



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

Lori A. Shilbette
Commissioner

Henry D. Lipman
Director

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September 9, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Medicaid Services, to enter into a **Sole Source** amendment to an existing cooperative project agreement with University of New Hampshire (VC#92050), Durham, NH to expand technical assistance and support currently provided by adding Maternal Opioid Misuse (MOM) Model grant activities and modify funding for the chronic disease program and the State Opioid Response, by increasing the price limitation by \$35,655 from \$5,862,085 to \$5,897,740 with no change to the contract completion date of June 30, 2021 effective upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on June 21, 2017, item #11. It was subsequently amended with Governor and Council approval on June 6, 2018, item #8A, February 6, 2019, item #6, and most recently amended with Governor and Council approval on June 19, 2019, item #14.

Funds are available in the following accounts for State Fiscal Year 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because the contract was originally approved as sole source and MOP 150 requires any subsequent amendments to be labelled as sole source. The Contractor was approved by the Centers for Medicaid and Medicare Services, directly, to be a subcontractor for the Maternal Opioid Misuse (MOM) Model grant.

The purpose of this request is for the Contractor to provide technical assistance and consulting services to the Department for the MOM Model grant. The MOM Model grant supports increased access to health care and social services for pregnant and post-partum women with opioid use disorder and their infants. In addition, the Department is removing the scope of work and funding for the chronic disease program. The Centers for Disease Control is discontinuing funding in State Fiscal Year 2021 from the Centers for Disease Control Cooperative Agreement Prevention and Management of Diabetes and Heart Disease in NH. Funds are being added from a Block Grant in order for the Contractor to finish up analyses of Medicare Part D claims data. The Department is also adding additional funding to the State Opioid Response for the Contractor to provide technical assistance for policies and procedures to help the Department operationalize the State

Opioid Response finances. The following table summarizes how funding streams are being revised in this request:

Program	Area Served	Current Budget	Increased (Decreased) Amount	Revised Budget
Division of Medicaid Services Maternal Opioid Misuse (MOM) Model grant	Greater Manchester Area	\$0	\$32,655	\$32,655
Division for Behavioral Health State Opioid Response grant	Statewide	\$150,000	\$250,000	\$400,000
Division of Public Health Services Chronic Disease & Preventative Health Block Grant	Statewide	\$270,000	(\$247,000)	\$23,000
	Total	\$420,000	\$35,665	\$455,655

The Contractor will support the Maternal Opioid Misuse (MOM) Model grant by working with the Department and Elliot Health System (Elliot), the Department's Community Care Delivery Partner for the grant, to perform quantitative and qualitative analysis on the responses from a provider survey and to facilitate Manchester community provider engagement meetings. Results from the survey and feedback from the provider engagement meetings will help identify challenges for implementing the MOM Model and engender discussion around resolution. The Contractor will assist the Department and Elliot to assess the capacity of and coordinate local partners to identify pregnant and post-partum women with opioid use disorder who are unknown to the healthcare system, and reduce social determinants of health barriers for these women. The Contractor will also provide the Department with data analysis and assist with Federal program evaluation. In addition, the Contractor has been involved with the development of the Plan of Safe Care protocol and education for providers across the State. The Contractor will use its expertise to create training opportunities for providers throughout the duration of the Model. A key aspect of the Model is using the Plan of Safe Care to coordinate and increase access to existing Medicaid services for the MOM Model population.

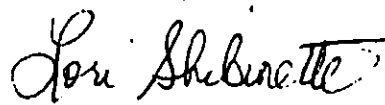
The Department will monitor contracted services by receiving and reviewing project work plans and data analysis.

Should the Governor and Council not authorize this request the Department will not have access to data on community engagement and data analysis for the MOM Model grant resulting in noncompliance with the Federal funder. This could lead to a loss of funding and result in reduced access to services.

Source of Funds: CFDA #93.687, FAIN #2A2CMS331772; and CFDA # 93.991. FAIN # NB01OT009285.

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

Respectfully submitted,

A handwritten signature in cursive script, reading "Lori Shabinette".

Lori A. Shabinette
Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
UNH INSTITUTE FOR HEALTH POLICY AND PRACTICE
FINANCIAL DETAIL

05-95-47-470010-7937 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, MEDICAID ADMINISTRATION						
CFDA # 93.778		50% Federal Funds & 50% General Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	47002000	\$425,547	\$0	\$425,547
2019	102/500731	Contracts for Program Services	47002000	\$375,548	\$0	\$375,548
2020	102/500731	Contracts for Program Services	47002000	\$425,547	\$0	\$425,547
2021	102/500731	Contracts for Program Services	47002000	\$425,547	\$0	\$425,547
Sub-total				\$1,652,189	\$0	\$1,652,189

05-95-47-470010-7945 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, ELECTRONIC HEALTH RECORDS						
CFDA # 93.809		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	47001600	\$780,031	\$0	\$780,031
2019	102/500731	Contracts for Program Services	47001600	\$780,031	\$0	\$780,031
2020	102/500731	Contracts for Program Services	47001600	\$643,795	\$0	\$643,795
2021	102/500731	Contracts for Program Services	47001600	\$672,285	\$0	\$672,285
Sub-total				\$2,876,142	\$0	\$2,876,142

010-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY & PERFORMANCE, PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE						
CFDA # 93.758		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90001037	\$38,413	\$0	\$38,413
2019	102/500731	Contracts for Program Services	90001037	\$38,413	\$0	\$38,413
Sub-total				\$76,826	\$0	\$76,826

010-95-90-902010-12270000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMBINED CHRONIC DISEASE						
CFDA # 93.787		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90017317	\$32,000	\$0	\$32,000
Sub-total				\$32,000	\$0	\$32,000

CFDA # 93.426 100% Federal Funds						
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2019	102/500731	Contracts for Program Services	90017317	\$160,000	\$0	\$160,000
2019	102/500731	Contracts for Program Services	90017417	\$160,000	\$0	\$160,000
2020	102/500731	Contracts for Program Services	90017317	\$135,000	\$0	\$135,000
2020	102/500731	Contracts for Program Services	90017417	\$135,000	\$0	\$135,000
2021	102/500731	Contracts for Program Services	90017317	\$135,000	-\$135,000	\$0
2021	102/500731	Contracts for Program Services	90017417	\$135,000	-\$135,000	\$0
Sub-total				\$660,000	-\$270,000	\$590,000

010-95-90-901010-5659 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMPREHENSIVE CANCER						
CFDA # 93.768		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90009051	\$35,000	\$0	\$35,000
2019	102/500731	Contracts for Program Services	90009051	\$35,000	\$0	\$35,000
Sub-total				\$70,000	\$0	\$70,000

**010-95-90-902010-22150000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES,
CDC ORAL HEALTH GRANT**

CFDA # 93.238		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2019	102/500731	Contracts for Program Services	90080502	\$72,464	\$0	\$72,464
2020	102/500731	Contracts for Program Services	90080502	\$72,464	\$0	\$72,464
2021	102/500731	Contracts for Program Services	90080502	\$0	\$0	\$0
		Sub-total		\$144,928	\$0	\$144,928

**010-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
BEHAVIORAL HEALTH DIV, BUREAU OF DRUG & ALCOHOL SERVICES,
STATE OPIOID RESPONSE GRANT**

CFDA # 93.78		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2020	102/500731	Contracts for Program Services	92057040	\$150,000	\$0	\$150,000
2021	102/500731	Contracts for Program Services	92057048	\$0	\$250,000	\$250,000
		Sub-total		\$150,000	\$250,000	\$400,000

**05-995-090-901010-80110000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:
Centers for Disease Control and Prevention, Preventive Health and Health Services Block Grant,**

CFDA #93.991		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2021	102-500731	Contracts for Program Services	90009051	\$0	\$23,000	\$23,000
		Sub-total		\$0	\$23,000	\$23,000

**05-95-47-470010-1371, HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF HHS:
OFF. OF MEDICAID & BUS. POLICY, MATERNAL OPIOID MISUSE MODEL**

CFDA #93.687		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2021	102/500731	Contracts for Program Services	47000063	\$0	\$32,655	\$32,655
		Sub-total		\$0	\$32,655	\$32,655

Total \$5,862,085 \$35,655 \$6,897,740

**AMENDMENT #4 to
COOPERATIVE PROJECT AGREEMENT**
between the

STATE OF NEW HAMPSHIRE, **Department of Health and Human Services**
and the

University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on 6/21/17, item # 11, as amended and approved by the Governor and Executive Council on 06/06/2018 (Item #8A), 02/20/19 (Tabled Item #6), and June 19, 2019 (Item #14), for the Project titled ""2018-2019 New Hampshire Institute of Health Policy and Practice (SS-2018-OMS-01-TECHN)," Campus Project Director, **Josephine Porter**, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

Purpose of Amendment (Choose all applicable items):

- ☐ Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- ☒ Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- ☐ Other:

Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):

- Article A. is revised to replace the State Department name of _____ with _____ and/or USNH campus from _____ to _____.
- Article B. is revised to replace the Project End Date of _____ with the revised Project End Date of _____, and Exhibit A, article B is revised to replace the Project Period of _____ – _____ with _____ – _____.
- Article C. is amended to expand Exhibit A by including the proposal titled, "_____", dated _____.
- Article D. is amended to change the State Project Administrator to _____ and/or the Campus Project Administrator to _____.
- Article E. is amended to change the State Project Director to _____ and/or the Campus Project Director to _____.
- Article F. is amended to add funds in the amount of **\$32,655 for Maternal Opioid Misuse (MOM) Model grant, \$250,000 for the State Opioid Response grant and reduce Chronic Disease funds in the amount of \$247,000** and will read:

Total State funds in the amount of **\$5,897,740** have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

- Article F. is amended to change the cost share requirement and will read:
Campus will cost-share _____ % of total costs during the amended term of this Project Agreement.
- Article F. is amended to change the source of Federal funds paid to Campus and will read:

Federal funds paid to Campus under this Project Agreement as amended are from Grant/Contract/Cooperative Agreement No. _____ from **Center for Medicare and Medicaid Services** under CFDA# **93.687**. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as **revised** Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) _____ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as follows:

Article _____ is amended in its entirety to read as follows:

Article _____ is amended in its entirety to read as follows:

- Article H. is amended such that:

- ☐ State has chosen **not to take** possession of equipment purchased under this Project Agreement.
- ☐ State has chosen to **take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

- ☒ Exhibit A is amended as attached.

- ☐ Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this **Amendment #3** to the Cooperative Project Agreement.

By An Authorized Official of:

University of New Hampshire

Name: Karen M. Jensen

Title: Director, Research Administration

Signature and Date: Karen Jensen 9/8/20

By An Authorized Official of: the New

Hampshire Office of the Attorney General

Name: Catherine Pinos

Title: Attorney

Signature and Date: C. Pinos 9/9/2020

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By An Authorized Official of:

Department of Health & Human Services

Name: Henry D. Lipman

Title: Director

Signature and Date: Henry D. Lipman 9/9/2020

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By An Authorized Official of: the New

Hampshire Governor & Executive Council

Name:

Title:

Signature and Date:

EXHIBIT A

- A. Project Title:** 2018-2021 New Hampshire Institute of Health Policy and Practice (SS-2018-OMS-01-TECHN)
- B. Project Period:** July 1, 2017 through June 30, 2021
- C. Objectives:** Delete Exhibit A-1 Amendment #3 and replace with Exhibit A-1 Amendment #4
- D. Scope of Work:** See attached Exhibit A-1 Amendment #4
- E. Deliverables Schedule:** Delete Exhibit A-1 Amendment #3 and replace with attached Exhibit A-1 Amendment #4.
- F. Budget and Invoicing Instructions:** Delete Exhibit B-2-Amendment #3 and replace with Exhibit B-2 - Amendment #4



Exhibit A-1 Amendment #4

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.2. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

2. Scope of Services

- 2.1. Objectives: The University of New Hampshire, Institute of Health Policy and Practice (hereafter referred to as the Campus) will provide support to the Department of Health and Human Services (hereinafter referred to as the State) to:
 - 2.1.1. Establish and maintain a health services delivery system for the New Hampshire Medicaid population within federal, state, and local laws, rules and policies; and
 - 2.1.2. Administer the incentive program for Medicaid's Health Information Technology (HIT).
 - 2.1.3. Support a population health surveillance system focused on chronic disease prevention and management using claims data to support the Department in planning and evaluating program strategies.
 - 2.1.4. Support the Department with the Maternal Opioid Misuse (MOM) Model grant that supports perinatal women with Opioid Use Disorder (OUD).
- 2.2. The Campus will provide support to the Department's objectives defined in Section 2.1 above, by the provision of technical assistance and consultation services for the following:
 - 2.2.1. Ongoing projects such as but not limited to:
 - 2.2.1.1. Analysis of Medicaid business operations, industry practices, policy and rate setting recommendations.
 - 2.2.1.2. Assessment of cost-effectiveness and budget impact of



Exhibit A-1 Amendment #4

different care options.

- 2.2.1.3. Performance of project work plans for surveys.
- 2.2.1.4. Policy analysis.
- 2.2.1.5. Population-based health care data and standardized datasets on health care cost and quality.
- 2.2.1.6. Support for the Medicaid Quality Information System (MQIS).
- 2.2.1.7. Program evaluation and support services necessary to implement the budget initiatives effective July 1 for each year.
- 2.2.1.8. Quantitative and qualitative analysis for surveys. Provide project management, system maintenance and modification for the New Hampshire Medicaid Electronic Health Record (EHR) Program. Analyze chronic disease indicators and provide consultation and technical assistance to inform the Department's planning and implementation of quality improvement processes.

2.2.2. Specialty Projects such as but not limited to:

- 2.2.2.1. Department initiatives related to the delivery of substance use disorder prevention, treatment and recovery services, including understanding prescribing patterns for opioid in the Medicaid program. Any work performed by the vendor as part of those initiatives shall comply with all state rule, and state and federal law required to safeguard the confidentiality of the information, and compliance with 42 CFR part 2 as applicable.
- 2.2.2.2. Compliance education and technical assistance related to Medicaid Care Management inclusive of the development of an Alternative Payment Methodology (APM) strategies.
- 2.2.2.3. Assistance in development of criteria to meet the Local Care Management Entity requirements in Medicaid Care Management.

2.2.3. Other Projects as requested by the State that support the Objectives in Section 2.1.

2.3. The Campus will provide at a minimum the following activities as applicable



Exhibit A-1 Amendment #4

for each project in Section 2.1:

- 2.3.1. Research and analyze selected policy and program issues as requested; participate/contribute on associated workgroups and project teams.
- 2.3.2. Collaborate on health care projects of mutual interest that further State budget initiatives, including preparation of joint funding requests.
- 2.3.3. Participate in survey work and technical assistance necessary to achieve budget initiatives, as requested.
- 2.3.4. Support regulatory and policy analysis as needed by the State, including assisting the State in the analysis of States changes necessary to comply with the Medicaid Managed Care Rules and supporting the State Opioid Response grant including but are not limited to:
 - 2.3.4.1. Technical advisory services on matters of confidentiality, referrals and conflict of interest, and regulatory compliance thereto.
 - 2.3.4.2. Technical assistance for policies and procedures to help the Department operationalize the SORS funding, including support around billing and operations for the Doorways, Hubs, and Spokes and collaborations with other contractors associated with the SORS programming.
- 2.3.5. Assist the State in maintaining and expanding activities to support MQIS. This includes working with the UNH Research Computing Center to maintain and modify the MQIS website, including meta data system, submission infrastructure, reporting system, public and administrative views, and maintenance of server hardware and software.
- 2.3.6. At the request of and the approval of the State, provide analytic datasets and/or preliminary analysis for applications for New Hampshire Comprehensive Health Care Information System (CHIS) data approved for Campus;
- 2.3.7. Research and recommend ways to improve the collection and release of claims data sets by identifying potential ways to improve the health data for NH. Coordinate with National Association of Health Data Organizations and other states about any proposed changes to national health data standards. If necessary, build business case and related Data Maintenance or Change Request for the appropriate



Exhibit A-1 Amendment #4

- Data Standards Maintenance Organization (e.g. ANSI ASC X12, NUBC);
- 2.3.8. Analyze insurance health plan type (e.g., private, Medicaid and Medicare) by variations in health risk factors and conditions (e.g., smoking, chronic diseases and by age/income and geography) to develop a profile of the risk factors and prevalence of chronic disease in the Medicaid population, presuming Medicaid sponsors and adds insurance questions to New Hampshire Behavioral Risk Factor Surveillance System (NH BRFSS);
 - 2.3.9. Support ongoing analysis of Medicaid and other data.
 - 2.3.10. Work with State staff to add updated years of Medicare eligibility, claims, and provider files from CMS.
 - 2.3.11. Work with the State to finalize an analytic plan for the NH Medicare data.
 - 2.3.12. Work with the State to finalize an analytic plan for the NH Medicare data, and analyze Medicare claims, eligibility, and provider files according to the agreed upon analytic plan.
 - 2.3.13. Administer the Medicaid electronic health record incentive program as follows:
 - 2.3.13.1. Develop program policies and procedures;
 - 2.3.13.2. Administer day-to-day Medicaid EHR Incentive Program operations; (provide Help Desk support; conduct pre-payment verifications; coordinate with State personnel to query Medicaid claims and CMS databases; process payments in conjunction with the Department's Finance team; incorporate Stage 3 and any future regulatory changes to adopt, implement, upgrade, and meaningfully use Meaningful Use criteria into the State registration and attestation system; and update user documents);
 - 2.3.13.3. Oversee sub-contractor efforts to support, deploy, and maintain the State registration and attestation system software and hardware;
 - 2.3.13.4. Coordinate with the State Office of Medicaid Services and Department of Public Health Services in support of program operations;
 - 2.3.13.5. Provide support to the State Office of Improvement and



Exhibit A-1 Amendment #4

- Integrity in support of provider audits;
- 2.3.13.6. Provide monthly system status updates to State;
 - 2.3.13.7. Provide outreach to New Hampshire's providers;
 - 2.3.13.8. Update and maintain on an ongoing basis the Medicaid EHR website;
 - 2.3.13.9. Conduct environmental scans and gap analyses on an ongoing basis;
 - 2.3.13.10. Analyze provider EHR adoption, incentive program participation, and attainment of meaningful use criteria;
 - 2.3.13.11. Prepare State Medicaid Health Information Technology Plan and Implementation Advanced Planning Document updates and quarterly and annual reports for Centers for Medicare and Medicaid Services (CMS) and assist the Department in filing of federal claiming reports for CMS;
 - 2.3.13.12. Provide monthly program progress status reports for the State Medicaid senior management team;
 - 2.3.13.13. Coordinate with other states as needed to prepare reports and solicit provider claims data;
 - 2.3.13.14. Attend EHR conferences and stakeholder meetings and participate as need in Health Information Exchange and Public Health meaningful use meetings;
 - 2.3.13.15. Research, develop, and implement other key program components as requested by the Department; and
 - 2.3.13.16. Attend community provider engagement meeting(s).
- 2.3.14. Analyze chronic disease indicators and provide specific reports, including but not limited to:
- 2.3.14.1. A written report related to Medication Therapy Management (MTM) utilization
 - 2.3.14.2. A written report related to analyses of diabetes and heart-related claims data.
 - 2.3.14.3. A written report related to breast cancer screening analysis
 - 2.3.14.4. A minimum of one (1) submission of a professional abstract, which may include, but is not limited to, a poster or peer-reviewed journal, describing a project using CHIS



Exhibit A-1 Amendment #4

data to enhance chronic disease surveillance in New Hampshire.

