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

Lori A. Weaver
Commissioner

Henry D. Lipman
Director

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

January 21, 2026

Her Excellency, Governor Kelly A. Ayotte
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 amend an existing contract with Dane Street, LLC (VC #441980), Palm Beach Gardens, FL, to continue providing independent clinical review services by exercising a contract renewal option, to increase the price limitation by $28,000 from $21,000 to $49,000 and extending the completion date from June 30, 2026 to June 30, 2030, effective July 1, 2026, upon Governor and Council approval. 50% Federal Funds. 34% General Funds. 16% Other Funds (Granite Advantage).

The original contract was approved by Governor and Council on May 31, 2023, item #25.

Funds are available in the following accounts for State Fiscal Year 2027 and are anticipated to be available in State Fiscal Years 2028, 2029, and 2030, upon the availability and continued appropriation of funds in the future operating budget, 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

The purpose of this request is to exercise an available renewal option for the Contractor to continue providing legislatively mandated, expert reviews requiring highly complex and technical decisions for the Medicaid Preferred Drug List and Medicaid benefits coverage issues. The Department is mandated to utilize an independent external clinical reviewer when coverage questions arise regarding experimental and investigational treatments to ensure fair and impartial determinations are fully substantiated, consistent with national standards, and based on research-based evidence.

The Department has a statutory responsibility to manage the Title XIX Medicaid program and Granite Advantage Health Care program. The Department's program continues to provide a broad range of medical services, including pharmacy benefits to residents of all ages who meet eligibility requirements. State law warrants independent clinical review services that meet the requirements established in Chapter Law 2004; Chapter 188.1, Section 281:9, which requires the decision to place a drug on the Preferred Drug List be ratified in writing by a physician who is board certified in the specialty that most commonly treats the disease for which the drug is prescribed or that most commonly prescribes the relevant therapeutic class of drugs. The reviewing physician must have no financial relationship with any company managing Medicaid's

pharmacy benefits, nor be a member of the Drug Use Review Board established by the New Hampshire Division of Medicaid Services.

As referenced in Exhibit A of the original agreement, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for four (4) years of the four (4) years available.

Should the Governor and Council not authorize this request, continued management of the Preferred Drug List would not be in compliance with state statute, and could delay new categories or drugs being added, resulting in the loss of supplemental rebates. Requests for coverage of emerging therapies could also be delayed due to the Department not having a specialized reviewer.

The Department has determined that the Contractor is in good standing with the Secretary of State's Office, has secured the required levels of insurance, and has provided evidence of authority to execute and be bound by the contract.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.778, FAIN 2505NH5ADM

Respectfully submitted,

Ann Ch. N Landry ***For:***

Lori A. Weaver
Commissioner

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**FISCAL DETAILS SHEET**

**05-95-47-470010-79370000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV MEDICAID SERVICES, OFC OF MEDICAID SERVICES, MEDICAID ADMINISTRATION**

**50% Federal Funds, 50% General Funds**

Dane Street, LLC. Vendor # 441980

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Amount | Increase (Decrease) | Revised Amount |
|---|---|---|---|---|---|---|
| 2024 | 102-500731 | Contracts for Program Services | 47000180 | $4,760 | $0 | $4,760 |
| 2025 | 102-500731 | Contracts for Program Services | 47000180 | $4,760 | $0 | $4,760 |
| 2026 | 102-500731 | Contracts for Program Services | 47000180 | $4,760 | $0 | $4,760 |
| 2027 | 102-500731 | Contracts for Program Services | 47000180 | $0 | $4,760 | $4,760 |
| 2028 | 102-500731 | Contracts for Program Services | 47000180 | $0 | $4,760 | $4,760 |
| 2029 | 102-500731 | Contracts for Program Services | 47000180 | $0 | $4,760 | $4,760 |
| 2030 | 102-500731 | Contracts for Program Services | 47000180 | $0 | $4,760 | $4,760 |
| | | | *Subtotal* | *$14,280* | *$19,040* | *$33,320* |

**05-95-47-470010-23580000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV MEDICAID SERVICES, OFC OF MEDICAID SERVICES, NH GRANITE ADVANTAGE HEALTH CARE TRUST**

Dane Street, LLC. Vendor # 441980

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Amount | Increase (Decrease) | Revised Amount |
|---|---|---|---|---|---|---|
| 2024 | 102-500731 | Contracts for Program Services | 47003330 | $2,240 | $0 | $2,240 |
| 2025 | 102-500731 | Contracts for Program Services | 47003330 | $2,240 | $0 | $2,240 |
| 2026 | 102-500731 | Contracts for Program Services | 47003330 | $2,240 | $0 | $2,240 |
| 2027 | 102-500731 | Contracts for Program Services | 47003330 | $0 | $2,240 | $2,240 |
| 2028 | 102-500731 | Contracts for Program Services | 47003330 | $0 | $2,240 | $2,240 |
| 2029 | 102-500731 | Contracts for Program Services | 47003330 | $0 | $2,240 | $2,240 |
| 2030 | 102-500731 | Contracts for Program Services | 47003330 | $0 | $2,240 | $2,240 |
| | | | *Subtotal* | *$6,720* | *$8,960* | *$15,680* |

| | | | |
|---|---|---|---|
| **TOTAL** | **$21,000** | **$28,000** | **$49,000** |

**State of New Hampshire**
**Department of Health and Human Services**
**Amendment #1**

This Amendment to the Independent Clinical Review Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Dane Street, LLC ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on May 31, 2023 (Item #25), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:

   June 30, 2030

2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:

   $49,000

3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.4., to read:

   1.4 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:

   6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

4. Modify Exhibit C, Payment Terms; Section 1.1, to read:

   1.1 50% Federal funds, Centers for Medicare & Medicaid Services, Medical Assistance Program, as awarded on October 1, 2022, by the Center for Medicare & Medicaid Services, Medical Assistance Program, ALN 93.778, FAIN 2205NH5ADM; and as awarded on October 1, 2024, FAIN 2505NH5ADM.

