the next business day	NH 1422	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1425	-	Beneficiary Communications Website - Number of Beneficiary logins to MCO Beneficiary website portal	NH 1425	All	Agreement year	9/30/2014	September 30th
1426	-	Beneficiary Communications Website - Number of individual requests for additional information from MCO Beneficiary website.	NH 1426	All	Agreement year	9/30/2014	September 30th
1440	-	Consent for Behavioral Health/ Medical Information for Care Coordination - count of reasons for failure to obtain of consent	NH 1440	All	Agreement year	7/31/2014	Within 30 days of the end of a SFY
1450	-	Number of NEMT requests made and mode delivered	NH 1450	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1451	-	Number of NEMT requests authorized and delivered	NH 1451	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1452	-	Number of NEMT requests made and services delivered by types of medical services – Out-of-State	NH 1452	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1453	-	Number of NEMT requests made and services delivered by types of medical services -In-State	NH 1453	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1454	-	Number of wheelchair requests authorized and delivered	NH 1454	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1460	-	Monitoring of polypharmacy among all medications	NH 1460	0-18, 19-44, 45-64	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1461	-	Monitoring of polypharmacy for behavioral health medications - Children receiving foster care services	NH 1461	0-5, 6 to 18	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1462	-	Monitoring of polypharmacy for behavioral health medications in children	NH 1462	0-5, 6 to 18	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1470	-	Log of all grievances - detailed on grievance and any corrective action or response to the grievance	NH 1470	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1480	-	Provider Communications: After hours voice mail follow up	NH 1480	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1481	-	Provider Communications: Inbound provider call utilization - calls abandoned	NH 1481	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1482	-	Provider Communications: Inbound provider call utilization - mean call time	NH 1482	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1483	-	Provider Communications: Inbound provider call utilization - mean hold time in queue	NH 1483	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1484	-	Provider Communications: Inbound provider call utilization - percent of calls answered within 30 seconds	NH 1484	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1485	-	Provider Communications: Inbound provider call utilization - reason for the call	NH 1485	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1490	-	Beneficiary Communications: Inbound Beneficiary call utilization - within 30 seconds	NH 1490	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1491	-	Beneficiary Communications: Inbound Beneficiary call utilization - average (mean) call time	NH 1491	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1492	-	Beneficiary Communications: Inbound Beneficiary call utilization - calls abandoned	NH 1492	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1493	-	Beneficiary Communications: Inbound Beneficiary call utilization - mean hold time in queue	NH 1493	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1494	-	Beneficiary Communications: Inbound Beneficiary call utilization - reason for the call	NH 1494	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1600	-	Prior Authorization Approvals Summary	NH 1600	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1601	-	Prior Authorization Denial Detail Listing	NH 1601	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1602	-	Prior Authorization Denials Summary	NH 1602	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1700	-	Total pharmacy payment amount	NH 1700	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

CERTIFICATE OF AUTHORITY

I, Jesse N. Hunter, hereby certify that I am Vice President of Granite State Health Plan, Inc., a New Hampshire corporation organized and existing under the laws of the state of New Hampshire (the "Corporation").

I further certify that Christopher D. Bowers, President of the Corporation, is authorized to sign on behalf of the Corporation any contracts or forms.

I further certify that the authority given to the individual named above shall remain in full force and effect until this Certificate of Authority is amended by the Corporation.

IN WITNESS WHEREOF, I have subscribed my name as Vice President of the Corporation on this 11th day of June, 2013.

Jesse N. Hunter, Vice President

State of Missouri

County of St. Louis

On this 11th day of June, 2013, before me, Rosemarie Bayes, the undersigned Notary Public, personally appeared Jesse N. Hunter, personally known to me, to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same for the purposes therein stated.

Signature of Notary Public

(Seal)

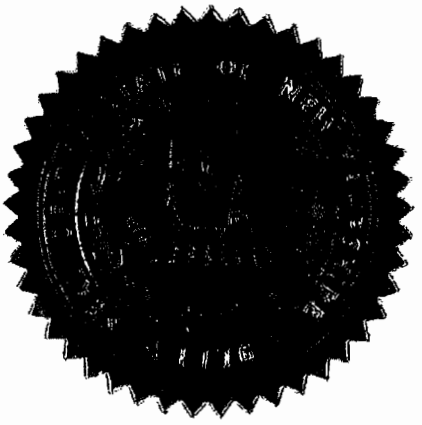
ROSEMARIE BAYES
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: June 3, 2016
Commission # 12567879

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify Granite State Health Plan, Inc. is a New Hampshire corporation registered on March 14, 2012. I further certify that articles of dissolution have not been filed with this office.

INFORMATION REGARDING ANNUAL REPORTS AND/OR FEES MUST BE OBTAINED FROM THE NEW HAMPSHIRE INSURANCE DEPARTMENT.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 11th day of June, A.D. 2013

William M. Gardner
Secretary of State

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/09/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER
Aon Risk Services Central, Inc.
St. Louis MO Office
8182 Maryland Avenue
St Louis MO 63105 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122
FAX (A/C. No.): (847) 953-5390
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: 10234228

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Affiliated FM Insurance Co.	10014
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Granite State Health Plan
c/o Centene Corporation
7700 Forsyth Blvd.
Suite 600
St. Louis MO 63105 USA

COVERAGES **CERTIFICATE NUMBER:** 570048192124 **REVISION NUMBER:**

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X PROPERTY	EM821	11/01/2012	11/01/2013	BUILDING	
	CAUSES OF LOSS / DEDUCTIBLES				PERSONAL PROPERTY	
	BASIC — BUILDING				X BUSINESS INCOME w/o Extra Expense	Included
	BROAD — CONTENTS				X EXTRA EXPENSE	$10,000,000
	X SPECIAL				RENTAL VALUE	
	EARTHQUAKE				BLANKET BUILDING	
	WIND				BLANKET PERS PROP	
	FLOOD				X BLANKET BLDG & PP	$80,000,000
	X Blkt B&PP Ded $10,000					
	INLAND MARINE	TYPE OF POLICY				
	CAUSES OF LOSS	POLICY NUMBER				
	NAMED PERILS					
	CRIME					
	TYPE OF POLICY					
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

NH Department of Health and
Human Services,
Office of the Commissioner (OCOM)
Attn: Walter Faasen or Kathleen Dunn
Brown Building, 129 Pleasant Street
Concord NH 03301-3857 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Aon Risk Services Central, Inc.

Holder Identifier :

CERTIFICATE NUMBER: 570048192124

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/09/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. St. Louis MO Office 8182 Maryland Avenue St Louis MO 63105 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (847) 953-5390
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Granite State Health Plan c/o Centene Corporation 7700 Forsyth Blvd. Suite 600 St. Louis MO 63105 USA	INSURER A: American Zurich Ins Co	40142
	INSURER B: Hartford Fire Insurance Co.	19682
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570048191769 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			GLA 9826749-01	11/01/2012	11/01/2013	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$2,000,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$2,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	
	[ ] DED [ ] RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			84WBBO1382	11/01/2012	11/01/2013	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N/A						E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

NH Department of Health and
Human Services,
Office of the Commissioner (OCOM)
Attn: Walter Faasen or Kathleen Dunn
Brown Building, 129 Pleasant Street
Concord NH 03301-3857 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570048191769

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

This first Amendment to the Medicaid Care Management contract (hereinafter referred to as "Amendment #1") dated this June 6th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Granite Care - Meridian Health Plan of New Hampshire, Inc. (hereinafter referred to as "the Contractor"), a New Hampshire Corporation with a place of business at 900 Elm Street, Manchester, NH.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on May 9th, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the Agreement may be amended by the parties after approval by the Governor and Executive Council, and Exhibit A Section 20.6.1 DHHS may select Performance Incentives each Agreement year;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

Amendment and modification of P-37 "Agreement";
1) **Change** Price Limitation in Block 1.8 of the P-37 to read $ 814,043,392.00

Changes to Exhibit A:

Delete from 2.1:
Action

Add the following terms to 2.1:
Administrative Review Committee
Applies appropriate risk management principles to ensure due diligence and oversight to protect the patient, community and hospital in treating high risk or high profile patients.

Adequate Network of Providers
A network sufficient in numbers, types and geographic location of providers, as defined in NH Rule INS 2701, to ensure that covered persons will have access to health care services without unreasonable delay.

Agreement Period
Dates indicated in the P-37 of this Agreement.

Agreement Year
NH State Fiscal Year.

Execution Date
Date Agreement approved by Governor and Executive Council.

Implementation Period
Period of time between Readiness Review # 1 and Program Start Date.

Program Start Date
Date when MCO is responsible for coverage of services to its members.

Start Date of the Program
Date initial member enrollment begins.

Start of Program
Date initial member enrollment begins.

Step 1
Medicaid Services as indicated in Section 8.2 Covered Service Matrix as Step 1 (Medical Services).

Step 2
Waivered Services, and Medicare Duals, rehab option services, and nursing facilities services as indicated in Section 8.2 Covered Service Matrix as Step 2.

Step 3
Medicaid Expansion Services as per The Patient Protection and Affordable Care Act (PPACA) (Medicaid Expansion).

Substantial Provider Network
A network sufficient in numbers, types and geographic location of providers, as defined in NH Rule INS 2701, with temporarily reduced standards for geographic accessibility from 90% of the enrolled population within each county (INS 2701.06(b)(1), INS 2701.06(c)(2), INS 2701.06(d)(1), to 80% of the enrolled population within each county.

Delete:

5.3.1.4 The MCO shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule established by DHHS, consistent with industry standards and State MCO laws and regulations.

Replace with:

5.3.1.4 The MCO shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule established by DHHS, consistent with industry standards and State & Federal laws and regulations.

Delete:

6.1.12 The MCO shall, within thirty (30) calendar days of signing this Agreement Deliver to DHHS a Staffing Contingency Plan including but not limited to:

Replace with:

6.1.12 The MCO shall deliver to DHHS a Staffing Contingency Plan within thirty (30) calendar days of signing this Agreement and after any substantive changes to the Staffing Contingency Plan. The Plan shall include, but is not limited to:

Delete:

7.6.3.1 DHHS intends to conduct two (2) readiness reviews of the MCO during the implementation phase prior to the program start date. The first review shall take place thirty (30) days after contract effective date or ninety(90) calendar days prior to the program start date, whichever comes later, and the second review shall take place thirty (30) calendar days prior to the program start date. The MCO shall fully cooperate with DHHS during these readiness reviews. During the readiness reviews, DHHS shall assess the MCO's progress towards a successful program implementation. The review shall include validation of readiness in multiple areas, including but not limited to:

Replace with:

7.6.3.1 DHHS intends to conduct two (2) readiness reviews of the MCO during the implementation phase prior to the Program Start Date. The first review shall take place thirty (30) days after contract effective date or scheduled after DHHS has verified that at least two MCOs have satisfied the DHHS Substantial Provider Network reporting requirements, whichever comes later, and will take place ninety(90) calendar days prior to the Program Start Date. The second review shall take place thirty (30) calendar days prior to the Program Start Date. The MCO shall fully cooperate with DHHS during these readiness reviews. During the readiness reviews, DHHS shall assess the MCO's progress towards a successful program implementation. The review shall include validation of readiness in multiple areas, including but not limited to:

Delete:

7.6.3.3 During the first one hundred and eighty (180) days following the Execution Date of this Agreement, DHHS may give tentative approval of the MCO's required policies and procedures.

Replace with:

7.6.3.3 During the first one hundred and eighty (180) days following the effective date of this Agreement or within ninety (90) days prior to the Program Start Date, whichever comes later, DHHS may give tentative approval of the MCO's required policies and procedures.

Delete:

7.7.1 The MCO shall cooperate with, and support DHHS during Year 1 of the Agreement to establish the model for the Step 2 Program, which would include program design, rate development and implementation strategy, which shall be incorporated as an amendment to this Agreement.

Replace with:

7.7.1 The MCO shall participate with DHHS to establish the model for the Step 2 Program through the State Implementation Model (SIM) design process. The model for Step 2 shall include service delivery, rate development and implementation strategy and shall be submitted to CMS by September 30, 2013, for approval.

Delete:

7.7.2 The start date of Step 2 is July 1st, 2013, contingent upon the successful completion of requirements described in 7.7.1.

Replace with:

7.7.2 The program start date of Step 2 shall commence within 12 months from the Program Start Date of Step 1, contingent upon the successful completion of the requirements described in 7.7.1 and all required approvals by CMS.

Add:

7.7.4.1 Detailed requirements to follow structure of 7.6.1.1 – requirements to be developed as part of Step 2 Program design.

Add:

8.1 Native Americans & Native Alaskans w/ member opt out
Step 1
Footnote 2: Per 42 USC §1396u-2(a)(2)(c); however, NH has no recognized tribes.

Delete:

9.1.1 The MCO shall submit, thirty (30) days from the contract effective date or ninety (90) days prior to the start of each Agreement year, whichever is later, its plan to engage its provider network in health care delivery and payment reform activities, subject to review and approval by DHHS. These activities may include, but are not limited to, pay for performance programs, innovative

provider reimbursement methodologies, risk sharing arrangements and subcapitation agreements.

Replace with:

9.1.1 The MCO shall submit one hundred and eighty days (180) days from the Program Start Date, and ninety (90) days prior to the start of each Agreement year its plan to engage its provider network in health care delivery and payment reform activities, subject to review and approval by DHHS. These activities may include, but are not limited to, pay for performance programs, innovative provider reimbursement methodologies, risk sharing arrangements and subcapitation agreements.

Delete:

9.1.3 DHHS will withhold one percent (1%) of MCO capitation payments in each year of the Agreement under the Payment Reform Plan. The MCO will earn a pay-out of that withheld amount if it meets the implementation milestones described in the Payment Reform Plan. The pay-out will be pro-rated to the number of milestones achieved by the MCO at the end of the year.

Replace with:

9.1.3 Beginning July 1, 2014, DHHS will withhold one percent (1%) of MCO capitation payments in each year of the Agreement under the Payment Reform Plan. The MCO will earn a pay-out of that withheld amount if it meets the implementation milestones described in the Payment Reform Plan. The pay-out will be pro-rated to the number of milestones achieved by the MCO at the end of the year.

Delete:

9.1.5.1 FQHCs and RHCs will be paid the encounter rate paid by DHHS as of July 1, 2011

Replace with:

9.1.5.1 FQHCs and RHCs will be paid at minimum the encounter rate paid by DHHS at the time of service.

Add:

9.1.5.10 Primary Care reimbursement to follow DHHS policy and to comply with 42 CFR 438, 42 CFR 441 and 42 CFR 447 II.A.5

- 9.1.5.10.1 MCO shall pass on the full benefit of the payment increase to eligible providers; and
- 9.1.5.10.2 MCO shall adhere to the definitions and requirements for eligible providers and services as specified in Section 1902(a)(13)(C), as amended by the Affordable Care Act of 2010 (ACA) and federal regulations; and
- 9.1.5.10.3 MCO shall submit sufficient documentation, as per DHHS policy, to DHHS to validate that enhanced rates were made to eligible providers.

10.2.1 Delete "formerly" replace with "formally"

Delete:
12.1.10.5 The MCO shall submit an annual report no later than ninety (90) calendar days following the close of the fiscal year with a summary of the trainings provided, a list of attendees from each community mental health program, and the proposed training for the next fiscal year.

Replace with:
12.1.10.5 The MCO shall submit an annual report no later than ninety (90) calendar days following the close of each Agreement Year with a summary of the trainings provided, a list of attendees from each community mental health program, and the proposed training for the next Agreement Year.

Delete:
14.3.1.3 If the member requests to be assigned to the same plan in which another family member is currently enrolled.

Replace with:
14.3.1.3 If the member requests to be assigned to the same plan in which another family member is currently enrolled; or
14.3.1.4 Who have disenrolled with another MCO at the time described in 14.5.3.1.

Delete:
14.4.1 DHHS will use the following auto-assignment methodology in the first year of the program.

Replace with:
14.4.1 DHHS will use the following auto-assignment methodology for the enrollment period prior to Program Start Date.

Delete:
14.5.3.1. During the ninety (90) days following the date of the member's initial enrollment with the MCO or the date that DHHS (or its agent) sends the member notice of the enrollment, whichever is later

Replace with:
14.5.3.1. During the ninety (90) days following the date of the member's enrollment with an MCO or the date that DHHS (or its agent) sends the member notice of the enrollment, whichever is later

Delete:
15.1.3.1 Confirm the member's Primary Care Physician (PCP) selection

Replace with:
15.1.3.1 Assist member to select a Primary Care Provider (PCP) or confirm selection of a PCP

Delete:
15.1.5.3 The member's Medicaid program number;

Replace with:

15.1.5.3 The member's Medicaid ID # assigned by DHHS at the time of eligibility determination;

Delete:

15.1.5.4 The effective date of the PCP assignment

15.3.1.4 Delete "restrain" replace with "restraint"

Delete:

18.1.2 The MCO shall submit documentation to DHHS to demonstrate that it maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)]

18.1.3 At the time it enters into an Agreement with DHHS

18.1.3.1 At the second readiness review prior to the Program start date

18.1.3.2 Thirty (30) days prior to the beginning of each new Agreement year

18.1.3.3 At any time there has been a significant change (as defined by DHHS) in the entity's operations that would affect adequate capacity and services, including but not limited to:

18.1.3.3.1 Changes in services, benefits, geographic service area, or payments

18.1.3.3.2 Enrollment of a new population in the MCO [42 CFR 438.207(c)]

Replace with:

18.1.2 The MCO shall submit documentation to DHHS to demonstrate that it maintains a substantial provider network sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)] prior to the first readiness review.

18.1.3 The MCO shall submit documentation to DHHS to demonstrate that it maintains an adequate network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)]

18.1.3.1 At the second readiness review prior to the Program start date

18.1.3.2 Thirty (30) days prior to the beginning of each new Agreement year

18.1.3.3 At any time there has been a significant change (as defined by DHHS) in the entity's operations that would affect adequate capacity and services, including but not limited to:

18.1.3.3.1 Changes in services, benefits, geographic service area, or payments

18.1.3.3.2 Enrollment of a new population in the MCO [42 CFR 438.207(c)]

Add:

18.1.5 For Step 1 Implementation, the anticipated number of members in Sections 18.1.1 and 18.1.2 shall be based on the "NH Medicaid Care Management Fifty Percent Population Estimate by Zipcode" report provided by DHHS.