3. Project Management

3.1. The Campus will only commence work on projects in Section 2 upon the State's approval of a Project Work Plan for each project in Section 2. as follows:

3.1.1. The Campus will receive requests from the State for technical assistance and consultation services for each project listed in Section 2.

3.1.2. The Campus will submit to the State for input on a Project Work Plan within five business days from the date of request in Section 3.1.1.

3.1.3. The State will provide the Campus input on the Project Work Plan within five (5) business days from the date of receipt in Section 3.1.2.

3.1.4. The Campus will organize and facilitate a project kick-off meeting, if required, within five (5) days of the receipt of the State's input to the Project Work Plan in Section 3.1.3.

4. General Requirements

4.1. The Department may renegotiate the terms and conditions of the contract in the event applicable local, state, or federal law, regulations or policy are altered from those existing at the time of the contract in order to be in continuous compliance therewith.

4.2. Gratuities or Kickbacks: The Campus agrees that it is a breach of this Project Agreement to accept or make a payment, gratuity or offer of employment on behalf of the Campus, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibits A of this Cooperative Project Agreement. The State may terminate this Project Agreement and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Campus or Sub-Contractor.

TOTAL AGREEMENT	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$433,842	\$572,295	\$286,574	\$504,028	\$2,096,739
Employee Benefits	\$169,442	\$209,311	\$259,862	\$225,021	\$863,636
Travel	\$13,461	\$19,465	\$14,355	\$10,840	\$57,121
Supplies & Services	\$523,247	\$608,321	\$499,007	\$442,495	\$2,073,070
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$170,996	\$211,494	\$202,409	\$143,863	\$727,762
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
Subtotal	\$1,307,990	\$1,611,486	\$1,061,847	\$1,267,497	\$5,248,720

RPMs - CORE	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$62,440	\$193,952	\$129,543	\$13,347	\$400,282
Employee Benefits	\$26,162	\$57,219	\$66,544	\$53,461	\$243,386
Travel	\$211	\$5,435	\$3,240	\$0	\$8,886
Supplies & Services	\$2,850	\$85,294	\$7,500	\$807	\$96,451
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$13,749	\$51,315	\$33,913	\$3,000	\$101,977
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
Subtotal	\$105,612	\$353,215	\$230,797	\$59,815	\$749,439

RPMs - ORAL HEALTH CLAIMS ANALYSIS	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$0	\$31,424	\$31,424	\$0	\$62,848
Employee Benefits	\$0	\$14,141	\$14,144	\$0	\$28,285
Travel	\$0	\$730	\$730	\$0	\$1,460
Supplies & Services	\$0	\$16,665	\$16,665	\$0	\$33,330
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$0	\$9,452	\$9,452	\$0	\$18,904
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
Subtotal	\$0	\$72,462	\$72,465	\$0	\$144,927

STATE OFFROAD RESPONSE	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 9/30/20-6/30/21	TOTAL
Salaries & Wages	\$0	\$0	\$79,119	\$149,570	\$227,589
Employee Benefits	\$0	\$0	\$32,109	\$67,505	\$99,614
Travel	\$0	\$0	\$1,750	\$1,416	\$3,166
Supplies & Services	\$0	\$0	\$15,553	\$2,500	\$18,053
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$0	\$0	\$19,543	\$52,609	\$72,152
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
Subtotal	\$0	\$0	\$150,924	\$329,694	\$480,618

RPMs - CORE	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$214,699	\$155,514	\$207,635	\$207,635	\$885,483
Employee Benefits	\$50,725	\$74,020	\$93,436	\$93,136	\$311,317
Travel	\$750	\$750	\$1,750	\$1,750	\$5,000
Supplies & Services	\$73,478	\$66,250	\$67,230	\$67,230	\$274,188
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$55,506	\$44,984	\$55,506	\$55,506	\$211,502
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
Subtotal	\$425,547	\$375,548	\$425,547	\$425,547	\$1,652,192

RPMs - ELECTRONIC HEALTH RECORDS	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$156,704	\$161,405	\$110,953	\$114,282	\$543,344
Employee Benefits	\$62,523	\$64,401	\$49,929	\$51,427	\$228,280
Travel	\$12,500	\$12,500	\$6,575	\$7,219	\$38,794
Supplies & Services	\$446,539	\$439,982	\$79,205	\$411,668	\$1,690,274
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$101,743	\$101,743	\$83,973	\$87,649	\$375,108
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
Subtotal	\$750,011	\$770,031	\$641,355	\$672,245	\$2,833,642

RPMs - SHOT Grant	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$0	\$0	\$0	\$19,194	\$19,194
Employee Benefits	\$0	\$0	\$0	\$3,417	\$3,417
Travel	\$0	\$0	\$0	\$495	\$495
Supplies & Services	\$0	\$0	\$0	\$300	\$300
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$0	\$0	\$0	\$4,259	\$4,259
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0	\$27,665	\$27,665



Jeffrey A. Meyers
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

June 3, 2019

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Medicaid Services and Division of Public Health to exercise a renewal option and amend an existing sole source agreement with the University of New Hampshire, Institute for Health Policy and Practice, Durham, NH, (Vendor #92050) to continue to provide the Department with technical assistance by adding scope of work in key aspects of the re-procured Medicaid Care Management contract implementation, State Opioid Response Grant, and expanded support of Public Health data analysis by increasing the price limitation by \$2,929,638 from \$2,932,447 to an amount not to exceed \$5,862,085, by extending the completion date from June 30, 2019 to June 30, 2021, effective July 1, 2019 upon approval from the Governor and Executive Council. 81% Federal Funds and 19% General Funds.

The original contract was approved by Governor and Executive Council approval on June 21, 2017 (Item #11), as amended and approved by the Governor and Executive Council on June 6, 2018 (Item #8A), and as amended and approved by Governor and Executive Council on February 16, 2019 (Item #6).

Funds are anticipated to be available in State Fiscal Years 2020 and 2021 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust encumbrances between State Fiscal Years through the Budget Office, if needed and justified.

Please see attached financial detail.

EXPLANATION

This original agreement and first amendment to this agreement are sole source. The initial Cooperative Project Agreement between the Department of Health and Human Services and the University of New Hampshire, Institute for Health Policy (UNH) and Practice was approved on June 9, 1999 (Item No.49). Since then, the Department has worked with this Vendor for these services through numerous Cooperative Projects Agreements. The Institute for Health Policy and Practice (the Institute) and Department of Health and Human Services have a long history of working together productively on projects that result in the efficient use of State resources, and in a manner the Institute is uniquely qualified to provide. The Institute was created as part of the Master Agreement of Cooperative Projects in 2002.

Consistent with the provisions of the Master Agreement of Cooperative projects, this Cooperative Project Agreement was not competitively bid. The State, in cooperation with the University, established and supported the development of the Institute specifically for the

purpose of providing the Department with technical assistance and Medicaid Administration support. Furthermore, the Master Cooperative Agreement of Cooperative Projects has been approved by the Centers for Medicare and Medicaid Services, which allows the State to access federal funds in support of Medicaid related projects. As New Hampshire's State-supported University and primary educational facility for health care workforce in the State the University is uniquely qualified to assume this responsibility.

UNH will continue using Medicaid, Medicare, and Commercial claims data, as needed, to support the Medicaid program with special analysis of topics, as directed by the Office of Medicaid Services. UNH will also continue to manage the day-to-day operations of the Electronic Health Records (EHR) Incentive Program, which has to date been responsible for \$17 million dollars of federally funded incentive payments for provider adoption and use of electronic health record systems. UNH is responsible for maintaining operational compliance with federal regulations and maintains and hosts the Electronic Provider Incentive Payment System where providers apply for the program.

This amendment will allow the Institute to implement and evaluate quality improvement projects with health systems, using the American College of Preventative Medicine prediabetes demonstration project as a model, and allow for the implementation and evaluation of quality improvement and bi-directional referral projects with Rural Health Clinics, increasing both the quality and availability of services to areas in need. Additionally, this amendment will allow UNH to assist the Department with additional claims analysis and epidemiological support related to Chronic Disease, Oral Health and Opioid Prescribing, the data from which will be used to assist the Department with evaluating and improving the Medicaid programs in New Hampshire.

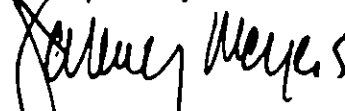
Should the Governor and Executive Council not authorize this request, the Department will be unable to implement health system quality improvement projects, expand and improve healthcare services in New Hampshire's rural areas, perform additional claims analysis as it relates to Chronic Disease, Oral Health and Opioid Prescribing with the goal of improving Medicaid Programs, or work to provide technical assistance for key program aspects of the recently re-procured Medicaid Care Management contract implementation, State Opioid Response Grant, expanded support of Public Health data analysis.

Area to be served: Statewide (approximately 180,000 persons per month)

Source of Funds: 81% Federal Funds and 19% General Funds

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

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
UNH INSTITUTE FOR HEALTH POLICY AND PRACTICE
FINANCIAL DETAIL

05-95-47-470010-7937 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, MEDICAID ADMINISTRATION						
CFDA # 93.778		50% Federal Funds & 50% General Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	47002000	\$425,547	\$0	\$425,547
2019	102/500731	Contracts for Program Services	47002000	\$375,548	\$0	\$375,548
2020	102/500731	Contracts for Program Services	47002000	\$0	\$425,547	\$425,547
2021	102/500731	Contracts for Program Services	47002000	\$0	\$425,547	\$425,547
Sub-total				\$801,095	\$851,094	\$1,652,189

05-95-47-470010-7945 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, ELECTRONIC HEALTH RECORDS						
CFDA # 93.609		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	47001600	\$780,031	\$0	\$780,031
2019	102/500731	Contracts for Program Services	47001600	\$780,031	\$0	\$780,031
2020	102/500731	Contracts for Program Services	47001600	\$0	\$643,795	\$643,795
2021	102/500731	Contracts for Program Services	47001600	\$0	\$672,285	\$672,285
Sub-total				\$1,560,062	\$1,316,080	\$2,876,142

010-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY & PERFORMANCE, PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE						
CFDA # 93.768		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90001037	\$38,413	\$0	\$38,413
2019	102/500731	Contracts for Program Services	90001037	\$38,413	\$0	\$38,413
Sub-total				\$76,826	\$0	\$76,826

010-95-90-902010-12270000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMBINED CHRONIC DISEASE						
CFDA # 93.757		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90017317	\$32,000	\$0	\$32,000
Sub-total				\$32,000	\$0	\$32,000
CFDA # 93.426		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2019	102/500731	Contracts for Program Services	90017317	\$160,000	\$0	\$160,000
2019	102/500731	Contracts for Program Services	90017417	\$160,000	\$0	\$160,000
2020	102/500731	Contracts for Program Services	90017317	\$0	\$135,000	\$135,000
2020	102/500731	Contracts for Program Services	90017417	\$0	\$135,000	\$135,000
2021	102/500731	Contracts for Program Services	90017317	\$0	\$135,000	\$135,000
2021	102/500731	Contracts for Program Services	90017417	\$0	\$135,000	\$135,000
Sub-total				\$320,000	\$540,000	\$860,000

010-95-90-901010-5659 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMPREHENSIVE CANCER						
CFDA # 93.768		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90009051	\$35,000	\$0	\$35,000
2019	102/500731	Contracts for Program Services	90009051	\$35,000	\$0	\$35,000
Sub-total				\$70,000	\$0	\$70,000

010-95-90-902010-22150000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:						
DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES,						
CDC ORAL HEALTH GRANT						
CFDA # 93.236		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2019	102/500731	Contracts for Program Services	90080502	\$72,464	\$0	\$72,464
2020	102/500731	Contracts for Program Services	90080502	\$0	\$72,464	\$72,464
2021	102/500731	Contracts for Program Services	90080502	\$0	\$0	\$0
		Sub-total		\$72,464	\$72,464	\$144,928

010-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS:						
BEHAVIORAL HEALTH DIV, BUREAU OF DRUG &ALCOHOL SERVICES,						
STATE OPIOID RESPONSE GRANT						
CFDA # 93.78		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2020	102/500731	Contracts for Program Services	92057040	\$0	\$150,000	\$150,000
		Sub-total		\$0	\$150,000	\$150,000

Total	\$2,932,447	\$2,929,638	\$5,862,085
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Denis Goulet
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

June 5, 2019

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

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a sole source contract amendment with the University of New Hampshire (UNH), Institute for Health Policy and Practice of Durham, NH as described below and referenced as DoIT No. 2018-028C.

The purpose of this request is to execute a contract amendment with UNH, Institute for Health Policy and Practice. The Institute will continue to provide DHHS with technical assistance by adding scope of work in key aspects of the re-procured Medicaid Care Management contract implementation, State Opioid Response Grant and expanded support to Public Health data analysis.

The amount of the contract will increase by \$2,929,638 from \$2,932,447 to \$5,862,085 and extend the completion date to June 30, 2021, effective upon Governor and Executive Council through June 30, 2021.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

Denis Goulet

DG/ik
DoIT #2018-028C

cc: Bruce Smith, IT Manager, DoIT

**AMENDMENT #3 to
COOPERATIVE PROJECT AGREEMENT**

between the
STATE OF NEW HAMPSHIRE, Department of Health and Human Services
and the

University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on 6/21/17, item # 11, as amended and approved by the Governor and Executive Council on 06/06/2018 (Item #8A), and 02/20/19 (Tabled Item #6), for the Project titled ""2018-2019 New Hampshire Institute of Health Policy and Practice (SS-2018-OMS-01-TECHN)," Campus Project Director, Josephine Porter, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

Purpose of Amendment (Choose all applicable items):

- ☐ Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- ☒ Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- ☒ Other: Extend the project period end date.

Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):

- Article A. is revised to replace the State Department name of _____ with _____ and/or USNH campus from _____ to _____
- Article B. is revised to replace the Project End Date of _____ with the revised Project End Date of _____, and Exhibit A, article B is revised to replace the Project Period of _____ - _____ with _____ - _____
- Article C. is amended to expand Exhibit A by including the proposal titled, " _____," dated _____
- Article D. is amended to change the State Project Administrator to _____ and/or the Campus Project Administrator to _____
- Article E. is amended to change the State Project Director to _____ and/or the Campus Project Director to _____
- Article F. is amended to add funds in the amount of \$2,929,638 and will read:

Total State funds in the amount of \$5,862,085 have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

- Article F. is amended to change the cost share requirement and will read:
Campus will cost-share _____ % of total costs during the amended term of this Project Agreement.
- Article F. is amended to change the source of Federal funds paid to Campus and will read:

Federal funds paid to Campus under this Project Agreement as amended are from Grant/Contract/Cooperative Agreement No. _____ from _____ under CFDA# _____. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in

accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as revised Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as follows:

Article is amended in its entirety to read as follows:

Article is amended in its entirety to read as follows:

- Article H. is amended such that:

- ☐ State has chosen not to take possession of equipment purchased under this Project Agreement.
- ☐ State has chosen to take possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

- ☒ Exhibit A is amended as attached.

- ☐ Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this Amendment #3 to the Cooperative Project Agreement.