5. Modify Exhibit C, Payment Terms; Section 3., to read:

   3. Payment shall be for services provided in the fulfillment of this Agreement, as specified in Exhibit B – Scope of Services, and in accordance with the Review Rates table below:

| REVIEW RATES | |
|---|---|
| **Activities** | **Price Per Review (SFYs 2024-2030)** |
| Routine Case Reviews<br>(Completed within five (5) business days) | $180 |
| Urgent Clinical Review | $200 |

| | |
|---|---|
| (Completed within 24 to 48 hours.) | |
| Routine Preferred Drug List Review for Ratification<br>(Completed within five (5) business days.) | $90 |

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2026, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

1/16/2026
Date

DocuSigned by:
Henry D. Lipman
CF5D44D4F70D4E4...
Name: Henry D. Lipman
Title: Medicaid Director

Dane Street, LLC

1/8/2026
Date

Signed by:
Eric Hatfield
320A8440755140E...
Name: Eric Hatfield
Title: VP of Legal, Compliance & Regulatory Affairs

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

OFFICE OF THE ATTORNEY GENERAL

1/21/2026
Date

DocuSigned by:
Robyn Guarino
7487348449414600...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

# State of New Hampshire
# Department of State

## CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that DANE STREET, LLC is a Florida Limited Liability Company registered to transact business in New Hampshire on March 22, 2023. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **926999**
Certificate Number: **0007332724**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 18th day of November A.D. 2025.

David M. Scanlan
Secretary of State

# CERTIFICATE OF VOTE/AUTHORITY

I, William Fulton of Dane Street, LLC do hereby certify that:

1. I am the Chief Executive Officer of Dane Street, LLC.
2. That the Vice President of Legal, Compliance, and Regulatory Affairs is hereby authorized on behalf of this company to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate, and Eric Hatfield is the duly elected Vice President of Legal, Compliance, and Regulatory Affairs of this company.

3. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that they have full authority to bind the company and that this authorization was **valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this certificate.

1/6/2026

Name: William Fulton
Title: Chief Executive Officer
Company Name: Dane Street, LLC

Date

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/09/2025

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

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

**PRODUCER**
Aon Risk Services Northeast, Inc.
Boston MA Office
53 State Street
Suite 2201
Boston MA 02109 USA

**CONTACT NAME:**
**PHONE (A/C. No. Ext):** (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Great Northern Insurance Co. | 20303 |
| INSURER B: | Chubb National Ins Co | 10052 |
| INSURER C: | Federal Insurance Company | 20281 |
| INSURER D: | Landmark American Ins Co | 33138 |
| INSURER E: | Beazley Insurance Company, Inc. | 37540 |
| INSURER F: | | |

**INSURED**
Dane Street LLC
7111 Fairway Drive
Suite 201
Palm Beach Gardens FL 33418 USA

**COVERAGES** **CERTIFICATE NUMBER:** 570116124432 **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| B | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [ ] OCCUR [X]<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY [X] PRO-JECT [ ] LOC [ ]<br>OTHER: | | | D03329057 | 10/04/2025 | 10/04/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $1,000,000<br>$1,000,000<br>$10,000<br>$1,000,000<br>$2,000,000 |
| A | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | 73656067 | 10/04/2025 | 10/04/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY ( Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>Comp./Coll. Deductible | $1,000,000<br>$1,000 |
| C | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION | | | 56731334 | 10/04/2025 | 10/04/2026 | EACH OCCURRENCE<br>AGGREGATE | $10,000,000<br>$10,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | 71845182 | 10/04/2025 | 10/04/2026 | PER STATUTE X OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE-EA EMPLOYEE<br>E.L. DISEASE-POLICY LIMIT | <br>$1,000,000<br>$1,000,000<br>$1,000,000 |
| E | Cyber Liability | | | V3AB99250101<br>Claims Made<br>SIR applies per policy terms & conditions | 10/01/2025 | 10/01/2026 | Aggregate Limit<br>SIR | $5,000,000<br>$100,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**CERTIFICATE HOLDER**

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord NH 03301-3857 USA

**CANCELLATION**

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

**AUTHORIZED REPRESENTATIVE**

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570116124432

AGENCY CUSTOMER ID: 570000101258
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Dane Street LLC |
| POLICY NUMBER | |
| See Certificate Number: 570116124432 | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |
| See Certificate Number: 570116124432 | |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | OTHER | | | | | | | |
| D | Miscellaneous Medical Professional Liab | | | LHM870772 Claims Made | 10/04/2025 | 10/04/2026 | Aggregate Limit | $5,000,000 |
| | | | | | | | SIR | $25,000 |
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AGENCY CUSTOMER ID: 570000101258
LOC #:

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Aon Risk Services Northeast, Inc. | Dane Street LLC |
| POLICY NUMBER: See Certificate Number: 570116124432 | |
| CARRIER: See Certificate Number: 570116124432 / NAIC CODE | EFFECTIVE DATE: |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Excess Policies

Cyber XS:
Policy No: NPL113630200
Policy Term: 10/4/25 - 10/4/26
U/W Co: Arch Specialty Insurance Company
Limit: $5,000,000 xs $5,000,000

E&O XS:
Policy No: XE00000067607
Policy Term: 10/4/25 - 10/4/26
U/W Co: Admiral Insurance Company
Limit: $5,000,000 xs $5,000,000