Delete:

19.2.3 All providers in the MCO's network shall be enrolled as a New Hampshire Medicaid provider. DHHS will continue to be responsible for enrolling providers; however, the MCO shall assist providers with this process.

Replace with:

19.2.3 All providers in the MCO's network are required, to be enrolled as New Hampshire Medicaid providers. DHHS may waive this requirement for good cause on a case-by-case basis.

Delete:

19.3.9 The MCO shall ensure that providers within their network meet Medicare certification prior to the start of the second Agreement year.

Replace with:

19.3.9 The MCO shall ensure that providers whose Medicare certification is a precondition of participation in the Medicaid program obtain certification within one year of enrollment in MCO's provider network.

Delete:

19.4.2 The MCO shall conduct a provider satisfaction survey, approved by DHHS and administered by a third party, on a statistically valid sample of each major provider type; PCP, specialists, hospitals, pharmacies, DME and Home Health providers. DHHS shall have input to the development of the survey. The survey shall be conducted semi-annually the first Agreement year and at least once an Agreement year thereafter to gain a broader perspective of provider opinions. The results of these surveys shall be made available to DHHS and measured against criteria established by DHHS, and published on the MCO's website.

Replace with:

19.4.2 The MCO shall conduct a provider satisfaction survey, approved by DHHS and administered by a third party, on a statistically valid sample of each major provider type; PCP, specialists, hospitals, pharmacies, DME and Home Health providers. DHHS shall have input to the development of the survey. The survey shall be conducted semi-annually the first year after the program start date and at least once an Agreement year thereafter to gain a broader perspective of provider opinions. The results of these surveys shall be made available to DHHS and measured against criteria established by DHHS, and published on the MCO's website.

Delete:

20.5.3 In addition MCO shall report annually other quality measures specified by DHHS in Exhibit O

Replace with:

20.5.3 In addition MCO shall submit other quality measures as specified by DHHS in Exhibit O in a format to be specified by DHHS.

Delete 20.6 Performance Incentives in its entirety

Replace with:

20.6 Performance Incentives

20.6.1 Each Agreement year DHHS will select four (4) measures to be included in the Quality Incentive Program (QIP). DHHS shall notify the MCO of the four (4) measures to be included in the QIP no later than three (3) months prior to the start of the period for which data will be collected to evaluate each measure.

20.6.2 For each measure selected by DHHS for the QIP, the MCO will be eligible to receive up to one-quarter of the one percent (0.25%) of the withheld amount pertaining to performance incentives as set forth in Section 29.2.9. The MCO will be eligible for a partial incentive payment for substantial improved performance on that measure that does not fully meet the improvement goal.

20.6.3 If the MCO's performance on a measure chosen for the QIP declines below the indicated level the MCO will forfeit the one-quarter of the one percent (0.25%) of the withheld amount pertaining to performance incentives as set forth in Section 29.2.9.

20.6.4 Beginning October 1, 2014, or nine (9) months after the Program Start Date, whichever is later, if the MCO's performance on a measure chosen for the QIP declines below the indicated level, separate from 20.6.3, the MCO will receive a further reduction of up to one quarter of one percent (0.25%) of the total capitation payment received by the MCO in the year for which the measure was selected. The reduction is in addition to the withheld amount set forth in Section 29.2.9, and shall be withheld from any next payment due to the MCO.

20.6.5 For state fiscal year 2014 the following measures have been selected:

20.6.5.1 Timeliness of Prenatal Care (HEDIS Measure). Prenatal and Postpartum Care (PPC) Timeliness of Prenatal Care component: The percentage of deliveries that received a prenatal care visit as a member of the MCO in the first trimester or within 42 days of enrollment in the organization for women who were continuously enrolled in the MCO at least 43 days prior to delivery. The MCO may use a process of physician abstraction with an MCO audit to measure this incentive.

20.6.5.1.1 The measurement will be calculated from the Program Start Date of Step 1 of the program through June 30, 2014. . DHHS shall categorize MCO Program Start Date performance as follows:

20.6.5.1.2 The measure meets or exceeds the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.1.3 The measure is less than the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.1.4 The measure is less than or equal to the 25th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2 Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge, beneficiaries age six and older at the time of discharge including hospitalizations in New Hampshire Hospital (HEDIS Measure).

20.6.5.2.1 The measurement will be calculated from the Program Start Date of Step 1 of the program through June 30, 2014. DHHS shall categorize MCO performance as follows:

20.6.5.2.2 The measure meets or exceeds the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2.3 The measure is less than the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2.4 The measure is less than or equal to the 25th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3 Parental Satisfaction With Children Getting Appointments for Care (CAHPS measure). CAHPS Child Survey – General Population: Response of either "Usually" or "Always" to the question: Not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?"

20.6.5.3.1 The measurement will be calculated based on a CAHPS survey to. DHHS shall conduct the survey for SFY 2014. DHHS shall categorize MCO performance as follows:

20.6.5.3.2 The measure meets or exceeds the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3.3 The measure is less than the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3.4 The measure is less than or equal to the 50th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4 Satisfaction with Getting Appointments for Care (CAHPS measure). CAHPS Adult Survey – Survey Item: "Not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?"

20.6.5.4.1 The measurement will be calculated based on a CAHPS survey. DHHS shall conduct the survey for SFY 2014. DHHS shall categorize MCO performance as follows:

20.6.5.4.2 The measure meets or exceeds the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4.3 The measure is less than the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4.4 The measure is less than or equal to the 50th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.6. In the event of changes to the Medicaid Care Management program or material circumstances beyond DHHS or the MCOs' control, which DHHS determines would unduly limit all MCOs' ability to reasonably perform and achieve the withhold return threshold, DHHS will evaluate the impact of the circumstances and make such changes as required, at the discretion of DHHS.

Delete:

21.1.3 The MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval as part of the first readiness review. Each year thereafter, the MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval each year on or before April 1st.

Replace with:

21.1.3 The MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval as part of the first readiness review. Thereafter the MCO shall submit its written utilization management policies, procedures, and criteria that have changed and an attestation listing those that have not changed since the prior year's submission to DHHS for approval ninety (90) days prior to the end of the Agreement Year.

Delete:

26.1.3.9 42 CFR 435; XX-YY, Chapter ZZ DHHS Eligibility Manual, NH Laws (RSAs), Regulations, State Plan?

Delete:

29.2.2 DHHS will make a monthly payment to the MCO for each member enrolled in the MCO's plan. The rates for the first year will be valid from the Program start date through June 30, 2013. After the first Agreement year, the capitation rates will be valid for 12 months, July 1st through June 30th. The capitation rates will be risk adjusted as follows:

Replace with:

29.2.2 DHHS will make a monthly payment to the MCO for each member enrolled in the MCO's plan. The capitation rates, as set forth in Exhibit B, will be risk adjusted as follows:

Delete:

29.2.3 The capitation payment will be made retrospectively with a two (2) month delay. For example, a payment will be made within five (5) business days of the first day in October 2012 for services provided in July 2012.

Replace with:

29.2.3 The capitation payment will be made retrospectively with a two (2) month delay. For example, a payment will be made within five (5) business days of the first day in October 2012 for services provided in July 2012. DHHS will consider reducing the delay in payment from a two (2) to a one (1) month retrospective delay in a future State Fiscal Year.

Delete:

29.2.9 One percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS' quality performance benchmark incentive program. Incentives will be measured annually (first measurement period July 2012 – June 2013) and incentive payments will be distributed by the end of the following Agreement year. Further details of the Performance Incentive program are described in Section [20.6].

Replace with:

29.2.9 Beginning October 1, 2014, or nine (9) months after the Program Start Date, whichever is later, one percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS' quality performance benchmark incentive program. Incentives will be measured annually and incentive payments will be distributed by the end of the following Agreement year. Further details of the Performance Incentive program are described in Section 20.6.

Delete:

29.2.10 One percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS's payment reform incentive program. Details of the Incentive Program are described in Section 9.

Replace with:

29.2.10 Beginning July 1, 2014, one percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS's payment reform incentive program. Details of the Incentive Program are described in Section 9.

Add:

29.2.12. In the event an enrolled Medicaid member was previously admitted as a hospital inpatient and is receiving continued inpatient hospital services on the first day of coverage with the MCO, the MCO shall receive full capitation payment for that member. The entity responsible for coverage of the member at the time of admission as an inpatient, i.e. either DHHS or another MCO, shall be fully responsible for all inpatient care services and all related services

authorized while the member was an inpatient until the day of discharge from the hospital.

Delete:

30.4.2 DHHS may terminate this Agreement after written notice thereof to the MCO in the event the MCO fails to accept the actuarially sound capitation rates established by DHHS for Year 2 or later of the program. In the event of such termination, the MCO shall accept the lesser of the most recently agreed to capitation rates or the new annual capitation rate for each rating category as payment in full for Covered Services and all other services required under this Agreement delivered to Members until all Members have been disenrolled from the MCO's plan consistent with any mutually agreed upon transition plans to protect Members.

Replace with:

30.4.2 In the event the MCO gives written notice that it does not accept the actuarially sound capitation rates established by DHHS for Year 2 or later of the program, the MCO and DHHS will have 30 days from the date of such notice or 30 days from the expiration of the rates indicated in Exhibit B, whichever comes later, to attempt to resolve the matter without terminating the agreement. If no resolution is reached in the above 30 day period, then the contract will terminate 90 days thereafter, or at the time that all members have been disenrolled from the MCO's plan, whichever date is earlier. In the event of such termination, the MCO shall accept the lesser of the most recently agreed to capitation rates or the new annual capitation rate for each rating category as payment in full for Covered Services and all other services required under this agreement delivered to Members until all Members have been disenrolled from the MCO's plan consistent with any mutually agreed upon transition plans to protect Members

Delete Exhibit B.
Replace with attached Exhibit B amendment #1.

Delete Exhibit O.
Replace with attached Exhibit O amendment #1.

New Hampshire Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/13/13
Date

Nicholas A. Toumpas
Commissioner

Granite Care - Meridian Health Plan of New Hampshire, Inc.

June 10, 2013
Date

Name: Sean P. Cotton
Title: Secretary and Chief Legal Officer

Acknowledgement:
State of NH, County of Merrimack on 6/10/13,
before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Kara-Lee Bean
Name and Title of Notary or Justice of the Peace

KARA-LEE BEAN
★ JUSTICE OF THE PEACE - NEW HAMPSHIRE ★
My Commission Expires August 8, 2017

New Hampshire Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12 Jun. 2013
Date

Name: Jeanne P. Herrick
Title: Attorney

I hereby certify that the foregoing contract was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

This Agreement is reimbursed on a per member per month capitation rate for the Agreement term, subject to all conditions contained within Exhibit A. Accordingly, no maximum or minimum product volume is guaranteed. Any quantities set forth in this contract are estimates only. The contractor agrees to serve all members in each category of eligibility who enroll with this contractor for covered services. Capitation payment rates are as follows:

SFY13 - FISCAL YEAR JULY 1, 2012 – JUNE 30, 2013

Eligibility Category	Capitation Rates
Low Income Children and Adults -Age 2-11 Months	$ 176.03
Low Income Children and Adults -Age 1-5 Years	$ 101.68
Low Income Children and Adults -Age 6-13 Years	$ 148.09
Low Income Children and Adults -Female Age 14-18 Years	$ 184.03
Low Income Children and Adults -Male Age 14-18 Years	$ 166.97
Low Income Children and Adults -Female Age 19-44 Years	$ 344.91
Low Income Children and Adults -Male Age 19-44 Years	$ 263.72
Low Income Children and Adults -Age 45+ Years	$ 445.68
Foster Care / Adoption	$ 400.08
Breast and Cervical Cancer Program	$ 1,149.27
Severely Disabled Children	$ 1,187.31
Disabled Adults -Female Age 19-44 Years, Medicaid Only	$ 864.59
Disabled Adults -Male Age 19-44 Years, Medicaid Only	$ 854.85
Disabled Adults -Age 45+ Years, Medicaid Only	$ 1,164.74
Old Age Assistance Program -Medicaid Only – Non-Nursing Home Residents	$ 724.42
Nursing Home Residents -Medicaid Only	$ 1,528.78
Nursing Home Residents -Dual Eligibles	$ 77.55
Dual Eligibles -Age 0-44	$ 395.25
Dual Eligibles -Age 45-64	$ 519.63
Dual Eligibles -Age 65+	$ 241.77
Newborn Kick Payment	$ 1,923.73
Maternity Kick Payment	$ 2,746.77

Price Limitation. This Agreement is one of multiple contracts that will serve the New Hampshire Medicaid Care Management Program. The estimated member months, for State Fiscal Year 2013, to be served among all contracts is 1,385,347. Accordingly, the price limitation for SFY 13 among all contracts, for State Fiscal Year 2013, based on the projected members per month is $381,923,030.

SFY14 - FISCAL YEAR JULY 1, 2013 – JUNE 30, 2014
Capitation Payment

Eligibility Category	Capitation Rates
Low Income Children and Adults -Age 2-11 Months	$ 213.18
Low Income Children and Adults -Age 1-5 Years	$ 103.75
Low Income Children and Adults -Age 6-13 Years	$ 112.09
Low Income Children and Adults -Female Age 14-18 Years	$ 156.92
Low Income Children and Adults -Male Age 14-18 Years	$ 140.40
Low Income Children and Adults -Female Age 19-44 Years	$ 365.52
Low Income Children and Adults -Male Age 19-44 Years	$ 288.85
Low Income Children and Adults -Age 45+ Years	$ 505.95
Foster Care / Adoption	$ 322.39
Breast and Cervical Cancer Program	$ 1,443.22
Severely Disabled Children	$ 1,157.63
Disabled Adults -Female Age 19-44 Years, Medicaid Only	$ 761.28
Disabled Adults -Male Age 19-44 Years, Medicaid Only	$ 721.52
Disabled Adults -Age 45+ Years, Medicaid Only	$ 1,048.15
Old Age Assistance Program -Medicaid Only – Non-Nursing Home Residents	$ 761.68
Nursing Home Residents -Medicaid Only	$ 1,318.59
Nursing Home Residents -Dual Eligibles	$ 79.93
Dual Eligibles -Age 0-44	$ 249.41
Dual Eligibles -Age 45-64	$ 306.33
Dual Eligibles -Age 65+	$ 212.55
Newborn Kick Payment	$ 2,847.86
Maternity Kick Payment	$ 3,094.77

Supplemental Behavioral Health Rate Cell	**Supplemental Rate**
Severe/Persistent Mental Illness: Low Income Children and Adults & Foster Care	$ 1,518.59
Severe/Persistent Mental Illness: All Other	$ 1,047.13
Severe Mental Illness: Low Income Children and Adults & Foster Care	$ 950.70
Severe Mental Illness: All Other	$ 573.17
Low Utilizer	$ 470.66
Serious Emotionally Disturbed Child: TANF and Foster Care	$ 785.06
Serious Emotionally Disturbed Child: All Other	$ 1,071.72

Price Limitation. This Agreement is one of multiple contracts that will serve the New Hampshire Medicaid Care Management Program. The estimated member months, for State Fiscal Year 2014, to be served among all contracts is 1,476,070. Accordingly, the price limitation for SFY14 among all contracts, for State Fiscal Year 2014, based on the projected members per month is $432,120,362.

Invoicing. Invoices shall be submitted and will be paid based on the terms outlined in Exhibit A. Invoices for services shall be sent to the following address. The MCO shall be notified in writing should this information change during the course of the contract:

Attn: Medicaid Finance Director
New Hampshire Medicaid Managed Care Program
129 Pleasant Street
Concord, NH 03304

The Exhibit O measures/measure sets, logs, and narrative reports shall be submitted according to the specified schedule in the standard HEDIS submission format for HEDIS measures and a format as specified by NH DHHS for other measures and data tables.