By An Authorized Official of:

University of New Hampshire

Name: Karen M. Jensen

Title: Manager, Sponsored Programs Administration

Signature and Date:  5/31/19

By An Authorized Official of: the New
Hampshire Office of the Attorney General

Name: Lisa M. Engle

Title: Special Attorney

Signature and Date:  6/4/2019

By An Authorized Official of:

Department of Health & Human Services

Name: Henry D. Lipman

Title: Director

Signature and Date:  6/3/19

By An Authorized Official of: the New
Hampshire Governor & Executive Council

Name:

Title:

Signature and Date:

EXHIBIT A

- A. **Project Title:** 2018-2021 New Hampshire Institute of Health Policy and Practice (SS-2018-OMS-01-TECHN)
- B. **Project Period:** July 1, 2017 through June 30, 2021
- C. **Objectives:** Delete Exhibit A-1 Amendment #2 and replace with Exhibit A-1 Amendment #3
- D. **Scope of Work:** See attached Exhibit A-1 Amendment #3
- E. **Deliverables Schedule:** Delete Exhibit A-1 Amendment #2 and replace with attached Exhibit A-1 Amendment #3.
- F. **Budget and Invoicing Instructions:** Delete Exhibit B-2-Amendment #2 and replace with Exhibit B-2 - Amendment #3



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.2. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2019, and the Department shall not be liable for any payments for services provided after June 30, 2019, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2020-2021 biennia.

2. Scope of Services

- 2.1. Objectives: The University of New Hampshire, Institute of Health Policy and Practice (hereafter referred to as the Campus) will provide support to the Department of Health and Human Services (hereinafter referred to as the State) to:
 - 2.1.1. Establish and maintain a health services delivery system for the New Hampshire Medicaid population within federal, state, and local laws, rules and policies; and
 - 2.1.2. Administer the incentive program for Medicaid's Health Information Technology (HIT).
 - 2.1.3. Support a population health surveillance system focused on chronic disease prevention and management using claims data to support the Department in planning and evaluating program strategies.
- 2.2. The Campus will provide support to the Department's objectives defined in Section 2.1 above, by the provision of technical assistance and consultation services for the following:
 - 2.2.1. Ongoing projects such as but not limited to:
 - 2.2.1.1. Analysis of Medicaid business operations, industry practices, policy and rate setting recommendations.
 - 2.2.1.2. Assessment of cost-effectiveness and budget impact of different care options.
 - 2.2.1.3. Performance of project work plans for surveys.
 - 2.2.1.4. Policy analysis.
 - 2.2.1.5. Population-based health care data and standardized

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Exhibit A-1 Amendment #3

datasets on health care cost and quality.

- 2.2.1.6. Support for the Medicaid Quality Information System (MQIS).
- 2.2.1.7. Program evaluation and support services necessary to implement the budget initiatives effective July 1 for each year.
- 2.2.1.8. Provide project management, system maintenance and modification for the New Hampshire Medicaid Electronic Health Record (EHR) Program. Analyze chronic disease indicators and provide consultation and technical assistance to inform the Department's planning, and implementation of quality improvement processes.
- 2.2.2. Specialty Projects such as but not limited to:
 - 2.2.2.1. Department initiatives related to the delivery of substance use disorder prevention, treatment and recovery services, including understanding prescribing patterns for opioid in the Medicaid program. Any work performed by the vendor as part of those initiatives shall comply with all state rule, and state and federal law required to safeguard the confidentiality of the information, and compliance with 42 CFR part 2 as applicable.
 - 2.2.2.2. Compliance education and technical assistance related to Medicaid Care Management inclusive of the development of an Alternative Payment Methodology (APM) strategies.
 - 2.2.2.3. Assistance in development of criteria to meet the Local Care Management Entity requirements in Medicaid Care Management.
- 2.2.3. Other Projects as requested by the State that support the Objectives in Section 2.1.
- 2.3. The Campus will provide at a minimum the following activities as applicable for each project in Section 2.3:
 - 2.3.1. Research and analyze selected policy and program issues as requested; participate/contribute on associated workgroups and project teams.
 - 2.3.2. Collaborate on health care projects of mutual interest that further State budget initiatives, including preparation of joint funding requests.
 - 2.3.3. Participate in survey work and technical assistance necessary to

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5/31/19



Exhibit A-1 Amendment #3

achieve budget initiatives, as requested.

2.3.4. Support regulatory and policy analysis as needed by the State, including assisting the State in the analysis of States changes necessary to comply with the Medicaid Managed Care Rules and supporting the State Opioid Response grant including but are not limited to:

2.3.4.1. Technical advisory services on matters of confidentiality, referrals and conflict of interest, and regulatory compliance thereto.

2.3.4.2. technical assistance for policies and procedures to help the Department operationalize the SORS funding, including support around billing and operations for the Doorways, Hubs, and Spokes and collaborations with other contractors associated with the SORS programming.

2.3.5. Assist the State in maintaining and expanding activities to support MQIS. This includes working with the UNH Research Computing Center to maintain and modify the MQIS website, including meta data system, submission infrastructure, reporting system, public and administrative views, and maintenance of server hardware and software.

2.3.6. At the request of and the approval of the State, provide analytic datasets and/or preliminary analysis for applications for New Hampshire Comprehensive Health Care Information System (CHIS) data approved for Campus;

2.3.7. Research and recommend ways to improve the collection and release of claims data sets by identifying potential ways to improve the health data for NH. Coordinate with National Association of Health Data Organizations and other states about any proposed changes to national health data standards. If necessary, build business case and related Data Maintenance or Change Request for the appropriate Data Standards Maintenance Organization (e.g. ANSI ASC X12, NUBC);

2.3.8. Analyze insurance health plan type (e.g., private, Medicaid and Medicare) by variations in health risk factors and conditions (e.g., smoking, chronic diseases and by age/income and geography) to develop a profile of the risk factors and prevalence of chronic disease in the Medicaid population, presuming Medicaid sponsors and adds insurance questions to New Hampshire Behavioral Risk Factor Surveillance System (NH BRFSS);

2.3.9. Support ongoing analysis of Medicaid and other data.

2.3.10. Work with State staff to add updated years of Medicare eligibility,



Exhibit A-1 Amendment #3

claims, and provider files from CMS.

- 2.3.11. Work with the State to finalize an analytic plan for the NH Medicare data.
- 2.3.12. Work with the State to finalize an analytic plan for the NH Medicare data, and analyze Medicare claims, eligibility, and provider files according to the agreed upon analytic plan.
- 2.3.13. Administer the Medicaid electronic health record incentive program as follows:
 - 2.3.13.1. Develop program policies and procedures;
 - 2.3.13.2. Administer day-to-day Medicaid EHR Incentive Program operations; (provide Help Desk support; conduct pre-payment verifications; coordinate with State personnel to query Medicaid claims and CMS databases; process payments in conjunction with the Department's Finance team; incorporate Stage 3 and any future regulatory changes to adopt, implement, upgrade, and meaningfully use Meaningful Use criteria into the State registration and attestation system; and update user documents);
 - 2.3.13.3. Oversee sub-contractor efforts to support, deploy, and maintain the State registration and attestation system software and hardware;
 - 2.3.13.4. Coordinate with the State Office of Medicaid Services and Department of Public Health Services in support of program operations;
 - 2.3.13.5. Provide support to the State Office of Improvement and Integrity in support of provider audits;
 - 2.3.13.6. Provide monthly system status updates to State;
 - 2.3.13.7. Provide outreach to New Hampshire's providers;
 - 2.3.13.8. Update and maintain on an ongoing basis the Medicaid EHR website;
 - 2.3.13.9. Conduct environmental scans and gap analyses on an ongoing basis;
 - 2.3.13.10. Analyze provider EHR adoption, incentive program participation, and attainment of meaningful use criteria;
 - 2.3.13.11. Prepare State Medicaid Health Information Technology Plan and Implementation Advanced Planning Document updates and quarterly and annual reports for Centers for Medicare and Medicaid Services (CMS) and assist the

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Exhibit A-1 Amendment #3

Department in filing of federal claiming reports for CMS;

- 2.3.13.12. Provide monthly program progress status reports for the State Medicaid senior management team;
 - 2.3.13.13. Coordinate with other states as needed to prepare reports and solicit provider claims data;
 - 2.3.13.14. Attend EHR conferences and stakeholder meetings and participate as need in Health Information Exchange and Public Health meaningful use meetings; and
 - 2.3.13.15. Research, develop, and implement other key program components as requested by the Department.
- 2.3.14. Analyze chronic disease indicators and provide consultation and technical assistance to inform the Department's planning and implementation of quality improvement processes. Continue previous years' work and add additional years of data, as able. Provide specific reports, including but not limited to:
- 2.3.14.1. Prevalence, utilization, cost and prevention services for adults with prediabetes, diabetes hypertension, and hypercholesterolemia
 - 2.3.14.2. Medication adherence data for diabetes, hypertension and hypercholesterolemia.
 - 2.3.14.3. Medication Therapy Management (MTM) utilization
 - 2.3.14.4. Diabetes Self-Management Education (DSME) utilization by payer and, associated health outcomes.
 - 2.3.14.5. Medical Nutrition Therapy (MNT) utilization
 - 2.3.14.6. Remote patient monitoring and related services
 - 2.3.14.7. Determine diabetes screening rates among different insured populations.
 - 2.3.14.8. National Diabetes Prevention Program utilization, and claims-based estimation of eligible population
 - 2.3.14.9. Analyze cardiac rehabilitation utilization, by payer and population.
 - 2.3.14.10. Provide preliminary analysis of NH CHIS data for other chronic health conditions.
 - 2.3.14.11. Provide an analytic plan and analysis related to treatment for patients with non-traumatic oral health conditions, including opiate related treatment.
- 2.3.15. Analyze insurance health plan types (e.g. private, Medicaid and

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Exhibit A-1 Amendment #3

Medicare) by variation in health services with a focus on preference sensitive chronic disease prevention, screening and management services in specific populations.

- 2.3.16. Research and recommend ways to improve the collection and release of claims data sets by identifying potential ways to improve the health data of NH to support chronic disease surveillance.
- 2.3.17. Coordinate with the National Association of Health Data Organizations and other states about proposed changes to national health data standards. If necessary, build business case and related Data Maintenance or Change Request for the appropriate Data Standards Maintenance Organization (e.g. ANSI ASC X12, NUBC)
- 2.3.18. Implement and evaluate quality improvement and bi-directional referral projects with health systems for diabetes, prediabetes, hypertension and hypercholesterolemia using the American College of Preventive Medicine prediabetes and hypertension demonstration projects as models.
- 2.3.19. Implement and evaluate quality improvement and bi-directional referral projects for diabetes, prediabetes, hypertension and hypercholesterolemia with Rural Health Clinics.

3. Project Management

- 3.1. The Campus will only commence work on projects in Section 2 upon the State's approval of a Project Work Plan for each project in Section 2. as follows:
 - 3.1.1. The Campus will receive requests from the State for technical assistance and consultation services for each project listed in Section 2.
 - 3.1.2. The Campus will submit to the State for input on a Project Work Plan within five business days from the date of request in Section 3.1.1.
 - 3.1.3. The State will provide the Campus input on the Project Work Plan within five (5) business days from the date of receipt in Section 3.1.2.
 - 3.1.4. The Campus will organize and facilitate a project kick-off meeting, if required, within five (5) days of the receipt of the State's input to the Project Work Plan in Section 3.1.3.

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4. General Requirements

- 4.1. The Department may renegotiate the terms and conditions of the contract in the event applicable local, state, or federal law, regulations or policy are altered from those existing at the time of the contract in order to be in continuous compliance therewith.
- 4.2. Gratuities or Kickbacks: The Campus agrees that it is a breach of this Project Agreement to accept or make a payment, gratuity or offer of employment on behalf of the Campus, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibits A of this Cooperative Project Agreement. The State may terminate this Project Agreement and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Campus or Sub-Contractor.

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EXHIBIT B-1 Amendment #3

TOTAL AGREEMENT	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$411,842	\$572,276	\$386,374	\$480,467	\$1,850,959
Employee Benefits	\$169,442	\$209,831	\$256,459	\$211,707	\$847,439
Travel	\$12,461	\$19,465	\$14,355	\$12,149	\$58,430
Supplies & Services	\$323,247	\$608,320	\$499,807	\$486,388	\$2,917,762
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$176,996	\$211,494	\$262,409	\$177,308	\$768,207
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
TOTAL	\$1,193,948	\$1,612,417	\$1,169,345	\$1,378,212	\$5,353,922

DPHS - CORE	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$62,440	\$193,932	\$128,341	\$122,341	\$507,054
Employee Benefits	\$36,142	\$57,319	\$66,344	\$66,344	\$226,149
Travel	\$211	\$5,433	\$1,300	\$1,300	\$2,244
Supplies & Services	\$2,350	\$63,394	\$7,300	\$7,300	\$74,344
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$12,749	\$31,313	\$32,913	\$32,913	\$107,888
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
TOTAL	\$103,612	\$252,018	\$205,998	\$200,198	\$861,826

DPHS - ORAL HEALTH CLAIMS ANALYSIS	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$0	\$31,424	\$31,424	\$0	\$62,848
Employee Benefits	\$0	\$14,141	\$14,141	\$0	\$28,282
Travel	\$0	\$780	\$780	\$0	\$1,560
Supplies & Services	\$0	\$16,663	\$16,663	\$0	\$33,326
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$0	\$9,432	\$9,432	\$0	\$18,864
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$72,060	\$72,060	\$0	\$144,120

STATE OFFICE RESPONSE	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$0	\$0	\$78,019	\$0	\$78,019
Employee Benefits	\$0	\$0	\$33,109	\$0	\$33,109
Travel	\$0	\$0	\$1,750	\$0	\$1,750
Supplies & Services	\$0	\$0	\$15,537	\$0	\$15,537
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$0	\$0	\$19,365	\$0	\$19,365
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$150,000	\$0	\$150,000

BMS - CORE	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$214,698	\$183,514	\$307,633	\$307,633	\$813,482
Employee Benefits	\$80,735	\$74,020	\$93,436	\$91,436	\$340,627
Travel	\$750	\$750	\$1,750	\$1,750	\$5,000
Supplies & Services	\$73,816	\$66,280	\$67,230	\$67,230	\$274,556
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$51,306	\$48,984	\$52,306	\$52,306	\$205,902
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
TOTAL	\$421,249	\$373,548	\$522,355	\$522,355	\$1,840,512

BMS - ELECTRONIC HEALTH RECORDS	FY 2018 7/1/17-6/30/18	FY 2019 7/1/18-6/30/19	FY 2020 7/1/19-6/30/20	FY 2021 7/1/20-6/30/21	TOTAL
Salaries & Wages	\$156,704	\$161,405	\$118,953	\$114,282	\$551,344
Employee Benefits	\$67,533	\$64,481	\$49,529	\$31,427	\$213,970
Travel	\$12,300	\$12,300	\$6,375	\$7,219	\$38,294
Supplies & Services	\$446,539	\$419,982	\$392,063	\$411,660	\$1,669,144
Equipment	\$0	\$0	\$0	\$0	\$0
Facilities & Administrative Costs	\$101,743	\$101,743	\$81,573	\$87,649	\$372,688
In Kind Contributions	\$0	\$0	\$0	\$0	\$0
TOTAL	\$780,286	\$759,811	\$608,515	\$653,238	\$2,801,850

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Jeffrey A. Meyers
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

December 21, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Medicaid Services and Division of Public Health to amend an existing sole source agreement with the University of New Hampshire, Institute for Health Policy and Practice, Durham, NH, (Vendor #92050) to add additional scope of work to provide claims analysis, implement systems quality improvements, and expand upon services to rural areas by increasing the price limitation by \$392,464 from \$2,539,983 to an amount not to exceed \$2,932,447 effective upon approval from the Governor and Executive Council with no change to the completion date of June 30, 2019. 100% Federal Funds.

The original contract was approved by Governor and Executive Council approval on June 21, 2017 (Item #11), as amended and approved by the Governor and Executive Council on June 6, 2018 (Item #8A).

Funds are available in State Fiscal Years 2018 and 2019 with the ability to adjust amounts within the budgets and encumbrances between State Fiscal Years through the Budget Office without Governor and Executive Council approval, if needed and justified.

Please see attached financial detail.

EXPLANATION

This original agreement and first amendment to this agreement are sole source. The initial Cooperative Project Agreement between the Department of Health and Human Services and the University of New Hampshire, Institute for Health Policy (UNH) and Practice was approved on June 9, 1999 (Item No.49). Since then, the Department has worked with this Vendor for these services through numerous Cooperative Projects Agreements. The Institute for Health Policy and Practice (the Institute) and Department of Health and Human Services have a long history of working together productively on projects that result in the efficient use of State resources, and in a manner the Institute is uniquely qualified to provide. The Institute was created as part of the Master Agreement of Cooperative Projects in 2002.

Consistent with the provisions of the Master Agreement of Cooperative projects, this Cooperative Project Agreement was not competitively bid. The State, in cooperation with the University, established and supported the development of the Institute specifically for the purpose of providing the Department with technical assistance and Medicaid Administration support. Furthermore, the Master Cooperative Agreement of Cooperative Projects has been

approved by the Centers for Medicare and Medicaid Services which allows the State to access federal funds in support of Medicaid related projects. As New Hampshire's State-supported University and primary educational facility for health care workforce in the State the University is uniquely qualified to assume this responsibility.

