OFFICIAL

STATE New Hampshire Attachment 3.1-C

STANDARDS AND METHODS OF ASSURING HIGH QUALITY CARE

The following standards and methods are used to assure high quality medical care in the New Hampshire Title XIX program.

1) All health care facilities to which payment is made on behalf of eligible recipients are licensed by the New Hampshire Division of Public Health under appropriate State law. This agency is held responsible for the promulgation of the regulations assuring a high standard of both physical plan and quality of care provided to all patients.

2) All administrators of nursing homes in which Medicaid patients reside must be licensed in accordance with the State nursing home administrator's licensing law which was enacted to meet federal requirements in all respects.

3) Prior authorization of medical services, equipment and supplies assures a review of the service or item being requested with respect to the proposed plan of treatment, the appropriateness of the service or item requested as a part of the plan of treatment and the provision of the types of medical services, equipment and supplies which are of good quality.

4) The employment of specialized consultants such as the ophthalmological consultant, pharmaceutical consultant, psychiatric consultant and dental consultant assure that services requiring specialized knowledge are of a high quality and appropriately provided to meet the patient's needs.

5) The use of adhoc committees representing special interest groups such as nursing homes and home health agencies, provides an opportunity to work directly with providers to encourage the development of a high standard of service and of policies for review and payment by the Medicaid program which will insure good service in an efficient manner.

6) The development of adequate standards of payment designed to attract sufficient providers of service to insure that eligible Medicaid recipients have an equal opportunity with the rest of the general population to secure good quality medical care.

7) Utilization review of services provided in hospitals and skilled nursing homes is required on a regular basis and in a manner equivalent to Title XVIII standards for such review. Recertification of the need for long-term nursing care must be made by the attending physician at least every 60 days and must be in writing in the patient's record. The Medicaid fiscal agent performs after the fact utilization reviews of payment for medical services, equipment and supplies which he will publish to assure that the care for which payment has been made was appropriately provided.

St. N.H. Tr. 3/14/74 Incorp. 6/25/74 Effective 12/31/73