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
101	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by preferred Spoken language	NH 101	All	July	3 months after start of program	September 30th
102	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by preferred written language	NH 102	All	July	3 months after start of program	September 30th
103	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by Ethnicity	NH 103	All	July	3 months after start of program	September 30th
104	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by Race	NH 104	All	July	3 months after start of program	September 30th
200	-	CAHPS 5.0H Core Survey - Adults	CAHPS Adult - CORE	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC09	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually;Always;Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC10	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC11	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get the special therapy you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC12	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks. In the last 6 months, did you need someone to come into your home to give you home health care or assistance? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC13	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get home health care or assistance through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC14	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Behavioral Health - In the last 6 months, did you need any treatment or counseling for a personal or family problem? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - MH2	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Behavioral Health - In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - MH3	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers? (OHP3, Screening Question) Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q14 - OPH3	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - In the last 6 months, who helped to coordinate your care? Summary for each of the following: Someone from your health plan; Someone from your doctor's office or clinic; Someone from another organization; A friend or family member; You	CAHPS 4.0 Adult - SUPP - Q14 - OPH4	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - How satisfied are you with the help you received to coordinate your care in the last 6 months? Summary for each of the following: Very dissatisfied; Dissatisfied; Neither dissatisfied nor satisfied; Satisfied; Very satisfied; Satisfied + Very satisfied	CAHPS 4.0 Adult - SUPP - Q14 - OPH5	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Customer Service - Were any of the following a reason you did not get the information or help you needed from your health plan's customer service? Summary for each of the following: a) You had to call several times before you could speak with someone (Yes/No) b) The information customer service gave you was not correct (Yes/No) c) Customer service did not have the information you needed (Yes/No) d) You waited too long for someone to call you back (Yes/No) e) No one called you back (Yes/No) f) Some other reason (Yes/No) Please specify:	CAHPS 4.0 Adult - SUPP - Q23 - CS1	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Transportation - Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q27 - T1	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Transportation - In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q27 - T2	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: HEDIS Set - Have you had a flu shot since September 1, of last year? Summary for each of the following: Yes; No; Don't know	CAHPS 4.0 Adult - SUPP - Q28 - H16	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 5.0H Core and Children with Chronic Conditions Survey - Children	Children - CORE W CCC	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q17 - OHP1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Children - SUPP - Q17 - OHP2	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q17 - OHP3	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, who helped to coordinate your child's care? Summary for each of the following: Someone from your child's health plan; Someone from your child's doctor's office or clinic; Someone from another organization; A friend or family member; You	CAHPS 4.0 Children - SUPP - Q17 - OHP4	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - How satisfied are you with the help you got to coordinate your child's care in the last 6 months? Summary for each of the following: Very dissatisfied; Dissatisfied; Neither dissatisfied nor satisfied; Satisfied; Very satisfied; Satisfied + Very satisfied	CAHPS 4.0 Children - SUPP - Q17 - OHP5	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Customer Service - Were any of the following a reason you did not get the information or help you needed from customer service at your child's health plan? Summary for each of the following: a) You had to call several times before you could speak with someone (Yes/No) b) The information customer service gave you was not correct (Yes/No) c) Customer service did not have the information you needed (Yes/No) d) You waited too long for someone to call you back (Yes/No) e) No one called you back (Yes/No) f) Some other reason (Yes/No) Please specify:_____	CAHPS 4.0 Children - SUPP - Q26 - CS1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Transportation - Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q30 - T1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Transportation - In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Children - SUPP - Q30 - T2	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
202	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Adult Survey - Flu Shots for Adults Ages 50-64 (analytic breakout)	CMS Adult 1	50-64	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
210	-	Appropriate Testing for Children With Pharyngitis	HEDIS: CWP	2-18	July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.	6/30/2015	June 30th
211	-	Appropriate Treatment for Children With Upper Respiratory Infection	HEDIS: URI	3 months-18 years old	July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.	6/30/2015	June 30th
212	-	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	HEDIS: AAB	18-64	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
215	A-C	Antidepressant Medication Management - Effective Acute Phase Treatment - Adults	HEDIS: AMM	18-64, >=65, Total	May 1 of the year prior to the measurement year to Oct 31 of the measurement year.	6/30/2016	June 30th
216	A-C	Antidepressant Medication Management - Effective Continuation Phase Treatment - Adults	HEDIS: AMM	18-64, >=65, Total	May 1 of the year prior to the measurement year to Oct 31 of the measurement year.	6/30/2016	June 30th
217	A	Adherence to Antipsychotics for Individuals with Schizophrenia - Adults Age 19-64	HEDIS: SAA	19-64	CY	6/30/2015	June 30th
218	-	Follow up appointment within 7 calendar days of discharge from New Hampshire Hospital	NH 340	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter
219	A-C	Follow Up After Hospitalization For Mental Illness - 7 days	HEDIS: FUH	6-20, >=21, Total	January 1 through December 1 of the measurement year	6/30/2015	June 30th
220	A-C	Follow Up After Hospitalization For Mental Illness - 30 days	HEDIS: FUH	6-20, >=21, Total	January 1 through December 1 of the measurement year	6/30/2015	June 30th
221	-	Follow Up Care for Children Prescribed ADHD Medication - Initiation	HEDIS: ADD	6-12	A year starting March-April 1 of the year prior to the measurement year and ending February 28 of the measurement year.	6/30/2015	June 30th
222	-	Follow Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	HEDIS: ADD	6-12	A year starting March-April 1 of the year prior to the measurement year and ending February 28 of the measurement year.	6/30/2015	June 30th
223	A-D	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation	HEDIS: IET	13-17, 18-66, >=65, Total	CY	6/30/2015	June 30th
224	A-D	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement	HEDIS: IET	13-17, 18-66, >=65, Total	CY	6/30/2015	June 30th
225	-	Percent of Beneficiary receipt of discharge plan upon discharge from New Hampshire Hospital	NH 225	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
226	-	Percent of contact with the Beneficiary within 3 calendar days of Beneficiary discharge from New Hampshire Hospital	NH 226	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter
227	A	Percent of continuously enrolled children using behavioral health medications who received a psychiatric consultation for behavioral health medications - children	NH 227	0-18	CY	6/30/2015	June 30th
227	B	Percent of continuously enrolled children using behavioral health medications who received a psychiatric consultation for behavioral health medications - children receiving foster care services	NH 227	0-18	CY	6/30/2015	June 30th
228	A-C	Screening for Clinical Depression and Follow-up Plan	CMS Adult 6	18-64, >=65, Total	CY	6/30/2015	June 30th
229	-	Homelessness Hospital discharges: Number of discharges to homeless shelters and homelessness.	NH 229	All	Agreement year	9/30/2014	Within 90 days of the end of an agreement year
230	-	Readmission to NH Hospital at 30 days	NH 230	All	June 1 of the prior SFY to June 30 of the measurement year. A 13 month period.	9/30/2014	September 30th
231	-	Readmission to NH Hospital at 180 days	NH 231	All	January 1 of the of the prior SFY to June 30 of the measurement year. An 18 month period	9/30/2015	September 30th
233	A-C	Annual HIV/AIDS Medical Visits, Two With a Minimum of 180 Days Between Each Visit - Adults	CMS Adult 16	18-64, >=65, Total	CY	6/30/2015	June 30th
235	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - ACE or ARB	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
236	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Anticonvulsants	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
237	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Digoxin	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
238	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Diuretics	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
239	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Total Rate	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
240	A-C	Annual HIV/AIDS Medical Visits, Two With a Minimum of 90 Days Between Each Visit - Adults	CMS Adult 16	18-64, >=65, Total	CY	6/30/2015	June 30th
241	-	Rate of Maintenance Medication Gaps Greater Than 20 Days Between Refills by Age Group	NH 241	0-5, 6-18, 19-64	Quarterly	2/28/2014	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
245	-	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	HEDIS: CMC	18-75	CY	6/30/2015	June 30th
246	A-C	Controlling High Blood Pressure	HEDIS: CBP	18-64, 65-85, Total	CY	6/30/2015	June 30th
250	A-C	Comprehensive Diabetes Care - HbA1c Testing	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	E-G	Comprehensive Diabetes Care - HbA1c Testing - Disabled Sub-population	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	H-J	Comprehensive Diabetes Care - HbA1c Testing - Metropolitan Counties	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	K-M	Comprehensive Diabetes Care - HbA1c Testing - Non-Metropolitan Counties	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
251	-	Comprehensive Diabetes Care - HbA1c Control (>9%)	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
252	A-C	Comprehensive Diabetes Care - LDL-C Screening	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
253	-	Comprehensive Diabetes Care - Eye Exam	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
254	-	Comprehensive Diabetes Care - Medical Attention for Nephropathy	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
255	-	Annual Pediatric hemoglobin A1C Testing - Children Age 5 to 17 With Type I or II Diabetes	CMS Child 22	5-17	CY	6/30/2015	June 30th
259	A-C	Diabetes Short-Term Complications Admission Rate per 100,000 - Adults	CMS Adult 8	18-64, >=65, Total	CY	6/30/2015	June 30th
260	A-D	Use of Appropriate Medications for People with Asthma - Age 5 to 64	HEDIS: ASM	5-11, 12-18, 19-50, 51-64, Total	CY	6/30/2015	June 30th
261	-	Medication Management for People with Asthma - At Least 50% of Treatment Period - Age 5 to 18	HEDIS: MMA	5-18	CY	6/30/2015	June 30th
262	-	Medication Management for People with Asthma - At Least 75% of Treatment Period - Age 5 to 18	HEDIS: MMA	5-18	CY	6/30/2015	June 30th
263	-	Annual Percent of Asthma Patients With One or More Asthma-Related Emergency Room Visits - Age 2 to 20	CMS Child 20	2-20	CY	6/30/2015	June 30th
264	A-C	Asthma Admission Rate per 100,000 - Adults	CMS Adult 11	18-64, >=65, Total	CY	6/30/2015	June 30th
267	-	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	HEDIS: SPR	>=40	CY	6/30/2015	June 30th
268	A-C	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate per 100,000 - Adults	CMS Adult 9	18-64, >=65, Total	CY	6/30/2015	June 30th
270	A-C	Congestive Heart Failure Admission Rate per 100,000 - Adults	CMS Adult 10	18-64, >=65, Total	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
271	A-D	Inpatient Hospital Utilization for Ambulatory Care Sensitive Conditions Overall PQI Composite per 100,000 beneficiaries - Adults	PQI 90	18-44, 45-64, >=65, Total	Quarterly	Four months after the completion of the first full quarter after start of program	4 months after the end of the quarter
271	E-H	Inpatient Hospital Utilization for Ambulatory Care Sensitive Conditions Overall PQI Composite per 100,000 beneficiaries - Adults	PQI 90	18-44, 45-64, >=65, Total	CY	6/30/2015	June 30th
280	A-C	Care Transition - Transition Record Transmitted to Health Care Professional - Adults	CMS Adult 24	18-64, >=65, Total	CY	6/30/2015	June 30th
300	A	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Standard appeals - within 30 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	B	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Extended appeals - within 44 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	C	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Expedited appeals- within 3 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	D	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Maximum - within 45 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	A	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Member abandoned appeal	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	B	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal upheld	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	C	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal Reversed	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	D	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal elevated to State Fair Hearing	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
302	A	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Denial or limited authorization	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	B	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Reduction, suspension, or termination of previously authorized service	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	C	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Denial of payment	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	D	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Failure to provide timely service	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	E	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Untimely service authorization	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	F	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Failure of MCO to act within NH DHHS contract timeframes (17.4.1.6)	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	A	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Payment - delivered on date of action	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	B	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Service Authorization - 14 calendar days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	C	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Service Authorization under permissible extensions - 28 calendar days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	D	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for circumstances that warrant expedited notices - 3 business days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
304	-	Percent of grievance dispositions made within 45 calendar days	NH 304	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
330	A	Frequency of Ongoing Prenatal Care (<21% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	B	Frequency of Ongoing Prenatal Care (21-40% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	C	Frequency of Ongoing Prenatal Care (41-60% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	D	Frequency of Ongoing Prenatal Care (61-80% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	E	Frequency of Ongoing Prenatal Care (>= 81% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
331	-	Prenatal and Postpartum Care - Timeliness of Prenatal Care	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	A	Prenatal and Postpartum Care - Postpartum Care – Total	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	B	Prenatal and Postpartum Care - Postpartum Care – Metropolitan Counties	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	C	Prenatal and Postpartum Care - Postpartum Care – Non-metropolitan Counties	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	D	Prenatal and Postpartum Care - Postpartum Care – Ethnicity: Hispanic	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	E	Prenatal and Postpartum Care - Postpartum Care – Ethnicity: Non-Hispanic	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	F	Prenatal and Postpartum Care - Postpartum Care – Race: White	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	G	Prenatal and Postpartum Care - Postpartum Care – Race: Black	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	H	Prenatal and Postpartum Care - Postpartum Care – Race: Other	HEDIS: PPC	All	CY	6/30/2015	June 30th
333	-	Behavioral Health Risk Assessment for Pregnant Women	CMS TBD	All	Agreement year	12/31/2015	December 31st
336	-	Appropriate Use of Antenatal Steroids	CMS Adult 15	All	CY	6/30/2015	June 30th
340	A-C	Breast Cancer Screening - Age 42-69	HEDIS: BCS	42-64, 65-69, Total	2 CY	6/30/2016	June 30th
341	A	Cervical Cancer Screening - Age 24-64	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	C	Cervical Cancer Screening - Age 24-64 - Disabled Sub-population	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	D	Cervical Cancer Screening - Age 24-64 -Metropolitan Counties	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	E	Cervical Cancer Screening - Age 24-64 –Non-metropolitan Counties	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
342	A-C	Chlamydia Screening in Women - Age 16 to 24	HEDIS: CHL	16-20, 21-24, Total	CY	6/30/2015	June 30th
343	A-C	Adult BMI Assessment	HEDIS: BAA	18-64, 64-74, Total	CY	6/30/2015	June 30th
344	-	Developmental Screening in the First Three Years of Life	CMS Child 8	1, 2, 3, Total	Birthday - 12 months	6/30/2016	June 30th
345	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile documentation	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
346	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
347	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
350	A	Well-Child Visits in the first 15 Months of Life (0 visit)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	B	Well-Child Visits in the first 15 Months of Life (1 visit)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	C	Well-Child Visits in the first 15 Months of Life (2 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	D	Well-Child Visits in the first 15 Months of Life (3 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	E	Well-Child Visits in the first 15 Months of Life (4 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	F	Well-Child Visits in the first 15 Months of Life (5 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	G	Well-Child Visits in the first 15 Months of Life (6 or more visits) – Total Population	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	H	Well-Child Visits in the first 15 Months of Life (6 or more visits) - Metropolitan Counties	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	I	Well-Child Visits in the first 15 Months of Life (6 or more visits) - Non-Metropolitan Counties	HEDIS: W15	15 months	CY	6/30/2015	June 30th
351	A	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life – Total Population	HEDIS: W34	3-6	CY	6/30/2015	June 30th
351	B	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life - Metropolitan Counties	HEDIS: W34	3-6	CY	6/30/2015	June 30th
351	C	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life - Non-Metropolitan Counties	HEDIS: W34	3-6	CY	6/30/2015	June 30th
352	A	Adolescent Well Care Visits	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
352	B	Adolescent Well Care Visits - Metropolitan Counties	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
352	C	Adolescent Well Care Visits - Non-Metropolitan Counties	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
353	A	Access to (use of) Preventive/Ambulatory Health Services - Adults	HEDIS: AAP	20-44, 45-64, >=65, Total	CY	6/30/2015	June 30th
353	B	Access to (use of) Preventive/Ambulatory Health Services - Adult Total: Metropolitan Counties	NH DHHS 353 / HEDIS AAP	>=20	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
353	C	Access to (use of) Preventive/Ambulatory Health Services - Adult Total: Non-Metropolitan Counties	NH DHHS 353 / HEDIS AAP	>=20	CY	6/30/2015	June 30th
354	A-E	Children and Adolescents' Access To PCP - Age 12 Months - 19 Years	HEDIS: CAP	12-24 months, 25 months-6 years, 7-11, 12-19, Total	CY	6/30/2015	June 30th
355	A	Childhood Immunization Status - Combo 2	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	B	Childhood Immunization Status - Combo 3	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	C	Childhood Immunization Status - Combo 4	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	D	Childhood Immunization Status - Combo 5	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	E	Childhood Immunization Status - Combo 6	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	F	Childhood Immunization Status - Combo 7	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	G	Childhood Immunization Status - Combo 8	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	H	Childhood Immunization Status - Combo 9	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	I	Childhood Immunization Status - Combo 10	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	J	Childhood Immunization Status - DTaP	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	K	Childhood Immunization Status - IPV	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	L	Childhood Immunization Status - MMR	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	M	Childhood Immunization Status - HiB	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	N	Childhood Immunization Status - Hepatitis B	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	O	Childhood Immunization Status - VZV	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	P	Childhood Immunization Status - Pneumococcal Conjugate	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	Q	Childhood Immunization Status - Hepatitis A	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	R	Childhood Immunization Status - Rotavirus	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	S	Childhood Immunization Status - Influenza	HEDIS: CIS	2	CY	6/30/2015	June 30th
356	A	Immunizations for Adolescents - Combination 1	HEDIS: IMA	13	CY	6/30/2015	June 30th
356	B	Immunizations for Adolescents - Meningococcal	HEDIS: IMA	13	CY	6/30/2015	June 30th
356	C	Immunizations for Adolescent - Tdap/Td	HEDIS: IMA	13	CY	6/30/2015	June 30th
357	-	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NQF 1407	13	CY	6/30/2015	June 30th
416	-	EPSDT performance via Form-CMS 416 – All Non-Dental Lines	416	Total <21, <0, 1-2, 3-5, 6-9, 10-14, 15-18, 19-20	Federal FY	3/18/2015	March 18th of the next Federal FY(April 1 is the due date for CMS)
420	A	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Total Population	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
420	B	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Metropolitan Counties	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
420	C	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Non-metropolitan Counties	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	A	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Non-metropolitan Counties	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	B	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Metropolitan Counties	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	C	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Total Population	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	A	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Metropolitan Counties	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	B	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Non-metropolitan Counties	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	C	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Total Population	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
425	A	Beneficiary to provider ratio - MCO Designated Primary Care providers - Statewide	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
425	B	Beneficiary to provider ratio - MCO Designated Primary care providers - Metropolitan Counties	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
425	C	Beneficiary to provider ratio - MCO Designated Primary Care providers - Non-Metropolitan Counties	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	A	Child to Pediatrician Provider Ratio - Total	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	B	Child to Pediatrician Provider Ratio - Metropolitan Counties	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	C	Child to Pediatrician Provider Ratio - Non-Metropolitan Counties	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	A	Female Age 19 to 64 to OB/GYN Provider Ratio - Total	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	B	Female Age 19 to 64 to OB/GYN Provider Ratio - Metropolitan Counties	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	C	Female Age 19 to 64 to OB/GYN Provider Ratio - Non-Metropolitan Counties	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
430	A	Access to (use of) Preventive/Ambulatory Health Services - Total Population	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
430	B	Access to (use of) Preventive/Ambulatory Health Services - Metropolitan Areas	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
430	C	Access to (use of) Preventive/Ambulatory Health Services - Non-Metropolitan Areas	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
431	A	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Total Population	NH 431 / AAP & CAP	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
431	B	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Metropolitan Areas	NH 431 / AAP & CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	4 months after the end of the quarter
431	C	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Non-Metropolitan Areas	NH 431 / AAP & CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	D	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Children and Families Aid Categories	NH 431 /CAP	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	E	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Blind and Disabled Aid Categories	NH 431 /CAP	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	F	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Foster Care Aid Categories	NH 431 /CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	G	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, families and Children Aid Categories	NH 431 / AAP	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	H	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, Blind and Disabled Aid Categories	NH 431 / AAP	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	I	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, Aged Aid Category	NH 431 / AAP	>=65	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	A	Ambulatory Care: Emergency Dept. Visits/1000 - Total Population	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	B	Ambulatory Care: Emergency Dept. Visits/1000 by Metropolitan Counties	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
432	C	Ambulatory Care: Emergency Dept. Visits/1000 by Non-Metropolitan Counties	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	D	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Children and Families Aid Categories	NH 432	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	E	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Blind and Disabled Aid Categories	NH 432	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	F	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Foster Care Aid Categories	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	G	Ambulatory Care: Emergency Dept. Visits/1000 - Adults, Children and Families Aid Categories	NH 432	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	H	Ambulatory Care: Emergency Dept. Visits/1000 - Adults, Blind and Disabled Aid Categories	NH 432	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	I	Ambulatory Care: Emergency Dept. Visits/1000 Beneficiary Months - Adults, Aged Aid Categories	NH 432	>=65	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	A	ED Utilization for Primary Care - Total Population	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	B	ED Utilization for Primary Care - Metropolitan Areas	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	C	ED Utilization for Primary Care - Non-Metropolitan Areas	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
433	D	ED Utilization for Primary Care - Children, Child/Families Aid Categories	NH 433	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	G	ED Utilization for Primary Care - Adults, Child/Family Aid Categories	NH 433	>=19	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	H	ED Utilization for Primary Care - Adults, Blind/Disabled Aid Categories	NH 433	>=19	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
450	-	Board Certification - Percent of Family Medicine Physicians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
451	-	Board Certification - Percent of Geriatricians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
452	-	Board Certification - Percent of Internal Medicine Physicians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
453	-	Board Certification - Percent of OB/GYNs	HEDIS: BCR	NA	CY	6/30/2015	June 30th
454	-	Board Certification - Percent of Other Physician Specialists	HEDIS: BCR	NA	CY	6/30/2015	June 30th
455	-	Board Certification - Percent of Pediatricians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
500	A-I	Emergency Dept. Visits/1000 Member Months - Total Population	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
501	A-I	Emergency Dept. Visits/1000 Member Months - Medicaid/Medicare Dual-Eligibles	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
502	A-I	Emergency Dept. Visits/1000 Member Months - Disabled	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
503	A-I	Emergency Dept. Visits/1000 Member Months - Other Low Income	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
505	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Total Medicaid	NH 505 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
506	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid/Medicare Dual-Eligibles	NH 506 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
507	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid Disabled Eligibility Group	NH 507 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
508	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid Other Low-Income Eligibility Group	NH 508 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
509	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Total Medicaid	NH 509 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
510	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid/Medicare Dual-Eligibles	NH 510 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
511	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid Disabled Eligibility Group	NH 511 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
512	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid Other Low-Income Eligibility Group	NH 512 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
513	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Total Medicaid	NH 513 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
514	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid/Medicare Dual-Eligibles	NH 514 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
515	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid Disabled Eligibility Group	NH 515 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
516	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid Other Low-Income Eligibility Group	NH 516 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
517	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Total Medicaid	NH 517 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
518	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid/Medicare Dual-Eligibles	NH 518 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
519	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid Disabled Eligibility Group	NH 519 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
520	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid Other Low-Income Eligibility Group	NH 520 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
525	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Total Medicaid	NH 525 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
526	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid/Medicare Dual-Eligibles	NH 526 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
527	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid Disabled Eligibility Group	NH 527 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
528	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid Other Low-Income Eligibility Group	NH 528 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
529	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Total Medicaid	NH 529 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
530	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid/Medicare Dual-Eligibles	NH 530 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
531	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid Disabled Eligibility Group	NH 531 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
532	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid Other Low-Income Eligibility Group	NH 532 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
533	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Total Medicaid	NH 533 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
534	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid/Medicare Dual-Eligibles	NH 534 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
535	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid Disabled Eligibility Group	NH 535 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
536	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid Other Low-Income Eligibility Group	NH 536 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
537	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Total Medicaid	NH 537 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
538	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid/Medicare Dual-Eligibles	NH 538 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
539	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid Disabled Eligibility Group	NH 539 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
540	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid Other Low-Income Eligibility Group	NH 540 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
541	A-C	Plan All-Cause Rate of Readmissions Within 30 Days - Adults	CMS Adult 7	18-64, >=65, Total	CY	6/30/2015	June 30th
545	-	Use of Imaging Studies for Low Back Pain	HEDIS LBP	All	CY	6/30/2015	June 30th
550	A-G	Mean pharmacy payments per Beneficiary per month by Age Group	NH 550	<=5, 6-13, 14-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	A	Mean pharmacy payments per Beneficiary per month - Low income children	NH 551	<=18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
551	B	Mean pharmacy payments per Beneficiary per month - Children with Disabilities in Home Care	NH 551	<=18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	C	Mean pharmacy payments per Beneficiary per month - Children in Foster Care	NH 551	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	D	Mean pharmacy payments per Beneficiary per month - Low Income Adult	NH 551	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	E	Mean pharmacy payments per Beneficiary per month - Adults with Disabilities - Non-Duals	NH 551	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	F	Mean pharmacy payments per Beneficiary per month - Elderly - Non-Duals	NH 551	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	G	Mean pharmacy payments per Beneficiary per month - Medicare Duals	NH 551	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
552	A-G	Median Beneficiary pharmacy cost by age group	NH 552	<=5, 6-13, 14-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	A	Median Beneficiary pharmacy cost - Low income children	NH 553	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	B	Median Beneficiary pharmacy cost - Children with Disabilities in Home Care	NH 553	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	C	Median Beneficiary pharmacy cost - Children in Foster Care	NH 553	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
553	D	Median Beneficiary pharmacy cost - Low Income Adult	NH 553	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	E	Median Beneficiary pharmacy cost - Adults with Disabilities - Non-Duals	NH 553	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	F	Median Beneficiary pharmacy cost - Elderly - Non-Duals	NH 553	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	G	Median Beneficiary pharmacy cost - Medicare Duals	NH 553	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
554	A-G	Pharmacy prescriptions filled per Beneficiary per month by age group	NH 554	0-5, 6-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	A	Pharmacy prescriptions filled per Beneficiary per month - Low income children	NH 555	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	B	Pharmacy prescriptions filled per Beneficiary per month - Children with Disabilities in Home Care	NH 555	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	C	Pharmacy prescriptions filled per Beneficiary per month - Children in Foster Care	NH 555	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	D	Pharmacy prescriptions filled per Beneficiary per month - Low Income Adult	NH 555	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	E	Pharmacy prescriptions filled per Beneficiary per month - Adults with Disabilities - Non-Duals	NH 555	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
555	F	Pharmacy prescriptions filled per Beneficiary per month - Elderly - Non-Duals	NH 555	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	G	Pharmacy prescriptions filled per Beneficiary per month - Medicare Duals	NH 555	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
560	-	Utilization Controls - Adherence to State PDL	NH 560	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
561	-	Utilization Controls - generic utilization adjusted for preferred PDL brands	NH 561	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
562	-	Utilization Controls - generic substitution -The percent of generic claims among claims where generics were available (defined as generics plus multi-source claims).	NH 562	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
563	-	Utilization Controls - generic utilization -The percent of generic claims among all claims	NH 563	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
600	-	Percent of clean professional and facility claims paid or denied within thirty (30) days of receipt	NH 600	All	Calculated Daily Reported Monthly	45 days after start of program	15 calendar days after end of month
601	-	Percent of days per month that clean professional and facility claim payments met 30 day standard	NH 601	All	Monthly	45 days after start of program	15 calendar days after end of month
602	-	Percent of clean professional and facility claims paid within sixty (60) days of receipt	NH 602	All	Calculated Daily Reported Monthly	105 days after start of program	75 calendar days after end of month
603	-	Percent of days per month that clean professional and facility claim payments met 60 day standard	NH 603	All	Monthly	45 days after start of program	15 calendar days after end of month
604	-	Percent of pharmacy electronic systems transactions that are processed in less than one (1) second (standard is 95% or more)	NH 604	All	Monthly	45 days after start of program	15 calendar days after end of month
605	-	Claims Processing Accuracy: Percentage of professional and facility claims that are accurately processed in their entirety (see definition 27.5.1).	NH 605	All	Monthly	45 days after start of program	15 calendar days after end of month
606	-	Claims Payment Accuracy: Percentage of professional and facility claims paid or denied correctly (see definition 27.4.1).	NH 606	All	Monthly	45 days after start of program	15 calendar days after end of month