UNH will continue using Medicaid, Medicare, and Commercial claims data, as needed, to support the Medicaid program with special analysis of topics, as directed by the Office of Medicaid Services. UNH will also continue to manage the day-to-day operations of the Electronic Health Records (EHR) Incentive Program, which has to date been responsible for \$17 million dollars of federally funded incentive payments for provider adoption and use of electronic health record systems. UNH is responsible for maintaining operational compliance with federal regulations and maintains and hosts the Electronic Provider Incentive Payment System where providers apply for the program.

This amendment will allow the Institute to implement and evaluate quality improvement projects with health systems, using the American College of Preventative Medicine prediabetes demonstration project as a model, and allow for the implementation and evaluation of quality improvement and bi-directional referral projects with Rural Health Clinics, increasing both the quality and availability of services to areas in need. Additionally, this amendment will allow UNH to assist the Department with additional claims analysis and epidemiological support related to Chronic Disease, Oral Health and Opioid Prescribing, the data from which will be used to assist the Department with evaluating and improving the Medicaid programs in New Hampshire.

Should the Governor and Executive Council not authorize this request, the Department may be unable to implement health system quality improvement projects, expand and improve healthcare services in New Hampshire's rural areas, or perform additional claims analysis as it relates to Chronic Disease, Oral Health and Opioid Prescribing with the goal of improving Medicaid Programs.

Area to be served: Statewide.

Source of Funds: 100% Federal Funds.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
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In the event Federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
UNH INSTITUTE FOR HEALTH POLICY AND PRACTICE
FINANCIAL DETAIL

05-95-47-470010-7937 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, MEDICAID ADMINISTRATION						
CFDA # 93.778		50% Federal Funds & 50% General Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	47002000	\$425,547	\$0	\$425,547
2019	102/500731	Contracts for Program Services	47002000	\$375,548	\$0	\$375,548
		Sub-total		\$801,095	\$0	\$801,095

05-95-47-470010-7945 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, ELECTRONIC HEALTH RECORDS						
CFDA # 93.609		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	47001600	\$780,031	\$0	\$780,031
2019	102/500731	Contracts for Program Services	47001600	\$780,031	\$0	\$780,031
		Sub-total		\$1,560,062	\$0	\$1,560,062

010-95-90-901010-53620000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SERVICES DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY & PERFORMANCE, PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE						
CFDA # 93.758		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90001037	\$38,413	\$0	\$38,413
2019	102/500731	Contracts for Program Services	90001037	\$38,413	\$0	\$38,413
		Sub-total		\$76,826	\$0	\$76,826

DEPARTMENT OF HEALTH AND HUMAN SERVICES
UNH INSTITUTE FOR HEALTH POLICY AND PRACTICE
FINANCIAL DETAIL

05-95-90-902010-12270000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMBINED CHRONIC DISEASE						
CFDA # 93.757		FAIN# NU58DP004821		100% Federal Funds		
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90017317	\$32,000	\$0	\$32,000
		Sub-total		\$32,000	\$0	\$32,000
CFDA # 93.426		FAIN# NU5DP006515		100% Federal Funds		
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2019	102/500731	Contracts for Program Services	90017317	\$0	\$160,000	\$160,000
2019	102/500731	Contracts for Program Services	90017417	\$0	\$160,000	\$160,000
		Sub-total		\$0	\$320,000	\$320,000

05-95-90-902010-56590000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMPREHENSIVE CANCER						
CFDA # 93.758		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90009051	\$35,000	\$0	\$35,000
2019	102/500731	Contracts for Program Services	90009051	\$35,000	\$0	\$35,000
		Sub-total		\$70,000	\$0	\$70,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES
UNH INSTITUTE FOR HEALTH POLICY AND PRACTICE
FINANCIAL DETAIL

05-95-90-902010-22150000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, CDC ORAL HEALTH GRANT						
CFDA # 93.236		FAIN# T12HP318590100		100% Federal Funds		
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2019	102/500731	Contracts for Program Services	90080502	\$0	\$72,464	\$72,464
		Sub-total		\$0	\$72,464	\$72,464
		Total		\$2,539,983	\$392,464	\$2,932,447



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY**

27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

Denis Goulet
Commissioner

January 8, 2019

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

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a sole source contract amendment with the University of New Hampshire (UNH), Institute for Health Policy and Practice of Durham, NH as described below and referenced as DoIT No. 2018-028B.

The purpose of this request is to execute a contract amendment with UNH, Institute for Health Policy and Practice. The Institute will design, develop, implement, maintain and support a population health claims surveillance system that will inform the planning, implementation and evaluation of projects related to chronic disease prevention, detection and management.

The amount of the contract will increase by \$392,464 from \$2,539,983 to \$2,932,447 effective upon Governor and Executive Council with no change to the completion date of June 30, 2019.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

Denis Goulet

DG/kaf
DoIT #2018-028B

cc: Bruce Smith, IT Manager, DoIT

**AMENDMENT #2 to
COOPERATIVE PROJECT AGREEMENT**
between the

**STATE OF NEW HAMPSHIRE, Department of Health and Human Services
and the**

University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on 6/21/17, item # 11, as amended and approved by the Governor and Executive Council on 06/06/2018 (Item #8A), for the Project titled "2018-2019 New Hampshire Institute of Health Policy and Practice (SS-2018-OMS-01-TECHN)," Campus Project Director, Josephine Porter, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

Purpose of Amendment (Choose all applicable items):

- ☐ Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- ☒ Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- ☐ Other:

Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):

- Article A. is revised to replace the State Department name of _____ with _____ and/or USNH campus from _____ to _____
- Article B. is revised to replace the Project End Date of _____ with the revised Project End Date of _____, and Exhibit A, article B is revised to replace the Project Period of _____ with _____
- Article C. is amended to expand Exhibit A by including the proposal titled, "_____" dated _____
- Article D. is amended to change the State Project Administrator to _____ and/or the Campus Project Administrator to _____
- Article E. is amended to change the State Project Director to _____ and/or the Campus Project Director to _____
- Article F. is amended to add funds in the amount of \$392,464 and will read:

Total State funds in the amount of \$2,932,447 have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

- Article F. is amended to change the cost share requirement and will read:

Campus will cost-share _____ % of total costs during the amended term of this Project Agreement.

- Article F. is amended to change the source of Federal funds paid to Campus and will read:

Federal funds paid to Campus under this Project Agreement as amended are from _____ Grant/Contract/Cooperative Agreement No. _____ from _____ under CFDA# _____ Federal regulations required to be passed through to Campus as part of this Project Agreement, and in

accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as revised Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as follows:

Article is amended in its entirety to read as follows:
Article is amended in its entirety to read as follows:

- Article H. is amended such that:

- ☐ State has chosen not to take possession of equipment purchased under this Project Agreement.
- ☐ State has chosen to take possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

- ☐ Exhibit A is amended as attached.
- ☐ Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this Amendment #2 to the Cooperative Project Agreement.

By An Authorized Official of:

University of New Hampshire

Name: Karen M. Jensen

Title: Manager, Sponsored Programs Administration

Signature and Date:  12/3/18

By An Authorized Official of the New

Hampshire Office of the Attorney General

Name: Megan A. Japik

Title: Attorney

Signature and Date:  1/3/19

By An Authorized Official of:

Department of Health & Human Services

Name: Henry D. Lipman

Title: Director

Signature and Date:  12/4/2018

By An Authorized Official of the New

Hampshire Governor & Executive Council

Name:

Title:

Signature and Date:

EXHIBIT A

- A. Project Title:** 2018-2019 New Hampshire Institute of Health Policy and Practice (SS-2018-OMS-01-TECHN)
- B. Project Period:** July 1, 2017 through June 30, 2019
- C. Objectives:** Delete Exhibit A-1 Amendment #1. Add Exhibit A-1 Amendment #2
- D. Scope of Work:** See attached Exhibit A-1 Amendment #2
- E. Deliverables Schedule:** Delete Exhibit A-1 Amendment #1 and replace with attached Exhibit A-1 Amendment #2.
- F. Budget and Invoicing Instructions:** Delete Exhibit B-2-Amendment #1 and replace with Exhibit B-2 - Amendment #2



Exhibit A-1 Amendment #2

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.2. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019.

2. Scope of Services

- 2.1. Project Title: 2018-2019 New Hampshire Institute of Health Policy and Practice
- 2.2. Objectives: The University of New Hampshire, Institute of Health Policy and Practice (hereafter referred to as the Campus) will provide support to the Department of Health and Human Services (hereinafter referred to as the State) to:
 - 2.2.1. Establish and maintain a health services delivery system for the New Hampshire Medicaid population within federal, state, and local laws, rules and policies; and
 - 2.2.2. Administer the incentive program for Medicaid's Health Information Technology (HIT).
 - 2.2.3. Establish and maintain a population health surveillance system focused on chronic disease prevention and management using claims data to support the Department in planning and evaluating program strategies.
- 2.3. The Campus will provide support to the Department's objectives defined in Section 2.2 above, by the provision of technical assistance and consultation services for the following:
 - 2.3.1. Ongoing projects such as but not limited to:
 - 2.3.1.1. Analysis of Medicaid business operations, industry practices, policy and rate setting recommendations.

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Exhibit A-1 Amendment #2

- 2.3.1.2. Assessment of cost-effectiveness and budget impact of different care options.
- 2.3.1.3. Performance of project work plans for surveys.
- 2.3.1.4. Actuarial and financial analysis.
- 2.3.1.5. Medical coding reviews and updates.
- 2.3.1.6. Policy analysis.
- 2.3.1.7. Population-based health care data and standardized datasets on health care cost and quality for long term care populations.
- 2.3.1.8. Support for the Medicaid Quality Information System (MQIS).
- 2.3.1.9. Program evaluation and support services necessary to implement the budget initiatives effective July 1 for each year.
- 2.3.1.10. Provide project management, system maintenance and modification for the New Hampshire Medicaid Electronic Health Record (EHR) Program.
- 2.3.1.11. Analysis of chronic disease indicators and provision of consultation and technical assistance that will inform the Department's planning and implementation of quality improvement processes.
- 2.3.2. Specialty Projects such as but not limited to:
 - 2.3.2.1. Department initiatives related to the delivery of substance use disorder prevention, treatment and recovery services, including understanding prescribing patterns for opioid in the Medicaid program. Any work performed by the vendor as part of those initiatives shall comply with all state rule, and state and federal law required to safeguard the confidentiality of the information, and compliance with 42 CFR part 2 as applicable.
 - 2.3.2.2. Compliance education and technical assistance related to Medicaid Care Management inclusive of the development of an Alternative Payment Methodology (APM) strategy development that involves convening stakeholders and summarizing the findings of those meetings, along with other research about APM strategy in NH and across the country, to assist in the development of the APM strategy and to inform the DHHS MCM re-procurement process.



Exhibit A-1 Amendment #2

- 2.3.2.3. Issues and Costs Analysis for the New Hampshire Health Protection Plan
- 2.3.2.4. Analysis of the employment characteristics of the Medicaid expansion population
- 2.3.2.5. Preparation for the renewal of the Choices for Independence (CFI) waiver.
- 2.3.3. Other Projects as requested by the State that support the Objectives in Section 2.2.
- 2.4. The Campus will provide at a minimum the following activities as applicable for each project in Section 2.3:
 - 2.4.1. Provide economic analysis of historical years of Medicaid enrollment data to determine appropriate indicators (incorporating medical costs and enrollment factors) for use in SFY 2018—2019 ongoing expense projection analysis and SFY 2020 – 2021 budget development.
 - 2.4.2. Research and analyze selected policy and program issues as requested; participate/contribute on associated workgroups and project teams.
 - 2.4.3. Collaborate on health care projects of mutual interest that further State budget initiatives, including preparation of joint funding requests.
 - 2.4.4. Participate in survey work and technical assistance necessary to achieve budget initiatives, as requested. Any such survey work shall include policies and procedures to safeguard the confidentiality of survey participants as required by state rule, and state and federal law, and 42 CFR part 2 as appropriate.
 - 2.4.5. Provide administrative support and technical assistance for Medicaid provider outreach and training, including registration, evaluation, webinars and material production for webpage postings.
 - 2.4.6. Support legal and policy analysis as needed by the State, including assisting the State in the analysis of States changes necessary to comply with the Medicaid Managed Care Rules.
 - 2.4.7. Assist the State in maintaining and expanding activities to support MQIS. This includes working with the UNH Research Computing Center to maintain and modify the MQIS website, including meta data system, submission infrastructure, reporting system, public and administrative views, and maintenance of server hardware and software.



Exhibit A-1 Amendment #2

- 2.4.8. At the request of and the approval of the State, provide analytic datasets and/or preliminary analysis for applications for New Hampshire Comprehensive Health Care Information System (CHIS) data approved for Campus;
- 2.4.9. Research and recommend ways to improve the collection and release of claims data sets by identifying potential ways to improve the health data for NH. Coordinate with National Association of Health Data Organizations and other states about any proposed changes to national health data standards. If necessary, build business case and related Data Maintenance or Change Request for the appropriate Data Standards Maintenance Organization (e.g. ANSI ASC X12, NUBC);
- 2.4.10. Analyze insurance health plan type (e.g., private, Medicaid and Medicare) by variations in health risk factors and conditions (e.g., smoking, chronic diseases and by age/income and geography) to develop a profile of the risk factors and prevalence of chronic disease in the Medicaid population, presuming Medicaid sponsors and adds insurance questions to New Hampshire Behavioral Risk Factor Surveillance System (NH BRFSS);
- 2.4.11. Support ongoing analysis of Medicaid and other data.
- 2.4.12. Provide population-based health care data and standardized datasets on health care cost and quality for long-term care populations.
- 2.4.13. Work with State staff to add updated years of Medicare eligibility, claims, and provider files from CMS.
- 2.4.14. Work with the State to finalize an analytic plan for the NH Medicare data.
- 2.4.15. Analyze Medicare claims, eligibility, and provider files according to the agreed upon analytic plan found in the Project Work Plan in Section 3.
- 2.4.16. Assist the Department with integration of Medicare and Medicaid data into the CHIS.
- 2.4.17. Administer the Medicaid electronic health record incentive program as follows:
 - 2.4.17.1. Develop program policies and procedures;

KJ



Exhibit A-1 Amendment #2

- 2.4.17.2. Administer day-to-day Medicaid EHR Incentive Program operations; (provide Help Desk support; conduct pre-payment verifications; query Medicaid claims databases; coordinate with State personnel to query CMS databases; process payments in conjunction with the Department's Finance team; incorporate Stage 1, Stage 2, and any future Stage or regulatory changes to adopt, implement, upgrade, and meaningful use criteria into the State registration and attestation system; and update user documents);
- 2.4.17.3. Oversee sub-contractor efforts to support, deploy, and maintain the State registration and attestation system software and hardware;
- 2.4.17.4. Coordinate with the State Department of Information Technology in support of program operations;
- 2.4.17.5. Provide support to the State Office of Improvement and Integrity in support of provider audits;
- 2.4.17.6. Provide monthly system status updates to State;
- 2.4.17.7. Provide outreach to New Hampshire's providers and professional medical associations;
- 2.4.17.8. Update and maintain on an ongoing basis the Medicaid EHR website;
- 2.4.17.9. Conduct environmental scans and gap analyses on an ongoing basis;
- 2.4.17.10. Analyze provider EHR adoption, incentive program participation, and attainment of meaningful use criteria;
- 2.4.17.11. Prepare State Medicaid Health Information Technology Plan and Implementation Advanced Planning Document updates and quarterly and annual reports for Centers for Medicare and Medicaid Services (CMS) and assist the Department in filing of federal claiming reports for CMS;
- 2.4.17.12. Provide monthly program progress status reports for the State Medicaid senior management team;
- 2.4.17.13. Coordinate with other states as needed to prepare reports and solicit provider claims data;
- 2.4.17.14. Attend EHR conferences and stakeholder meetings and participate as need in Health Information Exchange and Public Health meaningful use meetings; and

KJ



Exhibit A-1 Amendment #2

- 2.4.17.15. Research, develop, and implement other key program components as requested by the Department.
- 2.4.18. Analyze chronic disease indicators and provide consultation and technical assistance to inform the Department's planning and implementation of quality improvement processes. Investigate the feasibility of specific reports, including but not limited to:
 - 2.4.18.1. Prevalence, utilization, cost and prevention services for adults with prediabetes, diabetes and hypertension.
 - 2.4.18.2. Medication adherence data for diabetes and hypertension.
 - 2.4.18.3. Diabetes Self-Management Education (DSME) utilization by payer and, associated health outcomes.
 - 2.4.18.4. Determine diabetes screening rates among different insured populations.
 - 2.4.18.5. Analyze cardiac rehabilitation utilization, by payer and population.
 - 2.4.18.6. Cancer screening and early detection cycle (e.g., screening, diagnostics and treatment initiation) variation.
 - 2.4.18.7. Provide preliminary analysis of NH CHIS data for other chronic health conditions.
 - 2.4.18.8. Provide an analytic plan and study tool with a focus on opioid prescribing for oral health related conditions.
- 2.4.19. Analyze insurance health plan types (e.g. private, Medicaid and Medicare) by variation in health services with a focus on preference sensitive chronic disease prevention, screening and management services in specific populations.
- 2.4.20. Research and recommend ways to improve the collection and release of claims data sets by identifying potential ways to improve the health data of NH to support chronic disease surveillance.
- 2.4.21. Coordinate with the National Association of Health Data Organizations and other states about proposed changes to national health data standards. If necessary, build business case and related Data Maintenance or Change Request for the appropriate Data Standards Maintenance Organization (e.g. ANSI ASC X12, NUBC)
- 2.4.22. Implement and evaluate quality improvement projects with health systems using the American College of Preventive Medicine prediabetes demonstration project as a model.



Exhibit A-1 Amendment #2

- 2.4.23. Implement and evaluate quality improvement and bi-directional referral projects with Rural Health Clinics.

3. Project Management

- 3.1. The Campus will only commence work on projects in Sections 2.3 and 2.4 upon the State's approval of a Project Work Plan for each project in Section 2.3 and 2.5 as follows:
- 3.1.1. The Campus will receive requests from the State for technical assistance and consultation services for each project listed in Section 2.3.
 - 3.1.2. The Campus will submit to the State for input on a Project Work Plan within five business days from the date of request in Section 3.1.1. Each Project Work Plan will include:
 - 3.1.2.1. Date of Project Work Plan
 - 3.1.2.2. Project Plan Dates
 - 3.1.2.3. Project Name
 - 3.1.2.4. Project Objective
 - 3.1.2.5. Background
 - 3.1.2.6. Actions/Summary of the Scope of Work as defined in a work plan, See Section 3.1.5
 - 3.1.2.7. Supervision and Management
 - 3.1.2.8. Deliverables
 - 3.1.2.9. Due Dates
 - 3.1.2.10. Project Budget showing line item expenses and total project cost.
 - 3.1.3. The State will provide the Campus input on the Project Work Plan within five (5) business days from the date of receipt in Section 3.1.2.
 - 3.1.4. The Campus will organize and facilitate a project kick-off meeting within five (5) days of the receipt of the State's input to the Project Work Plan in Section 3.1.3.



Exhibit A-1 Amendment #2

3.1.5. The Campus shall provide a scope of work plan/timeline for the State's input within five (5) days of the kick-off meeting that defines the project's scope of work. The scope of work plan/timeline shall include:

- 3.1.5.1. Milestones
- 3.1.5.2. Actions/Activities
- 3.1.5.3. Names of Staff who will complete the activities
- 3.1.5.4. Deliverables
- 3.1.5.5. Due dates
- 3.1.5.6. Reporting content and frequency (at least monthly)
- 3.1.5.7. Staffing requirements
- 3.1.5.8. Performance Measures

3.1.6. The State will provide input to the scope of work plan/timeline within five (5) days from receipt of the scope of work plan/timeline in Section

3.1.7. The Campus will submit for State approval within five (5) business days of receipt of the scope of work plan/timeline in Section 3.1.6, the final Project Work Plan in Section 3.1.2 and its corresponding scope of work plan/timeline in Section 3.1.5.

3.1.8. The Campus shall provide project management for each project requested by the State as follows:

- 3.1.8.1. Provide a written monthly progress report that provides at a minimum a summary of the key work performed during the monthly period; encountered and foreseeable key issues and problems; and scheduled work for the upcoming period including progress against the work plan.
- 3.1.8.2. Identify potential risks and issues and include a mitigation strategy for each, in the monthly progress report.
- 3.1.8.3. Provide the process for escalating issues that cannot be resolved at the project management level.
- 3.1.8.4. Be responsible for scheduling weekly project status meetings and providing notes and action items from the meetings to the Department within three (3) days from the date of the meeting.
- 3.1.8.5. Develop a communications plan to define frequency of check-in meetings, formal reviews, response times for return phone calls and emails.

[Handwritten Signature]



Exhibit A-1 Amendment #2

- 3:1.8.6. Provide type and schedule for required formal training, as needed.

4. General Requirements

- 4.1. **Renewal:** The State reserves the right to renew this contract for up to (2) two additional years, subject to continued availability of funds, satisfactory performance of services, and approval by the Governor and Executive Council.
- 4.2. The Department may renegotiate the terms and conditions of the contract in the event applicable local, state, or federal law, regulations or policy are altered from those existing at the time of the contract in order to be in continuous compliance therewith.
- 4.3. **Gratuities or Kickbacks:** The Campus agrees that it is a breach of this Project Agreement to accept or make a payment, gratuity or offer of employment on behalf of the Campus, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibits A₁ of this Cooperative Project Agreement. The State may terminate this Project Agreement and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Campus or Sub-Contractor.

KJ



**University of
New Hampshire**

**Sponsored Programs
Administration**

**51 College Road
Durham, NH 03824**

V: 603.862.4865

F: 603.862.3564

TTY: 7,1,1 (Relay NH)

January 3, 2019

**Harry D Lipman
NH Department of Health and Human Services
129 Pleasant Street
Concord, New Hampshire 03301**

Re: Acceptance of error in Amendment 2 to Project 2018-2019 NH IHOO (SS-2018-OMS-01-TECHN)

Dear Mr. Lipman,

This letter is confirming the University of New Hampshire recognizes there is a different label at the bottom of Exhibit A-1 for the above referenced project titled "2018-2019 New Hampshire Institute of Health Policy and Practice" and that UNH agrees the controlling document is Exhibit A-1 Amendment #2.

Best regards,

Karen Jensen

**Karen M Jensen
Manager, Research Administration**

Exhibit B-2 - Amendment #2

OMBP	Modified Total	Total Increase(Decrease)	Current TOTAL 7/1/17-6/30/19	Current SFY 2018 7/1/17-6/30/18	SFY 2018 Increase(Decrease) 7/1/17-6/30/18	Modified SFY 2018	Current SFY 2019 7/1/18-6/30/19	SFY 2019 Increase(Decrease)	Modified SFY 2019
Salaries and Wages	\$400,312	\$34,587	\$365,625	\$180,111	\$34,587	\$214,698	\$185,514	\$0	\$185,514
Employee Benefits	\$154,775	\$8,891	\$145,884	\$71,864	\$8,891	\$80,755	\$74,020	\$0	\$74,020
Travel	\$1,500	\$0	\$1,500	\$750	\$0	\$750	\$750	\$0	\$750
Equipment	\$0	\$0							
Supplies/Services	\$140,118	\$0	\$140,118	\$73,838	\$0	\$73,838	\$66,280	\$0	\$66,280
Administrative	\$104,490	\$4,522	\$97,968	\$48,924	\$6,522	\$35,306	\$48,924	\$0	\$48,924
SUBTOTAL	\$801,095	\$50,000	\$751,095	\$375,547	\$50,000	\$425,547	\$375,548	\$0	\$375,548
Medicaid HIT	Modified Total	Total Increase(Decrease)	TOTAL 7/1/17-6/30/19	FY 2018 7/1/17-6/30/18	SFY 2018 Increase(Decrease) 7/1/17-6/30/18	Modified SFY 2018	Current SFY 2019 7/1/18-6/30/19	SFY 2019 Increase(Decrease)	Modified SFY 2019
Salaries and Wages	\$318,109	\$0	\$318,109	\$156,704	\$0	\$156,704	\$161,405	\$0	\$161,405
Employee Benefits	\$126,926	\$0	\$126,926	\$62,525	\$0	\$62,525	\$64,401	\$0	\$64,401
Travel	\$25,000	\$0	\$25,000	\$12,500	\$0	\$12,500	\$12,500	\$0	\$12,500
Equipment									
Supplies/Services	\$886,541	\$0	\$886,541	\$446,559	\$0	\$446,559	\$439,982	\$0	\$439,982
Administrative	\$203,486	\$0	\$203,486	\$101,743	\$0	\$101,743	\$101,743	\$0	\$101,743
SUBTOTAL	\$1,560,062	\$0	\$1,560,062	\$780,031	\$0	\$780,031	\$780,031	\$0	\$780,031

Exhibit B-2 - Amendment #2

DP/IS	Modified Total	Total Increase/Decrease	Current TOTAL 7/1/17-6/30/19	Current SFY 2018 7/1/17-6/30/18	SFY 2018 Increase/Decrease 7/1/17-6/30/18	Modified SFY 2018	Current SFY 2019 7/1/18-6/30/19	SFY 2019 Increase/Decrease	Modified SFY 2019
Salaries and Wages	\$187,816	\$244,982	\$42,834	\$0	\$62,440	\$62,440	\$42,834	\$187,542	\$225,376
Employee Benefits	\$97,622	\$79,674	\$17,948	\$0	\$26,162	\$26,162	\$17,948	\$53,512	\$71,460
Travel	\$6,426	\$6,231	\$205	\$0	\$211	\$211	\$205	\$6,010	\$6,215
Equipment									
Supplies/Services	\$104,909	\$102,059	\$2,850	\$0	\$2,850	\$2,850	\$2,850	\$99,209	\$102,059
Facilities & Administrative Costs	\$74,516	\$64,940	\$9,576	\$0	\$13,749	\$13,749	\$9,576	\$51,191	\$60,767
SUBTOTAL	\$571,289	\$497,876	\$73,413	\$0	\$105,412	\$105,412	\$73,413	\$392,464	\$465,877
TOTAL	\$2,932,446	\$547,876	\$2,384,570	\$1,155,578	\$155,412	\$1,310,990	\$1,228,992	\$392,464	\$1,621,456



Jeffrey A. Meyers
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964
www.dbhs.nh.gov

May 17, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION:

Authorize the Department of Health and Human Services, Office of Medicaid Services and Division of Public Health to amend an existing sole source agreement with the University of New Hampshire, Institute for Health Policy and Practice, Durham, NH, (Vendor #92050) to design, develop, implement, maintain and support the operationalization of a population health claims based surveillance system that will support the planning and implementation and evaluation of projects related to chronic disease prevention, detection and management by increasing the price limitation by \$228,825 from \$2,311,157 to an amount not to exceed \$2,539,982, effective upon approval from the Governor and Executive Council with no change to the completion date of June 30, 2019. 100% Federal Funds.

The original contract was approved by Governor and Executive Council approval on June 21, 2017 (Item #11).

Funds are available in State Fiscal Years 2018 and 2019 with the ability to adjust amounts within the budgets and encumbrances between State Fiscal Years through the Budget Office without Governor and Executive Council approval, if needed and justified.

Please see attached financial detail.

EXPLANATION

This original agreement is sole source. The initial Cooperative Project Agreement between the Department of Health and Human Services and the University of New Hampshire, Institute for Health Policy (UNH) and Practice was approved on June 9, 1999 (Item No.49). Since then, the Department has worked with this Vendor for these services through numerous Cooperative Projects Agreements. The Institute for Health Policy and Practice (the Institute) and Department of Health and Human Services have a long history of working together productively on projects that result in the efficient use of State resources, and in a manner the Institute is uniquely qualified to provide. The Institute was created as part of the Master Agreement of Cooperative Projects in 2002.

Consistent with the provisions of the Master Agreement of Cooperative projects, this Cooperative Project Agreement was not competitively bid. The State, in cooperation with the University, established and supported the development of the Institute specifically for the purpose of providing the Department with this type of technical assistance and Medicaid Administration support. Furthermore, the Master Cooperative Agreement of Cooperative

Projects has been approved by the Centers for Medicare and Medicaid Services which allows the State to access federal funds in support of Medicaid related projects. As New Hampshire's State-supported University, and primary educational facility for health care workforce in the State, the University is uniquely qualified to assume this responsibility.

UNH will continue using Medicaid, Medicare, and Commercial claims data, as needed, to support the Medicaid program with special analysis of topics, as directed by the Office of Medicaid Services. UNH will also continue to manage the day-to-day operations of the Electronic Health Records (EHR) Incentive Program, which has to date been responsible for \$17 million dollars of federally funded incentive payments for provider adoption and use of electronic health record systems. UNH is responsible for maintaining operational compliance with federal regulations and maintains and hosts the Electronic Provider Incentive Payment System where providers apply for the program.

This amendment will allow the Institute to design, develop, implement, maintain and support the operationalization of a population health claims-based surveillance system that will inform the planning, implementation and evaluation of projects related to chronic disease prevention, detection and management. Additionally, it will enable the DHHS to request ad hoc claims-based reports to support the Division of Public Health Chronic Disease Section with program planning and evaluation. The Department will work with UNH to identify specific indicators of interest such as timeliness of provider follow-up to diagnostics after receiving an abnormal mammogram.

UNH will also assist the Department with planning and evaluating the health system focused strategies by providing support around conducting claims analysis internally, which includes defining metrics such as specific codes, numerators and denominators when developing specific reports that address issues such as variations in breast cancer screening diagnostics. UNH will analyze chronic disease indicators to assist the Department with evaluating and improving the Medicaid programs in New Hampshire.

The contract amendment also allows for the development of an alternative payment methodology that involves convening stakeholders, summarizing findings, and researching payment construct to inform an approach for future value based purchasing by the Department.

Should the Governor and Executive Council not authorize this request, the Department may be unable to receive the technical assistance and consultation services that UNH provides to the Department to establish and maintain a cost-effective health service delivery system for the New Hampshire Medicaid population.


Area to be served: Statewide.

Source of Funds: 100% Federal Funds.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

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

Respectfully submitted,




Henry D. Lipman
Medicaid Director



Lisa Morris
Director, Division of Public Health

Approved by:



Jeffrey A. Meyers
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

Denis Goulet
Commissioner

May 29, 2018

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

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a sole source contract amendment with the University of New Hampshire (UNH), Institute for Health Policy and Practice of Durham, NH as described below and referenced as DoIT No. 2018-028A.

DHHS requests to execute a contract amendment with UNH, Institute for Health Policy and Practice. The Institute will design, develop, implement, maintain and support a population health claims surveillance system that will inform the planning, implementation and evaluation of projects related to chronic disease prevention, detection and management.

The amount of the contract will increase by \$228,826 from \$2,311,157 to \$2,539,983 effective upon Governor and Executive Council approval through June 30, 2019.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

Denis Goulet

DG/ik
DoIT #2018-028A

cc: Bruce Smith, IT Manager, DoIT

Medicaid Electronic Health Record Program and Adult Medicaid Quality Measures Support

Financial Detail

05-95-47-470010-7937 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, MEDICAID ADMINISTRATION						
CFDA # 93.778		50% Federal Funds & 50% General Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	47002000	\$375,547	\$50,000	\$425,547
2019	102/500731	Contracts for Program Services	47002000	\$375,548	\$0	\$375,548
Sub-total				\$751,095	\$50,000	\$801,095

05-95-47-470010-7946 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, ELECTRONIC HEALTH RECORDS						
CFDA # 93.809		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	47001600	\$780,031	\$0	\$780,031
2019	102/500731	Contracts for Program Services	47001600	\$780,031	\$0	\$780,031
Sub-total				\$1,560,062	\$0	\$1,560,062

010-95-90-901010-53620000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY & PERFORMANCE, PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE						
CFDA # 93.758		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90001037	\$0	\$38,413	\$38,413
2019	102/500731	Contracts for Program Services	90001037	\$0	\$38,412	\$38,412
Sub-total				\$0	\$76,825	\$76,825

010-95-90-902010-12270000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMBINED CHRONIC DISEASE						
CFDA # 93.757		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90017317	\$0	\$32,000	\$32,000
Sub-total				\$0	\$32,000	\$32,000

010-95-90-902010-56590000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF COMMUNITY AND HEALTH SERVICES, COMPREHENSIVE CANCER						
CFDA # 93.758		100% Federal Funds				
State Fiscal Year	Class / Account	Class Title	Activity Code	Budget Amount	Increase/ (Decrease) Amount	Revised Budget Amount
2018	102/500731	Contracts for Program Services	90009051	\$0	\$35,000	\$35,000
2019	102/500731	Contracts for Program Services	90009051	\$0	\$35,000	\$35,000
Sub-total				\$0	\$70,000	\$70,000

Grand Total				\$2,311,157	\$228,825	\$2,539,982
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AMENDMENT #1 to
COOPERATIVE PROJECT AGREEMENT
between the

STATE OF NEW HAMPSHIRE, Department of Health and Human Services
and the

University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

The Cooperative Project Agreement, approved by the State of New Hampshire Governor and Executive Council on 6/21/17, item # 11, for the Project titled "2018-2019 New Hampshire Institute of Health Policy and Practice (SS-2018-OMS-01-TECHN)," Campus Project Director, Josephine Porter, is and all subsequent properly approved amendments are hereby modified by mutual consent of both parties for the reason(s) described below:

Purpose of Amendment (Choose all applicable items):

- ☐ Extend the Project Agreement and Project Period end date, at no additional cost to the State.
- ☒ Provide additional funding from the State for expansion of the Scope of Work under the Cooperative Project Agreement.
- ☐ Other:

Therefore, the Cooperative Project Agreement is and/or its subsequent properly approved amendments are amended as follows (Complete only the applicable items):

- Article A. is revised to replace the State Department name of _____ with _____ and/or USNH campus from _____ to _____
- Article B. is revised to replace the Project End Date of _____ with the revised Project End Date of _____, and Exhibit A, article B is revised to replace the Project Period of _____ - _____ with _____ - _____
- Article C. is amended to expand Exhibit A by including the proposal titled, " _____," dated _____
- Article D. is amended to change the State Project Administrator to _____ and/or the Campus Project Administrator to Susan Sosa.
- Article E. is amended to change the State Project Director to _____, and/or the Campus Project Director to _____
- Article F. is amended to add funds in the amount of \$228,825 and will read:
Total State funds in the amount of \$2,539,982 have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.
- Article F. is amended to change the cost share requirement and will read:
Campus will cost-share _____ % of total costs during the amended term of this Project Agreement.
- Article F. is amended to change the source of Federal funds paid to Campus and will read:
Federal funds paid to Campus under this Project Agreement as amended are from Grant/Contract/Cooperative Agreement No. _____ from _____ under CFDA# _____. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New

Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as revised Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

- Article G. is exercised to amend Article(s) of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, as follows:

Article is amended in its entirety to read as follows:

Article is amended in its entirety to read as follows:

- Article H. is amended such that:

- ☐ State has chosen not to take possession of equipment purchased under this Project Agreement.
- ☐ State has chosen to take possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

- ☒ Exhibit A is amended as attached.