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
607	-	Claims Financial accuracy: Inaccuracy of dollars paid to providers on professional and facility claims (see definition 27.3.1).	NH 607	All	Monthly	45 days after start of program	15 calendar days after end of month
608	-	Interest paid on professional and facility claims paid > 30 days of receipt	NH 608	All	Monthly	45 days after start of program	15 calendar days after end of month
620	-	Medical service, equipment, and supply prior authorization determination timeframe: urgent within 72 hours for a new request	NH 620	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
621	-	Medical service, equipment, and supply prior authorization determination timeframe: routine within 15 calendar days for a new request	NH 621	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
622	-	Medical service, equipment, and supply prior authorization determination timeframe: urgent within 24 hours for a continuation request	NH 622	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
623	-	Pharmacy prior authorization response timeframe: within 24 hours	NH 623	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1002	-	Behavioral Health Satisfaction Survey: The MCO shall conduct and submit to DHHS an analytic narrative report that interprets the results from the SAMHSA consumer satisfaction survey for members with behavioral health conditions	NH 1002	All	Fielded for 70 days beginning 7 months after start of program; normal NCQA schedule thereafter	First year under contract. 6/30/2015 from the MCOs	June 30th
1043	-	Provider Engagement: The MCO shall provide a narrative report on provider engagement through the Provider Advisory Board (PAB) meetings including, but not limited to, PAB Beneficiary composition, meeting times and locations, agendas, MCO program impact attributable to the PAB.	NH 1043	NA	Agreement Year	9/30/2014	September 30th
1046	-	Provider Satisfaction Survey: The MCO shall conduct and submit to DHHS an analytic narrative report that interprets the results from an annual provider satisfaction survey, approved by DHHS and administered by a third party.	NH 1046	All	Semi-annually	9/30/2014	September 30th
1049	-	Provider Training: The MCO shall provide a narrative report on provider training, including date and location, subject of the training, number in attendance, training evaluation, and include in this report presentation the Behavioral Health: Mental Health Service Providers Training Reporting,	NH 1049	NA	Agreement Year	9/30/2014	September 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1051	-	Comprehensive FWA log including all audits, in progress and complete	NH 1051	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1052	-	Comprehensive FWA log including all FWA related to providers, including all communications regarding FWA, number of records requested, providers audited	NH 1052	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1053	-	Comprehensive FWA log including amounts recovered/owed, provider training or corrective action to mitigate future FWA.	NH 1053	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1054	-	Comprehensive FWA log including appeals, hearings related to FWA.	NH 1054	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1055	-	Comprehensive FWA log including claims targeted for review and recovery, including claims analysis.	NH 1055	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1056	-	Comprehensive FWA log including number of complaints of FWA warranting investigation including, but not limited to provider name and specialty, NPI, complaint source and nature, dollar amount	NH 1056	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1057	-	Comprehensive Annual FWA Summary Narrative Report including MCO internal recommendations as applicable based on summary analysis to mitigate FWA	NH 1057	All	Agreement Year	9/30/2014	September 30th
1058	-	Provide results of review of a statistically valid sample of paid and denied claims determined with a ninety-five percent (95%) confidence level, +/- three percent (3%), assuming an error rate of three percent (3%) in the population of managed care claims. Describe in detail any corrective action plans needed to address claims payment accuracy issues.	NH 1058	All	Monthly	45 days after start of program	15 calendar days after end of month
1063	-	Service Utilization and Controls: Annual narrative report which shall include, but not be limited to, an assessment of the impact of utilization controls on Beneficiary, provide and program quality and costs; any unintended consequences; an assessment of any under-utilization and/or over-utilization; opportunities for improvement; impact of Beneficiary and/or providers on changes to utilization controls	NH 1063	All	Agreement Year	9/30/2014	September 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1064	-	Accident and Trauma - Provide DHHS with a log including but not limited to: Detailed information contained on medical/pharmacy claims for any cases identified as possible accident and trauma per contract section 25.1.4	NH 1064	All	Monthly & data as needed on demand	45 days after start of program	15 calendar days after end of month
1065	A	Cost Avoidance - Monthly accumulation of claims cost avoided for other insurance per contract section 25.1.2	NH 1065	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1065	B	Cost Recovery- Monthly claim specific log of number of claims cost billed, amount not collected and the amount denied per contract section 25.1.5	NH 1065	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1070	-	Average claims/service payment per Beneficiary per month by rate cell	NH 1070	All	Agreement Year	12/31/2014	December 31st
1100	-	Tabular Summary of MCO appeals resolutions - Resolution Type by Category of Service	NH 1100	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1102	-	Provider Termination Log	NH 1102	All	As terminations occur and quarterly summary including report of no terminations in quarter	Upon first provider termination or within 15 calendar days after the end of the first quarter of program operations	Within 15 Calendar Days of Notice of Termination
1200	-	Lock-in to Pharmacy Log	NH 1200	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1201	-	Lock-in to Prescriber Log	NH 1201	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1202	-	Lock-in Beneficiary Disenrollment Summary	NH 1202	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1203	-	Lock-in Beneficiary Enrollment Summary	NH 1203	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1204	-	Lock-in Beneficiary Activity Summary	NH 1204	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1300	-	Narrative Report on Beneficiary Engagement through the Consumer Advisory Board (CAB) and Regional Beneficiary meetings	NH 1300	NA	Agreement year	9/30/2014	September 30th
1420	-	Beneficiary Communications - Beneficiary calls warm transferred to NH DHHS queue by NH DHHS program	NH 1420	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1421	-	Beneficiary Communications - New Beneficiary welcome calls	NH 1421	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1422	-	Beneficiary Communications - Returned calls by the next business day	NH 1422	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1425	-	Beneficiary Communications Website - Number of Beneficiary logins to MCO Beneficiary website portal	NH 1425	All	Agreement year	9/30/2014	September 30th
1426	-	Beneficiary Communications Website - Number of individual requests for additional information from MCO Beneficiary website.	NH 1426	All	Agreement year	9/30/2014	September 30th
1440	-	Consent for Behavioral Health/ Medical Information for Care Coordination - count of reasons for failure to obtain of consent	NH 1440	All	Agreement year	7/31/2014	Within 30 days of the end of a SFY
1450	-	Number of NEMT requests made and mode delivered	NH 1450	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1451	-	Number of NEMT requests authorized and delivered	NH 1451	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1452	-	Number of NEMT requests made and services delivered by types of medical services – Out-of-State	NH 1452	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1453	-	Number of NEMT requests made and services delivered by types of medical services -In-State	NH 1453	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1454	-	Number of wheelchair requests authorized and delivered	NH 1454	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1460	-	Monitoring of polypharmacy among all medications	NH 1460	0-18, 19-44, 45-64	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1461	-	Monitoring of polypharmacy for behavioral health medications - Children receiving foster care services	NH 1461	0-5, 6 to 18	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1462	-	Monitoring of polypharmacy for behavioral health medications in children	NH 1462	0-5, 6 to 18	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1470	-	Log of all grievances - detailed on grievance and any corrective action or response to the grievance	NH 1470	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1480	-	Provider Communications: After hours voice mail follow up	NH 1480	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1481	-	Provider Communications: Inbound provider call utilization - calls abandoned	NH 1481	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1482	-	Provider Communications: Inbound provider call utilization - mean call time	NH 1482	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1483	-	Provider Communications: Inbound provider call utilization - mean hold time in queue	NH 1483	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1484	-	Provider Communications: Inbound provider call utilization - percent of calls answered within 30 seconds	NH 1484	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1485	-	Provider Communications: Inbound provider call utilization - reason for the call	NH 1485	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1490	-	Beneficiary Communications: Inbound Beneficiary call utilization - within 30 seconds	NH 1490	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1491	-	Beneficiary Communications: Inbound Beneficiary call utilization - average (mean) call time	NH 1491	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1492	-	Beneficiary Communications: Inbound Beneficiary call utilization - calls abandoned	NH 1492	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1493	-	Beneficiary Communications: Inbound Beneficiary call utilization - mean hold time in queue	NH 1493	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1494	-	Beneficiary Communications: Inbound Beneficiary call utilization - reason for the call	NH 1494	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1600	-	Prior Authorization Approvals Summary	NH 1600	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1601	-	Prior Authorization Denial Detail Listing	NH 1601	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1602	-	Prior Authorization Denials Summary	NH 1602	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1700	-	Total pharmacy payment amount	NH 1700	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

GRANITE CARE-MERIDIAN HEALTH PLAN OF NEW HAMPSHIRE, INC.

ATTESTATION

I, David B. Cotton, attest that I am Chairman of the Board of Directors of Granite Care-Meridian Health Plan of New Hampshire, Inc., a New Hampshire corporation and Health Maintenance Organization.

I further attest that to date, the Consent Resolution of the Board of Directors – Certificate of Authority, executed on March 20, 2012 has not been revoked and shall continue in full force and effect until such time as it may be revoked by the Board of Directors.

I further attest that Sean P. Cotton had the authority of the Board of Directors to execute Amendment #1 to the Medicaid Care Management Contract on June 10, 2013.

Executed by the undersigned chairman of the Board of Directors of Granite Care-Meridian Health Plan of New Hampshire, Inc., a New Hampshire corporation and Health Maintenance Organization.

David B. Cotton, M.D.
Chairman of the Board of Directors

State of Michigan)
) ss:
County of Wayne)

Subscribed and sworn before me by David B. Cotton, M.D., on this 12th day of June, 2013.

Signature Tracy Novak
Printed name Tracy Novak

Notary Public, State of Michigan, County of Macomb
My Commission expires August 6, 2016

TRACY NOVAK
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Aug 6, 2016
ACTING IN COUNTY OF Wayne

GRANITE CARE-MERIDIAN HEALTH PLAN OF NEW HAMPSHIRE, INC.

CONSENT RESOLUTION OF BOARD OF DIRECTORS

Certificate of Authority

The undersigned, being the Board of Directors of Granite Care-Meridian Health Plan of New Hampshire, Inc., a New Hampshire corporation (the "Company") do hereby consent to the following resolution:

WHEREAS, the Board of Directors desire to authorize Sean P. Cotton to enter into any and all agreements and execute any and all contracts, documents and instruments necessary to bind the Company with regard to a Medicaid Care Management Contract with the State of New Hampshire;

RESOLVED, Sean P. Cotton, hereby has the full authority to enter into any and all agreements and execute any and all contracts, documents and instruments necessary to bind the Company to a Medicaid Care Management Contract with the State of New Hampshire.

Executed by the undersigned as the Board of Directors of Granite Care-Meridian Health Plan of New Hampshire, Inc., a New Hampshire corporation on the dates indicated below.

[Signature Page Follows]

Name	Signature	Date of Execution
David B. Cotton, M.D.		3/20/12
Jon B. Cotton		3/20/12
Sean P. Cotton		3/20/12
Michael D. Cotton		3/20/12
Thomas L. Lauzon		3-20-12

State of Michigan)
) ss:
County of Wayne)

Subscribed and sworn to before me by the Board of Directors of Granite Care – Meridian Health Plan of New Hampshire, Inc., this 20th day of March, 2012.

Signature Tracy Novak

Printed name Tracy Novak

Notary public, State of Michigan, County of Wayne
My commission expires August 6, 2012

TRACY NOVAK
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES Aug 6, 2018
ACTING IN COUNTY OF Wayne

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify Granite Care-Meridian Health Plan of New Hampshire, Inc. is a New Hampshire corporation registered on November 3, 2011. I further certify that articles of dissolution have not been filed with this office.