- ☐ Exhibit B is amended as attached.

All other terms and conditions of the Cooperative Project Agreement remain unchanged.

This Amendment, all previous Amendments, the Cooperative Project Agreement, and the Master Agreement constitute the entire agreement between State and Campus regarding the Cooperative Project Agreement, and supersede and replace any previously existing arrangements, oral and written; further changes herein must be made by written amendment and executed for the parties by their authorized officials.

This Amendment and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire or other authorized officials approve this Amendment to the Cooperative Project Agreement.

IN WITNESS WHEREOF, the following parties agree to this Amendment # to the Cooperative Project Agreement.

By An Authorized Official of:

University of New Hampshire

Name: Louise Griffin

Title: Sr. Dir. Research & Sponsored Programs

Signature and Date: Louise Griffin 4/25/18

By An Authorized Official of: the New
Hampshire Office of the Attorney General

Name: Rebecca W. Ross

Title: Senior Assistant Attorney General

Signature and Date: R. W. Ross 5/15/18

By An Authorized Official of:

Department of Health & Human Services

Name: Henry D. Lipman

Title: Director

Signature and Date: Henry D. Lipman 5/10/18

By An Authorized Official of: the New
Hampshire Governor & Executive Council

Name:

Title:

Signature and Date:

EXHIBIT A

- A. **Project Title:** Delete Exhibit A-1. Add Exhibit A-1, Amendment #1
- B. **Project Period:** July 1, 2017 through June 30, 2019
- C. **Objectives:** Delete Exhibit A-1. Add Exhibit A-1, Amendment #1
- D. **Scope of Work:** See attached Exhibit A-1, Amendment #1
- E. **Deliverables Schedule:** Delete Exhibit A-1 and replace with attached Exhibit A-1, Amendment #1. Delete Exhibit K, DHHS INFORMATION SECURITY REQUIREMENTS and Exhibit K, DHHS Information Security Requirements (V.4 Last Update 04.04.2018)
- F. **Budget and Invoicing Instructions:** Delete Exhibit B-2 and replace with attached Exhibit B-2 - Amendment #1



Exhibit A-1 Amendment #1

Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.2. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019.

2. Scope of Services

- 2.1. Project Title: 2018-2019 New Hampshire Institute of Health Policy and Practice
- 2.2. Objectives: The University of New Hampshire, Institute of Health Policy and Practice (hereafter referred to as the Campus) will provide support to the Department of Health and Human Services (hereinafter referred to as the State) to:
 - 2.2.1. Establish and maintain a health services delivery system for the New Hampshire Medicaid population within federal, state, and local laws, rules and policies; and
 - 2.2.2. Administer the incentive program for Medicaid's Health Information Technology (HIT).
 - 2.2.3. Establish and maintain a population health surveillance system focused on chronic disease prevention and management using claims data to support the Department in planning and evaluating program strategies.
- 2.3. The Campus will provide support to the Department's objectives defined in Section 2.2 above, by the provision of technical assistance and consultation services for the following:
 - 2.3.1. Ongoing projects such as but not limited to:
 - 2.3.1.1. Analysis of Medicaid business operations, industry practices, policy and rate setting recommendations.
 - 2.3.1.2. Assessment of cost-effectiveness and budget impact of different care options.
 - 2.3.1.3. Performance of project work plans for surveys.
 - 2.3.1.4. Actuarial and financial analysis.



Exhibit A-1 Amendment #1

- 2.3.1.5. Medical coding reviews and updates.
- 2.3.1.6. Policy analysis.
- 2.3.1.7. Population-based health care data and standardized datasets on health care cost and quality for long term care populations.
- 2.3.1.8. Support for the Medicaid Quality Information System (MQIS).
- 2.3.1.9. Program evaluation and support services necessary to implement the budget initiatives effective July 1 for each year.
- 2.3.1.10. Provide project management, system maintenance and modification for the New Hampshire Medicaid Electronic Health Record (EHR) Program.
- 2.3.1.11. Analysis of chronic disease indicators and provision of consultation and technical assistance that will inform the Department's planning and implementation of quality improvement processes.
- 2.3.2. Specialty Projects such as but not limited to:
 - 2.3.2.1. Department initiatives related to the delivery of substance use disorder prevention, treatment and recovery services, including understanding prescribing patterns for opioid in the Medicaid program.
 - 2.3.2.2. Compliance education and technical assistance related to Medicaid Care Management inclusive of the development of an Alternative Payment Methodology (APM) strategy development that involves convening stakeholders and summarizing the findings of those meetings, along with other research about APM strategy in NH and across the country, to assist in the development of the APM strategy and to inform the DHHS MCM re-procurement process.
 - 2.3.2.3. Issues and Costs Analysis for the New Hampshire Health Protection Plan
 - 2.3.2.4. Analysis of the employment characteristics of the Medicaid expansion population
 - 2.3.2.5. Preparation for the renewal of the Choices for Independence (CFI) waiver.
- 2.3.3. Other Projects as requested by the State that support the Objectives in Section 2.2.



Exhibit A-1 Amendment #1

2.4. The Campus will provide at a minimum the following activities as applicable for each project in Section 2.3:

- 2.4.1. Provide economic analysis of historical years of Medicaid enrollment data to determine appropriate indicators (incorporating medical costs and enrollment factors) for use in SFY 2018—2019 ongoing expense projection analysis and SFY 2020 – 2021 budget development.
- 2.4.2. Research and analyze selected policy and program issues as requested; participate/contribute on associated workgroups and project teams.
- 2.4.3. Collaborate on health care projects of mutual interest that further State budget initiatives, including preparation of joint funding requests.
- 2.4.4. Participate in survey work and technical assistance necessary to achieve budget initiatives, as requested.
- 2.4.5. Provide administrative support and technical assistance for Medicaid provider outreach and training, including registration, evaluation, webinars and material production for webpage postings.
- 2.4.6. Support legal and policy analysis as needed by the State, including assisting the State in the analysis of States changes necessary to comply with the Medicaid Managed Care Rules.
- 2.4.7. Assist the State in maintaining and expanding activities to support MQIS. This includes working with the UNH Research Computing Center to maintain and modify the MQIS website, including meta data system, submission infrastructure, reporting system, public and administrative views, and maintenance of server hardware and software.
- 2.4.8. At the request of and the approval of the State, provide analytic datasets and/or preliminary analysis for applications for New Hampshire Comprehensive Health Care Information System (CHIS) data approved for Campus;
- 2.4.9. Research and recommend ways to improve the collection and release of claims data sets by identifying potential ways to improve the health data for NH. Coordinate with National Association of Health Data Organizations and other states about any proposed changes to national health data standards. If necessary, build business case and related Data Maintenance or Change Request for the appropriate Data Standards Maintenance Organization (e.g. ANSI ASC X12, NUBC);
- 2.4.10. Analyze insurance health plan type (e.g., private, Medicaid and



Exhibit A-1 Amendment #1

Medicare) by variations in health risk factors and conditions (e.g., smoking, chronic diseases, and by age/income, and geography) to develop a profile of the risk factors and prevalence of chronic disease in the Medicaid population, presuming Medicaid sponsors and adds insurance questions to New Hampshire Behavioral Risk Factor Surveillance System (NH BRFSS);

- 2.4.11. Support ongoing analysis of Medicaid and other data.
- 2.4.12. Provide population-based health care data and standardized datasets on health care cost and quality for long-term care populations.
- 2.4.13. Work with State staff to add updated years of Medicare eligibility, claims, and provider files from CMS.
- 2.4.14. Work with the State to finalize an analytic plan for the NH Medicare data.
- 2.4.15. Analyze Medicare claims, eligibility, and provider files according to the agreed upon analytic plan found in the Project Work Plan in Section 3.
- 2.4.16. Assist the Department with integration of Medicare and Medicaid data into the CHIS.
- 2.4.17. Administer the Medicaid electronic health record incentive program as follows:
 - 2.4.17.1. Develop program policies and procedures;
 - 2.4.17.2. Administer day-to-day Medicaid EHR Incentive Program operations; (provide Help Desk support; conduct pre-payment verifications; query Medicaid claims databases; coordinate with State personnel to query CMS databases; process payments in conjunction with the Department's Finance team; incorporate Stage 1, Stage 2, and any future Stage or regulatory changes to adopt, implement, upgrade, and meaningful use criteria into the State registration and attestation system; and update user documents);
 - 2.4.17.3. Oversee sub-contractor efforts to support, deploy, and maintain the State registration and attestation system software and hardware;
 - 2.4.17.4. Coordinate with the State Department of Information Technology in support of program operations;
 - 2.4.17.5. Provide support to the State Office of Improvement and Integrity in support of provider audits;



Exhibit A-1 Amendment #1

- 2.4.17.6. Provide monthly system status updates to State;
- 2.4.17.7. Provide outreach to New Hampshire's providers and professional medical associations;
- 2.4.17.8. Update and maintain on an ongoing basis the Medicaid EHR website;
- 2.4.17.9. Conduct environmental scans and gap analyses on an ongoing basis;
- 2.4.17.10. Analyze provider EHR adoption, incentive program participation, and attainment of meaningful use criteria;
- 2.4.17.11. Prepare State Medicaid Health Information Technology Plan and Implementation Advanced Planning Document updates and quarterly and annual reports for Centers for Medicare and Medicaid Services (CMS) and assist the Department in filing of federal claiming reports for CMS;
- 2.4.17.12. Provide monthly program progress status reports for the State Medicaid senior management team;
- 2.4.17.13. Coordinate with other states as needed to prepare reports and solicit provider claims data;
- 2.4.17.14. Attend EHR conferences and stakeholder meetings and participate as need in Health Information Exchange and Public Health meaningful use meetings; and
- 2.4.17.15. Research, develop, and implement other key program components as requested by the Department.
- 2.4.18. Analyze chronic disease indicators and provide consultation and technical assistance to inform the Department's planning and implementation of quality improvement processes. Investigate the feasibility of specific reports, including but not limited to:
 - 2.4.18.1. Prevalence, utilization, cost and prevention services for adults with prediabetes, diabetes and hypertension.
 - 2.4.18.2. Medication adherence data for diabetes and hypertension.
 - 2.4.18.3. Diabetes Self-Management Education (DSME) utilization by payer and, associated health outcomes.
 - 2.4.18.4. Determine diabetes screening rates among different insured populations.
 - 2.4.18.5. Analyze cardiac rehabilitation utilization, by payer and population.
 - 2.4.18.6. Cancer screening and early detection cycle (e.g.,



Exhibit A-1 Amendment #1

screening, diagnostics and treatment initiation) variation.

- 2.4.18.7. Provide preliminary analysis of NH CHIS data for other chronic health conditions.
- 2.4.19. Analyze insurance health plan types (e.g. private, Medicaid and Medicare) by variation in health services with a focus on preference sensitive chronic disease prevention, screening and management services in specific populations.
- 2.4.20. Research and recommend ways to improve the collection and release of claims data sets by identifying potential ways to improve the health data of NH to support chronic disease surveillance.
- 2.4.21. Coordinate with the National Association of Health Data Organizations and other states about proposed changes to national health data standards. If necessary, build business case and related Data Maintenance or Change Request for the appropriate Data Standards Maintenance Organization (e.g. ANSI ASC X12, NUBC)

3. Project Management

3.1. The Campus will only commence work on projects in Sections 2.3 and 2.4 upon the State's approval of a Project Work Plan for each project in Section 2.3 and 2.5 as follows:

- 3.1.1. The Campus will receive requests from the State for technical assistance and consultation services for each project listed in Section 2.3.
- 3.1.2. The Campus will submit to the State for input on a Project Work Plan within five business days from the date of request in Section 3.1.1. Each Project Work Plan will include:
 - 3.1.2.1. Date of Project Work Plan
 - 3.1.2.2. Project Plan Dates
 - 3.1.2.3. Project Name
 - 3.1.2.4. Project Objective
 - 3.1.2.5. Background
 - 3.1.2.6. Actions/Summary of the Scope of Work as defined in a work plan, See Section 3.1.5
 - 3.1.2.7. Supervision and Management
 - 3.1.2.8. Deliverables
 - 3.1.2.9. Due Dates
 - 3.1.2.10. Project Budget showing line item expenses and total



Exhibit A-1 Amendment #1

project cost.

- 3.1.3. The State will provide the Campus input on the Project Work Plan within five (5) business days from the date of receipt in Section 3.1.2.
- 3.1.4. The Campus will organize and facilitate a project kick-off meeting within five (5) days of the receipt of the State's input to the Project Work Plan in Section 3.1.3.
- 3.1.5. The Campus shall provide a scope of work plan/timeline for the State's input within five (5) days of the kick-off meeting that defines the project's scope of work. The scope of work plan/timeline shall include:
 - 3.1.5.1. Milestones
 - 3.1.5.2. Actions/Activities
 - 3.1.5.3. Names of Staff who will complete the activities
 - 3.1.5.4. Deliverables
 - 3.1.5.5. Due dates
 - 3.1.5.6. Reporting content and frequency (at least monthly)
 - 3.1.5.7. Staffing requirements
 - 3.1.5.8. Performance Measures
- 3.1.6. The State will provide input to the scope of work plan/timeline within five (5) days from receipt of the scope of work plan/timeline in Section 3.1.5.
- 3.1.7. The Campus will submit for State approval within five (5) business days of receipt of the scope of work plan/timeline in Section 3.1.6, the final Project Work Plan in Section 3.1.2 and its corresponding scope of work plan/timeline in Section 3.1.5.
- 3.1.8. The Campus shall provide project management for each project requested by the State as follows:
 - 3.1.8.1. Provide a written monthly progress report that provides at a minimum a summary of the key work performed during the monthly period; encountered and foreseeable key issues and problems; and scheduled work for the upcoming period including progress against the work plan.
 - 3.1.8.2. Identify potential risks and issues and include a mitigation strategy for each, in the monthly progress report.
 - 3.1.8.3. Provide the process for escalating issues that cannot be



Exhibit A-1 Amendment #1

resolved at the project management level.

- 3.1.8.4. Be responsible for scheduling weekly project status meetings and providing notes and action items from the meetings to the Department within three (3) days from the date of the meeting.
- 3.1.8.5. Develop a communications plan to define frequency of check-in meetings, formal reviews, response times for return phone calls and emails.
- 3.1.8.6. Provide type and schedule for required formal training, as needed.

4. General Requirements

- 4.1. Renewal: The State reserves the right to renew this contract for up to (2) two additional years, subject to continued availability of funds, satisfactory performance of services, and approval by the Governor and Executive Council.
- 4.2. The Department may renegotiate the terms and conditions of the contract in the event applicable local, state, or federal law, regulations or policy are altered from those existing at the time of the contract in order to be in continuous compliance therewith.
- 4.3. Gratuities or Kickbacks: The Campus agrees that it is a breach of this Project Agreement to accept or make a payment, gratuity or offer of employment on behalf of the Campus, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibits A of this Cooperative Project Agreement. The State may terminate this Project Agreement and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Campus or Sub-Contractor.

Exhibit B-2 - Amendment #1

OMB	Modified Total	Total Increase/(Decrease)	Current TOTAL 7/1/17-6/30/19	Current SFY 2018 7/1/17-6/30/18	SFY 2018 Increase/(Decrease) 7/1/17-06/30/18	Modified SFY 2018	Current SFY 2019 7/1/18-6/30/19	SFY 2019 Increase/(Decrease)	Modified SFY 2019
Salaries and Wages	\$400,112	\$34,587	\$365,625	\$180,111	\$34,587	\$214,698	\$185,514	\$0	\$185,514
Employee Benefits	\$154,775	\$8,891	\$145,884	\$71,864	\$8,891	\$80,755	\$74,020	\$0	\$74,020
Travel	\$1,500	\$0	\$1,500	\$750	\$0	\$750	\$750	\$0	\$750
Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies/Services	\$140,118	\$0	\$140,118	\$73,838	\$0	\$73,838	\$66,280	\$0	\$66,280
Administrative	\$104,490	\$6,522	\$97,968	\$48,984	\$6,522	\$55,506	\$48,984	\$0	\$48,984
TOTAL	\$801,095	\$50,000	\$751,095	\$375,547	\$50,000	\$425,547	\$375,548	\$0	\$375,548
Modified MIT	Modified Total	Total Increase/(Decrease)	TOTAL 7/1/17-6/30/19	FY 2018 7/1/17-6/30/18	SFY 2018 Increase/(Decrease) 7/1/17-06/30/18	Modified SFY 2018	FY 2019 7/1/18-6/30/19		
Salaries and Wages	\$318,109	\$0	\$318,109	\$156,704	\$0	\$156,704	\$161,405		
Employee Benefits	\$126,926	\$0	\$126,926	\$62,525	\$0	\$62,525	\$64,401		
Travel	\$25,000	\$0	\$25,000	\$12,500	\$0	\$12,500	\$12,500		
Equipment									
Supplies/Services	\$885,541	\$0	\$885,541	\$446,559	\$0	\$446,559	\$439,982		
Administrative	\$203,486	\$0	\$203,486	\$101,743	\$0	\$101,743	\$101,743		

Exhibit B-2 - Amendment #1

DPHS	Modified Total	Total Increase/Decrease	Current TOTAL 7/1/17-6/30/19	Current SFY 2018 7/1/17-6/30/18	SFY 2018 Increase/Decrease 7/1/17-6/30/18	Modified SFY 2018	Current SFY 2019 7/1/18-6/30/19	SFY 2019 Increase/Decrease	Modified SFY 2019
Salaries and Wages	\$105,274	\$105,274	\$0	\$0	\$62,440	\$62,440	\$0	\$62,834	\$62,834
Employee Benefits	\$44,110	\$44,110	\$0	\$0	\$26,162	\$26,162	\$0	\$17,943	\$17,943
Travel	\$416	\$416	\$0	\$0	\$211	\$211	\$0	\$205	\$205
Equipment									
Supplies/Services	\$3,700	\$3,700	\$0	\$0	\$2,850	\$2,850	\$0	\$2,850	\$2,850
Facilities Administrative Costs	\$23,325	\$23,325	\$0	\$0	\$13,749	\$13,749	\$0	\$9,576	\$9,576
TOTAL	\$178,825	\$178,825	\$0	\$0	\$105,412	\$105,412	\$0	\$73,413	\$73,413

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data, and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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Exhibit K

DHHS Information Security Requirements



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a


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DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA :

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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DHHS Information Security Requirements



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

[Signature]
4/25/18

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whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

[Signature]
4/25/18

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

New Hampshire Department of Health and Human Services


Exhibit K

DHHS Information Security Requirements



the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doh/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.


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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections, to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

- 1. Identify Incidents;
- 2. Determine if personally identifiable information is involved in Incidents;
- 3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
- 4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

[Signature]
4/25/18

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy Issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacyOfficer@dhhs.nh.gov



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID SERVICES

Jeffrey A. Meyers
Commissioner

Deborah H. Foorster
Medicaid Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-853-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-1964 www.dhhs.nh.gov

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Medicaid Services to enter into a sole source Agreement with the University of New Hampshire, Institute for Health Policy and Practice, Durham, NH, (vendor number 92050) to provide technical assistance and consultation services to the Department to establish and maintain a health services delivery system for the New Hampshire Medicaid population and to administer the incentive program for Medicaid's Health Information System, in the amount of \$2,311,157 effective July 1, 2017 or the date of Governor and Executive Council approval, whichever is later, through June 30, 2019. This two-year Cooperative Project shall be carried out under the terms and conditions of the Master Agreement of Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified in this Cooperative Project Agreement. 77% Federal Funds, 23% General Funds.

Funds are anticipated to be available in State Fiscal Years 2018 and 2019 upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust amounts within the budgets and encumbrances between State Fiscal Years through the Budget Office without Governor and Executive Council approval, if needed and justified.

05-95-47-470010-7937 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF,
HHS: MEDICAID & BUS PLCY OFC, OFF. OF MEDICAID & BUS. POLICY, MEDICAID
ADMINISTRATION

State Fiscal Year	Class / Account	Class Title	Budget Amount
2018	102/500731	Contracts for Program Services	\$375,547
2019	102/500731	Contracts for Program Services	\$375,548
		Subtotal	\$751,095

**05-95-47-470010-7945 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVS DEPT OF HHS:
MEDICAID & BUS PLCY OFC, OFF. OF MEDICAID & BUS. POLICY, ELECTRONIC HEALTH
RECORDS**

State Fiscal Year	Class / Account	Class Title	Budget Amount
2018	102/500731	Contracts for Program Services	\$780,031
2019	102/500731	Contracts for Program Services	\$780,031
		Subtotal	\$1,560,062
		Grand Total	\$2,311,157

EXPLANATION

This is a sole source request. The Initial Cooperative Project Agreement between the Department of Health and Human Services and the University of New Hampshire, Institute for Health Policy and Practice was approved on June 9, 1999 (Item No.49). Since then, the Department has worked with this Vendor for these services through numerous Cooperative Projects Agreements. The Institute for Health Policy and Practice (the Institute) and Department of Health and Human Services have a long history of working together productively on projects that result in the efficient use of State resources, and in a manner the Institute is uniquely qualified to provide. The Institute was created as part of the Master Agreement of Cooperative Projects in 2002. Consistent with the provisions of the Master Agreement of Cooperative projects, this Cooperative Project Agreement was not competitively bid. The State, in cooperation with the University, established and supported the development of the Institute specifically for the purpose of providing the Department with this type of technical assistance and Medicaid Administration support. Furthermore, the Master Cooperative Agreement of Cooperative Projects has been approved by the Centers for Medicare and Medicaid Services which allows the State to access federal funds in support of Medicaid related projects. As New Hampshire's State-supported University, and primary educational facility for the health care workforce in the State, the University is uniquely qualified to assume this responsibility.

Under this Agreement, the Institute will provide technical assistance and consultation services to the Department to establish and maintain a health services delivery system for the New Hampshire Medicaid population and to administer the incentive program for Medicaid's Health Information System. The services include, but are not limited to, analysis of Medicaid business operations, industry practices, policy and rate setting recommendations, assessment of cost-effectiveness and budget impact of different care options, actuarial and financial analysis, policy analysis, program evaluations, and project management. Additionally the Institute will continue maintaining and operating the specialized information technology system needed to operate the Medicaid Electronic Health Records incentive program for New Hampshire's eligible healthcare professionals and hospitals.

Over the course of the past two (2) years, the Institute has successfully addressed the core activities identified in the Cooperative Project Agreement State Fiscal Years 2016-2017. This partnership has resulted in the accomplishment of a number of key deliverables such as performing assessments of cost-effectiveness and budget impact of different care options; and performance task orders for surveys, actuarial and financial analysis, medical coding reviews/updates, policy analysis, provision of care populations and other Medicaid analytic projects and program evaluations or support services that were necessary to implement State Fiscal Year 2016 and SFY 2017 budget initiatives. The Institute also developed performance measures and reporting needs of the Adult Medicaid Quality (AMQ) Grant through December 20, 2015. The Institute supports the project management and the system maintenance and modifications of the Medicaid Quality Information System (MQIS) and Medicaid Quality website.

The Institute also assisted with the continued modification (due to Centers for Medicare and Medicaid Services regulatory changes) and administration of the Medicaid Electronic Health Record Incentive Program. The Institute provided project management, system maintenance and modification of the Electronic Health Record Program. This includes development of program policies and procedures, administration of day-to-day Medicaid Electronic Health Record Incentive Program operations and oversight for sub-contractor efforts to support, deploy, and maintain the State's registration and attestation system software and hardware.

This Agreement, as referenced in Exhibit A-1, includes the option to extend the Agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

Language in the Agreement provides that, notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 and SFY 2020-2021 biennium.

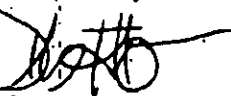
Should the Governor and Executive Council not authorize this request, the Department may be unable to receive the technical assistance and consultation services that UNH provides to the Department to establish and maintain a health services delivery system for the New Hampshire Medicaid population. The Department may also be unable to administer the incentive program for Medicaid's Health Information System.

Area to be served: Statewide.

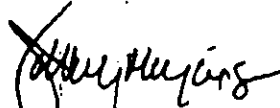
Source of Funds: 23% General funds and 77% Federal funds.

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

Respectfully submitted,



Deborah H. Fournier
Director



Approved by: Jeffrey A. Meyers
Commissioner



Denis Goulet
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY

27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doit

June 5, 2017

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

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a sole source contract with the University of New Hampshire (UNH), Institute for Health Policy and Practice of Durham, NH as described below and referenced as DoIT No. 2018-028.

The Department of Health and Human Services requests to execute an contract agreement with the University of New Hampshire, Institute for Health Policy and Practice to provide technical assistance and consultation services to the Department for establishing and maintaining a health service delivery system for the New Hampshire Medicaid population within federal, state, and local laws, rules and policies. UNH will also administer the Incentive program for Medicaid's Health Information Technology System (HIT).

The amount of the contract is \$2,311,157.00, and shall become effective upon Governor and Executive Council approval through June 30, 2019.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

Denis Goulet

DG/kaf
DoIT #2018-028

cc: Bruce Smith, IT Manager, DoIT

COOPERATIVE PROJECT AGREEMENT

between the

STATE OF NEW HAMPSHIRE, Department of Health and Human Services

and the

University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

- A. This Cooperative Project Agreement (hereinafter "Project Agreement") is entered into by the State of New Hampshire, Department of Health and Human Services, (hereinafter "State"), and the University System of New Hampshire, acting through University of New Hampshire, (hereinafter "Campus"), for the purpose of undertaking a project of mutual interest. This Cooperative Project shall be carried out under the terms and conditions of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified herein.
- B. This Project Agreement and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire approve this Project Agreement ("Effective date") and shall end on 6/30/19. If the provision of services by Campus precedes the Effective date, all services performed by Campus shall be performed at the sole risk of Campus and in the event that this Project Agreement does not become effective, State shall be under no obligation to pay Campus for costs incurred or services performed; however, if this Project Agreement becomes effective, all costs incurred prior to the Effective date that would otherwise be allowable shall be paid under the terms of this Project Agreement.
- C. The work to be performed under the terms of this Project Agreement is described in the proposal identified below and attached to this document as Exhibit A, the content of which is incorporated herein as a part of this Project Agreement.

Project Title: 2018-2019 New Hampshire Institute of Health Policy and Practice (SS-2018-OMS-01-TECHN)

- D. The Following Individuals are designated as Project Administrators. These Project Administrators shall be responsible for the business aspects of this Project Agreement and all invoices, payments, project amendments and related correspondence shall be directed to the individuals so designated.

State Project Administrator

Name: Valerie Brown
Address: Department of Health and Human Svcs
129 Pleasant Street
Concord, NH 03301

Phone: 603-271-9498

Campus Project Administrator

Name: Dianne Hall
Address: University of New Hampshire
Sponsored Programs Administration
51 College Rd. Rm 116
Durham, NH 03824

Phone: 603-862-1942

- E. The Following Individuals are designated as Project Directors. These Project Directors shall be responsible for the technical leadership and conduct of the project. All progress reports, completion reports and related correspondence shall be directed to the individuals so designated.

State Project Director

Name: Deborah Fournier
Address: Department of Health and Human Svcs
129 Pleasant Street
Concord, NH 03301

Phone: 603-271-9434

Campus Project Director

Name: Josephine Porter
Address: University of New Hampshire
Deputy Director - NHIHPP
Hewitt Hall Rm 201
Durham, NH 03824

Phone: 603-862-2964

- F. Total State funds in the amount of \$2,311,157 have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

Check if applicable

☐ Campus will cost-share % of total costs during the term of this Project Agreement.

- ☒ Federal funds paid to Campus under this Project Agreement are from Grant/Contract/Cooperative Agreement No. _____ from Centers of Medicare and Medicaid under CFDA# 93.778. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

G. Check if applicable

☐ Article(s) _____ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002 is/are hereby amended to read:

- H. ☒ State has chosen not to take possession of equipment purchased under this Project Agreement.
☐ State has chosen to take possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

This Project Agreement and the Master Agreement constitute the entire agreement between State and Campus regarding this Cooperative Project, and supersede and replace any previously existing arrangements, oral or written; all changes herein must be made by written amendment and executed for the parties by their authorized officials.

IN WITNESS WHEREOF, the University System of New Hampshire, acting through the University of New Hampshire and the State of New Hampshire, have executed this Project Agreement.

By An Authorized Official of:

University of New Hampshire

Name: Karen M. Jensen

Title: Manager, Sponsored Programs Administration

Signature and Date:

[Signature] 5/22/17

By An Authorized Official of: the New

Hampshire Office of the Attorney General

Name: John Contro

Title: Asst. Atty. Gen.

Signature and Date:

[Signature] 5/15/17

By An Authorized Official of:

Department of Health and Human Svcs

Name: Deborah Fournier

Title: Director

Signature and Date:

[Signature] 5/24/17

By An Authorized Official of: the New

Hampshire Governor & Executive Council

Name:

Title:

Signature and Date:

EXHIBIT A

- A. Project Title:** See Exhibit A-1
- B. Project Period:** July 1, 2017 through June 30, 2019
- C. Objectives:** See Exhibit A-1
- D. Scope of Work:** See Exhibit A-1 Scope of Services, See Standard Exhibit I Business Associate Agreement, and See Exhibit K DHHS INFORMATION SECURITY REQUIREMENTS. Please note Exhibits C through H, and Exhibit J are Reserved.
- E. Deliverables Schedule:** See Exhibit A-1
- F. Budget and Invoicing Instructions:** See Exhibit B-1 and B-2

EXHIBIT B

This Project Agreement is funded under a Grant/Contract/Cooperative Agreement to State from the Federal sponsor specified in Project Agreement article F. All applicable requirements, regulations, provisions, terms and conditions of this Federal Grant/Contract/Cooperative Agreement are hereby adopted in full force and effect to the relationship between State and Campus, except that wherever such requirements, regulations, provisions and terms and conditions differ for INSTITUTIONS OF HIGHER EDUCATION, the appropriate requirements should be substituted (e.g., OMB Circulars A-21 and A-110, rather than OMB Circulars A-87 and A-102). References to Contractor or Recipient in the Federal language will be taken to mean Campus; references to the Government or Federal Awarding Agency will be taken to mean Government/Federal Awarding Agency or State or both, as appropriate.

Special Federal provisions are listed here: ☒ None or



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.2. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019.

2. Scope of Services

- 2.1. Project Title: 2018-2019 New Hampshire Institute of Health Policy and Practice
- 2.2. Objectives: The University of New Hampshire, Institute of Health Policy and Practice (hereafter referred to as the Campus) will provide support to the Department of Health and Human Services (hereinafter referred to as the State) to:
 - 2.2.1. Establish and maintain a health services delivery system for the New Hampshire Medicaid population within federal, state, and local laws, rules and policies; and
 - 2.2.2. Administer the incentive program for Medicaid's Health Information Technology (HIT).
- 2.3. The Campus will provide support to the Department's objectives defined in Section 2.2 above, by the provision of technical assistance and consultation services for the following:
 - 2.3.1. Ongoing projects such as but not limited to:
 - 2.3.1.1. Analysis of Medicaid business operations, industry practices, policy and rate setting recommendations.
 - 2.3.1.2. Assessment of cost-effectiveness and budget impact of different care options.
 - 2.3.1.3. Performance of project work plans for surveys.



Exhibit A-1

- 2.3.1.4. Actuarial and financial analysis.
- 2.3.1.5. Medical coding reviews and updates.
- 2.3.1.6. Policy analysis.
- 2.3.1.7. Population-based health care data and standardized datasets on health care cost and quality for long term care populations.
- 2.3.1.8. Support for the Medicaid Quality Information System (MQIS).
- 2.3.1.9. Program evaluation and support services necessary to implement the budget initiatives effective July 1 for each year.
- 2.3.1.10. Provide project management, system maintenance and modification for the New Hampshire Medicaid Electronic Health Record (EHR) Program.
- 2.3.2. Specialty Projects such as but not limited to:
 - 2.3.2.1. Department Initiatives related to the delivery of substance use disorder prevention, treatment and recovery services, including understanding prescribing patterns for opioid in the Medicaid program.
 - 2.3.2.2. Compliance education and technical assistance related to Medicaid Care Management
 - 2.3.2.3. Issues and Costs Analysis for the New Hampshire Health Protection Plan
 - 2.3.2.4. Analysis of the employment characteristics of the Medicaid expansion population
 - 2.3.2.5. Preparation for the renewal of the Choices for Independence (CFI) waiver.
- 2.3.3. Other Projects as requested by the State that support the Objectives in Section 2.2.