INFORMATION REGARDING ANNUAL REPORTS AND/OR FEES MUST BE OBTAINED FROM THE NEW HAMPSHIRE INSURANCE DEPARTMENT.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of June, A.D. 2013

William M. Gardner
Secretary of State

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/11/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Karen Montreuil
Hylant Group Inc - Detroit 2401 W Big Beaver, Suite 400 Troy MI 48084	PHONE (A/C, No, Ext): 248-822-2225 FAX (A/C, No): 248-643-8753 E-MAIL ADDRESS: karen.montreuil@hylant.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Underwriters Ins Co	30104
INSURER B : Accident Fund InsCo of America	10166
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED	
Granite Care- Meridian Health Plan of New Hampshire, Inc. 777 Woodward, Suite 600 Detroit MI 48226	CAIDA-1

COVERAGES **CERTIFICATE NUMBER:** 1064975616 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			35UUNKW2929	1/1/2013	1/1/2014	EACH OCCURRENCE	$1,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$500,000
	CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		N	WCV6038595	1/1/2013	1/1/2014	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Department of Heath and Human Services
129 Pleasant St.
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

This first Amendment to the Medicaid Care Management contract (hereinafter referred to as "Amendment #1") dated this June 6th day of 2013, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Boston Medical Center Health Plan, Inc. (hereinafter referred to as "the Contractor"), a Massachusetts nonprofit corporation with a place of business at 2 Copley Place, Suite 600, Boston, MA 02116.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on May 9th, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the Agreement may be amended by the parties after approval by the Governor and Executive Council, and Exhibit A Section 20.6.1 DHHS may select Performance Incentives each Agreement year;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

Amendment and modification of P-37 "Agreement";
1) **Change** Price Limitation in Block 1.8 of the P-37 to read $ 814,043,392.00

Changes to Exhibit A:

Delete from 2.1:
Action

Add the following terms to 2.1:
Administrative Review Committee
Applies appropriate risk management principles to ensure due diligence and oversight to protect the patient, community and hospital in treating high risk or high profile patients.

Adequate Network of Providers
A network sufficient in numbers, types and geographic location of providers, as defined in NH Rule INS 2701, to ensure that covered persons will have access to health care services without unreasonable delay.

Agreement Period
Dates indicated in the P-37 of this Agreement.

Agreement Year
NH State Fiscal Year.

Execution Date
Date Agreement approved by Governor and Executive Council.

Implementation Period
Period of time between Readiness Review # 1 and Program Start Date.

Program Start Date
Date when MCO is responsible for coverage of services to its members.

Start Date of the Program
Date initial member enrollment begins.

Start of Program
Date initial member enrollment begins.

Step 1
Medicaid Services as indicated in Section 8.2 Covered Service Matrix as Step 1 (Medical Services).

Step 2
Waivered Services, and Medicare Duals, rehab option services, and nursing facilities services as indicated in Section 8.2 Covered Service Matrix as Step 2.

Step 3
Medicaid Expansion Services as per The Patient Protection and Affordable Care Act (PPACA) (Medicaid Expansion).

Substantial Provider Network
A network sufficient in numbers, types and geographic location of providers, as defined in NH Rule INS 2701, with temporarily reduced standards for geographic accessibility from 90% of the enrolled population within each county (INS 2701.06(b)(1), INS 2701.06(c)(2), INS 2701.06(d)(1), to 80% of the enrolled population within each county.

Delete:

5.3.1.4 The MCO shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule established by DHHS, consistent with industry standards and State MCO laws and regulations.

Replace with:

5.3.1.4 The MCO shall monitor the subcontractor's performance on an ongoing basis and subject it to formal review according to a periodic schedule established by DHHS, consistent with industry standards and State & Federal laws and regulations.

Delete:

6.1.12 The MCO shall, within thirty (30) calendar days of signing this Agreement Deliver to DHHS a Staffing Contingency Plan including but not limited to:

Replace with:

6.1.12 The MCO shall deliver to DHHS a Staffing Contingency Plan within thirty (30) calendar days of signing this Agreement and after any substantive changes to the Staffing Contingency Plan. The Plan shall include, but is not limited to:

Delete:

7.6.3.1 DHHS intends to conduct two (2) readiness reviews of the MCO during the implementation phase prior to the program start date. The first review shall take place thirty (30) days after contract effective date or ninety(90) calendar days prior to the program start date, whichever comes later, and the second review shall take place thirty (30) calendar days prior to the program start date. The MCO shall fully cooperate with DHHS during these readiness reviews. During the readiness reviews, DHHS shall assess the MCO's progress towards a successful program implementation. The review shall include validation of readiness in multiple areas, including but not limited to:

Replace with:

7.6.3.1 DHHS intends to conduct two (2) readiness reviews of the MCO during the implementation phase prior to the Program Start Date. The first review shall take place thirty (30) days after contract effective date or scheduled after DHHS has verified that at least two MCOs have satisfied the DHHS Substantial Provider Network reporting requirements, whichever comes later, and will take place ninety(90) calendar days prior to the Program Start Date. The second review shall take place thirty (30) calendar days prior to the Program Start Date. The MCO shall fully cooperate with DHHS during these readiness reviews. During the readiness reviews, DHHS shall assess the MCO's progress towards a successful program implementation. The review shall include validation of readiness in multiple areas, including but not limited to:

Delete:

7.6.3.3 During the first one hundred and eighty (180) days following the Execution Date of this Agreement, DHHS may give tentative approval of the MCO's required policies and procedures.

Replace with:

7.6.3.3 During the first one hundred and eighty (180) days following the effective date of this Agreement or within ninety (90) days prior to the Program Start Date, whichever comes later, DHHS may give tentative approval of the MCO's required policies and procedures.

Delete:

7.7.1 The MCO shall cooperate with, and support DHHS during Year 1 of the Agreement to establish the model for the Step 2 Program, which would include program design, rate development and implementation strategy, which shall be incorporated as an amendment to this Agreement.

Replace with:

7.7.1 The MCO shall participate with DHHS to establish the model for the Step 2 Program through the State Implementation Model (SIM) design process. The model for Step 2 shall include service delivery, rate development and implementation strategy and shall be submitted to CMS by September 30, 2013, for approval.

Delete:

7.7.2 The start date of Step 2 is July 1st, 2013, contingent upon the successful completion of requirements described in 7.7.1.

Replace with:

7.7.2 The program start date of Step 2 shall commence within 12 months from the Program Start Date of Step 1, contingent upon the successful completion of the requirements described in 7.7.1 and all required approvals by CMS.

Add:

7.7.4.1 Detailed requirements to follow structure of 7.6.1.1 – requirements to be developed as part of Step 2 Program design.

Add:

8.1 Native Americans & Native Alaskans w/ member opt out
Step 1
Footnote 2: Per 42 USC §1396u-2(a)(2)(c); however, NH has no recognized tribes.

Delete:

9.1.1 The MCO shall submit, thirty (30) days from the contract effective date or ninety (90) days prior to the start of each Agreement year, whichever is later, its plan to engage its provider network in health care delivery and payment reform activities, subject to review and approval by DHHS. These activities may include, but are not limited to, pay for performance programs, innovative

provider reimbursement methodologies, risk sharing arrangements and subcapitation agreements.

Replace with:

9.1.1 The MCO shall submit one hundred and eighty days (180) days from the Program Start Date, and ninety (90) days prior to the start of each Agreement year its plan to engage its provider network in health care delivery and payment reform activities, subject to review and approval by DHHS. These activities may include, but are not limited to, pay for performance programs, innovative provider reimbursement methodologies, risk sharing arrangements and subcapitation agreements.

Delete:

9.1.3 DHHS will withhold one percent (1%) of MCO capitation payments in each year of the Agreement under the Payment Reform Plan. The MCO will earn a pay-out of that withheld amount if it meets the implementation milestones described in the Payment Reform Plan. The pay-out will be pro-rated to the number of milestones achieved by the MCO at the end of the year.

Replace with:

9.1.3 Beginning July 1, 2014, DHHS will withhold one percent (1%) of MCO capitation payments in each year of the Agreement under the Payment Reform Plan. The MCO will earn a pay-out of that withheld amount if it meets the implementation milestones described in the Payment Reform Plan. The pay-out will be pro-rated to the number of milestones achieved by the MCO at the end of the year.

Delete:

9.1.5.1 FQHCs and RHCs will be paid the encounter rate paid by DHHS as of July 1, 2011

Replace with:

9.1.5.1 FQHCs and RHCs will be paid at minimum the encounter rate paid by DHHS at the time of service.

Add:

9.1.5.10 Primary Care reimbursement to follow DHHS policy and to comply with 42 CFR 438, 42 CFR 441 and 42 CFR 447 II.A.5

- 9.1.5.10.1 MCO shall pass on the full benefit of the payment increase to eligible providers; and
- 9.1.5.10.2 MCO shall adhere to the definitions and requirements for eligible providers and services as specified in Section 1902(a)(13)(C), as amended by the Affordable Care Act of 2010 (ACA) and federal regulations; and
- 9.1.5.10.3 MCO shall submit sufficient documentation, as per DHHS policy, to DHHS to validate that enhanced rates were made to eligible providers.

10.2.1 Delete "formerly" replace with "formally"

Delete:

12.1.10.5 The MCO shall submit an annual report no later than ninety (90) calendar days following the close of the fiscal year with a summary of the trainings provided, a list of attendees from each community mental health program, and the proposed training for the next fiscal year.

Replace with:

12.1.10.5 The MCO shall submit an annual report no later than ninety (90) calendar days following the close of each Agreement Year with a summary of the trainings provided, a list of attendees from each community mental health program, and the proposed training for the next Agreement Year.

Delete:

14.3.1.3 If the member requests to be assigned to the same plan in which another family member is currently enrolled.

Replace with:

14.3.1.3 If the member requests to be assigned to the same plan in which another family member is currently enrolled; or

14.3.1.4 Who have disenrolled with another MCO at the time described in 14.5.3.1.

Delete:

14.4.1 DHHS will use the following auto-assignment methodology in the first year of the program.

Replace with:

14.4.1 DHHS will use the following auto-assignment methodology for the enrollment period prior to Program Start Date.

Delete:

14.5.3.1. During the ninety (90) days following the date of the member's initial enrollment with the MCO or the date that DHHS (or its agent) sends the member notice of the enrollment, whichever is later

Replace with:

14.5.3.1. During the ninety (90) days following the date of the member's enrollment with an MCO or the date that DHHS (or its agent) sends the member notice of the enrollment, whichever is later

Delete:

15.1.3.1 Confirm the member's Primary Care Physician (PCP) selection

Replace with:

15.1.3.1 Assist member to select a Primary Care Provider (PCP) or confirm selection of a PCP

Delete:

15.1.5.3 The member's Medicaid program number;

Replace with:

15.1.5.3 The member's Medicaid ID # assigned by DHHS at the time of eligibility determination;

Delete:

15.1.5.4 The effective date of the PCP assignment

15.3.1.4 Delete "restrain" replace with "restraint"

Delete:

18.1.2 The MCO shall submit documentation to DHHS to demonstrate that it maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)]

18.1.3 At the time it enters into an Agreement with DHHS

18.1.3.1 At the second readiness review prior to the Program start date

18.1.3.2 Thirty (30) days prior to the beginning of each new Agreement year

18.1.3.3 At any time there has been a significant change (as defined by DHHS) in the entity's operations that would affect adequate capacity and services, including but not limited to:

18.1.3.3.1 Changes in services, benefits, geographic service area, or payments

18.1.3.3.2 Enrollment of a new population in the MCO [42 CFR 438.207(c)]

Replace with:

18.1.2 The MCO shall submit documentation to DHHS to demonstrate that it maintains a substantial provider network sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)] prior to the first readiness review.

18.1.3 The MCO shall submit documentation to DHHS to demonstrate that it maintains an adequate network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of members in the service area [42 CFR 438.207(b)]

18.1.3.1 At the second readiness review prior to the Program start date

18.1.3.2 Thirty (30) days prior to the beginning of each new Agreement year

18.1.3.3 At any time there has been a significant change (as defined by DHHS) in the entity's operations that would affect adequate capacity and services, including but not limited to:

18.1.3.3.1 Changes in services, benefits, geographic service area, or payments

18.1.3.3.2 Enrollment of a new population in the MCO [42 CFR 438.207(c)]

Add:

18.1.5 For Step 1 Implementation, the anticipated number of members in Sections 18.1.1 and 18.1.2 shall be based on the "NH Medicaid Care Management Fifty Percent Population Estimate by Zipcode" report provided by DHHS.

Delete:

19.2.3 All providers in the MCO's network shall be enrolled as a New Hampshire Medicaid provider. DHHS will continue to be responsible for enrolling providers; however, the MCO shall assist providers with this process.

Replace with:

19.2.3 All providers in the MCO's network are required, to be enrolled as New Hampshire Medicaid providers. DHHS may waive this requirement for good cause on a case-by-case basis.

Delete:

19.3.9 The MCO shall ensure that providers within their network meet Medicare certification prior to the start of the second Agreement year.

Replace with:

19.3.9 The MCO shall ensure that providers whose Medicare certification is a precondition of participation in the Medicaid program obtain certification within one year of enrollment in MCO's provider network.

Delete:

19.4.2 The MCO shall conduct a provider satisfaction survey, approved by DHHS and administered by a third party, on a statistically valid sample of each major provider type; PCP, specialists, hospitals, pharmacies, DME and Home Health providers. DHHS shall have input to the development of the survey. The survey shall be conducted semi-annually the first Agreement year and at least once an Agreement year thereafter to gain a broader perspective of provider opinions. The results of these surveys shall be made available to DHHS and measured against criteria established by DHHS, and published on the MCO's website.

Replace with:

19.4.2 The MCO shall conduct a provider satisfaction survey, approved by DHHS and administered by a third party, on a statistically valid sample of each major provider type; PCP, specialists, hospitals, pharmacies, DME and Home Health providers. DHHS shall have input to the development of the survey. The survey shall be conducted semi-annually the first year after the program start date and at least once an Agreement year thereafter to gain a broader perspective of provider opinions. The results of these surveys shall be made available to DHHS and measured against criteria established by DHHS, and published on the MCO's website.

Delete:

20.5.3 In addition MCO shall report annually other quality measures specified by DHHS in Exhibit O

Replace with:

20.5.3 In addition MCO shall submit other quality measures as specified by DHHS in Exhibit O in a format to be specified by DHHS.

Delete 20.6 Performance Incentives in its entirety

Replace with:

20.6 Performance Incentives

20.6.1 Each Agreement year DHHS will select four (4) measures to be included in the Quality Incentive Program (QIP). DHHS shall notify the MCO of the four (4) measures to be included in the QIP no later than three (3) months prior to the start of the period for which data will be collected to evaluate each measure.

20.6.2 For each measure selected by DHHS for the QIP, the MCO will be eligible to receive up to one-quarter of the one percent (0.25%) of the withheld amount pertaining to performance incentives as set forth in Section 29.2.9. The MCO will be eligible for a partial incentive payment for substantial improved performance on that measure that does not fully meet the improvement goal.

20.6.3 If the MCO's performance on a measure chosen for the QIP declines below the indicated level the MCO will forfeit the one-quarter of the one percent (0.25%) of the withheld amount pertaining to performance incentives as set forth in Section 29.2.9.

20.6.4 Beginning October 1, 2014, or nine (9) months after the Program Start Date, whichever is later, if the MCO's performance on a measure chosen for the QIP declines below the indicated level, separate from 20.6.3, the MCO will receive a further reduction of up to one quarter of one percent (0.25%) of the total capitation payment received by the MCO in the year for which the measure was selected. The reduction is in addition to the withheld amount set forth in Section 29.2.9, and shall be withheld from any next payment due to the MCO.

20.6.5 For state fiscal year 2014 the following measures have been selected:

20.6.5.1 Timeliness of Prenatal Care (HEDIS Measure). Prenatal and Postpartum Care (PPC) Timeliness of Prenatal Care component: The percentage of deliveries that received a prenatal care visit as a member of the MCO in the first trimester or within 42 days of enrollment in the organization for women who were continuously enrolled in the MCO at least 43 days prior to delivery. The MCO may use a process of physician abstraction with an MCO audit to measure this incentive.

20.6.5.1.1 The measurement will be calculated from the Program Start Date of Step 1 of the program through June 30, 2014. . DHHS shall categorize MCO Program Start Date performance as follows:

20.6.5.1.2 The measure meets or exceeds the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.1.3 The measure is less than the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.1.4 The measure is less than or equal to the 25th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2 Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge, beneficiaries age six and older at the time of discharge including hospitalizations in New Hampshire Hospital (HEDIS Measure).

20.6.5.2.1 The measurement will be calculated from the Program Start Date of Step 1 of the program through June 30, 2014. DHHS shall categorize MCO performance as follows:

20.6.5.2.2 The measure meets or exceeds the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2.3 The measure is less than the 75th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.2.4 The measure is less than or equal to the 25th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3 Parental Satisfaction With Children Getting Appointments for Care (CAHPS measure). CAHPS Child Survey – General Population: Response of either "Usually" or "Always" to the question: Not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?"

20.6.5.3.1 The measurement will be calculated based on a CAHPS survey to. DHHS shall conduct the survey for SFY 2014. DHHS shall categorize MCO performance as follows:

20.6.5.3.2 The measure meets or exceeds the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3.3 The measure is less than the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.3.4 The measure is less than or equal to the 50th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4 Satisfaction with Getting Appointments for Care (CAHPS measure). CAHPS Adult Survey – Survey Item: "Not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?"

20.6.5.4.1 The measurement will be calculated based on a CAHPS survey. DHHS shall conduct the survey for SFY 2014. DHHS shall categorize MCO performance as follows:

20.6.5.4.2 The measure meets or exceeds the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4.3 The measure is less than the 90th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.5.4.4 The measure is less than or equal to the 50th percentile of the most recent Quality Compass National Medicaid HMO Data.

20.6.6. In the event of changes to the Medicaid Care Management program or material circumstances beyond DHHS or the MCOs' control, which DHHS determines would unduly limit all MCOs' ability to reasonably perform and achieve the withhold return threshold, DHHS will evaluate the impact of the circumstances and make such changes as required, at the discretion of DHHS.

Delete:

21.1.3 The MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval as part of the first readiness review. Each year thereafter, the MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval each year on or before April 1st.

Replace with:

21.1.3 The MCO shall submit its written utilization management policies, procedures, and criteria to DHHS for approval as part of the first readiness review. Thereafter the MCO shall submit its written utilization management policies, procedures, and criteria that have changed and an attestation listing those that have not changed since the prior year's submission to DHHS for approval ninety (90) days prior to the end of the Agreement Year.