K5

5/22/17



Exhibit A-1

2.4. The Campus will provide at a minimum the following activities as applicable for each project in Section 2.3:

- 2.4.1. Provide economic analysis of historical years of Medicaid enrollment data to determine appropriate indicators (incorporating medical costs and enrollment factors) for use in SFY 2018—2019 ongoing expense projection analysis and SFY 2020 – 2021 budget development.
- 2.4.2. Research and analyze selected policy and program issues as requested; participate/contribute on associated workgroups and project teams.
- 2.4.3. Collaborate on health care projects of mutual interest that further State budget initiatives, including preparation of joint funding requests.
- 2.4.4. Participate in survey work and technical assistance necessary to achieve budget initiatives, as requested.
- 2.4.5. Provide administrative support and technical assistance for Medicaid provider outreach and training, including registration, evaluation, webinars and material production for webpage postings.
- 2.4.6. Support legal and policy analysis as needed by the State, including assisting the State in the analysis of States changes necessary to comply with the Medicaid Managed Care Rules.
- 2.4.7. Assist the State in maintaining and expanding activities to support MQIS. This includes working with the UNH Research Computing Center to maintain and modify the MQIS website, including meta data system, submission infrastructure, reporting system, public and administrative views, and maintenance of server hardware and software.
- 2.4.8. At the request of and the approval of the State, provide analytic datasets and/or preliminary analysis for applications for New Hampshire Comprehensive Health Care Information System (CHIS) data approved for Campus.
- 2.4.9. Research and recommend ways to improve the collection and release of claims data sets by identifying potential ways to improve the health data for NH. Coordinate with National Association of Health Data Organizations and other states about any proposed



Exhibit A-1

changes to national health data standards. If necessary, build business case and related Data Maintenance or Change Request for the appropriate Data Standards Maintenance Organization (e.g. ANSI ASC X12, NUBC);

- 2.4.10. Analyze insurance health plan type (e.g., private, Medicaid and Medicare) by variations in health risk factors and conditions (e.g., smoking, chronic diseases and by age/income and geography) to develop a profile of the risk factors and prevalence of chronic disease in the Medicaid population; presuming Medicaid sponsors and adds insurance questions to New Hampshire Behavioral Risk Factor Surveillance System (NH BRFSS);
- 2.4.11. Support ongoing analysis of Medicaid and other data.
- 2.4.12. Provide population-based health care data and standardized datasets on health care cost and quality for long-term care populations.
- 2.4.13. Work with State staff to add updated years of Medicare eligibility, claims, and provider files from CMS.
- 2.4.14. Work with the State to finalize an analytic plan for the NH Medicare data.
- 2.4.15. Analyze Medicare claims, eligibility, and provider files according to the agreed upon analytic plan found in the Project Work Plan in Section 3.
- 2.4.16. Assist the Department with integration of Medicare and Medicaid data into the CHIS.
- 2.4.17. Administer the Medicaid electronic health record incentive program as follows:
 - 2.4.17.1. Develop program policies and procedures;
 - 2.4.17.2. Administer day-to-day Medicaid EHR Incentive Program operations; (provide Help Desk support; conduct pre-payment verifications; query Medicaid claims databases; coordinate with State personnel to query CMS databases; process payments in conjunction with the Department's Finance team; incorporate Stage 1, Stage 2, and any future Stage or regulatory changes to adopt, implement, upgrade, and meaningful use criteria into the



Exhibit A-1

-
- State registration and attestation system; and update user documents);
- 2.4.17.3. Oversee sub-contractor efforts to support, deploy, and maintain the State registration and attestation system software and hardware;
 - 2.4.17.4. Coordinate with the State Department of Information Technology in support of program operations;
 - 2.4.17.5. Provide support to the State Office of Improvement and Integrity in support of provider audits;
 - 2.4.17.6. Provide monthly system status updates to State;
 - 2.4.17.7. Provide outreach to New Hampshire's providers and professional medical associations;
 - 2.4.17.8. Update and maintain on an ongoing basis the Medicaid EHR website;
 - 2.4.17.9. Conduct environmental scans and gap analyses on an ongoing basis;
 - 2.4.17.10. Analyze provider EHR adoption, incentive program participation, and attainment of meaningful use criteria;
 - 2.4.17.11. Prepare State Medicaid Health Information Technology Plan and Implementation Advanced Planning Document updates and quarterly and annual reports for Centers for Medicare and Medicaid Services (CMS) and assist the Department in filing of federal claiming reports for CMS;
 - 2.4.17.12. Provide monthly program progress status reports for the State Medicaid senior management team;
 - 2.4.17.13. Coordinate with other states as needed to prepare reports and solicit provider claims data;
 - 2.4.17.14. Attend EHR conferences and stakeholder meetings and participate as need in Health Information Exchange and Public Health meaningful use meetings; and
 - 2.4.17.15. Research, develop, and implement other key program components as requested by the Department.



Exhibit A-1

3. Project Management

3.1. The Campus will only commence work on a project in Section 2.3 upon the State's approval of a Project Work Plan for each project in Section 2.3 as follows:

3.1.1. The Campus will receive requests from the State for technical assistance and consultation services for each project listed in Section 2.3.

3.1.2. The Campus will submit to the State for input on a Project Work Plan within five business days from the date of request in Section 3.1.1. Each Project Work Plan will include:

3.1.2.1. Date of Project Work Plan

3.1.2.2. Project Plan Dates

3.1.2.3. Project Name

3.1.2.4. Project Objective

3.1.2.5. Background

3.1.2.6. Actions/Summary of the Scope of Work as defined in a work plan. See Section 3.1.5

3.1.2.7. Supervision and Management

3.1.2.8. Deliverables

3.1.2.9. Due Dates

3.1.2.10. Project Budget showing line item expenses and total project cost.

3.1.3. The State will provide the Campus input on the Project Work Plan within five (5) business days from the date of receipt in Section 3.1.2.

3.1.4. The Campus will organize and facilitate a project kick-off meeting within five (5) days of the receipt of the State's input to the Project Work Plan in Section 3.1.3.

3.1.5. The Campus shall provide a scope of work plan/timeline for the State's input within five (5) days of the kick-off meeting that defines the project's scope of work. The scope of work plan/timeline shall include:

a. Milestones

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Exhibit A-1

- b. Actions/Activities
- c. Names of Staff who will complete the activities
- d. Deliverables
- e. Due dates
- f. Reporting content and frequency (at least monthly)
- g. Staffing requirements
- h. Performance Measures

- 3.1.6. The State will provide input to the scope of work plan/timeline within five (5) days from receipt of the scope of work plan/timeline in Section 3.1.5.
- 3.1.7. The Campus will submit for State approval within five (5) business days of receipt of the scope of work plan/timeline in Section 3.1.6, the final Project Work Plan in Section 3.1.2 and its corresponding scope of work plan/timeline in Section 3.1.5.
- 3.1.8. The Campus shall provide project management for each project requested by the State as follows:
 - 3.1.8.1. Provide a written monthly progress report that provides at a minimum a summary of the key work performed during the monthly period; encountered and foreseeable key issues and problems; and scheduled work for the upcoming period including progress against the work plan.
 - 3.1.8.2. Identify potential risks and issues and include a mitigation strategy for each, in the monthly progress report.
 - 3.1.8.3. Provide the process for escalating issues that cannot be resolved at the project management level.
 - 3.1.8.4. Be responsible for scheduling weekly project status meetings and providing notes and action items from the meetings to the Department within three (3) days from the date of the meeting.
 - 3.1.8.5. Develop a communications plan to define frequency of check-in meetings, formal reviews, response times for return phone calls and emails.



Exhibit A-1

- 3.1.8.6. Provide type and schedule for required formal training, as needed.

4. General Requirements

- 4.1. **Renewal:** The State reserves the right to renew this contract for up to (2) two additional years, subject to continued availability of funds, satisfactory performance of services, and approval by the Governor and Executive Council.
- 4.2. The Department may renegotiate the terms and conditions of the contract in the event applicable local, state, or federal law, regulations or policy are altered from those existing at the time of the contract in order to be in continuous compliance therewith.
- 4.3. **Gratuities or Kickbacks:** The Campus agrees that it is a breach of this Project Agreement to accept or make a payment, gratuity or offer of employment on behalf of the Campus, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibits A of this Cooperative Project Agreement. The State may terminate this Project Agreement and any sub-contract or sub-agreement if it is determined that payments, gratuities, or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Campus or Sub-Contractor.



Exhibit B-1

Method and Conditions Precedent to Payment

- 1) The State shall pay the Campus an amount not to exceed the amount in the Cooperative Project Agreement for the services provided by the Campus pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the Centers for Medicare and Medicaid Services (CMS) CFDA #93.778, and General Funds.
 - 1.2. The Campus agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded Campus's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item budget, Exhibit B-2.
 - 2.2. The Campus will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The invoice will include the project name as in the Project Work Plan, current and cumulative expense amounts against the approved Budgets in Exhibit B-2.
 - 2.3. The State shall make payment to the Campus within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Campus will keep detailed records of their activities related to Department funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than sixty (60) days after the Completion Date in the Cooperative Project Agreement.
 - 2.5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed. Hard copies shall be mailed to:
Department of Health and Human Services
Office of Medicaid Services
128 Pleasant Street
Concord, NH 03301
 - 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services.
- 3) Notwithstanding paragraph 5 Changes of the Master Agreement for Cooperative Projects, changes limited to adjusting amounts between budget line items, related items, amendments of related budget Exhibit B-2 within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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Exhibit B-2

TOTAL AGREEMENT	TOTAL	FY 2018	FY 2019
	7/1/17-6/30/19	7/1/17-6/30/18	7/1/18-6/30/19
Salaries and Wages	\$683,734	\$336,815	\$346,919
Employee Benefits	\$272,810	\$134,389	\$138,421
Travel	\$26,500	\$13,250	\$13,250
Equipment			
Supplies/Services	\$1,026,659	\$520,397	\$506,262
Facilities & Administrative Costs @ 15%	\$301,454	\$150,727	\$150,727
TOTAL	\$2,311,157	\$1,155,578	\$1,155,579

OMBP	TOTAL	FY 2018	FY 2019
	7/1/17-6/30/19	7/1/17-6/30/18	7/1/18-6/30/19
Salaries and Wages	\$365,625	\$180,111	\$185,514
Employee Benefits	\$145,884	\$71,864	\$74,020
Travel	\$1,500	\$750	\$750
Equipment			
Supplies/Services	\$140,118	\$73,838	\$66,280
Facilities & Administrative Costs	\$97,968	\$48,984	\$48,984
TOTAL	\$751,095	\$375,547	\$375,548

Medicaid HIT	TOTAL	FY 2018	FY 2019
	7/1/17-6/30/19	7/1/17-6/30/18	7/1/18-6/30/19
Salaries and Wages	\$318,109	\$156,704	\$161,405
Employee Benefits	\$126,926	\$62,525	\$64,401
Travel	\$23,000	\$12,500	\$12,500
Equipment			
Supplies/Services	\$886,541	\$446,559	\$439,982
Facilities & Administrative Costs	\$203,486	\$101,743	\$101,743
TOTAL	\$1,560,062	\$780,031	\$780,031

STANDARD EXHIBIT I

The Contractor identified as "University of New Hampshire" in Section A of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 and those parts of the HITECH Act applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the Department of Health and Human Services.

Project Title: 2016-2019 New Hampshire Institute of Health Policy and Practice (33-2016-OMS-01-TECHN)
Project Period: July 1, 2017 through June 30, 2019

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Breach Notification Rule" shall mean the provisions of the Notification in the Case of Breach of Unsecured Protected Health Information at 45 CFR Part 164, Subpart D, and amendments thereto.
- c. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- e. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- f. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- g. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- h. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- i. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- j. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.502(g).

- k. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- l. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- m. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- n. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- o. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- p. "Unsecured Protected Health Information" shall have the same meaning given such term in section 164.402 of Title 45, Code of Federal Regulations.
- q. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate, and its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - i. For the proper management and administration of the Business Associate;
 - ii. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - iii. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement (including this Exhibit) to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with 45 CFR 164.410, of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate

shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies. If Covered Entity does not object to such disclosure within five (5) business days of Business Associate's notification, then Business Associate may choose to disclose this information or object as Business Associate deems appropriate.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional reasonable security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately but in no case later than one (1) business day following the date upon which the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement or this Exhibit, including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

- b. The Business Associate shall immediately commence a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to the following information, to the extent it is known by the Business Associate:

- The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person who used the protected health information or to whom the disclosure was made;
- Whether the protected health information was actually acquired or viewed;
- The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment without unreasonable delay and in no case later than two (2) business days of discovery of the breach and after completion, immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all applicable sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3) herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by the Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of this Exhibit.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.528.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of this Exhibit to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate

destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.508 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph #14 of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act, as codified at 45 CFR Parts 160 and 164 and as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, including this Exhibit, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity under the Agreement.
- d. Interpretation. The parties agree that any ambiguity in the Agreement or this Exhibit shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.

e. Severability. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Exhibit in section 3(i), and the defense and indemnification provisions of section (3) and Paragraph #14 of the Agreement, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health & Human Services

The State

[Signature]

Signature of Authorized Representative

Deborah H. Fournier

Authorized Representative

Medicaid Director

Title of Authorized Representative

6/6/17

Date

University of New Hampshire

The Contractor

[Signature]

Signature of Authorized Representative

Authorized Representative

Karen M. Jensen, Manager

Sponsored Programs Administration

Title of Authorized Representative

5/22/17

Date

New Hampshire Department of Health and Human Services
Exhibit K



DHHS INFORMATION SECURITY REQUIREMENTS

1. Confidential Information: In addition to Paragraph #19 of the Master Agreement for Cooperative Projects, for the purpose of this Agreement, the Department's Confidential Information includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Personal Health Information (PHI), Personally Identifiable Information (PII), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.
2. Contractor will maintain appropriate security controls on its systems to protect Department Confidential Information collected, processed, managed, and/or stored by Contractor in the delivery of contracted services. Minimum expectations include:
 - 2.1. Maintain policies and procedures to protect Department Confidential Information throughout the information lifecycle (from creation, transformation, use, storage and secure destruction, where applicable to Contractor's systems), regardless of the media used to store the Confidential Information (i.e., tape, disk, paper, etc.).
 - 2.2. Maintain appropriate authentication and access controls to Contractor systems that collect, transmit, or store Department Confidential Information where applicable.
 - 2.3. Encrypt, at a minimum, any Department Confidential Information stored by Contractor on portable media, e.g., laptops, USB drives, as well as when transmitted by Contractor over public networks like the Internet using current industry standards and best practices for strong encryption.
 - 2.4. Ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department Confidential Information on Contractor-provided systems.
 - 2.5. Provide security awareness and education for Contractor's employees, contractors and sub-contractors (or, require that such contractors and sub-contractors provide security awareness and education to their employees) that create, use, maintain or transmit Department Confidential Information.
 - 2.6. Maintain a documented breach notification and incident response process. Contractor will contact, within one (1) business day the Department's contract manager, and additional email addresses provided in this section, of a Confidential Information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
 - 2.6.1. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.Breach notifications will be sent to the following email addresses:
 - 2.6.1.1. DHHSChiefInformationOfficer@dhhs.nh.gov
 - 2.6.1.2. DHHSInformationSecurityOffice@dhhs.nh.gov
 - 2.7. If Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), Contractor will maintain a documented process for securely disposing of such Confidential Information upon request or contract termination; and will obtain written certification for any State of New Hampshire Confidential Information destroyed by Contractor or any subcontractors as a part of ongoing emergency.

Exhibit K - DHHS Information Security Requirements

Contractor Initials

Date

5/22/17

New Hampshire Department of Health and Human Services
Exhibit K



- and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire Confidential Information shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion, or otherwise physically destroying the media (for example, degaussing). Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
- 2.8. If Contractor will be sub-contracting any core functions of the engagement supporting the Confidential Information services for State of New Hampshire, Contractor will, in such subcontracting agreement, define specific security expectations that at a minimum match those for Contractor in this Agreement, including breach notification requirements.
3. Contractor will work with the Department to have Contractor's personnel, as applicable, sign all necessary State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Necessary agreements will be completed and signed by Contractor personnel prior to State of New Hampshire system access being authorized.
4. Contractor will sign the Business Associate Agreement attached to this Agreement as Exhibit I.
5. Contractor will work with the Department at its request to complete an information security and privacy survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of Contractor engagement. The survey will be completed annually, or an alternate time frame at the Department's discretion with agreement by Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and Contractor changes. Contractor will not knowingly store any State of New Hampshire or Department Confidential Information offshore or outside the boundaries of the United States unless prior express written consent is obtained from the appropriate authorized data owner or leadership member within the Department.
6. Contractor will provide the Department on an annual basis a written attestation of HIPAA security compliance and will include attestation which will demonstrate proper operational security and privacy controls, policies, and procedure, are in place and maintained within their organization. Contractor will complete a security and privacy questionnaire, as requested by the Department, and review results with State of NH and the Department and plan to address any present critical or high risks identified. Contractor will identify a primary and secondary point of contact (POC) that will be responsible for executing the annual attestation process and providing materials required, and response to requests for information. The parties will make reasonable efforts to schedule a follow-up meeting within thirty (30) calendar days of the annual attestation date.
7. All cloud services to be used will be subject to and are required to be FEDRAMP certified cloud services. The Department, in its discretion, may waive this requirement based on level of risk and applicability. Contractor is responsible for demonstrating in writing why an exception should be considered by the Department. Contractor will be responsible for providing all necessary documentation and information in support of the Department decision process. A review of an exception by Department does not indicate the exception will be approved.
8. The Department reserves the right, at its discretion and cost, to request an audit of the security mechanisms Contractor maintains to safeguard access to the State of NH information, systems and electronic communications. Audits may include examination of systems security, associated administrative practices, and requests for additional documentation in support of this contractor. Contractor will participate and

Exhibit K - DHS Information Security Requirements

Contractor Initials

Date

KT
5/22/17

New Hampshire Department of Health and Human Services
Exhibit K



respond to reasonable security and privacy requests for information by the Department and complete any surveys, forms, or requests for documentation. The level of risk to the Department will determine the depth of the audit and whether it is required to be performed by an Independent qualified assessor or third party as defined by NIST 800-53r4.

7.