Delete:

26.1.3.9 42 CFR 435; XX-YY, Chapter ZZ DHHS Eligibility Manual, NH Laws (RSAs), Regulations, State Plan?

Delete:

29.2.2 DHHS will make a monthly payment to the MCO for each member enrolled in the MCO's plan. The rates for the first year will be valid from the Program start date through June 30, 2013. After the first Agreement year, the capitation rates will be valid for 12 months, July 1st through June 30th. The capitation rates will be risk adjusted as follows:

Replace with:

29.2.2 DHHS will make a monthly payment to the MCO for each member enrolled in the MCO's plan. The capitation rates, as set forth in Exhibit B, will be risk adjusted as follows:

Delete:

29.2.3 The capitation payment will be made retrospectively with a two (2) month delay. For example, a payment will be made within five (5) business days of the first day in October 2012 for services provided in July 2012.

Replace with:

29.2.3 The capitation payment will be made retrospectively with a two (2) month delay. For example, a payment will be made within five (5) business days of the first day in October 2012 for services provided in July 2012. DHHS will consider reducing the delay in payment from a two (2) to a one (1) month retrospective delay in a future State Fiscal Year.

Delete:

29.2.9 One percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS' quality performance benchmark incentive program. Incentives will be measured annually (first measurement period July 2012 – June 2013) and incentive payments will be distributed by the end of the following Agreement year. Further details of the Performance Incentive program are described in Section [20.6].

Replace with:

29.2.9 Beginning October 1, 2014, or nine (9) months after the Program Start Date, whichever is later, one percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS' quality performance benchmark incentive program. Incentives will be measured annually and incentive payments will be distributed by the end of the following Agreement year. Further details of the Performance Incentive program are described in Section 20.6.

Delete:

29.2.10 One percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS's payment reform incentive program. Details of the Incentive Program are described in Section 9.

Replace with:

29.2.10 Beginning July 1, 2014, one percent (1.0%) of each member's capitation payment to the MCO will be withheld annually to support DHHS's payment reform incentive program. Details of the Incentive Program are described in Section 9.

Add:

29.2.12. In the event an enrolled Medicaid member was previously admitted as a hospital inpatient and is receiving continued inpatient hospital services on the first day of coverage with the MCO, the MCO shall receive full capitation payment for that member. The entity responsible for coverage of the member at the time of admission as an inpatient, i.e. either DHHS or another MCO, shall be fully responsible for all inpatient care services and all related services

authorized while the member was an inpatient until the day of discharge from the hospital.

Delete:

30.4.2 DHHS may terminate this Agreement after written notice thereof to the MCO in the event the MCO fails to accept the actuarially sound capitation rates established by DHHS for Year 2 or later of the program. In the event of such termination, the MCO shall accept the lesser of the most recently agreed to capitation rates or the new annual capitation rate for each rating category as payment in full for Covered Services and all other services required under this Agreement delivered to Members until all Members have been disenrolled from the MCO's plan consistent with any mutually agreed upon transition plans to protect Members.

Replace with:

30.4.2 In the event the MCO gives written notice that it does not accept the actuarially sound capitation rates established by DHHS for Year 2 or later of the program, the MCO and DHHS will have 30 days from the date of such notice or 30 days from the expiration of the rates indicated in Exhibit B, whichever comes later, to attempt to resolve the matter without terminating the agreement. If no resolution is reached in the above 30 day period, then the contract will terminate 90 days thereafter, or at the time that all members have been disenrolled from the MCO's plan, whichever date is earlier. In the event of such termination, the MCO shall accept the lesser of the most recently agreed to capitation rates or the new annual capitation rate for each rating category as payment in full for Covered Services and all other services required under this agreement delivered to Members until all Members have been disenrolled from the MCO's plan consistent with any mutually agreed upon transition plans to protect Members

Delete Exhibit B.
Replace with attached Exhibit B amendment #1.

Delete Exhibit O.
Replace with attached Exhibit O amendment #1.

New Hampshire Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/13/13
Date

Nicholas A. Toumpas
Commissioner

Boston Medical Center Health Plan, Inc.

6/10/13
Date

Name:
Title:

Acknowledgement:
State of Massachusetts, County of Suffolk on 6/10/13, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

New Hampshire Department of Health and Human Services
Amendment #1 to the Medicaid Care Management Contract

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12 Jun. 2013
Date

Name: Joanne P. Herrick
Title: Attorney

I hereby certify that the foregoing contract was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

This Agreement is reimbursed on a per member per month capitation rate for the Agreement term, subject to all conditions contained within Exhibit A. Accordingly, no maximum or minimum product volume is guaranteed. Any quantities set forth in this contract are estimates only. The contractor agrees to serve all members in each category of eligibility who enroll with this contractor for covered services. Capitation payment rates are as follows:

SFY13 - FISCAL YEAR JULY 1, 2012 – JUNE 30, 2013

Eligibility Category	Capitation Rates
Low Income Children and Adults -Age 2-11 Months	$ 176.03
Low Income Children and Adults -Age 1-5 Years	$ 101.68
Low Income Children and Adults -Age 6-13 Years	$ 148.09
Low Income Children and Adults -Female Age 14-18 Years	$ 184.03
Low Income Children and Adults -Male Age 14-18 Years	$ 166.97
Low Income Children and Adults -Female Age 19-44 Years	$ 344.91
Low Income Children and Adults -Male Age 19-44 Years	$ 263.72
Low Income Children and Adults -Age 45+ Years	$ 445.68
Foster Care / Adoption	$ 400.08
Breast and Cervical Cancer Program	$ 1,149.27
Severely Disabled Children	$ 1,187.31
Disabled Adults -Female Age 19-44 Years, Medicaid Only	$ 864.59
Disabled Adults -Male Age 19-44 Years, Medicaid Only	$ 854.85
Disabled Adults -Age 45+ Years, Medicaid Only	$ 1,164.74
Old Age Assistance Program -Medicaid Only – Non-Nursing Home Residents	$ 724.42
Nursing Home Residents -Medicaid Only	$ 1,528.78
Nursing Home Residents -Dual Eligibles	$ 77.55
Dual Eligibles -Age 0-44	$ 395.25
Dual Eligibles -Age 45-64	$ 519.63
Dual Eligibles -Age 65+	$ 241.77
Newborn Kick Payment	$ 1,923.73
Maternity Kick Payment	$ 2,746.77

Price Limitation. This Agreement is one of multiple contracts that will serve the New Hampshire Medicaid Care Management Program. The estimated member months, for State Fiscal Year 2013, to be served among all contracts is 1,385,347. Accordingly, the price limitation for SFY 13 among all contracts, for State Fiscal Year 2013, based on the projected members per month is $381,923,030.

SFY14 - FISCAL YEAR JULY 1, 2013 – JUNE 30, 2014
Capitation Payment

Eligibility Category	Capitation Rates
Low Income Children and Adults -Age 2-11 Months	$ 213.18
Low Income Children and Adults -Age 1-5 Years	$ 103.75
Low Income Children and Adults -Age 6-13 Years	$ 112.09
Low Income Children and Adults -Female Age 14-18 Years	$ 156.92
Low Income Children and Adults -Male Age 14-18 Years	$ 140.40
Low Income Children and Adults -Female Age 19-44 Years	$ 365.52
Low Income Children and Adults -Male Age 19-44 Years	$ 288.85
Low Income Children and Adults -Age 45+ Years	$ 505.95
Foster Care / Adoption	$ 322.39
Breast and Cervical Cancer Program	$ 1,443.22
Severely Disabled Children	$ 1,157.63
Disabled Adults -Female Age 19-44 Years, Medicaid Only	$ 761.28
Disabled Adults -Male Age 19-44 Years, Medicaid Only	$ 721.52
Disabled Adults -Age 45+ Years, Medicaid Only	$ 1,048.15
Old Age Assistance Program -Medicaid Only – Non-Nursing Home Residents	$ 761.68
Nursing Home Residents -Medicaid Only	$ 1,318.59
Nursing Home Residents -Dual Eligibles	$ 79.93
Dual Eligibles -Age 0-44	$ 249.41
Dual Eligibles -Age 45-64	$ 306.33
Dual Eligibles -Age 65+	$ 212.55
Newborn Kick Payment	$ 2,847.86
Maternity Kick Payment	$ 3,094.77

Supplemental Behavioral Health Rate Cell	**Supplemental Rate**
Severe/Persistent Mental Illness: Low Income Children and Adults & Foster Care	$ 1,518.59
Severe/Persistent Mental Illness: All Other	$ 1,047.13
Severe Mental Illness: Low Income Children and Adults & Foster Care	$ 950.70
Severe Mental Illness: All Other	$ 573.17
Low Utilizer	$ 470.66
Serious Emotionally Disturbed Child: TANF and Foster Care	$ 785.06
Serious Emotionally Disturbed Child: All Other	$ 1,071.72

Price Limitation. This Agreement is one of multiple contracts that will serve the New Hampshire Medicaid Care Management Program. The estimated member months, for State Fiscal Year 2014, to be served among all contracts is 1,476,070. Accordingly, the price limitation for SFY14 among all contracts, for State Fiscal Year 2014, based on the projected members per month is $432,120,362.

Invoicing. Invoices shall be submitted and will be paid based on the terms outlined in Exhibit A. Invoices for services shall be sent to the following address. The MCO shall be notified in writing should this information change during the course of the contract:

Attn: Medicaid Finance Director
New Hampshire Medicaid Managed Care Program
129 Pleasant Street
Concord, NH 03304

New Hampshire Department of Health and Human Services
Exhibit O – Amendment #1
NH Medicaid Care Management Quality and Oversight Reporting

The Exhibit O measures/measure sets, logs, and narrative reports shall be submitted according to the specified schedule in the standard HEDIS submission format for HEDIS measures and a format as specified by NH DHHS for other measures and data tables.

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
101	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by preferred Spoken language	NH 101	All	July	3 months after start of program	September 30th
102	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by preferred written language	NH 102	All	July	3 months after start of program	September 30th
103	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by Ethnicity	NH 103	All	July	3 months after start of program	September 30th
104	-	Community demographic, cultural and epidemiologic profile: Beneficiary Counts by Race	NH 104	All	July	3 months after start of program	September 30th
200	-	CAHPS 5.0H Core Survey - Adults	CAHPS Adult - CORE	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, did you have a health problem for which you needed special medical equipment, such as a cane, a wheelchair, or oxygen equipment? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC09	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get the medical equipment you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually;Always;Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC10	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, did you have any health problems that needed special therapy, such as physical, occupational, or speech therapy? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC11	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get the special therapy you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC12	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - Home health care or assistance means home nursing, help with bathing or dressing, and help with basic household tasks. In the last 6 months, did you need someone to come into your home to give you home health care or assistance? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - CC13	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Chronic Conditions - In the last 6 months, how often was it easy to get home health care or assistance through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - CC14	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Behavioral Health - In the last 6 months, did you need any treatment or counseling for a personal or family problem? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q08 - MH2	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Behavioral Health - In the last 6 months, how often was it easy to get the treatment or counseling you needed through your health plan? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q08 - MH3	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers? (OHP3, Screening Question) Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q14 - OPH3	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - In the last 6 months, who helped to coordinate your care? Summary for each of the following: Someone from your health plan; Someone from your doctor's office or clinic; Someone from another organization; A friend or family member; You	CAHPS 4.0 Adult - SUPP - Q14 - OPH4	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Coordination of Care from Other Health Providers - How satisfied are you with the help you received to coordinate your care in the last 6 months? Summary for each of the following: Very dissatisfied; Dissatisfied; Neither dissatisfied nor satisfied; Satisfied; Very satisfied; Satisfied + Very satisfied	CAHPS 4.0 Adult - SUPP - Q14 - OPH5	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Customer Service - Were any of the following a reason you did not get the information or help you needed from your health plan's customer service? Summary for each of the following: a) You had to call several times before you could speak with someone (Yes/No) b) The information customer service gave you was not correct (Yes/No) c) Customer service did not have the information you needed (Yes/No) d) You waited too long for someone to call you back (Yes/No) e) No one called you back (Yes/No) f) Some other reason (Yes/No) Please specify:	CAHPS 4.0 Adult - SUPP - Q23 - CS1	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Transportation - Some health plans help with transportation to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your health plan to get help with transportation? Summary for each of the following: Yes; No	CAHPS 4.0 Adult - SUPP - Q27 - T1	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Transportation - In the last 6 months, when you phoned to get help with transportation from your health plan, how often did you get it? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Adult - SUPP - Q27 - T2	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
200	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: HEDIS Set - Have you had a flu shot since September 1, of last year? Summary for each of the following: Yes; No; Don't know	CAHPS 4.0 Adult - SUPP - Q28 - H16	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 5.0H Core and Children with Chronic Conditions Survey - Children	Children - CORE W CCC	>=18	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q17 - OHP1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Children - SUPP - Q17 - OHP2	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q17 - OHP3	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - In the last 6 months, who helped to coordinate your child's care? Summary for each of the following: Someone from your child's health plan; Someone from your child's doctor's office or clinic; Someone from another organization; A friend or family member; You	CAHPS 4.0 Children - SUPP - Q17 - OHP4	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Coordination of Care from Other Health Providers - How satisfied are you with the help you got to coordinate your child's care in the last 6 months? Summary for each of the following: Very dissatisfied; Dissatisfied; Neither dissatisfied nor satisfied; Satisfied; Very satisfied; Satisfied + Very satisfied	CAHPS 4.0 Children - SUPP - Q17 - OHP5	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Quality Improvement Customer Service - Were any of the following a reason you did not get the information or help you needed from customer service at your child's health plan? Summary for each of the following: a) You had to call several times before you could speak with someone (Yes/No) b) The information customer service gave you was not correct (Yes/No) c) Customer service did not have the information you needed (Yes/No) d) You waited too long for someone to call you back (Yes/No) e) No one called you back (Yes/No) f) Some other reason (Yes/No) Please specify:_____	CAHPS 4.0 Children - SUPP - Q26 - CS1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Transportation - Some health plans help with transportation for your child to get to doctors' offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, did you phone your child's health plan to get help with transportation for your child? Summary for each of the following: Yes; No	CAHPS 4.0 Children - SUPP - Q30 - T1	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
201	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Transportation - In the last 6 months, when you phoned your child's health plan to get help with transportation, how often did you get it? Summary for each of the following: Never; Sometimes; Usually; Always; Usually + Always	CAHPS 4.0 Children - SUPP - Q30 - T2	0-17	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
202	-	CAHPS 4.0 Supplement, 5.0 equivalent when released: Adult Survey - Flu Shots for Adults Ages 50-64 (analytic breakout)	CMS Adult 1	50-64	NCQA schedule & Protocols	Concurrent with 2015 NCQA submission schedule	Concurrent with NCQA submission
210	-	Appropriate Testing for Children With Pharyngitis	HEDIS: CWP	2-18	July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.	6/30/2015	June 30th
211	-	Appropriate Treatment for Children With Upper Respiratory Infection	HEDIS: URI	3 months-18 years old	July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.	6/30/2015	June 30th
212	-	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	HEDIS: AAB	18-64	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
215	A-C	Antidepressant Medication Management - Effective Acute Phase Treatment - Adults	HEDIS: AMM	18-64, >=65, Total	May 1 of the year prior to the measurement year to Oct 31 of the measurement year.	6/30/2016	June 30th
216	A-C	Antidepressant Medication Management - Effective Continuation Phase Treatment - Adults	HEDIS: AMM	18-64, >=65, Total	May 1 of the year prior to the measurement year to Oct 31 of the measurement year.	6/30/2016	June 30th
217	A	Adherence to Antipsychotics for Individuals with Schizophrenia - Adults Age 19-64	HEDIS: SAA	19-64	CY	6/30/2015	June 30th
218	-	Follow up appointment within 7 calendar days of discharge from New Hampshire Hospital	NH 340	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter
219	A-C	Follow Up After Hospitalization For Mental Illness - 7 days	HEDIS: FUH	6-20, >=21, Total	January 1 through December 1 of the measurement year	6/30/2015	June 30th
220	A-C	Follow Up After Hospitalization For Mental Illness - 30 days	HEDIS: FUH	6-20, >=21, Total	January 1 through December 1 of the measurement year	6/30/2015	June 30th
221	-	Follow Up Care for Children Prescribed ADHD Medication - Initiation	HEDIS: ADD	6-12	A year starting March-April 1 of the year prior to the measurement year and ending February 28 of the measurement year.	6/30/2015	June 30th
222	-	Follow Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	HEDIS: ADD	6-12	A year starting March-April 1 of the year prior to the measurement year and ending February 28 of the measurement year.	6/30/2015	June 30th
223	A-D	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Initiation	HEDIS: IET	13-17, 18-66, >=65, Total	CY	6/30/2015	June 30th
224	A-D	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment - Engagement	HEDIS: IET	13-17, 18-66, >=65, Total	CY	6/30/2015	June 30th
225	-	Percent of Beneficiary receipt of discharge plan upon discharge from New Hampshire Hospital	NH 225	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
226	-	Percent of contact with the Beneficiary within 3 calendar days of Beneficiary discharge from New Hampshire Hospital	NH 226	All	Quarterly	4 months after start of program	Within 30 days of the end of the quarter
227	A	Percent of continuously enrolled children using behavioral health medications who received a psychiatric consultation for behavioral health medications - children	NH 227	0-18	CY	6/30/2015	June 30th
227	B	Percent of continuously enrolled children using behavioral health medications who received a psychiatric consultation for behavioral health medications - children receiving foster care services	NH 227	0-18	CY	6/30/2015	June 30th
228	A-C	Screening for Clinical Depression and Follow-up Plan	CMS Adult 6	18-64, >=65, Total	CY	6/30/2015	June 30th
229	-	Homelessness Hospital discharges: Number of discharges to homeless shelters and homelessness.	NH 229	All	Agreement year	9/30/2014	Within 90 days of the end of an agreement year
230	-	Readmission to NH Hospital at 30 days	NH 230	All	June 1 of the prior SFY to June 30 of the measurement year. A 13 month period.	9/30/2014	September 30th
231	-	Readmission to NH Hospital at 180 days	NH 231	All	January 1 of the of the prior SFY to June 30 of the measurement year. An 18 month period	9/30/2015	September 30th
233	A-C	Annual HIV/AIDS Medical Visits, Two With a Minimum of 180 Days Between Each Visit - Adults	CMS Adult 16	18-64, >=65, Total	CY	6/30/2015	June 30th
235	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - ACE or ARB	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
236	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Anticonvulsants	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
237	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Digoxin	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
238	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Diuretics	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
239	A-C	Annual Monitoring for Patients on Persistent Medications - Adults - Total Rate	HEDIS: MPM	18-64, >=65, Total	CY	6/30/2015	June 30th
240	A-C	Annual HIV/AIDS Medical Visits, Two With a Minimum of 90 Days Between Each Visit - Adults	CMS Adult 16	18-64, >=65, Total	CY	6/30/2015	June 30th
241	-	Rate of Maintenance Medication Gaps Greater Than 20 Days Between Refills by Age Group	NH 241	0-5, 6-18, 19-64	Quarterly	2/28/2014	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
245	-	Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	HEDIS: CMC	18-75	CY	6/30/2015	June 30th
246	A-C	Controlling High Blood Pressure	HEDIS: CBP	18-64, 65-85, Total	CY	6/30/2015	June 30th
250	A-C	Comprehensive Diabetes Care - HbA1c Testing	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	E-G	Comprehensive Diabetes Care - HbA1c Testing - Disabled Sub-population	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	H-J	Comprehensive Diabetes Care - HbA1c Testing - Metropolitan Counties	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
250	K-M	Comprehensive Diabetes Care - HbA1c Testing - Non-Metropolitan Counties	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
251	-	Comprehensive Diabetes Care - HbA1c Control (>9%)	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
252	A-C	Comprehensive Diabetes Care - LDL-C Screening	HEDIS: CDC	18-64, 65-75, Total	CY	6/30/2015	June 30th
253	-	Comprehensive Diabetes Care - Eye Exam	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
254	-	Comprehensive Diabetes Care - Medical Attention for Nephropathy	HEDIS: CDC	18-75	CY	6/30/2015	June 30th
255	-	Annual Pediatric hemoglobin A1C Testing - Children Age 5 to 17 With Type I or II Diabetes	CMS Child 22	5-17	CY	6/30/2015	June 30th
259	A-C	Diabetes Short-Term Complications Admission Rate per 100,000 - Adults	CMS Adult 8	18-64, >=65, Total	CY	6/30/2015	June 30th
260	A-D	Use of Appropriate Medications for People with Asthma - Age 5 to 64	HEDIS: ASM	5-11, 12-18, 19-50, 51-64, Total	CY	6/30/2015	June 30th
261	-	Medication Management for People with Asthma - At Least 50% of Treatment Period - Age 5 to 18	HEDIS: MMA	5-18	CY	6/30/2015	June 30th
262	-	Medication Management for People with Asthma - At Least 75% of Treatment Period - Age 5 to 18	HEDIS: MMA	5-18	CY	6/30/2015	June 30th
263	-	Annual Percent of Asthma Patients With One or More Asthma-Related Emergency Room Visits - Age 2 to 20	CMS Child 20	2-20	CY	6/30/2015	June 30th
264	A-C	Asthma Admission Rate per 100,000 - Adults	CMS Adult 11	18-64, >=65, Total	CY	6/30/2015	June 30th
267	-	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	HEDIS: SPR	>=40	CY	6/30/2015	June 30th
268	A-C	Chronic Obstructive Pulmonary Disease (COPD) Admission Rate per 100,000 - Adults	CMS Adult 9	18-64, >=65, Total	CY	6/30/2015	June 30th
270	A-C	Congestive Heart Failure Admission Rate per 100,000 - Adults	CMS Adult 10	18-64, >=65, Total	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
271	A-D	Inpatient Hospital Utilization for Ambulatory Care Sensitive Conditions Overall PQI Composite per 100,000 beneficiaries - Adults	PQI 90	18-44, 45-64, >=65, Total	Quarterly	Four months after the completion of the first full quarter after start of program	4 months after the end of the quarter
271	E-H	Inpatient Hospital Utilization for Ambulatory Care Sensitive Conditions Overall PQI Composite per 100,000 beneficiaries - Adults	PQI 90	18-44, 45-64, >=65, Total	CY	6/30/2015	June 30th
280	A-C	Care Transition - Transition Record Transmitted to Health Care Professional - Adults	CMS Adult 24	18-64, >=65, Total	CY	6/30/2015	June 30th
300	A	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Standard appeals - within 30 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	B	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Extended appeals - within 44 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	C	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Expedited appeals- within 3 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
300	D	Resolution of appeals - duration of time - Percentage of appeals resolutions that meet contract standards (17.9.1.1 - 17.9.1.4) - Maximum - within 45 calendar days	NH 300	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	A	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Member abandoned appeal	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	B	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal upheld	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	C	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal Reversed	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
301	D	Resolution of appeals - disposition type - Percentage of appeals by disposition outcome - Appeal elevated to State Fair Hearing	NH 301	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
302	A	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Denial or limited authorization	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	B	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Reduction, suspension, or termination of previously authorized service	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	C	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Denial of payment	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	D	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Failure to provide timely service	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	E	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Untimely service authorization	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
302	F	Type of Appeals - Percentage of Appeals initiated by Action (17.4) - Failure of MCO to act within NH DHHS contract timeframes (17.4.1.6)	NH 302	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	A	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Payment - delivered on date of action	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	B	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Service Authorization - 14 calendar days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	C	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for Denial of Service Authorization under permissible extensions - 28 calendar days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
303	D	Timeliness of Notice Delivery - Percentage of notices delivered to beneficiaries within timeframe stipulated in contract - Notice for circumstances that warrant expedited notices - 3 business days after request for authorization	NH 303	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
304	-	Percent of grievance dispositions made within 45 calendar days	NH 304	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
330	A	Frequency of Ongoing Prenatal Care (<21% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	B	Frequency of Ongoing Prenatal Care (21-40% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	C	Frequency of Ongoing Prenatal Care (41-60% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	D	Frequency of Ongoing Prenatal Care (61-80% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
330	E	Frequency of Ongoing Prenatal Care (>= 81% of Expected Number of Visits)	HEDIS: FPC	All	CY	6/30/2015	June 30th
331	-	Prenatal and Postpartum Care - Timeliness of Prenatal Care	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	A	Prenatal and Postpartum Care - Postpartum Care – Total	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	B	Prenatal and Postpartum Care - Postpartum Care – Metropolitan Counties	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	C	Prenatal and Postpartum Care - Postpartum Care – Non-metropolitan Counties	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	D	Prenatal and Postpartum Care - Postpartum Care – Ethnicity: Hispanic	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	E	Prenatal and Postpartum Care - Postpartum Care – Ethnicity: Non-Hispanic	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	F	Prenatal and Postpartum Care - Postpartum Care – Race: White	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	G	Prenatal and Postpartum Care - Postpartum Care – Race: Black	HEDIS: PPC	All	CY	6/30/2015	June 30th
332	H	Prenatal and Postpartum Care - Postpartum Care – Race: Other	HEDIS: PPC	All	CY	6/30/2015	June 30th
333	-	Behavioral Health Risk Assessment for Pregnant Women	CMS TBD	All	Agreement year	12/31/2015	December 31st
336	-	Appropriate Use of Antenatal Steroids	CMS Adult 15	All	CY	6/30/2015	June 30th
340	A-C	Breast Cancer Screening - Age 42-69	HEDIS: BCS	42-64, 65-69, Total	2 CY	6/30/2016	June 30th
341	A	Cervical Cancer Screening - Age 24-64	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	C	Cervical Cancer Screening - Age 24-64 - Disabled Sub-population	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	D	Cervical Cancer Screening - Age 24-64 -Metropolitan Counties	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th
341	E	Cervical Cancer Screening - Age 24-64 –Non-metropolitan Counties	HEDIS: CCS	24-64	3 CY	6/30/2017	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
342	A-C	Chlamydia Screening in Women - Age 16 to 24	HEDIS: CHL	16-20, 21-24, Total	CY	6/30/2015	June 30th
343	A-C	Adult BMI Assessment	HEDIS: BAA	18-64, 64-74, Total	CY	6/30/2015	June 30th
344	-	Developmental Screening in the First Three Years of Life	CMS Child 8	1, 2, 3, Total	Birthday - 12 months	6/30/2016	June 30th
345	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI percentile documentation	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
346	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
347	-	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	HEDIS: WCC	3-11, 12-17, Total	CY	6/30/2015	June 30th
350	A	Well-Child Visits in the first 15 Months of Life (0 visit)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	B	Well-Child Visits in the first 15 Months of Life (1 visit)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	C	Well-Child Visits in the first 15 Months of Life (2 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	D	Well-Child Visits in the first 15 Months of Life (3 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	E	Well-Child Visits in the first 15 Months of Life (4 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	F	Well-Child Visits in the first 15 Months of Life (5 visits)	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	G	Well-Child Visits in the first 15 Months of Life (6 or more visits) – Total Population	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	H	Well-Child Visits in the first 15 Months of Life (6 or more visits) - Metropolitan Counties	HEDIS: W15	15 months	CY	6/30/2015	June 30th
350	I	Well-Child Visits in the first 15 Months of Life (6 or more visits) - Non-Metropolitan Counties	HEDIS: W15	15 months	CY	6/30/2015	June 30th
351	A	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life – Total Population	HEDIS: W34	3-6	CY	6/30/2015	June 30th
351	B	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life - Metropolitan Counties	HEDIS: W34	3-6	CY	6/30/2015	June 30th
351	C	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life - Non-Metropolitan Counties	HEDIS: W34	3-6	CY	6/30/2015	June 30th
352	A	Adolescent Well Care Visits	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
352	B	Adolescent Well Care Visits - Metropolitan Counties	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
352	C	Adolescent Well Care Visits - Non-Metropolitan Counties	HEDIS: AWC	12-21	CY	6/30/2015	June 30th
353	A	Access to (use of) Preventive/Ambulatory Health Services - Adults	HEDIS: AAP	20-44, 45-64, >=65, Total	CY	6/30/2015	June 30th
353	B	Access to (use of) Preventive/Ambulatory Health Services - Adult Total: Metropolitan Counties	NH DHHS 353 / HEDIS AAP	>=20	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
353	C	Access to (use of) Preventive/Ambulatory Health Services - Adult Total: Non-Metropolitan Counties	NH DHHS 353 / HEDIS AAP	>=20	CY	6/30/2015	June 30th
354	A-E	Children and Adolescents' Access To PCP - Age 12 Months - 19 Years	HEDIS: CAP	12-24 months, 25 months-6 years, 7-11, 12-19, Total	CY	6/30/2015	June 30th
355	A	Childhood Immunization Status - Combo 2	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	B	Childhood Immunization Status - Combo 3	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	C	Childhood Immunization Status - Combo 4	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	D	Childhood Immunization Status - Combo 5	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	E	Childhood Immunization Status - Combo 6	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	F	Childhood Immunization Status - Combo 7	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	G	Childhood Immunization Status - Combo 8	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	H	Childhood Immunization Status - Combo 9	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	I	Childhood Immunization Status - Combo 10	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	J	Childhood Immunization Status - DTaP	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	K	Childhood Immunization Status - IPV	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	L	Childhood Immunization Status - MMR	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	M	Childhood Immunization Status - HiB	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	N	Childhood Immunization Status - Hepatitis B	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	O	Childhood Immunization Status - VZV	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	P	Childhood Immunization Status - Pneumococcal Conjugate	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	Q	Childhood Immunization Status - Hepatitis A	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	R	Childhood Immunization Status - Rotavirus	HEDIS: CIS	2	CY	6/30/2015	June 30th
355	S	Childhood Immunization Status - Influenza	HEDIS: CIS	2	CY	6/30/2015	June 30th
356	A	Immunizations for Adolescents - Combination 1	HEDIS: IMA	13	CY	6/30/2015	June 30th
356	B	Immunizations for Adolescents - Meningococcal	HEDIS: IMA	13	CY	6/30/2015	June 30th
356	C	Immunizations for Adolescent - Tdap/Td	HEDIS: IMA	13	CY	6/30/2015	June 30th
357	-	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NQF 1407	13	CY	6/30/2015	June 30th
416	-	EPSDT performance via Form-CMS 416 – All Non-Dental Lines	416	Total <21, <0, 1-2, 3-5, 6-9, 10-14, 15-18, 19-20	Federal FY	3/18/2015	March 18th of the next Federal FY(April 1 is the due date for CMS)
420	A	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Total Population	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
420	B	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Metropolitan Counties	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
420	C	Beneficiary Requests for Assistance Accessing MCO Designated Primary Care Providers - Non-metropolitan Counties	NH 420	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	A	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Non-metropolitan Counties	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	B	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Metropolitan Counties	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
421	C	Beneficiary Requests for Assistance Accessing Physician/APRN Specialist (non-MCO Designated Primary Care) Providers - Total Population	NH 421	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	A	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Metropolitan Counties	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	B	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Non-metropolitan Counties	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
422	C	Beneficiary Requests for Assistance Accessing Other Providers (non-Physician/APRN) - Total Population	NH 422	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
425	A	Beneficiary to provider ratio - MCO Designated Primary Care providers - Statewide	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
425	B	Beneficiary to provider ratio - MCO Designated Primary care providers - Metropolitan Counties	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
425	C	Beneficiary to provider ratio - MCO Designated Primary Care providers - Non-Metropolitan Counties	NH 425	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	A	Child to Pediatrician Provider Ratio - Total	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	B	Child to Pediatrician Provider Ratio - Metropolitan Counties	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
426	C	Child to Pediatrician Provider Ratio - Non-Metropolitan Counties	NH 426	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	A	Female Age 19 to 64 to OB/GYN Provider Ratio - Total	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	B	Female Age 19 to 64 to OB/GYN Provider Ratio - Metropolitan Counties	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
427	C	Female Age 19 to 64 to OB/GYN Provider Ratio - Non-Metropolitan Counties	NH 427	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
430	A	Access to (use of) Preventive/Ambulatory Health Services - Total Population	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
430	B	Access to (use of) Preventive/Ambulatory Health Services - Metropolitan Areas	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
430	C	Access to (use of) Preventive/Ambulatory Health Services - Non-Metropolitan Areas	DHHS 430/ HEDIS AAP + CAP	All	CY	6/30/2015	June 30th
431	A	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Total Population	NH 431 / AAP & CAP	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
431	B	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Metropolitan Areas	NH 431 / AAP & CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	4 months after the end of the quarter
431	C	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Non-Metropolitan Areas	NH 431 / AAP & CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	D	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Children and Families Aid Categories	NH 431 /CAP	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	E	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Blind and Disabled Aid Categories	NH 431 /CAP	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	F	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Children, Foster Care Aid Categories	NH 431 /CAP	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	G	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, families and Children Aid Categories	NH 431 / AAP	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	H	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, Blind and Disabled Aid Categories	NH 431 / AAP	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
431	I	Physician/APRN/Clinic Utilization per 1,000 beneficiaries - Adults, Aged Aid Category	NH 431 / AAP	>=65	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	A	Ambulatory Care: Emergency Dept. Visits/1000 - Total Population	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	B	Ambulatory Care: Emergency Dept. Visits/1000 by Metropolitan Counties	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
432	C	Ambulatory Care: Emergency Dept. Visits/1000 by Non-Metropolitan Counties	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	D	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Children and Families Aid Categories	NH 432	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	E	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Blind and Disabled Aid Categories	NH 432	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	F	Ambulatory Care: Emergency Dept. Visits/1000 - Children, Foster Care Aid Categories	NH 432	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	G	Ambulatory Care: Emergency Dept. Visits/1000 - Adults, Children and Families Aid Categories	NH 432	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	H	Ambulatory Care: Emergency Dept. Visits/1000 - Adults, Blind and Disabled Aid Categories	NH 432	19-64	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
432	I	Ambulatory Care: Emergency Dept. Visits/1000 Beneficiary Months - Adults, Aged Aid Categories	NH 432	>=65	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	A	ED Utilization for Primary Care - Total Population	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	B	ED Utilization for Primary Care - Metropolitan Areas	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	C	ED Utilization for Primary Care - Non-Metropolitan Areas	NH 433	All	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
433	D	ED Utilization for Primary Care - Children, Child/Families Aid Categories	NH 433	0-18	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	G	ED Utilization for Primary Care - Adults, Child/Family Aid Categories	NH 433	>=19	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
433	H	ED Utilization for Primary Care - Adults, Blind/Disabled Aid Categories	NH 433	>=19	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
450	-	Board Certification - Percent of Family Medicine Physicians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
451	-	Board Certification - Percent of Geriatricians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
452	-	Board Certification - Percent of Internal Medicine Physicians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
453	-	Board Certification - Percent of OB/GYNs	HEDIS: BCR	NA	CY	6/30/2015	June 30th
454	-	Board Certification - Percent of Other Physician Specialists	HEDIS: BCR	NA	CY	6/30/2015	June 30th
455	-	Board Certification - Percent of Pediatricians	HEDIS: BCR	NA	CY	6/30/2015	June 30th
500	A-I	Emergency Dept. Visits/1000 Member Months - Total Population	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
501	A-I	Emergency Dept. Visits/1000 Member Months - Medicaid/Medicare Dual-Eligibles	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
502	A-I	Emergency Dept. Visits/1000 Member Months - Disabled	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th
503	A-I	Emergency Dept. Visits/1000 Member Months - Other Low Income	HEDIS: AMB	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	CY	6/30/2015	June 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
505	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Total Medicaid	NH 505 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
506	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid/Medicare Dual-Eligibles	NH 506 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
507	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid Disabled Eligibility Group	NH 507 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
508	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Total Inpatient - Medicaid Other Low-Income Eligibility Group	NH 508 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
509	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Total Medicaid	NH 509 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
510	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid/Medicare Dual-Eligibles	NH 510 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
511	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid Disabled Eligibility Group	NH 511 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
512	A-D	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Maternity - Medicaid Other Low-Income Eligibility Group	NH 512 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
513	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Total Medicaid	NH 513 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
514	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid/Medicare Dual-Eligibles	NH 514 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
515	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid Disabled Eligibility Group	NH 515 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
516	A-I	Inpatient Utilization - GH/Acute Care - Discharges/1000 - Surgery - Medicaid Other Low-Income Eligibility Group	NH 516 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
517	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Total Medicaid	NH 517 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
518	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid/Medicare Dual-Eligibles	NH 518 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
519	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid Disabled Eligibility Group	NH 519 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
520	A-I	Inpatient Utilization - General Hospital/Acute Care - Discharges/1000 - Medicine - Medicaid Other Low-Income Eligibility Group	NH 520 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
525	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Total Medicaid	NH 525 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
526	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid/Medicare Dual-Eligibles	NH 526 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
527	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid Disabled Eligibility Group	NH 527 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
528	A-I	Inpatient Utilization - GH/Acute Care - ALOS - Total Inpatient - Medicaid Other Low-Income Eligibility Group	NH 528 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
529	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Total Medicaid	NH 529 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
530	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid/Medicare Dual-Eligibles	NH 530 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
531	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid Disabled Eligibility Group	NH 531 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
532	A-D	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Maternity - Medicaid Other Low-Income Eligibility Group	NH 532 / HEDIS IPU	10-19, 20-44, 45-64, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
533	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Total Medicaid	NH 533 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
534	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid/Medicare Dual-Eligibles	NH 534 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
535	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid Disabled Eligibility Group	NH 535 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
536	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Surgery - Medicaid Other Low-Income Eligibility Group	NH 536 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
537	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Total Medicaid	NH 537 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
538	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid/Medicare Dual-Eligibles	NH 538 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
539	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid Disabled Eligibility Group	NH 539 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
540	A-I	Inpatient Utilization - GH/Acute Care - Average Length of Stay - Medicine - Medicaid Other Low-Income Eligibility Group	NH 540 / HEDIS IPU	<1, 1-9, 10-19, 20-44, 45-64, 65-74, 75-84, >=85, Total	Quarterly	Four months after the completion of the first full quarter after start of program	Within 4 months after the end of the quarter
541	A-C	Plan All-Cause Rate of Readmissions Within 30 Days - Adults	CMS Adult 7	18-64, >=65, Total	CY	6/30/2015	June 30th
545	-	Use of Imaging Studies for Low Back Pain	HEDIS LBP	All	CY	6/30/2015	June 30th
550	A-G	Mean pharmacy payments per Beneficiary per month by Age Group	NH 550	<=5, 6-13, 14-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	A	Mean pharmacy payments per Beneficiary per month - Low income children	NH 551	<=18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
551	B	Mean pharmacy payments per Beneficiary per month - Children with Disabilities in Home Care	NH 551	<=18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	C	Mean pharmacy payments per Beneficiary per month - Children in Foster Care	NH 551	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	D	Mean pharmacy payments per Beneficiary per month - Low Income Adult	NH 551	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	E	Mean pharmacy payments per Beneficiary per month - Adults with Disabilities - Non-Duals	NH 551	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	F	Mean pharmacy payments per Beneficiary per month - Elderly - Non-Duals	NH 551	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
551	G	Mean pharmacy payments per Beneficiary per month - Medicare Duals	NH 551	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
552	A-G	Median Beneficiary pharmacy cost by age group	NH 552	<=5, 6-13, 14-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	A	Median Beneficiary pharmacy cost - Low income children	NH 553	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	B	Median Beneficiary pharmacy cost - Children with Disabilities in Home Care	NH 553	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	C	Median Beneficiary pharmacy cost - Children in Foster Care	NH 553	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
553	D	Median Beneficiary pharmacy cost - Low Income Adult	NH 553	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	E	Median Beneficiary pharmacy cost - Adults with Disabilities - Non-Duals	NH 553	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	F	Median Beneficiary pharmacy cost - Elderly - Non-Duals	NH 553	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
553	G	Median Beneficiary pharmacy cost - Medicare Duals	NH 553	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
554	A-G	Pharmacy prescriptions filled per Beneficiary per month by age group	NH 554	0-5, 6-18, 19-44, 45-64, >=65, Total	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	A	Pharmacy prescriptions filled per Beneficiary per month - Low income children	NH 555	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	B	Pharmacy prescriptions filled per Beneficiary per month - Children with Disabilities in Home Care	NH 555	0-18	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	C	Pharmacy prescriptions filled per Beneficiary per month - Children in Foster Care	NH 555	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	D	Pharmacy prescriptions filled per Beneficiary per month - Low Income Adult	NH 555	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	E	Pharmacy prescriptions filled per Beneficiary per month - Adults with Disabilities - Non-Duals	NH 555	19-64	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
555	F	Pharmacy prescriptions filled per Beneficiary per month - Elderly - Non-Duals	NH 555	>=65	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
555	G	Pharmacy prescriptions filled per Beneficiary per month - Medicare Duals	NH 555	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
560	-	Utilization Controls - Adherence to State PDL	NH 560	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
561	-	Utilization Controls - generic utilization adjusted for preferred PDL brands	NH 561	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
562	-	Utilization Controls - generic substitution -The percent of generic claims among claims where generics were available (defined as generics plus multi-source claims).	NH 562	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
563	-	Utilization Controls - generic utilization -The percent of generic claims among all claims	NH 563	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
600	-	Percent of clean professional and facility claims paid or denied within thirty (30) days of receipt	NH 600	All	Calculated Daily Reported Monthly	45 days after start of program	15 calendar days after end of month
601	-	Percent of days per month that clean professional and facility claim payments met 30 day standard	NH 601	All	Monthly	45 days after start of program	15 calendar days after end of month
602	-	Percent of clean professional and facility claims paid within sixty (60) days of receipt	NH 602	All	Calculated Daily Reported Monthly	105 days after start of program	75 calendar days after end of month
603	-	Percent of days per month that clean professional and facility claim payments met 60 day standard	NH 603	All	Monthly	45 days after start of program	15 calendar days after end of month
604	-	Percent of pharmacy electronic systems transactions that are processed in less than one (1) second (standard is 95% or more)	NH 604	All	Monthly	45 days after start of program	15 calendar days after end of month
605	-	Claims Processing Accuracy: Percentage of professional and facility claims that are accurately processed in their entirety (see definition 27.5.1).	NH 605	All	Monthly	45 days after start of program	15 calendar days after end of month
606	-	Claims Payment Accuracy: Percentage of professional and facility claims paid or denied correctly (see definition 27.4.1).	NH 606	All	Monthly	45 days after start of program	15 calendar days after end of month

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
607	-	Claims Financial accuracy: Inaccuracy of dollars paid to providers on professional and facility claims (see definition 27.3.1).	NH 607	All	Monthly	45 days after start of program	15 calendar days after end of month
608	-	Interest paid on professional and facility claims paid > 30 days of receipt	NH 608	All	Monthly	45 days after start of program	15 calendar days after end of month
620	-	Medical service, equipment, and supply prior authorization determination timeframe: urgent within 72 hours for a new request	NH 620	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
621	-	Medical service, equipment, and supply prior authorization determination timeframe: routine within 15 calendar days for a new request	NH 621	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
622	-	Medical service, equipment, and supply prior authorization determination timeframe: urgent within 24 hours for a continuation request	NH 622	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
623	-	Pharmacy prior authorization response timeframe: within 24 hours	NH 623	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1002	-	Behavioral Health Satisfaction Survey: The MCO shall conduct and submit to DHHS an analytic narrative report that interprets the results from the SAMHSA consumer satisfaction survey for members with behavioral health conditions	NH 1002	All	Fielded for 70 days beginning 7 months after start of program; normal NCQA schedule thereafter	First year under contract. 6/30/2015 from the MCOs	June 30th
1043	-	Provider Engagement: The MCO shall provide a narrative report on provider engagement through the Provider Advisory Board (PAB) meetings including, but not limited to, PAB Beneficiary composition, meeting times and locations, agendas, MCO program impact attributable to the PAB.	NH 1043	NA	Agreement Year	9/30/2014	September 30th
1046	-	Provider Satisfaction Survey: The MCO shall conduct and submit to DHHS an analytic narrative report that interprets the results from an annual provider satisfaction survey, approved by DHHS and administered by a third party.	NH 1046	All	Semi-annually	9/30/2014	September 30th
1049	-	Provider Training: The MCO shall provide a narrative report on provider training, including date and location, subject of the training, number in attendance, training evaluation, and include in this report presentation the Behavioral Health: Mental Health Service Providers Training Reporting,	NH 1049	NA	Agreement Year	9/30/2014	September 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1051	-	Comprehensive FWA log including all audits, in progress and complete	NH 1051	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1052	-	Comprehensive FWA log including all FWA related to providers, including all communications regarding FWA, number of records requested, providers audited	NH 1052	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1053	-	Comprehensive FWA log including amounts recovered/owed, provider training or corrective action to mitigate future FWA.	NH 1053	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1054	-	Comprehensive FWA log including appeals, hearings related to FWA.	NH 1054	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1055	-	Comprehensive FWA log including claims targeted for review and recovery, including claims analysis.	NH 1055	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1056	-	Comprehensive FWA log including number of complaints of FWA warranting investigation including, but not limited to provider name and specialty, NPI, complaint source and nature, dollar amount	NH 1056	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1057	-	Comprehensive Annual FWA Summary Narrative Report including MCO internal recommendations as applicable based on summary analysis to mitigate FWA	NH 1057	All	Agreement Year	9/30/2014	September 30th
1058	-	Provide results of review of a statistically valid sample of paid and denied claims determined with a ninety-five percent (95%) confidence level, +/- three percent (3%), assuming an error rate of three percent (3%) in the population of managed care claims. Describe in detail any corrective action plans needed to address claims payment accuracy issues.	NH 1058	All	Monthly	45 days after start of program	15 calendar days after end of month
1063	-	Service Utilization and Controls: Annual narrative report which shall include, but not be limited to, an assessment of the impact of utilization controls on Beneficiary, provide and program quality and costs; any unintended consequences; an assessment of any under-utilization and/or over-utilization; opportunities for improvement; impact of Beneficiary and/or providers on changes to utilization controls	NH 1063	All	Agreement Year	9/30/2014	September 30th

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1064	-	Accident and Trauma - Provide DHHS with a log including but not limited to: Detailed information contained on medical/pharmacy claims for any cases identified as possible accident and trauma per contract section 25.1.4	NH 1064	All	Monthly & data as needed on demand	45 days after start of program	15 calendar days after end of month
1065	A	Cost Avoidance - Monthly accumulation of claims cost avoided for other insurance per contract section 25.1.2	NH 1065	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1065	B	Cost Recovery- Monthly claim specific log of number of claims cost billed, amount not collected and the amount denied per contract section 25.1.5	NH 1065	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1070	-	Average claims/service payment per Beneficiary per month by rate cell	NH 1070	All	Agreement Year	12/31/2014	December 31st
1100	-	Tabular Summary of MCO appeals resolutions - Resolution Type by Category of Service	NH 1100	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1102	-	Provider Termination Log	NH 1102	All	As terminations occur and quarterly summary including report of no terminations in quarter	Upon first provider termination or within 15 calendar days after the end of the first quarter of program operations	Within 15 Calendar Days of Notice of Termination
1200	-	Lock-in to Pharmacy Log	NH 1200	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1201	-	Lock-in to Prescriber Log	NH 1201	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1202	-	Lock-in Beneficiary Disenrollment Summary	NH 1202	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1203	-	Lock-in Beneficiary Enrollment Summary	NH 1203	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1204	-	Lock-in Beneficiary Activity Summary	NH 1204	All	Monthly	60 calendar days after start of program	30 calendar days after end of month
1300	-	Narrative Report on Beneficiary Engagement through the Consumer Advisory Board (CAB) and Regional Beneficiary meetings	NH 1300	NA	Agreement year	9/30/2014	September 30th
1420	-	Beneficiary Communications - Beneficiary calls warm transferred to NH DHHS queue by NH DHHS program	NH 1420	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1421	-	Beneficiary Communications - New Beneficiary welcome calls	NH 1421	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1422	-	Beneficiary Communications - Returned calls by the next business day	NH 1422	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1425	-	Beneficiary Communications Website - Number of Beneficiary logins to MCO Beneficiary website portal	NH 1425	All	Agreement year	9/30/2014	September 30th
1426	-	Beneficiary Communications Website - Number of individual requests for additional information from MCO Beneficiary website.	NH 1426	All	Agreement year	9/30/2014	September 30th
1440	-	Consent for Behavioral Health/ Medical Information for Care Coordination - count of reasons for failure to obtain of consent	NH 1440	All	Agreement year	7/31/2014	Within 30 days of the end of a SFY
1450	-	Number of NEMT requests made and mode delivered	NH 1450	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1451	-	Number of NEMT requests authorized and delivered	NH 1451	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1452	-	Number of NEMT requests made and services delivered by types of medical services – Out-of-State	NH 1452	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1453	-	Number of NEMT requests made and services delivered by types of medical services -In-State	NH 1453	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1454	-	Number of wheelchair requests authorized and delivered	NH 1454	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1460	-	Monitoring of polypharmacy among all medications	NH 1460	0-18, 19-44, 45-64	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1461	-	Monitoring of polypharmacy for behavioral health medications - Children receiving foster care services	NH 1461	0-5, 6 to 18	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1462	-	Monitoring of polypharmacy for behavioral health medications in children	NH 1462	0-5, 6 to 18	Quarterly The measure will be calculated every month, report 3 months of data to DHHS every quarter	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1470	-	Log of all grievances - detailed on grievance and any corrective action or response to the grievance	NH 1470	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1480	-	Provider Communications: After hours voice mail follow up	NH 1480	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1481	-	Provider Communications: Inbound provider call utilization - calls abandoned	NH 1481	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1482	-	Provider Communications: Inbound provider call utilization - mean call time	NH 1482	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1483	-	Provider Communications: Inbound provider call utilization - mean hold time in queue	NH 1483	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1484	-	Provider Communications: Inbound provider call utilization - percent of calls answered within 30 seconds	NH 1484	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1485	-	Provider Communications: Inbound provider call utilization - reason for the call	NH 1485	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1490	-	Beneficiary Communications: Inbound Beneficiary call utilization - within 30 seconds	NH 1490	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1491	-	Beneficiary Communications: Inbound Beneficiary call utilization - average (mean) call time	NH 1491	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter

DHHS Ref #	DHHS Sub Ref #	Name	Steward's ID	Age Group(s)	Data Period	Date of Initial Required Submission	Delivery Date After Initial Period
1492	-	Beneficiary Communications: Inbound Beneficiary call utilization - calls abandoned	NH 1492	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1493	-	Beneficiary Communications: Inbound Beneficiary call utilization - mean hold time in queue	NH 1493	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1494	-	Beneficiary Communications: Inbound Beneficiary call utilization - reason for the call	NH 1494	All	Weekly in first 3 months, then quarterly	2 weeks after start of program	1 week after end of each week/quarter
1600	-	Prior Authorization Approvals Summary	NH 1600	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1601	-	Prior Authorization Denial Detail Listing	NH 1601	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1602	-	Prior Authorization Denials Summary	NH 1602	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter
1700	-	Total pharmacy payment amount	NH 1700	All	Quarterly	2 months after the end of the first full or partial quarter after start of program	2 months after the end of the quarter

Clerk's Certificate

I, Susan M. Coakley, the duly and qualified Clerk of Boston Medical Center Health Plan, Inc. (BMCHP), a Massachusetts non-profit corporation organized under Chapter 180 of the General Laws of Massachusetts, do hereby certify that the following votes were approved by of the Board of Trustees of Corporation on February 14, 2012:

VOTED: To delegate authority to the Finance Committee of the Board of Trustees to authorize Boston Medical Center Health Plan, Inc (BMCHP) to enter into a capitation agreement with the New Hampshire Department of Health and Human Services to provide Medicaid managed care to eligible New Hampshire residents if awarded a contract pursuant to the competitive procurement.

FURTHER
VOTED: To authorize and direct Kate Walsh, President and CEO, Thomas Traylor, Treasurer, Vice-President of Federal and State Relations for Boston Medical Center, or Scott O'Gorman, Interim Executive Director, acting singly or jointly, to execute, deliver and file such documents and papers and to take such actions, from time to time in the name of and on behalf of BMCHP, as each of them may deem necessary or appropriate to implement and effect the full intent and purpose of the foregoing resolutions, and to approve their authority to execute and deliver any such agreements, documents, instruments or other papers and to take any such further actions shall be conclusively evidenced by the execution and delivery thereof or the taking thereof.

I further certify that the following vote was approved by the Finance Committee of the BMCHP Board of Trustees on March 9, 2012:

VOTED: That BMCHP is hereby authorized to enter into a three-year Medicaid care management contract with the New Hampshire Department of Health and Human Services with coverage effective July 1, 2011 [*sic*], subject to satisfactory negotiation of final contract terms.

IN WITNESS WHEROF, I have hereunto set my hand on this 10th day of June 2013.

BOSTON MEDICAL CENTER HEALTHNET PLAN, INC.,

Susan M. Coakley, Clerk

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Boston Medical Center HealthNet Plan is a New Hampshire trade name registered on July 24, 2012 and that Boston Medical Center Health Plan, Inc. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of June, A.D. 2013

William M. Gardner
Secretary of State

CERTIFICATE OF INSURANCE

DATE: 6/13/2013

Strategic Risk Solutions (Cayman) Ltd.
Governors Square 2 Floor Building 3
23 Lime Tree Bay Ave.
P.O. Box 1159
Grand Cayman KY1-1102
Cayman Islands

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED

Boston Medical Center
d/b/a Boston Medical Center HealthNet Plan
Two Copley Place
Boston, MA 02118

COMPANY AFFORDING COVERAGE

A **BOSTON MEDICAL CENTER INSURANCE COMPANY, LTD.**

COVERAGES

This is to certify that the Policies listed below have been issued to the Named Insured above for the Policy Period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	CO. LTR.	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY	A	BMCIC-PR-A-13	06/30/2013	06/30/2014	EACH OCCURENCE	$2,000,000
					AGGREGATE	
COMMERCIAL GENERAL LIABILITY					PERSONAL & ADV INJURY	$
					EACH OCCURRENCE	$
CLAIMS MADE					FIRE DAMAGE	$
OCCURRENCE					MEDICAL EXPENSES	$
PROFESSIONAL LIABILITY					EACH OCCURENCE	
					AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VECHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
This policy will provide coverage to all Boston Medical Center HealthNet Plan's offices in Massachusetts and New Hampshire.

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/13/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Nariann Lyons
Bostonian Group Insurance Agency, Inc. 500 Boylston Street Suite 300 Boston MA 02116	PHONE (A/C, No, Ext): (617)587-2399 FAX (A/C, No): (617)236-0011 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Hartford Casualty &Hartford Ind	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Boston Medical Center Health Plan Inc
Two Copley Place Suite 600
Boston MA 02116

COVERAGES **CERTIFICATE NUMBER:** CL1361301238 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ ☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		08WEEH9897	5/30/2013	5/30/2014	☒ WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of 2013 Workers' Compensation Coverage.
States Included: Massachusetts, New Hampshire

CERTIFICATE HOLDER

Insured Copy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Holley Gardiner/LYONS